Optimizing Interprofessional Clinical Learning Environments

BETTER CARE
BETTER VALUE
BETTER EDUCATION

Social Determinants: At the Nexus of IPE and the Clinical Learning Environment

Welcome! The Program will begin at 8:00 a.m.

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

THE NEXUS SUMMIT
AUGUST 18-20, 2019 • MINNEAPOLIS

Nexus Summit 2019 Host

NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

Nexus Summit 2019 Co-Hosts

American Interprofessional Health Collaborative

NCICLE
NATIONAL COLLABORATIVE FOR IMPROVING THE CLINICAL LEARNING ENVIRONMENT

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Social Determinants: At the Nexus of IPE and the Clinical Learning Environment

Sheila Shapiro
Senior Vice President of National Strategic Partnerships

UnitedHealthcare

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Strategic Community Partnerships

2019 Nexus Summit

Sheila Shapiro,
Senior Vice President
National Strategic Partnerships

UnitedHealthcare

Our commitment to

Social Determinants Of Health

Our Hypothesis

By building an infrastructure around social determinants of health, we can…

Redefine health to consider the whole person – not just medical care

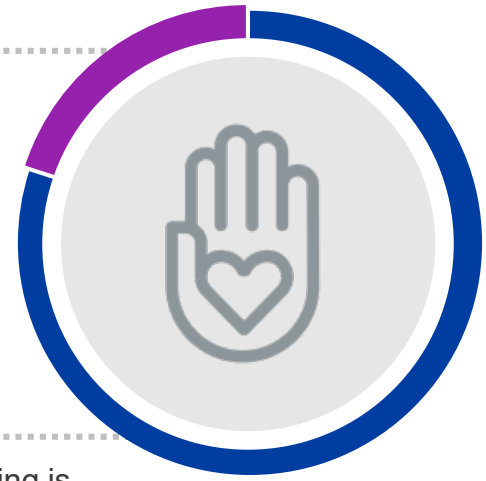
Remove barriers that limit access to care and address health disparities

Improve overall health and well being of all vulnerable populations

Social Determinants of Health by the Numbers

20%

of health outcomes can be directly attributed to clinical care[1]



80%

of health and wellbeing is tied to social and economic factors, physical environment and health behaviors[1]

91%

of Medicaid plans report activities to address social determinants of health[2]

19

states require Medicaid managed care plans to screen for and/or provide referrals for social needs[2]

85%

of physicians report that unmet social needs lead to poorer health outcomes[3]

20%

of physicians are confident in their ability to address unmet social needs[3]

[1] Robert Wood Johnson Foundation, County Health Rankings, "Relationships between Determinant Factors and Health Outcomes"
[2] Kaiser Family Foundation, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity"
[3] Robert Wood Johnson Foundation, "Health Care's Blind Side"

Data, Technology + Relationships to address Social Determinants

2.5M
UnitedHealthcare beneficiaries self-identified at least one SDoH

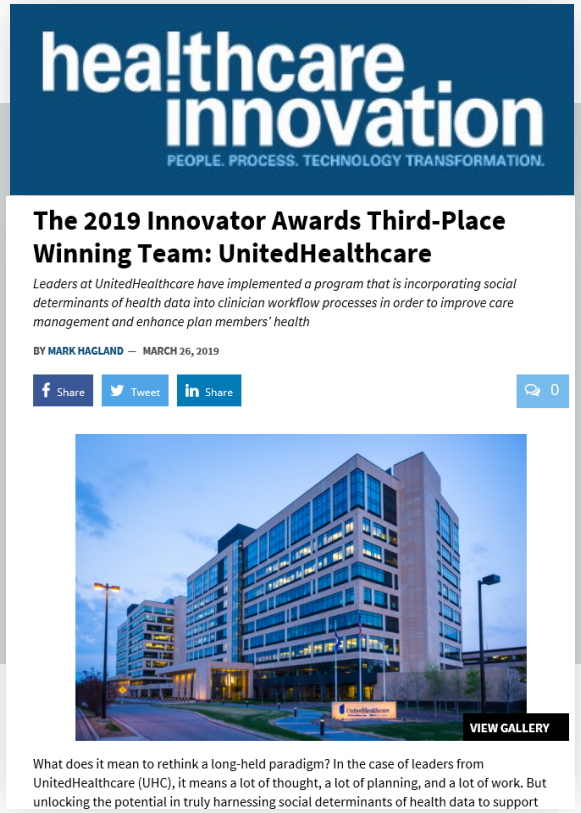
758K+ referrals provided to over **600K** individuals

$827M+
Imputed Market Price™ value provided to members

National Strategic Partnerships (NSP) July 2019. Proprietary and confidential. Not to be used without express consent from NSP.

UnitedHealthcare

Driving Innovation & Transformation Across the Industry



healthcare innovation

PEOPLE. PROCESS. TECHNOLOGY TRANSFORMATION.

The 2019 Innovator Awards Third-Place Winning Team: UnitedHealthcare

Leaders at UnitedHealthcare have implemented a program that is incorporating social determinants of health data into clinician workflow processes in order to improve care management and enhance plan members' health

BY MARK HAGLAND — MARCH 26, 2019

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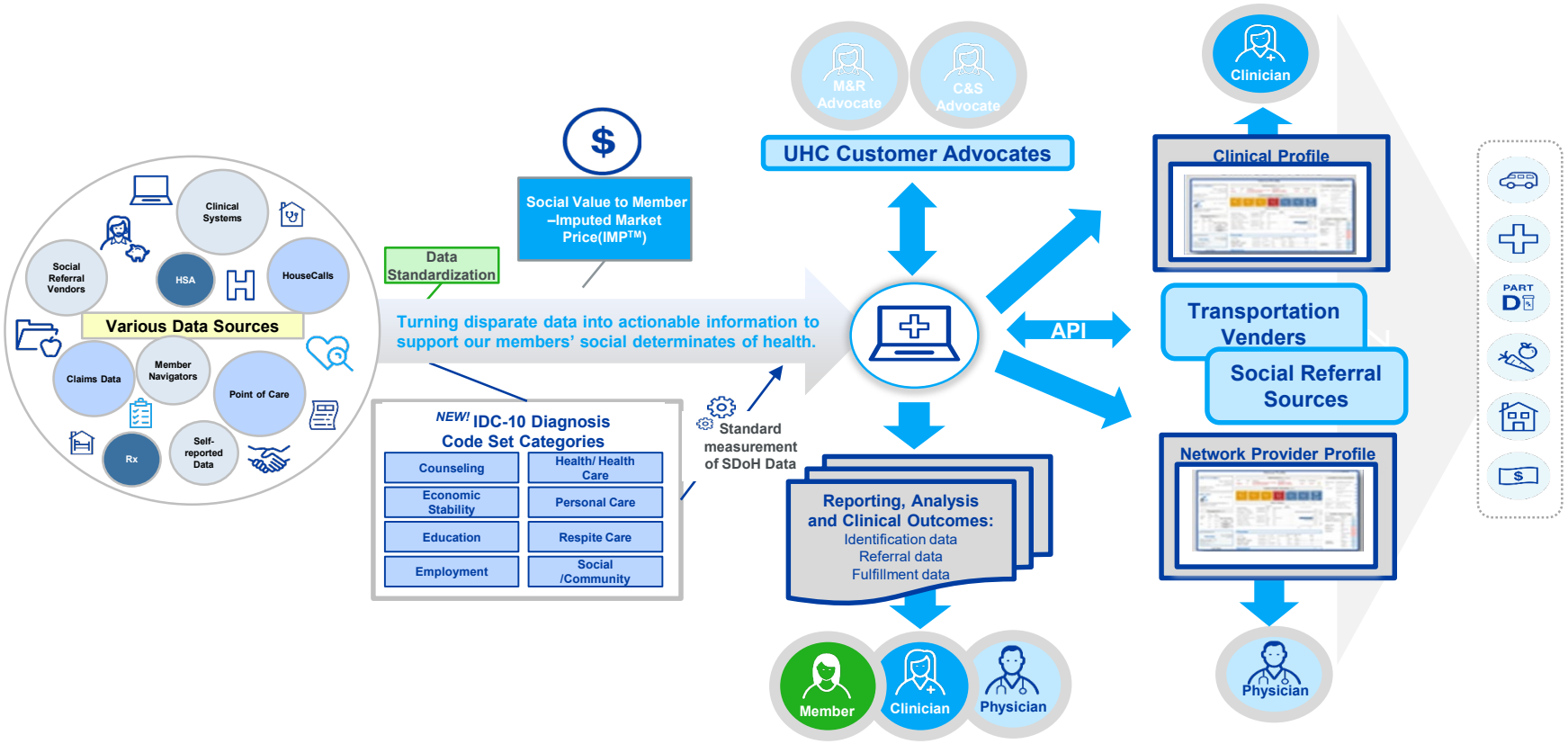
VIEW GALLERY

What does it mean to rethink a long-held paradigm? In the case of leaders from UnitedHealthcare (UHC), it means a lot of thought, a lot of planning, and a lot of work. But unlocking the potential in truly harnessing social determinants of health data to support

Recognized for incorporating **social determinants** into clinician workflow to improve care management and enhance health

UnitedHealthcare's SDoH Infrastructure: How it Works



ICD-10 Code Expansion to Address Social Determinants

Our proposal to add 23 new codes to the ICD-10-CM code set.

Strong Support from Industry Partners

AMA

NCQA
Measuring quality. Improving health care.

AHCCCS
Arizona Health Care Cost Containment System

NATIONAL ASSOCIATION OF Community Health Centers

ICD-10 Committee Timeline

- **April/May 2019:** Two-month comment period
- **TBD 2019:** Committee decision, next steps
- **April 2020:** If approved, new codes available for adoption and use

What Clinicians Can Do

February 18, 2018

ICD-10-CM Cooperating Parties approved and the American Hospital Association (AHA) Coding Clinic published advice that allows the reporting of codes from categories Z55-Z65, based on information documented by **all clinicians* involved in the care of the patient**.

- Support the use of self-reported data. (AHA Coding Clinic will be recommending use to the ICD-10 Committee in August 2019)
- Document known social determinants of health (SDoH)
- Communicate this change to your organizations and billing staff

*"Clinicians" has been loosely defined according to the AHA. 2018 American Hospital Association | April 2018 www.aha.org

National Strategic Partnerships (NSP) July 2019. Proprietary and confidential. Not to be used without express consent from NSP.

What We All Can Do – Together

Sheila Shapiro, SVP
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Launched in 2016 by the Camden Coalition.
Founding sponsors: RWJF, AARP, and Atlantic Philanthropies.

The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

- **INSPIRE** people to join the complex care community
- **CONNECT** complex care community with each other
- **SUPPORT** the field with tools and resources

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Camden Coalition's National Center partners with dozens of institutions across the country, co-creating interventions addressing SDOH tailored to unique population and institutional context.

Types of Projects:

- Model Co-Design
- COACH model implementation
- Care Coordination re-design and training
- Community Collaboratives
- Addiction Treatment and Behavioral Health

Types of Partners:

- Health Systems
- FQHCs & CMH
- Communities
- Payers
- Government
- National Associations

The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition

One example of an Interprofessional Team caring for multi-system high utilizing community members.

Adventist Health

- Based in Lake County, CA
- County has the poorest health outcomes in CA – addiction, fires, access issues

Project Restoration

- County-wide cross-sector collaborative (Police, Fire, EMS, Criminal Justice, Mayor, Health, Social Services, Education)
- Shared data
- Process improvements to change root cause

The National Center for Complex Health & Social Needs
An initiative of the Camden Coalition

A continuum of interprofessional care to address complexity.

CONTINUUM OF SERVICES

Live Well

- A multidisciplinary, holistic clinic approach to serve at-risk patients with increasing complexity.

Live Well Intensive

- Intensive Out Patient Case Management
- Top 5% capitated utilizers

Project Restoration

- Cross Continuum approach to community-wide high utilizers of multiple agencies and services.

Restoration House

- Medical respite focused on four primary goals: reducing inpatient length of stay, preventing readmission, preventing ED utilization, and enrollment into Project Restoration.

The team worked with **28** patients over the first **12** months and saw reduced utilization and strengthened community partnerships.

Utilization

Hospital Reduction (ED & IP)	Community Services (Police, EMS, Jail)	Cost Reduction
44% ↓	83% ↓	71% ↓

Patient Experience

Access To Care and Safety	Primary Care Visits 133%	↑
	Housing 93%	↑

Hardin, et al. Cross-Sector Collaboration for Vulnerable Populations Reduces Utilization and Strengthens Community Partnerships. Manuscript submitted to JIEP *(copy on file with author)*

Given its success, Adventist Health is in the process of scaling Project Restoration nationally.

- Community Integration Institute
- 80 Communities across California, Oregon, Washington and Hawaii
- Plan scale to all markets for the next 4 years
- Funded by a percentage of Community Benefit
- Plan for Learning and Training center for communities outside of Adventist

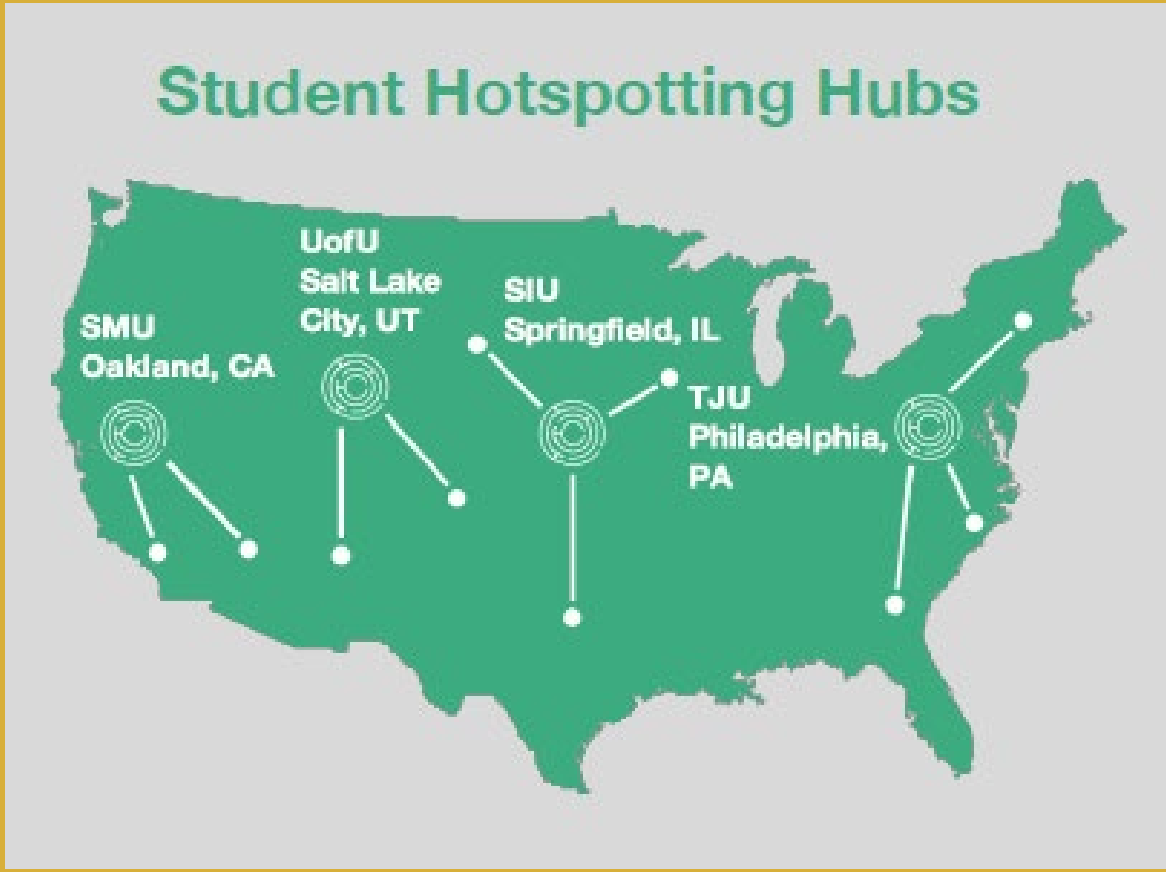
Interprofessional Student Hotspotting Learning Collaborative

Three Principles of Student Hotspotting:

1. Students will learn by doing
2. Patients experiencing high utilization are our greatest teachers
3. Deep medical expertise exists within health systems and is not our program focus

Student Hotspotting Intervention

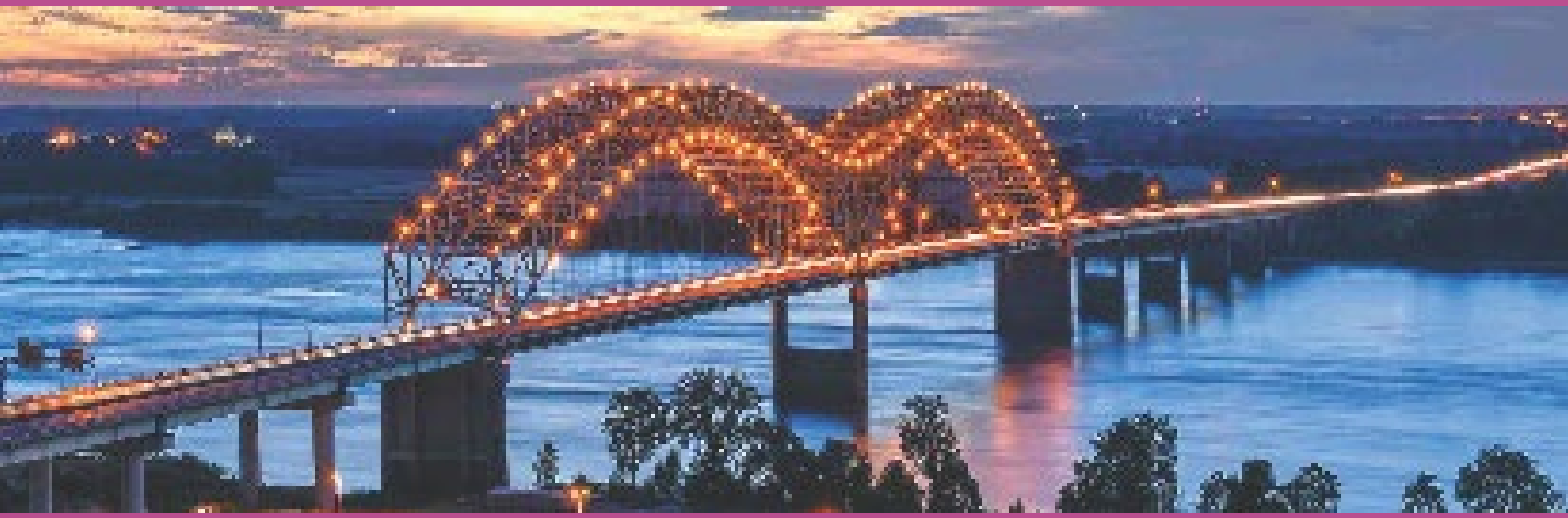
- Identify patients
- Establish relationships
- Create care plan
- Support and navigate care plan
- Present patient story



Save the Date: *Putting Care at the Center 2019*

November 13 – 15, 2019 | Memphis, Tennessee

www.centering.care



This year's conference will be co-hosted with Regional One Health

Addressing Social Determinants of Health through Community-based Interprofessional Education

Sara Hart, PhD, RN

HEALTH
UNIVERSITY OF UTAH

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A Compelling **Vision** is Critical.**

1. Build relationships between **interprofessional education** and **community practice**, including non-health sectors

2. Address **social determinants of health** and **advance health equity**

3. Develop students' **IPEC core competencies with an orientation to community and population health**

**Cerra, F. B., Pacala, J., Brandt, B. F., & Lutfiyya, M. N. (2015). The Application of Informatics in Delineating the Proof of Concept for Creating Knowledge of the Value Added by Interprofessional Practice and Education. *Healthcare,* 3(4): 1158–1173. doi: 10.3390/healthcare3041158.

Care Redesign Requires **Culture Change.****

Shift in Health Care → VALUE

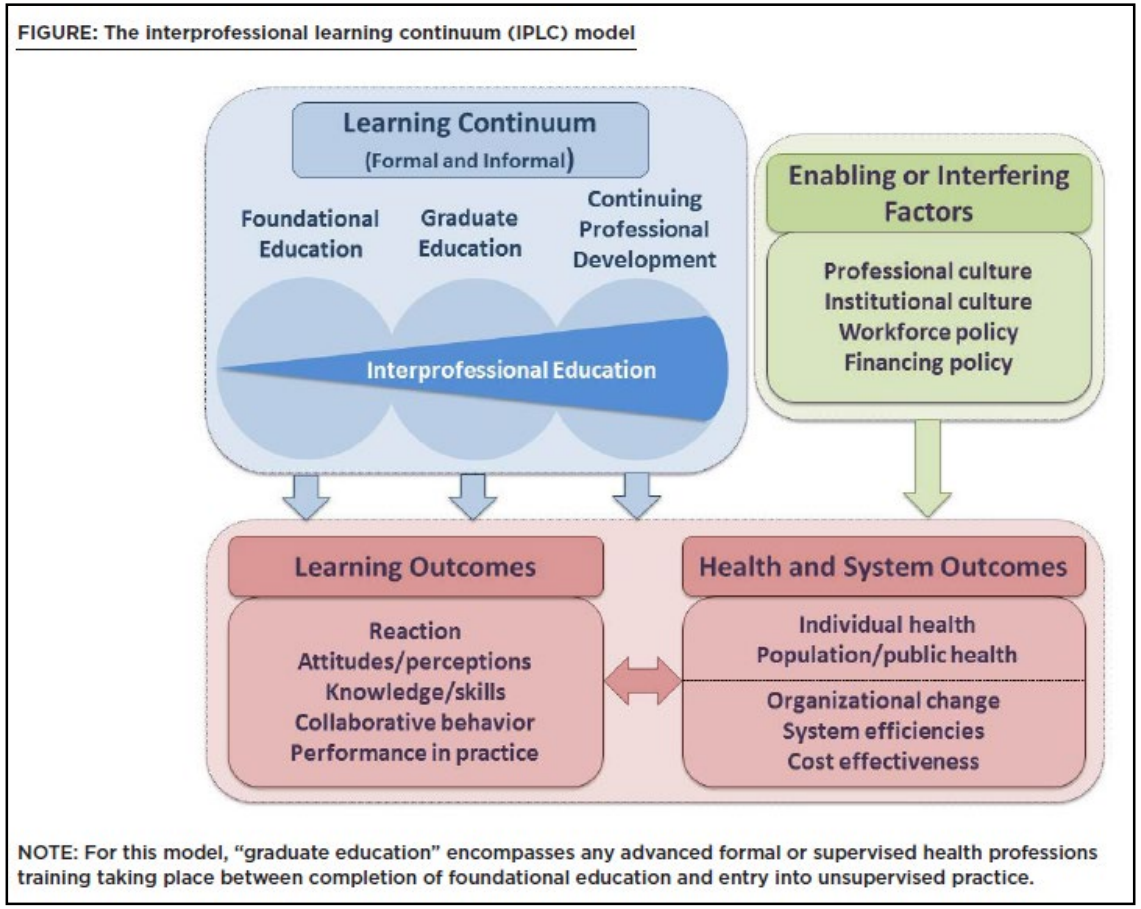
↑ SDOH Curricular Emphasis

Community-based IPE

Non-Health Sectors

IPEC Competencies for Systems-based Practice

Student Value-Added



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IPE **Resourcing** is Key.**

Community Partnerships

YR1. Local Housing Authority

YR2. Community Clinics

YR2. Outpatient Care Management

YR3. Health Plans

YR3. Intensive Outpatient Clinic

Academic Programs

Dentistry
Medicine*
Nursing (BSN & DNP)*
Nutrition
Occupational Therapy*
Pharmacy*
Physical Therapy
Physician Assistant
Public Health
Social Work*
Geography
Health Society and Policy
Kinesiology
Marketing
Business

*curricular integration

**Cerra, F. B., Pacala, J., Brandt, B. F., & Lutfiyya, M. N. (2015). The Application of Informatics in Delineating the Proof of Concept for Creating Knowledge of the Value Added by Interprofessional Practice and Education. *Healthcare,* 3(4): 1158–1173. doi: 10.3390/healthcare3041158.

Senior **Leadership** is Essential.**

IPE Program Director Champion

Administrative Resources

National Funding/ National Recognition

Build Buy-in Across Academic and Health Systems

Learning Outcomes

- INTERPROFESSIONAL ATTITUDES SURVEY
- HOTSPOTTING KSAs
- LOGBOOK ANALYSIS

Health Outcomes

- RAND SF-36
- HEALTH CARE NAVIGATION
- GUIDED INTERVIEWS

Systems Outcomes

- HEALTHCARE UTILIZATION
- HEALTHCARE COSTS

**Cerra, F. B., Pacala, J., Brandt, B. F., & Lutfiyya, M. N. (2015). The Application of Informatics in Delineating the Proof of Concept for Creating Knowledge of the Value Added by Interprofessional Practice and Education. *Healthcare,* 3(4): 1158–1173. doi: 10.3390/healthcare3041158.

Sara Hart, PhD, RN

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NATIONAL CENTER for INTERPROFESSIONAL PRACTICE and EDUCATION

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