



Social Determinants Of Health (SDOH)

2024 Health Equity Webinar

Agenda

- What Is SDOH?
- No Wrong Door
- Programs and Resources
- Sending Referrals
- Z-Codes
- Health Equity
- Culturally and Linguistically Appropriate Services (CLAS)
- Questions

Health Equity

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

-Dr. Martin Luther King, Jr.

What Is SDOH?

Social Determinants of Health (SDOH)

- SDOH are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- SDOH are factors that may influence an individual's health and well-being, including access to health care and/or basic services such as housing, food, childcare and medications.
- The concept of SDOH supports the idea that if someone is trying to find or handle their basic needs, then anything that falls outside of those needs becomes less of a priority.

If forced to choose, would you:

- Pay the electricity bill OR pay rent?
- Buy groceries so you can eat OR put gas in the car so you can drive to your doctor appointment?
- Skip work so you can watch your kids OR leave them at home alone to work so you can afford to meet their basic needs?
- Stay with an abusive partner and have a roof over your head OR leave them, but must live in a shelter?

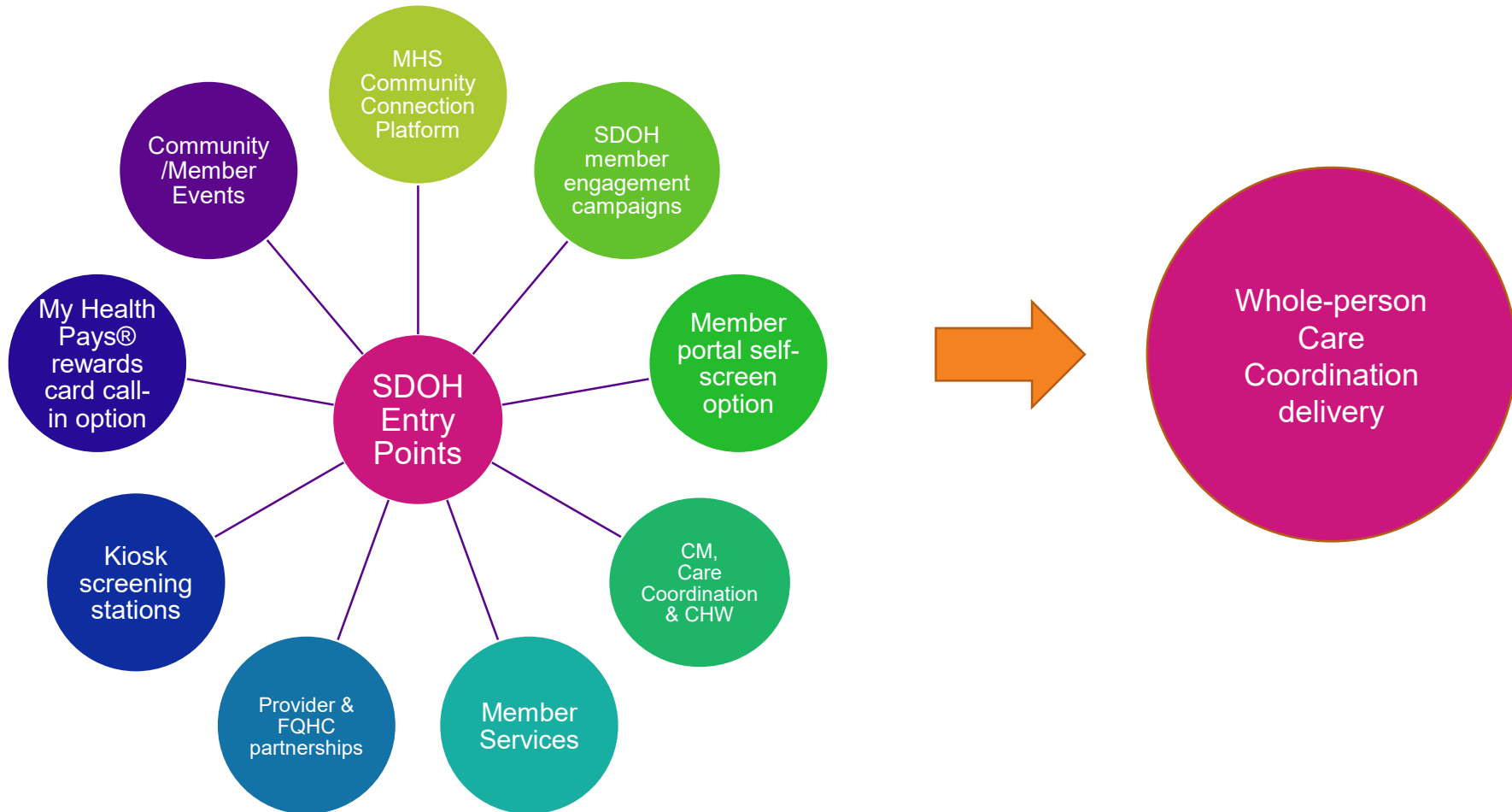
These are the types of questions many of our members have to ask themselves every day!

SDOH

- When looking at SDOH, it's easy to see how important it is to help MHS members connect to these needed support systems.
- It's critical to consider all aspects of a member's life and what challenges they are facing.
- Connecting them to a housing resource, food resource, or transportation can help meet basic needs, allowing them to focus on their health needs.

No Wrong Door

The “No Wrong Door” approach helps us identify and respond to SDOH barriers by meeting members where they are.



Program Resources

Programs and Resources

MHS is committed to helping our members meet social needs through programs and resources.



Programs and Resources

Post-Discharge Meals

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility:
 - Discharged from inpatient stay
 - Diabetes, Heart Disease (or Cardiac Diagnosis)
 - Statewide
- Description:
 - Members recuperating from an inpatient admission, without on-site support may not be ready to cook for themselves.
 - Members will have access to 28 healthy, home-delivered meals following an acute inpatient hospital stay, enough for two (2) weeks.
 - The goal is to acquaint/reacquaint the member with foods appropriate to a heart or diabetic healthy diet.

Programs and Resources

Medically Tailored Food Boxes

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility:
 - Enrolled in any Case Management
 - Member experiencing food insecurity
 - Statewide
- Description:
 - Two food boxes containing seven pantry meals
 - Nutritious, shelf-stable meals with minimal preparation
 - Prepackaged in easy-to-open containers; these meals are convenient to have on hand as no refrigeration is required
 - Items expire after four months, if not used.

Programs and Resources

Live Great

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility:
 - Enrolled in any Case Management or Care Coordination
 - Experiencing food insecurity
 - Statewide
- Description:
 - Designed for members experiencing food insecurity and a high-risk condition such as diabetes or high-risk pregnancy.
 - The program provides \$20 on the member's My Health Pays® card, monthly for a period of six (6) months.
 - Ideally, the dollars can be used at Walmart for the purchase of foods designated on a “Great For You” list.
 - Members can buy anything except alcohol, cigarettes and ammunition.

Programs and Resources

Grocery Trips (LCP)

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility: Lives in one of these three Marion County ZIP Codes (46236, 46235, 46226)
- Description:
 - Free round-trip rides to a grocery store (Kroger, Meijer, or Walmart)
 - Up to three (3) trips a month per member
 - Rides are scheduled through our transportation vendor.

Programs and Resources

Care Grants

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility:
 - Member enrolled in MHS Case Management or Care Coordination
 - The item being granted must relate to their Case Management
 - Statewide
- Description:
 - Benefit that matches member needs with a grant to help fund a non-covered service
 - The grant will contribute to the members health and wellness.
 - For example, athletic shoes, gym memberships, hypoallergenic bedding, ramps or grab bars, etc.
 - One item granted per calendar year.

Programs and Resources

High School Equivalency (HSE) Vouchers

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility:
 - Member wanting to take the High School Equivalency (HSE) test
 - Statewide
- Description:
 - Provide members with free vouchers to cover the cost of the Indiana HSE test. When the test is scheduled, MHS can also help members with transportation to and from the testing site.
 - The HSE is a way for adults to earn a high school diploma. Your HSE diploma can be earned after completing a test. It's based on five subject areas including Math, Reading, Writing, Science, and Social Studies.
 - The voucher will cover the cost for the member to have up to three attempts at the exam.

Programs and Resources

Medical Legal Partnership (MLP)

- Programs: Hoosier Care Connect
- Eligibility:
 - Must be a HealthLinc patient or agree to become a HealthLinc patient
 - Member must live in Porter, Lake, LaPorte, Starke, or St. Joseph County
- Description:
 - Partnership with HealthLinc and Indiana Legal Services to provide free legal assistance to qualifying members
 - Civil-legal cases (not criminal)

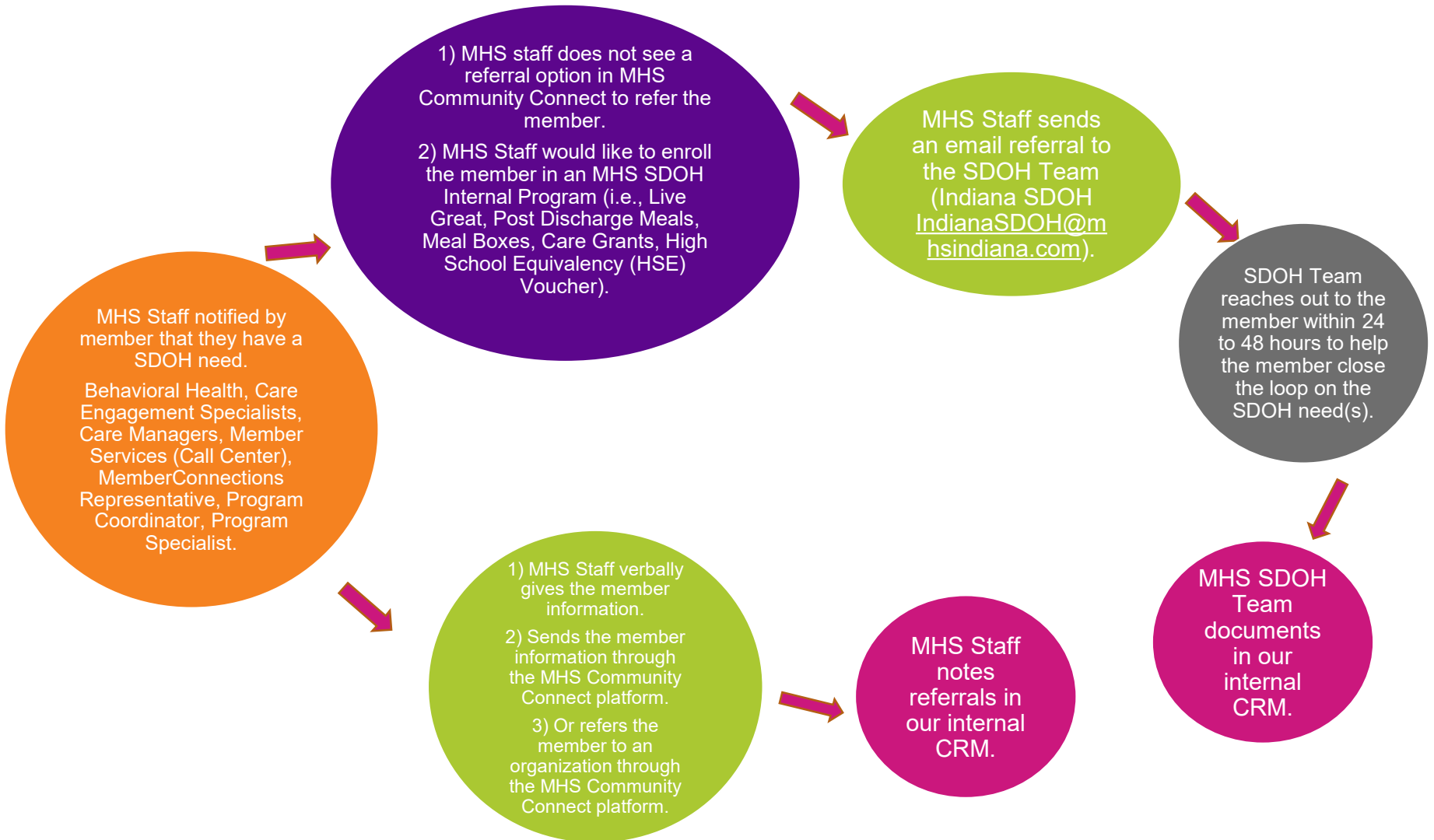
Programs and Resources

MHS Community Connect

- Programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect
- Eligibility: Available to all members, staff, providers and community members.
- Description:
 - Database of community resources
 - It's a free platform that connects you with the programs and services you might need in your community.
 - Search and connect to support
 - Powered by findhelp.org (formally known as Aunt Bertha)

Making Referrals

SDOH Referral Workflow

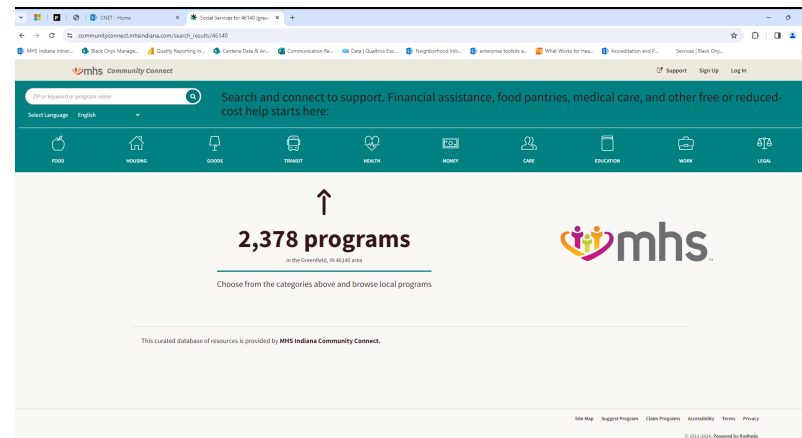
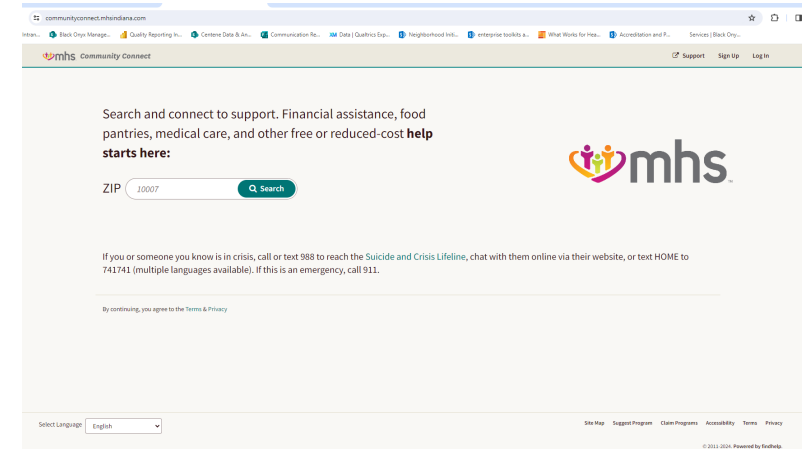


How to provide members with immediate local referrals

MHS Community Connect Platform:
communityconnect.mhsindiana.com

How to use:

- Navigate your internet browser to communityconnect.mhsindiana.com.
- Type in the member's zip code and search.
- Using the green toolbar at the top, select the SDOH need that most closely matches the member's need.
- Give the member a printed copy of the resources listed.



How to send referrals to the SDOH Team Directly

SDOH Email Inbox:

- IndianaSDOH@mhsindiana.com

What to include:

- Member Name: *Mickey Mouse*
- Member ID: *xxxxxxxxxx999*
- Phone: *(317) 555-5555*
- Description of the Need: *Member states they will be evicted from their home on the August 25 and do not have a place to go. Member lives with her 2 children, ages 8 and 11.*

Z Codes

What are Z Codes?

- Z Codes are a standardized mechanism for tracking and assessing SDOH in healthcare.
- Z Codes beginning with the letter "Z" categorize factors affecting health status and interactions with healthcare services.
- These codes typically denote preventive services, administrative encounters, or other health-related matters that might not pinpoint a particular illness or injury.
- They serve purposes such as tracking, statistical analysis, and billing within medical documentation.

Evidence on the Use of Z Codes

A review of current literature related to the use of Z Codes to document SDOH shows that:

- When you consider the breadth of issues ICD-10-CM [these] codes are meant to capture, it is clear Z Codes are not only lacking in abundance and specificity but also being vastly underutilized.
- The uptake of SDOH Z-codes has been slow, and current coding is likely poorly reflective of the actual burden of social needs experienced by hospitalized patients.
- 30, 60, and 90-day readmission rates are positively correlated with the number of documented SDOH events.
- In 2020, the highest annual documentation of social determinants of health-related Z Codes was among Medicaid beneficiaries (3.02%, 0.46% commercial, 0.42% Medicare Supplement).
- We need to implement standardized assessment tools and train our interprofessional healthcare teams to use them.
- Clear reimbursement guidelines must be established to ensure consistent utilization.

Z Code Dashboard Incentive

The goal is to improve the data captured for Health Equity and SDOH.

- Through the identification of SDOH needs MHS can:
 - Assist members in addressing core needs alongside clinical outcomes
 - View geographic trends statewide and at county levels

Z Code Incentives

MHS will offer incentives for a specific set of Z Codes.

Diagnosis Code	Description
Z55	Problems related to education and literacy; Example: billable code Illiteracy and low-level literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances

Z Code Dashboard Incentive

The program will roll out in phases:

- Phase 1: 27 providers already familiar with billing Z Codes (2023)
- Phase 2: Larger Hospitals and all FQHCs (Q3 2024)
- Phase 3: All other MHS providers
- Implementation will be complete by the end of 2024.

Health Equity and CLAS

Unconscious Health Bias

Biases can exist toward any social group and may include:

- Race
- Age
- Gender
- Gender identity
- Physical abilities
- Sexual orientation
- Weight
- Appearance

Far more common than conscious prejudice, and often incompatible with conscious values.

Bias is a human trait that we all possess, but it is malleable and can be unlearned.

Unconscious Health Bias

Unconscious Bias, Cultural Humility, and their Impact on Health Equity

- Understanding unconscious bias and demonstrating cultural humility will bring healthcare providers closer to achieving the goal of caring for all patients in the best possible way, moving toward the path of attaining health equity throughout communities.
- Although disparities in social determinants of health are often beyond the control of a single healthcare provider, providers can directly impact health equity for their own patients.

Digging Deeper Into Root Causes

- The root cause of health disparities is unequal distribution of power and resources. Structural racism is a major driver.
- Policies and processes across various sectors that are structured (intended or not) to benefit living conditions or opportunities of certain groups over others
- Discrimination in education, employment, housing, transportation, and urban and regional planning are all at the root of inequities (importance of addressing SDOH)
- Insurance coverage, access to quality, culturally competent services
- To address the poor outcomes, we see in certain communities (e.g., maternal/infant mortality, emergency room usage or Covid-19 disparities), root causes must be addressed.

Bailey, Z. D., Feldman, J. M., & Bassett, M. T. (2020). How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *New England Journal of Medicine*, 384(8), 768–773. <https://doi.org/10.1056/nejmms2025396>

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *Lancet (London, England)*, 389(10077), 1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)

Groos M, Wallace M, Hardeman R, Theall KP. (2018). Measuring inequity: a systematic review of methods used to quantify structural racism. *J Health Dispar Res Pract*, 11, 190-206.

Culturally and Linguistically Appropriate Services (CLAS)

Overview:

- Using clear oral communication strategies can help members to better understand health information. Communicating clearly also helps members to feel more involved in their health care and increases their likelihood of closing care gaps and improving their health outcomes.
- Language differences make it hard to get the health information that our members need.
- Language barriers happen with our members who:
 - Have limited English proficiency,
 - Use non-verbal forms of communication such as sign language, and
 - Hold different cultural views than practitioners providing services to them.
- Addressing language and sensory differences is an important part of addressing health literacy and is required by law. Medicare and/or Medicaid requires the provision of language assistance for members who do not speak or understand English well. Failing to use acceptable forms of language assistance can expose Centene to liability.
- It is equally important to practice cultural humility, in which we seek to understand and communicate with members based on their culture and communication preferences.

CLAS

Increase provider awareness about cultural competency, CLAS, Z codes, and capacity to use health equity data and promising practices to diagnose and reduce health inequities in patient population through:

- Knowledge sharing
- Training/skills
- Data sharing
- Providing technical assistance

CLAS

MHS is committed to ensuring the linguistic needs and cultural differences of our members are met and provides an array of services through internal sources and external partnerships.

- **Access to individuals who are trained, professional interpreters**
 - MHS offers face-to-face or telephonic interpreter services that may be arranged through Member Services. MHS requests a five-day prior notification for face-to-face services. This includes interpretation for spoken languages as well as for hearing impairment.
- **Over-the-phone interpreter services are available 24/7**
 - Approximately 150 languages, to assist providers and members in communicating with each other when there are no other translators available for the language. In addition, TTY access is available to members who are hearing-impaired. To schedule, contact MHS Provider Services at 1-877-647-4848.
- **The free MHS 24hr Nurse Advice Line**
 - Assist members with medical questions and triage care

David Satcher, MD, PHD



"To eliminate disparities, we must know enough (research); do enough (deliver the outcomes); care enough (commitment); and persevere enough (do not get discouraged)."

-David Satcher, MD, PhD

Questions/Discussion
