AHARO CONSUMER WORK PLAN – 2017/2018

Addressing the Social Determinants of Health Through Supplemental Health Home Standards

Summary

AHARO Hawaii intends to integrate into its Medicaid payment model a systematic approach to addressing the social determinants of health (SDoH). The initiative will utilize provisions of an existing State Medicaid waiver that allows health centers to be incentivized for continuing quality improvement.

AHARO Hawaii has its roots in consumer-guided Leadership Conferences through which supplemental Health Home standards were developed that address health center proficiencies in areas of community engagement, culture, economic/workforce development, and access barrier reduction. AHARO Hawaii proposes a capitation be provided where risk pool margins are generated to help support quality improvement in social conditions. Under the model, each participating health center will choose specific initiatives in each of three areas to be funded through available capitation. Community Boards will be engaged to choose and evaluate performance in these programs.

It is expected that individual health centers work diligently to address accountable care metrics associated with creating risk pool margins in order to be entitled to receiving these quality bonuses. Following years in which there are no risk pool margins, it is understood that a given health plan need not fund this supplemental health home program.

AHARO Hawaii Workshop Initiative

Consumer Board members attending the August 12, 2017 AHARO Hawaii workshop were asked to complete the following tasks related to the attached AHARO Hawaii Supplemental Health Home Standards. Results are included in the following document.

1. **Review the attached document and adopt background statement.**

2. **Consider using TABLE A as part of criteria for AHARO Hawaii Health Center membership.**

3. **For each of the three remaining tables discuss the standards that apply.**

4. **Discuss the type of projects that could be undertaken in each community to address the social conditions implied by each table.**

AHARO Hawaii Supplemental Health Home Standards

Addressing Social Determinants of Health through Empowered Communities

Background

The following Health Home Standards assessment tool evolved from a series of consumer-driven conferences held between 2008 and 2014 and subsequent quarterly workshops. The impetus for developing supplemental performance standards included:

1. Home Health Standards developed by national quality agencies did not adequately address the issues of poverty and other social determinant factors.

2. Consumers of Health Home services in federally designated medically underserved areas (MUAs) have not had adequate input into the systems used to measure the relative value of their Health Homes. An assumption was made that such engagement will improve performance outcomes.

AHARO Hawaii has engaged Medicaid managed care organizations to incentivize Federally Qualified Health Centers (FQHCs) to establish systems that identify community-specific social conditions and perform continuous quality improvement that address these conditions.

The performance incentive allows community governing boards comprised of consumer and business representatives to identify goals for their community and to fund community-based wellness initiatives. Capitation to fund this approach requires health home efforts to reduce avoidable costs.

AHARO Hawaii membership is open to Hawaii-based FQHCs that meet required standards of community engagement. The following community engagement standards must be met.

TABLE A. Required Community Engagement Standards

The practice is an integrated part of the community, encouraging participation and elevating the level of health education and organization through the following:		YES	NO	N/A
1.	Has a panel of patients or Consumer Board that reviews and approves an annual plan that identifies health care needs and disparities within the community; establishes an action plan to address these issues.			
2.	Reviews adequate data to measure performance to promote access, quality, cost effectiveness and makes recommendations for consideration.			
3.	Has a systematic process in place to measure patient satisfaction and performs any remedial actions deemed necessary.			
4.	Engages community representatives in regular workshop and education sessions about health care value based payments.			
5.	Has patients sitting on internal committees, (for example, Quality Improvement Committee or Cultural Competency Committee.)			

Continuing Health Home Standards – AHARO Hawaii Community Accountability

Each AHARO Hawaii community board will establish a workplan for addressing three continuing goals that relate to improved social conditions. The value of the three continuing Health Home standards is described below:

1. Cultural Proficiency
   The patient population served by AHARO Hawaii is culturally diverse with a predominant native Hawaiian and traditional culture represented. AHARO Hawaii consumers believe cultural proficiency leads to improved communication, early access to primary care, and improved patient outcomes.

2. Job Creation and Economic Development
   An effective Health Home in an MUA should address the issue of community-wide poverty and lack of opportunity. AHARO Hawaii consumers believe a path toward economic success and self-sufficiency for all patients should be pursued. Positive health outcomes are associated with patients are optimistic about their future.

3. Care Enabling Procedures
   Health Homes established in MUAs often find that their patients have geographic, economic, and social barriers that prevent them from accessing primary care. AHARO Hawaii seeks to define specific access barrier interventions and utilize related procedures to improve patient access. AHARO Hawaii also intends to evaluate the linkage between the application of these procedures and improved quality and accountable care outcomes.

The following tables describe AHARO Hawaii's three continuing Health Home performance standards in which they will seek continuous quality improvement.

TABLE B: Cultural Proficiency				
The practice addresses the cultural background of consumers in its policies, procedures and practices through the following:		**YES**	**NO**	**N/A**
1.	Assesses the diversity of consumers and trains staff, providers, and others about the diversity.			
2.	Has a panel of cultural advisors engaged in developing and evaluating cultural practices.			
3.	Has an established plan for cultural sensitivity training and professional development for staff.			
4.	Providers follow culturally specific protocols based on patient background and demographics.			
5.	Buildings and facilities that reflect the patient population's culture and background (e.g. male family planning clinic design to make men feel welcome).			
6.	Provides and/or promotes complementary and/or alternative healing practices in alignment with primary and preventive health services.			

AHARO Consumer Committee recommends standards 3 and 6 be emphasized in 2017-2018. Each Health Center will choose two performance objectives for 2017-2018 related to the standards selected.

1.
2.

TABLE C: Job Creation and Economic Development				
The practice is a center of economic opportunity for the community by offering the following:		**YES**	**NO**	**N/A**
1.	A protocol in place to refer unemployed patients to job training activities within the service area.			
2.	An "on the job" training program for workers to improve job competencies that are aligned with healthcare transformation needs.			
3.	A plan in place to promote a continuum of job training activities for service area residents that ranges from entry level careers to professional education with preparatory or "pipeline" services identified.			
4.	Programs to support staff development activities, e.g. tuition reimbursement, flexible scheduling, job-sharing, telecommuting, and other training programs.			
5.	Programs to attract workers from other industries with transferable skills to work at a healthcare home.			
6.	Programs to share labor resources with other healthcare homes as needed.			
7.	Acting as a training site for at least 3 different health care disciplines, ex. medical assistants, nurses, nurse practitioners, physician's assistants, social workers, medical students, psychology interns, or medical or dental residents.			

NOTE: AHARO Consumer Committee recommends standards 6 and 7 be emphasized in 2017-2018. Each Health Center will choose two performance objectives for 2017-2018 related to the standards selected.

1.
2.

TABLE D: Care Enabling				
The practice evaluates patients' abilities to receive services and has systems in place to overcome potential access barriers by:		**YES**	**NO**	**N/A**
1.	Assessing on an ongoing basis the self-reported and actual access barriers experienced by patients in the PCMH.			
2.	Having appropriate programs, staffing, and resources to provide these care enabling services.			
3.	Offering patients the eight basic enabling services identified by AAPCHO and NACHC (attached).			
4.	Coding and tracking these enabling services on charge tags or electronic records.			
5.	Measuring the impact of enabling services on performance metrics.			
6.	Developing and utilizing enabling protocols on electronic health record templates.			
7.	Having an established patient and family feedback system for appropriateness, effectiveness and improvement of care enabling services			

AHARO Consumer Committee recommends standards 2 and 4 be emphasized in 2017-2018. Each Health Center will choose two performance objectives for 2017-2018 related to the standards selected.

1.
2.

Annual Elective Quality Improvement Initiatives – Social Determinants of Health

In addition to the continuing standards for Health Home quality improvement around social determinants of health (SDoH), AHARO Hawaii FQHCs may establish a health center specific standard for 2017/2018.

For example, one health center is proposing to further a pilot project that systematically measures SDoH conditions in a Health Home patient population. The project will utilize a standard survey tool and sets targets for completing a minimum number of surveys.

Conclusion

The U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) has expressed interest in assessing the impact of SDoH on health outcomes. Hawaii's governor has provided guidance to FQHCs to seek more value from contracts awarded to health plans. Ultimately, a system of payment reform that evolves at the community level will be more effective and sustainable than one imposed upon such communities. Aligned incentives in high poverty communities include actions that will promote a healthier life. Capitation applied to community described initiatives described above is linked in the AHARO Hawaii model to the systematic reduction of avoidable costs.