JCHC Commission Meeting

June 11, 2024

Agenda

2024 JCHC Workplan

Strategies to Address the Social Determinants of Health

JCHC 2024 Workplan

Previously approved workplan includes three presentations and two studies

- Staff presentations:
  - Strategies to Address Social Determinants of Health (June 2024)
  - Services for Individuals with Traumatic Brain Injury in Long-term Care Settings (July 2024)
  - Impact of Technology on Children's Health (July 2024)
- Comprehensive staff studies:
  - Performance of Health Care Workforce Programs (September 2024)
  - Strategies to Extend Health Care Access to Vulnerable Populations (October 2024)

Performance of Health Care Workforce Programs

Analyst: Jen Piver-Renna

Study purpose

- Develop a framework for measuring the performance and impact of health care workforce programs
- Obtain relevant data to populate metrics measuring each program's outputs and outcomes
- Develop and implement a process for reporting on the performance of programs that is meaningful, transparent, and actionable
- Consider policy options through which the state may improve the performance of state-funded health care workforce programs

Study resolution approved by Commission on December 6, 2023.

Major study questions

- Are health care workforce programs in Virginia meeting their intended goals?
- How can the Commonwealth improve the performance of health care workforce programs?

Study will focus on state-funded health care workforce programs

For this study, health care workforce programs are:

- Any initiative or organized strategy with at least one primary objective directly and intentionally benefitting the health care workforce
- Funded by state general funds, in whole or in part
- In operation at the time of the study
- Beyond their initial year of implementation

Virginia appropriated $443 million in state funds for 37 health care workforce programs in FY24

- $125 million in state general funds supports 25 programs exclusively focused on health care workforce
- $318 million in state general funds supports 12 programs partially focused on health care workforce

Most programs address the health care workforce pipeline

Sector	Agency/Organization	Number of Programs
Education	Virginia Department of Education	3
	Virginia Community College System	5
	State Council for Higher Education in Virginia	5
	Multiple institutes of higher education	9
Health	Virginia Department of Health	11
	Department of Medical Assistance Services	2
	Department of Behavioral Health and Developmental Services	2

Research Methods

- Conduct interviews, document review, and data analysis for each state-funded health care workforce program
- Apply standardized framework to assess quality of program implementation and effectiveness

Questions/Discussion

Strategies to Extend Health Care Access to Vulnerable Populations

Analysts: Estella Obi-Tabot, Kyu Kang & Emily Atkinson

Study purpose

- Evaluate alternative models for extending health care access to vulnerable populations
- Identify and describe ways in which peer states support similar models
- Develop policy options to support effective models for extending health care access to vulnerable populations

Study resolution approved by Commission on December 6, 2023.

Members identified five specific strategies to be studied

- Mobile health clinics
- Community paramedicine
- Home visiting
- Community health workers
- Telehealth

Mobile health clinics

- **Mobile health clinics or "mobile units"** are vehicles that have been modified to provide space for clinical services and allow providers to deliver services in areas and to populations that may lack access to health care
- Mobile health clinics offer a wide range of services, depending on the organization, service area, patient population, and funding

Mobile health clinics are responsive to community needs, may reduce costs

- Mobile health clinics are particularly effective in areas where transportation is a barrier or access to providers is limited
- The flexibility of the model allows mobile health clinics to respond quickly to changing community needs
- Mobile health clinics may serve patients who would not have otherwise sought care and can generate cost savings by providing preventive care

Community paramedicine and mobile integrated healthcare

EMS providers are increasingly being utilized in non-traditional roles and settings to assist with public health, primary health care, and preventive services

- **Community paramedicine (CP)** programs use paramedics
- **Mobile integrated healthcare (MIH)** programs use multi-disciplinary care teams, which may include emergency medical technicians and paramedics

Community paramedicine programs target high-risk or high-needs patients

- Patients who need support may be identified by:
  - Large volume of 911 calls
  - Frequent visits to the emergency department
  - High risk of rehospitalization due to complex care needs
- Community paramedicine programs offer different care models to meet community needs, improve patient outcomes, and help reduce utilization and costs

Home visiting

- Maternal and early childhood **home visiting** programs match expectant parents and caregivers of young children with home visitors who provide coaching, screenings, and referrals to support the healthy development and well-being of children and families
- Home visiting programs are voluntary, and services are provided in the home or community

Nine home visiting programs are offered in Virginia

- Programs are administered by community-based organizations, health systems, and public agencies
- Most programs are federally funded and the General Assembly has provided additional funding in recent years
- Program availability varies by locality and not every locality is served by a home visiting program

Community health workers

- **Community health workers (CHWs)** are frontline public health workers who are trusted members of their community or have unusually close understanding of the community served
- CHWs are employed in a variety of settings including health departments, primary care settings, and health care systems

CHWs can improve access for populations with significant barriers

- CHWs provide guidance and support, and help patients navigate the health care system
- CHWs can facilitate access to health and social services, improve care quality, and increase culturally competent service delivery
- CHWs may be particularly effective in improving access for individuals with limited English proficiency, rural and minority populations, and individuals with chronic or complex care needs that require ongoing monitoring

CHWs = Community health workers

Telehealth

- Telehealth is the use of telecommunications and information technology to provide medical and behavioral health assessment, diagnosis, intervention, consultation, supervision, and information
- Telehealth services may be delivered via real-time audio-visual communications, telephones, interactive secure medical tablets, remote patient monitoring devices, and store-and-forward devices

Telehealth can extend access despite barriers for patients and providers

- Telehealth may effectively extend access to health care for older adults, rural populations, minority populations, and individuals with chronic conditions
- Barriers to telehealth include:
  - Patients' personal attributes, social determinants of health, privacy concerns, and barriers related to technology
  - Provider-specific barriers include workforce and administrative level barriers and system and policy-level barriers

Study questions

For each strategy identified:

- How are the services delivered?
- Which populations benefit from the services provided?
- How do the costs of the services compare to their anticipated benefit?
- What barriers exist to expanding the use of the strategy in Virginia?
- How do other states support similar models?

Research methods

- Narrative reviews of peer-reviewed literature
- Document review of program-specific materials
- Interviews with key stakeholders
- Reviews of national, state, and program-specific data on services, costs, and outcomes

Questions/Discussion

Agenda

2024 JCHC Workplan

Strategies to Address the Social Determinants of Health

Strategies to Address Social Determinants of Health

Analyst: Jen Piver-Renna

Purpose of the presentation

- Members requested an informational presentation on Social Determinants of Health (SDOH) and how they impact health care access in Virginia
- Presentation is a prelude to JCHC's *Extending Health Care Access to Vulnerable Populations* study

Agenda

Defining SDOH

Addressing SDOH through the Health Care System

Beyond Health Care: State Approaches to SDOH Policy

SDOH are characteristics of communities

- SDOH are conditions in which people are born, grow, work, live, and age that affect a wide range of health outcomes, functioning, and quality of life
- SDOH are shaped by the distribution of resources

SDOH fall into five broad domains

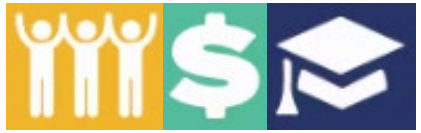
SOURCE: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

SDOH are a primary influencer of health outcomes

- Across studies, SDOH accounted for 30 to 55 percent of the variation in a person's health outcomes, followed by health behaviors, and clinical care
- SDOH explain the largest percentage of variation in Virginia localities' COVID-19 mortality rate

SOURCE: Pattath P. Social Determinants of Health and Racial/Ethnic Disparities in COVID-19 Mortality at the County Level in the Commonwealth of Virginia. Family and Community Health. 2023 Apr-Jun 01;46(2):143-150.

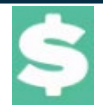
Virginia ranks in the top half of states on SDOH

SDOH Domains	America's Health Rankings Dimensions	Virginia's Rank
	Community and Family Safety, Economic Resources, and Education	16
	Air and Water Quality, Climate and Health, Housing and Transit	1
	Access to Care, Preventive Clinical Services, Quality of Care	22
	Overall	**19**

SOURCE: America's Health Rankings, 2023 Annual Report. Available at: https://americashealthrankings.org

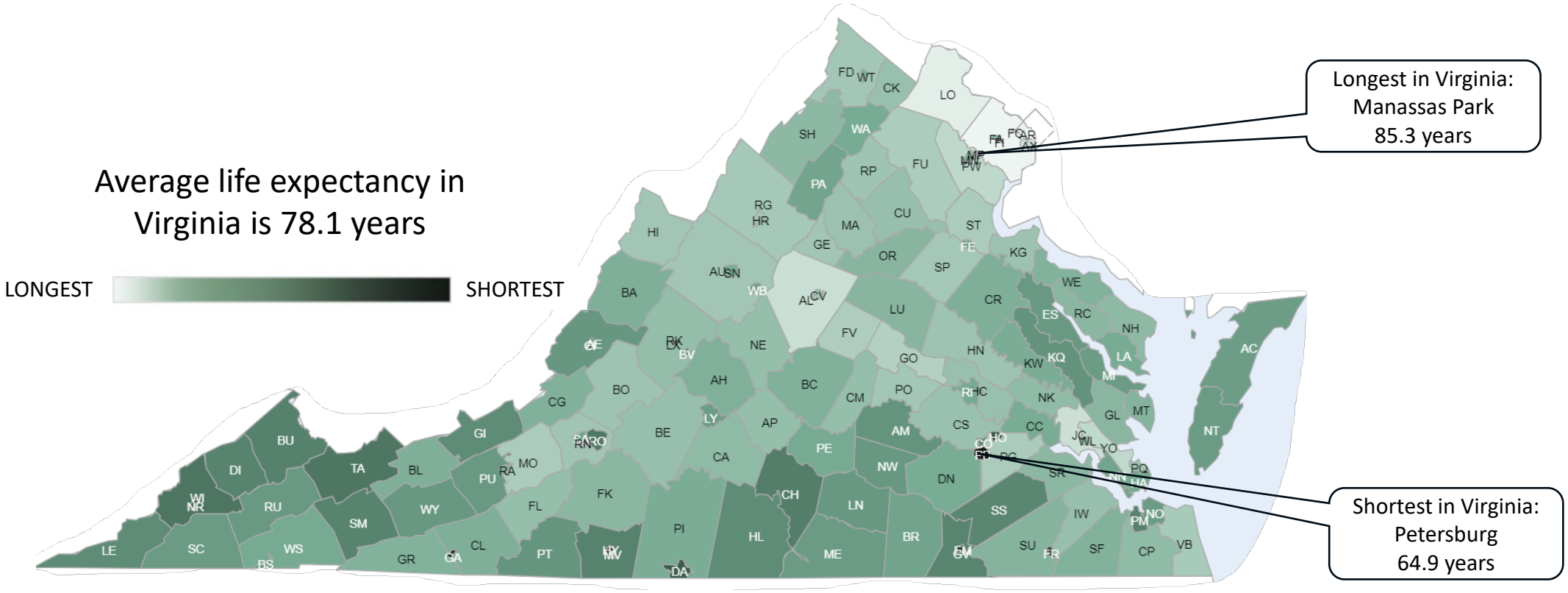
Localities' SDOH present unique challenges and opportunities to improve health

Selected Opportunity Rankings (Out of 134 Virginia Counties)

SDOH Domains	Opportunity Profile	Suffolk	Roanoke County	Loudoun County	Charlottesville
	Economic Opportunity	11th	32nd	2nd	101st
	Consumer Opportunity	66th	18th	4th	23rd
	Community Environmental	58th	45th	43rd	4th
	Wellness Disparity	70th	33rd	59th	1st
	Health Opportunity Index	**39th**	**28th**	**7th**	**6th**

SOURCE: Virginia Department of Health Virginia Health Opportunity Index. Available at: https://apps.vdh.virginia.gov/omhhe/hoi/

SDOH ultimately impact life expectancy



SOURCE: County Health Rankings and Roadmaps, available at: https://www.countyhealthrankings.org/health-data/virginia

Agenda

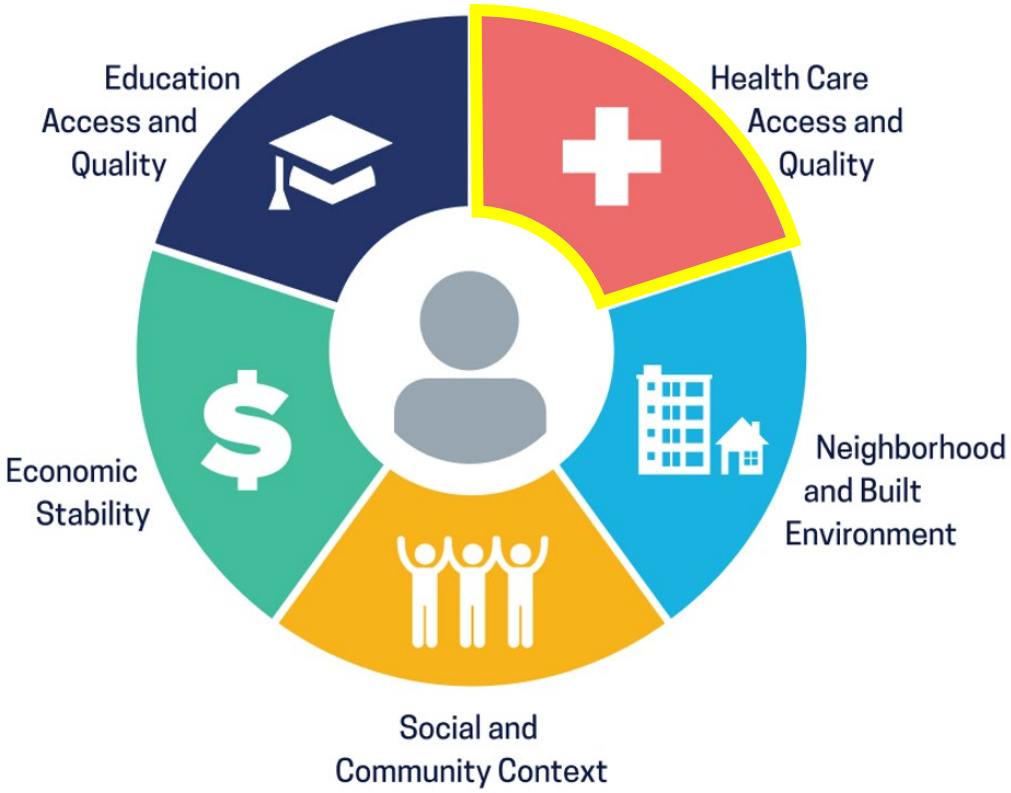
Defining SDOH

Addressing SDOH through the Health Care System

Beyond Health Care: State Approaches to SDOH Policy

Health care entities can address SDOH through two pathways

- Increasing access to affordable, high-quality, and convenient health care
- Addressing patients' health-related social needs



Health care entities can address the SDOH of access to care

- Health insurance
- Health care workforce
- Telehealth
- Transportation

JCHC staff are studying strategies to extend access to vulnerable populations in 2024

- Mobile Health Clinics
- Community Paramedicine
- Home Visiting Programs
- Community Health Workers
- Telehealth

Health care entities can address SDOH through individuals' social needs

- Health-related social needs (HRSN) are the social and economic needs that affect an individual's ability to maintain their health and well-being
- HRSN are experienced by individuals because of unfavorable SDOH in their communities

Health care providers screen and track patient HRSN

- Beginning in 2024, CMS requires some health care organizations to screen patients for five HRSN:
  - Food insecurity
  - Interpersonal safety
  - Housing insecurity
  - Transportation insecurity
  - Utilities
- Screening must be linked to available community resources to effectively address identified needs

NOTE: CMS = Centers for Medicare and Medicaid

Payers use benefit enhancements to address HRSN

- Reimbursements based on quality of care facilitate improvements in population health
- Medicaid MCOs can provide additional programs to support their members
  - Paying for non-medical services in lieu of standard benefits
  - Paying for non-medical services as value-added services
- States have expanded opportunities to address HRSN through Medicaid waivers

NOTE: MCO = Managed Care Organization

Agenda

Defining SDOH

Addressing SDOH through the Health Care System

Beyond Health Care: State Approaches to SDOH Policy

Improving health requires approaches beyond the health care system

- Efforts to increase patients' access to high-quality care and address health-related social needs are necessary but not sufficient
  - Lack focus on long-term initiatives
  - Often focus on individuals who are in the worst health and have the greatest health care costs
- Community-level changes in health require broader actions

Upstream strategies change community conditions that make people sick

SOURCE: National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030; Flaubert JL, Le Menestrel S, Williams DR, et al., editors. Washington (DC): National Academies Press (US); 2021.

Policy development that centers health across sectors can address SDOH

- Goal is to ensure decision-makers are informed about the health consequences of policy options
- Creates permanent change in how agencies partner with and relate to each other and how governmental decisions are made

SOURCE: Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

SDOH impact health care decisions and outcomes

- SDOH are characteristics of communities that have a significant impact on individuals' health and wellbeing
- Health care entities can address the individual impact of SDOH by improving access to care and identifying patient social needs
- Policies to address community health require multi-sector engagement

Upcoming 2024 JCHC Meetings

- July 17th, 10:00 a.m.
- September 18th, 10:00 a.m.
- October 23rd, 10:00 a.m.
  - Executive Subcommittee, 9:00 a.m.
- November 20th, 10:00 a.m.
- December 18th , 10:00 a.m.

NOTE: Dates and times are subject to change.

Joint Commission on Health Care

Address:
411 E. Franklin Street, Suite 505
Richmond, VA 23219

Phone: 804-786-5445

Website: http://jchc.virginia.gov