



COVID-19: A Wake-Up Call to Address Social Determinants of Health – Less Talk, More Action

A Q&A with Thomas Campanella

Today's Speakers



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What is the definition of Social Determinants of Health?

Social Determinants of Health

- Conditions in the places where people:
 - Live
 - Learn
 - Work
 - Play
- Factors include:
 - Socioeconomic status
 - Education level
 - Access to healthy foods
 - Neighborhood and physical environment
 - Employment
 - Social support networks
 - Access to healthcare

What are the
primary influencers
on an individual's
health status?

Key Factors Influencing Health

- Individual behavior
 - Smoking, lack of exercise, drug and alcohol abuse
- Genetics
- Social determinants of health
- Healthcare services
 - Where we spend the most money

How do social
determinants impact
the health status of
our community?

Social Determinants of Health Impact

- An individual's health: social determinants are interconnected with individual behavior and genetics
- Addressing social determinants is important for:
 - Improving individual health
 - Reducing health disparities rooted in social and economic disadvantages

Why has COVID-19 affected certain portions of society more than others? What does this mean, in the long run, for the health of our communities?

First, The Elderly Population

- The elderly face significant risk of developing severe illness due to physiological changes that come with ageing and potential underlying conditions.
- A new KFF analysis found 80% of people who have died from COVID-19 in the U.S. to date were 65 years or older.
- More than 40% of COVID-19 deaths are linked to nursing homes.
- More recent COVID-19 trends show impact in the 20-50 age group. Although it's not typically as severe as the elderly, this population can spread the virus to the elderly.

What is the specific
impact of social
determinants of
health on the elderly?

Impact on the Elderly Population

- Societal costs associated with caring for the elderly
 - Custodial and medical
 - But what about the quality of life of the elderly?
- Housing has the greatest impact.
 - Mental health and overall quality of life
- “Living in place” doesn’t mean “abandoned in place”
 - Seniors shouldn’t be isolated in a structure from the rest of the community
 - Should be a healthy setting and a home base for an important member of our community

How can we make the
home setting safer
and healthier for our
elderly?

Safer Home Care Settings

- “New frontier in healthcare”
- Beginning to better address the medical and medication needs, but we still need to focus on social determinants of health that impact the elderly and contribute to a healthy home:
 - Isolation
 - Depression
 - Nutrition
 - Exercise
 - Safety
 - Home conditions
- Stakeholders impacting senior health:
 - Physicians
 - Social service
 - Governmental agencies
 - Community organizations
 - Home health workers
 - Physical and mental therapists
 - Pharmacists
 - Senior transportation
- Each of these groups may include a sub-set of additional stakeholders

Are there existing programs that have effectively addressed this coordination of care role for the elderly?

PACE Program

- This home- and community-based program is a medical home for frail elders, designed to keep nursing home-eligible seniors out of nursing homes and help them continue to live in the community. It provides comprehensive medical, nursing, social services and rehabilitative care.

How are communities
of color being affected
by COVID-19?

Communities of Color

- Black, Latino, Native American
- Environmental, social, behavioral factors influencing health:
 - Occupation, education, income, housing conditions
- Underlying inequalities in social and economic circumstances that leave people of color:
 - At higher risk of being exposed to the virus
 - Experiencing serious illness if they contract it
 - Facing barriers to access healthcare
 - Experiencing financial challenges due to economic disruption caused by the pandemic
- Compared to Whites, the age-adjusted mortality rate for:
 - Blacks is 3.7 times higher
 - Native Americans is 3.5 times higher
 - Latinos is 2.8 times higher

How does living in
poverty increase the
risk of getting COVID-
19?

Higher Risk for Poverty Populations

- Low-income workers hold essential jobs that don't offer the option to work remotely which increases risk of exposure.
- Multi-generational family housing and significant crowding make it difficult to quarantine if someone becomes ill.

Are you optimistic we
can effectively address
social determinants of
health?

Addressing Social Determinants of Health

- We are facing many challenges:
 - Healthcare is fueled by payment systems that reward over-utilization.
 - This “sick care” system diverts resources from initiatives that focus on keeping our communities healthy.
 - Factors that are out of the healthcare sector’s control need to be addressed:
 - Education
 - Income
 - Safety
 - Access to healthy foods

How can we more
effectively address
social determinants
within healthcare
specifically?

Addressing Social Determinants of Health

- To effectively optimize our resources, we need the following formula:
 - A targeted population +
 - A primary care medical home hub +
 - A seamless collaborative support network of community stakeholders +
 - A sustainable funding source and payment methodologies that incents stakeholders to focus on a healthy community.

What do you mean by a
“targeted population?”

A “Targeted Population”

- Developing a cost-effective approach involves identifying a targeted population to most effectively use resources.
- Medicaid is a targeted population and can be flexible and innovative as a result of waivers approved by CMS.

What do you mean by a
primary care medical
home?

A Medical Home Hub

- A medical home hub would house PCPs and employ or have a relationship with:
 - Social workers
 - Nutritionists
 - Mental health providers
 - Disease-based educators
- Medical home hub would also house:
 - All clinical and social determinants of data on the members.
 - The infrastructure and personnel needed for a data gathering and analysis and link to clinical specialists and the support network of key stakeholders within the community.
 - Farmers market onsite
- Located in community health centers located in inner cities or rural areas
 - Would need to provide transportation

What do you mean by a
seamless collaborative
support network of
community stakeholders?

Support Network of Community Stakeholders

- Seamless and collaborative network between:
 - Payers
 - Providers
 - Health and social services departments and agencies
 - Schools at all levels
 - Foundations
 - Non-profit organizations of all sizes and missions.
- Each stakeholder has its own primary mission and its own challenges in achieving success and survivability of its organization or entity which may hinder collaboration efforts.

But, how can we bring
these stakeholders
together?

Support Network of Community Stakeholders

- Risk/value-based reimbursement incents both cost-efficiencies and achieve positive outcomes:
 - Realign the self-interest of key stakeholders so they all benefit from a healthier community.
 - Capitation in different forms may provide necessary financial incentives to achieve both of these goals.

What are other
complicating factors
impeding collaboration
between key
stakeholders?

Complicating Factors Impeding Collaboration

- Current stakeholder financial success is fueled by “fee-for-service”
- Lack of EMRs and other core system connectivity
- Limited technology integrations between individual hospitals/systems and physician/clinician practices hampers providers’ ability to understand health issues holistically.
- Privacy rules

Are there initiatives trying
to accomplish these
goals?

Current Initiatives

- Accountable care communities are a new health model that involves multiple stakeholders working together to improve the health and well-being of their communities by addressing social determinants of health.
 - Stakeholders include health care delivery systems, public health organizations, and community organizations.
- In an accountable care community, the stakeholders commit to share responsibility, resources, and data to improve community health indicators.
- The most common collaboration is generally between healthcare providers and social service organizations.

Current Initiatives

- [The Pathways Community HUB \(HUB\) model](#) identifies and addresses risk factors at the individual level, but can also impact population health through data collected.
- As individuals are identified, they receive a comprehensive risk assessment and each risk factor is translated into a Pathway. Pathways are tracked to completion, and this comprehensive approach and heightened level of accountability leads to improved outcomes and reduced costs.

Any concluding remarks
on this important topic?

Concluding Remarks

- In order to effectively address social determinants of health you need to go beyond our traditional “health system” for solutions
- Address issues like education, income, safety and other sensitive issues such as racial injustice.
- COVID-19 widened the gap between the haves and have-nots, so we need to accelerate these changes and collaborations.
- Look to the long-term from an economic standpoint that begins with our educational system and jobs, which will require an investment in training for current and jobs of the future.
- We can effectively address social determinants of health, but it will require a long-term societal and community commitment.

How Can We Help?

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Questions?

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Thank you!