Transforming Health with Social Determinants of Health Coding

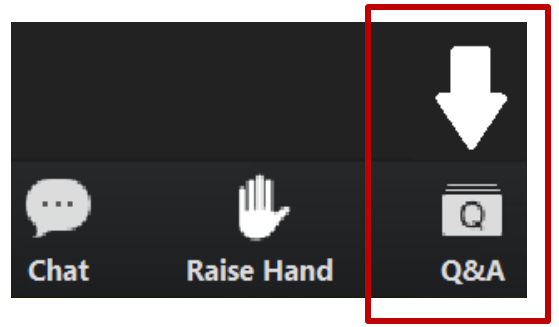
October 10, 2019

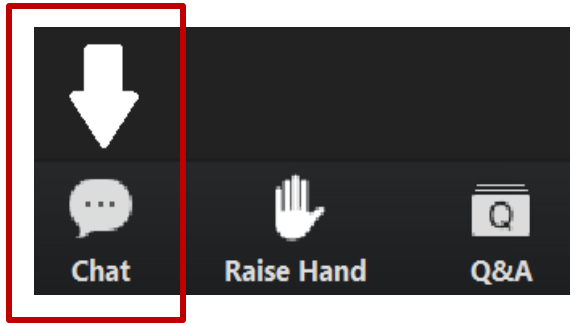
Agenda

- **Welcome**
  - **Jennifer Covich Bordenick,** CEO, eHealth Initiative
- **Stakeholder Presentations and Panel Discussion**
  - **Sheila Shapiro**, *Senior Vice President, Strategic Community Partnerships,* UnitedHealthcare
  - **Nelly Leon-Chisen, RHIA**, *Director, Coding and Classification*, American Hospital Association
  - **Caraline Coats, MHSA**, *Vice President Bold Goal and Population Health Strategy*, Humana
- **Q&A**
  - **Jennifer Covich Bordenick**, CEO, eHealth Initiative

Housekeeping

- **All participants are muted**
- **To ask a question to be answered by speakers:**
  - Use the "Q&A" box found on the bottom of your screen
  - We will address as many as possible after the presentations
- **For help with technical difficulties and non-speaker questions:**
  - Use the "chat" box and we will respond as soon as possible
- Slides and a recording of today's presentation will be available for download on eHI's Resource page: **www.ehidc.org/resources**





Our Mission

Convening executives from every stakeholder group in healthcare to discuss, identify and share best practices to transform the delivery of healthcare using technology and innovation.

Our Members

eHI
eHEALTH INITIATIVE

Current Areas of Focus

Value Based Care

- Cost Transparency
- Prior Authorization

Interoperability

- Understanding FHIR/ APIs/DaVinci
- Policy Issues/Burden, Workflow, Info Blocking

Privacy/Security

- Protection Vs Access
- HIPAA Part 2
- Cybersecurity Med Devices

Analytics/SDOH

- Non-Traditional Sources of Data for Health (SDOH, PGHD)
- EHR data for clinical trials (Doublejump)

eHealth Resource Center
www.ehidc.org/resources

- eHealth Resource Center available with best practices & findings identifying and disseminating best practices
- Online Resource Center: Over 600 new pieces of content, 125 best practices added this year

This webinar was made possible through the generosity and support of

SHEILA SHAPIRO

SENIOR VP, STRATEGIC COMMUNITY PARTNERSHIPS

UNITEDHEALTHCARE

Strategic Community Partnerships

October 10, 2019
eHealth Initiatives

Sheila Shapiro
Senior Vice President, National Strategic Partnerships
United Healthcare

UnitedHealthcare

Our Hypothesis – Initiated January 2017

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

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Concurrent Happenings: Socioeconomic and Health Care

As we pursued our SDoH work, related findings/changes validated the need for SDoH inclusion in health care.

40% of Americans can't afford a **$400** financial emergency[1]

$60K is the median **household income** for commercial population[2]

78% of Americans live **paycheck** to **paycheck**[1]

In 2018, CMS expands **supplemental benefits** definition/ inclusions*

80% of health is determined by what happens **outside** of the **doctor's office**[3]

91% of Medicaid plans report activities to address SDoH[4] and 35 states require this[5]

Large Employer groups requesting **SDoH** product **offering**

*2018
1 https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf
2 Data USA; U.S. Census Bureau, 2017
3 Robert Wood Johnson Foundation, County Health Rankings, "Relationships between Determinant Factors and Health Outcomes"
4 Kaiser Family Foundation, "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity"
5 Source: "2019 Medicare Advantage Growth Outlook", Web Conference, Advisory Board, April 2019

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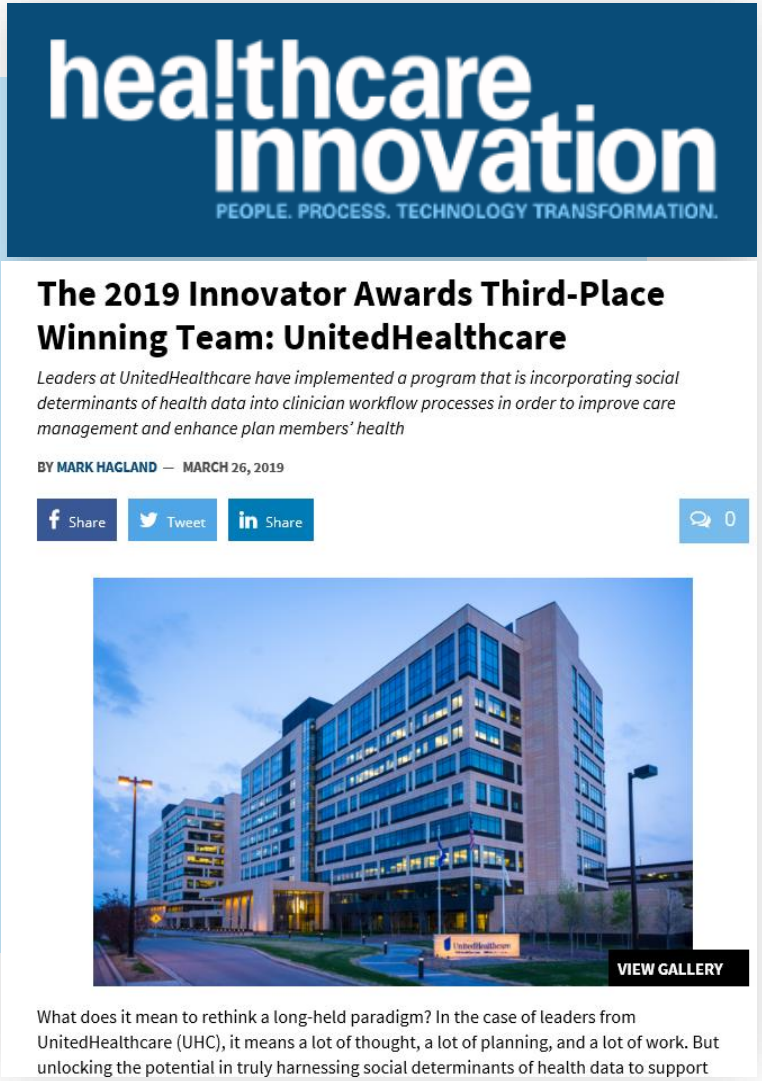
Driving Innovation & Transformation Across the Industry



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

Share Tweet Share 0

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

First payer in *Healthcare Innovation* (formerly *Healthcare Informatics*) history **to receive** this award

UnitedHealthcare®

Imputed Market Price™ Valuation Tool

The Imputed Market Price™ (IMP™) represents the **value to the consumer** if they purchased the service out of pocket.

Our pioneering, patent-pending tool provides an **estimated market value** for social services that **can be used to....**

Show financial value of social referrals to members

Support the triple aim through the lowering of costs and improvement of quality through holistic interventions

Serve as the gold standard for social determinant of health valuation

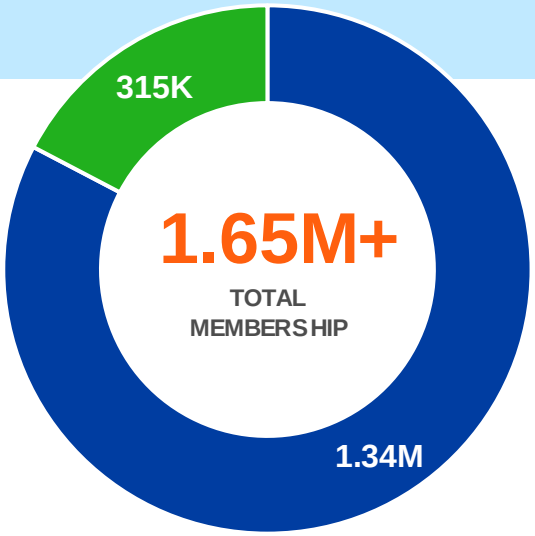
Create reporting for providers and social organizations as to their value on social referrals

UnitedHealthcare®

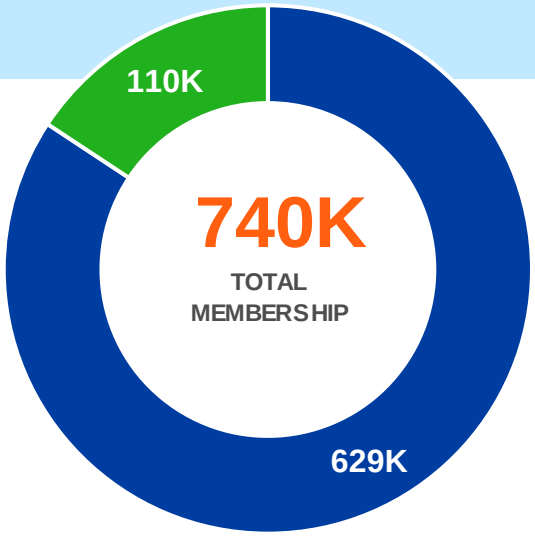
What We've Accomplished to Date

Data from 1/1/2017 (inception) – 8/31/2019

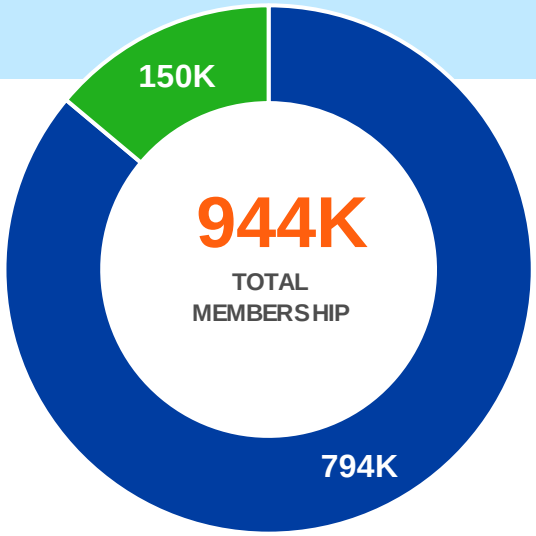
of members who identified at least 1 SDoH



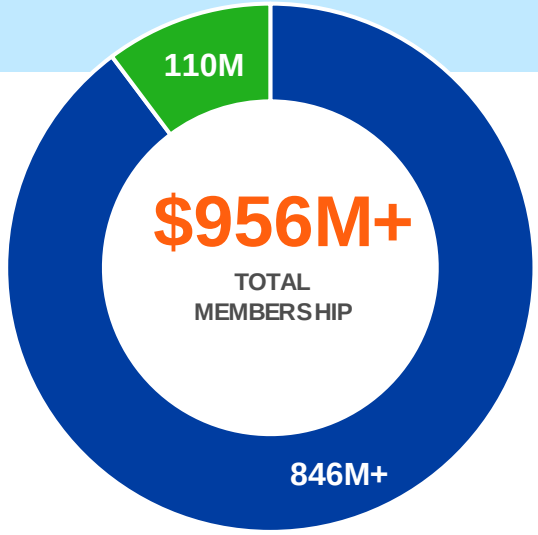
of members referred



of referrals provided



Imputed Market Price™ valuation (to members)



Medicare Advantage (MA) and Dual Special Needs-dSNP members

Community & State Dual Special Needs (dSNP) Membership

UnitedHealthcare

Data source: National Strategic Partnerships (NSP), August 2019.

What's Changing

We proposed **23 new SDoH codes** to the ICD-10 governing committee.

April-May 2019: Comment period → **Nov. 2019:** Committee decision, next steps → **Oct. 2020:** If approved, new codes available

Supporting Industry Partners:

AMA, NCQA Measuring quality. Improving health care., AHCCCS Arizona Health Care Cost Containment System, National Association of Community Health Centers

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**.

Provider segment encouraged to:

- Support the use of self-reported data. (AHA Coding Clinic recommended use to the ICD-10 Committee in August)
- Document known 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

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What We All Can Do – Together

Sheila Shapiro, SVP
National Strategic Partnerships
Sheila_Shapiro@uhc.com

UnitedHealthcare®

NELLY LEON-CHISEN, RHIA

EXECUTIVE EDITOR CODING CLINIC PUBLICATIONS

DIRECTOR, CODING AND CLASSIFICATION

AMERICAN HOSPITAL ASSOCIATION

About the American Hospital Association

- The American Hospital Association (AHA) represents and serves all types of hospitals, health care networks, and their patients and communities. Nearly 5,000 hospitals, health care systems, networks, other providers of care and 43,000 individual members come together to form the AHA.
- The AHA Central Office on ICD-10-CM and ICD-10-PCS represents a long-standing public and private sector collaboration between the Department of Health and Human Services (HHS) and:
  - American Hospital Association (AHA)
  - American Health Information Management Association (AHIMA)
  - Centers for Medicare and Medicaid Services (CMS)
  - Centers for Disease Control and Prevention (CDC)

AHA Coding Clinic®

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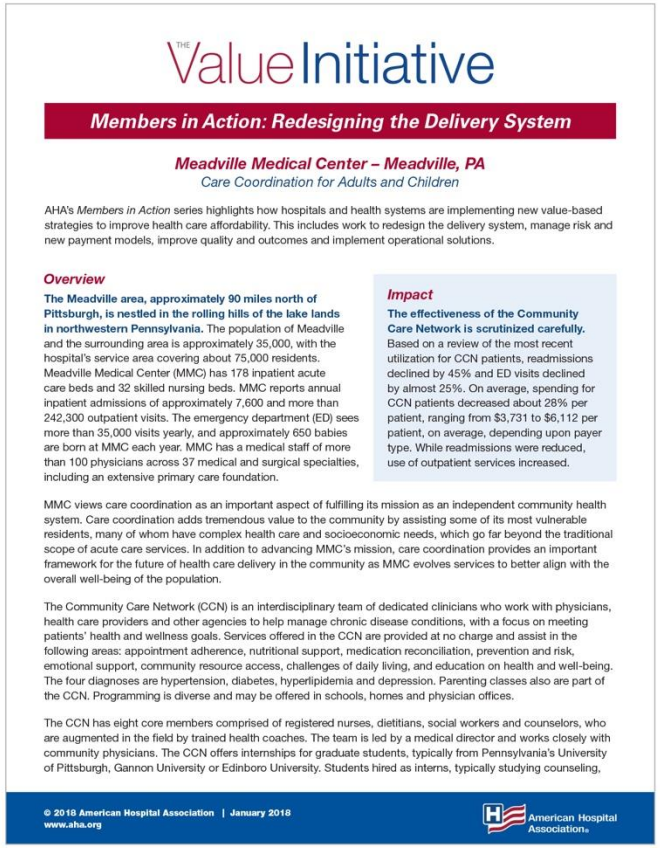
AHA RESOURCES: THE VALUE INITIATIVE

Tools, resources and education to address social determinants as part of value, population health and health equity efforts.



The Value Initiative

Members in Action: Redesigning the Delivery System

Meadville Medical Center – Meadville, PA

Care Coordination for Adults and Children

AHA's *Members in Action* series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes and implement operational solutions.

Overview

The Meadville area, approximately 90 miles north of Pittsburgh, is nestled in the rolling hills of the lake lands in northwestern Pennsylvania. The population of Meadville and the surrounding area is approximately 35,000, with the hospital's service area covering about 75,000 residents. Meadville Medical Center (MMC) has 178 inpatient acute care beds and 32 skilled nursing beds. MMC reports annual inpatient admissions of approximately 7,600 and more than 242,300 outpatient visits. The emergency department (ED) sees more than 35,000 visits yearly, and approximately 650 babies are born at MMC each year. MMC has a medical staff of more than 100 physicians across 37 medical and surgical specialties, including an extensive primary care foundation.

Impact

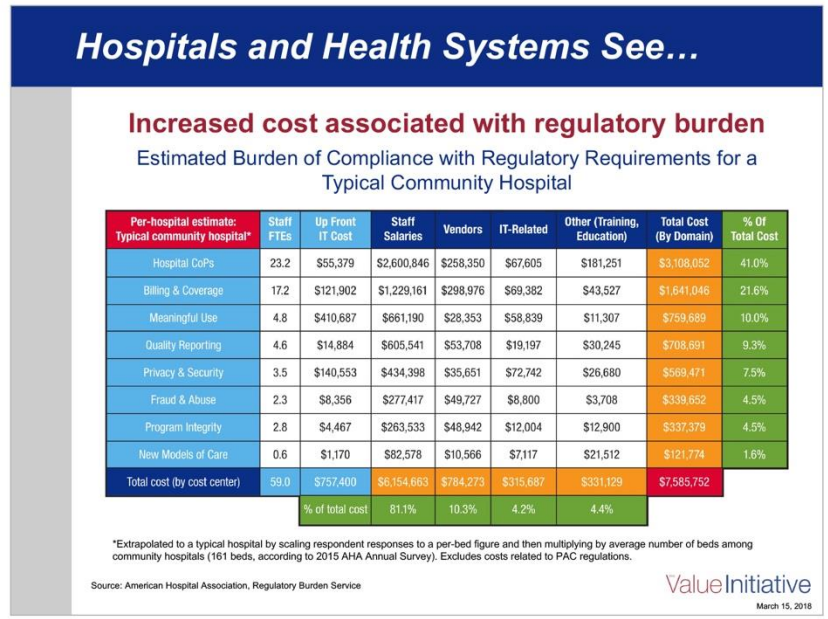
The effectiveness of the Community Care Network is scrutinized carefully. Based on a review of the most recent utilization for CCN patients, readmissions declined by 45% and ED visits declined by almost 25%. On average, spending for CCN patients decreased about 28% per patient, ranging from $3,731 to $6,112 per patient, on average, depending upon payer type. While readmissions were reduced, use of outpatient services increased.

MMC views care coordination as an important aspect of fulfilling its mission as an independent community health system. Care coordination adds tremendous value to the community by assisting some of its most vulnerable residents, many of whom have complex health care and socioeconomic needs, which go far beyond the traditional scope of acute care services. In addition to advancing MMC's mission, care coordination provides an important framework for the future of health care delivery in the community as MMC evolves services to better align with the overall well-being of the population.

The Community Care Network (CCN) is an interdisciplinary team of dedicated clinicians who work with physicians, health care providers and other agencies to help manage chronic disease conditions, with a focus on meeting patients' health and wellness goals. Services offered in the CCN are provided at no charge and assist in the following areas: appointment adherence, nutritional support, medication reconciliation, prevention and risk, emotional support, community resource access, challenges of daily living, and education on health and well-being. The four diagnoses are hypertension, diabetes, hyperlipidemia and depression. Parenting classes also are part of the CCN. Programming is diverse and may be offered in schools, homes and physician offices.

The CCN has eight core members comprised of registered nurses, dietitians, social workers and counselors, who are augmented in the field by trained health coaches. The team is led by a medical director and works closely with community physicians. The CCN offers internships for graduate students, typically from Pennsylvania's University of Pittsburgh, Gannon University or Edinboro University. Students hired as interns, typically studying counseling,

American Hospital Association



Hospitals and Health Systems See…

Increased cost associated with regulatory burden

Estimated Burden of Compliance with Regulatory Requirements for a Typical Community Hospital

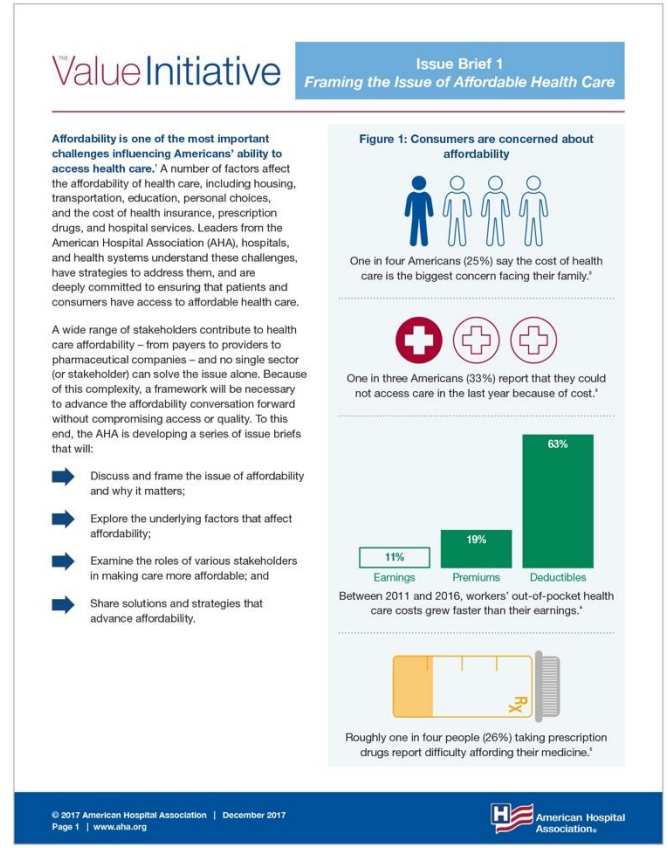
Per-hospital estimate: Typical community hospital*	Staff FTEs	Up Front IT Cost	Staff Salaries	Vendors	IT-Related	Other (Training, Education)	Total Cost (By Domain)	% Of Total Cost
Hospital CoPs	23.2	$55,379	$2,600,846	$258,350	$67,605	$181,251	$3,108,052	41.0%
Billing & Coverage	17.2	$121,902	$1,229,161	$298,976	$69,382	$43,527	$1,641,046	21.6%
Meaningful Use	4.8	$410,687	$661,190	$28,353	$58,839	$11,307	$759,689	10.0%
Quality Reporting	4.6	$14,884	$605,541	$53,708	$19,197	$30,245	$708,691	9.3%
Privacy & Security	3.5	$140,553	$434,398	$35,651	$72,742	$26,680	$569,471	7.5%
Fraud & Abuse	2.3	$8,356	$277,417	$49,727	$8,800	$3,708	$339,652	4.5%
Program Integrity	2.8	$4,467	$263,533	$48,942	$12,004	$12,900	$337,379	4.5%
New Models of Care	0.6	$1,170	$82,578	$10,566	$7,117	$21,512	$121,774	1.6%
Total cost (by cost center)	59.0	$757,400	$6,154,663	$784,273	$315,687	$331,129	$7,585,752	
		% of total cost	81.1%	10.3%	4.2%	4.4%		

*Extrapolated to a typical hospital by scaling respondent responses to a per-bed figure and then multiplying by average number of beds among community hospitals (161 beds, according to 2015 AHA Annual Survey). Excludes costs related to PAC regulations.

Source: American Hospital Association, Regulatory Burden Service

The Value Initiative

March 15, 2018



The Value Initiative

Issue Brief 1
Framing the Issue of Affordable Health Care

Affordability is one of the most important challenges influencing Americans' ability to access health care.[1] A number of factors affect the affordability of health care, including housing, transportation, education, personal choices, and the cost of health insurance, prescription drugs, and hospital services. Leaders from the American Hospital Association (AHA), hospitals, and health systems understand these challenges, have strategies to address them, and are deeply committed to ensuring that patients and consumers have access to affordable health care.

A wide range of stakeholders contribute to health care affordability – from payers to providers to pharmaceutical companies – and no single sector (or stakeholder) can solve the issue alone. Because of this complexity, a framework will be necessary to advance the affordability conversation forward without compromising access or quality. To this end, the AHA is developing a series of issue briefs that will:

- Discuss and frame the issue of affordability and why it matters;
- Explore the underlying factors that affect affordability;
- Examine the roles of various stakeholders in making care more affordable; and
- Share solutions and strategies that advance affordability.

Figure 1: Consumers are concerned about affordability

One in four Americans (25%) say the cost of health care is the biggest concern facing their family.[2]

One in three Americans (33%) report that they could not access care in the last year because of cost.[3]

Between 2011 and 2016, workers' out-of-pocket health care costs grew faster than their earnings.[4]

Roughly one in four people (26%) taking prescription drugs report difficulty affording their medicine.[5]

American Hospital Association

The Value Initiative

You are invited to explore The Value Initiative at:

www.aha.org/TheValueInitiative

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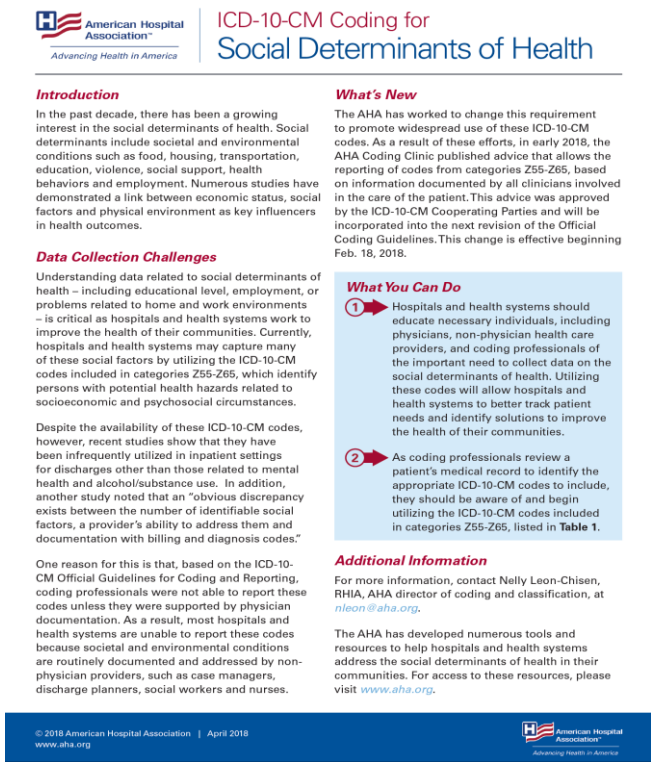
Social Determinants of Health ICD-10-CM Z Codes

- Z codes are a subset of ICD-10-CM diagnosis codes that represent factors influencing health status and contact with health services that may be recorded as diagnoses.
  - ICD-10-CM categories Z55-Z65 are a more specialized group of codes to identify social determinants of health.
- Utilizing these codes will allow hospitals and health systems to better track patient needs and identify solutions to improve the health of their communities.



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ICD-10-CM Coding for
Social Determinants of Health

Introduction

In the past decade, there has been a growing interest in the social determinants of health. Social determinants include societal and environmental conditions such as food, housing, transportation, education, violence, social support, health behaviors and employment. Numerous studies have demonstrated a link between economic status, social factors and physical environment as key influencers in health outcomes.

Data Collection Challenges

Understanding data related to social determinants of health – including educational level, employment, or problems related to home and work environments – is critical as hospitals and health systems work to improve the health of their communities. Currently, hospitals and health systems may capture many of these social factors by utilizing the ICD-10-CM codes included in categories Z55-Z65, which identify persons with potential health hazards related to socioeconomic and psychosocial circumstances.

Despite the availability of these ICD-10-CM codes, however, recent studies show that they have been infrequently utilized in inpatient settings for discharges other than those related to mental health and alcohol/substance use. In addition, another study noted that an "obvious discrepancy exists between the number of identifiable social factors, a provider's ability to address them and documentation with billing and diagnosis codes."

One reason for this is that, based on the ICD-10-CM Official Guidelines for Coding and Reporting, coding professionals were not able to report these codes unless they were supported by physician documentation. As a result, most hospitals and health systems are unable to report these codes because societal and environmental conditions are routinely documented and addressed by non-physician providers, such as case managers, discharge planners, social workers and nurses.

What's New

The AHA has worked to change this requirement to promote widespread use of these ICD-10-CM codes. As a result of these efforts, in early 2018, the 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. This advice was approved by the ICD-10-CM Cooperating Parties and will be incorporated into the next revision of the Official Coding Guidelines. This change is effective beginning Feb. 18, 2018.

What You Can Do

1. Hospitals and health systems should educate necessary individuals, including physicians, non-physician health care providers, and coding professionals of the important need to collect data on the social determinants of health. Utilizing these codes will allow hospitals and health systems to better track patient needs and identify solutions to improve the health of their communities.
2. As coding professionals review a patient's medical record to identify the appropriate ICD-10-CM codes to include, they should be aware of and begin utilizing the ICD-10-CM codes included in categories Z55-Z65, listed in **Table 1**.

Additional Information

For more information, contact Nelly Leon-Chisen, RHIA, AHA director of coding and classification, at nleon@aha.org.

The AHA has developed numerous tools and resources to help hospitals and health systems address the social determinants of health in their communities. For access to these resources, please visit www.aha.org.

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Official Coding Guidelines and SDOH Coding

- Code assignment is based on the documentation by the patient's provider (i.e., the physician or other qualified healthcare practitioner legally responsible for establishing the patient's diagnosis)
  - Exception: For SDOH, such as information found in categories Z55-Z65, code assignment may be based on medical record documentation from clinicians involved in the care of the patient who are not the patient's provider since this information represents social information, rather than medical diagnoses.

Official Guidelines for Coding and Reporting, Section I.B.14

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Recent *Coding Clinic* Advice and SDOH Coding

- "The ICD-10-CM Official Guidelines for Coding and Reporting do not have a unique definition of the term 'clinicians.' In the context of code assignment for social determinants of health Z codes, documentation deemed meeting the requirements for inclusion in the patient's official medical record based on regulatory or accreditation requirements or internal hospital policies, could be utilized since the information pertains to social rather than medical information."
- "If the patient self-reported information is signed-off and incorporated into the health record by either a clinician or provider, it would be appropriate to assign codes from categories Z55-Z65, describing social determinants of health."

AHA Coding Clinic®

Coding Clinic, Fourth Quarter 2019, pages 52-53

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CARALINE COATS, MHSA

VP BOLD GOAL AND POPULATION HEALTH STRATEGY

HUMANA

About Humana Inc.

Humana is committed to helping our millions of medical and specialty members achieve their best health.

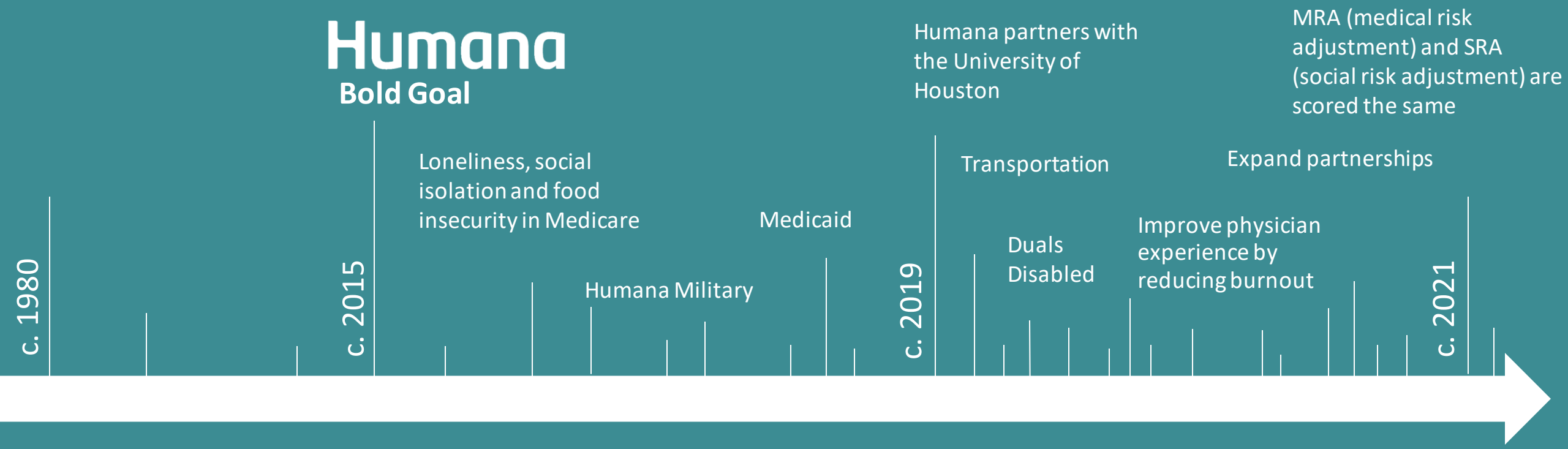
- Our successful history in care delivery and health plan administration is helping us create a new kind of integrated care with the power to improve health and well-being and lower costs.
- Our efforts are leading to a better quality of life for people with Medicare, families, individuals, military service personnel, and communities at large.
- To accomplish that, we support physicians and other health care professionals as they work to deliver the right care in the right place for their patients, our members.
- Our range of clinical capabilities, resources and tools – such as in-home care, behavioral health, pharmacy services, data analytics and wellness solutions – combine to produce a simplified experience that makes health care easier to navigate and more effective.

Humana

Humana set a Bold Goal

To improve the health of the communities they serve 20% by 2020 and beyond

Transitioning from insurance to a health company



30 years of focusing on clinical diagnosis of patients

Shift to addressing social determinants and the health-related social needs of populations with community partners and physician practices. Embed into the business, scale and influence policy that improves the lives of patients.

Discussion

Caraline Coats, MHSA

VP Bold Goal and Population Health Strategy

Humana

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Director, Coding and Classification

American Hospital Association

Sheila Shapiro

Senior VP, Strategic Community Partnerships UnitedHealthcare

Q&A

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