AZ COMMUNITY GRAND ROUNDS

Welcome to our session

SDOH Connections with CommunityCares

Session Panel

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Contexture, Director, Social Determinants of Health

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Phoenix Children's Medical Group, Administrative Director

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Financial Disclosure

No individuals in control of the educational content have any relevant financial relationships.

CommunityCares

AZ Community Grand Rounds

May 1, 2024

contexture℠ CommunityCares
Powered by UNITE US

Overview

- CommunityCares Program
- Benefits & Functionality
- Partner Highlight
- Platform Demonstration

CommunityCares Overview

contexture CommunityCares
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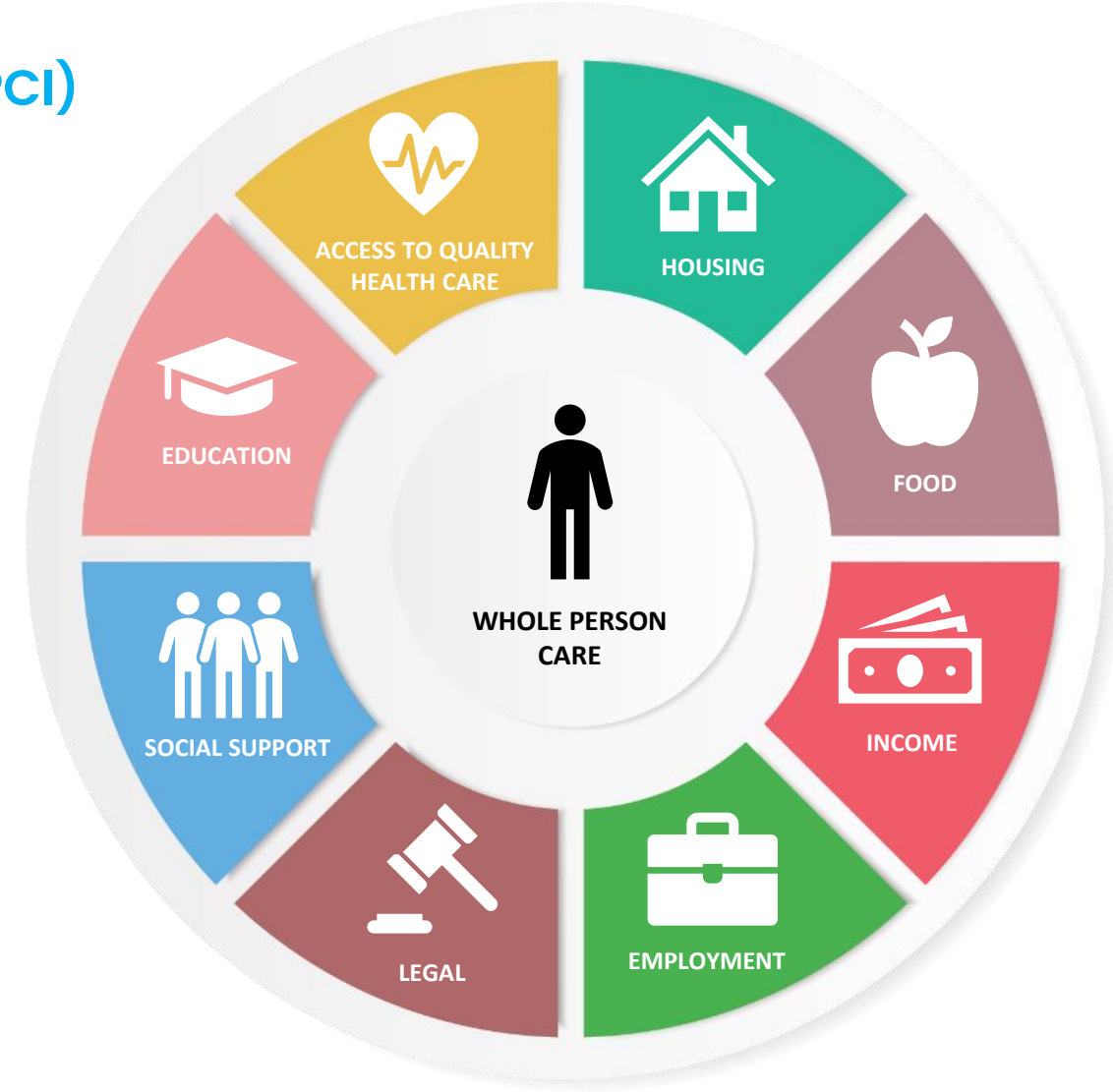
CommunityCares Program Genesis

AHCCCS Whole Person Care Initiative (WPCI)

- Officially launched the Whole Person Care Initiative in November 2019.
- Focused on role social risk factors play in influencing individual health outcomes.
- Exploring options for advancing WPCI through maximization of AHCCCS's current benefit package.



CommunityCares

Arizona's statewide, SDOH closed loop referral system operated by Contexture

Single, statewide technology solution

Connects providers & organizations across sectors

Streamlines referral sending/receiving

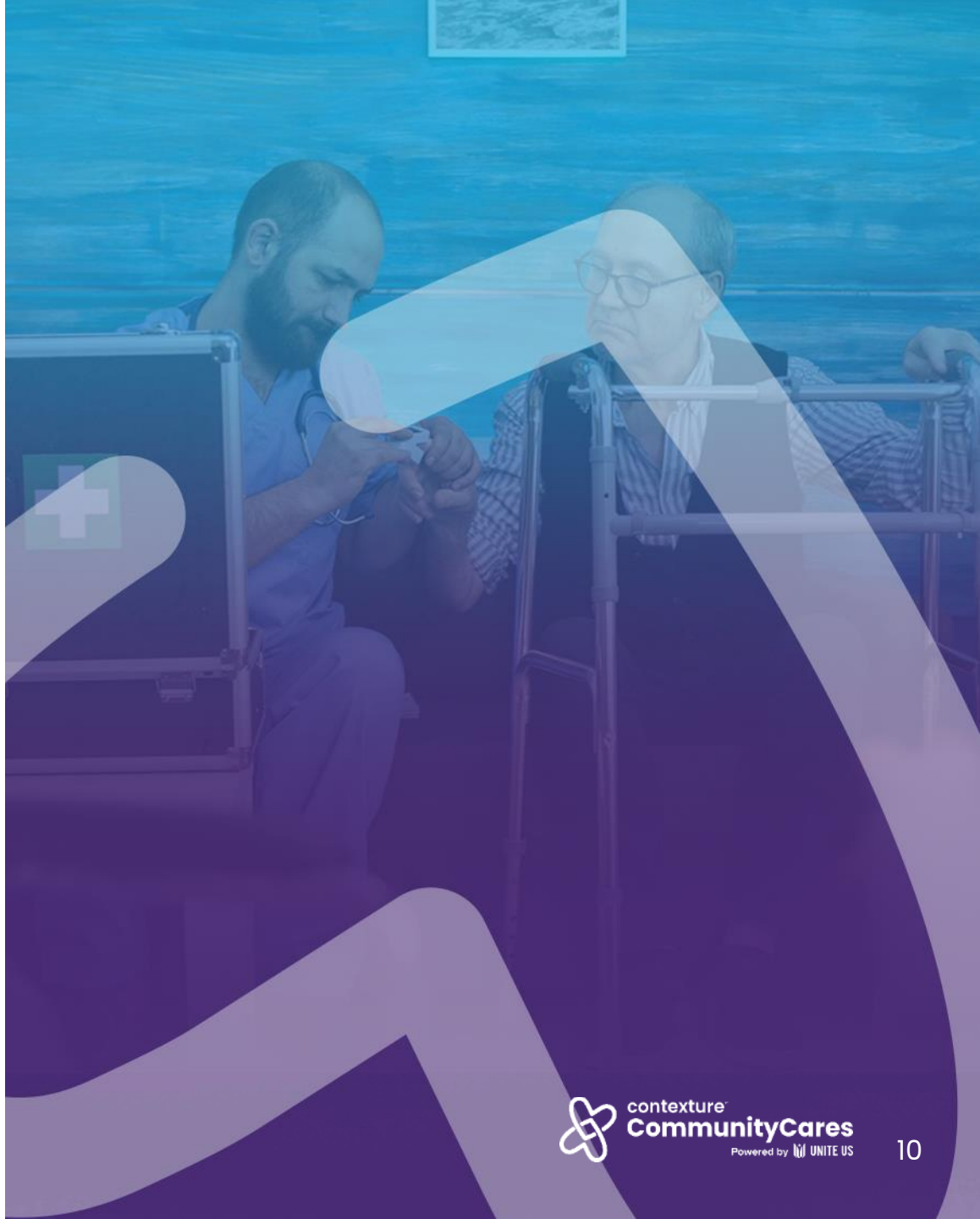
Tracks outcomes

CommunityCares Partners

- CommunityCares is a free program that enables the exchange of SDOH information between healthcare and community organizations

CommunityCares Program Goals

- Coordinating Care
- Connecting Arizona communities
- Improving health outcomes with a whole-person care approach
- Leading with a data-driven approach



CommunityCares Program Benefits

Connects healthcare and community service providers.

Screenings and assessments.

Streamlines referral process across Arizona.

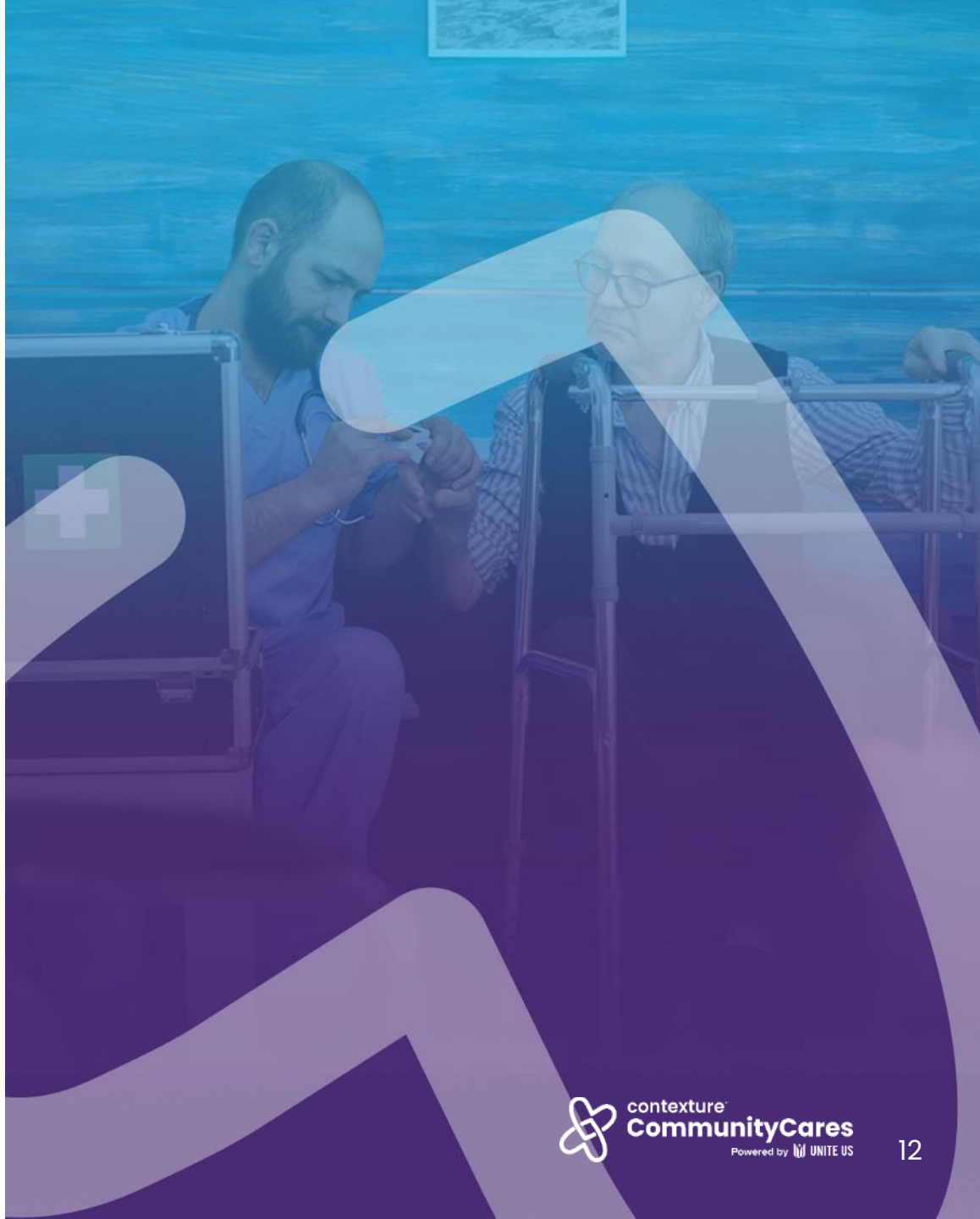
Confirmation when social services are delivered.

Access to Solari 2-1-1 resource directory.

Data tracking, analytics and outcome measures.

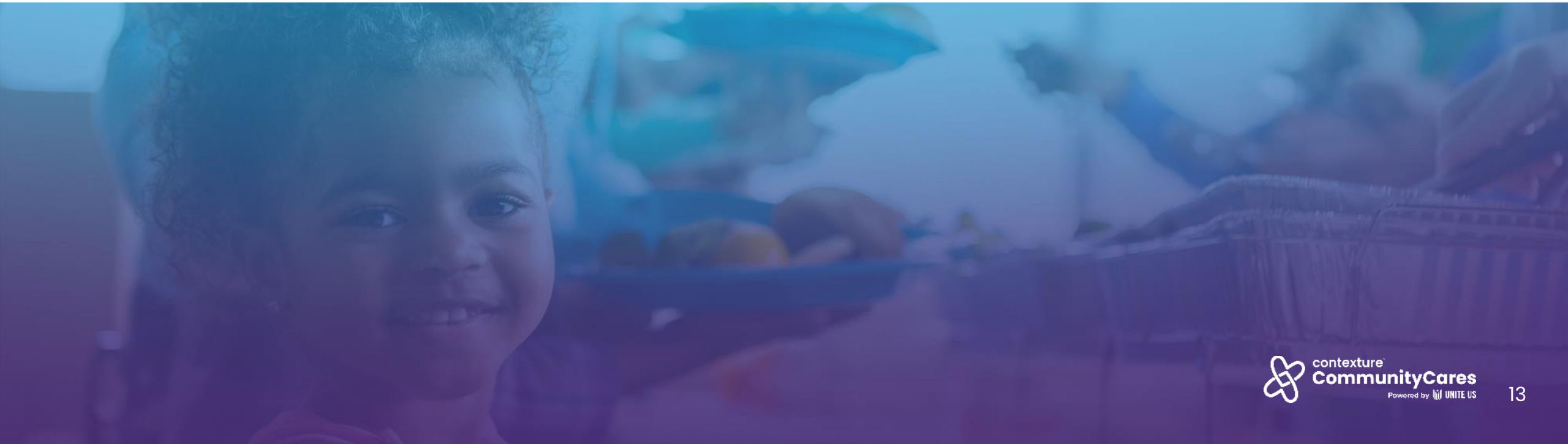
Program Incentives

- No fees to access or utilize the platform – plus incentives for adoption/utilization
  - AHCCCS Differential Adjusted Payment (DAP) % financial incentives
  - CBO Milestone Incentives (up to $12k) and Assistance Funding (up to $5k)



“We are seeing more and more clients in need of practical resources along with their mental and physical health needs. I am thrilled to have a resource that will help us meet the needs of our clients. It is hard to do our work when the basic needs are not being met.”

Women’s Health Innovations of Arizona



CommunityCares Achievements

14,454

Number of Arizonans Referred

20,442

Referrals have been sent on the CommunityCares platform

Number of Programs on CommunityCares

Organizations live on CommunityCares

1,074

*site level

2,000+

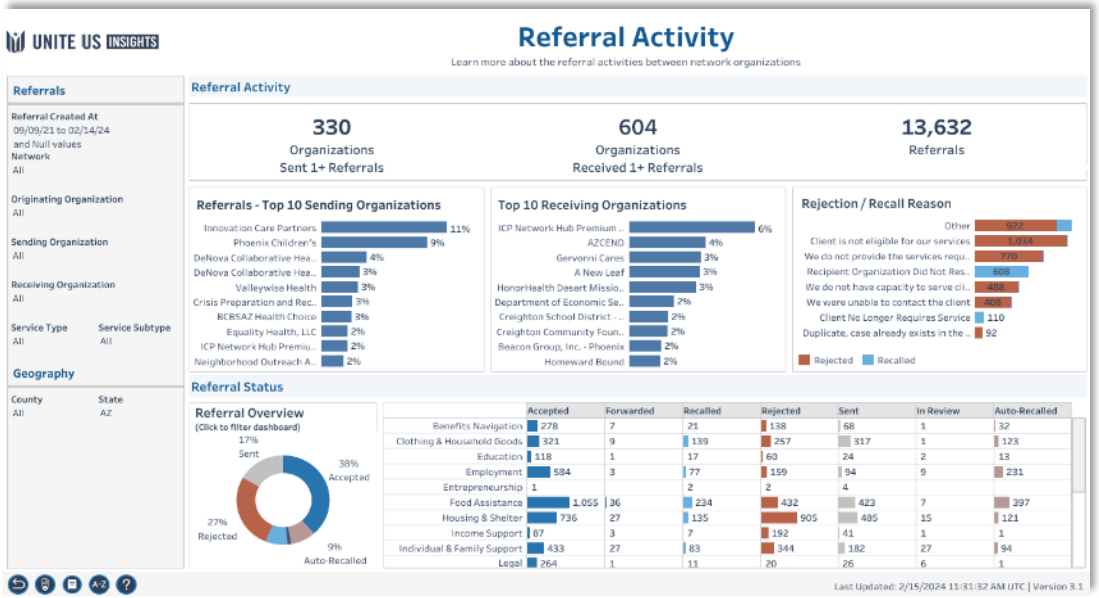
Data as of April 5, 2024

contexture® CommunityCares Powered by UNITE US

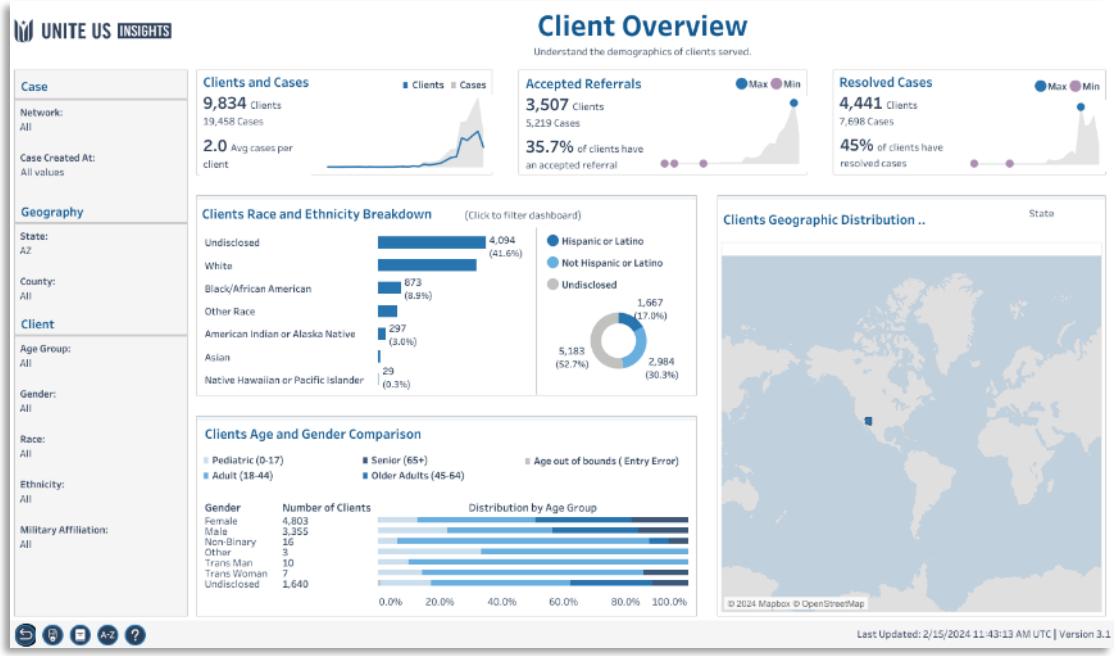
Access to Social Care Data

- ✓ **Export client-level data** directly from the platform
- ✓ Access to **Insights tableau dashboards** to track your organizational activity
  - **Network Activity dashboard** – statewide & community level
  - **Health Equity dashboard** – understand demographics of clients served

Network Activity Dashboard



Health Equity Dashboard



CommunityCares Impact

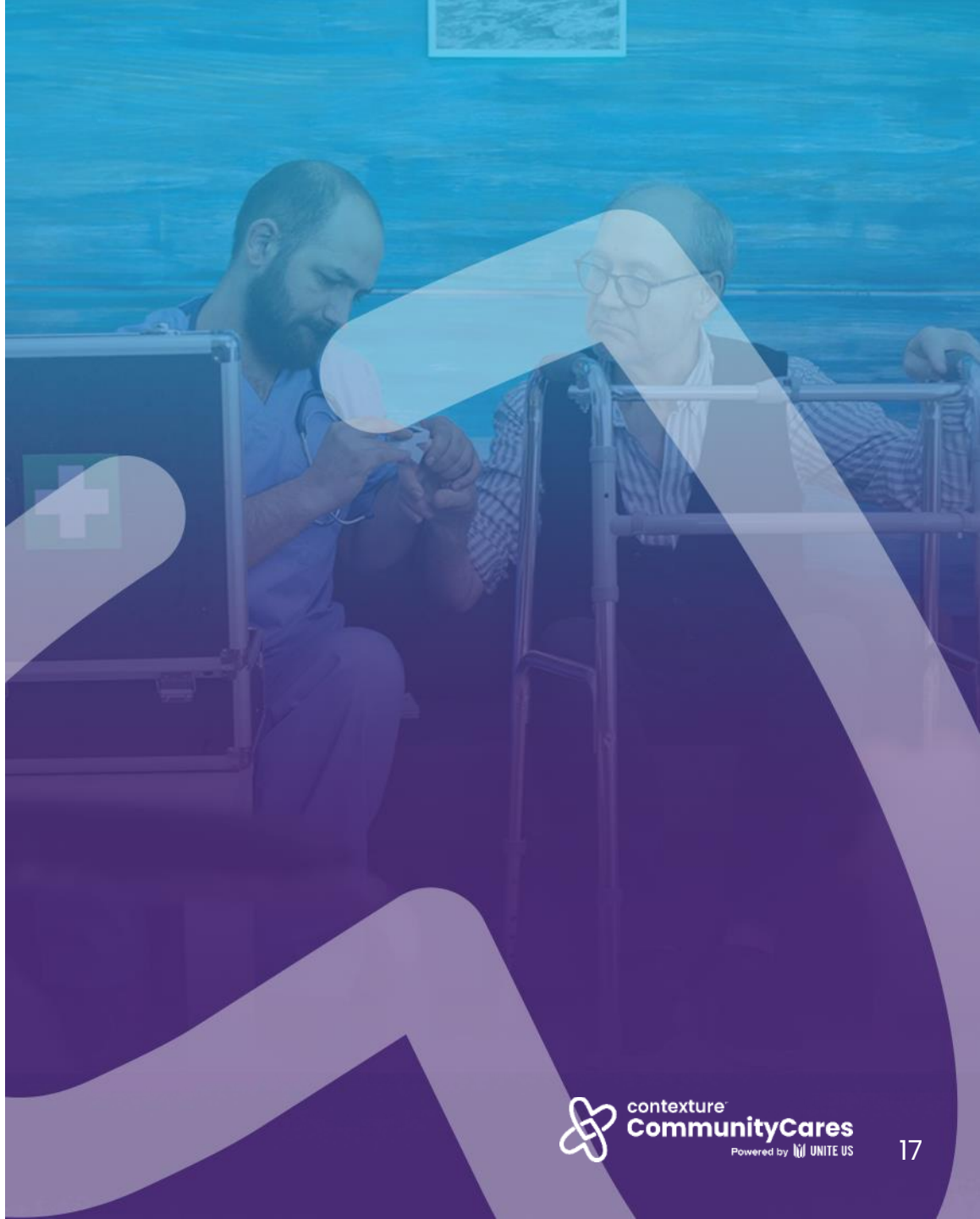
Targeting significant growth in participants and utilization going into 2024

- Ramped up onboarding and utilization since January 2023
  - Live with 1,000+ organizations offering 2,000+ programs
  - Over 4,000 referrals in March, trending upwards

- Reducing barriers to adoption
  - Streamline and increase CBO incentive and assistance programs
  - Target food banks and housing related CBOs for onboarding
  - Feedback: CBOs need ongoing resources / support once onboarded

Next steps:

- Join the CommunityCares network
  - Attend an upcoming CommunityCares Information Session
- Refer your partners
  - CommunityCares@contexture.org
- Share your feedback



Social Determinants of Health

May 2024 Updates

Social Determinants of Health

What are social determinants of health?

Social determinants of health (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.

Social Determinants of Health – Phoenix Children's Phase 1

On October 3rd, 2022, Phoenix Children's began universally screening for SDOH via Patient To Do's

- Survey sent out in anticipation of any visit
  - 7 days in advance of scheduled visit
  - For Urgent Care, ED, or Inpatient, launched upon registration when visit created
- If not completed, patient/family will receive screening again at next visit
- Once completed, patient/family will not be asked again for 180 days

- **Phase 1 Goals:**
  - Screen and connect patients to community resources (211)
  - Screening results available in patient EMR
  - Collect and validate data on patient/family needs and assess for future response
  - Quarterly meetings to review data, discuss developments, and progress

Social Determinants of Health – Screening Tool

Phoenix Children's

Our goal is to provide the best possible care for your child and family. This screening will ask you some non-medical questions to help us better understand any needs you may have and connect you with available community resources. Most of these resources are free of charge.

1. Do you / your family worry whether your food will run out before you get money to buy more?
   - ◯ Yes
   - ◯ No

2. Do problems with transportation keep you from medical appointments, work, or getting things you need?
   - ◯ Yes
   - ◯ No

3. Are you worried that you may not have stable housing?
   - ◯ Yes
   - ◯ No

4. Do problems getting child care make it difficult for you to work or study?
   - ◯ Yes
   - ◯ No

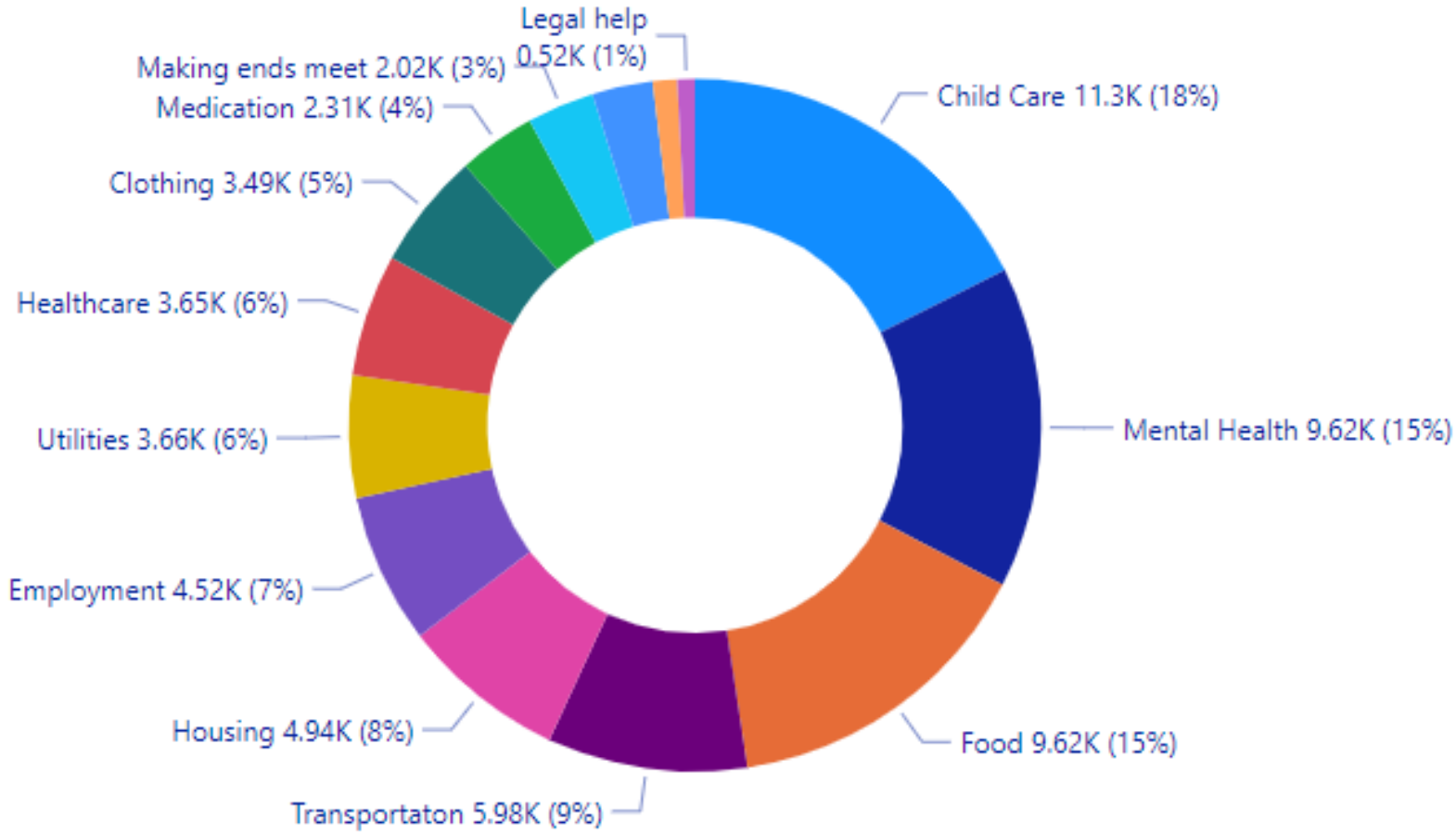
5. Have you or anyone you live with been unable to get any of the following? (check all that apply)
   - ☐ Clothing
   - ☐ Health Care
   - ☐ Utilities
   - ☐ Medication
   - ☐ Phone
   - ☐ Employment

6. Would you like resources for mental / emotional health or counseling?
   - ◯ Yes
   - ◯ No

Social Determinants of Health (SDOH) - Results

In 2023, Phoenix Children's surveyed **175,000** patients for SDOH.

17% of the patient population responded to having at least 1 SDOH need.



Next Steps

Social Determinants of Health – Phoenix Children's Phase 2

Addressing the Needs

- Contexture CommunityCares Unite Us closed-loop referral platform
- Activate Food Arizona mobile food pantry
- IRB: Using SDOH to identify patients

  at risk for child neglect & assist in prevention
- Education on SDOH screening
- AHCCCS 2.0 Targeted Investment 5-year award
- AHCCCS Differential Adjusted Payment (DAP)
- Communication to Board of Directors, CEO's State of the Health System, physician leaders, operations leaders, front line staff

Unite Us Platform

UNITE US INSIGHTS

Network Activity Overview

Monitor critical network metrics over time.

Overview Filters

Case Created At
09/18/23 04/29/24

Network
Unite Us Network

Originating Organization
Phoenix Children's

Service Type
(All)

Service Subtype
(All)

Case Scope
(All)

Geography

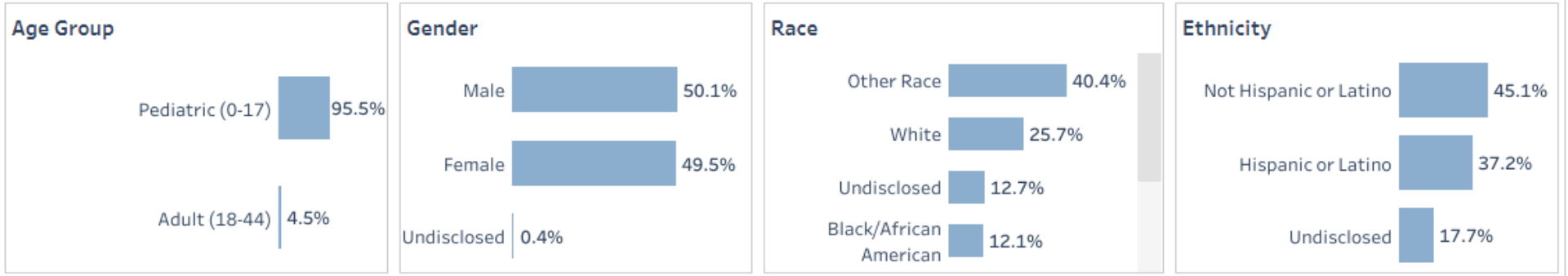
County
(All)

State
(All)

Clients	Clients Connected	Cases per Client	Cases	Managed Cases	Referred Cases	Off-Platform Cases
537	537	5.56	2,983	1,199	1,369	1,503

Client Demographics

Select bar(s) to filter tab



Case Summary

Unite Us Platform Use

First 7 months of data

Month	# of Patients Entered into Unite Us
September	12
October	47
November	76
December	74
January	108
February	68
March	76
April (as of 4/29)	76
Total	**537**

Referrals	
Outbound	1,690
Out-of-Network	1,503
Internal Cases	112
Total:	**3,305**

In addition to the use of the platform, Phoenix Children's meets monthly with Contexture to provide SDOH data on patient/family self-identified needs, areas of opportunity, technical support and potential partners.

Exceptional partners have included: Creighton Community Foundation, Confianza Health, Helping Families in Need, Mom's Pantry, and D & N Formas Y Mas LLC.

Phoenix Children's Internal Resource Development

Activate Food Arizona's Farm Express

- Biweekly access
- Thursday 1:30-3:30pm
- Capacity to serve 40 families
- https://www.activatefoodaz.org/farmexpress123.html

Group Therapy to address Bullying

- Ages 11-14
- Avondale MOB
- Wednesday 5-7pm
- Skill building activities and strategies

- Coming soon: Thomas Campus

Phoenix Children's Internal Response

- Dashboard and data collection enhancements
- Additional resource development & partnerships
  - Phoenix Children's Care Network (PCCN)
- Research
  - IRB Approved Project: Utilization of Emergency and Urgent Care medical services in children screened for Social Determinants of Health
  - SDOH needs from Inpatient Behavioral Health and Outpatient Developmental Pediatrics surveys
  - Research: no validated tool for screening in Ambulatory settings, new guidance to use SDOH as predictor of child maltreatment, work highlighted in Dr. Goldman's research report

AHCCCS Targeted Investments 2.0

Pediatric Primary Care Focus

PC's Three Key Initiatives:

1. To establish standards and criteria for screening for social determinants of health in patient population and standard response to elevated needs.
2. Define accountable persons and reporting structure of information
3. Outline access to psychiatric care in primary care settings

Communication

Advocacy

Reshaping How We Address Social Determinants of Health

Recognizing the profound impact of non-medical factors on health outcomes, Phoenix Children's has launched a Social Determinants of Health (SDoH) program focused on our patients' basic needs — food, financial stability and housing — and it is reshaping patient care.

In October 2022, we implemented a strategic approach, leveraging patient to-dos and deploying a biannual SDoH survey. Unlike traditional methods, patients are asked key questions only every six months, streamlining the process and respecting their time.

Thank you!

Community Cares

a new leaf

HOUSING · HEALTH · COMMUNITY SERVICES

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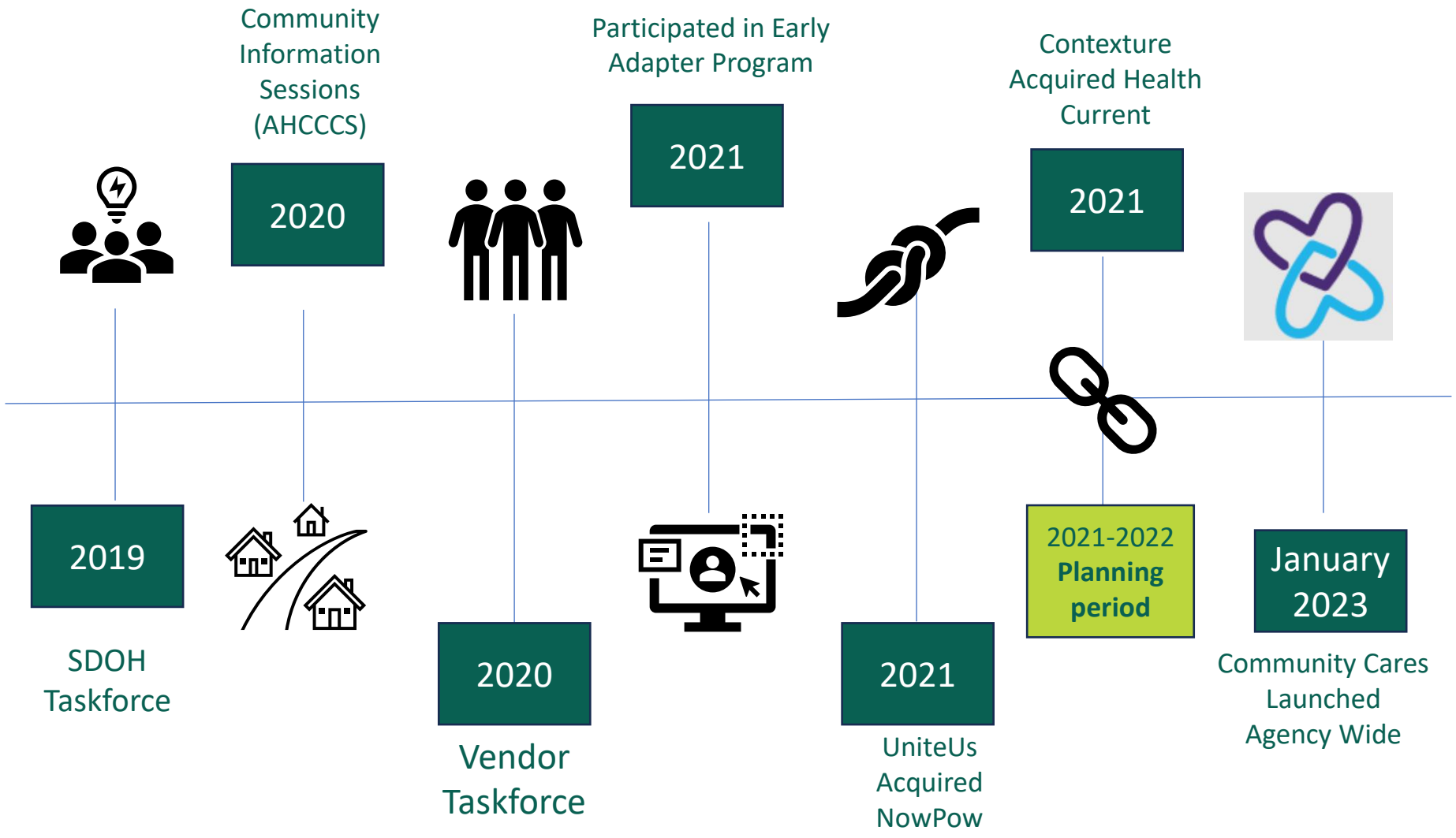
A New Leaf's SDOH Journey



Community Cares Implementation

Considerations

1. Included in Strategic Plan

2. Learned from our experience as Early Adapter with NOWPOW.

3. Evaluation: Completed SWOT analysis with all our Divisions participating & used this to provide feedback to UniteUS & Contexture as well as shaping our approach with UniteUs platform.

4. Identified configuration- included creating 2 separate organizations to separate our sensitive services such as Domestic Violence and Sexual Violence Services and our Behavioral Health Services. Consideration of funding source requirements.

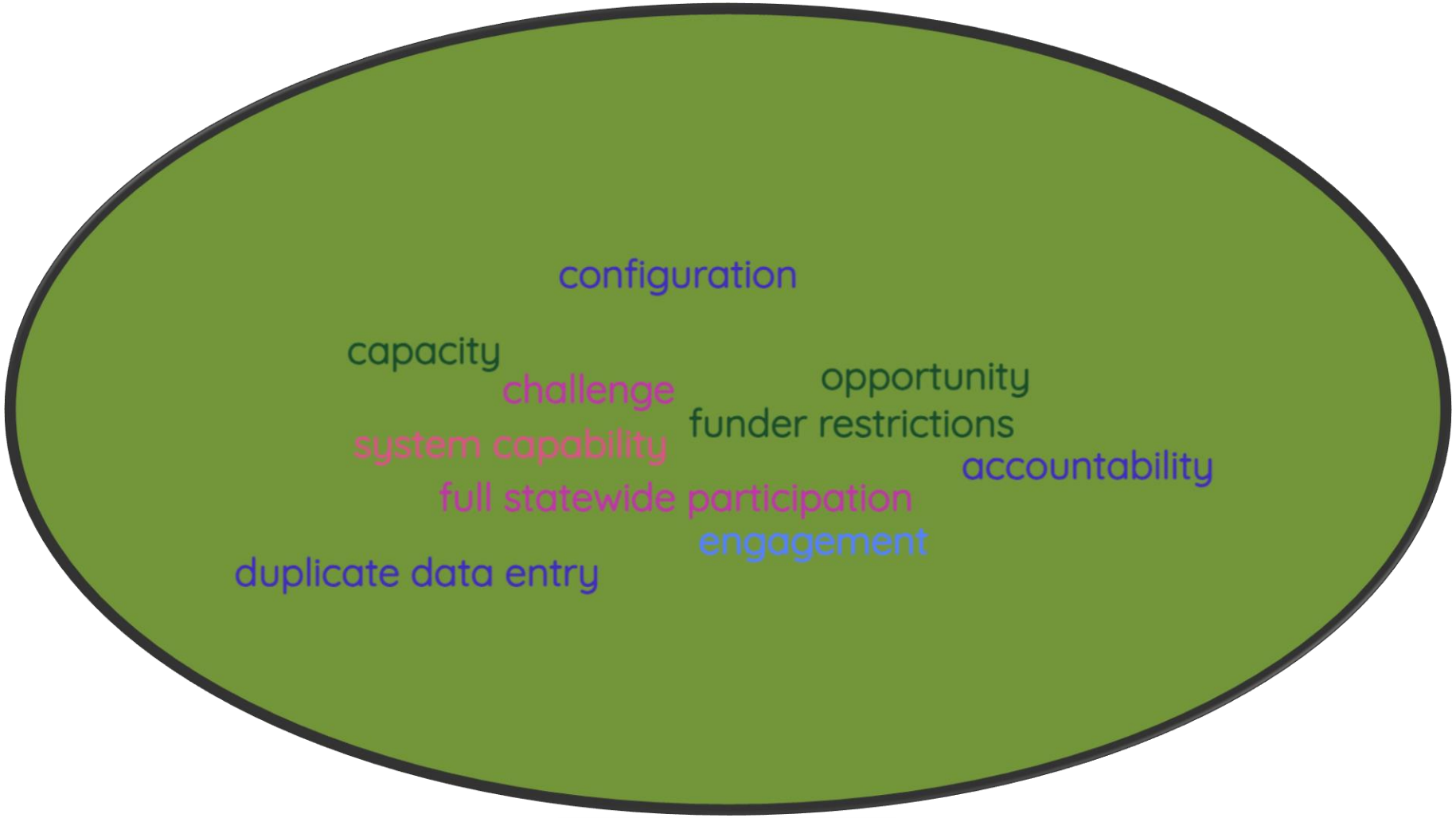
5. Created a SuperUser group

6. Made Participation a Requirement for the identified programs.

7. Communicate use agency wide in presentations & meetings.

Community Cares

Challenges



Community Cares Program

Understanding Roles

Staff Roles

IT: Support the implementation of the technology.

Superuser: Responsible for training and supporting their team/ program in using the system.

Responsible: for using the system- Referral Senders/ Receivers.

Accountable: for making sure their staff who are responsible are trained and fully utilizing the system.

Supporter: Being a Community Cares Advocate

Organization Roles

A New Leaf: Opportunity to help test out the system and provide feedback to support creating the best Community Cares program for our community.

Contexture: Facilitator & Relationship Manager

UniteUs: Technology Platform

AHCCCS: Launched as part of Whole Person Care Initiative, Driver & Funder

Community Cares

Highlights

Communication: Improve cross program communication to break down silos. One singular platform for referrals for our whole agency.

Access to Care: Improves and increases clients/ patients access to care. We have a variety of both internal & external programs and services available helping make the connection more streamlined for programs and staff and easier for clients.

Metrics: data capture that will position us for future growth and support our funding.

Collaboration: referrals internally & externally for services to make sure our clients have comprehensive, coordinated services.

Opportunity: Build relationships with healthcare plans and providers creates additional partnership and funding opportunities.

System Features: Closed Loop Referrals, Alerts and communications, Manage referral Volume, Send information directly to client's phones, sending multiple referrals at one time. Data Dashboards, analytics & outcomes.

Incentives: CBO Incentive, DAP &TIP, SDOH reimbursement

Thank you

Please complete this survey:

Coming up:
Join us again after a break for the summer!