



BETTER MEDICARE ALLIANCE
MINI SPOTLIGHT ON INNOVATION

Social Determinants of Health

SCAN Health Plan Addresses Social
Determinants of Health to Enable
Medicare Advantage Beneficiaries to
Live Independently

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Overview

Access to quality, timely clinical care is essential. But, when it comes to health outcomes, social and economic factors matter. Food insecurity, lack of social supports, unsafe housing, and insufficient income—often referred to as social determinants of health (SDOH)—impact overall health status, especially in older populations. The research shows that addressing patients' SDOH can improve their quality of life and lower health care costs. As a result, many Medicare Advantage plans are now focusing on identifying and addressing social risk factors for their senior populations.

Medicare, both Traditional Medicare and Medicare Advantage, are being encouraged by policy makers to transition to value-based care. These efforts include new payment models in Traditional Medicare and greater flexibility for Medicare Advantage plans to address beneficiaries' SDOH through innovative care delivery solutions. Most recently, provisions in the Bipartisan Budget Act (BBA) of 2018 are giving Medicare Advantage health plans benefit flexibilities to better integrate medical and non-medical care, particularly for chronically ill beneficiaries.¹²³

Medicare Advantage plans and providers are using these new flexibilities and partnering with community-based organizations and private companies to address beneficiaries' barriers to improved health outcomes. With full financial responsibility for care and outcomes, Medicare Advantage is suited to provide the clinical benefits in Medicare and initiate non-clinical services, particularly for those with chronic conditions.

One such organization is SCAN Health Plan (SCAN) a non-profit Medicare Advantage plan headquartered in Long Beach, CA. Finding ways to meet member needs is not new for SCAN. For over 40 years, SCAN has been attending to beneficiaries' SDOH through transportation services, nutrition support, and fully integrated Medicare and Medicaid services. The goal is to effectively coordinate medical, social, and behavioral health services for beneficiaries, including many with high medical and social needs.

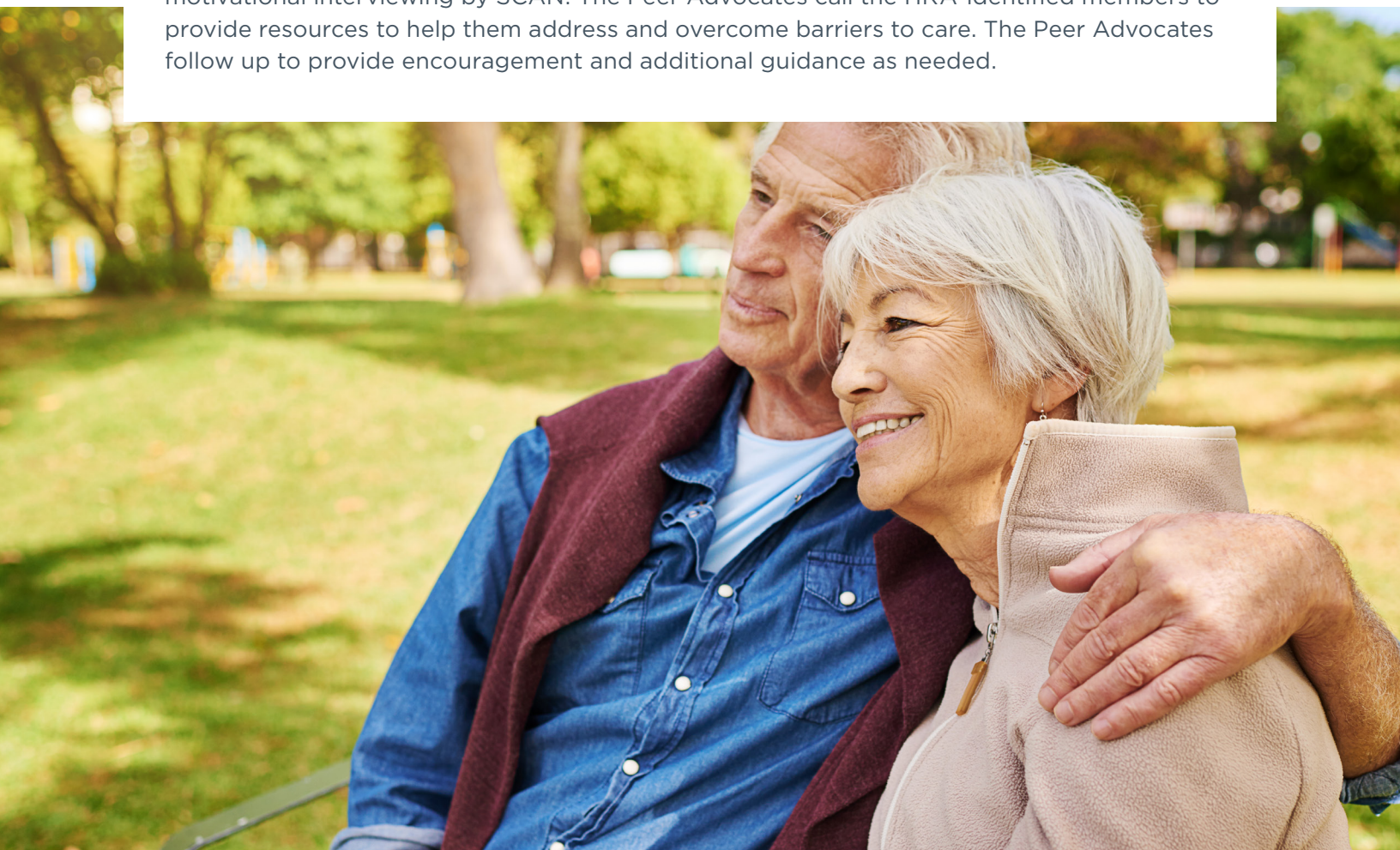
Just this year, SCAN added new benefits and services, including telehealth, post-hospitalization support, and a fall prevention program to help improve access to care and improve overall health outcomes. This spotlight provides background on SCAN and summarizes a few strategies they use to address their members' SDOH.

Background

SCAN's mission is to keep seniors healthy and independent. They serve over 200,000 seniors through Medicare Advantage plans in California, including institutional, chronic care, and dual-eligible special needs plans (SNPs). Additionally, SCAN offers the only fully integrated dually eligible (FIDE) SNP in California, which allows members to access benefits from both Medicare and California's Medicaid program, Medi-Cal. SCAN also recognizes the importance of caring for the broader population of seniors and offers programs to seniors and caregivers in the community, regardless of whether they are plan members.

In addition to offering affordable health plans, SCAN provides enhanced care management services to its members. Under SCAN's care management services, individuals are assigned to a care manager or Personal Assistance Line (PAL) representative. Within the first 90 days of a member's enrollment into the FIDE SNP, a PAL conducts a Health Risk Assessment (HRA) and answers questions that are specific to the dual-eligible population. SCAN evaluates the effectiveness of its care management services through internal evaluations, as well as state and national comparisons.

Recently, SCAN expanded the use of their HRA beyond SNP membership to collect data on race, language, and SDOH. In 2018, 16,000 non-SNP SCAN Health Plan members completed the HRA. Of these members, 1,200 reported challenges related to one or more SDOH and 8,300 were referred to SCAN's Member2Member program. The program is staffed by Peer Advocates; these individuals are SCAN members who are employed and trained in motivational interviewing by SCAN. The Peer Advocates call the HRA-identified members to provide resources to help them address and overcome barriers to care. The Peer Advocates follow up to provide encouragement and additional guidance as needed.



The Member2Member program is demonstrating success and helping more seniors get the services they need to remain independent. One member, Mrs. S, reported being in good health, but indicated that pain interfered with her daily living. Reaching out to the member, the Peer Advocate learned that she had scheduled a doctor's appointment, but it was still a month away. The Peer Advocate worked with the member's medical group to schedule her appointment sooner to ensure that her pain issues were addressed. Within days of her appointment, the member reported her pain had decreased and expressed great satisfaction with the HRA process and the Member2Member intervention.

Innovation to Address Social Determinants of Health

SCAN focuses on addressing barriers to care that are associated with beneficiaries' functional status and social determinants of health. These include providing access to nutritious foods and social programs, as well as care in the home.

ADDRESSING NUTRITION

SCAN provides nutrition support services to beneficiaries who are unable to prepare food for themselves. Beneficiaries who are eligible for long-term services and supports (LTSS) have access to this benefit, which includes home-delivered meals and nutritional supplements for FIDE SNP members, based on their nutritional needs. In many of its plans, SCAN provides post-hospitalization meals to members during their transition back home to ensure adequate nutrition as they recover.

ADDRESSING SOCIAL ISOLATION

SCAN provides home and community-based adult services to help beneficiaries care for themselves through nursing services, physical, occupational and speech therapies, and nutritional counseling. One of the most significant social isolation factors is untreated hearing loss, which studies show can contribute to more severe health conditions, such as depression, cognitive decline, and an increased risk of falls. To help address social isolation, SCAN offers hearing benefits to its members, including routine hearing exams and coverage for hearing aids.

ADDRESSING CARE NEEDED IN THE HOME

Quality care delivered in the home is imperative for many seniors to remain healthy, independent and safe. With this in mind, SCAN implemented a Connecting Provider to Home (CP2H) program for its highest need members. The program pairs a community health worker with a social worker who coordinates with a beneficiary's primary care physician to form a comprehensive care team. The community health worker and social worker visit the patient in the home and accompany them to the doctor's office. The CP2H team can explain the patient's challenges with treatment compliance with the doctor, and they work together to modify and individualize the care plan for that patient. SCAN reports that the overall results of the CP2H program are extremely positive. For patients participating in CP2H, there was a 39 percent reduction in emergency room visits, 27 percent fewer hospitalizations, and improved A1c levels for those with diabetes.

The CP2H program was instrumental for one 75-year-old Spanish-speaking widower who has multiple chronic conditions, including End Stage Renal Disease, which requires dialysis several days a week. Mr. G reported that he

was having trouble working and struggling financially. His home was in severe disrepair and he also was the main caregiver for his disabled adult daughter. He needed help and did not know where to turn. The CP2H team connected Mr. G to resources that provided home repairs, utility payments, nutrition education, transportation, and more. In collaboration with the member's doctors, they were able to simplify his medication regimen, reducing his medications from over 30 daily medications to only 11. Further, they arranged for more caregiver support, including coordinating with other family members to be more involved with his and his daughter's needs. A professional caregiver now accompanies Mr. G and his daughter to their medical appointments and helps with grocery shopping and meal planning.

In addition to the CP2H program, SCAN provides non-skilled in-home care, which includes assistance with instrumental daily living activities (e.g., bathing, dressing, and preparing meals). The program is available for FIDE SNP members who qualify, and short-term post-hospitalization for members of many of SCAN's plans.

For seniors (and their caregivers) with behavioral health issues, SCAN offers an in-home program that helps them access mental health care. The program is offered as a community service and uses therapists to conduct cognitive behavioral therapy in the clients' homes and in their preferred language. In addition, SCAN is developing pilots to deliver behavioral health services through telehealth and online behavioral health resources to its plan members.

Conclusion

SCAN has over four decades of experience in developing innovative care delivery programs that meet the clinical and non-clinical needs of low-income seniors. SCAN is improving outcomes for their members and providing a model of care for other Medicare Advantage plans, particularly those that provide coverage to enrollees who are dually eligible for Medicare and Medicaid. SCAN's commitment to keeping seniors healthy and independent is demonstrated by the high-value benefits they offer that target SDOH and address barriers to care. Recognizing the benefits of seniors remaining in their homes, including lower costs and better health outcomes, they provide services that better enable seniors to meet their individual challenges in order to remain in their homes. SCAN continues to innovate, using the new Medicare Advantage flexibilities to advance solutions that help connect beneficiaries with social support services that improve both health and overall quality of life.

References

- ¹ Reinterpretation of "Primarily Health Related" for Supplemental Benefits. Centers for Medicare and Medicaid Services. <https://www.dropbox.com/s/pee7o4igqye12ts/HPMS%20Memo%20Primarily%20Health%20Related%204-27-18.pdf?dl=0>
- ² Reinterpretation of the Uniformity Requirement. Centers for Medicare and Medicaid Services. <https://www.dropbox.com/s/Ockzmvhmcjyt2z5/HPMS%20Memo%20Uniformity%20Requirements%204-27-18.pdf?dl=0>
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