

# Arizona's Social Determinants of Health Solution for Whole Person Care

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49<sup>th</sup> Annual  
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# Today's presenters:



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Program Manager, SDOH

# Overview

1 CommunityCares Program

2 Addressing SDOH

3 Community Engagement

4 Upstream Efforts

# Session Objectives

## CommunityCares AHCCCS Whole Person Care Initiative (WPCI)

- Understand the impact CommunityCares has in addressing the Social Determinants of Health for Arizonans.
- Learn how CommunityCares engages community and enhances the health and wellness of Arizona's rural and underserved populations.
- Discover how your organization can support the CommunityCares strategic initiatives which include:
  - Improving network outcomes through technical assistance and data-driven engagement,
  - Incorporating community voice through stakeholder and client engagement,
  - Identifying upstream opportunities to combat gaps in community resources.

# CommunityCares Overview

# Connecting Data for Enhanced Patient Care

Healthcare clinicians provide better care when they have more complete information on their patients. More complete patient information and better coordinated care is more important than ever as value-based care and reimbursement changes are taking hold.

At Contexture, we connect the digital health record systems for healthcare providers so that, regardless of where a patient goes for care, their medical history is accessible to the physicians and healthcare professionals who need it.

Having a complete view of each patient is vital for delivering the best care and a positive patient experience.



# The Contexture CommunityCares Program

## Arizona's Social Determinants of Health (SDOH) Referral System

**Referral connections  
for healthcare and  
community service  
providers.**

**Streamlines and  
standardizes referral  
processes across  
Arizona.**

**System confirmation  
when social services  
are delivered.**

**Access to a reliable  
and up-to-date  
resources directory.**

**Data tracking,  
analytics and  
outcome measures.**

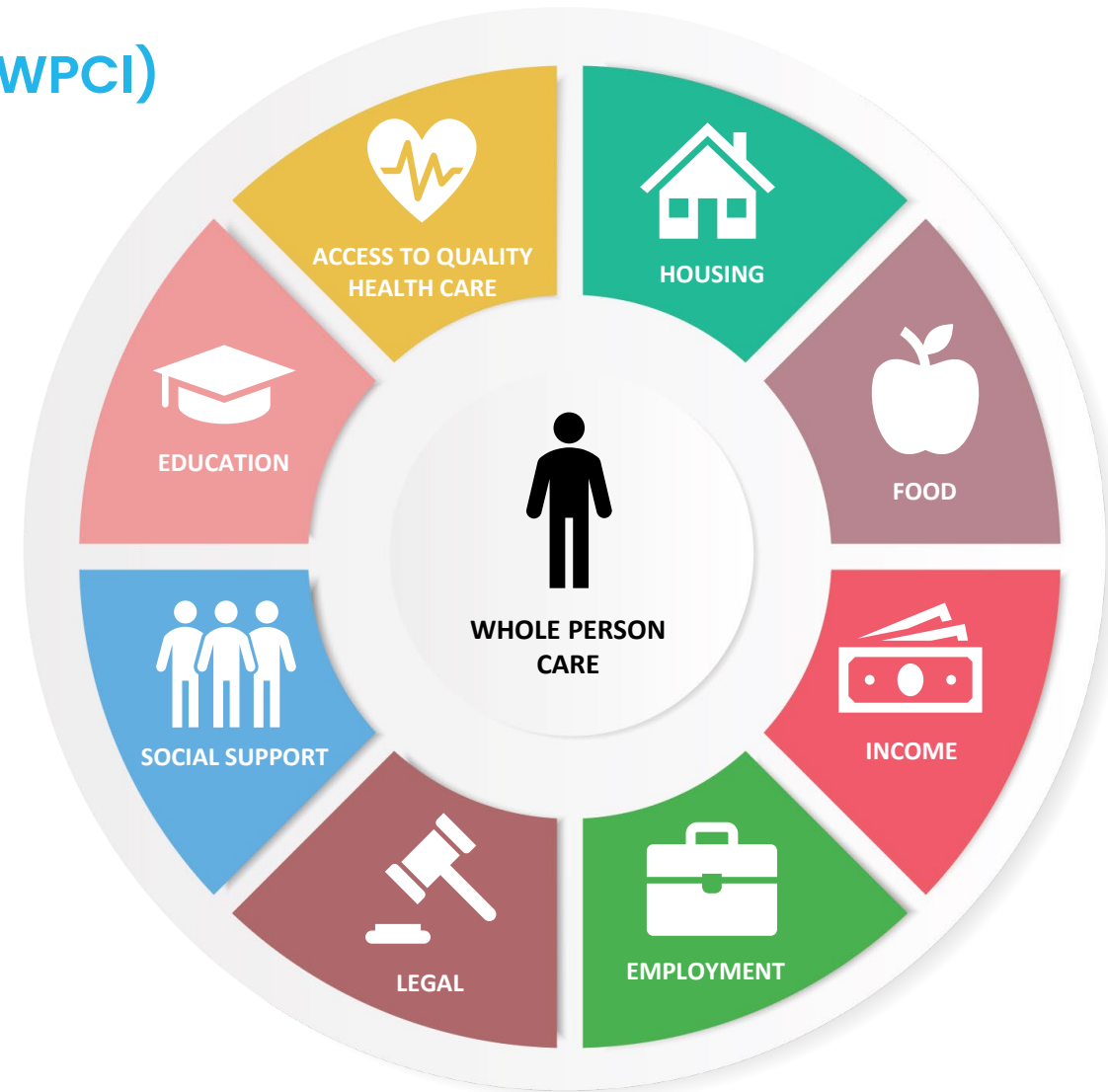
**A customized referral  
system to meet the  
diverse needs of the  
organization.**



# SDOH CommunityCares Program

## 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.
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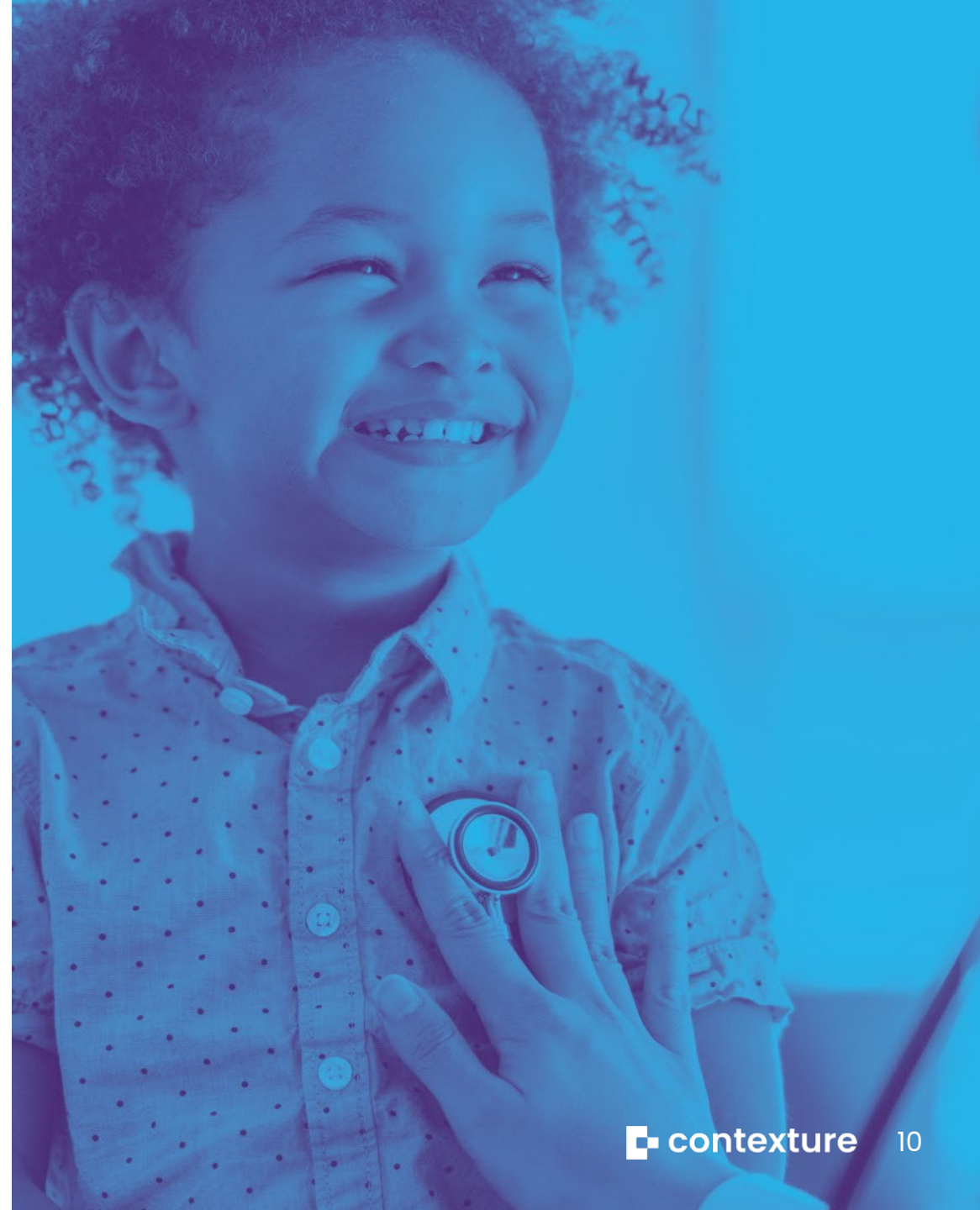


# CommunityCares Partners



# CommunityCares Program Goals

- Connecting Arizona communities
- Improving health outcomes
- Data-driven approach
- Support DAP SDOH milestones



# Differential Adjusted Payment (DAP) Program

The Contexture DAP Program areas are

- Health Information Exchange (HIE)
- Social Determinants of Health (SDOH)
- Arizona Healthcare Directives Registry (AzHDR)

The program aims to distinguish providers that have committed to supporting designated actions that improve patients' care experience, improve members' health and reduce cost of care growth.



# CommunityCares – The Future

## New Ideas on how the referral system can benefit Arizonans

- Referral system for School Districts
- Referral System for Managed Care Organization
- Referral System for Justice Collaboratives and Probation Officers
- Referral System for our Government Partners





## Community Based Organizations (CBO) Programs

- Partnership Benefits
  - Milestone 1 – Receive \$2,000
  - Milestone 2 – Receive \$3,000
  - Milestone 3 – Receive \$5,000
- Receive up to \$5000 of support funds for technology purpose

# Earn Up to \$10K

## Join the CommunityCares CBO Success Program



Contexture, Arizona's health information exchange (HIE) – in partnership with AHCCCS, Solari/2-1-1 Arizona and Unite Us – is proud to offer CommunityCares, a single, statewide referral system designed to address social determinants of health (SDOH) needs in Arizona.

Community-based organizations (CBOs)\* in Arizona are now eligible to receive financial incentives when participation milestones in the CommunityCares program are achieved.

\* Excludes health plans, Accountable Care Organizations, Clinically Integrated Networks and/or government agencies.

### Milestones & Payments

Milestone #	Description	Payment
1	Signed SDOH Participation Agreement, live on the CommunityCares system and opt-in to receive referrals for at least 1 service.	\$2,000
2	Meet usage metrics for 6 total months (learn more from your SDOH advisor).	\$3,000
3	Completion of single sign-on interface between your source system and CommunityCares system.	\$5,000
TOTAL		\$10,000

Join today! Contact [sdoh.info@contexture.org](mailto:sdoh.info@contexture.org) to begin experiencing the rewards of becoming an active member of CommunityCares in Arizona.



**Get started today. [CommunityCaresAZ.org](https://CommunityCaresAZ.org)**



# What are the social determinants of health (SDOH) that impact a person's health and well-being?



# Addressing SDOH



# Addressing SDOH

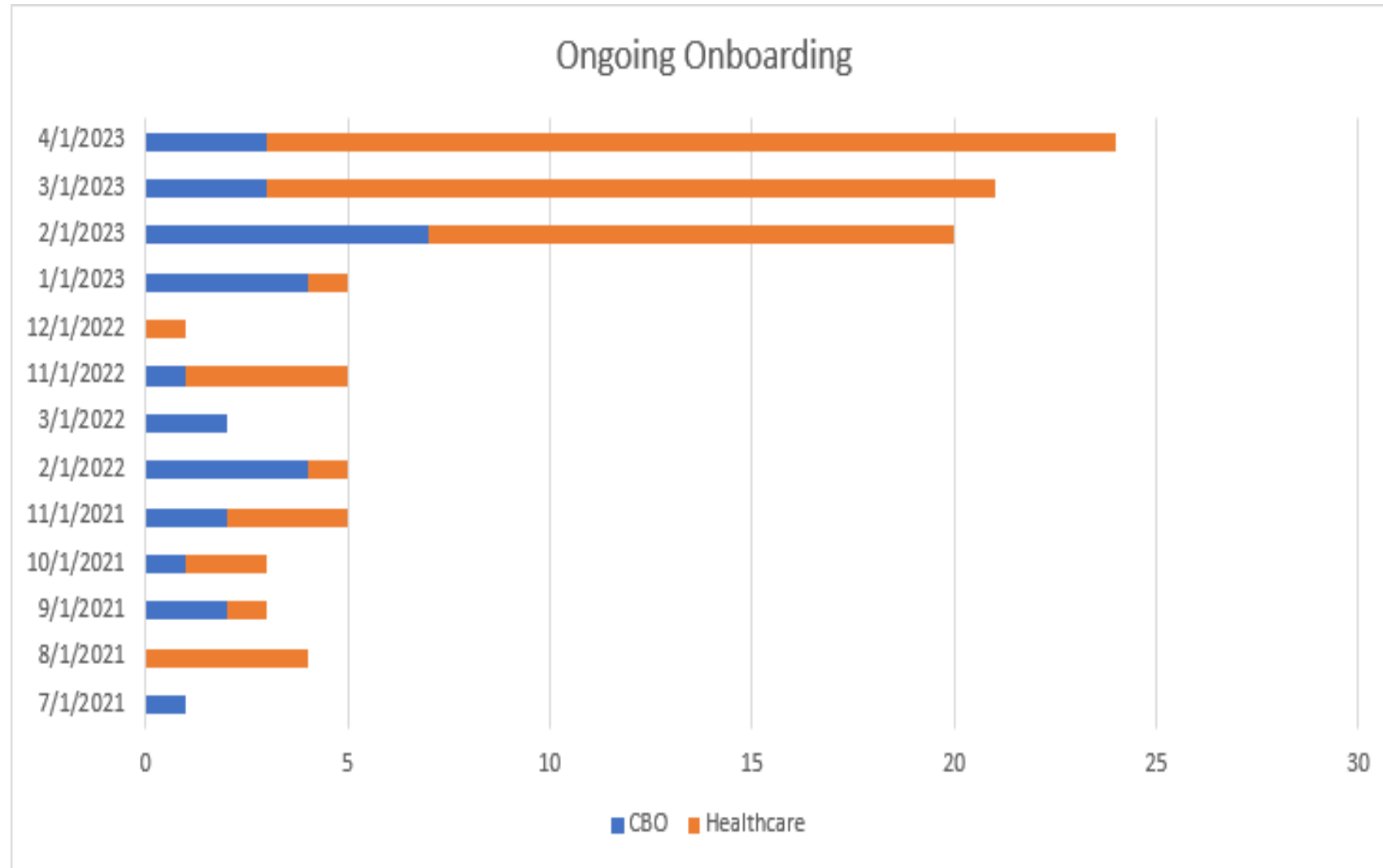
- Streamlines connection to resources
- Supports Whole Person care
- Provides statewide social care data
  - Identify gaps in resources
  - Inform community health efforts
  - Identifies vulnerable populations
- Enhances community-linkages
- Improves health & wellbeing



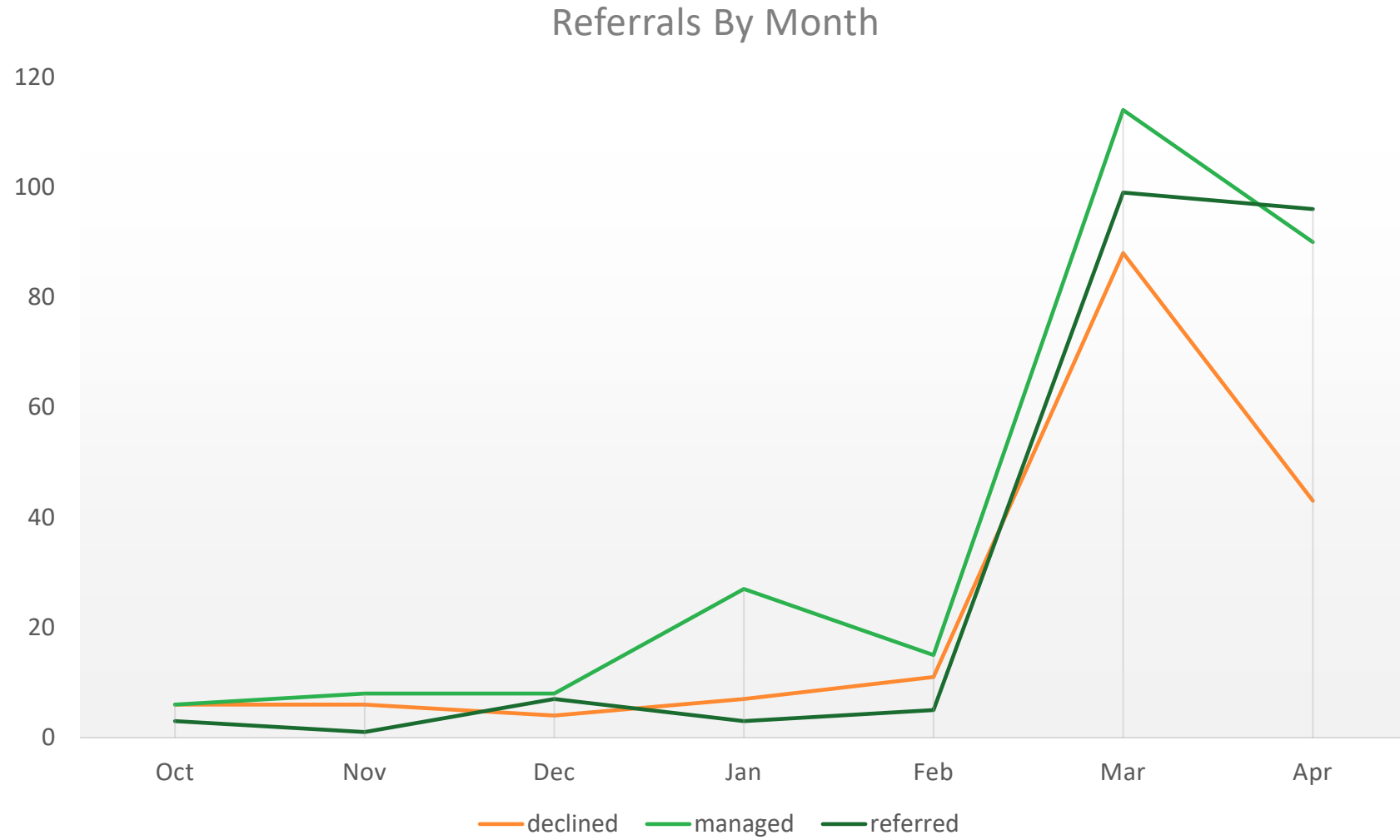
# CommunityCares Achievements



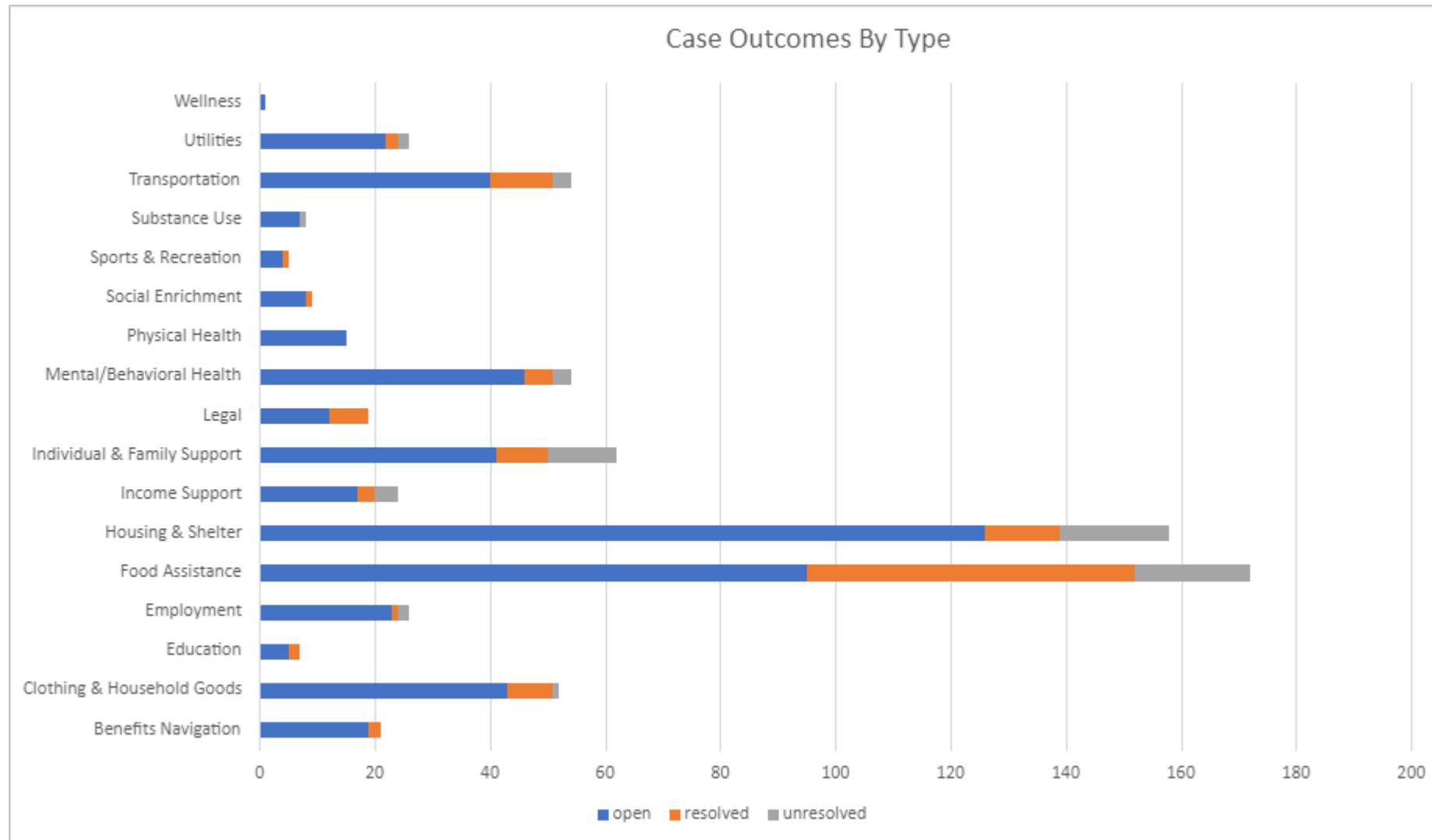
# Partner Onboarding



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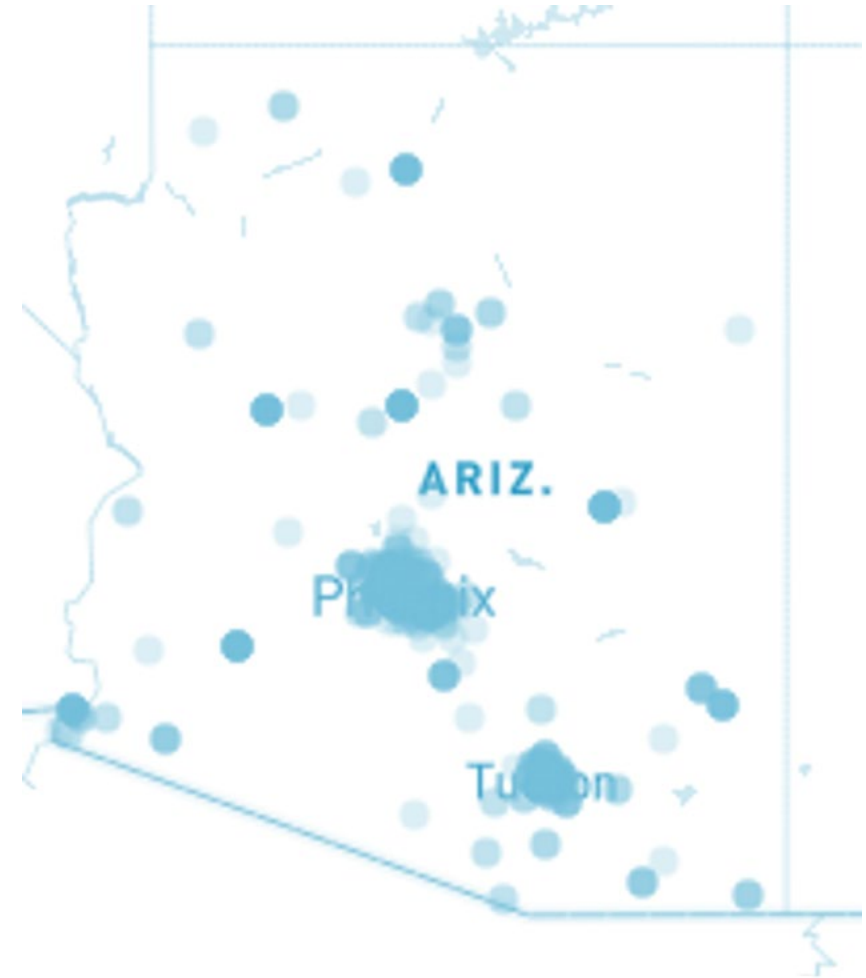


# Case Outcomes by Service Types



# Data Driven Approach

- Network data
  - Organization and program
  - Demographic
  - Service types
  - Outcomes
- Inform and guide efforts to build:
  - Robust network
  - Statewide reach
  - Efficient workflows & processes
- Incorporates anecdotal data
  - Client stories
  - Stakeholder feedback





**What % of a person's health is  
determined by social and  
economic factors?**



# Community Engagement

# Incorporating Community Voice

**Goal: Develop program with and informed by AZ communities**

Why is this important?

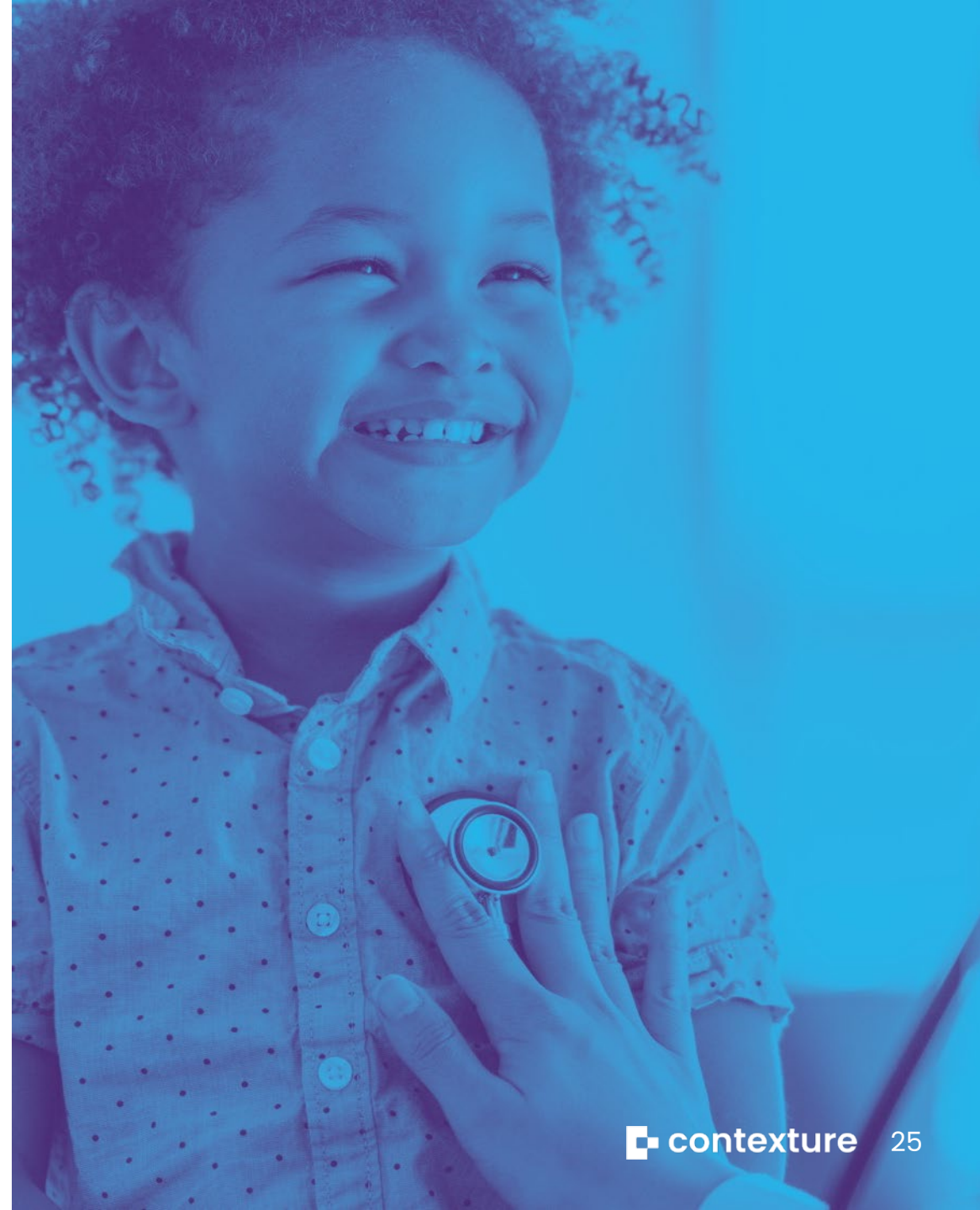
- Builds trust
- Ensure program is effective and long-lasting
- Culturally relevant
- Incorporates rural communities
- Amplifies client experience

Overcoming barriers

- Identifies unique community barriers and challenges
- Advises on mitigation

# Community Engagement

- CBO Stakeholder Engagement
- Community Outreach
  - Community meetings
  - Convener onboarding
  - Targeted Outreach
- Partnerships



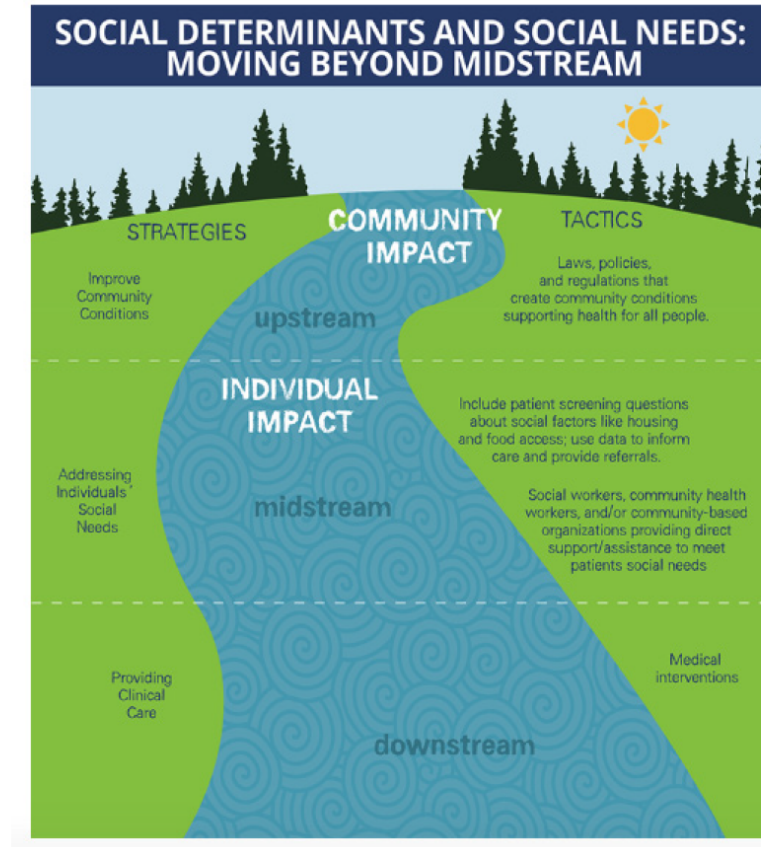
# When it comes to community engagement, what else should we consider?



# Upstream Efforts

# Moving up the stream

- Intervention & Prevention
  - Connection to care
  - Address social needs
  - Sharing best practices
  - Coordinated approach
- Addressing healthy disparities
  - Community- level data
  - Sharing user stories & experiences
  - Cross-sector partnerships
  - Advocacy



**FIGURE 1** | Social Determinants and Social Needs: Moving Beyond Midstream

**SOURCE:** Castrucci, B. C. and J. Auerbach. 2019. Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. *Health Affairs Blog*. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20190115.234942/full/> (accessed September 30, 2020). Reprinted with permission.



# Next steps:

- Join the CommunityCares network
- Join the Community Stakeholder group
- Share your feedback





# Questions?



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Creating connections. Improving lives.



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