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CareAdvance®

Using social determinants of health (SDoH) data with the CareAdvance® Platform for Population Health Management

Social determinants of health (SDoH) are the next frontier for improving population health. Research shows that SDoH clearly contribute to healthcare quality and access disparities and poor outcomes. Individual and population level SDoH data is a critical component for assessing whether a person's life circumstances—income, zip code, gender, race, sexual orientation, ethnicity, etc.—increase their risk for poor health outcomes.[1] Health plans, with their stores of member data, are especially well positioned to identify SDoH and design appropriate interventions to reduce risk and improve outcomes. In fact, regulators and accreditation agencies increasingly expect healthcare payers to take the lead on SDoH.

Accomplishing this requires payers to absorb and process relevant data, both structured and unstructured, from a variety of sources. Then payers must identify at-risk members and deliver and manage appropriate interventions. Payers' care managers must have the data they need at their fingertips to understand a member's comprehensive SDoH factors – including those from third parties.

The CareAdvance® platform equips payers to successfully address SDoH, taking a critical step to improving health for individuals and populations. CareAdvance ingests data from a wide variety of sources and helps payers automate and manage the process of incorporating SDoH into care plans and population health initiatives. The platform positions payers to participate in the increasing number of federal and regulatory SDoH initiatives. These include:

- The Centers for Medicare & Medicaid Services (CMS) recently published The Path Forward: Improving Data to Advance Health Equity Solutions,[2] its plan to use SDoH data across its programs to address healthcare access and quality disparities.[3] This work complements the CMS Framework for Health Equity, which calls for greater SDoH data collection in standard formats to make the data interoperable.[4]
- NCQA offers a Health Equity Accreditation program for health plans to reduce health inequities and improve care.[5] Health plans that achieve this accreditation could attract more business with a strong record of improved member outcomes. The NCQA Health Plan accreditation also encourages using SDoH when assessing and segmenting populations for care management programs.
- The U.S. federal government includes SDoH in its Healthy People 2030 initiative.[6] [2] Objectives include reducing people living in poverty and eliminating food insecurity for children.
- Providers are collecting SDoH data in their electronic medical records per the United States Core Data for Interoperability (USCDI) standards.[7] The data is collected as industry standard CPT and ICD codes that health plans may use in their care management systems.

CareAdvance: Delivering a comprehensive view of SDoH data

To successfully participate in these programs, some of which may become mandatory, payers need the ability to quickly identify at-risk individuals and stratify populations. They need to ensure referrals to care managers and social workers are accurate and efficient. Intuitive workflows and user-friendly dashboards enhance the quality of time care managers spend with members.

Our CareAdvance platform incorporates those features and more to provide payers with a powerful SDoH solution. Its benefits include the following:

Comprehensive data collection. CareAdvance consumes SDoH data through our data integration and web service features. Our clients collect SDoH data from vendors, administrative systems, enrollment data, providers, health risk assessments and directly from members. This data includes:

- SDoH data that leverages recognized standards (e.g., zip codes, CPT, ICD).
- SDoH data in non-standard formats (e.g., data collected in assessments)

Identification and automated outreach. CareAdvance identifies members eligible for programs the health plan offers. Automated features help ensure quality outreach to targeted members. This may include:

- Sending letters to offer care manager services.
- Accessing benefits such as housing or food.
- Sharing member lists to delegated third party for targeted interventions.

Consistent interventions. CareAdvance Care Manager Workflows supports appropriate contact and follow-up with members.

- The platform automatically recommends evidence-based assessments and care plans.
- Automated actions, such as sending member letters and/or alerting social workers to referrals, are initiated by the data collected in assessments.
- SDoH data is displayed in dashboards.
- As new SDoH data enters the system, it triggers a notification to the assigned care managers. Links to appropriate resources can be included in the notification.

Easy access to third-party data. Health plans often utilize vendors, agencies and community resources within their programs. Being able to access those resources from the platform is key to timely and effective interventions.

- Configure CareAdvance to allow access to resources from within the care manager's workflow.

Effectively address SDoH factors for members and populations with the CareAdvance platform

With the CareAdvance platform, payers have the tools they require to identify SDoH for all their member populations, to comply with regulatory and accreditation SDOH requirements and to support innovative programs that address social risk factors.

For more information about how the Cognizant line of TriZetto Healthcare Products can help you enhance revenue growth, drive administrative efficiency, and improve cost and quality of care, call 1-800-569-1222 or visit www.cognizant.com/trizetto.

[1] https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries

[2] https://www.cms.gov/files/document/path-forwardhe-data-paper.pdf

[3] https://www.cms.gov/blog/path-forward-improving-data-advance-health-equity-solutions

[4] https://www.cms.gov/about-cms/agency-information/omh/health-equity-programs/cms-framework-for-health-equity

[5] Health Equity Accreditation - NCQA

[6] https://health.gov/healthypeople/ab ONC | Office of the National Coordinator for Health Information Technology (healthit.gov) out/how-has-healthy-people-changed

[7] https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v3

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