# The Experience of Non-Profit Hospitals in Responding to Patients' Non-Medical Needs

**Jill Campbell**
Director of Community Benefits,
Houston Methodist

**Dr. Nancy Correa**
Director of Population Health Strategy,
Texas Children's Hospital

**Mital Brahmbhatt**
System Director, Care Coordination & Population Health, Memorial Hermann

# The Experience of Nonprofit Hospitals in Responding to Patients' Non-Medical needs


Mital Brahmbhatt, MHA, LMSW

System Director,
Care Coordination &Population Health

Memorial Hermann Hospital System

Jill Campbell

Director, Community Benefits

Houston Methodist

Nancy Correa

Director, Population Health

Texas Children's Hospital

# The Experience of Nonprofit Hospitals in Responding to Patients' Non-Medical needs


Mital Brahmbhatt, MHA, LMSW

System Director,
Care Coordination &Population Health

Memorial Hermann Hospital System

Jill Campbell

Director, Community Benefits

Houston Methodist

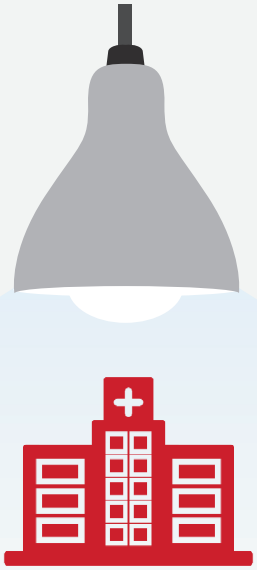
Nancy Correa

Director, Population Health

Texas Children's Hospital

# NMDOH in Health Systems

## Screening and Response



*Increased recognition on the importance and role of healthcare institutions to identify and respond to non-medical drivers of health*

*Requirements to screen for and respond to non-medical drivers of health are increasing*

The Joint Commission

TEXAS Health and Human Services

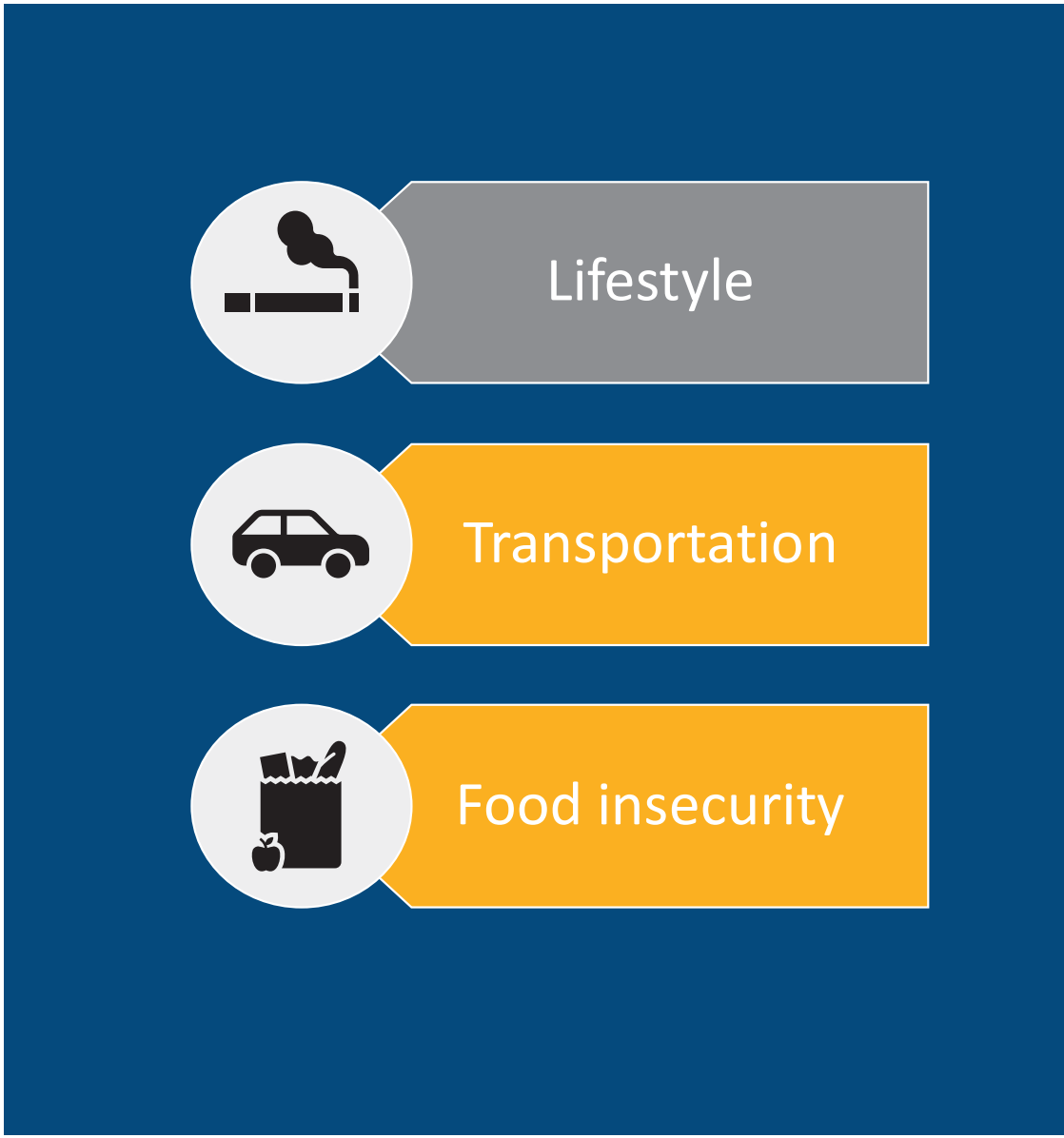
CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

U.S.News & WORLD REPORT

*Tools for documenting non-medical drivers of health are improving*

HOUSTON Methodist LEADING MEDICINE

# Top Non-Medical Drivers (High Risk)



HOUSTON Methodist LEADING MEDICINE

# Tackling Barriers to Healthcare

# Population Health & SDOH in an ACO World

Mital Brahmbhatt, MHA, LMSW

System Director, Care Coordination & Population Health

Population Health Service Organization (PHSO)

December 5, 2024

MEMORIAL HERMANN

# Our Mission

We are a non-profit, values-driven, community-owned health system dedicated to improving health.

## Our Vision

To create healthier communities, now and for generations to come.

## Our Values

- Community
- Compassion
- Courage
- Credibility

## Our Service Commitment

We care for every member of our community by creating compassionate and personalized experiences.

## Our Service Standards

- Safe
- Caring
- Personalized
- Efficient

# FY24

## Memorial Hermann by the Numbers


Data: July 1, 2023, through June 30, 2024

Advancing health. Personalizing care.

MEMORIAL HERMANN

# Social Drivers: Direct Impact on Patient Health Outcomes

***Persistent Health Challenges In The Southwest Houston Community – Community Survey***

Those who are socioeconomically vulnerable, especially the uninsured, are less likely to use preventive and specialty care due to a variety of social and economic barriers. Understanding and addressing these barriers are key to improving population health.

**48% of African Americans were unable to pay for food when needed in the past year**

**Unhealthy Food Habits**

**72% of Asian Americans reported that transportation kept them from seeking medical care**

**Inconsistent Routine Care**

**61% of Hispanic Americans are without health insurance**

**Inability to Afford Healthcare**

**64% of White Americans reported pollution as a big problem for their health**

**Susceptibility to Chronic Conditions**

Nearly **1 in 3** people live below the Federal Poverty Level



Source: *What Drives Health in Southwest Houston* by Texas Health Institute

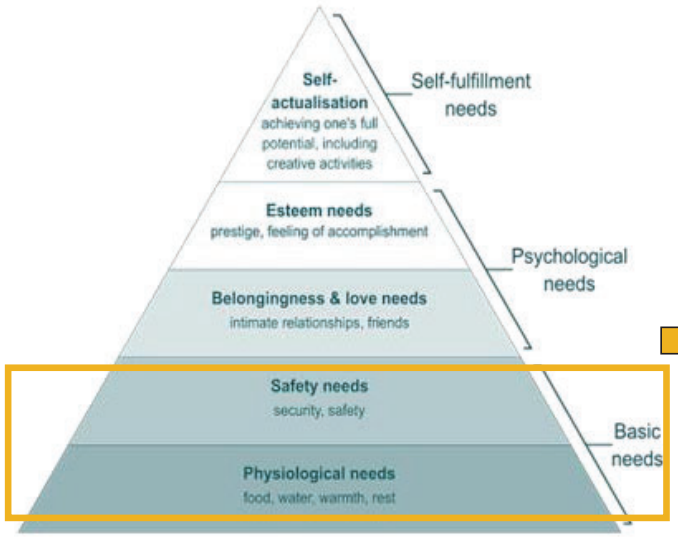
MEMORIAL HERMANN

# PHSO: Care Coordination Services for ACO Patients


- Improve the health of a population by engaging patients and providers in making better choices about their health
- Focuses on prevention, early intervention(s), and close partnerships with patients and providers to tightly manage acute episodes, chronic conditions and psychosocial challenges
- Support physical, mental and emotional well-being with a focus on social determinants of health (SDOH)
- Provide the right care at the right time in the most cost-effective way without sacrificing high level care coordination
- Optimize the patient's health and well-being so their future journey is better than today

# PHSO: Community Care Coordination Team (C3T) Model:

***Community Health Workers (CHWs)***




**Maslow's Hierarchy of Needs**


- Reduce barriers/challenges to receiving care
- Increase health literacy and patient empowerment
- Timely coordination of care
- Indirect impact on reducing readmissions/avoidable EC visits/total cost of care

# PHSO: Community Care Coordination Team (C3T)

***Community Health Workers (CHWs)***

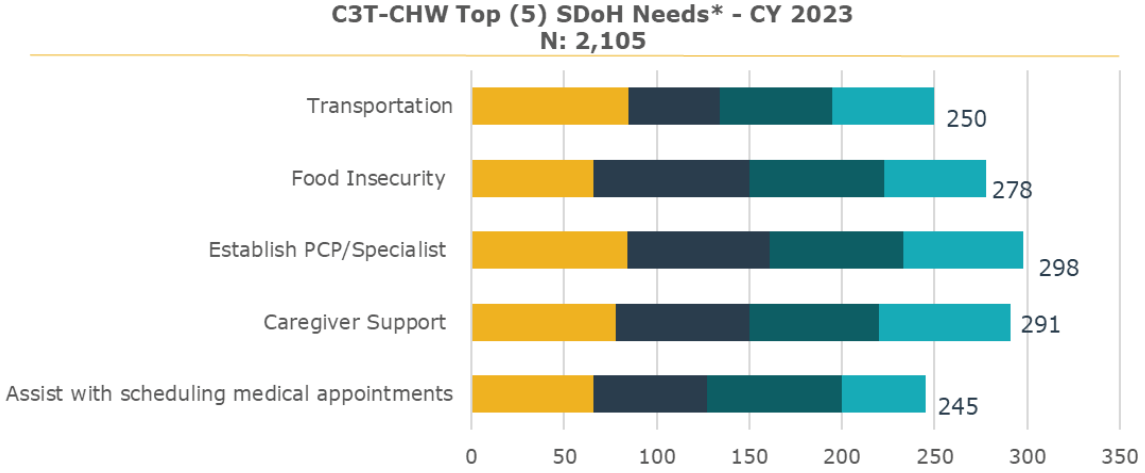
Referral-based group that serves *ACO* (*Accountable Care Organization*) lives, handling intake, screening, and SDOH assessments.

**C3T-CHW: (6) FTEs**

- # of Patients Referred: **1,844**
- % Success Rate to Address Needs: **1002 (53%)**
- # of Interdisciplinary Referrals: **521**

**Identifies and addresses access barriers and provides appropriate intervention.**

- Provides support to internal and external **clinical teams, physicians and patients**
- Engagement **between 14-21 days** depends on needs and follow-up




| | Assist with scheduling medical appointments | Caregiver Support | Establish PCP/Specialist | Food Insecurity | Transportation |
|---|---|---|---|---|---|
| Q1 | 66 | 78 | 84 | 66 | 85 |
| Q2 | 61 | 72 | 77 | 84 | 49 |
| Q3 | 73 | 70 | 72 | 73 | 61 |
| Q4 | 45 | 71 | 65 | 55 | 55 |

*A patient can have more than 1 need based on outcome of SDoH assessment

*This data represents the top five SDoH Needs out of 13; other SDoH challenges are addressed and tracked

**Additional SDOH's Needs Provided by C3T-CHW Include: Application Assistance (PAP, SNAP), DME Support Pharmacy Support, Health Coach/Registered Dietician, Social Work Support, Assist with scheduling medical appointments.

# Memorial Hermann: Use of Epic SDOH Tools

## Current SDOH Domains:

- Tobacco Use
- Financial Resource
- Transportation
- Stress
- Housing Stability
- Health Literacy
- Alcohol Use
- Food Insecurity
- Physical
- Social Connection
- Depression
- Utilities

# Program Outcomes: Post-Epic Go Live

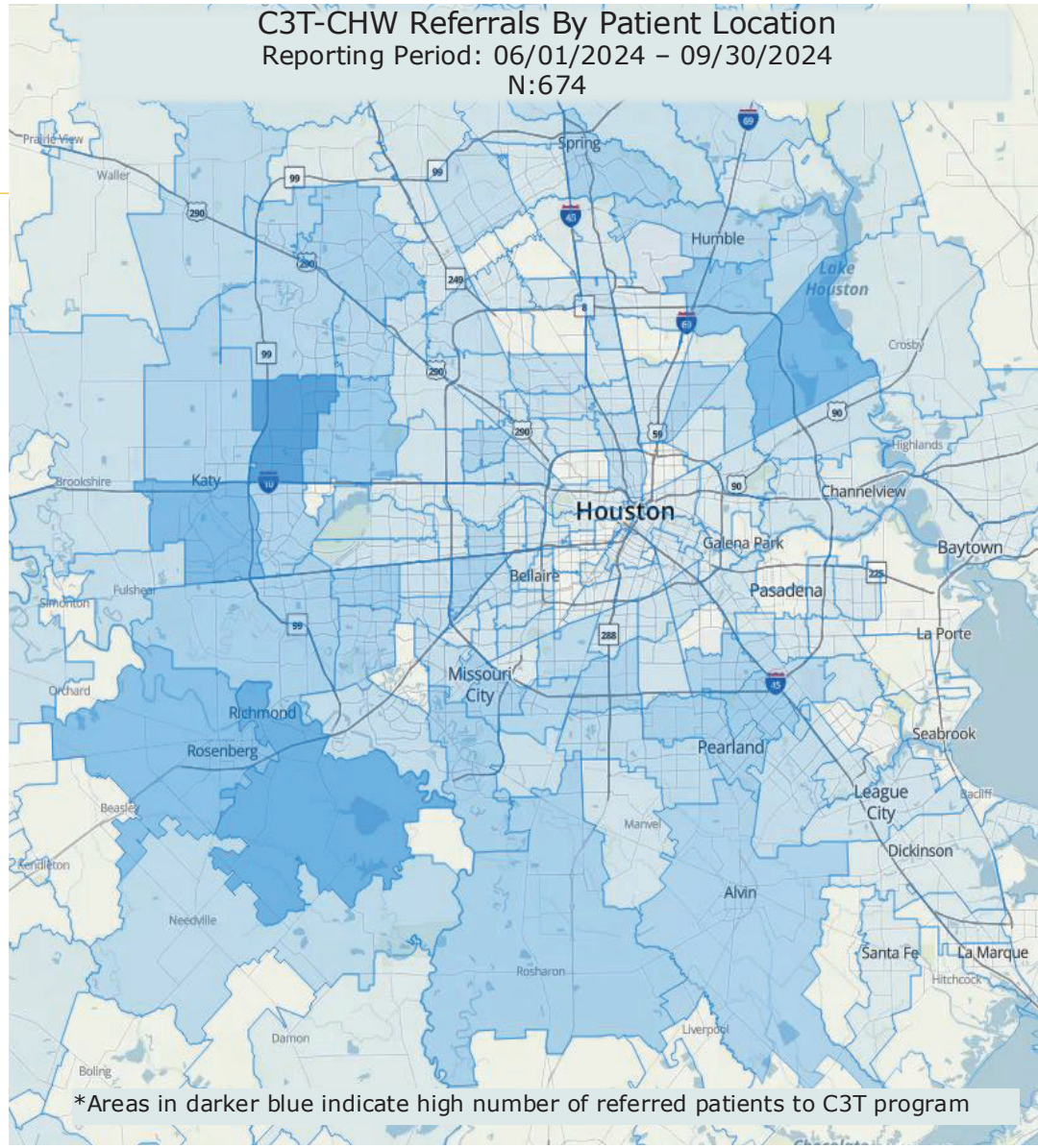
*# OF REFERRED PATIENTS TO C3T- CHW PROGRAM : 674

PHSO-HM: 480

MHMG – 193

MHMD – 1

*Referrals are sent via a unique order set built in Epic

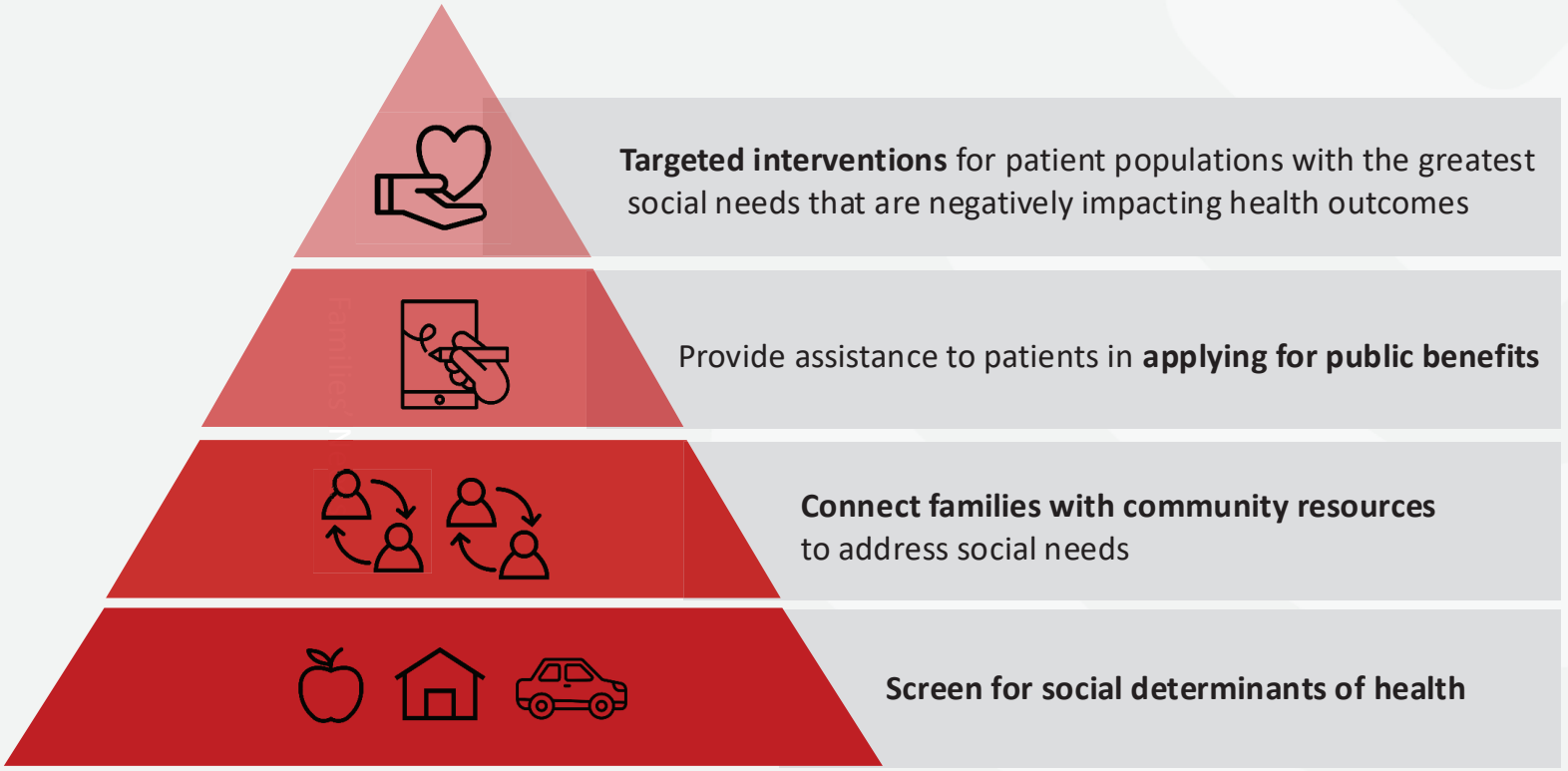


*Areas in darker blue indicate high number of referred patients to C3T program


# Screening and Responding to Non-Medical Needs at Texas Children's Hospital

Nancy Correa, DrPH
Director, Population Health

# Texas Children's NMDOH Strategic Framework



# Texas Children's NMDOH Strategic Framework

**$1 Billion** in public benefits go unclaimed in Harris County

**15%** of admitted patients at TCH are SNAP eligible, but not enrolled

**$973** monthly SNAP allowance for a family of four

**19** number of pages to complete a public benefits application

# Screening for NMDOH

**Admitted Patients**
Screening for food insecurity, housing stability, transportation, financial assistance, and caregiver education

**Texas Children's Pediatric Practices**
Screening for food insecurity during check-in process for well-child visits

**Emergency Center**
Screening for food insecurity begins in early 2025

**Ambulatory Clinics**
Some clinics screening for NMDOH, system wide roll out in 2025

| Social Determinants of Health | Positivity Rate |
|---|---|
| Food Insecurity | 21% |
| Unstable Housing | 23% |
| Financial Assistance Needs | 37% |
| Unmet Transportation Needs | 7% |
| Caregiver Education Needs | 19% |

# Social Determinants of Health

## Strategic Priorities

**Screening**
Expand SDOH screening to increase our ability to identify family's social needs that impact health

**Responding: Internal Capacity**
Strengthen our capacity to ***meaningfully*** respond when social needs are identified

**Responding: Community Connections**
Strengthen our community partnerships and referral pathways

**Responding: Community Capacity**
Strengthen our community's capacity to address social needs

# Responding to NMDOH

- Social Work Consult
- TCH Family Resources (Find Help)
- Ronald McDonald House
- Onsite Houston Food Bank Navigator
- Caregiver Trays
- Medical Legal Partnership
- Houston Food Bank FIRST Link Program
- Community Benefits and Community Sponsorship Programs
- Rides to TCP appointments

# The Experience of Nonprofit Hospitals in Responding to Patients' Non-Medical needs


Jill Campbell
Director, Community Benefits
Houston Methodist

Nancy Correa
Director, Population Health
Texas Children's Hospital

Mital Brahmbhatt
Director, Population Health
Memorial Hermann Hospital System

# Questions?

Mital Brahmbhatt
Director, Population Health
Memorial Hermann Hospital System
Mital.Brahmbhatt@memorialhermann.org

Jill Campbell
Director, Community Benefits
Houston Methodist
jycampbell@houstonmethodist.org

Nancy Correa
Director, Population Health
Texas Children's Hospital
npcorrea@texaschildrens.org