

Research Objectives	Methods	Results	Policy Implications																																									
<p><b>Background:</b></p> <ul style="list-style-type: none"> <li>In 2021, Commonwealth Care Alliance (CCA) a managed care organization serving individuals with complex health and social needs launched an initiative to improve its Health Related Social Needs (HRSN) support services, which included screening members to assess their HRSN such as housing, legal support, and meal delivery needs.</li> <li>CCA partnered with The Center to Advance Consumer Partnership (CACCP); a not-for-profit organization that helps healthcare organizations build partnerships with consumers, to review the assessment pilot.</li> <li>CACCP believes consumers are experts by experience and a detrimental source of valuable insights into the improvement of care delivery.</li> </ul> <p><b>Goal:</b></p> <ul style="list-style-type: none"> <li>The goals of this review were to improve consumer-centeredness by learning directly from consumers their preferences and priorities when being asked about their HRSN needs. Also, to ensure that the assessment is administered through a health equity lens.</li> </ul> <p><b>Objectives:</b></p> <p>This review had several objectives:</p> <ol style="list-style-type: none"> <li>Assess consumer satisfaction with HRSN Screening</li> <li>Determine consumer screening preferences, views, and experiences</li> <li>Understand from pilot participants what elements of the screening process they deem to be the most important</li> </ol>	<p><b>Methods:</b></p> <p><b>Overview of Screening Pilot:</b></p> <ul style="list-style-type: none"> <li>Consumer insights from SDOH foundational investigation informed key strategies adopted for the screening pilot such as: (TONE) the use of the Empathetic Model of questioning, removing stigmatizing language, the intentionality of questions, and the importance of once a need was identified, connecting consumers with resources in the community.</li> <li>CCA's analytical team created a randomized list of members using the following considerations:             <ol style="list-style-type: none"> <li>Enrollment status</li> <li>Cinal Group or CCA Primary Care enrollment,</li> <li>Consumers residing in the coverage area of Community Health Workers (CHW) assigned to conduct outreach</li> </ol> </li> <li>CHWs conducted the Assessment</li> <li>CHW's initiated activities to connect consumers to resources if a need was detected.</li> </ul> <p><b>Screening Review Methods:</b></p> <ul style="list-style-type: none"> <li>CCA's SDOH strategy team selected consumers to participate in the pilot program.</li> <li>23 Semi- Structured Interviews were completed over the phone by CACP staff between June-October 2022.</li> <li>Consumers were compensated with a \$25.00 visa gift card.</li> <li>Consumers resided in East and West regions of Massachusetts.</li> </ul> <p><b>Demographics of Participating Members</b></p> <table border="1"> <thead> <tr> <th colspan="2">SDOH SCRIPT EVALUATION DATA SUMMARY</th> </tr> <tr> <th colspan="2">ALL PARTICIPANTS (N=23)</th> </tr> </thead> <tbody> <tr> <td>Product</td> <td></td> </tr> <tr> <td>SCO</td> <td>5</td> </tr> <tr> <td>One Care</td> <td>18</td> </tr> <tr> <td>Race/Ethnicity</td> <td></td> </tr> <tr> <td>Black</td> <td>4</td> </tr> <tr> <td>Latinx</td> <td>2</td> </tr> <tr> <td>White</td> <td>12</td> </tr> <tr> <td>Asian</td> <td>3</td> </tr> <tr> <td>Unknown</td> <td>2</td> </tr> <tr> <td>Sex</td> <td></td> </tr> <tr> <td>Male</td> <td>8</td> </tr> <tr> <td>Female</td> <td>15</td> </tr> <tr> <td>Language</td> <td></td> </tr> <tr> <td>English</td> <td>19</td> </tr> <tr> <td>Spanish</td> <td>3</td> </tr> <tr> <td>Unknown</td> <td>1</td> </tr> </tbody> </table>	SDOH SCRIPT EVALUATION DATA SUMMARY		ALL PARTICIPANTS (N=23)		Product		SCO	5	One Care	18	Race/Ethnicity		Black	4	Latinx	2	White	12	Asian	3	Unknown	2	Sex		Male	8	Female	15	Language		English	19	Spanish	3	Unknown	1	<div data-bbox="640 341 976 487"> <p><b>SCREENING MAKES CONSUMERS FEEL CARED FOR</b></p> <p><i>"It's good for [CCA] to keep connecting with members to see how things are. And not just medically, it's just good to hear from somebody that's wanting to be helpful and to know what you need, and see what they can do, it's like caring for the whole person. I would just encourage them to keep that up and to make it authentic and real."</i></p> </div> <div data-bbox="640 503 976 706"> <p><b>CONSUMERS WERE OVERWHELMINGLY SATISFIED WITH THE SCREENING</b></p> <ul style="list-style-type: none"> <li>Consumers found the screening helpful and felt that CHWs genuinely care about their well-being and were invested in assisting with non-medical needs.</li> <li>Consumers were comfortable with questions and length of screening.</li> <li>Consumers were pleased with professionalism and friendliness of CHWs.</li> <li>Consumers without unmet SDOH needs and non-English speaking members were also satisfied.</li> </ul> <p><i>"There should be more people out there like [the CHW]. She was just fantastic. You know when you call people and they blow you off and they put you through to somebody else but no, she sat on the phone with me and she walked me through everything. And I even told her, I'm like, "I'm so appreciative because people don't do that anymore... people just blow you off."</i></p> </div> <div data-bbox="640 868 976 1023"> <p><b>SCREENING TIMING PACE AND TONE</b></p> <ul style="list-style-type: none"> <li>It was important to consumers that they were screened at a time that works for them; if not they can become dismissive of questions.</li> <li>Consumers preferred not to be rushed during the screening.</li> <li>Consumers desired the tone of the screening to be friendly and informal.</li> </ul> <p><i>"I feel comfortable talking to anybody from CCA, because I don't feel like I'm being interrogated. It [feels] more like a family member talking to me and like, "I'm concerned, you know, I see you went to the emergency room, can you explain to me what happened, and what's going on? I don't feel like, "Okay, this is my insurance, they're calling me and now I feel obligated to answer these questions."</i></p> </div> <div data-bbox="997 341 1333 706"> <p><b>CONSUMERS PREFERRED CONVERSATIONS</b></p> <ul style="list-style-type: none"> <li>A majority of interviewees preferred the tone of a conversation when screening for SDOH needs. Reasons included:             <ul style="list-style-type: none"> <li>Feeling a human connection</li> <li>Easier to answer questions</li> <li>Understanding nuance</li> </ul> </li> <li>Spanish-speaking members preferred to engage in their native language.</li> </ul> <p><i>"[I prefer to have a conversation] where you're able to actually relate to the individual on the other line, and if you have a problem with a question that's being asked of you, you can ask a question to help you either better understand or get to the bottom line. So, if you do paper form or email, now you're going back and forth, back and forth, back and forth and that's just wasting a whole bunch of time for nothing. And then that's when people get frustrated and say to hell with it, I'm not going to do it."</i></p> </div> <div data-bbox="997 722 1333 1071"> <p><b>BUT SOME CONSUMERS PREFERRED A HARD COPY AND EMAIL</b></p> <ul style="list-style-type: none"> <li>Fewer consumers preferred screening via paper survey sent to their homes for reasons including:             <ul style="list-style-type: none"> <li>Used as a reference in case of memory loss</li> <li>If a signature was needed</li> <li>Visual learners</li> </ul> </li> <li>For the convenience factor, a very small minority of interviewees preferred screening via email.</li> </ul> <p><i>"[A conversation is the number one [choice] for me, I'd rather fax a hard copy [of the screening], I go to the library and they'll fax things... If I had to sign anything or do anything, then a hard copy. I don't own a computer or like using it."</i></p> </div>	<div data-bbox="1344 341 1669 682"> <p><b>CONSUMERS VALUED THE SCREENING</b></p> <ul style="list-style-type: none"> <li>To consumers, the screening was not burdensome but valuable.</li> <li>Consumers felt supported and felt they were receiving high-quality care.</li> </ul> <p><i>"Again, going back to the fact that I know that there is somebody working in the back office to better my health. It's not only a medical thing, if I am in a better living condition, [it is possible that] I will be less stressed and I will be less sick because sometimes sicknesses are caused by stress. And sometimes if they ask about non-medical [needs] like for example, food, it is because food equals good health. [The screening] makes us feel like we are more than just numbers."</i></p> </div> <div data-bbox="1344 722 1669 990"> <p><b>SCREENING IS IMPORTANT</b></p> <ul style="list-style-type: none"> <li>Consumers did not disclose their needs to CCA unless they are asked</li> <li>Consumers were unaware of available resources in the community</li> </ul> <p><i>"It's good [that CCA asks about non-medical needs] because a lot of people don't like to say that they're hurting for food or this or that."</i></p> </div>	<p><b>Policy Implications</b></p> <ul style="list-style-type: none"> <li>Medicaid Advantage plans could benefit funding in order to develop partnerships with consumers.</li> <li>Partnering with consumers in the design, implementation, and evaluation of interventions yields high satisfaction and closes gaps in care.</li> </ul> <hr/> <p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>The findings of this investigation reveal that partnering with consumers in the design stages of the assessment process will allow for positive outcomes, like high satisfaction with screening and identification of care gaps.</li> <li>Consumer insights were applied to redesign of the HRSN Assessment and Onboarding Assessment as well.</li> </ul> <hr/> <p><b>Acknowledgments</b></p> <ul style="list-style-type: none"> <li>This research project was conducted by Melinda Karp, Tiffany Hogan PhD. and Ursula Vesty in partnership with Commonwealth Care Alliance. Sarah Gees Bhosrekar served as the lead editor.</li> </ul> <hr/> <p><b>Contact Information</b></p> <table border="0"> <tr> <td>Melinda Karp Commonwealth Care Alliance 30 Winter St, Boston 02108 <a href="mailto:mkarp@commonwealthcare.org">mkarp@commonwealthcare.org</a> 857-772-2398</td> <td>Tiffany Hogan Commonwealth Care Alliance 30 Winter St, Boston MA 02108 <a href="mailto:thogan@commonwealthcare.org">thogan@commonwealthcare.org</a> 857-214-0187</td> </tr> <tr> <td colspan="2">Ursula Vesty Commonwealth Care Alliance 30 Winter St, Boston MA 02108 <a href="mailto:uvesty@commonwealthcare.org">uvesty@commonwealthcare.org</a> 857-383-9836</td> </tr> </table>	Melinda Karp Commonwealth Care Alliance 30 Winter St, Boston 02108 <a href="mailto:mkarp@commonwealthcare.org">mkarp@commonwealthcare.org</a> 857-772-2398	Tiffany Hogan Commonwealth Care Alliance 30 Winter St, Boston MA 02108 <a href="mailto:thogan@commonwealthcare.org">thogan@commonwealthcare.org</a> 857-214-0187	Ursula Vesty Commonwealth Care Alliance 30 Winter St, Boston MA 02108 <a href="mailto:uvesty@commonwealthcare.org">uvesty@commonwealthcare.org</a> 857-383-9836	
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