Better Partnerships to Better Health: Addressing Health Issues Among Women through Team-based Healthcare, Advocacy and Support Services through the Women's Health Initiative

STATE OF VERMONT, AGENCY OF HUMAN SERVICES, DEPARTMENT OF VERMONT HEALTH ACCESS, BLUEPRINT FOR HEALTH

- In Vermont, the Blueprint for Health is a state-led, nationally-recognized initiative for transforming health care delivery and payments in order to create an integrated, accountable health system where resources promote wellness and communities work together towards achieving better health for everyone.
- The Blueprint will attain desired outcomes by utilizing a process of health system research, design, implementation, and evaluation.

BETTER HEALTH OUTCOMES THROUGH THE BLUEPRINT PROCESS OF RESEARCH, DESIGN, IMPLEMENTATION AND EVALUATION:

- In Vermont, it is estimated that 50% of all pregnancies are unintended
- Unintended pregnancies may be associated with increased health risks, including:
  - Poor health outcomes for mothers and babies
  - Long-term negative consequences for health and well-being of children, including adverse childhood experiences (ACEs)

Women's Health Initiative Presentation (January 2017), The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Institute of Medicine, Committee on Unintended Pregnancy (1995) and Colorado Department of Public Health and Environment, Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception, January 2017.

WOMEN'S HEALTH INITIATIVE: RESEARCH-DRIVEN APPROACH TO BETTER HEALTH OUTCOMES

- For **infants**: Prematurity, infant mortality, increased likelihood of abuse, risk for future teen pregnancy
- During **pregnancy**: Delays in initiating prenatal care, at increased risk of physical violence
- For young **mothers**: Lower educational attainment, higher rates of unemployment or underemployment, poverty, risk for repeat pregnancy
- For young **fathers:** Lower educational attainment and lower income

Women's Health Initiative Presentation (January 2017), The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Institute of Medicine, Committee on Unintended Pregnancy (1995) and Colorado Department of Public Health and Environment, Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception, January 2017.

WOMEN'S HEALTH INITIATIVE: RESEARCH-DRIVEN APPROACH INFORMS INITIATIVE DESIGN

- Successful interventions may help lower risks
  - Increased access to contraceptive counseling has been shown to be an effective intervention for reducing the rate of unintended pregnancies
  - Psychosocial screening for early identification / identification, counseling and health interventions for women who may become pregnant may reduce risk(s)

Women's Health Initiative Presentation (January 2017), The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families. Institute of Medicine, Committee on Unintended Pregnancy (1995) and Colorado Department of Public Health and Environment, Taking the Unintended Out of Pregnancy: Colorado's Success with Long-Acting Reversible Contraception, January 2017.

RESEARCH-DRIVEN APPROACH TO DESIGNING AND IMPLEMENTING SUCCESSFUL INTERVENTIONS

- In Vermont, many women receive majority of their health care at OB-GYN and women's health clinics (phase 1).
  - Increase comprehensive family planning counseling
  - Provide timely access to long-acting reversible contraception (LARC)
  - Enhance psychosocial screening
- Women also access family planning and contraception through Patient Centered Medical Homes (phase 2).
  - Increase comprehensive family planning counseling
  - Provide timely access to long-acting reversible contraception (LARC)
  - Enhance psychosocial screening

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Non-medical health-related social needs drive health care utilization and impact health outcomes
- Clinicians routinely use assessment tools to screen for clinical and behavioral causes of poor health
- Health-related social needs are not universally assessed
  - Inadequate time
  - Inadequate training
  - Absence of established community referral infrastructure

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Criteria for Selected Categories:
  - High-quality evidence exists that establishes an association between the health-related social need and poor health or increased health care utilization and cost;
  - The identified need can be met by community service providers;
  - The need is not systematically addressed by health care providers.

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WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Three (3) Guiding Principles in Development of the Assessment Tool:
  - Consistent identification of the broadest set of health-related social needs that could be addressed by community service providers;
  - Must be simple and streamlined to ensure that its questions were readily understandable to broadest of audience across variety of settings and allowed for routine screening through inclusion into existing, time-limited clinical workflows;
  - Evidence-based and informed by practical experience.

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WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN

- 50 screening tools, more than 200 questions compiled and reviewed by a Technical Expert Panel.
- Technical Expert Panel's review and discussion concluded with recommendation of questions for inclusion into the AHC HRSN Screening Tool.

Box 2 | AHC Technical Expert Panel Members

Manik Bhat
CEO and cofounder of Healthify

Michael Bilton, MPP
Senior Director, Community Health and Benefit Dignity Health

Jacquelyn Campbell, PhD, RN, FAAN
National Program Director, Robert Wood Johnson Foundation Nurse Faculty Scholars

George Carter, PhD
Social Science Analyst, HUD's Office of Policy Development and Research

Amanda Cash, DrPH
Senior Advisor for Evaluation & Evidence, Department of Health and Human Services (HHS), Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Jon Delman, PhD, JD, MPH
Senior Researcher and Evaluator, Technical Assistance Collaborative

Eric Fleegler, MD, MPH
Emergency Medicine Physician and Health Services Researcher, Boston Children's Hospital

Deborah Frank, M.D.
Founding Director, Grow Clinic for Children, Boston Medical Center & Founding National Principal Investigator, Children's HealthWatch

Amy Freeman
Vice President, Ascension Health, President and CEO for Community Health

Arvin Garg, MD, MPH
Associate Professor of Pediatrics at Boston University School of Medicine and Boston Medical Center

Nancy Garrett, PhD
Chief Analytics Officer, Hennepin County Medical Center

Rocco Perla, Ed.D.
President, Health Leads

Donna Persaud, MD
Senior Medical Director, Parkland Center for Clinical Innovation

Michelle Proser, MPP, PhD
Director of Research, National Association of Community Health Centers (NACHC)

Amanda L. Reddy, MS
Director of Strategy and Impact, National Center for Healthy Housing (NCHH)

Nanette Relave
Senior Director of National I&R Support Center, National Association of States United for Aging and Disabilities

Nirav Shah, MD, MPH
Senior Vice President & Chief Operating Officer for Clinical Operations, Kaiser Permanente's Southern CA

Madeleine Shea, PhD
Deputy Director of the Office of Minority Health at the Centers for Medicare and Medicaid Services (CMS)

Sarah Szanton, PhD, ANP, FAAN
Associate Professor at the Johns Hopkins University School of Nursing and School of Public Health

Anita Yuskauskas, PhD
Coordinator and Instructor, Health Policy and Administration Program, PSU, Lehigh Valley Campus

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- CMS developed the AHC HRSN to identify needs across five core domains in a 10-question screening tool
  - AHC HRSN is intended to be answered by the individual (or a parent or caregiver on the individual's behalf)
- Housing Instability
- Food Insecurity
- Interpersonal Safety

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Housing Instability
  - Technical Expert Panel recommended including homelessness and substandard housing as the perception of need is different with various housing situations; housing instability would thus be assessed through 2 questions.
  - First question adapted from Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE) developed by the National Association of Community Health Centers and partners.
  - Technical Expert Panel recommended including "abandoned building, bus or train station" to align with the federal definition of homeless.

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Housing Instability: AHC HRSN
  - "What is your housing situation today?"
    - "I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train stations or in a park)."
    - "I have housing today, but I am worried about losing housing in the future."
    - "I have housing."
- Housing Instability: Current WHI
  - "Please let us know if either of these statements is true for you or your family."
    - "In the past 12 months, have you been homeless, missed rent or mortgage payments, or worried about where you would live?" yes/no
    - "During the next 12 months, do you anticipate any problems related to where you will live?" yes/no

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Food Insecurity
  - Adapted from the Hunger Vital Sign
    - Two (of the 18 questions) from the USDA U.S. Household Food Security Survey
    - Hunger Vital Sign has been shown to be sensitive, specific and valid when asked of low-income families
    - American Academy of Pediatrics recommends the two-question screening tool for universal assessment of food security
  - Technical Expert Panel recommended changes to the introductory text and question stems to "match the voice" of the other AHC screening tool questions.

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Food Insecurity: AHC HRSN
  - "Within the past 12 months, you worried that your food would run out before you got money to buy more?" Often true, Sometimes true, Never true
  - "Within the past 12 months, the food you bought just didn't last and you didn't have money to get more." Often true, Sometimes true, Never true
- Food Insecurity: Current WHI
  - "Please let us know if either of these statements is true for you or your family."
    - "Within the last 12 months, we worried whether our food would run out before we got money to buy more?" yes/no
    - "Within the last 12 months, the food we bought just did not last and we did not have the money to get more?" yes/no

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Interpersonal Safety
  - Adapted from the Hurt, Insult, Threaten, and Scream (HITS)
  - Technical Expert Panel recommended changes to the question stems to broaden the scope beyond Intimate Partner Violence (IPV) to include IPV, elder abuse, child abuse ("anyone, including family" instead of "your partner").

Billioux, A. et al. 2017. *Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool*. National Academy of Medicine, Washington, DC.

WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Interpersonal Safety: AHC HRSN
  - "How often does anyone, including family, physically hurt you?"
  - "How often does anyone, including family, insult or talk down to you?"
  - "How often does anyone, including family, threaten you with harm?"
  - "How often does anyone, including family, scream or curse at you?"
    - For all, answer options are: Never, Rarely, Sometimes, Fairly Often, Frequently
- Violence: Current WHI
  - "Do you ever feel unsafe in your home?" yes/no
  - "Are you scared that your partner or someone else might try to hurt you or your child?" yes/no

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WOMEN'S HEALTH INITIATIVE: RESEARCH INFORMS DESIGN AND IMPLEMENTATION

- Women who experience social needs are also served by community-based agencies.
- Building the skills of community agencies and organizations involves:
  - Increasing the understanding and identification of, and improving referral protocols for, family planning counseling, mental health conditions, substance use disorder, food insecurity, housing instability and intimate partner violence.
  - Development of referral relationships that are bidirectional and formally structured

Better Partnerships to Better Health: Addressing Health Issues Among Women through Team-based Healthcare, Advocacy and Support Services

The initiative is dependent on participation of both medical health practices and community organizations, forming a coalition:

- **Practice** – medical practices work to implement psychosocial screening, offer same day access to LARC, strengthen referral networks, and see clients within one week who are referred from community organizations for family planning.
- **Community** – local organizations who serve women with a particular focus or who work with specific subsets of the population (for example, parent child centers, mental health providers, substance use disorder treatment providers, intimate partner violence advocates, health department nurses, home health providers, etc.) work to build skills and referral pathways for family planning, psychosocial wellbeing, and primary care.

SPOKE REGIONAL PROFILE

- Demographic:
  - Age is consistent with other data
  - Females represent over half …
- Health Status:
  - 8.4% of beneficiaries receiving MAT at a Spoke had an occurrence of a maternity diagnosis

	Spoke	Non-MAT Opioid Addicted	Medicaid Statewide
Average Members	2,600	1,379	72,874
Average Age	33.2	35.5	38.1
% Female	53.5	49.3	56.7
% Maternity	8.4	3.2	3.6
% with Selected Chronic Conditions	51.5	59.2	35.2
% CRG Significant Chronic	46.1	47.3	21.8
% Depression	37.6	43.9	16.9
% Hepatitis C	13.2	12.0	2.3
% ADD	17.6	15.3	5.5
% Asthma	18.4	20.2	12.0
% Mental Health (Non-Substance Use)	75.2	81.4	40.7
% Other Substance Use	62.7	66.3	12.5
% Tobacco Dependence	63.9	64.3	23.1

HUB REGIONAL PROFILE

- Demographic:
  - Age is consistent with other data
  - Females represent over half …
- Health Status:
  - 6.1% of beneficiaries receiving MAT at a Hub had an occurrence of a diagnosis for maternity

	Hub	Non-MAT Opioid Addicted	Medicaid Statewide
Average Members	2,331	1,379	72,874
Average Age	33.8	35.5	38.1
% Female	53.5	49.3	56.7
% Maternity	6.1	3.2	3.6
% with Selected Chronic Conditions	46.4	59.2	35.2
% CRG Significant Chronic	41.5	47.3	21.8
% Depression	32.5	43.9	16.9
% Hepatitis C	20.2	12.0	2.3
% ADD	17.8	15.3	5.5
% Asthma	18.2	20.2	12.0
% Mental Health (Non-Substance Use)	69.3	81.4	40.7
% Other Substance Use	50.3	66.3	12.5
% Tobacco Dependence	59.1	64.3	23.1

SPOKE REGIONAL PROFILE

Cervical Cancer Screening*

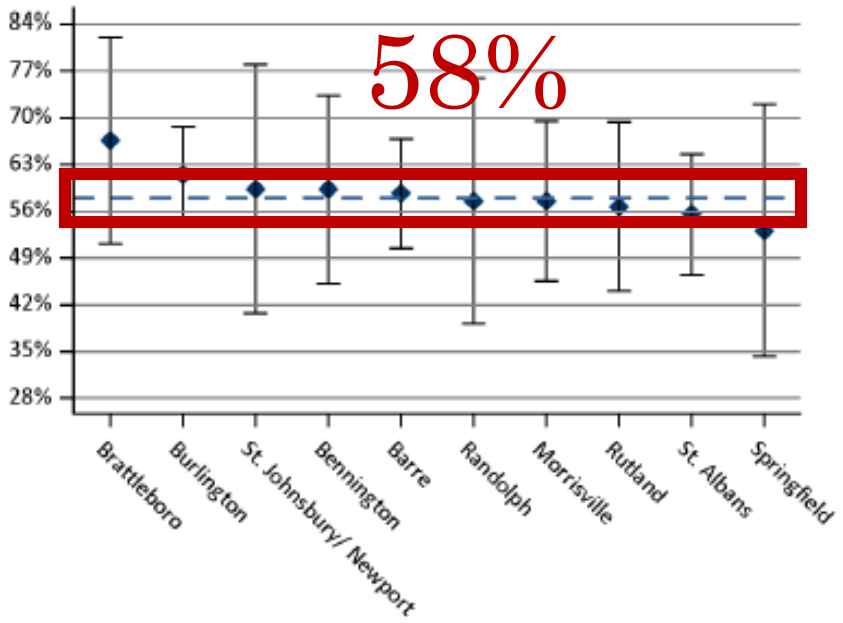

Figure 17: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members either (a) ages 21–64 years who received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or two years prior to the measurement year or (b) ages 30–64 years who received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the Spoke statewide average.

HUB REGIONAL PROFILE

Cervical Cancer Screening*

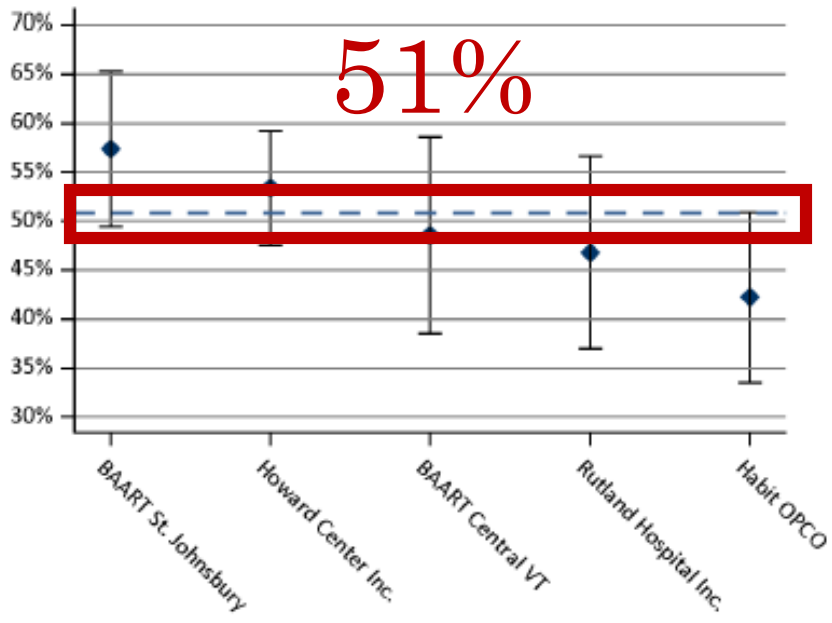

Figure 16: Presents the proportion, including 95% confidence intervals, of continuously enrolled female members either (a) ages 21–64 years that received one or more Papanicolaou (Pap) tests to screen for cervical cancer during the measurement year or two years prior to the measurement year or (b) ages 30–64 years that received one or more Pap tests to screen for cervical cancer during the measurement year or four years prior to the measurement year. The blue dashed line indicates the Hub statewide average.

- If we know that 8.4% of Medicaid beneficiaries receiving MAT at a Spoke and 6.1% of Medicaid beneficiaries receiving MAT at a Hub have an occurrence of a maternity diagnosis **AND** 58% or 51%, respective to Spoke or Hub statewide averages, of continuously enrolled female beneficiaries are receiving tests to screen for cervical cancer, is there a way can positively impact both measures?

- Exploring potential for phase 3 of the Women's Health Initiative

Inquiries and/or Discussion

Nissa L. Walke, Ph.D.
Assistant Director, Blueprint for Health
Department of Vermont Health Access
Agency of Human Services
State of Vermont

e: nissa.walke@vermont.gov