Connecting Vulnerable Seniors to Nutrition Assistance through a Managed Care Plan

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-In-Progress Webinar
October 26, 2022
12-1pm ET
Agenda

Welcome

Presenters:

Ashley Humienny, MBA
Benefits Data Trust
Joan Eichner, DrPH,
Elaine Kwok, PhD

UPMC Center for High Value Health Care

Q&A
Ashley Humienny, MBA is the Director of Healthcare Innovation at Benefits Data Trust. She oversees the organization’s healthcare business. She is responsible for setting and driving BDT’s healthcare strategy, including current project success, partnership development, and evolving offerings. Her expertise includes healthcare technology, non-traditional care models, and market strategy.

Ashley earned her B.A. from the University of Pennsylvania and her M.B.A. from Duke University’s Fuqua School of Business.
Joan Eichner, DrPH, is the Director of Operations and Evaluation with the UPMC Center for Social Impact. She designs, implements and evaluates social interventions that blend healthcare and community-based resources to address social needs. Her graduate work was in behavioral and community health sciences at the University of Pittsburgh.
Elaine Kwok, CCC-SLP, PhD is a Health Services Researcher at the UPMC Center for High-Value Health Care. She conceptualizes and conducts program evaluation in health care systems, often using mixed-methods approaches. Her PhD is in Rehabilitation Sciences from the University of Western Ontario.
About Benefits Data Trust

BDT is a national nonprofit that connects people to essential public benefits programs while treating them with dignity and respect. Since 2005 we've helped people submit more than 1.2 million benefits applications.

We work with healthcare organizations to help their members and patients:

- Apply for a range of public benefit programs for which they’re likely eligible
- Improve their health.
- Lower healthcare costs by reducing utilization of avoidable services.
The Problem: What’s Left on the Table

More than $80 BILLION in government assistance goes untapped nationally.

- Healthcare: Medicaid/CHIP
- Broadband: Affordable Connectivity Program (ACP)
- Tax Credits: Earned Income Tax Credit (EITC)
- Food: SNAP and WIC
- Financial Aid: Pell Grants

*BDT estimate based on federal data and reputable third-party sources.*
Barriers to Enrollment

I can’t afford my groceries

1. I thought I wasn’t eligible
2. The application is confusing
3. I couldn’t make an interview during work hours
4. I sent the wrong documents
We specialize in **comprehensive, person-centered application assistance** to help people access all the public benefit programs for which they are eligible.

BDT provides direct assistance to tens of thousands of individuals per year to help them apply for public benefit programs.

Our **benefits specialists** screen members for eligibility and **submit the applications** on the client’s behalf for multiple benefit programs – **on one phone call**.
UPMC Center for High-Value Health Care

- Established in 2011 as a nonprofit research organization, owned by UPMC, housed within the UPMC Insurance Services Division
- Goals:
  - Enhance visibility and promote innovation through **externally-funded research** that supports/leverages ongoing work across the UPMC Insurance Services Division
  - Support **innovation and growth** through a collaborative rapid cycle evaluation and learning process
  - Broadly **disseminate findings** through an active agenda of publication and presentations to spotlight UPMC’s unique IDFS value proposition
Overview of Community HealthChoices

Eligibility Criteria

Community HealthChoices uses managed care organizations to coordinate physical health care and long-term services and supports (LTSS) for:
- older persons;
- persons with physical disabilities;
- Pennsylvanians who are dually eligible for Medicare and Medicaid.

UPMC Community HealthChoices
CHC Zones
Current evidence on SNAP enrollment and health

Food insecurity and health:
- 10.5% of the overall U.S. population is food insecure
- Food insecurity is linked to poorer health, especially in:
  - Black and Latinx,
  - young children
  - older adults,
  - chronic conditions
- May be due to poor diet from inexpensive, energy-dense food
- SNAP supplements the food costs for low-income individuals

SNAP benefits and health:
State-level data suggest SNAP recipients have
- Reduced
  - emergency room visits
  - in-patient admissions
  - length of hospital stay
  - long-term care / nursing home admissions
- Lower health care costs, especially among chronic condition groups
- Improved medication adherence
Partnering with healthcare to address social needs

In 2018, BDT and UPMC formalized a partnership to:

- Identify UPMC’s CHC members who were eligible for but not receiving SNAP (the Supplemental Nutrition Assistance Program) by matching UPMC member lists with state lists;
- Conduct targeted outreach to these members via mail, directing them to BDT’s contact center; and
- Provide comprehensive application assistance to members, including document assistance, follow up, and completion of the application on behalf of the eligible UPMC member.
Research Design

- Quasi-experimental waitlist design:
  - 66% of CHC members randomized to immediate outreach (intervention group)
  - 33% randomized to delayed outreach (control group)

- Primary independent variable: SNAP enrollment

- Primary dependent variable: Hospital utilization within 12 months after SNAP enrollment
  - Secondary outcomes included other utilization and cost outcomes (e.g., medication adherence, ED visits, cost of care)
Current study design

- Dual-(Medicaid, Medicare) eligible members
- Matched 1:2 on age, race, gender, comorbidities, geographical locations (area deprivation index, zip codes)

Comparison (N=1320)

SNAP (N=661)

Newly SNAP enrollees
Maintained at least 12m of SNAP benefits
Participant Characteristics

Gender

- Female: 60%
- Male: 40%

Race

- White/Caucasian: 84%
- Black/African American: 13%
- Others: 2%
- Not provided: 1%
Participant Characteristics

Age
- 21-50: 6%
- 51-60: 12%
- 61-70: 23%
- 71-80: 25%
- 81+: 34%

Geographical Area
- Rural: 19%
- Urban: 81%
## Outcomes compared

### Health Utilization
- Inpatient admission
- ER visits
- Unplanned Care

### Cost data
- Medical
- Pharmacy
- Total cost of care
SNAP enrollment did not predict

- Inpatient admission
- ER visits
- Unplanned Care
SNAP group had 16% less total cost of care

**What** was the cost driver?
- Pharmacy cost
- No impact on medical cost

**Who** was the cost driver?
- NFI subgroup
Discussion of findings

What we found....
- Reduction in total health care cost
- SNAP enrollment effect persisted for at least 2 years
- Driven by reduction in pharmacy costs
- More apparent in the healthier subgroup

What we didn’t find....
- Reduction in health utilization
- Reduction in medical costs

Why?
- Possibly due to COVID?
- Possibly that health utilization takes longer to manifest?
Questions?

www.systemsforaction.org

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Acknowledgements

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