

Addressing Social Determinants of Health in Response to COVID-19

The CMT is interested in understanding how MMPs are addressing social determinants of health in their response to COVID-19. Please indicate if your MMP has implemented COVID-related benefits, outreach, or other strategies in each of the areas below (Yes/No). If Yes, please provide one or two brief examples/additional detail regarding how your MMP is addressing the area. Please also note whether the strategies are new/expanded as a result of COVID-19.

Social Determinant of Health	Included in COVID-19 Response Efforts? (Yes/No)	If Yes, Provide Brief Examples/Additional Detail
Food insecurity (meals, grocery delivery)	Yes	<p>During COVID-19, CCA has relaxed the criteria for home delivered meals, extending the service available to a growing number of members who are faced with food insecurity challenges during COVID-19.</p> <p>In addition, CCA developed a new Resource Specialists Health Outreach Worker (RS-HOW) role, responsible for compiling a resource guide and daily telephonic outreach to community organizations, with the aim of having the most up-to-date data of resources members can access. These include but are not limited to community-based formal and informal food and meal supports, such as brown bag lunches, grocery or food delivery, mobile food banks, and operating information for local food pantries that can be accessed with the support of CCA's transportation benefit. Also included are special senior hours of food/groceries stores, supermarkets, and pharmacies, and state and federal updates related to benefits such as SNAP. These HOWs have additionally kept abreast of changes to local offices, such as DTA and WIC, that can provide assistance with food benefits for the CCA member population.</p> <p>In order to provide SDoH live support to our clinicians in the field meeting with members, the CCA HOW Team designated a team of Health Outreach Workers to remain available to respond to any request for psychosocial support for members identified with urgent SDoH needs, primarily members with significant food and housing insecurity. Clinicians in the field are provided with weekly HOW of the Day (HOTD) calendars, including direct phone numbers, where clinicians could call with or on behalf of the members to receive live support to assess and address members' social needs. Another function of this team is to support CCA interdisciplinary care partner teams with questions related to their members' SDoH needs. This HOTD team has access to the resource guide described above.</p>
Nutritionally tailored meals	Yes	<p>CCA collaborated with Massachusetts General Hospital and the AARP Foundation to create a pilot in which a select group of CCA members received medically-tailored meals from our partner Community Servings, a food and nutrition program. The pilot created two groups of members in which CCA paid for meals tailored for those with diabetes, HIV/AIDS, cancer, heart disease, kidney disease, and other life-threatening illnesses, and a second group of members received non-tailored meals. Participants in both meal programs experienced fewer ED visits and emergency transportation services than in the control groups; only medically-tailored meal participants had fewer inpatient admissions, with a 16 percent net reduction in health care costs. Medically tailored meal participants had a total medical care cost of \$843 per month vs. \$1,413 per month for the comparison group. Through COVID-19, our partnership with Community Servings to provide nutritionally tailored meals has continued.</p>
Housing	Yes	<p>During COVID-19, CCA has dedicated a specialized health outreach worker team to helping homeless and housing-insecure individuals find housing and reducing risk of transferring COVID-19 among homeless populations. The HOW-created resource guide includes housing resources for at-risk homeless members and homeless COVID-positive members. The RS-HOW team maintains an updated resource guide that clinicians can use to best support members' SDoH needs. They also communicate time sensitive resources to the care teams and subsequently to members. Approximately 500 CCA members received some type of housing assistance from our HOWs, like housing application assistance, rental assistance resources, housing education, and other general housing assistance.</p>

Transportation	Yes	Given the COVID-19 pandemic, CCA has enabled members to access basic necessities, pharmacies, and supermarkets while remaining in their homes by allowing caretakers and family members to travel using the transportation benefit to obtain necessary items and minimize exposure and transmission for our vulnerable members. Moreover, our transportation rides are limited to single users; no multi-load rides are permitted during this time to ensure additional safety.
Mitigating loneliness/social isolation	Yes	Since COVID-19, CCA is expanding our deployment of LifePod remote patient monitoring devices for members who meet appropriate clinical criteria. These voice-driven remote monitoring devices will enable care teams to check in with members and identify social, behavioral health, and medical needs during this pandemic that would have previously been identified during home visits. The LifePod devices have shown to help address social isolation, provide medication reminders, and educate members about how to protect themselves from and identify symptoms of COVID-19.
Risk mitigation of COVID transmission (disinfectants or PPE for members with possible exposure, education on hygiene and cleaning)	Yes	Since mid-March, CCA has approved personal care equipment consistent with CDC guidance for scrupulous hygiene and infectious control measures. We have removed restrictions for authorizations for equipment, including gloves, hand sanitizer, soap, sanitizer wipes, and masks. In the event that a PCA needs to care for a quarantined member, CCA will cover PCA equipment, including goggles, masks, gloves and gowns, although we recognize the challenges associated with the related supply chain. In addition, CCA newly launched the Member Support Program to help CCA members cover the costs of urgent needs during the COVID-19 emergency. Members can receive up to \$100 of health and wellness items that will enable them to remain comfortably distanced during this time, avoiding unnecessary acute care settings.
Outreach to specific groups of members (e.g. limited English proficiency, cultural or ethnic groups)	Yes	Members at high-risk for behavioral health crisis or overdose are receiving close and consistent virtual contact by our addiction specialists and behavioral health specialists. 462 other referrals for SDoH assistance were successfully addressed with our members for needs such as phone assistance, cultural and linguistic support, provider engagement, medical forms, and applications.

<p>Alternative HCBS to reduce risk of hospitalizations (e.g. daily wellcheck calls)</p>	<p>Yes</p>	<p>With COVID-19, CCA has proactively outreached and visited members at highest risk for hospitalization, with the goal of keeping them safely in the community and avoiding an unnecessary hospitalization. From the beginning of this public health emergency through mid-May, CCA care teams have conducted over 50,000 virtual engagement activities with members. By outreaching every member, we have successfully engaged 97 percent of SCO members and 87 percent of One Care members in the past 90 days; we continue to outreach members who have not responded to our calls, have recently been out of the country, or for whom we have outdated or incorrect contact information. We have also connected with over 25,400 members through wellness outreaches and have completed our COVID-19 screening nearly 28,000 times.</p> <p>Through close collaboration with Aging Services Access Points and Independent Living Centers, CCA's internal LTSS response workgroup adapted a best practice LTSS Priority Ratings tool to identify high-risk members based on medical complexity, functional ability, and informal supports that can assist during the emergency. We are identifying members at highest risk of losing LTSS access, like personal care attendant (PCA) services, and would have potential for adverse outcomes as result. Care partners, Geriatric Services Support Coordinators, and Long-Term Supports Coordinators received special training and are updating each member's LTSS priority rating through knowledge of member needs and wellness checks.</p> <p>In early March, CCA identified members at high risk for a poor outcome should they be infected with COVID-19; these members have one or more key conditions, such as chronic obstructive pulmonary disease, diabetes, frailty, homebound, respiratory-dependent, among other chronic conditions. Of the members identified as high risk, 96 percent have been successfully contacted and have had a wellness assessment completed. To help monitor symptoms and risk factors, we have leveraged Google Cloud Looker which aggregates the most up-to-date data into one easy-to-use view. This tool enables us to continuously risk stratify our members for potential loss of services and poor clinical outcomes, thus providing real-time prioritized member engagement. In addition, we are integrating Department of Public Health city infection rates with the addresses of our high-risk members to identify hot spot areas of our membership and inform member engagement around preventative and social distancing guidelines. We are also performing automated contact tracing between our staff and members.</p>
<p><i>Add additional rows for any other relevant areas</i></p>		