Investing upstream:
New ways healthcare institutions are improving care and social determinants of health like financial security

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Prosperity Now
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About HealthBegins

We improve care and “upstream” social determinants of health

Client partners range from health systems and plans to self-insured employers and foundations.

What we do:
• Design strategy
• Drive improvements
• Transform systems
Bottom Line Up Front

• In healthcare, moving upstream is becoming mainstream

• Healthcare institutions have a role in financial security and well-being
  • New models of care
  • Institutional investments
  • Institutional responsibility
Moving upstream is becoming mainstream
Costs Fell by 11% When Payer Addressed Social Determinants of Health

The group reporting that all their social needs were met experienced an 11 percent reduction, or $2601, in total healthcare costs in the year after social service referrals.

...the medically tailored meals program yielded net savings of $220 per patient, while the non-tailored program saw $10 in net savings.

Meal delivery programs reduce cost of healthcare in dually eligible Medicare and Medicaid beneficiaries

About 13 percent of U.S. households report food insecurity.
CMS, the health payer of record, is testing an approach to identify and address health-related social needs among Medicare and Medicaid beneficiaries.

HealthBeginssupports the Accountable Health Communities model.

Goal: Reduce health care utilization and cost.

Disclosure: In 2017, CMS selected HealthBeginss, along with Mathematica Policy Research and Center for Health Care Strategies to provide implementation and learning system support for AHC bridge organizations.
Healthcare plays an important role in financial security and well-being
Emerging models of upstream care directly related to financial well-being

Meet the Canadian doctor who prescribes money to low-income patients

Boosting people’s incomes to help boost their health outcomes — could this model work in the US?

By Sigal Samuel  May 3, 2019, 10:40am EDT

General practice / Family practice
Research

A novel income security intervention to address poverty in a primary care setting: a retrospective chart review

Marcella K Jones¹, Gary Bloch²,³, Andrew D Pinto²,³,⁴,⁵
Healthcare plays an important role as an institutional investor
The challenge

While upstream spending is increasing, it’s managed inconsistently.

In 2011, non-profit hospitals spent $4.4 billion on community health improvement and contributions to community groups. This amount is increasing.

Instead of managing piecemeal pilots and programs, health systems and payers need to manage a portfolio of proactive investments* to address upstream social determinants of health.

*Proactive investments include but are not limited to Community Health Improvement Services, Community Building Activities as well as Health Professions Education, Research, & Subsidized Health Services.
Upstream Investment Planning

SDH Focus Areas:
- Food Security
- Housing Stability
- Transportation
- Financial Wellbeing
- Social Connection

Track Returns on Investment
Using *Upside*, a software platform developed by HealthBegins, hospital leaders, grantees, and community stakeholders track health, social, and financial returns of Community Health Investments in SDH Focus Areas. Portfolios are adjusted based on performance.

Reinvest upstream
Enabled by *Upside* and technical assistance from HealthBegins and other strategic partners, hospital leaders and community partners reinvest portfolio returns into place-based, cross-sector community health initiatives.

Manage community health investments, not just programs
HealthBegins helps health system leaders visualize data, develop insights, and assign performance metrics to programs, moving from just reporting on programs to proactively managing their own Upstream Investment Portfolio for Community Health.
Healthcare institutions have a responsibility to do no financial harm
Like all social determinants of health, financial insecurity in America has been shaped by a history of racism and income inequality.
More than 1 in 3 Americans struggle to afford the cost of their medical care

Medical expenses put 10.5 million Americans in poverty in 2016, making it the largest contributor to increasing the number of individuals in poverty.

Over 40 million Americans owe about $75 billion in past-due medical debt.

“We had insurance we could afford and still wound up with huge medical bills after a sickness and hospital stay. The following year, 2015, our monthly premium doubled. Our monthly went from $440 to almost $900. We divorced so that the kids and father could be on Medicaid. We had no choice but to legally divorce.”

– Joseph Gilbert

We helped form the Campaign to End Medical Debt

In 2017, founding partners with complementary strengths formed the Campaign, a nonprofit coalition.

Debt abolition experts

Healthcare & social determinants experts

Health economic evaluation experts

We abolished $2 million in medical debt

for over 1,000 families in Los Angeles/Ventura counties.

Join us to forgive and prevent debt for many more.

As a coalition, we work with a growing number of allies, advocates, and experts.
Healthcare must help prevent medical debt

Educate patients about their right to ask for:
- A complete itemized bill
- Bill reduction
- Bill forgiveness, and/or
- A 0% interest repayment plan
- Resource: An American Sickness by Elisabeth Rosenthal

Strengthen links to nonprofit financial counseling services
- Resource: Prosperity Now, National Foundation for Credit Counseling
- Other resources to compare prices at other hospitals. Healthcare Bluebook & Clear Health Costs

Strengthen hospital Financial Assistance Policies (FAPs) and community health improvement efforts
- Resource: Community Catalyst
Employers can help prevent medical debt

Make contributions to HSAs, especially for lower-wage workers, and establish wage-based benefit design

- Employees with high-deductible health plans (HDHPs) are more likely to report medical bill problems than those in plans with lower deductibles (26% vs 15%).

- The adverse effects of HDHPs are greatest among lower-wage workers.
  - Resource: National Alliance of Healthcare Purchaser Coalitions, Action Brief
Self-insured employers are stepping up efforts to improve financial health

Comcast Ventures invests in Brightside, a new financial health startup

By Michael Yang | May 07, 2018
Thank you!