A Spotlight on Aligning Clinical Partners to a Collective Vision to Address Health-Related Social Needs

Rocky Mountain Health Plans (Rocky Mountain), a United Healthcare company, is a healthcare payer based in Colorado and a participant in the Accountable Health Communities (AHC) Model. Rocky Mountain partners with almost 70 clinical sites (including emergency departments, primary care providers, and local public health departments) in rural western Colorado to screen Medicare and Medicaid beneficiaries for health-related social needs (HRSNs) and provide beneficiaries with community resource referral and navigation to address their needs. This spotlight describes Rocky Mountain's multifaceted approach to engage clinical partners in a collective vision for addressing HRSNs regionally.

A MULTIFACETED APPROACH TO ENGAGE CLINICAL PARTNERS

Rocky Mountain's core goal in participating in the AHC Model is to enable a culture shift among clinical providers in western Colorado to prioritize beneficiaries' HRSNs in addition to clinical needs in their practices. The largest barrier to accomplishing this is staff time and capacity to address HRSNs; compared with other clinical and practice management tasks, identifying and addressing HRSNs was a low priority for clinical sites. Rocky Mountain sought to overcome this challenge using a multifaceted approach to encourage clinical sites and their staff to recognize the urgency of addressing HRSNs.

Learning collaboratives to internalize the importance of addressing HRSNs. Clinical sites have access to optional, regional monthly learning collaboratives to discuss topics related to social determinants of health (SDOH) and addressing HRSNs. Rocky Mountain partners with five regional organizations, known as community leads, to facilitate the learning collaboratives and develop an annual curriculum based on clinical sites' feedback. Topics such as interpersonal violence are covered each year. The collaboratives expand clinical sites' capacity to effectively address HRSNs and enable a deeper understanding of why it is important.

Using data to get to know the patient population. Rocky Mountain sends clinical sites weekly emails that summarize their HRSN screening rates. Rocky Mountain also shares a patient population dashboard every month using screening and navigation data that clinical sites enter into a common health information exchange (HIE), as well as other data points from the HIE like emergency department utilization. The dashboard shows population trends, such as types of HRSNs screened through the clinical sites by patient age, gender, and income. Through the dashboard, Rocky Mountain and clinical sites uncovered some unexpected trends in their communities. For example, the reported incidence of interpersonal violence among men is almost equal to that among women. Also, social isolation was most common among adolescents and young adults.

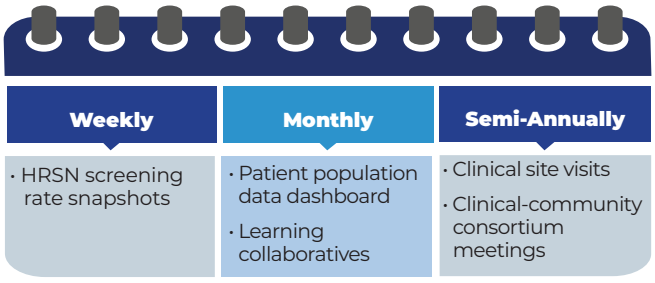
Community leads apply regional contexts to address HRSNs

Rocky Mountain partners with five regional organizations, known as community leads, to help with partner engagement and accountability across the vast, rural geography of western Colorado. Before the AHC Model, these organizations had experience linking clinical and community partners. With support from Rocky Mountain, they were able to expand and enhance these partnerships to promote HRSN screening, referral, and navigation. In their work with Rocky Mountain, community leads:

- Identify gaps in community resources and implement strategies to fill resource gaps
- Engage relevant regional advisory boards
- Plan regional learning collaboratives and semi-annual consortium meetings
- Manage clinical partner engagement through regular check-ins

Rocky Mountain's strategic partnerships with the community leads ensure efforts to address HRSNs will continue at clinical sites in western Colorado, as the AHC Model added to the momentum of these organizations.

Figure 1. Aligning partners to a collective vision requires regular and consistent engagement



Connecting with clinical partners to encourage shared accountability. Rocky Mountain conducts site visits at each clinical site every six months to encourage shared accountability. The visits give clinical sites an opportunity to provide feedback to Rocky Mountain and seek targeted support and technical assistance. During the site visits, Rocky Mountain and the clinical sites discuss HRSN screening and navigation workflows, emerging HRSN trends in the community, and efforts to advance SDOH more broadly. In 2021, Rocky Mountain and clinical sites discussed regional efforts to address food insecurity and opportunities to deepen the clinical sites' SDOH efforts by serving as a distribution point for local food banks.

Strengthening clinical-community partnerships through consortium meetings. Rocky Mountain developed a consortium to provide ongoing governance and feedback on screening, referral, and navigation implementation. All clinical sites and community partners from across western Colorado are invited to attend semi-annual consortium meetings, which offer an opportunity to enhance regional partnerships, build capacity to address HRSNs, and provide education and inspiration on topics related to SDOH. Meetings are optional and planned by the community leads, who tailor the content based on partners' needs identified throughout the year.

"Knowing intellectually that addressing HRSNs is important is different from prioritizing activities to address needs above other clinical activities. To ensure this work is successful in a clinical setting, it can't be on the list of to dos, it has to be near the top." —**Kathryn Jantz, AHC Model Director, Rocky Mountain Health Plans**

FROM THE PARTNER PERSPECTIVE: ACHIEVING BUY-IN FROM FRONTLINE STAFF

Clinical site leaders use collaborative learning and data provided by Rocky Mountain to encourage buy-in among staff conducting HRSN screening, referral, and navigation workflows.

Enhancing frontline staff experience. Clinical site leaders encourage staff to review HRSN screenings to uncover areas of need among the patients they encounter, giving staff a stake in each patient's care. Staff then have an opportunity to track patients' progress over time to see the results of their efforts. Clinical sites also share the data they receive from Rocky Mountain with staff to discuss trends in HRSNs within their community.

Building systems capacity by investing in frontline staff. At many clinical sites, front-desk staff conduct HRSN screening at check-in. Rocky Mountain learned through a recent survey of its clinical sites that many of the staff conducting HRSN screening have needs themselves. To support HRSN screening staff, Rocky Mountain provides gift-card incentives for meeting mutually agreed-upon screening goals. To sustain efforts to address HRSNs, community leads emphasized the need to provide front-desk staff with training and career growth opportunities, in addition to higher pay.

Pro tip: Complement educational opportunities with opportunities to inspire

Rocky Mountain recognized the importance of inspiring and empowering clinical site staff to address HRSNs in addition to educating them on how and why to do so. Inspiration was a core focus of the statewide, in-person consortium meeting in April 2019. Rocky Mountain hosted 145 attendees, including representatives from clinical sites, who participated in activities like a simulation to increase awareness of the impacts of poverty on individuals' lives and day-to-day decisions. Following the meeting, between March and May 2019, Rocky Mountain's offers to screen increased by 160 percent. To replicate this for the consortium meeting in 2021, which occurred virtually due to the COVID-19 public health emergency, Rocky Mountain produced a video highlighting clinical sites' successes and lessons learned.

Signs of a culture shift

During the COVID-19 public health emergency, Rocky Mountain saw a decrease in HRSN screening, referral, and navigation activities as clinical sites shifted their priorities to address the emergent clinical needs of their patients. However, community leads shared feedback that although formal HRSN screening had decreased, physicians continued to ask about patients' HRSNs during their scheduled visits, demonstrating a shift toward treating the whole person.

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