2022 Provider Newsletter

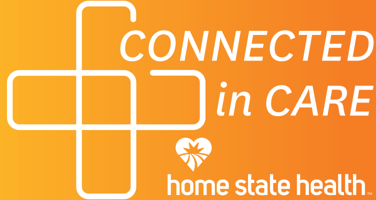
Resources for Closing Gaps in Care

Welcome back to Connected in Care from Home State Health, our newsletter developed specifically for providers with a focus on helping get the right care, in the right place, at the right time. Even as the prevalence of COVID-19 diminishes, we can still feel the effects of the pandemic on the healthcare system and on our world around us. Although we are slowly returning to a state of normalcy, there is still work to be done in assisting others to gain access to care.

In this issue, we will discuss the ways in which Home State Health, providers, care managers, and other healthcare professionals are working to close the care gaps in our system and provide better outcomes for everyone. We'll also be looking at the importance of health equity in relation to HEDIS and the essential support that the Start Smart for Your Baby® program offers new and existing parents.

Without your continued dedication, many would struggle to get the support they need. And for that, we thank you. We hope these resources help to continue closing the gaps in healthcare, and to better serve you in the fantastic work being done for our members.

Together, we are all connected in care.



Start Smart for Your Baby® Offers Crucial Support, Results in Better Outcomes

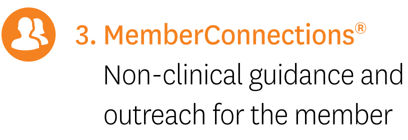
A healthy pregnancy that results in a healthy, full-term baby is the gold standard for OB-GYNs. Start Smart for Your Baby® provides a wide array of benefits to members, with additional interventions available to high-risk patients. Services range from assistance with basic needs like transportation, lodging, and food, to a rewards program that encourages preventive care visits and information about pregnancy and newborn care. There's also a robust focus on mental health both before and after delivery.

The process of connecting a patient with these services begins with their OB-GYN sending a Notification of Pregnancy (NOP) to Home State Health. All NOPs are carefully evaluated for risk factors, and members are referred to the Start Smart for Your Baby program. From there, a care manager reaches out to begin the process of supporting the pregnancy. Jessica Imming, Senior Manager, Program Management says, "We focus on empowering new and expectant parents to take care of their own health and connecting them with the support they need to do that."

Within the program, one-on-one interventions fall into four main areas of focus:

1. **Care Management**
   Clinical guidance for the member throughout their pregnancy

2. **Care Coordination**
   Management of substance use and Social Determinants of Health (SDOH)



3. **MemberConnections®**
   Non-clinical guidance and outreach for the member throughout their pregnancy

4. **ConnectionsPlus Phone**
   Phone services for high-risk members without reliable access

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Additional interventions include incentive programs such as the My Health Pays® rewards program, baby showers, birthday parties, a neonatal admissions program, and perinatal depression screening, all of which are aimed at encouraging preventive care that supports a healthy, full-term pregnancy. Care managers can connect members with community resources they may not be aware of. Imming says, "We're able to bridge gaps for things like assistance with utility bills and daycare."

Most care managers are OB-trained and can answer any and all questions a parent may have. That emotional support can be invaluable during a stressful, high-risk pregnancy. "Outside of quick OB visits, this gives the member someone they can talk to, anytime, about any questions or concerns they have," says Imming.

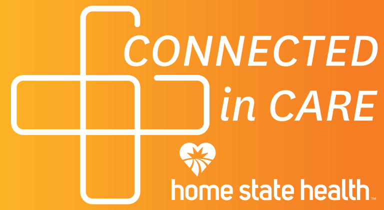
After delivery, Home State Health members are provided with 60 days of benefits, and the program ends once Medicaid coverage ends.

Care managers work with members to either reapply for Medicaid or secure other coverage if their coverage is ending.

The Start Smart for Your Baby program provides crucial interventions that can make a huge difference in pregnancy outcomes. Imming says, "We have proven that this kind of engagement reduces preterm deliveries, low birth weights, and neonatal admissions, and helps avoid the financial and emotional stress of caring for a preterm baby." The best way for providers to help expectant parents is to include all risk factors and accurate contact information when filling out an NOP.

Reach out to your Home State Health contact to find out what services are available to your patients.

Jessica Imming
Senior Manager, Program Management



Health Equity, SDOH, and How They Relate to HEDIS

Health Equity and Social Determinants of Health (SDOH) are key strategies used by healthcare providers

Health Equity is the cumulative process of addressing macro and micro injustices that impact or impede the ability of any individual to reach their best health outcome. This includes social, economic, health and other policies that impact individual autonomy. Health equity recognizes and addresses historical trauma caused by racism, sexism, bias and other injustices. Equitable healthcare works to negate the impact of structural and institutional discrimination in all its forms and to define and facilitate equitable outcomes for all persons.

SDOH are underlying, community-wide social, environmental, and economic conditions in which people are born, grow, live, work, and age. They impact individual needs; one example is food deserts.

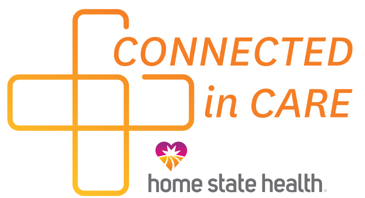
Health inequities affect individual patient outcomes by creating access barriers and driving poor outcomes to healthcare. While these conditions have existed in the U.S. for a very long time, the pandemic brought renewed attention to the impact of inequity. Death rates for minoritized and marginalized communities from COVID-19 were between 3-6 times the rates of the majority population. There are some clear steps providers can take to identify and address equitable quality health outcomes within their patient population:

1. Training – In addition to reaching out to Home State Health for specific needs, the Centene Institute offers free continuing education courses such as "Cultural Humility and Unconscious Bias in Healthcare." There are numerous national and provider association trainings on health equity, bias, cultural competency, structural racism and social determinants of health. We encourage our network providers and their staff to become health equity literate through these widely available resources.

2. Partnering with the Home State Health provider engagement team to identify resources and community organizations that may be able to address the social needs of your patients. As a health plan, we want to help you to close the social gaps for your patients while you meet their medical needs.

3. Working to overcome unconscious bias in order to provide more culturally appropriate services. Look at your institutions and practices to identify opportunities to create a more inclusive environment. What does equity look like for you, your staff, your patients, and your community?

4. Using "teach back" methods, such as reflective listening and empathy, to understand what patients and staff need. Empathy is a learned model of reflective listening and true partnership. In what ways do your care models demonstrate empathy?



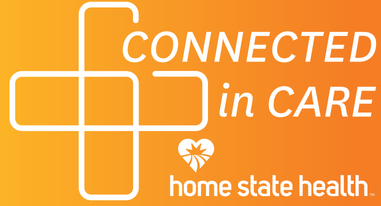
Health Equity, SDOH, and How They Relate to HEDIS

Additionally, Home State Health can often help providers address health inequities through a variety of resources. Dr. Gloria Wilder MD MPH, VP, Innovation and Health Transformation Business Development, says, "There's an opportunity for change through partnerships with providers, community organizations, and the health plan. Each group brings a different piece of the puzzle to address social needs and improve health equity. We recognize the needs of providers and their staff. You can't pour from an empty cup. Empathy is demonstrated by efforts to reduce provider burnout while improving access to care." Below are some examples of how partnerships have helped to advance health equity.

- Boosting patient annual wellness visits and partnerships with trusted community organizations in marginalized and minority communities by eliminating barriers to care through provision of transportation and technology solutions.
- To improve cancer screening rates, Home State Health can sometimes partner with community leaders to help bridge care gaps related to cultural sensitivity issues.
- To raise immunization rates among populations that don't have the flexibility to attend clinics during business hours due to work obligations, Home State Health can help bring appointments to members via mobile immunization vans and/or helping the primary care providers expand hours.

When it comes to promoting health equity and improving health outcomes, Dr. Wilder says, "Our goal is to support local, social, and health leaders to build alliances that drive quality outcomes for all. Our health plans have strong teams in place locally and nationally, working diligently on building equitable infrastructures to support local change. We believe strong partnerships provide a tremendous opportunity for shared impact."

Dr. Gloria Wilder
MD MPH, VP, Innovation and Health Transformation Business Development



Closing Gaps In Chronic Disease Management Through Teladoc® and Babylon

At the beginning of the COVID-19 pandemic, on top of dealing with a global health crisis, doctors faced a serious problem: helping patients with chronic conditions. These people who relied on preventive care, ongoing visits, lab tests, and other means to manage their diseases were now finding it impossible to gain access to nonemergency care.

In the early stages of the pandemic, it was widely agreed-upon that patients should only go to their provider's office if absolutely necessary. But soon, that idea turned into a question for healthcare providers. Is there a way to provide some of the assistance a patient could get from urgent care in their own home?

Much of society pushed toward a more virtual world during the lockdowns – and healthcare was no different. Within months of the first lockdown, Centene met the problem head-on and made a successful leap into providing more help through virtual care than ever before.

"We really doubled down on telehealth so our existing provider networks could be available to deliver care to their members during the pandemic." said Gale Patterson, Staff Vice President of Provider Engagement. "We already had a broader relationship with Teladoc; Babylon was just in a couple of markets, but we went through the process of expanding our networks through those services."

Dr. Vincent Nelson, Corporate Senior Vice President and Deputy Chief Medical Officer, knows that, prior to the pandemic, many providers had not used virtual care. But once it was needed, telehealth was quickly adopted. Dr. Nelson said,

"If there's a bright spot that occurred during the pandemic, it's the significant increase in adoption of, and even preference of, many providers utilizing telehealth to care for their patients."

Dr. Vincent Nelson
Corporate Senior Vice President and Deputy Chief Medical Officer

Closing Gaps In Chronic Disease Management Through Teladoc and Babylon

These platforms gave providers training on technology best practices and how to effectively deliver care in a virtual setting. Patterson said, “There’s a lot about virtual care that’s different in terms of understanding how to get patients to describe more specifically what they need help with when doctors can’t physically examine them in person, and how to handle things like bedside manner issues online.”

Thanks to Centene expanding telehealth services, the loss of chronic care maintenance and preventive care for those individuals wanting to stay out of care facilities has been mitigated. And now there is a full spectrum of specialists that are available virtually, not just primary care providers. If a patient needs to find a face-to-face visit, that flexibility is available as well. Home State Health has care managers ready to help patients, along with scheduling in-person visits to help further provide care.> But Dr. Nelson warns that not all the care gaps have been covered just yet.

“Colonoscopies declined by 88 percent during the peak of COVID-19 and are still 33 percent lower than normal at the most recent review of the data,” said Dr. Nelson. “Mammograms and Pap smears, which fell 77 and 80 percent respectively, are still down 23 and 25 percent.”

Although these cancers are common, they can also be treatable if caught early in their development. And that, Dr. Nelson believes, is why it is crucial that healthcare providers coordinate efforts to get all age-appropriate patients screened for these cancers by their providers on schedule.

Dr. Nelson said, “Many of us are still apprehensive about visiting hospitals and clinics due to COVID-19 risks, so providers should be utilizing telehealth when appropriate as a means to engage more of their patients on the importance of getting screenings and checkups during virtual care visits.”

Providers can take full advantage of these services and learn more by getting in touch with <health plan name.>

Gale Patterson
Staff Vice President of Provider Engagement