



Breakout Sessions: County-Level SDOH Metrics with MVC Data



Support for MVC is provided by Blue Cross Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and MVC work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.

Agenda

- Welcome
- County-Level SDOH Metrics & MVC Data
- MVC Unblinded Data
- Group Discussion

Framing the Discussion

**Health starts in our homes,
schools, and communities.**

Live

Learn

Work

Play



Goals for our discussion include:

- Engage in collaborative learning about how sites across the MVC network are helping to support patients
- Explore how MVC could potentially support hospital & PO members in these efforts

BREAKOUT GROUP 3

Who is in the room?

Organization	Attendee
Ascension Genesys	Diane Leech
Ascension Providence Hospital	Regina Ustick
Ascension St. John	Jennifer Breedlove
Ascension Macomb-Oakland	
Ascension River District	
Corewell Health	Stacey Karwoski
Corewell Health Dearborn Hospital	Susan McQuiston
Corewell Health Trenton	Diane Hamilton
DMC Huron Valley Sinai Hospital	Kathy Goll
GMP Network	Melissa Slater
GMP Network	Angela Vanker
Henry Ford Health	Gloria Rey
Henry Ford Health Jackson	Stacy Sparks
Henry Ford Health Macomb	Kimberly Marik
Henry Ford Health West Bloomfield	Amanda Edmundson
Hurley Medical Center	Tarnesa Martin, Julia Moses
Lake Huron Medical Center	Brian Thick

Organization	Attendee
McLaren Flint	Lisa Dooley
McLaren Lapeer Region	Colette Stearns
McLaren Macomb	Laura Henson
McLaren Oakland Hospital	Marcy Gottesman
McLaren Port Huron	Kimberly Cook Jennifer Emmert Holly Gould
Medical Advantage (CIPA)	Kyle Enger Brandy Smuzeski
Memorial Healthcare	Debbie Rose
Michigan Medicine	Jonathan Lee
Oakland Physician Network Services	Rodger Prong
The Physician Alliance	John Luzier, Carolyn Rada
Trinity Health Ann Arbor Trinity Health Livingston Chelsea Hospital	Deanna Jozwiak
Trinity Health Oakland	David Jackson
University of Michigan	Lisa Kane Low
University of Michigan Health System	Laura Petersen

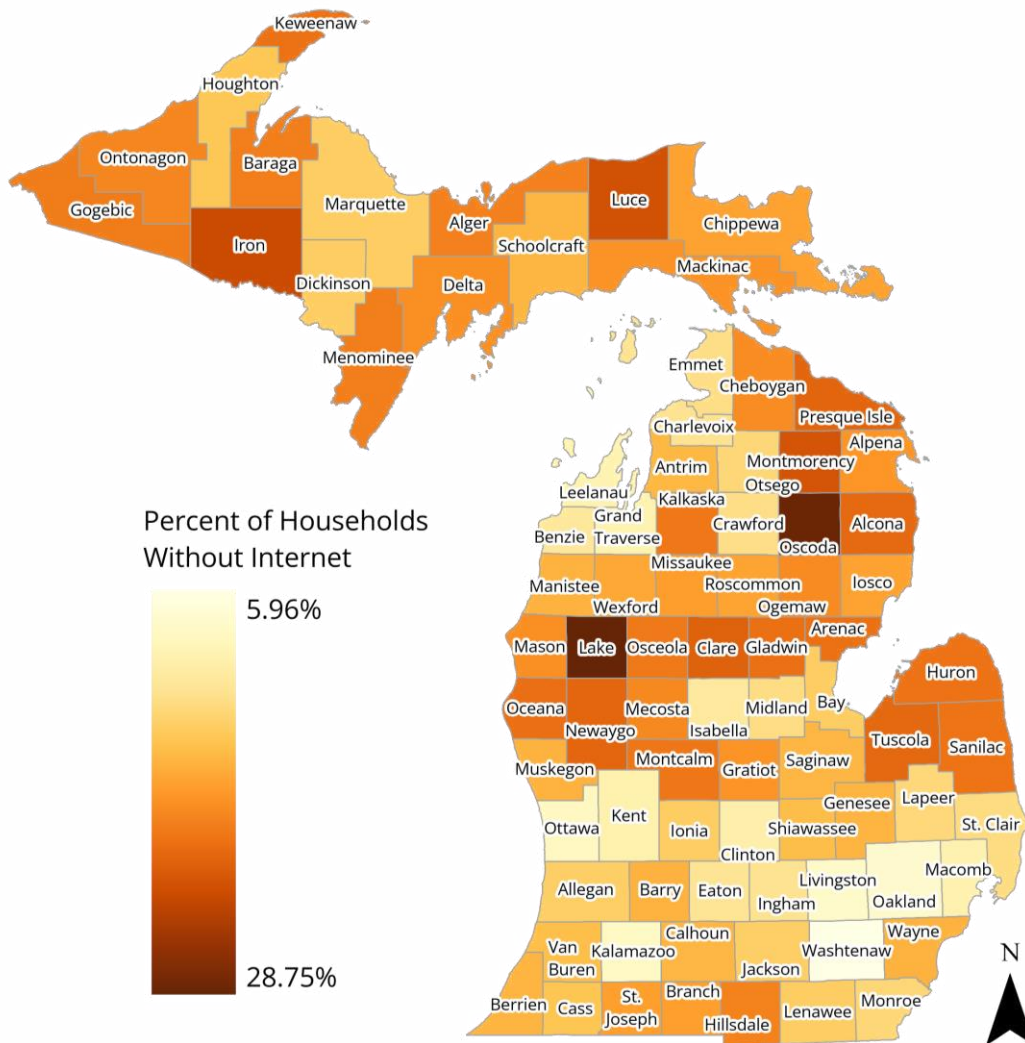
American Community Survey

Social Determinants of Health Database

Metric	Group 1	Group 2	Group 3	All Counties
Average percent of households without internet at home	17.6%	13.2%	12.4%	15.9%
Average percent of households without a computing device	12.6%	9.3%	8.8%	11.4%
Average percent of housing units without a vehicle available	6.5%	5.9%	6.5%	6.4%
Average percent of households with public assisted income or food stamps/SNAP	13.3%	11.3%	12.4%	12.8%

Social Determinants of Health data were obtained from the American Community Survey, 2020 5-year estimates. Social Determinants of Health Database. Content last reviewed June 2023. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/sdoh/data-analytics/sdoh-data.html>

Home internet access is not universal and may impact patient access to remote care and scheduling services.



Group 3 Counties

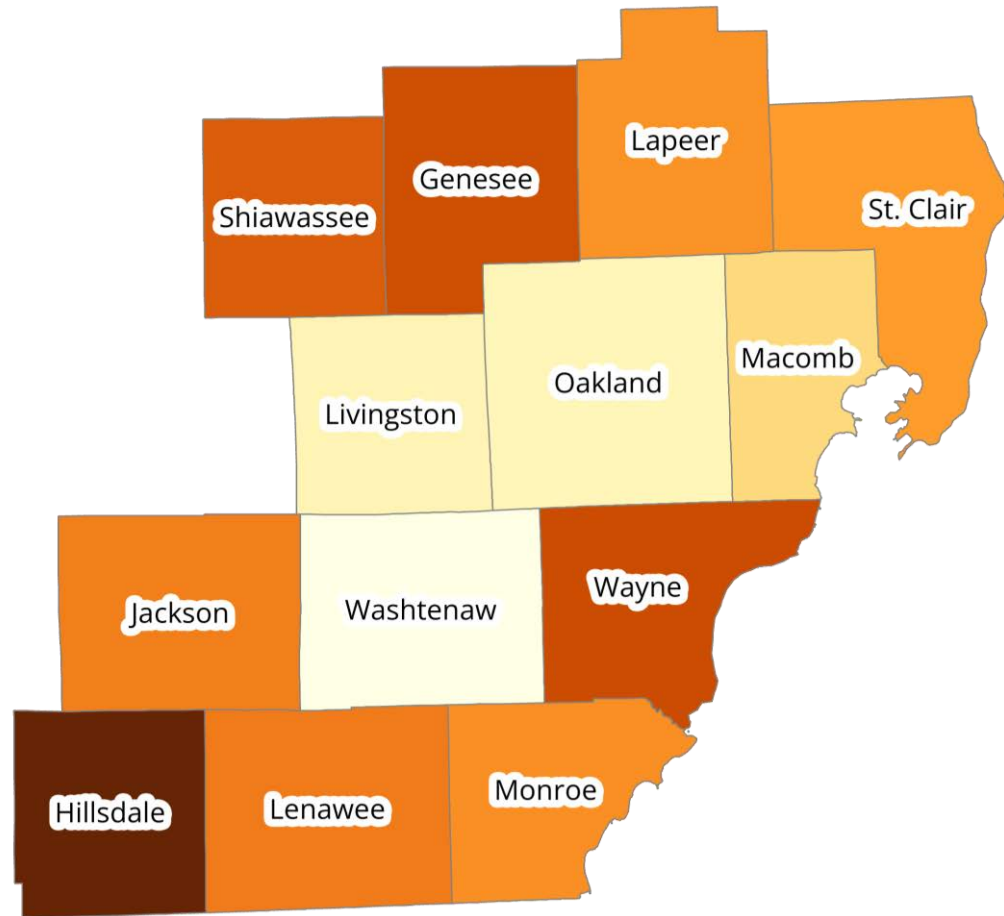
Percent of Households Without Internet Access

All Counties Average: 15.9%
Group 3 Average: 12.4%
Group 3 Range: 5.96%-18.88%

5.96%

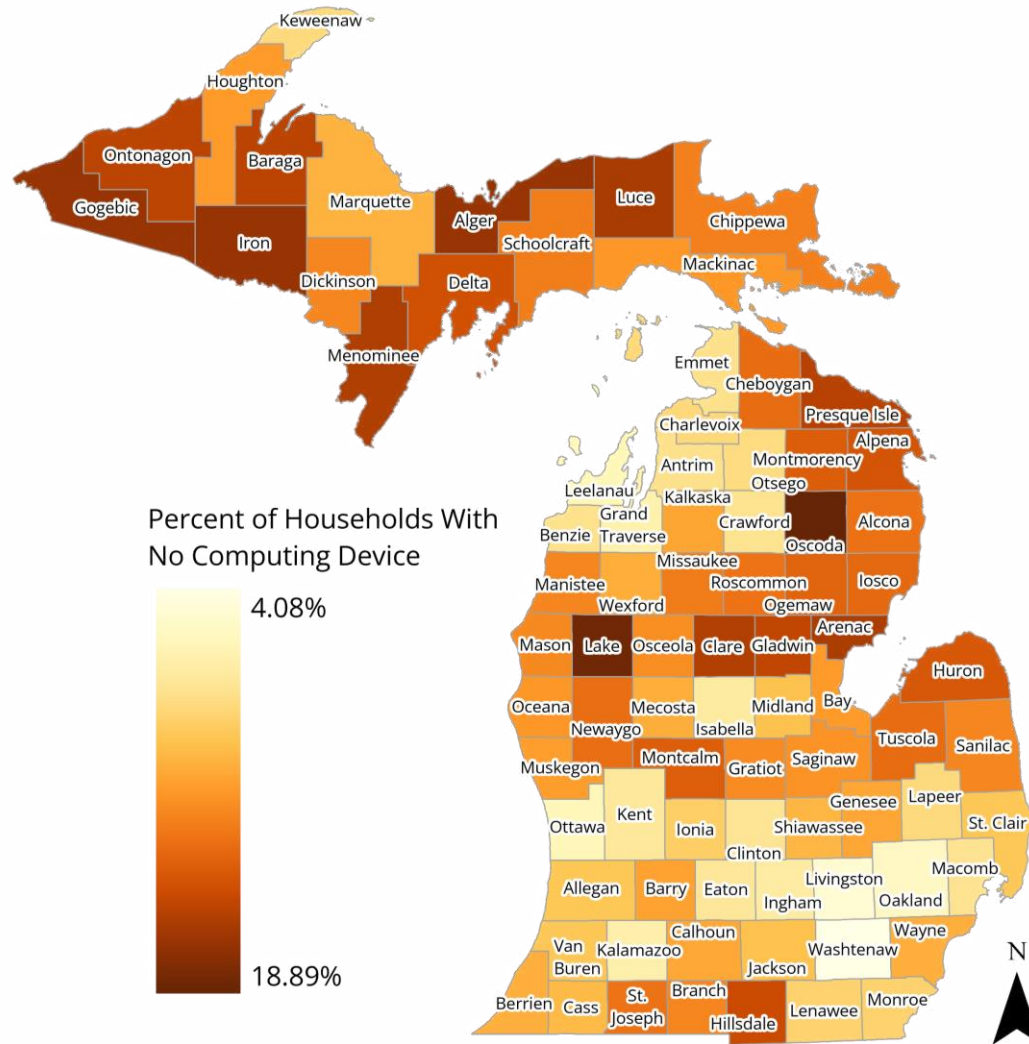


18.88%



ACS estimates the county percent of households with no computing device range from 4.08% - 18.89%.

Lack of a home computing device may present a barrier to remote care, follow-up, and/or scheduling.



Group 3 Counties

Percent of Households With No Computing Device

All Counties Average: 11.4%

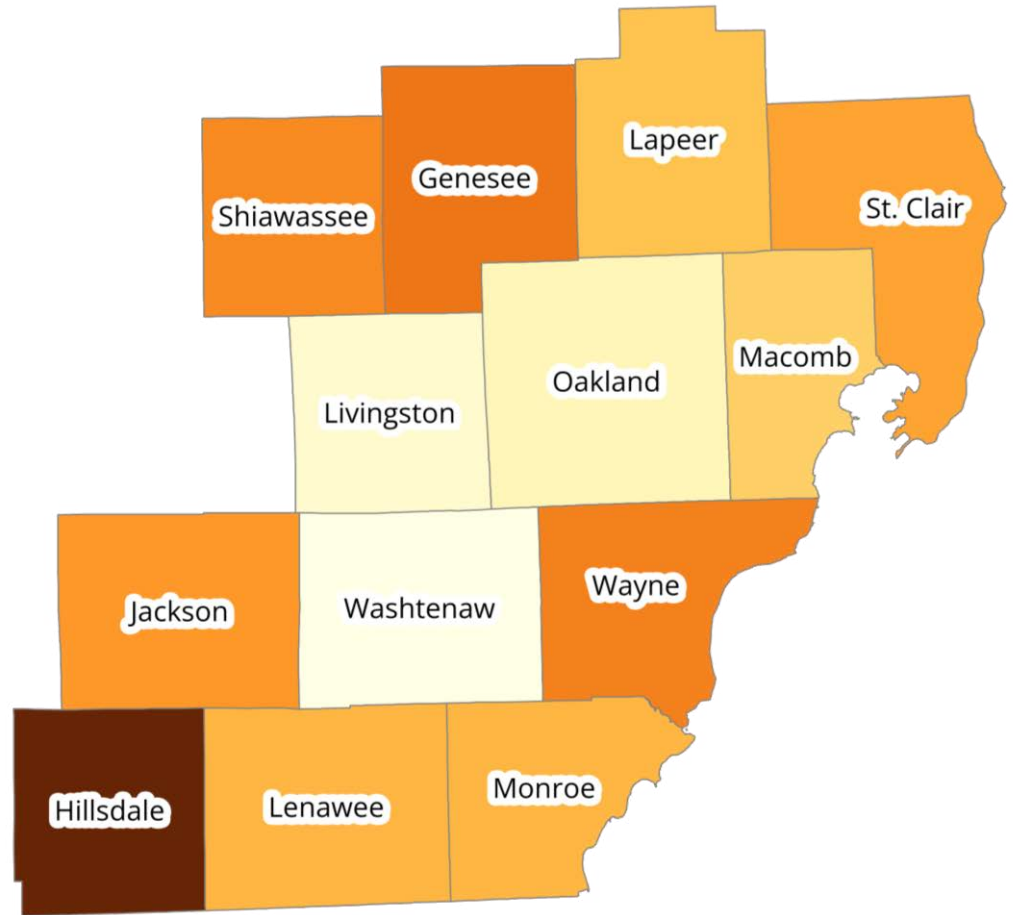
Group 3 Average: 8.8%

Group 3 Range: 4.08%-15.26%

4.08%



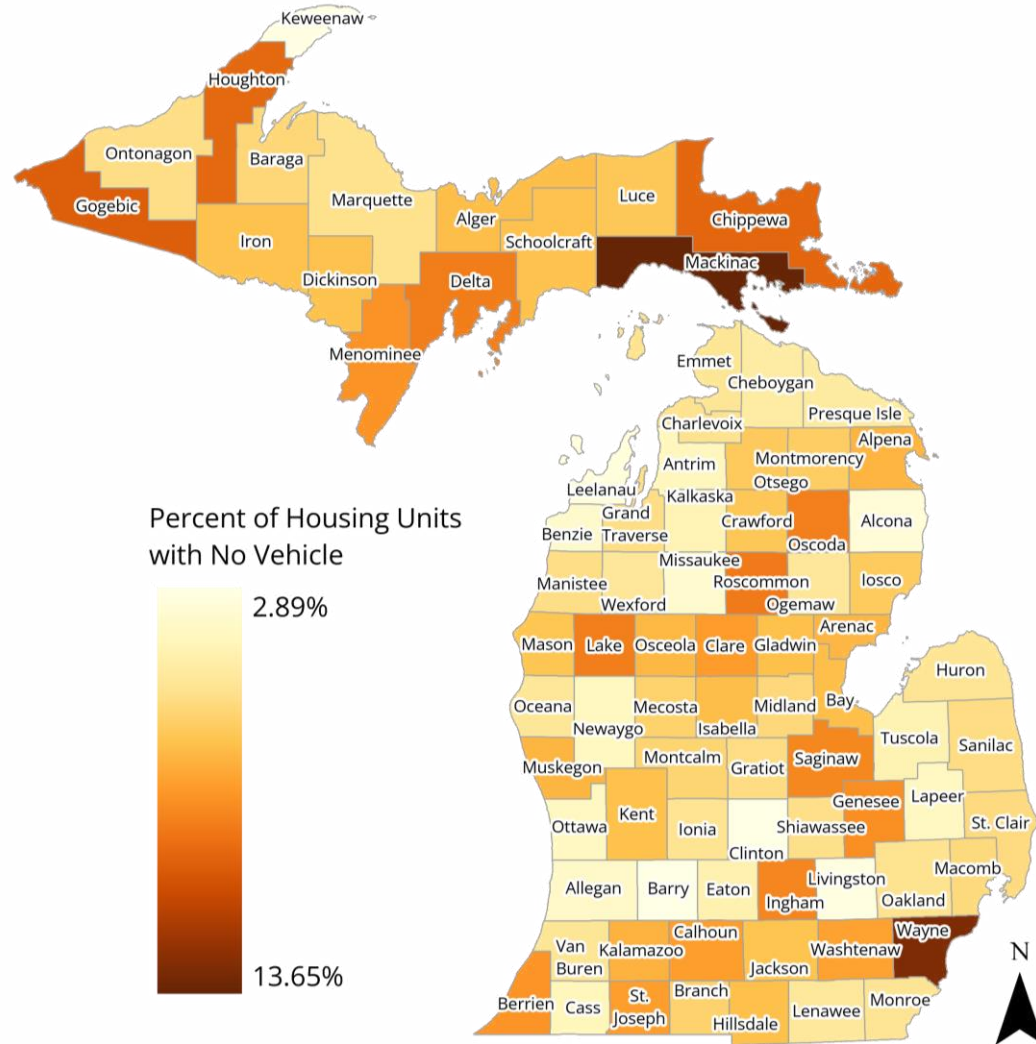
15.26%



Vehicle Access

ACS estimates the county percent of housing units with no vehicle range from 2.89% - 13.65%.

Access to a reliable vehicle may impact the feasibility or convenience of using preventative and/or follow-up care.



Group 3 Counties

Percent of Housing Units With No Vehicle

All Counties Average: 6.4%

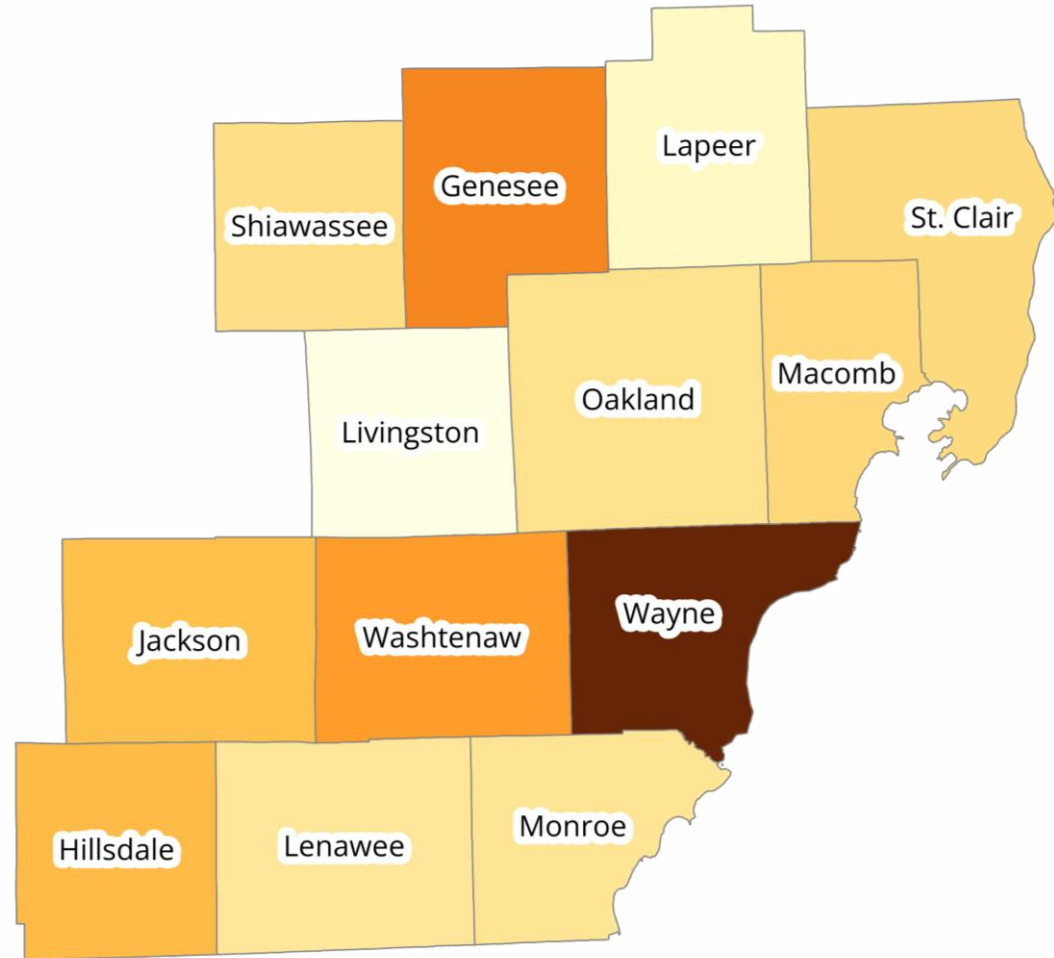
Group 3 Average: 6.5%

Group 3 Range: 3.06%-13.01%

3.06%



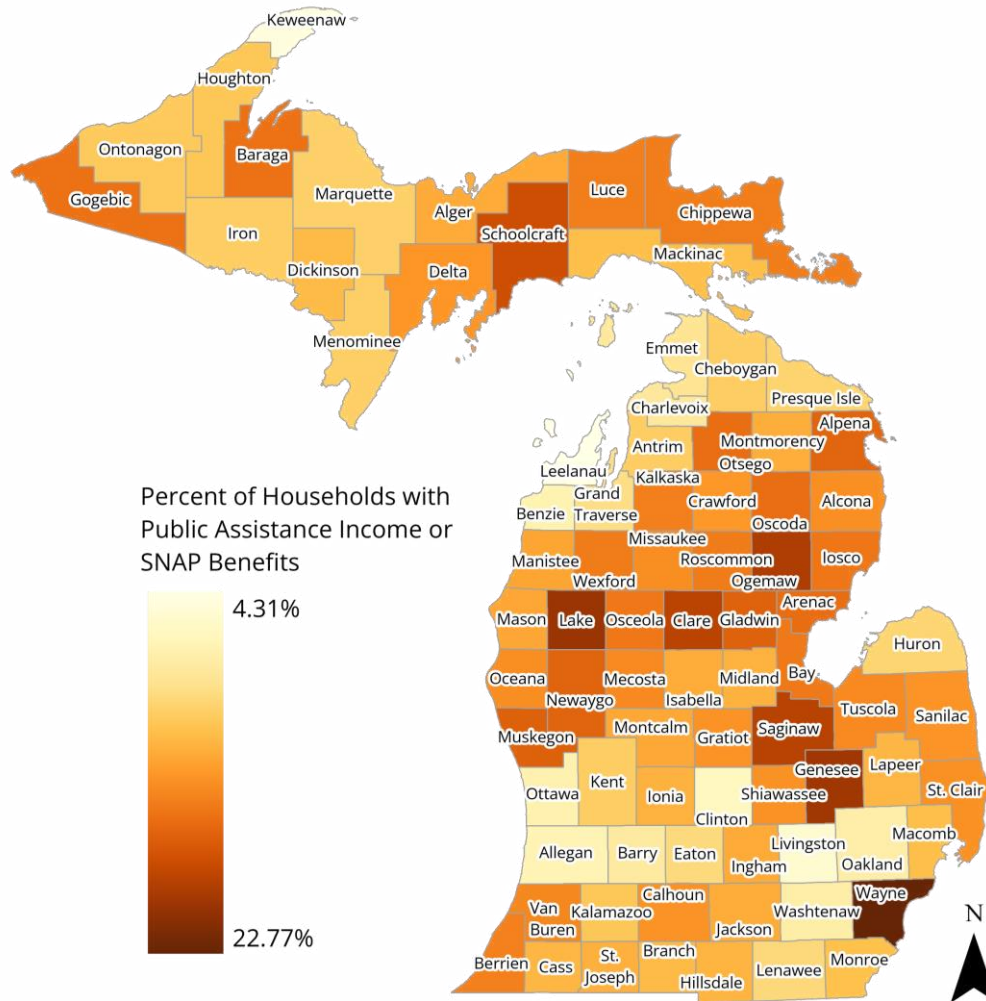
13.01%



Public Assistance

ACS estimates the county percent of households with public assistance/ SNAP benefits range from 4.31% - 22.77%.

Public assistance income and SNAP benefits serve as proxies for financial security.



Group 3 Counties

**Percent of
Households
Receiving Public
Assistance Income or
SNAP Benefits**

All Counties Average: 12.8%

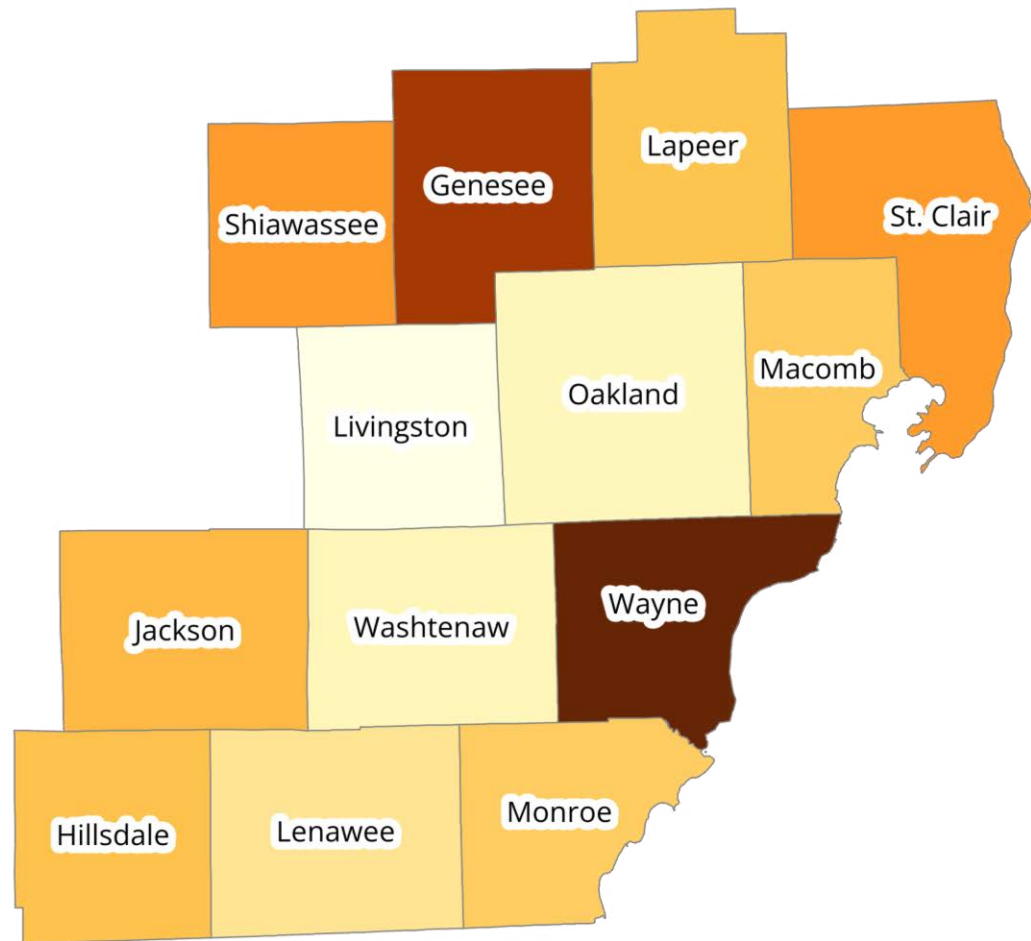
Group 3 Average: 12.4%

Group 3 Range: 5.46%-22.77%

5.46%



22.77%



A blue-tinted photograph of a hospital room. In the foreground, a hospital bed is partially visible, with a blue blanket draped over it. In the background, an IV stand with a bag is positioned near a window with sheer curtains. The floor is light-colored wood or laminate.

Group 3 Unblinded Data: 30-Day Readmissions

Metric Definition

30-Day Readmission Rate

- 30-day readmission rate is defined as having ***at least one inpatient claim within 30 days after the index discharge***
- Inpatient claims are identified through the presence of DRGs on claims submitted after the index discharge

Analytic Cohort

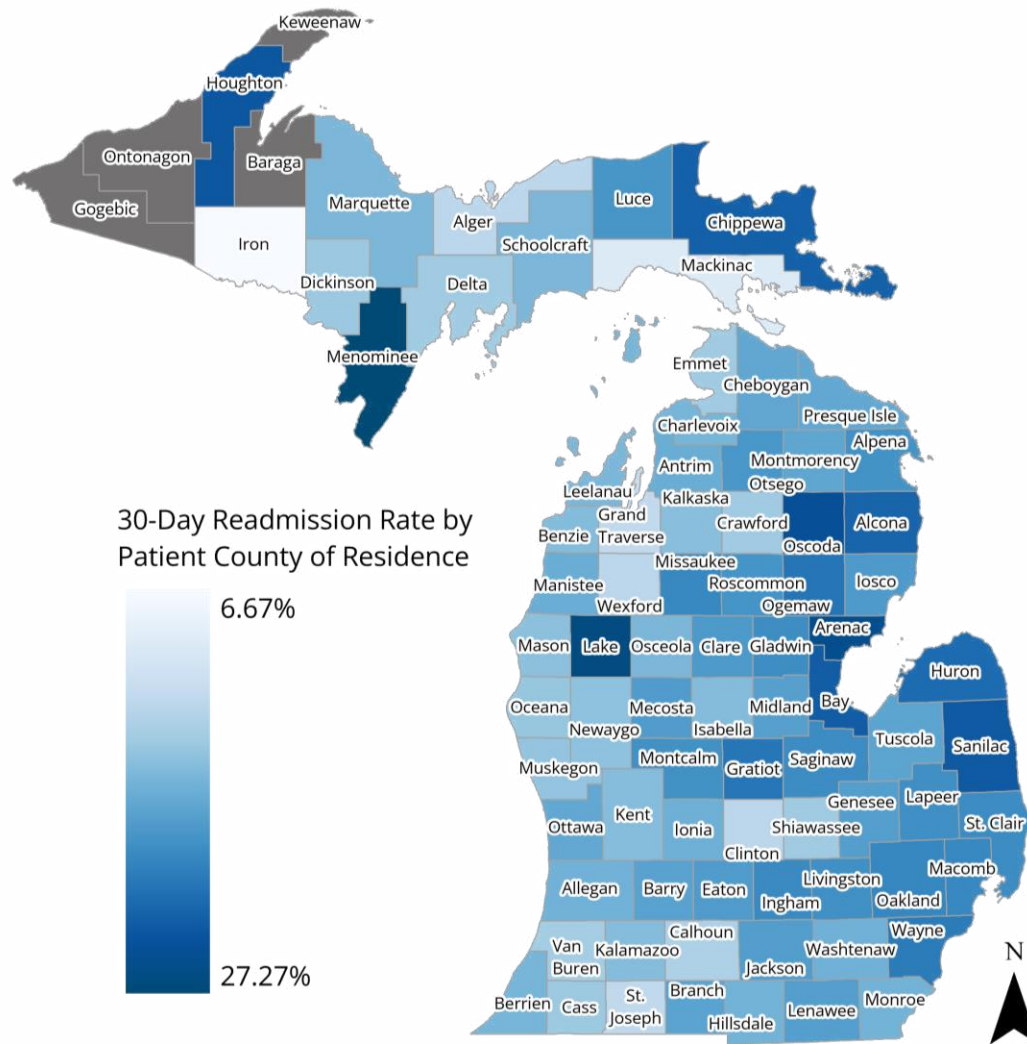
Denominator for unblinded data session

- Patient episodes represented:
 - 30-day episodes among patients hospitalized for congestive heart failure (CHF)
 - Index events 7/1/2019-6/30/22
- Payers Represented in **Hospital Data**:
 - BCN: HMO and Medicare Advantage (MA)
 - BCBSM: PPO Commercial and MA
 - Medicare
- Payers Represented in **PO Data**:
 - BCBSM: PPO Commercial and MA
 - Medicare
- Exclusions:
 - Episodes with COVID-19 in primary position of any claim
 - Hospitals with <11 episodes in timeframe
 - Counties with <11 episodes in timeframe

Readmission After Index CHF Hospitalization

Statewide Benchmarking

Counties on the west
side of the lower
peninsula generally
have lower
readmission rates
among residents



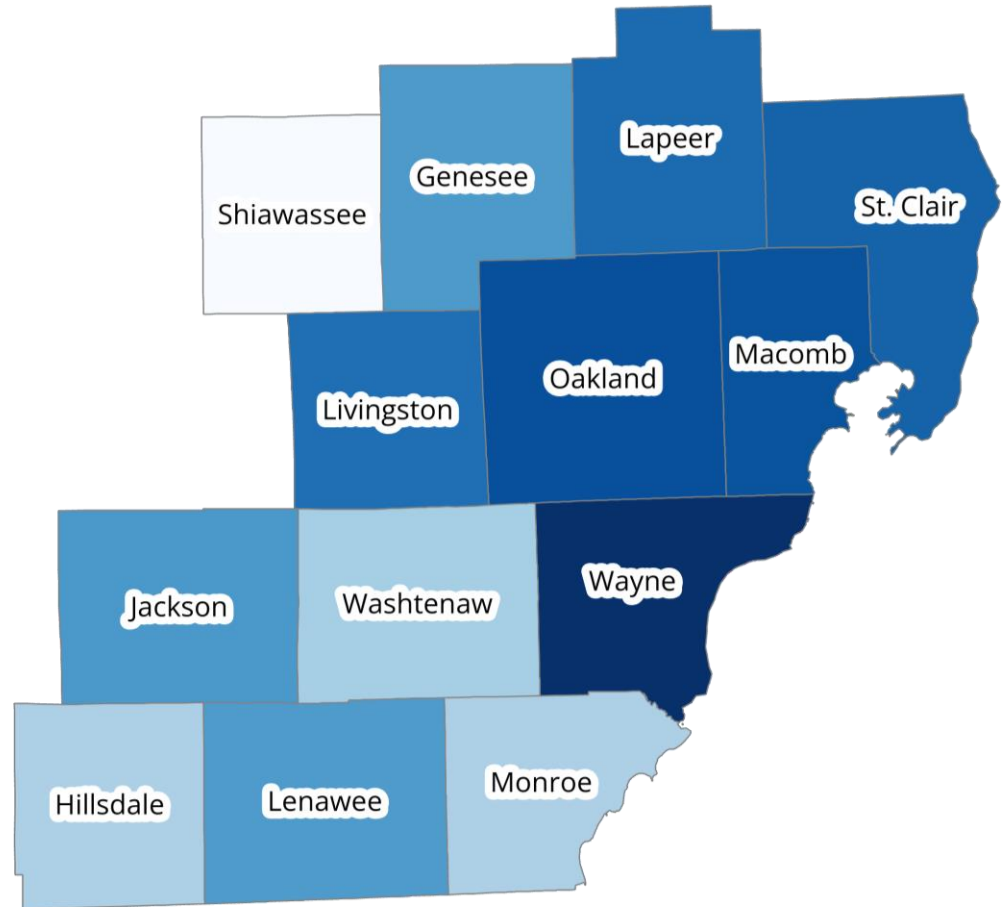
Group 3 Counties

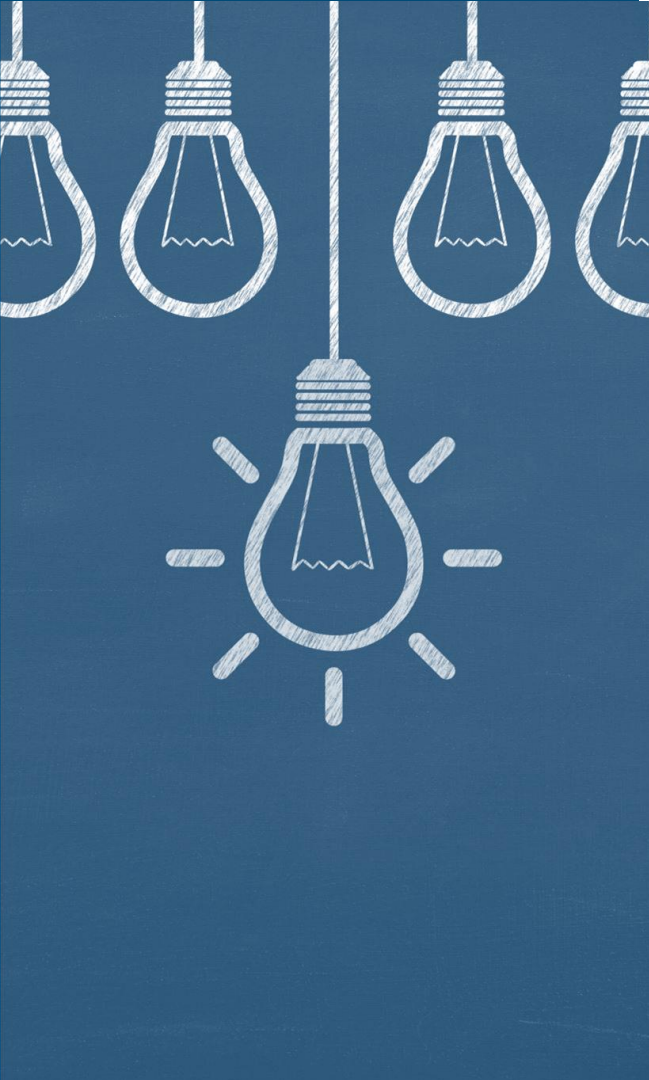
**30-Day Readmission
Rates Among CHF
Patients with Index
Events between
7/1/2019-6/30/22**

14.20%



21.31%





Discussion

- What do you need to know about your patients to better support health equity efforts at your site?
- What projects are you working on, or what areas would you like to be working on, in the health equity space?
- What challenges or barriers are you facing in ensuring your patients are able to achieve their highest level of health?