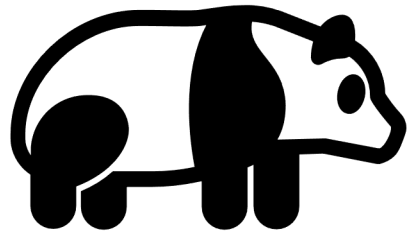
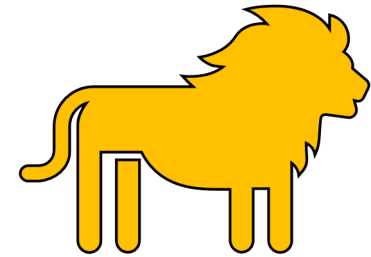


# SDoH Update 2023



## LEGISLATION, FUNDING, & REIMBURSEMENT, OH MY!

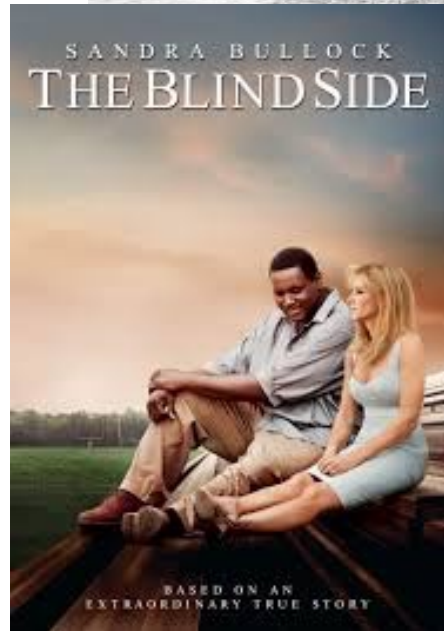
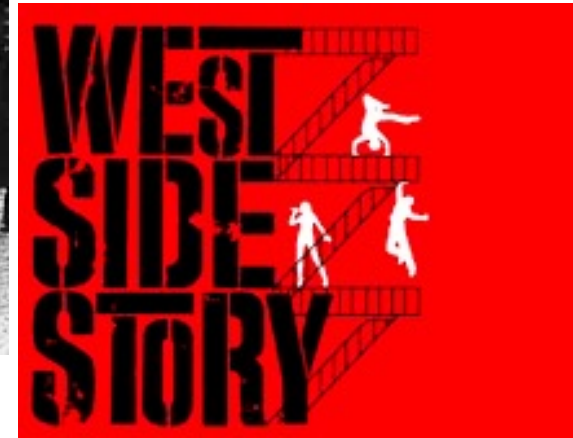
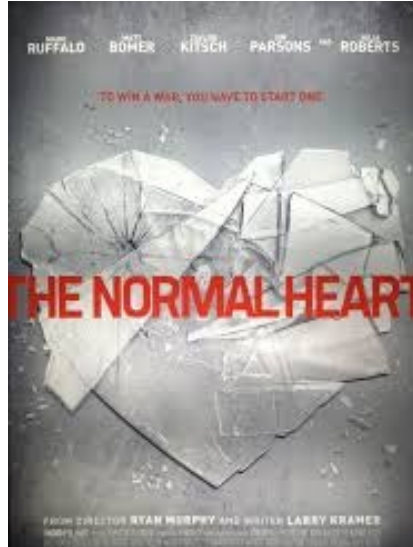
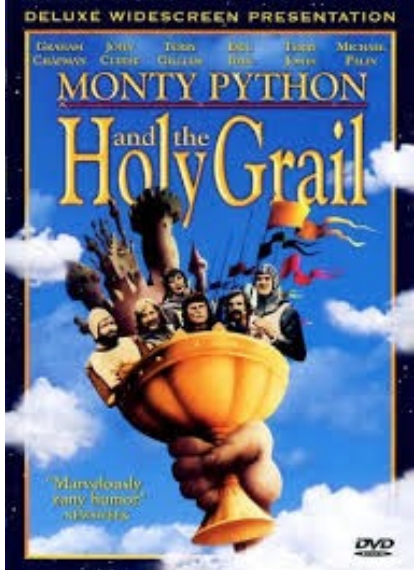
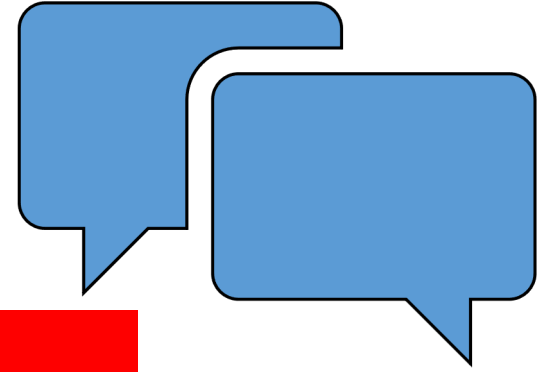


Ellen Fink-Samnick MSW, LCSW, CCM, CCTP, CRP, DBH-C

EFS Supervision Strategies

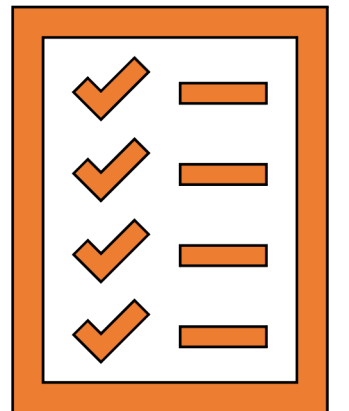
[efssupervision@me.com](mailto:efssupervision@me.com)

# Welcome to a conversation....



# Objectives

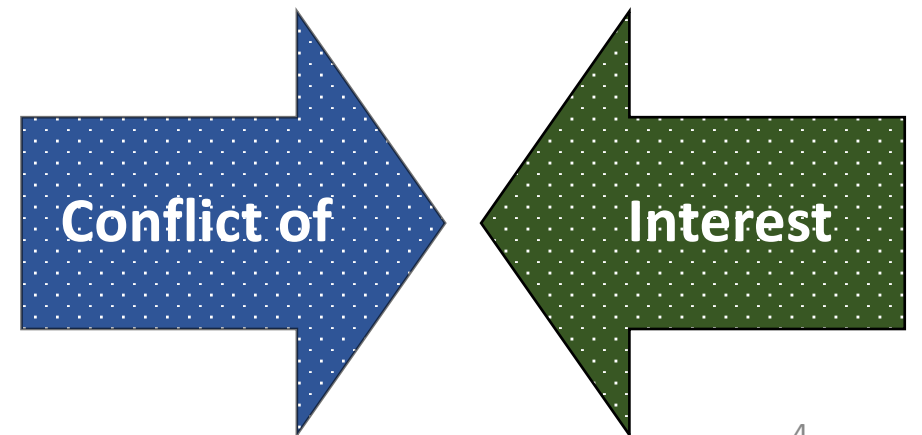
1. Identify the (IPPS FY 2022) ICD-10-CM-Z codes for education, food security, and housing and those on the horizon for 2023
2. Demonstrate application of Z codes across patient populations
3. Identify SDoH/MH funding opportunities to enhance reimbursement
4. Explore SDoH/MH legislation and implications for case management
5. Apply professional case management's established resources of ethical guidance to practice



# Disclaimer

There are no potential conflicts of interest contained in the information provided in this presentation. All material is the opinion of this presenter or cited to source and/or authority

Any products referred to during this presentation are for the sole purpose of example only and should not be taken as product endorsement.



# Disclaimer 2

This presentation can be a tough topic to hear.  
It is intended to encourage discussion, advance knowledge, and inform  
practices.

We all strive to do our best, always



# CEUs

This program has been pre-approved by The Commission for Case Manager Certification to provide Ethics continuing education credit to CCM® board certified case managers.

The course is approved for 1.25 CE contact hour(s).



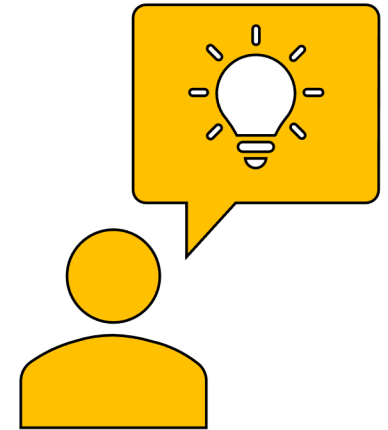
This program has been pre-approved through Altra Healthcare Consulting to provide continuing education to Nurses, Physical Therapists, and Social Workers through the State of Illinois

The course is approved for 1.25 CEUs.



**Altra Healthcare  
Consulting**

# Advancing the Foundation

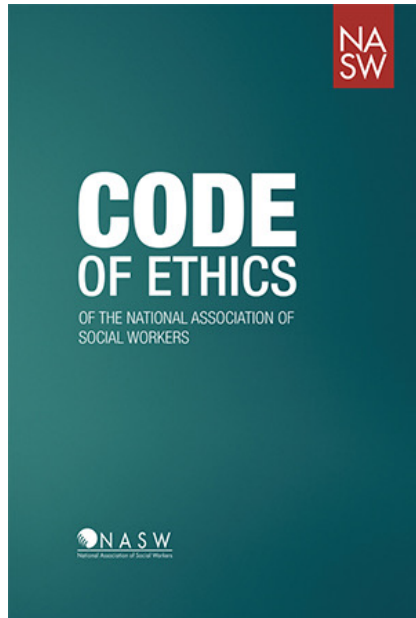


# Our Established Resources of Ethical Guidance Set the Tone



(2015)

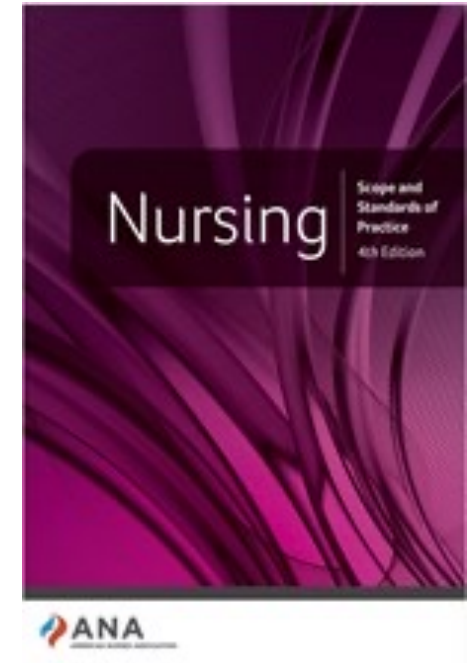
Commission for Case Manager Certification



(2021)



(2022)



(2020)



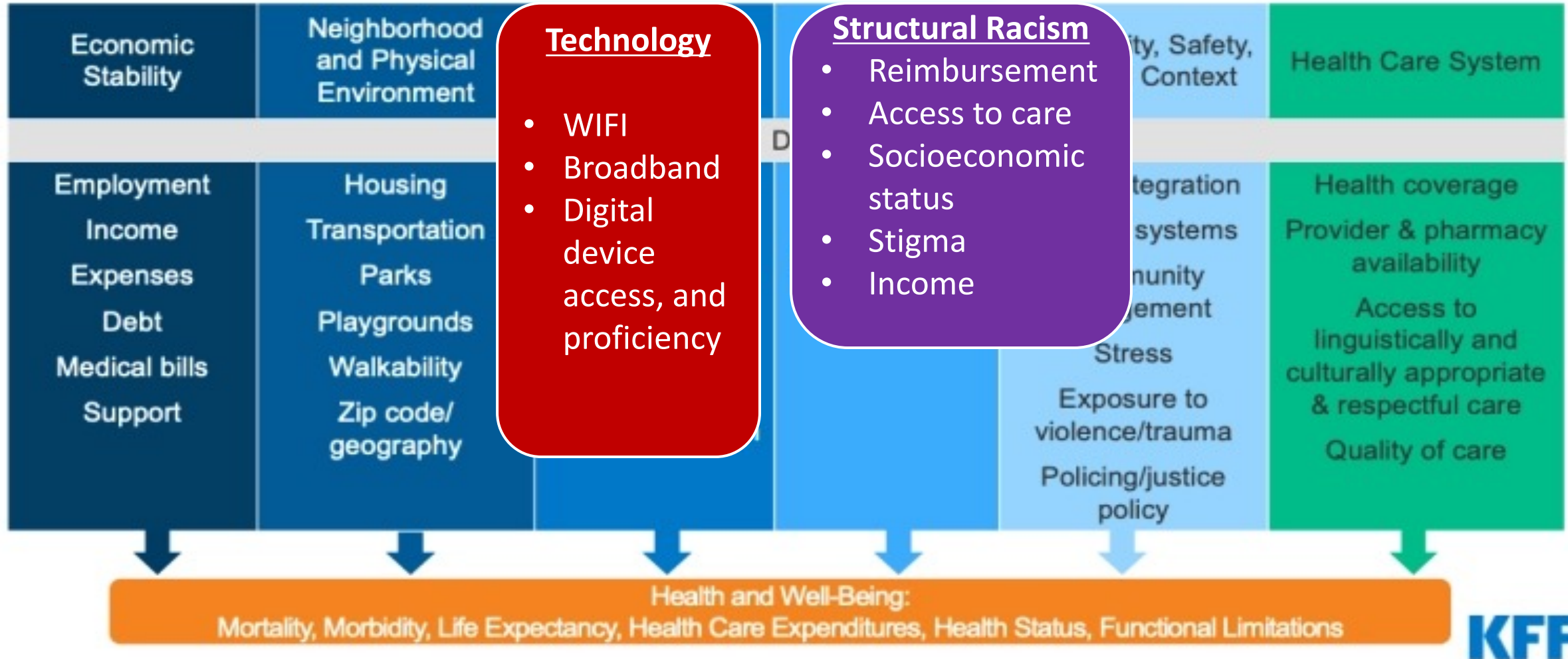
# What's in a Name?



**A prerequisite to making progress is to understand what it is**  
**-Drivers of Health, 2022**

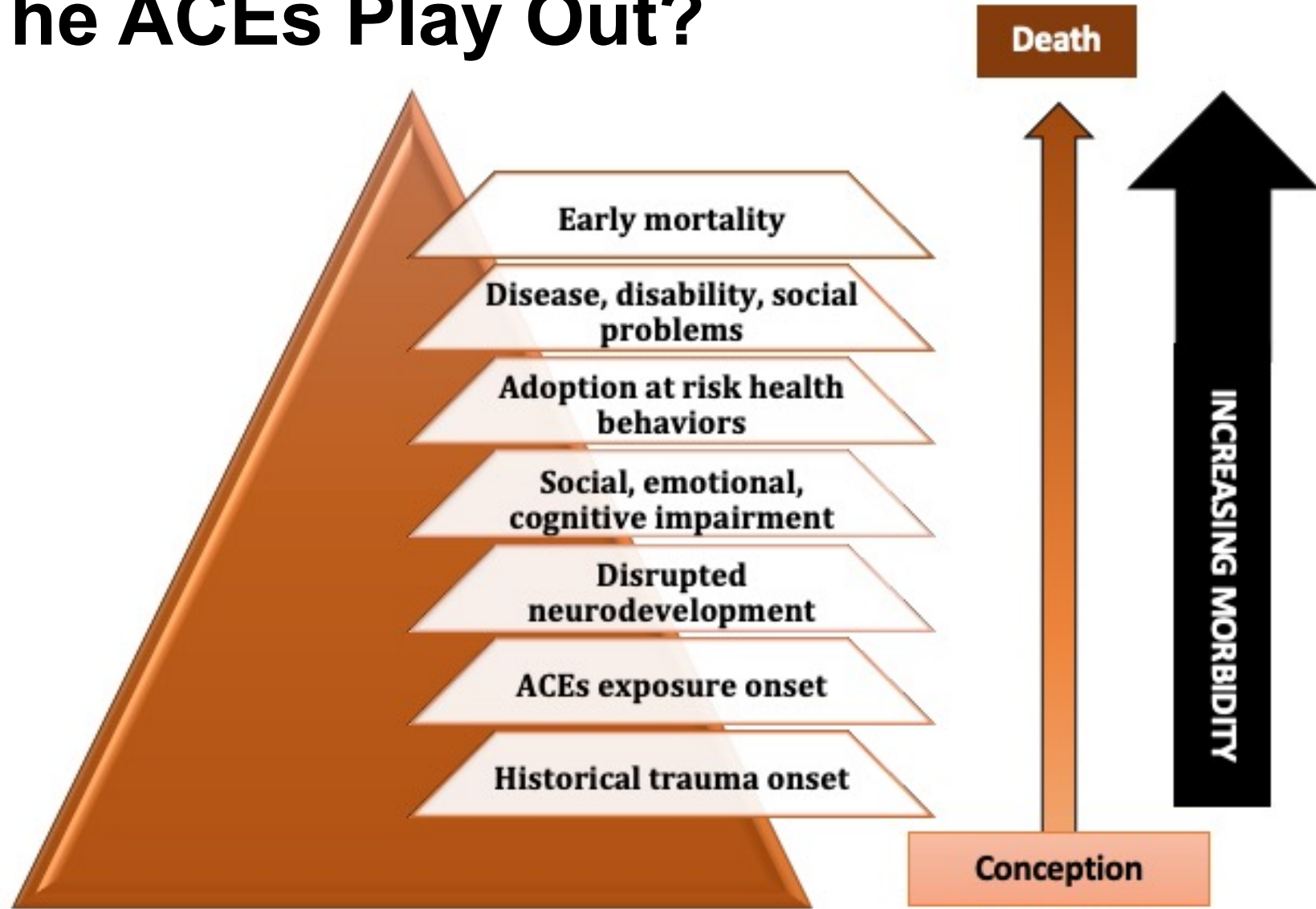
# What Are We Talking About?

Health Disparities are Driven by Social and Economic Inequities

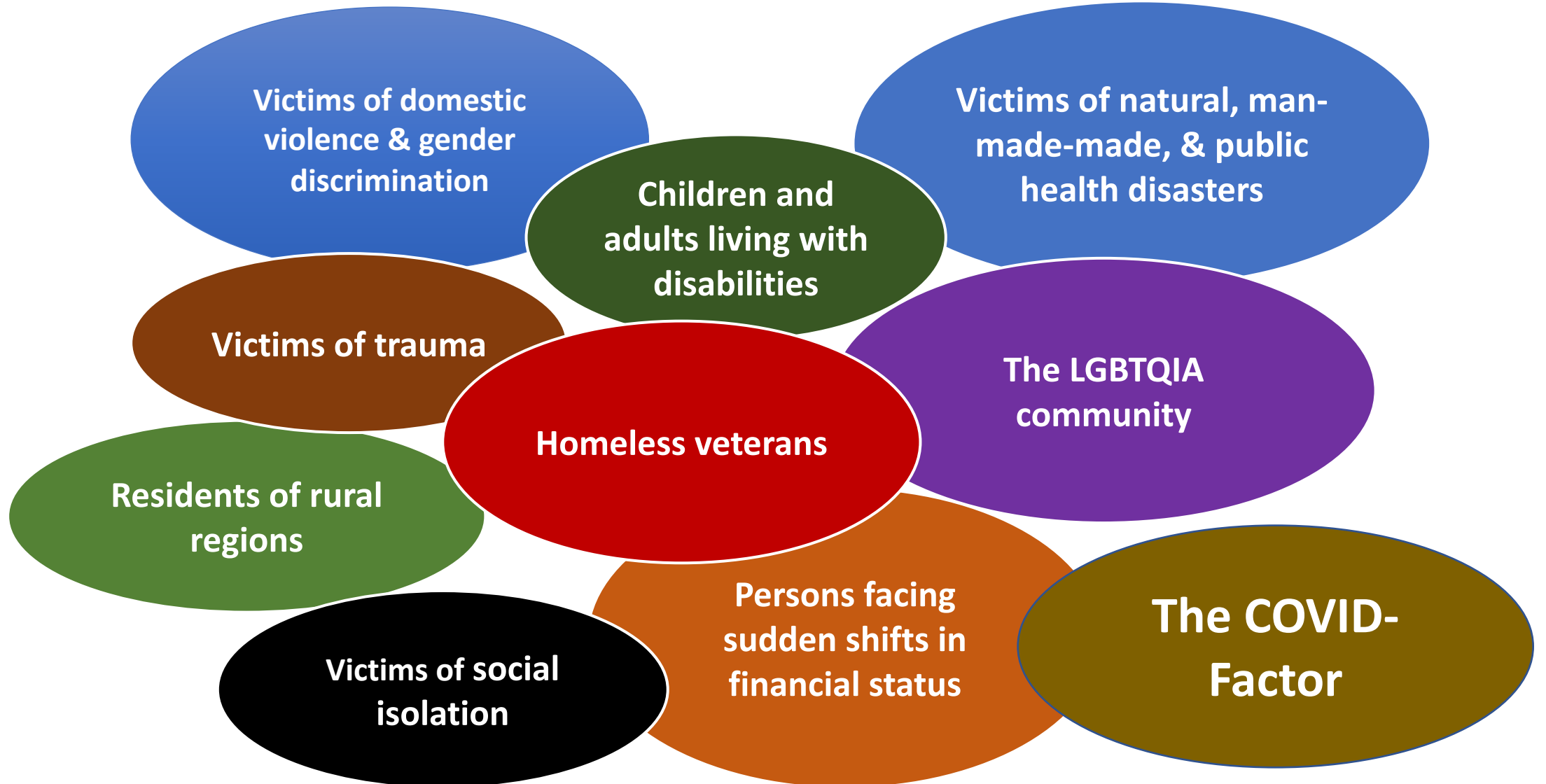


**KFF**

# How Do The ACEs Play Out?



# The Cultural DEI Schema and the SDoH



# Our New Norm

Drug Overdose Deaths Top >100,000 Annually

Drug Store Deserts Are the New Norm

Access to Green Space Minimize SDoH & Health/Mental Health Disparities

181 Rural Hospitals Close Since January 2005

Rising Medical Debt Pervasive Across More Vulnerable Populations

HHS Adds Maternal Health Outcomes to Care Compare

The Digital Chasm Remains an SDoH

How Shortages of Mental Health Beds Keep Kids Trapped in EDs

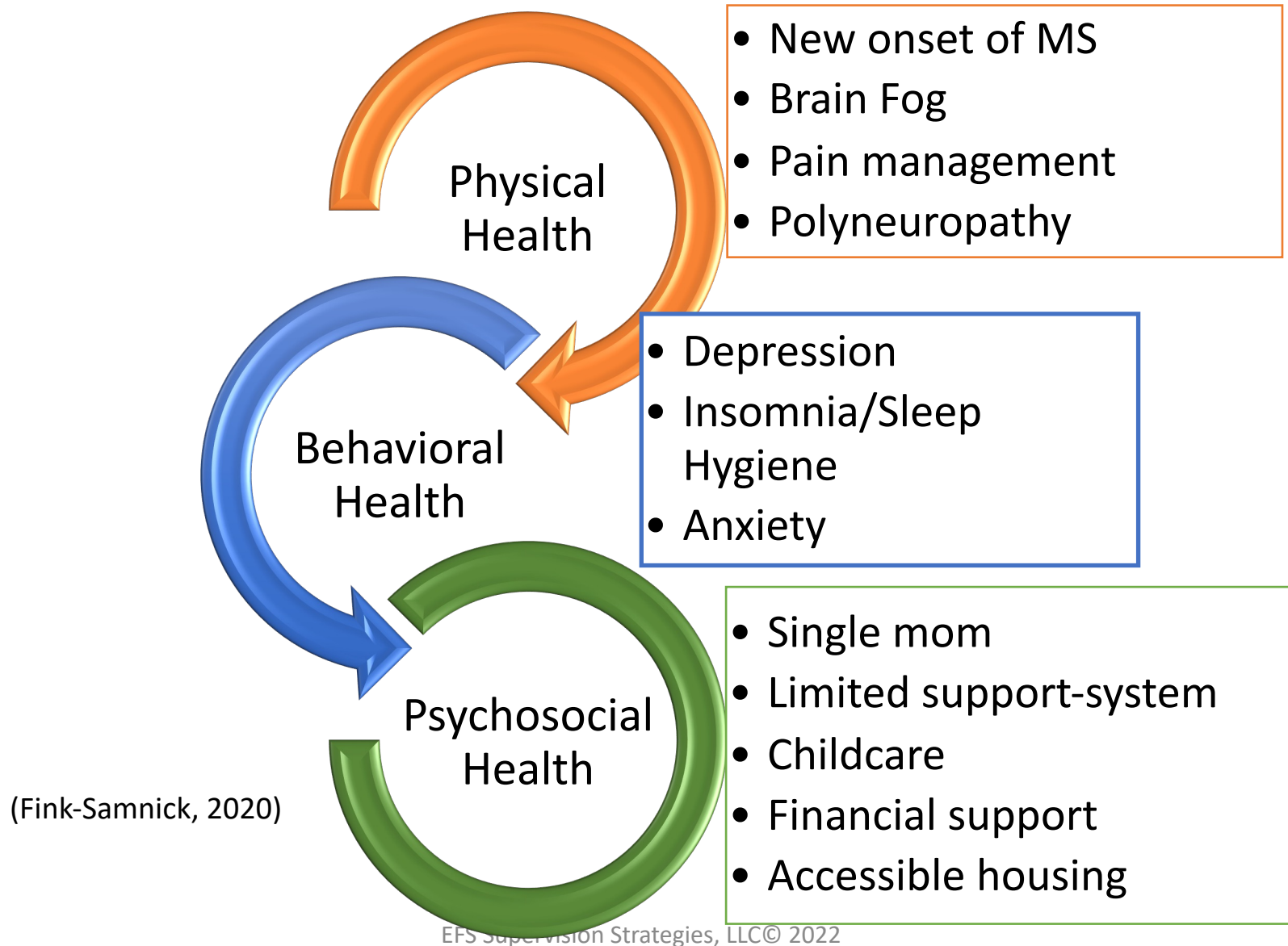
# Meet Mina



- 43-year-old, Latinx, single mother of 3 children
- Currently unemployed due to chronic, “bizarre symptoms”
- Increasingly dependent for activities of daily living
- Increasing brain fog, depression, insomnia
- Physicians insist Mina’s symptoms are stress-related
- 22 ED admissions over 3 years

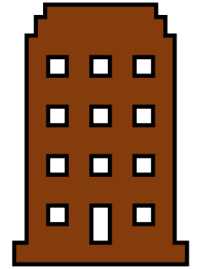
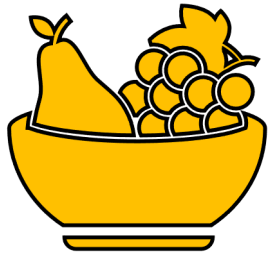


# We Have a Wholistic Health Triad



# What's the SDoH Reality?

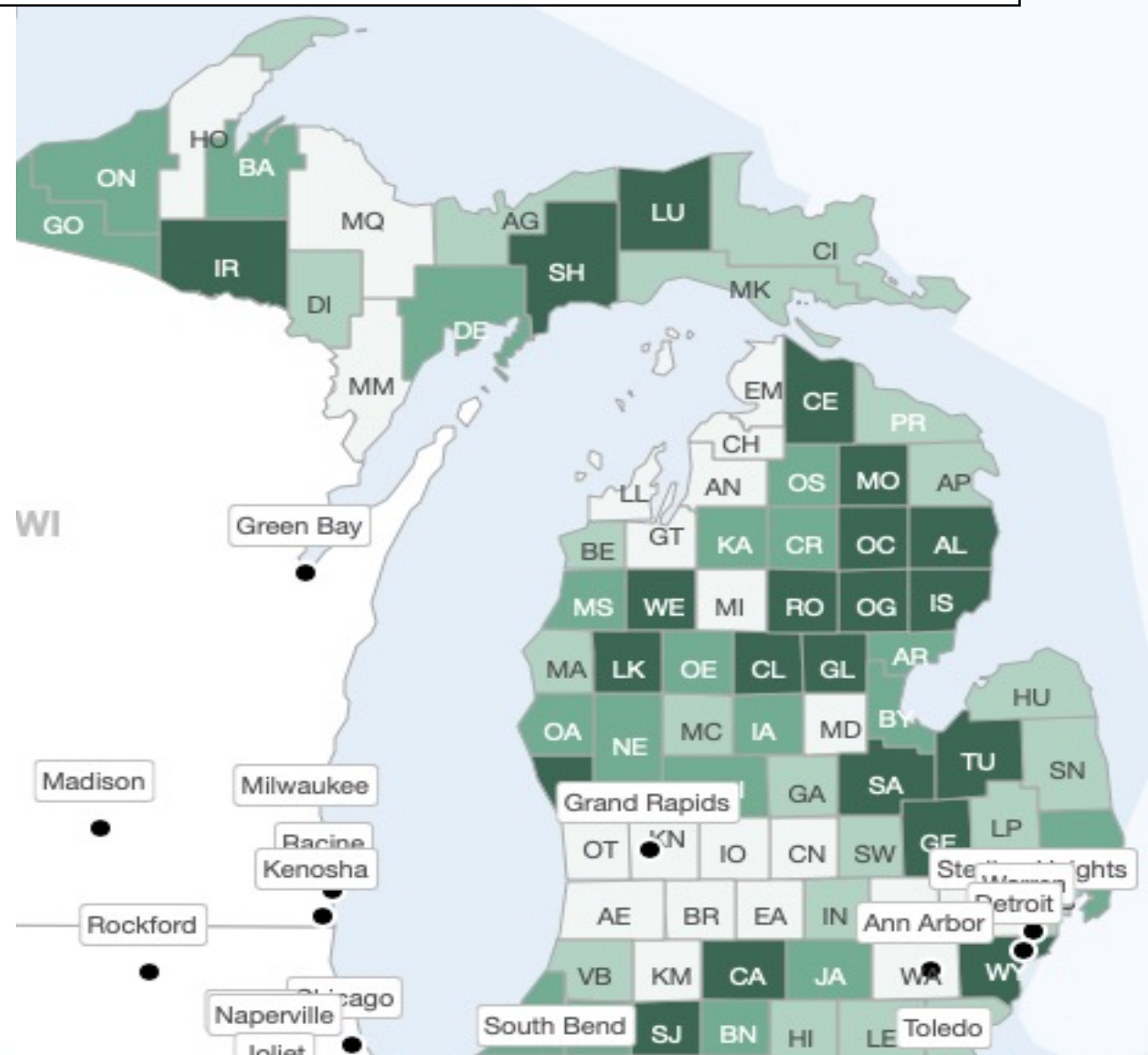
- Housing insufficiency: 11.5 M behind in rent
- Food Insecurity: 14% lack food to last 7 days
- Lack of Health Insurance >10%
  - Over 30% with Medical debt
- Insufficient mental health access: >40% unable to access MH treatment needed



(Center on Budget and Policy Priorities, 2021; MHA, 2021)

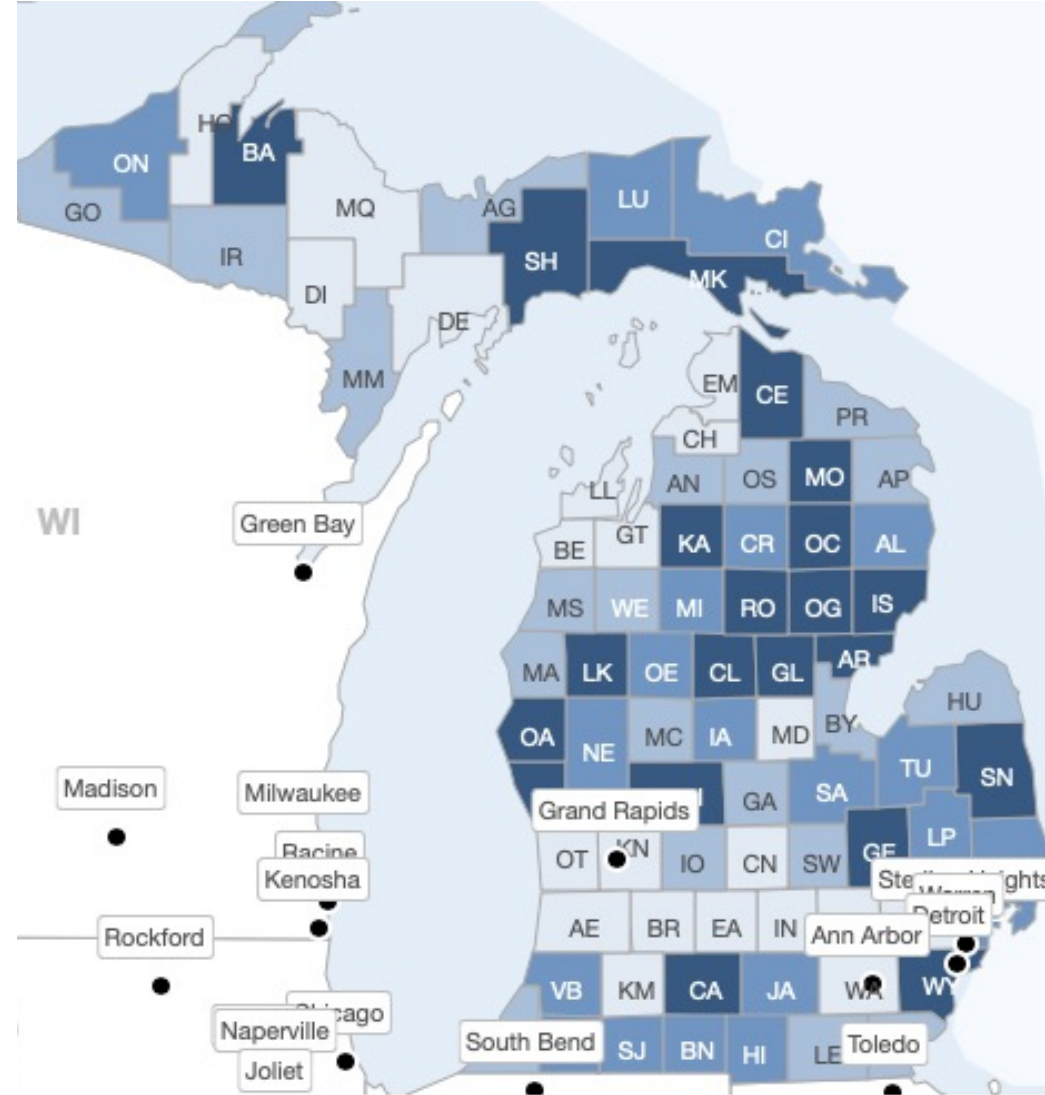


# Overall Rankings in Health Outcomes



RANK 1 - 17 18 - 34 35 - 50 51 - 67 NOT RANKED (NR)

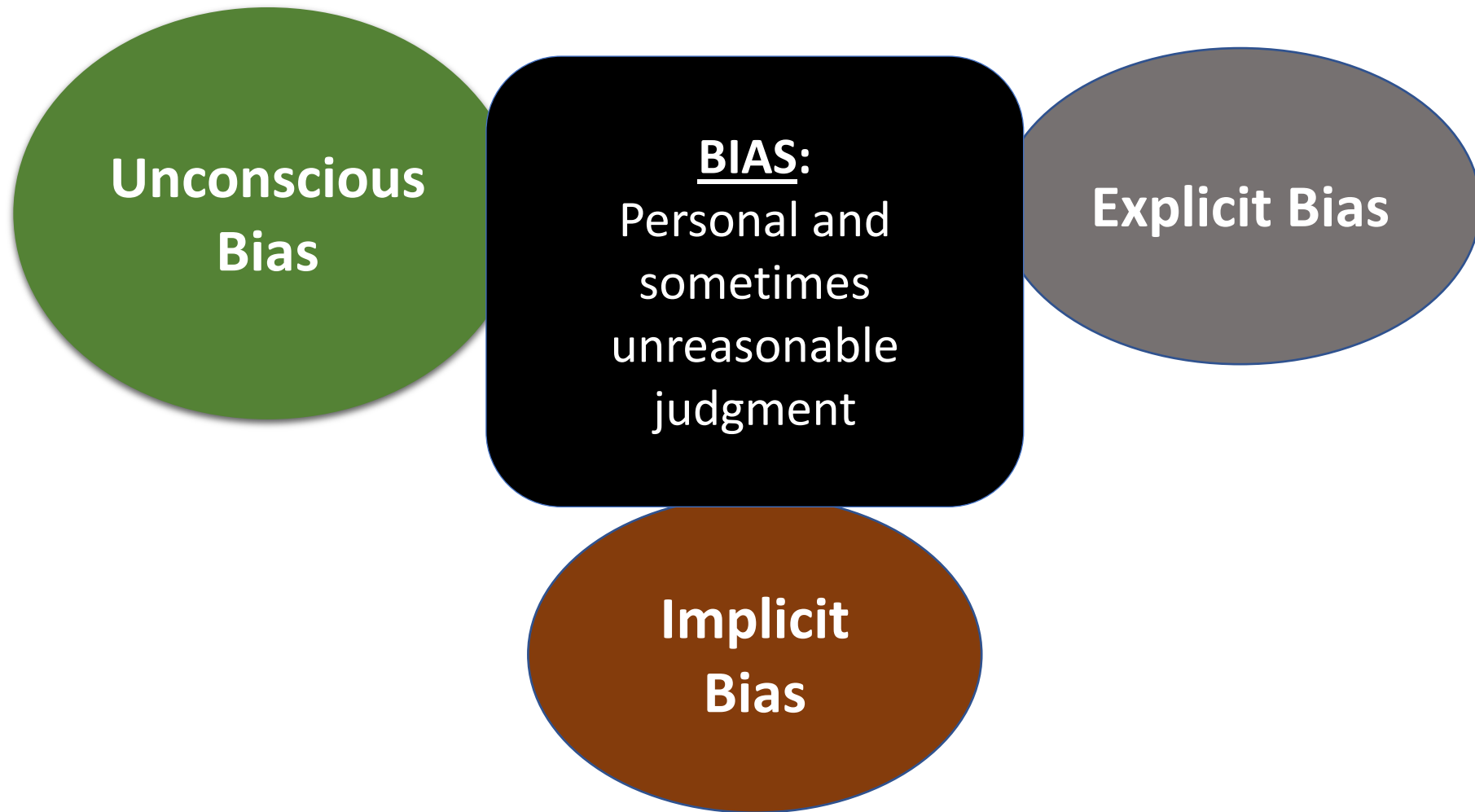
# Overall Rankings in Health Factors



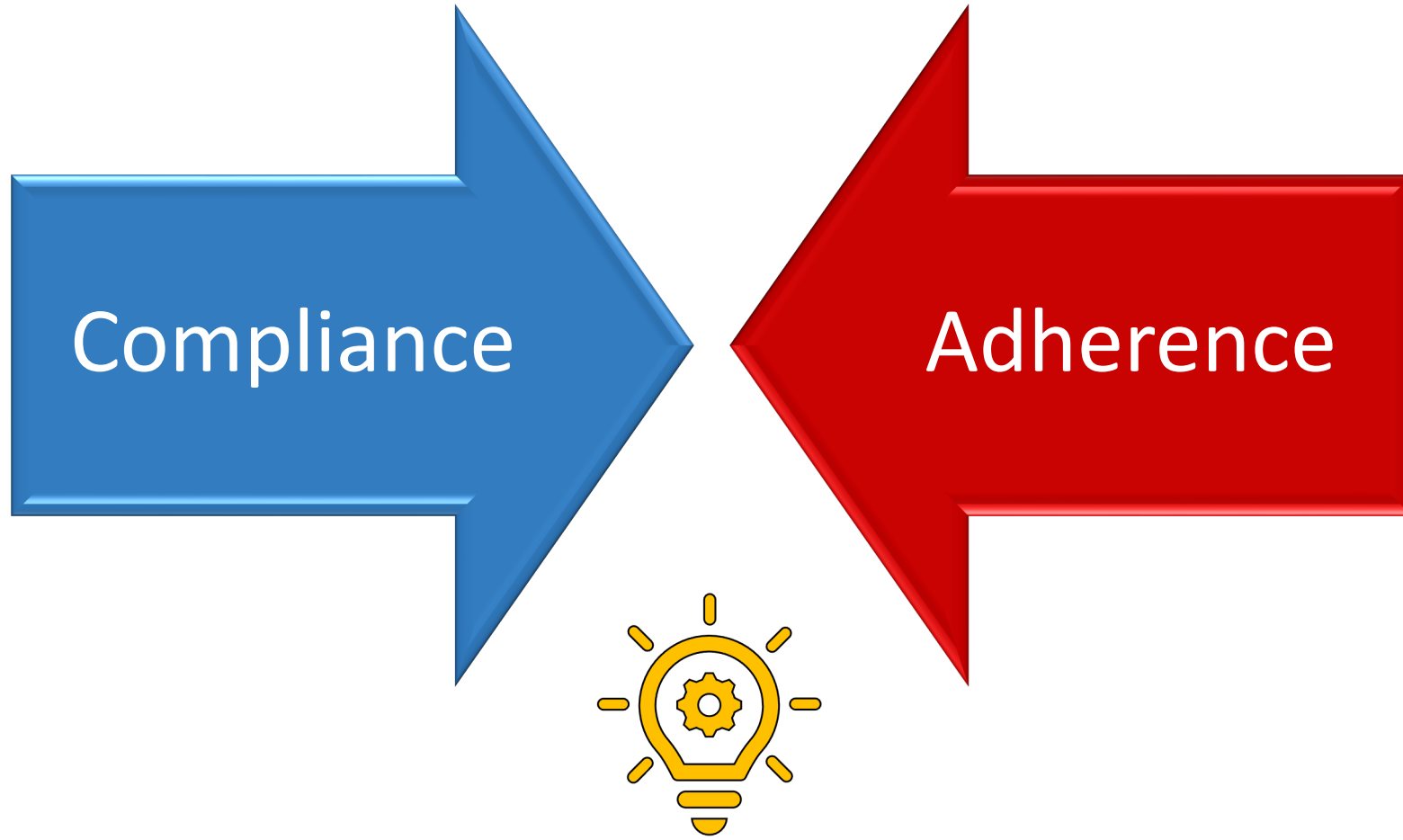
RANK 1 - 17 18 - 34 35 - 50 51 - 67 NOT RANKED (NR)

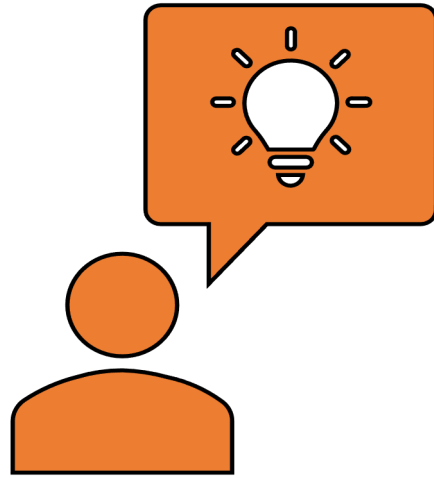
County Health Rankings, 2022

# Manage the BIG “B”



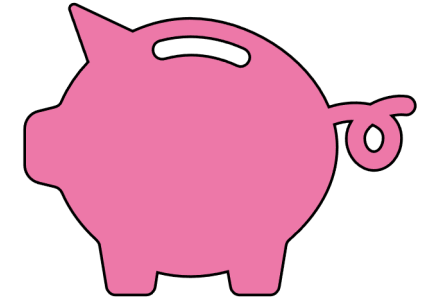
# The BIG “B”



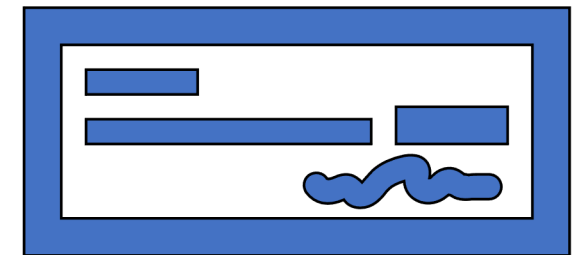


- Take the next 30 seconds to name your patient-related biases
- How hard was it to come up with your list?
- How often do you consider biases?
- What surprised you about this activity?

**THE CHALLENGE IS NOT THE BIAS, BUT WHEN OUR VIEWS IMPEDE  
OUR INTERVENTIONS**



# Revenue, Reimbursement, & Regulation



# The Intersection of COVID 19, and the SDoH

**\$93 Million  
excess  
healthcare costs**

**>25 million  
newly eligible  
for Medicaid**

**Medicare, Medicaid,  
private insurance  
payments  
for COVID19 services  
2020 and 2021  
estimated at \$98  
billion**



(CMS, 2020a; Ndugga & Artiga, 2021)

# Behavioral Health Costs

**Largest driver of unnecessary ED visits:**

- \$1,198-\$2,264 per visit
- 6-8X annually

**A New, “4<sup>th</sup> Wave” of Opioid Deaths, especially in Black & Latinx communities**

**Blacks had a 48.8% increase in overdose mortality vs. Whites at 26.3%.**

**American Indian or Alaska Native had the highest rate of overdose mortality (41.4 per 100 000), 30.8% higher than for Whites (25.0)**

(Friedman & Hansen, 2022; Schall et al., 2020 )



And the \$\$\$ Increase....

\$ 4.1 Trillion

>\$8  
Trillion

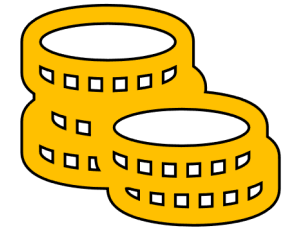
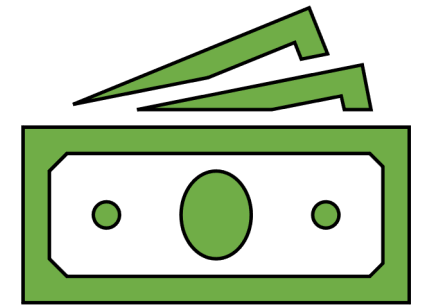


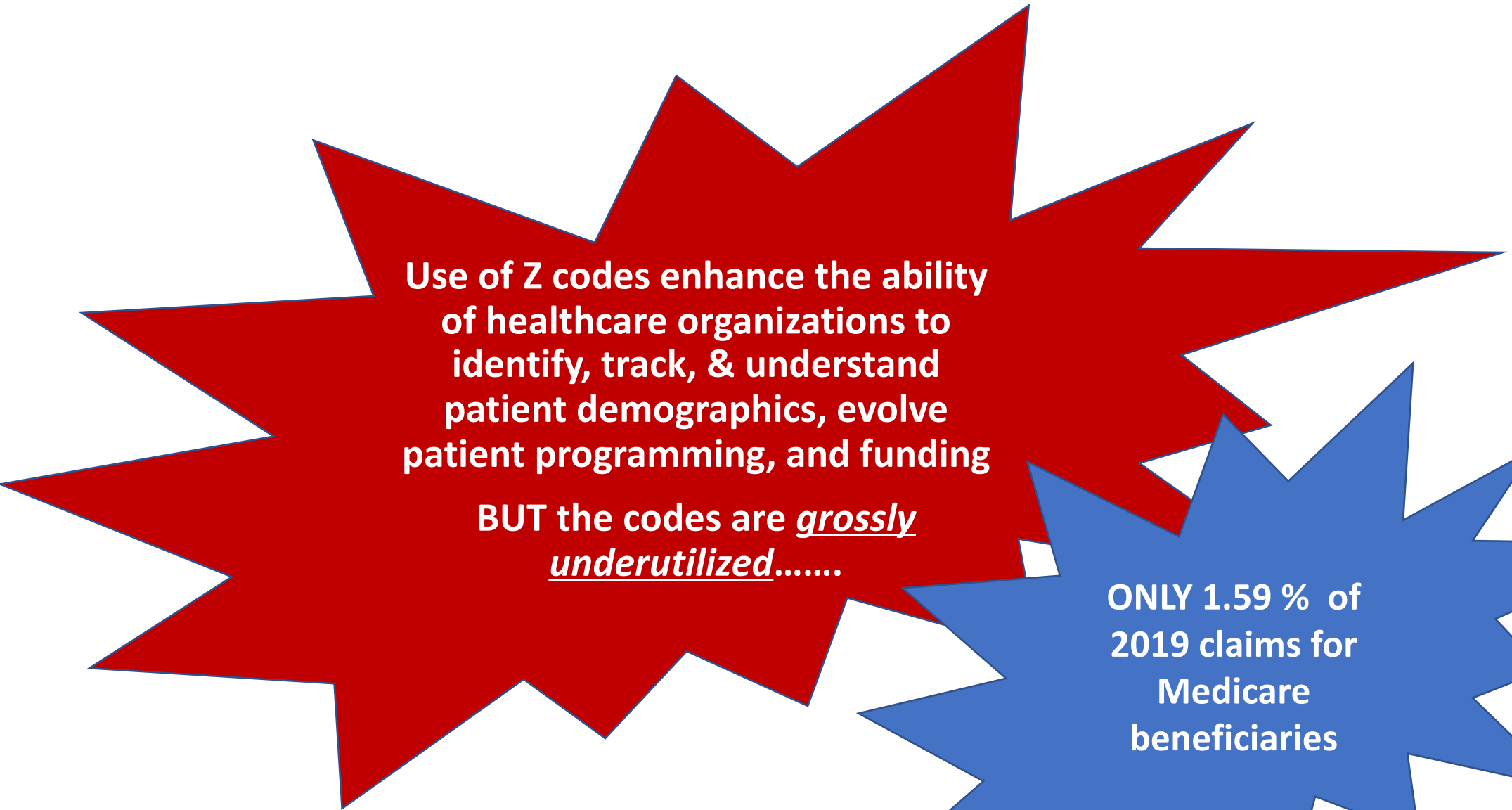
(CMS, 2021b)

# Ethical Attention to Reimbursement: Use of ICD 11 Codes

## Persons with potential health hazards related to socioeconomic & psychosocial circumstances Z55-Z65 Codes


- [Z55](#) Problems related to education and literacy
- [Z56](#) Problems related to employment and unemployment
- [Z57](#) Occupational exposure to risk factors
- [Z59](#) Problems related to housing and economic circumstances
- [Z60](#) Problems related to social environment
- [Z62](#) Problems related to upbringing
- [Z63](#) Other problems related to primary support group, including family circumstances
- [Z64](#) Problems related to certain psychosocial circumstances
- [Z65](#) Problems related to other psychosocial circumstances





Use of Z codes enhance the ability  
of healthcare organizations to  
identify, track, & understand  
patient demographics, evolve  
patient programming, and funding

BUT the codes are *grossly  
underutilized.....*



ONLY 1.59 % of  
2019 claims for  
Medicare  
beneficiaries

(CMS,2021b)

# Most Utilized Z-Codes!



- Z59.0 - Homelessness
- Z59.3 - Problems related to living in a residential institution
- Z60.2 – Problems related to living alone
- Z63.4 – Disappearance and death of family member
- Z63.0 – Problems in relationship with spouse or partner

(CMS, 2021b)

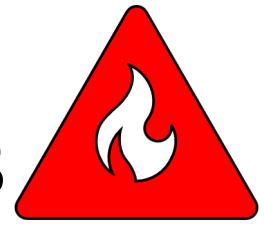
# 2021 Z-Codes



- Z55.5: Less than a high school diploma
- Z58.6: Inadequate drinking water supply
- Z 59.00: Homelessness, unspecified (new subcategories)
  - Z 59.01 Sheltered homelessness
  - Z 59.02 Unsheltered homelessness
  - Z 59.81 Housing instability, housed and subcategories of:
    - Z59.811 Housing instability, housed with risk of homelessness
    - Z59.812 Housing instability, housed, homelessness in past 12 months
    - Z59.819 Housing instability, housed unspecified
- Z 59.41 Food insecurity

***AND MORE ON THE HORIZON!***

# And Hot off the Press: 2022 Z-Codes

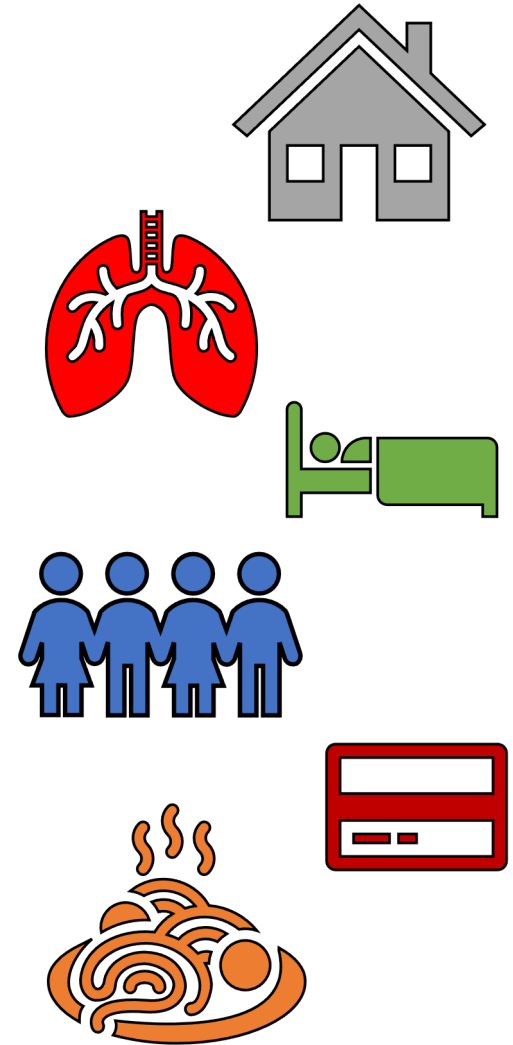


- Z59.82: Transportation insecurity
- Z59.86: Financial insecurity
- Z 59.87: Material hardship
- Z71.88: Encounter for counseling for socioeconomic factors
- Z911.10 Patient's noncompliance with dietary regimen due to financial hardship
- Z911.90 Patient's noncompliance with other medical treatment and regimen due to financial hardship

***AND MORE ON THE HORIZON!***

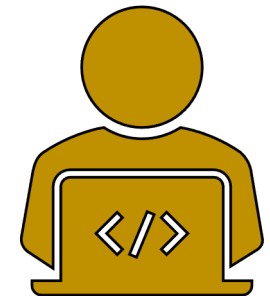
# Meet Leah

- 38 year old woman, married for 15 years.
- Recently fled her home and husband after years of domestic violence.
- 2 children: Nadine (7) and Max (14).
  - Both children were exposed to their father's physical and verbal outbursts.
  - Nadine wakes up with frequent nightmares, has enuresis.
- History of asthma, uses a a non-steroidal inhaler PRN
- Isolated during the marriage, and has no credit cards or friends. She was recently diagnosed as COVID+
- Fearful her husband will locate so refuses shelter referrals, and won't apply for jobs where she must give her Social Security #.
- In exchange for food and place to sleep, she cleans a diner at night.



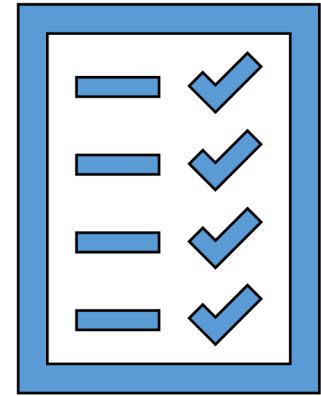
# Leah: Application

- [J45.901](#) Unspecified asthma with (acute) exacerbation
- [U07.1](#) COVID-19 Positive
- [Z56](#) Problems related to employment and unemployment
  - [Z56.3](#) Stressful work schedule
- [Z59](#) Problems related to housing/economic circumstances
  - [Z59.02](#) Unsheltered homelessness
  - [Z59.4](#) Lack of adequate food and safe drinking water
  - [Z59.6](#) Low income
- [Z63](#) Other problems related to primary support group, including family circumstances
  - [Z63.0](#) Problems in relationship with spouse or partner
  - [Z63.7](#) Other stressful life events affecting family





# We've Got Accreditation & Metrics



- **Health Equity Accreditation, and**
- **Health Equity Accreditation Plus**

## **Affirming Gender-Relevant Care**

### **HEDIS Race & Ethnicity Stratification Measures (2022):**

1. Colorectal Cancer Screening
2. Controlling High Blood Pressure
3. Hemoglobin A1c Control for Patients with Diabetes
4. Prenatal and Postpartum Care
5. Child and Adolescent Well Care Visits

### **New HEDIS Measures: 2023**

1. Dental services & access
2. Topical fluoride for children
3. Deprescribing Benzo's for older adults
4. ED visits: older adults with diabetes (hypoglycemia)
5. Social Needs Screening and Intervention

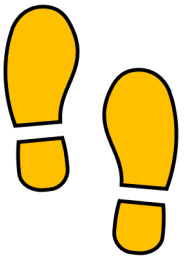
# Next, CMS Pillars?



## **PILLAR: HEALTH EQUITY**

(CMS, 2022b)

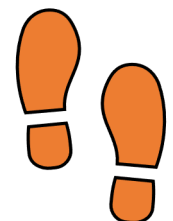
# Joint Commission Steps In



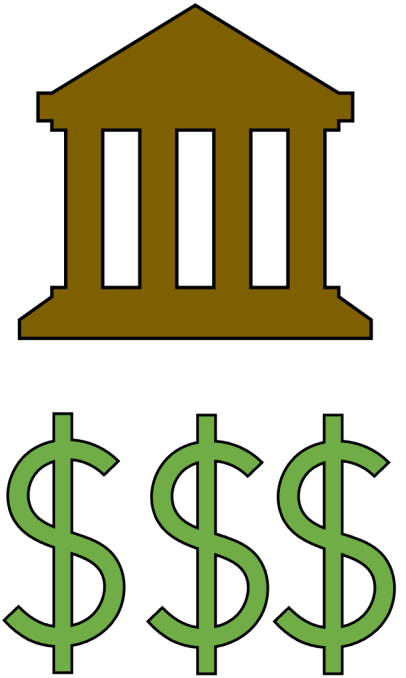
## Standard LD.04.03.08

- **EP 1:** The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].
- **EP 2:** The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.
- **EP 3:** The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients].
- **EP 4:** The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.
- **EP 5:** The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.
- **EP 6:** At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

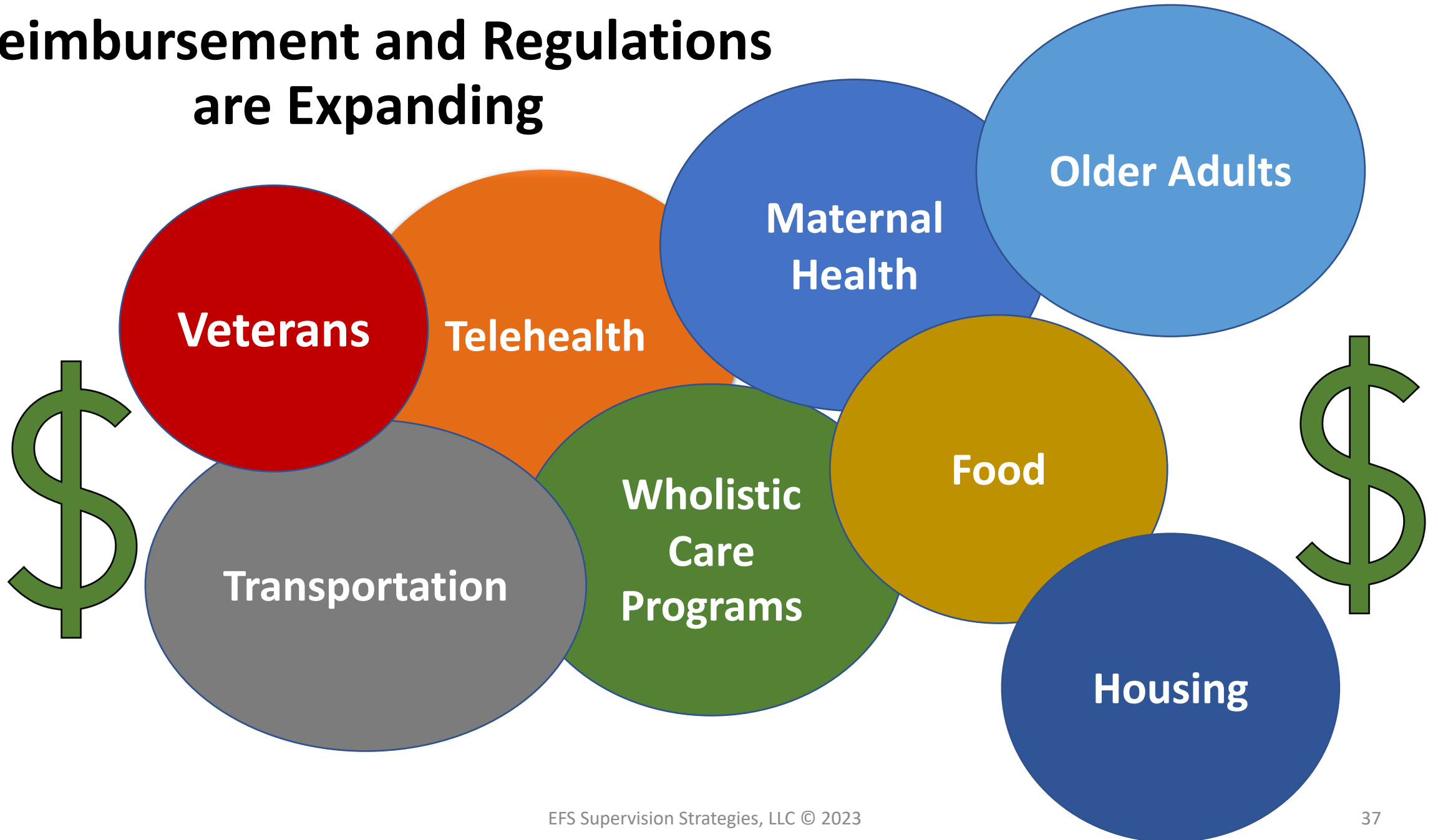
(The Joint Commission, 2022)



# Legislation and Funding



# Reimbursement and Regulations are Expanding



# How Many Bills?



## Other Social Determinants Legislation

Here is a full list, updated regularly, of other pieces of legislation related to social determinants, health disparities, and health equity.

To see a full list of the legislation related to social determinants, health disparities, and health equity from the 116th Congress, click [here](#).

+ Social Determinants Bills

+ Health Equity/Disparities Bills

+ Maternal & Infant Health Bills

163

SDOH Bills

52

Health Equity/Disparities Bills

76

Maternal & Infant Health Bills

# And Especially...

## Social Determinants Accelerator Act

(H.R. 2503/S. 3039)

Help states and communities:

- Best leverage existing programs to improve health and well-being of Medicaid recipients



## LINC to Address Social Needs Act

(S. 509/H.R. 6072)

Establish state or regional public/private partnerships to coordinate health care & social services



# Resources

[Aligning For Health](#)

[Brooking Institute](#)

[American Hospital Association](#)

Commonwealth Fund: [ROI Calculator](#)

[County Health Rankings and Roadmaps](#)

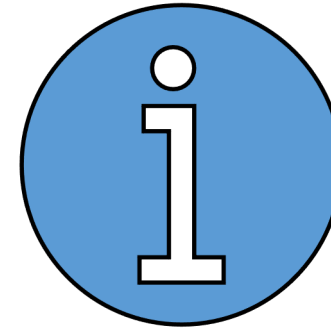
[Gravity Project](#)

[ICD-10 Monitor](#)

[Root Cause Coalition](#)

[Rural Health Hub](#)

State of the SDoH: [RACMonitor](#)







Questions



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**LinkedIn:** Ellen's Ethical Lens

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