Leveraging the Power of Health Exchange Data for Social Service Interventions

Summary

When leaving the hospital, patients are often faced with complexity and confusion. This can be a result of care transitions, complicated medical instructions, medication management, and high bills and co-pays, which can be even more difficult when living on a fixed income. The health and human services sector is poised to better serve these individuals by proactively connecting them with benefits that cover the cost of food, healthcare, and housing. As the healthcare sector increasingly looks to holistically support patients, the question remains: **how can the right data about patients be securely shared between healthcare providers and the community-based organizations that offer critical social interventions to patients in need?**

In 2019, the Robert Wood Johnson Foundation's Data Across Sectors for Health (DASH) program supported an effort to answer this question by bringing together a unique constellation of partners in Southeastern Pennsylvania: HealthShare Exchange (HSX), the regional health information exchange (HIE); Benefits Data Trust (BDT), a national nonprofit dedicated to simplifying benefits access; the Pennsylvania Department of Aging's Prescription Assistance Contract for the Elderly (PACE) Program; and Mercy Health System of Southeastern Pennsylvania, a nonprofit health provider. Specifically, HSX sought to utilize its real time access to patient data to identify seniors who had been admitted, transferred, or discharged from Mercy Health System of Southeastern Pennsylvania hospitals in the last 12 months in order to connect them to prescription assistance. Through data sharing agreements, BDT was able to conduct targeted outreach to potentially eligible seniors, encouraging them to call its contact center to receive help applying for a range of benefits.

By sharing data, the partners identified more than 10,000 Pennsylvania seniors not currently enrolled in PACE. Over the course of three months, BDT's outreach resulted in 141 application submissions (and counting), bringing over $250,000 in benefits to the Greater Philadelphia region for Pennsylvania seniors. Evaluation shows that 40.9 percent of respondents were eligible for at least one benefit, with the top three benefits being free comprehensive prescription assistance through PACE (55%), food assistance through the Supplemental Nutrition Assistance Program (SNAP) (16%), and federal prescription assistance through Medicare Extra Help (13%). The partnership demonstrates that health system hand-offs effectively encouraged people to apply for benefits, specifically prescription assistance, and improved access to care for seniors in the Greater Philadelphia region.

SUBMITTED APPLICATIONS BY BENEFIT

- PACE — 55%
- SNAP — 16%
- Other benefits — 16%
- Medicare Extra Help — 13%

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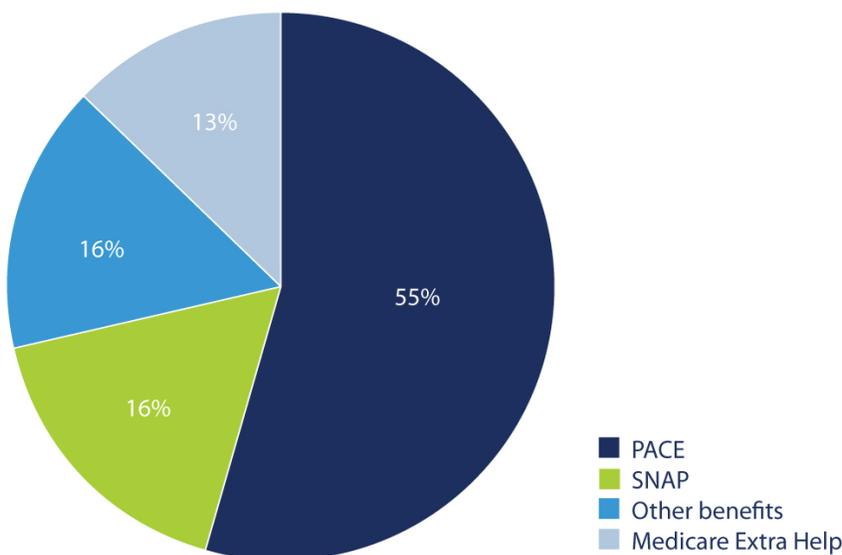
Lessons Learned

Healthcare Institutions and Social Service Providers can share data

The challenges of sharing patient-level data can often feel insurmountable. This project demonstrates that it is possible to share data that acts as a building block for such interventions. After executing the appropriate data sharing agreements, HSX and BDT were able to establish automated data feeds using a secure file transfer protocol. This gave BDT access to both a historic list of individuals admitted to, transferred to, or discharged from Mercy Health System of Southeastern Pennsylvania hospitals during the previous 12 months. The agreement also provided monthly lists of newly discharged patients, all of which served as the basis for benefits outreach. Health information exchanges like HSX were created to share patient information across provider organizations and health plans in a secure and confidential fashion; many have pre-existing data sharing agreements with providers and can help expedite the contracting process required for community-based organizations to access the data.

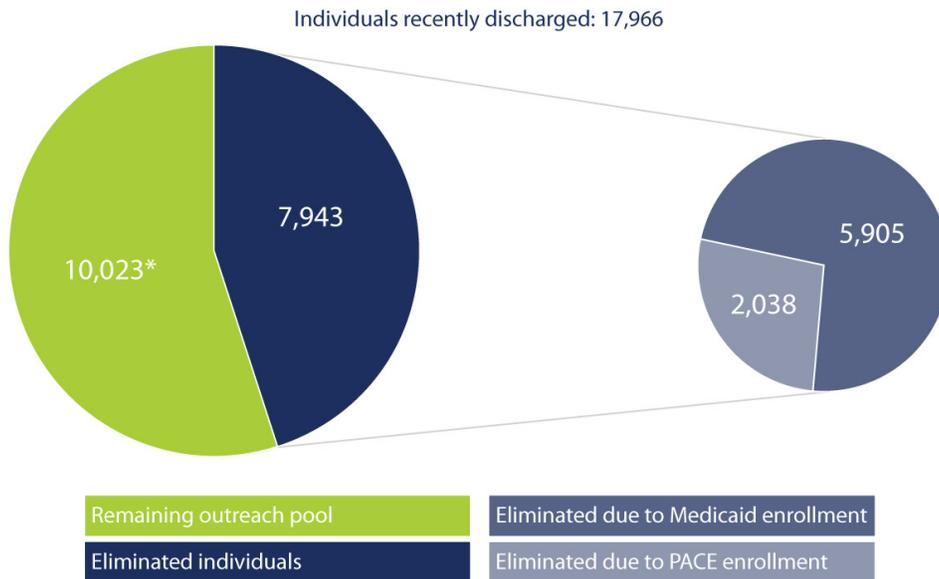**Data can be used to target outreach and services for those most in need**

This project with a list of nearly 18,000 people who had been recently discharged from Mercy Health System of Southeastern Pennsylvania hospitals – but not all of them were eligible for PACE. BDT was able to fine-tune the list, matching the data to lists of current PACE recipients and Medicaid enrollees. By refining the data, BDT was able to whittle the outreach list down to 9,355 households, ensuring that only those individuals most in need of services received the intervention.

Over three months BDT submitted 141 applications for the 208 households that responded.

Of those applicants, 55 percent were for the PACE program.

OUTREACH LIST

Individuals recently discharged: 17,966

10,023*

7,943

5,905

2,038

| Remaining outreach pool | Eliminated due to Medicaid enrollment |
| Eliminated individuals | Eliminated due to PACE enrollment |

*9,355 unique households were identified

Over three months, BDT submitted 141 applications (and counting) for the 208 households that responded (a 68% multi-benefit application rate that includes PACE). Of the 141 applications, 55 percent were for the PACE program. Both metrics show that the populations contacting BDT for assistance were likely eligible and interested in receiving assistance to reduce prescription costs. The data can be used to conduct sophisticated outreach that is based on a variety of factors, such as age, type of hospital visit, or geography. For example, BDT split the outreach into Philadelphia and surrounding counties, and the results show that while households outside of Philadelphia replied at similar rates, households in Philadelphia were 28 percent more likely to follow through and submit a multi-benefit application and 17 percent more likely to submit a PACE application.

Leveraging the power of real-time data can increase response rates
Individuals experiencing a significant life event – such as hospitalization – have an increased need for supportive benefits. This pilot shows that they are likely to make use of those services if they receive information in a timely manner. Patients were 42 percent more likely to respond to BDT's outreach if they received information about benefits eligibility within two months of discharge. BDT was able to reach those individuals in a timely fashion because they received monthly discharge data from HSX. Health information exchanges share patient data in real-time, and leveraging data allows providers and community organizations to provide services when they will be most effective. Reaching patients shortly after they leave the hospital helps to connect more people to the services they need to thrive.

Iteration is key to helping people connect to benefits and services
After nearly 15 years of experience conducting targeted outreach about benefits access, BDT has learned that testing different messages and outreach channels is a vital component of helping people connect to services. BDT can send multiple outreach letters to clients with varied messaging, conduct outbound call campaigns, and deploy SMS outreach. Because each patient is different, calls or texts may connect with those who would not have responded to mail and serve to increase response. During the pilot, BDT observed that outreach sent shortly after discharge was more effective than more delayed outreach. In the future, this finding will help BDT strengthen response rates; they can optimize the timing of outreach and customize letters with messaging geared toward people who have been recently discharged.

Conclusion

This unique collaboration between hospitals, HIEs, nonprofits, and state organizations helped connect seniors in the greater Philadelphia area with assistance during times of need. Specifically, this work demonstrates the importance of sharing data to help patients access critical social services, which improve individual well-being and overall health outcomes. This work shows that health system hand-offs to social services providers are effective in connecting seniors to services they need while also addressing social determinants of health. This project illustrates the tremendous opportunity of leveraging the power of HIEs – and the data they collect – to connect low-income patients to social services.

BDT and Healthcare

We're partnering with HIEs, providers, and health plans to address the social determinants of health. Contact Ashley Humienny, healthcare innovation lead, at ahumienny@bdtrust.org if you would like to explore the critical role of benefits access in improving health outcomes.

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