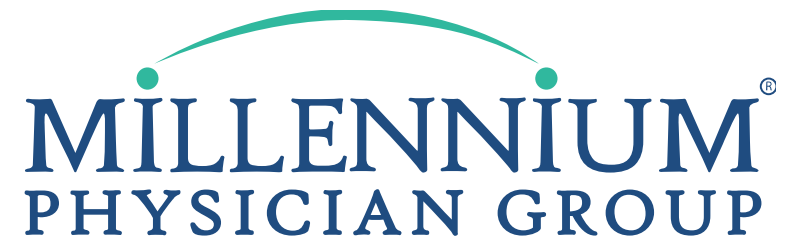


# Addressing Social Determinants of Health

## **Millennium Physician Group's Storyboard**



# Millennium Physician Group

- **630+ providers located in 19 counties in Florida**
  - All employed; one TIN; one EMR; 130 locations
  - Primarily primary care providers but also includes hospitalists and some specialists



# Millennium Physician Group

## Value-Based Contracts

- Millennium ACO - 70,000 patients, Enhanced Track, Started in 2013, financially successful each year
- 6 Medicare Advantage contracts - Goal is Full Risk on all MA contract
- 3 Commercial contracts – mostly upside only
- Gulf Coast ACN – manage an MSSP (Basic Track E) for independent physicians



# Millennium Physician Group

## Value Base Team – extension of provider's offices

- Social Workers, Case Management, Discharge Planners, Home Visiting Nurses, Pharmacist, Home Health coordinators, Palliative care teams, SNF case managers, diabetic education, provider relations, quality, risk adjustment, payer contracting, 24/7 Nurse Triage line
- Also includes hospitalists and analytical team



# Millennium's Storyboard Summary

- Employed model of Florida physicians on one EMR and one TIN
- Participants in one MSSP (Enhanced); manage another MSSP (Basic, Track E); Either full risk or transition to full risk with six MA plans
- Value Based Team extension of physician's office
- Providers or other members of VB team can send any case to social workers
- Social workers assist with behavioral, financial, housing, food, Rx donut holes
- Would like to learn from others as to best practices and how to measure success



# Millennium's Objectives for the Collaborative

## **Briefly address the following issues:**

1. Needs in your community that your team would like to address
  - Anything that the provider thinks the patient needs
2. What populations will you will prioritize serving
  - All populations – not just value based
3. How do you collect information about the needs of your population
  - Hire local social workers who are well versed in the community resources



# Millennium's Social Worker Team

- 5 BSW, 1MSW that is assigned by county and 1 LCSW
  - LCSW focuses on behavioral health, and has contracted with most payers for reimbursement





# Millennium's Social Worker Examples

- Financial assistance for pharmaceuticals
- Medical/Mental Health Resources
- Advance Directives
- Financial Assistance
- Transportation
- Food Resources (food pantries/Meals on Wheels, etc.)
- Homelessness
- Housing – Group home, placement in ALF/Long Term Care, etc.
- In-home resources – private duty, cleaning, meal delivery, grocery shopping, lawn care, laundry, etc..
- Application Assistance – Medicaid, Area Agency on Aging, financial paperwork to obtain assistance



# Millennium's Social Worker Examples

- Providers, Case Managers, Discharge Planners, etc. can refer to social worker for assistance in any area
  - Over 4000 visits YTD compared to 3200 YE2020



# Millennium's Objectives for the Collaborative

## 4. Who are important partners in your community

- Community-based organizations you are working with (or plan to work with) and resource gaps in your community –
  - Mental Health Professionals are the biggest resource gap
  - Meals on Wheels, Senior Friendship Centers, Respite Adult Day Cares, Food Pantries, Community Based / Public Transportation Services, Religious Charities/Churches, Private Duty Care Companies
- Key stakeholders or partners in your community that will influence the success of your SDOH initiatives (e.g., hospitals, health plans etc.)?
  - Local Hospitals and their case management department.
  - Collaborative efforts with health plans and regularly scheduled meetings with patient follow-up/monitoring



# Millennium's Objectives for the Collaborative

## 5. How will your SDOH initiatives be financed?

- General revenues; LSW can bill for some services, but do not depend for position funding.

