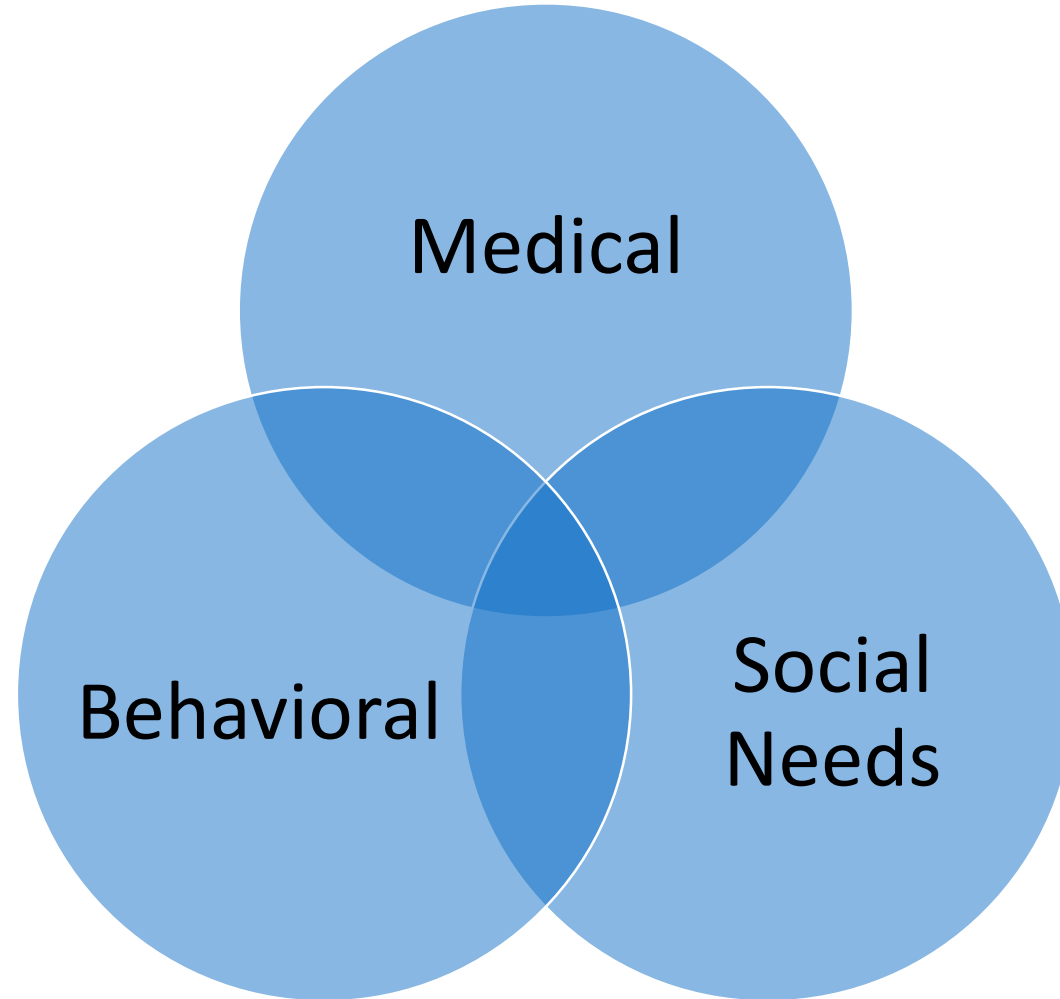




Expanding Outreach and Engagement to Persons Vaccine Hesitant through Healthcare Collaboration

Timothy P. McNeill, RN, MPH

Whole Person Health Factors **Impacts Vaccine** **Adoptions Rate**



Social Determinants of Health (SDOH): Impact on Vaccine Adoption

Social Determinants of Health



- Recognized SDOH Factors, per CDC
 - Safe Housing
 - Transportation
 - Access to nutritious foods
 - Language and Literacy skills

SDOH Vaccine Hesitancy Factors

- Low Health Literacy
- Loneliness / Social Isolation
- Culture

SDOH Reduced Vaccine Access Factors

- Lack of Transportation
- Homebound status
 - Permanent
 - Temporary after hospital discharge
- Limited Caregiver Support
- Housing Insecurity
- Financial Limitations
- Loneliness / Social Isolation



Scope of the Problem

COVID-19 Hospitalizations: Some Groups are Impacted More than Others

*Health Equity Issues Present across Aged, Disabled, and ESRD Populations

*Dually Eligible disproportionately impacted

*Increasing Vaccination Rates for these groups will potentially have a significant impact on ending the Pandemic

Preliminary Medicare COVID-19 Data Snapshot: Medicare Claims and Encounter Data: January 1, 2020 to February 20, 2021, Received by March 19, 2021

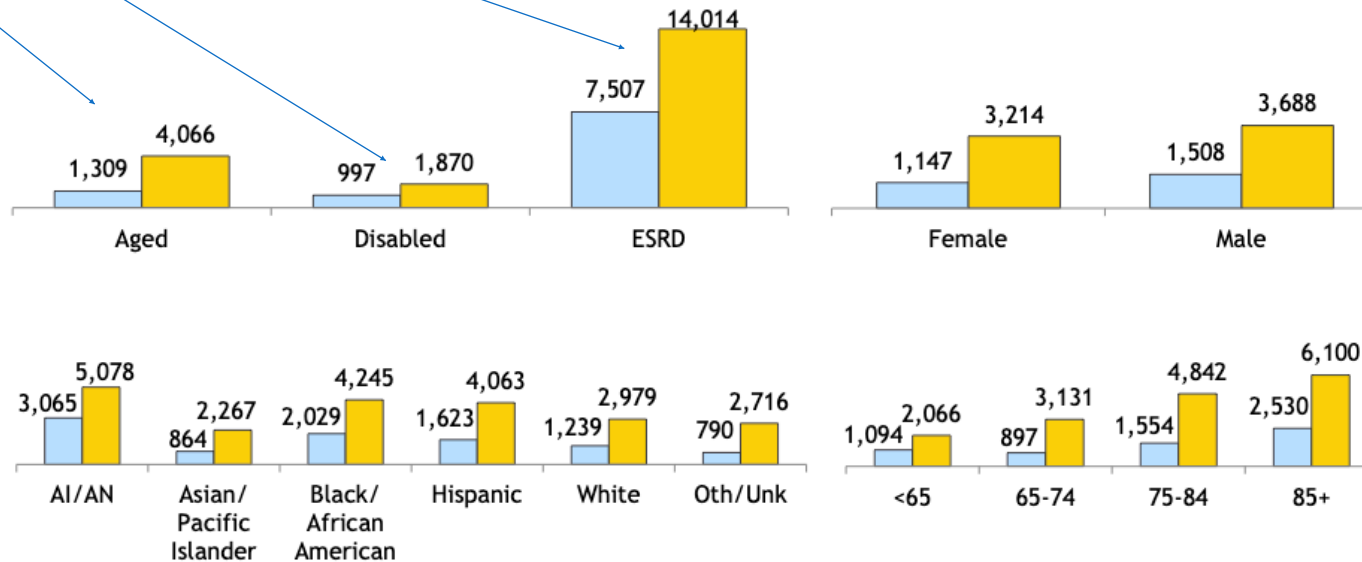
COVID-19 Hospitalizations

1,058,736 Total COVID-19 Hospitalizations **1,694** COVID-19 Hospitalizations per 100k

COVID-19 Hospitalizations per 100K by Beneficiary Characteristics

-Medicare Only vs. Dual Medicare and Medicaid Eligibility-

■ Medicare Only ■ Dual Medicare and Medicaid



Note: AI/AN = American Indian/Alaska Native

Disclaimer: All data presented in this update are preliminary and will continue to change as CMS processes additional claims and encounters for the reporting period. COVID-19 hospitalizations are identified using the following ICD-10 diagnosis codes: B97.29 (from 1/1-3/31/2020) and U07.1 (4/1/2020 and after). Medicare claims and encounter data are collected for payment and other program purposes, not public health surveillance, so caution must be used when interpreting the data. For additional details on data limitations, please see page 2 of this data update and view the methodology document available [here](#).



COVID-19 Pandemic: Some Groups are more Impacted than Others

*53% of COVID-19 Hospitalizations are discharged to community

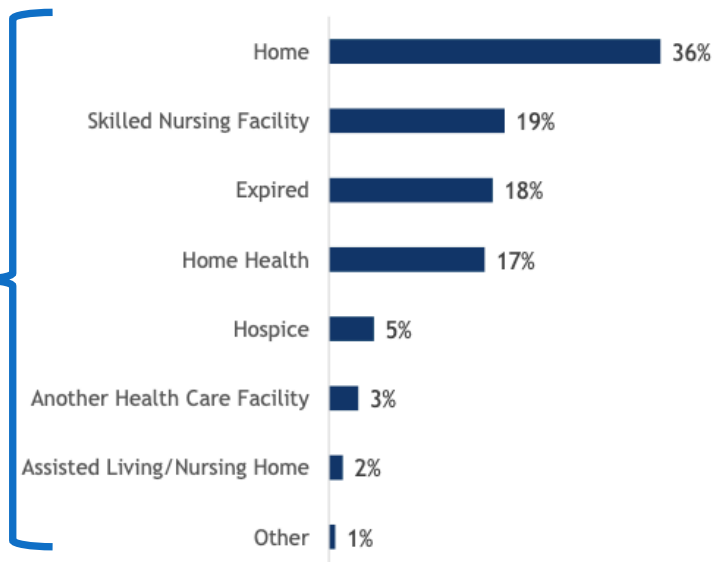
*Vaccine Outreach that collaborates with Healthcare could increase adoption for the target population

Preliminary Medicare COVID-19 Data Snapshot: Medicare Claims and Encounter Data: January 1, 2020 to February 20, 2021, Received by March 19, 2021

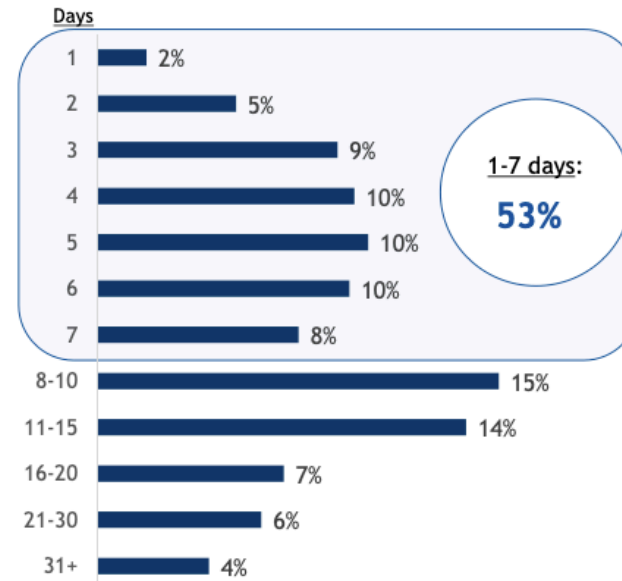
COVID-19 Hospitalizations

1,058,736 Total COVID-19 Hospitalizations **1,694** COVID-19 Hospitalizations per 100k

Percent of COVID-19 Hospitalizations by Discharge Status



Percent of COVID-19 Hospitalizations by Length of Stay



Note: Percentages may not add to 100% because of rounding.



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Duals and ESRD Population: Healthcare Demographics

- Duals and ESRD Populations are Disproportionately Impacted by COVID-19 based on CMS Claims data for Hospitalizations (March 2021)
- 12.2 Million People are dually enrolled in Medicare & Medicaid
- 41% have at least one mental health diagnosis
- 49% receive Long-term Services and Supports
- 60% have multiple chronic conditions



*CMS Medicare-Medicaid Coordination Office, Fact Sheet. March 2020. Available online:

https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

CDC Analysis: Impact of Loneliness and Social Isolation



Social isolation was associated with about a 50% increased risk of dementia and other serious medical conditions.

- One-fourth of adults aged 65 and older are considered socially isolated
- Older adults are at increased risk of loneliness and social isolation
- Loneliness was associated with higher rates of depression, anxiety, and suicide
- Loneliness among heart failure patients was associated with:
 - Nearly 4 times increased risk of death
 - 68% increased risk of hospitalization
 - 57% increased risk of emergency department visits

Source: <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>



ACL Strategic Framework Alignment with Addressing Impact of SDOH on Vaccine Hesitancy/Access

ACL Strategic Framework: Supports Healthcare Integration



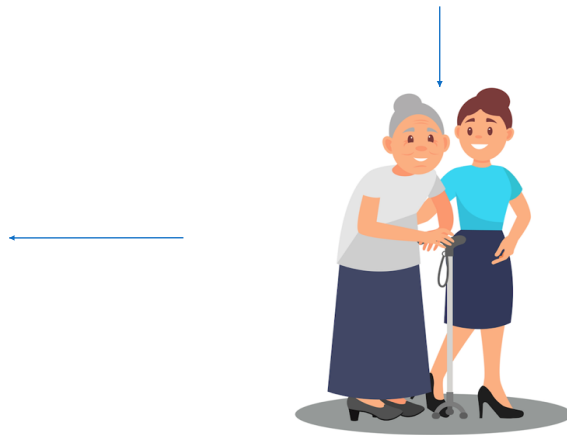
Healthcare Screens for Vaccine status



Vaccination Status secured and outcome data shared with Healthcare



CBO Network/CIHN Closed Loop Referral Portal

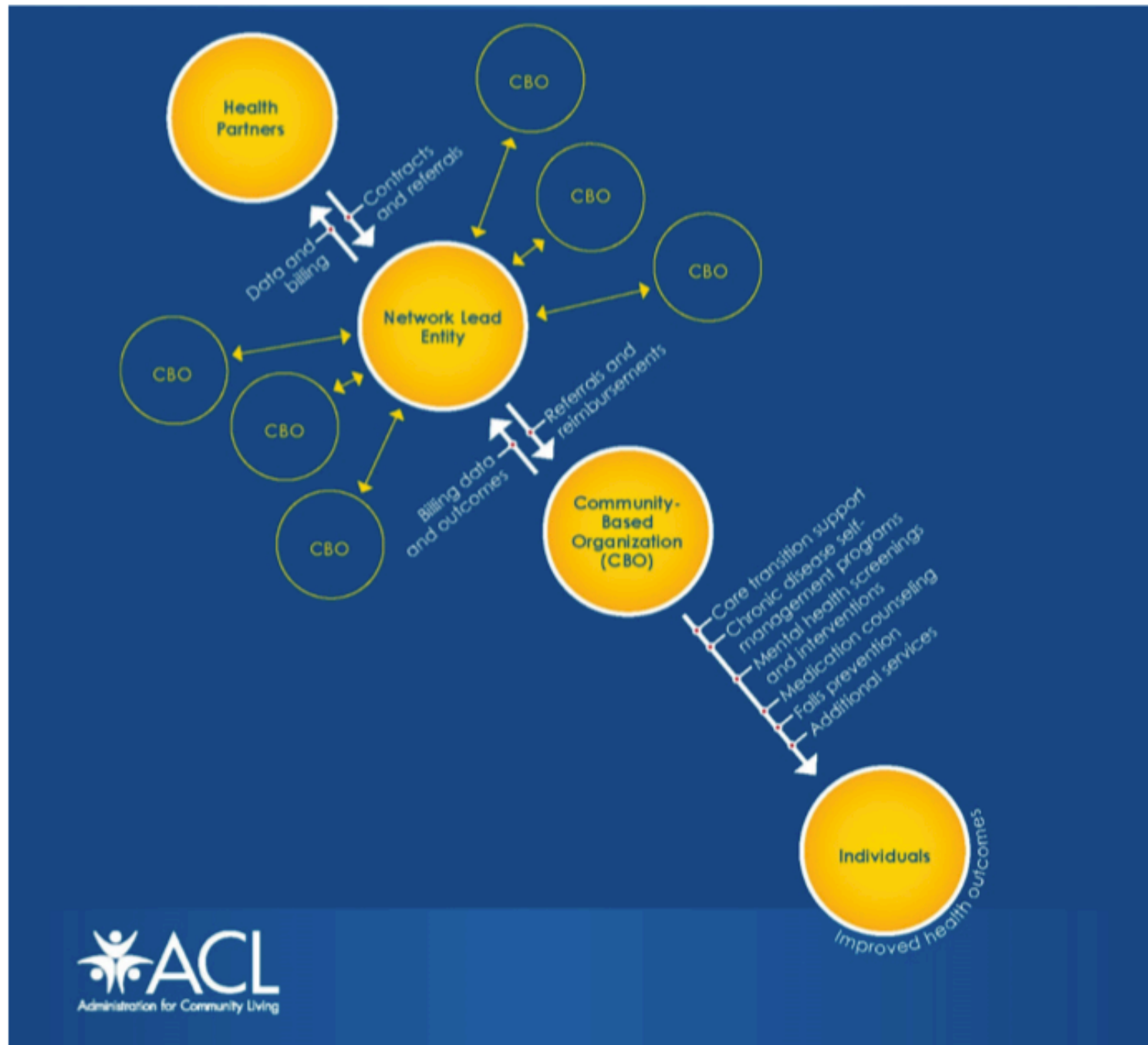


ADRC/AAA/CIL(CIHN) Addresses Vaccine Hesitancy/Access

- “The transformation of health care and the broad recognition of the need to address SDOH presents an opportunity for state health and human services leaders and partner organizations to proactively collaborate to integrate health care and social services.”
 - ACL Strategic Framework. Section 1, Page 5
- “At the State level, a collaborative governance and administration strategy can also encourage innovative approaches to blending and braiding resources to effectively address the underlying social needs of individuals.”
 - ACL Strategic Framework. Section 1, Page 7

Source: https://acl.gov/sites/default/files/programs/2020-06/ACL_Strategic_Framework_for_Action_v1_%20June%202020_final_508_v2.pdf

Figure 1. Community Integrated Health Networks



- ACL Strategic Framework Recommendation for Healthcare Integration
- NLE/CIHN: Efficient Integration with Healthcare will help achieve goal of addressing Vaccine Hesitancy or Vaccine Access for people with high-risk conditions
- **Opportunity to Address Vaccine Hesitancy/Access through Engagement with people 65+ and people 18+ with a disability that are not already supported through an Aging and Disability Network program**



Pandemic Response Funding
CARES ACT
American Rescue Plan Act

ACL – CDC Memorandum of Agreement (MOA) ~ \$26 Million to ADRCs for Vaccine Hesitancy and Vaccine Access

*Additional funding from the MOA will go towards SUAs, AAAs, CILs, UCEDDs, P&A, and DD Councils.



Health Centers and Community Care; Section 2602	Person-Centered Counseling	\$7.6 billion	<ul style="list-style-type: none"> ▪ Planning, promoting, distributing, and tracking COVID-19 vaccines and other vaccine-related activities, and ▪ Detecting, diagnosing, tracing, and monitoring COVID-19 infections and related efforts to mitigate the spread of COVID-19.
Funding for Community-Based Funding for Local Behavioral Health Needs; Section 2707	Public outreach and Coordination with Key Referral Sources; Person-Centered Counseling	\$50 million	Provides grants to states, local, tribal, and territorial governments, tribal and non-profit community-based organizations, and primary and behavioral health organizations to address increased community behavioral health needs worsened by COVID-19.
Supporting Older Americans and their Families; Section 2921	Governance and administration; Public outreach and Coordination with Key Referral Sources; Person-Centered Counseling; Streamlined Eligibility for Public Programs	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Title IIIB</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Title IIID</div> \$1.4 billion total	<ul style="list-style-type: none"> ▪ \$750 million to support nutrition programs for older Americans. ▪ \$25 million for services, including nutrition, for Native American communities. ▪ \$460 million to support home and community-based support services program, including support for COVID-19 vaccination outreach and coordination and addressing social isolation. ▪ \$44 million for evidence-based health promotion and disease prevention. ▪ \$145 million for the National Family Caregiver Support Program. ▪ \$10M to carry out the long-term care ombudsman program. I
Additional Funding for Aging and Disability	Governance and administration; Public outreach and	\$274 million-	Provides additional funding for long-term care ombudsman programs,

American Rescue Plan Act: Title IIIB and Title IIID Funding

Available Online: <https://www.ta-community.com/t/p8hfthh/opportunities-to-leverage-american-rescue-plan-act-arpa-funds-to-grow-nwd-systems>



Engagement of New High-Risk Populations through Healthcare Partnerships

Full Integration with Healthcare



Expands Vaccine Outreach to People 65+ and People 18+ with a disability that are not currently supported through an Aging and Disability Network Program

Healthcare Integration to Expand Vaccine Adoption



Vaccine Hesitant Beneficiary



Healthcare Screens/Refers for Vaccine Hesitancy/Access



CIHN (AAA/ADRC/CIL) Common Access Point/Single Sign-On Receives Referral



SDOH Screening For Vaccine Hesitancy/Access Barriers



SDOH Person-Centered Plan To Address Barriers To Vaccine Acceptance



Outcomes Achieved: Increased Vaccine Adoption For All Persons 65+ and Persons 18+ with a disability Referred By Healthcare. Reach Extended Beyond Persons Currently Served Aging Network Programs



Closed-Loop Outcome Reporting For Vaccination Effort Back To Healthcare



CBOs Blend & Braid Resources To Address Vaccine Hesitancy/Access



Blending and Braiding Funding to Expand Vaccine Outreach in Collaboration with Healthcare

Solutions Require Investment in Infrastructure



CIHN Shared Services to Integrate with Healthcare for Vaccine Outreach

- AAAs/ADRCs/CILs (CIHN) investment in Health IT integration to **Expand Outreach to people who are vaccine hesitant**
- Single Sign-On like feature for CBOs to access multiple Referral systems for **Healthcare to submit referrals for patients who are vaccine hesitant**
- Scheduling and case management software to track the **status of Vaccine Hesitant referrals received by Healthcare** the supports the CIHN mobilized to address Vaccine Hesitancy/Access
- Closed-Loop Referral System to **report Vaccination status back to Healthcare** for each referral

Staff Integration to Target Persons that are Vaccine Hesitant or Lack Vaccine Access

- ADRC Care Transitions staff who are integrated with Hospitals to target high-risk populations admitted to a local hospital that report not having a COVID vaccine
- Community Care Coordination to address SDOH factors that serve as a **barrier to Vaccine adoption**
- Medical Practice Community Health Workers/Health Coach liaisons to facilitate referrals for persons that are impacted by SDOH that **limits Vaccine Adoption rates**
- Health Insurance Plan CHWs/Health Coaches and care coordination liaisons to facilitate referrals for persons that are impacted by SDOH that **limits Vaccine Adoption rates**

Blending and Braiding to Implement a Targeted Healthcare Integration plan to expand Vaccine Outreach

- CARES Act Funding to hire key staff that are sustained with ARPA funding to **address Vaccine adoption and SDOH factors / Vaccine Access supplemental**
- IT Systems investment for closed-loop referral through single sign-on feature to **exchange data for patients that are vaccine hesitant or lack vaccine access**
- Scheduling and case management systems to **track SDOH factors and interventions implemented to address Vaccine hesitancy or Vaccine Access barriers**
- Reporting systems to inform Healthcare of **outcomes of Vaccine outreach and interventions to increase vaccination adoption rates.**

Questions | Comments



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