Mid-America (HHS Region 7

TC Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration

# Context Clues: Using Social Determinants of Health (SDOH) to Enhance Treatment: Orientation to Z-Codes

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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INVITING TO INDIVIDUALS

**OWN JOURNEYS** 

PERSON-FIRST AND

FREE OF LABELS

PARTICIPATING IN

RESPECTFUL, CLEAR AND UNDERSTANDABLE

#### HEALING-CENTERED/ TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

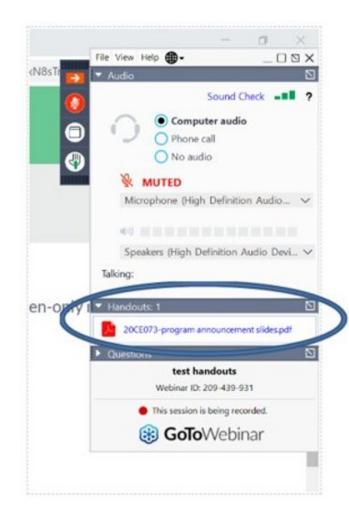
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\_2019ed\_v1\_20190809-Web.pdf

## Announcements

- All attendees are automatically muted
- Submit questions any time during the webinar
- Attendees will receive a certificate of completion for each webinar if they attend each in their entirety
- This webinar is being recorded.

https://mhttcnetwork.org/centers/mid-america-mhttc/contextclues-using-social-determinants-health-sdoh-enhance-treatment

# **Downloading handouts**





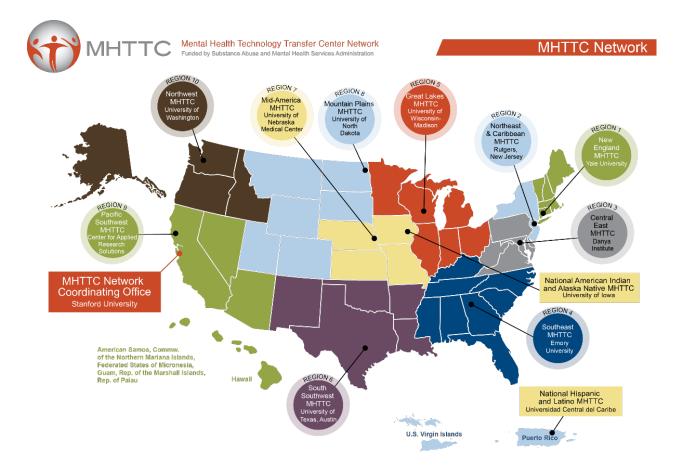
# **Evaluation**

- At the end of this session, you will be asked to complete a brief evaluation.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our services.
- To maintain our funding, we are required to get 80% participation.
- We greatly value your feedback and participation in the survey!!

# Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center. (5 years, \$3.7 million, grant number: H79SM081769)



# **Learning Objectives**

This presentation provides an orientation to Z-Codes and how they are utilized in primary care settings to improve care. You will:

- Learn what Z-Codes are
- Learn how Z-Codes are predictive of health status, and
- Learn to utilize Z-Codes to track, report and make referrals to address Social Determinants of Health



# What are Z-Codes?

## **Definition of Z-Codes**

**Social Determinants Of Health** are the conditions by which we are, born, live, work, and grow up; and the forces that shape these conditions (WHO, 2018).

**Social Determinants Of Health** might account for 60-80% of patient health outcomes (CDC, 2019; Hood, 2016).

**Z-Codes** are standardized measures of **Social Determinants of Health** that are introduced in the 10<sup>th</sup> revision of ICD-10.

# List of Z-Code Categories

- 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 supports group, including family circumstances

- Z65 Problems related to other psychosocial circumstances
- Z68 Body Mass Index (BMI)
- Z72 Problems related to lifestyle
- Z73 Problems related to life management difficulty
- Z74 Problems related to care provider dependency
- Z75 Problems related to medical facilities and other health care
- Z77 Other contact with and (suspected) exposures hazardous to health
- Z91 Personal risk factors, not elsewhere classified

# **Z-Sub-Codes: Z55 Example**

### **Z55: Problems Related to Education and Literacy**

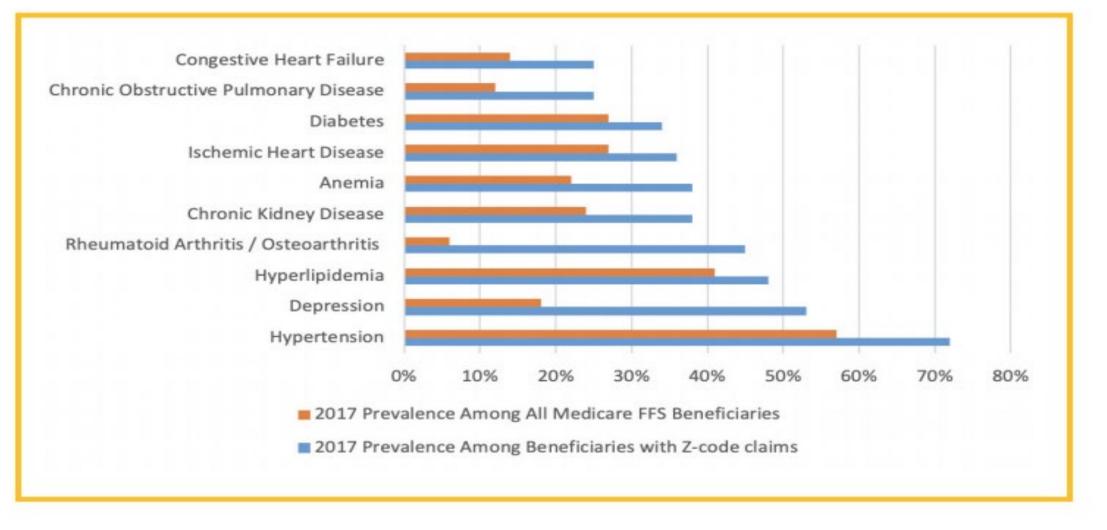
- Z55.0 Illiteracy and low-level literacy
- Z55.1 Schooling unavailable and unattainable Z
- Z55.3 Failed school examinations
- Z55.3 Underachievement in school

- Z55.4 Educational maladjustment and discord with teachers and classmates
- Z558 Other problems related to education and literacy
- Z559 Problems related to education and literacy, unspecified

# Most prevalent Medicare Z-Codes in 2017 (number of claims)

- 1. Z590 Homelessness (223,062)
- 2. Z602 Problems related to living alone (196,551)
- 3. Z634 Disappearance and death of family member (127,766)
- 4. Z658 Other specified problems related to psychosocial circumstances (58,083)
- 5. Z630 Problems in relationship with spouse or partner (49,448)

# **Z-Codes and Chronic Conditions**



(Hodge & Khau, 2020)

# How do we use Z-Codes ?

# Using Z-Codes CMS 2021

#### **USING Z CODES:**

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes



SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

**SDOH are** the conditions in the environments where people are born, live, learn, work, play, and age.





#### Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

#### Step 2 Document

- Data are recorded in a person's paper or electronic health record (EHR).
- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

#### Step 3 Map SDOH Data to Z Codes

#### Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.<sup>1</sup>

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented in an individual's health care record by any member of the care team.<sup>2</sup>

#### Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

#### Step 5 Report SDOH Z Code Data Findings

**SDOH data can be added to key reports** for executive leadership and Boards of Directors to inform value-based care opportunities.

 Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.

 A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

CMS

### Why should we use Z-Codes?

#### **Patient Needs**

- Z-codes enhance patient care
- Improves care coordination and referrals
- Documenting in medical records can support systems for referral and follow-up for services

#### **Community Needs**

- Informs state and local governments about community needs
- Aggregate data identifies "clusters" of community needs
- Data can support planning and implementation of social needs intervention



#### Integrated Care Model

Engage community-based teams to promote relationship building

Facilitate community-wide discussions on best practices related to integrated care

Provide a framework for the development of community-driven protocols and best practices



#### **Z-Code Claims**

Establish pilot sites to implement community-wide adoption of routine SDoH screening

Offer training to providers on the usage of z-codes and best practices for related interventions

Identify Medicaid members with unmet SDoH needs based on z-code claims

Identify gaps in care based on correlations between SDoH and health outcomes



#### **Interventions**

#### **Internal**

Identify and refer Medicaid members who could benefit from case management or other services

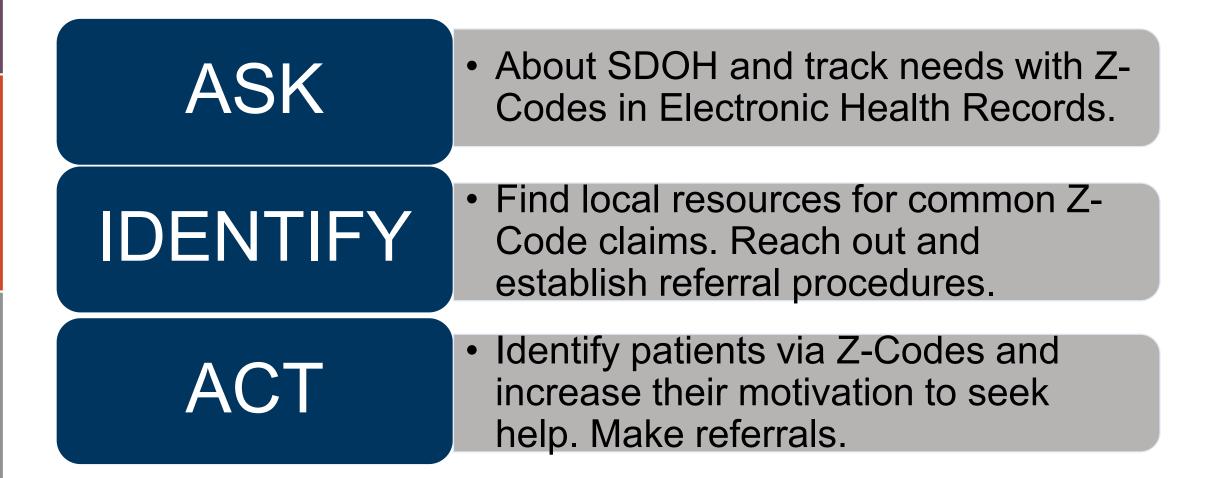
#### **External**

Provide support to community partners to make referrals through Aunt Bertha

#### **Systemic**

Partner with communities to develop data-driven, coordinated responses to local and regional barriers

# **Z-Codes and Population Health**



## Practice Application

"Our Case Study"



# What can we learn from our case study?

#### Claudia



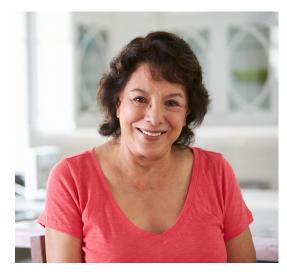
Mother Age: 38 Race: Latina Employment: Waitress Insurance: through employer

#### Patrick



Father Age: 41 Race: White/Thai Employment: Auto detailer Insurance: marketplace plan

#### Ivonne



Grandmother Age: 63 Race: Latina Employment: N/A Insurance: none

# What can we learn from our case study?

Tyler



Eldest daughter Age: 16 Race: biracial Employment: student Insurance: Medicaid





Son Age: 13 Race: Latino Employment: student Insurance: Medicaid Edith



Youngest daughter Age: 2 Race: biracial Employment: N/A Insurance: Medicaid

## **Selected References**

World Health Organization. (2018). Social determinants of health. www.who.int/social\_determinants/en/

Hood, C.M., Gennuso, K.P., Swain, G.R., &Catlin, B.B. (2016).
County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventative Medicine*, *50*(2), 129-135.

Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Social determinants of health, healthy people 2020.

2019. https://www.healthypeople.gov/2020/topicsobjectives/topic/social-determinants-of-health

### Resources

- Mid-America MHTTC <a href="https://mhttcnetwork.org/centers/mid-america-mhttc/home">https://mhttcnetwork.org/centers/mid-america-mhttc/home</a>
- Aetna Better Health of Kansas <u>https://www.aetnabetterhealth.com/kansas/</u> [aetnabetterhealth.com]

SoCKansas@aetna.com

- Aunt Bertha (within KS) <u>https://aetna-ks.auntbertha.com/</u> [aetna-ks.auntbertha.com]
- Aunt Bertha (outside KS) <u>https://www.findhelp.org/ [findhelp.org]</u>

# Questions?

