

Strategies for Payer-Provider Collaboration Around Social Determinants of Health

When it comes to making an impact on social determinants of health, the biggest barrier healthcare providers and payers face is funding these initiatives and getting paid for their efforts, according to a survey by Modern Healthcare Custom Media.

Fifty-five percent of payers and providers cited budgetary constraints/lack of reimbursement as their top challenge in addressing social determinants of health. Difficulty in proving return on investment ranked second among the 600 payers and providers who responded to the survey, conducted on behalf of Enolve Health.

Meanwhile, the stakes in managing complex medical conditions are high, payers and providers agree. Fifty percent of respondents believe social determinants of health have a significant impact on chronic disease management.

“These are not small needs,” says Rashi Venkataraman, executive director of prevention and population health, America’s Health Insurance Plans (AHIP). “Social determinants of health point to bigger-picture gaps in resources that significantly affect population health. And there is no one-size-fits-all approach.”

The survey results point to the need for close collaboration between payers and providers in determining the right approach for investment in social determinants of health initiatives.

OBSTACLES TO INNOVATION

Just 41 percent of survey respondents say their organizations are adequately addressing social determinants of health for the populations they serve. Resource constraints—both for payers and providers—continue to be a significant challenge, Venkataraman says.

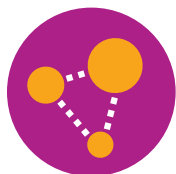
“Everyone is mindful of resource limitations,” she says. “That’s why organizations are taking their time to develop their social determinants of health strategies: They want to establish initiatives that are sustainable and will have a demonstrative, long-term impact.”

And while both payers and providers recognize the potential for investments in social determinants of health to improve outcomes and reduce costs, substantial funding by either of these entities remains rare, recent research by George Mason University and Harvard Business School shows.

Absence of financial buy-in from state governments also is a key barrier, says Francis Rienzo, interim CEO for Medicaid Health Plans of America (MHPA). “States often have a hard time seeing the value of aligning investments in social determinants with healthcare programs,” Rienzo says.

“For example, we know that having care managers in home settings delivers far more value than it costs, because these individuals are able to see firsthand whether a member has food in his refrigerator or whether an aging member has

What types of programs or initiatives is your organization employing to address social determinants of health?



56%

Care coordination for low-income or geriatric patients/members



56%

Nutrition education



47%

Lobbying of government officials



46%

Substance abuse support



45%

Parental and early childhood resources

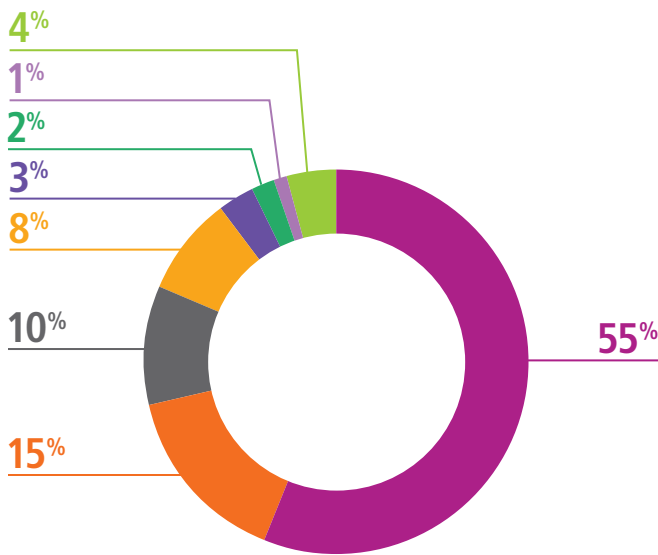


40%

Free or low-cost tobacco cessation programs

Total Answering: 552 Respondents.

What is the biggest challenge in addressing social determinants of health?



Total Answering: 552 Respondents.

tripping hazards in the home that could lead to a hospital stay. The interventions made by these care managers help to avoid cost, but across budget silos. But the state ends up paying the bill for these resources—and that can be a hard sell. Because of the funding silos for support services like food, housing and others, it becomes very challenging for state health plans to offer new, innovative programs that may cost more on the administrative side before they result in cost reduction on the medical health side.”

Meanwhile, some health plans and providers are hesitant to deploy creative approaches given the shortage of resources and insufficient data around interventions that work. “This is a new space, and it’s an art,” Rienzo says.

BUILDING BLOCKS FOR COLLABORATION

How can payers and providers build strong partnerships to effectively address social determinants of health? There are four strategies to consider.

Be willing to accept both upside and downside risk.

Both payers and providers must have “skin in the game” to achieve their common goal of improving the health of the populations they serve by addressing social determinants. “Getting payers to accept both the gains and the losses is key,” Rienzo says.

Approach community service organizations jointly to determine root causes.

“With so many social determinants of health, there are community service groups already working to address these issues,” says Matthew W.

- Budgetary constraints/lack of reimbursement
- Difficulty in proving return on investment
- Reduced public health funding
- Lack of community, patient or member acceptance of initiatives
- Difficulty in assessing community needs
- Lack of willing community partner organizations
- Poor program performance
- Other

Kreuter, PhD, MPH, faculty director for the Envolve Center for Health Behavior Change, a research collaboration between Brown School at Washington University in St. Louis, The Center for Advanced Hindsight at Duke University and Centene Corporation. “It’s a lot more efficient for payers and providers to jointly seek opportunities to partner with these agencies.”

Work together to operationalize social determinants of health.

Equip care managers with the skills to interview members regarding the social determinants that may be affecting their ability to manage complex care conditions, and ensure these staff are intimately familiar with the community services available to help meet these needs. “These types of conversations take more time and require training,” Venkataraman says.

Look for net-net wins. Payer-provider investment in social determinants of health can address members’ basic life needs while improving access to care. IlliniCare partnered with the Boulevard, a medical respite center for homeless adults, to support men and women as they recuperate from significant medical ailments. ED and inpatient admissions have decreased 93 percent among residents—and access to stable housing after discharge has increased.

If you would like to learn more about this survey and offer feedback on this article, please visit [ModernHealthcare.com/Envolve](https://www.modernhealthcare.com/Envolve).

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