Addressing the Social Determinants of Health in a Value-Based Payment World: A Playbook for Social Care Providers

Volume 1: Laying the Foundation for Health and Social Care Partnership

Juliette C. Price
Helgerson Solutions Group

HSG

What We Promise to You in this Playbook:

As in all emerging fields, jargon, acronyms, and complexity creep in as we attempt to name and frame concepts to move the field forward. While that can be helpful, it can also do us a disservice as we race towards progress, so here are some ground rules we'll use in our playbook series to help cut down on complexity:

- Spell out acronyms every time. EVERY time. No one likes to read word soup.
- Simplify complex topics and link to other resources where possible to help build your knowledge base where needed.
- Give you some rough-sketch examples of concepts as we go along to paint a picture for you. These should be taken for exactly what they are—examples. Don't focus too much on the details of them, but on how they illustrate a concept. They are not case studies.

Introduction & Setting Context:

The call for the health care sector to recognize that the social determinants of health are overwhelming factors in the health outcomes of populations has never been louder. All across the world, the field of health care is moving towards better understanding, quantifying, and ultimately paying for interventions that address these underlying root causes of health outcomes and inequity.

While on its own a cause for celebration, we find ourselves in a more complicated place—**understanding exactly how health and social care partnerships can work together to deliver outsized results**. Early adopters have begun to pave the way, but these brave organizations would tell you just how complex the process has been, and just how much further we have to go to see these kinds of partnerships in every community.

Our aim in this playbook is to distill down from what we are seeing across the field of health and social care partnerships into an actionable set of recommendations, key questions, and concepts. We seek to accelerate the pace of change by demystifying how health and social care can work together.

We believe a few things about this area of work:

- We believe that health and social care providers are united in their mission to deliver better outcomes for populations, especially vulnerable and historically marginalized groups
- We believe that health and social care providers are split by sector-specific divides, such as nomenclature, fiscal modeling of each respective system, and general misunderstanding about how the other sector works
- We believe that both health and social care sees the problem through a distinct lens, but is missing mission-critical insight that the other sector possesses
- We believe that the answer to some of our greatest collective challenges lays in cross-sector collaboration

This playbook is written specifically through the lens of social care providers and follows our belief that the work of cross-sector partnership begins with singular organizations engaging in deep introspection regarding their own organization. This organizational development lens is uncommon, but draws from over 10 years in the field of cross-sector partnership building.

Key Definitions for this Playbook:

- **Health care:** In this context, when we refer to "health care," we are referring to the general sector that encompasses the prevention, diagnosis, and treatment of disease, illness, injury, and impairments. We're generally referencing the health care system, made up of providers, payors, health care systems, and hospitals and clinics.
- **Social care:** We are deliberately moving away from using terms such as "community based organization" and "non-profit," as it is unhelpful to lead discussions based on an organization's tax-status. Borrowing from the international community, we seek to use the term "social care" when referring to services that can be described as non-medical, personal care and practical assistance, generally focused on children and adults who need extra support. The aim of social care is generally to prevent deterioration of physical or mental health, promote independence and social inclusion, improve opportunities and life chances, strengthen families and protect human rights in relation to people's social needs (NHS definition, 1990).
- **Cross-sector:** In this playbook, when we reference "cross-sector" and "cross-sector partnership," we are referring to any partnership, project, or conversation that includes two or more individuals or organizations that are from different sectors. For example, if a clinic CEO and a social care provider CEO come together to discuss a project, we would label it a "cross-sector" conversation. There is no technicality to this term as we use it here.

How this Playbook is Structured:

In this volume, we've broken down how social care organizations can begin moving towards engaging in cross-sector partnership with health care, through value-based contracting into three key steps. These aren't the only three steps that social care organizations will need to work through, but we believe it's the foundation for the rest of the journey.

We've framed these steps as questions for an organization to answer, as these are a series of sequential issues an organization will need to address in order to be successful in a value-based world.

1. *What problem are you trying to solve and How do you propose solving it?*
2. *Who is your target population?*
3. *How do you measure your impact?*

Key Question 1:

What Problem Are You Trying to Solve and How Do You Propose Solving It?

Addressing Mental Models & Gaining Clarity About the Problem

Passion about the work that your organization does is a must in the social sector—without it, leaders burn out and can't forge ahead through the complexity and scale of the problems at hand. But often, passion can render us blind to how others perceive the issue we are working on or how others understand how we're doing our work. We can find ourselves 15 feet deep in the minutia of a very complex issue and not realize that we're talking past people and not with people.

A key difference when working across sectors is that people working in health care and people working in social care may have the same end goal in mind (ex. Improve outcomes for vulnerable populations), but be working with different **mental models**. Mental models help explain how someone's thought process works and how they view what happens in the world. It can be modeled or visualized and it deeply shapes our behavior and approach to solving problems—so much so, that most of us don't even realize we hold mental models.

In many cases, we mostly share the same mental models—say we showed a room full of people a photo of a child about to touch a hot stove. Without explaining what happens next, you probably already conjured up an image in your head about what happens next. You're ready to explain what's about to happen given what you've observed in the world—and hopefully make an informed strategic decision about what to do next (i.e. move the child away from the hot stove).

The same concept applies to health and social care work—the difference is that due to the complexity, often there are competing mental models amongst potential partners. In the same room full of people, not everyone would agree on how to best serve a complex patient with multiple co-morbidities who is chronically homeless and unengaged in their care plan. Some people's mental models would sketch out a process where engaging the patient's social care needs first would lead to better health outcomes, while others may see it the other way around.

When working across sectors, it is imperative to understand your cross-sector partner's mental model and work together to form a collective mental model that you both can agree on to move the work forward. The focus should not be on whose mental model is "correct," but rather on how cross-sector groups can build collective mental models that produce outcomes for patients/clients.

Translating Care Models Across Sectors

As social care begins to interact and ultimately integrate with health care, we must remember that we're crossing sectors—health care is used to talking about its work in a certain way, with a specific vocabulary, throwing around references to EMRs, CHHAs, LOS, ADLs, bundled payments, fee schedules, PMPMs...the list goes on.

Social care is just as nuanced, with its own set of acronyms. What's needed is clear, concise language that both sectors can understand. A good place to start practicing this habit is to **craft a single sentence that summarizes what problem you are trying to solve and how you approach the issue at hand.**

Question Zero: What Problem Are You Trying To Solve?

Herman Leonard, a professor at Harvard Business School, refers to this as Question Zero—the question you need to ask before any other question. It feels simple, but pushing your organization to answer this question in a singular sentence can help other sectors such as health care better understand what your intervention is seeking to improve and whether it fits into health care's set of challenges as well.

Brevity As the Soul of Cross-Sector Partnership

Once the problem has been succinctly defined, continue to push towards a single-sentence summary of the intervention(s) that the social care organization provides to solve for the stated problem. Attempt to remove all jargon (no industry-specific vocabulary) and keep the details minimal. Additional detail is always able to be added once someone grasps the outlines of the concept, but is much harder to take away once confusion has been sown.

Key Question 2:

Who is your target population?

For whom does this intervention work & in what context.

Social care interventions are rarely universal—most target a specific population in order to be effective or for the intervention to be applicable. While sometimes it may appear self-evident in the description of the intervention (prenatal support interventions require that the participant is pregnant, after all), it is rarely that clear.

Being clear about which population(s) are best suited for your intervention to be effective is paramount. This clarity will help shape how the health care sector understands your intervention and identify how the intervention fits into the population's needs.

> *"Being clear about which population(s) are best suited for your intervention to be effective is paramount."*

There are generally two main frames social care providers use to define target population:

1. **Eligibility criteria:** The intervention has specific eligibility requirements, most commonly tied to its funding source or service design
   a. Ex. An eviction prevention program funded by a city government to serve residents within specific census tracts who have been served an eviction notice.
2. **Evidence base:** Research on an intervention's impact has identified specific populations who benefit most from the intervention
   a. Ex. A home visiting program for moms-to-be have shown to be most effective when mothers are enrolled prior to giving birth

Common constraints for defining populations:

- Age
- Sex
- Gender identity
- Race/Ethnicity
- Income
- Geography (residence in certain cities/blocks or rural areas)
- Medical condition (presence of chronic disease, pregnancy, etc.)

Know Your Number:

When you attain specificity in identifying which population is best served by your intervention, it is best to cross-reference this with the local population that you aim to serve in order to understand your universe of impact.

For example, if your intervention's target population are children under age 5 with asthma, how many children under age 5 live in your service footprint? How many children under age 5 with asthma live in your service footprint? How many children under age 5 with asthma does your intervention currently serve?

What matters here is not the exact number, but the order of magnitude. Are there 10 people that may need this service? 100? 1,000? 10,000? This information will help you and your health care partner understand what kind of impact your collaboration is likely to have, as well as the need that your community or health care provider faces.

As a social care organization, you should also use this data to be reflective on your ability to scale. If you currently serve 100 children but the number of children in need and presumably eligible is 1,000, how could you scale your intervention? Is your intervention scalable without losing impact? These are all questions that a cross-sector partnership with health care will need to surface and investigate.

Key Question 3:

How do you measure your impact?

How to Build Data Infrastructure to Best Serve Your Needs

Social care has perhaps borne the greatest burden of the data age, with an ever-growing list of stakeholders (such as funders, board members, donors, clients, reporters, etc.) demanding to see proof of impact or answers to incredibly specific questions that the data management systems put in place 10-20 years ago have no shot of answering. Adding insult to injury, unlike health care, no dollars are readily available to pull down in order to build out the types of data systems needed, nor are dollars available to invest in data analysts or scientists to help remedy the situation. While the field works to adjust for these structural issues, we recommend that social care providers stick to simple measurement frameworks.

> *"The age of big data has washed over us and we have been left drowning in data and starving for insight."*

Building Measurement Frameworks:
Selecting one outcome measure and a few (three to five) process measures for an intervention is usually plenty to get started. Some programs may have measurement frameworks handed down by funders or other sources, which may require careful review to see if they are really the best way to measure success. Programs may need to build additional metrics if those assigned to them are inappropriate or unhelpful.

Becoming a data-driven social care provider requires time and practice. Using data and building insight is like building muscle; take it slow, train for a 5k before signing up for a marathon.

Using the SMART Framework to Ensure Quality Measurement
The SMART framework can help you assess your measurement framework to ensure that it will be successful in its implementation. For each measurement, think through the following constraints:

Specific: Draw a clear line to define success. Eliminate gray areas. Any outside individual who reads the metric should understand it exactly the same way. Operationalize all terms – words like "improve," "quality," or "effective" need to be quantified.

Measurable: Not just can it be measured, but do you have infrastructure and protocols in place to be able to measure consistently over time? When will you measure, who will gather, enter, analyze and report data? How often? Make your measurement useful by tying it to program improvement. How will organization respond to positive or negative information? Both are valuable.

Attainable: Mistakes here are almost never in the direction of underestimating program impact. Two issues: first, are you pursuing an outcome that flows logically from your intervention? Resist temptation to shoot for moon, or jump from A to Z. Just connect A to B. Second, what effect size is reasonable to expect? Errors often involve underestimating the complexity of context and the interplay of multiple factors that lead to social/economic/health inequities. You should aim to set expectations of change at a meaningful, but respectful level.

Relevant: Seems obvious, but metric needs to capture the change you describe as succinctly as possible. Consider two primary aspects of data quality: validity and reliability. There are different types of validity, but the basic question is does your metric measure what it is intended to measure? Reliability is what it sounds like – if you administer a measure over time, it should perform consistently.

Time-framed: Put dates on your expectations of change—will it take six months or six years? It is critical to build in check points along the way to track progress towards a long-term goal. Define how many, and/or how much over exact periods of time.

Understanding Social Care's Opportunity

The move towards universal understanding of the impact that the social determinants of health have on a patient's individual health outcomes and population health has initiated a shift in power—the traditional health care sector must now partner, collaborate, or even integrate with the social care sector.

However, it can be easy to over-emphasize the size of this power shift. Health care still overwhelmingly holds the power in this evolving relationship—it retains the greatest dollar flow, holds the most amount of data, and has the largest infrastructure. It is still the social sector's responsibility to demonstrate the role that social care can play in improving health outcomes. Waiting for health care to set the rules of engagement will only disserve the social care sector.

"It is still the social sector's responsibility to demonstrate the role that social care can play in improving"

Assessing whether the social care interventions your organization provides is a good fit for pursuing value-based contracting with the health care sector is a process that social care providers must go into with an open mind. **Value-based contracting is not a panacea and will not be the right fit for all social care providers**. Viewing the move to value as solely a funding opportunity will blindside social care providers from the challenges associated with it. We urge social care providers to carefully consider this decision before moving forward with pursuing value-based contracting.

Next Step: Approaching a Partnership with Health Care by Building Your Value Proposition

In the new value environment, monetary emphasis is placed on health care achieving very specific outcomes related to quality measures and financial targets. Once you have worked your way through clarifying answers to the three questions outlined in this playbook and believe that your social care organization is prepared to move forward with partnering with health care, you must now build your value proposition.

Building a compelling value proposition to take to a health care partner requires a deep understanding of how the health care system works and which actors face which challenges, so that you can best line up your intervention or solution to the correct actor.

We will explore these next questions in the following volume.

Want to Chat?

We'd love to hear from you—what resonated with you? Have you seen any models you'd like to share? What other information would be helpful for us to share with you?

Are you a provider of social determinants of health strategies or interventions that needs help finding your way in this new VBP world? Or maybe you're a managed care organization or provider looking to find SDOH strategies. Drop me a line and let's find a way to work together: **juliette@helgersonsolutions.com**

About the Author

Juliette serves as Solutions Architect focused on the social determinants of health for Helgerson Solutions Group, working to bring health care and social sector partners come together in new ways to deliver results for end users.

Juliette previously served as the director of The Albany Promise, a cross-sector, collective impact partnership of 100+ organizations in Albany, New York that focused on improving economic mobility for the city's most vulnerable youth and families using shared vision, collective action, and rigorous continuous improvement. The partnership was widely recognized as leading the nation in the field of collective impact. Juliette was awarded the White House Champion of Change award in 2016 from the President Barack Obama Administration for her work in this field.

Previously, she worked for the Chancellor of the State University of New York, the nation's largest, most comprehensive system of higher education, managing various aspects of the education pipeline and multiple initiatives related to teacher education, statewide education policy, and led the development and implementation of the New York State Master Teacher Program, a program which created a state-wide network of the highest-performing STEM teachers that are dedicated to sharing expertise with peers and attracting the brightest minds to a career in STEM. She staffed Governor Andrew M. Cuomo's New NY Education Reform Commission, which brought together nationally-recognized education, community, and business leaders to recommend reforms to the state's education system in order to improve performance in the classroom so that all of New York's students are fully prepared for their futures.

HSG