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A NATIONAL CALL TO ACTION:

Quality and Payment Innovation in Social Determinants of Health

qualityforum.org

Healthcare alone cannot improve health.[1] Over the last decade, recognition has grown: ZIP code may better predict health outcomes than genetic code.[2]

The social determinants of health (SDOH)—community-level conditions in the environments in which people live, learn, work, play, worship, and age—drive as much as 60 percent of health outcomes.[3] While the majority of payers, providers, employers, and community leaders recognize that addressing SDOH is key to driving meaningful health improvements across populations, more guidance is needed on how best to use payment to support successful innovations in SDOH, what interventions stakeholders should invest in, and which payment models can most improve health outcomes.

To drive meaningful and lasting change in addressing the social determinants of health, the National Quality Forum (NQF) and the Aetna Foundation hosted an SDOH Payment Summit in August 2019 that included almost 60 diverse stakeholders from across the country to discuss strategies, barriers, and recommendations for addressing SDOH through payment and quality innovation. Stakeholder discussions distinguished between SDOH—community-level conditions that affect health outcomes—and health-related social needs (HRSN) or the nonmedical circumstances that impact individuals and their disease-specific outcomes.

Advancing quality and payment innovation in SDOH will require multistakeholder collaboration and partnerships across sectors, systems, and settings.

The National Quality Forum is calling on payers, clinicians, community-based organizations, hospitals and health systems, policymakers, health system leaders, employers/purchasers, and federal, state, and local agencies to:

1 **Align policies, funding, and reimbursement** across private and public payers, community-based organizations, social services entities, and health systems/providers to improve SDOH data collection, system integration, workforce development, and the capacity to address the social determinants of health, while accounting for the diversity and disparities of the populations served.

2 **Develop key sets of measures** to incorporate and align social determinants of health measurement and activity across the health ecosystem. Selected measures should be shared by healthcare and community-based organizations, and allow for communities to prioritize specific population subgroups based on their most pressing needs and largest health disparities.

3 **Execute the recommendations** from the **National Quality Partners™ Social Determinants of Health Data Integration Action Team** to:

Define: Capture meaningful, standardized, and locally actionable data, and enable multidirectional data exchange and interoperability for SDOH data.

Do: Collaborate and form partnerships across community and clinical settings and sectors; invest in clinical and community workforce development; and overcome barriers to community engagement and improvement initiatives.

Measure: Measure to monitor progress on SDOH data integration, using a standardized set of community and clinical outcomes measures, and use continuous quality improvement approaches to evaluate the efficiency and effectiveness of interventions that identify and address SDOH.

4 **Provide funding to test, collect data, assess, and measure** the feasibility and effectiveness of community-based SDOH models and targeted interventions—e.g., community health workers (CHWs), Pathways Model, and coordinated care networks of health and social networks—that are designed to maintain or improve health outcomes. Funding should support sustainable financing for community-based organizations and pay for social services that address SDOH. Investments in shared infrastructure across health and social services sectors can facilitate payment for SDOH and enable payers to compensate community-based organizations more easily or reimburse individuals for accessing programs to address the social determinants of health. Organizations should share and apply data to enable continuous quality improvement and build a real-world evidence base for effective initiatives.

5 **Incentivize and reward healthcare organizations at multiple levels**, including at the front-line and system level, to address social determinants of health gaps, reduce disparities, improve health, and achieve equity. Incentives may include payment, contracting, and nonfinancial rewards. Actions should help communities in which the health system operates, and a percentage of payment to health systems and clinicians should be tied to collaborating with the community-based workforce.

Implementing the Recommendations

Acting on these recommendations requires straightforward conversations among stakeholders about goals, resources, power dynamics, and guiding values to build trust and ensure the necessary components for successful partnerships are in place.

These conversations must include voices from the community, including underinsured and historically excluded populations, nonhealth partners, lay community members, patients, caregivers, front-line clinicians, and the community-based workforce. Going into communities to have these conversations on common ground will facilitate the engagement needed to develop collaborative relationships between healthcare and community stakeholders.

The Payment Summit recommendations offer a comprehensive and holistic approach to addressing SDOH, focusing on the determinants broadly rather than addressing individual determinants such as food insecurity, housing instability, or access to reliable transportation. They recognize SDOH as community-level conditions, distinct from individual level health-related social needs. A focus on both SDOH and HRSN are critical for improving health, and addressing the drivers of health and the root causes of health disparities.

Overcoming Implementation Challenges

Building infrastructure to address SDOH and encouraging innovation on a fee-for-service foundation is nearly impossible and undesirable as the field shifts to paying for value. The benefits from investing in infrastructure to address SDOH have long time horizons and do not lend themselves well to models where demonstrating short-term returns is necessary for continued financial support. Moreover, siloed approaches to funding, complex funding requirements, and misaligned incentives can create competition among entities when collaboration is required. Advancing quality and payment innovation in SDOH will require a shift in our understanding of which partners are required for change and how return on investment is defined—from short-term financial gains to long-term social benefits.

Diverse stakeholders from within and outside the healthcare sector will need to come together to overcome these challenges to implement the recommendations from the SDOH Payment Summit. Action will require transparency, cooperation, inclusion, and shared priorities across the nation and at all levels. Convening stakeholders to define the health ecosystem, discuss measures of success, and establish a framework for accountability can provide clarity on which stakeholders need to be involved, who needs to act, and what each stakeholder is responsible and accountable for. Meeting communities where they are and working together to define the best next steps toward meeting common goals will help build trust, prevent duplication of efforts and negative unintended consequences such as overmedicalizing community health workers, and establish shared ownership of actions to address SDOH. National commitment from across the public and private sectors to address SDOH and achieve health equity can help engender buy-in and spur investment in SDOH efforts.

A Path Forward to Quality and Payment Innovation in SDOH

The aims of quality and payment innovation in SDOH are to improve health and well-being, reduce disparities, and achieve health equity across the nation. Millions of lives and whole communities can see improvements in health and well-being by aligning policies, funding, and reimbursement across sectors and settings; developing common yet flexible measures integrating SDOH data into practice; providing funding for testing, data collection, and evaluation of SDOH models; and incentivizing efforts to close SDOH gaps.

With a growing body of work in progress and SDOH pioneers forging paths toward health equity, the field can leverage efforts underway to understand what works and what does not to ensure investments into SDOH infrastructure and payment for SDOH interventions generate desired financial and social returns. Real-world research on what contributes to the right outcomes and innovative best practices through communities should be used to establish evidence of the value of investing in infrastructure and designing plans and interventions to address SDOH. A national shared infrastructure, a consensus-based entity such as the National Quality Forum, along with a unified national strategy would provide focus and accountability for these efforts and support health plans, payers, and integrated care teams to design and deliver the innovative benefits, services, and care required to drive meaningful change in the social determinants of health.

Alignment, measurement, data integration, collaboration, and partnerships can move the field forward to understand and address the community-level conditions that affect our health so that ZIP code no longer defines health outcomes.

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1 Health Payer Intelligence. Addressing the real implications of social determinants of health website. **https://healthpayerintelligence.com/news/addressing-the-real-implications-of-social-determinants-of-health**. Last accessed July 2019.

2 Harvard School of Health. Zip code better predictor of health than genetic code. **https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code/**. Last accessed June 2019.

3 Office of Disease Prevention and Health Promotion. Healthy People 2020 website. **https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.** Last accessed May 2019.

SDOH Payment Summit Key Contributors

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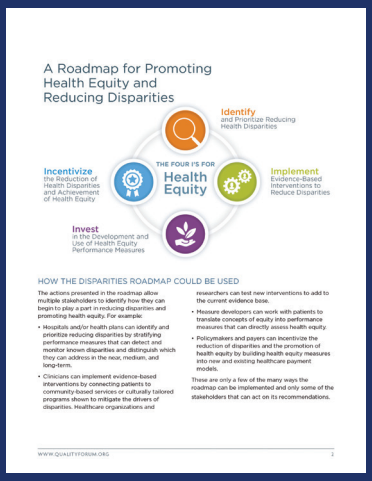
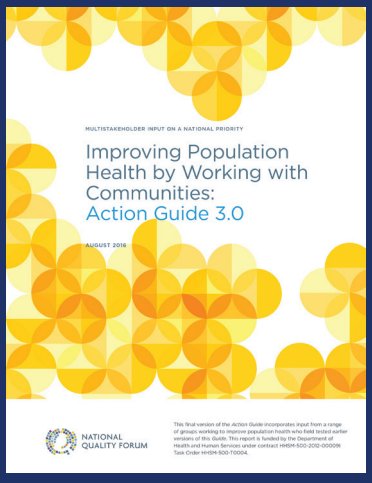
Related Resources

Action Brief: National Quality Partners SDOH Data Integration Action Team



A Roadmap for Promoting Health Equity and Reducing Disparities



Improving Population Health by Working with Communities: Action Guide 3.0

RECOMMENDATIONS IN BRIEF

1 **Align policies, funding, and reimbursement** across private and public payers, community-based organizations, social services entities, and health systems/providers to address SDOH.

2 **Develop key sets of measures** to incorporate and align SDOH measurement and activity across the health ecosystem

3 **Execute the recommendations** from the National Quality Partners™ Social Determinants of Health Data Integration Action Team.

4 **Provide funding to test, collect data, assess, and measure** the feasibility and effectiveness of community-based SDOH models and targeted interventions.

5 **Incentivize and reward healthcare organizations at multiple levels** to address SDOH gaps, reduce disparities, improve health, and achieve equity.