

Forming Non-Traditional Networks and Partnerships to Impact Social Determinants of Health and Clinical Outcomes

Our most vulnerable populations often have comorbid, behavioral and physical health conditions that are compounded by overlooked social needs adversely impacting quality of life. It is estimated that 50 percent of preventable deaths are attributed to non-medical drivers, such as social determinants and individual behaviors.¹ Non-traditional, high performing networks are essential to truly impact member outcomes and improve the value of care provided beyond the immediate setting of the provider office or facility. To achieve such transformation, the provider network should be expanded to include non-clinical community-based organizations (CBOs) whose role it is to provide and navigate social services to impact social determinants of health (SDOH). This CBO integration can lead to more efficient and maximized work of clinical providers, while equipping them to also collaboratively address the non-clinical needs with CBO providers, which in turn provides better member care that can decrease costs. Nationally, health plans and health systems recognize the critical role CBOs play in health outcomes and are engaging in partnerships with CBOs to help achieve Triple Aim goals.

CBOs have a range of capabilities that can be leveraged to deliver support, coordinate and/or navigate many social services including some of the following highlighted activities:

- Improve access to appropriate medication and medical equipment
- Support wellness in the home and assistance with daily living
- Provide peer support and member education around condition management
- Address urgent social determinants and conduct program referrals
- Support care transitions and health system navigation and/or simply be the eyes and ears of the health care system.

There can be tremendous value for health care systems creating more a structured and formalized contractual partnerships with CBOs for the procurement of these services to drive measurable performance and improved quality of care.

Network Contracting Use Case

As the health care landscape continues to evolve with the adoption of alternative payment models there is enormous value in supporting early network inclusion of CBOs to address social needs that impact outcomes. A large health care system in New York has modelled such innovation and elements of the approach outlined above were incorporated into the overall strategy. To guide decisions, the health care system relied on quantitative analysis, which included utilization and encounter data as well as State provided data, and qualitative research through anecdotal leadership reporting, to identify a need and an opportunity to impact individuals with a behavioral health diagnosis who as indicated by quantitative data were high utilizers of emergency and hospital services. Once the need was established, including scope and size, the health care system conducted a system adequacy analysis, evaluating internal capabilities as well as those of the existing network. The system elected to buy services versus building internal capabilities, identifying an existing partner that reflected the needs of the health care system. The network CBO had an understanding of the impactable measures, the recognized skills in cultural competency, knowledge of the community, necessary engagement skills and strategies and the evidence-based practices needed to impact the identified population.

In shaping the contracting arrangement the health care system was very purposeful in the development of reportable outcomes ensuring that what was asked of the CBO



Darcie Goodman,
RN, MPA
Vice President



Carla D'Angelo
Vice President

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was reflective of the measures that were most meaningful to the system with the highest likelihood of a return on investment if achieved. Additionally, as previously acknowledged in the outlined approach, data on social determinants is not always readily available. The health care system was forward thinking in identifying this knowledge gap and incorporated social determinants data collection by the CBO as a reporting requirement. By doing this the health care system positioned itself to develop a more mature system to address both clinical and non-clinical needs. In addition to identifying the impactable measures, collecting social needs data, there were plan, do, check and act quarterly cycles incorporated into the arrangement to further refine processes, deliverables, scalability of interventions and clarify costs of care and return on investment to position the system and the CBO to better develop and mature processes that would improve future contracting arrangements.

Evaluating Potential CBO Partners

The following approach outlines data driven strategies including quantitative analyses, qualitative research and a system adequacy analyses to size the potential member need, the effort required to develop/refine an integrated network to meet the member need, and the development of contracting arrangements that support success.

Quantitative Analysis

Identification of the population specific need should start with an analysis of available information such as clinical encounter and medical claims data to better understand the clinical needs of the population such as comorbidities, likelihood for readmission and service utilization. Additionally it should include an understanding of the social needs of the population to support a more complete understanding of the overarching reasons members seek care. Historically, quantitative analysis of social needs has not been incorporated into health care delivery; however as the health care landscape shifts and systems assume risk for member populations it should be a consideration and a means to remove traditionally siloed care.

Publicly available data, including a review of city or state community needs assessments, for non-clinical providers can be leveraged for CBOs who are unlikely to have medical claims and clinical encounter data to support analysis of social needs. Mapping this information by zip code to claims and encounter data for the population served can reveal valuable and targeted detail that identify need and size the population. Additionally, as organizations mature or begin to access referral platforms, such as Aunt Bertha, Healthify and NowPow, the opportunity to obtain aggregate data increases opportunities to complete a more robust analysis to size and scope the population need.

Qualitative Research

In-person or systemic surveys of a system's perceived understanding of the member's need can provide insight into the social needs impacting the population and supplement information that may not be available through quantitative analysis. Anecdotal reporting is the qualitative research that will reveal those referrals made by providers as part of the informal network that has been developed by professionals who have been modelling member-centered care delivery as ongoing best practice. Through this research there will not only be a better understanding of the population level non-clinical needs impacting outcomes and utilization, but also an understanding of the informal health care system network and potentially preferred community-based partnerships that already exist.

CBO Network Adequacy Analysis

Both forms of data collection create the foundation for a network adequacy analysis combining identified social needs and anticipated member volume to effectively size and tailor social and clinical services across the network. To begin building the network inclusive of CBOs, the system should first look at the existing network and the service lines offered that align with the identified needs revealed through the quantitative and qualitative work. The network of providers and partners should be reflective of the direct needs of the population served.

Once an analysis of the existing network's capacity to meet the social needs of the population has been completed and depending on the sized need, work should be expanded to include the inventory of CBOs identified during the qualitative research conducted previously and if needed expanded to online research to identify CBOs within the system's geographic catchment area that could best address the identified, unmet needs of the population.

Qualitative Research

To ensure a high performing network, as with physician recruitment, evaluations of CBO performance as an organization should be conducted before formalizing partnerships. The following are recommended activities to include within a CBO organizational assessment:

- **Service Offerings and Eligibility:** Gain an understanding of the organization's clinical and non-clinical services and resources as well as any relevant eligibility criteria for members to obtain services. This will help understand the demonstrated ability of an organization to support members with complex health care needs directly relevant to the partnered population.
- **Value-Based Performance:** Review of the organization's reported outcomes and publicly available performance data, including a review of the website or other supportive information, if applicable. As the system transitions to a value-based environment the CBO should reflect an aligned and reportable approach that supports quality versus quantity.
- **Funding Model:** Understand the organization's ability to offer services of value that a payor (e.g. health system, government entity, health plan, etc.) would be willing to reimburse for. This include being able to demonstrate a strong value proposition, results and ability to receive and send data.
- **Quality:** The organization's mission and standardized practices should be examined to ensure alignment with the health care system's mission. There should be evidence of best practices and evidence-based approaches that promote quality and improved clinical outcomes. Quality should be measured through key performance indicators (KPIs) and reviewed and assessed regularly to ensure value is achieved.

Contracting Opportunities

Formalizing a partnership between a health system or health plan system and CBO should include identifying the impactable measures that the organization will be responsible for addressing. The key to driving a long-term relationship is having a clear and measurable value proposition that helps to achieve the Triple Aim. A series of key performance indicators (KPIs) should be deployed to measure the success of the relationship and ensure value is derived. The services procured should reflect interventions that result in measurable outcomes that are most meaningful for the system and contracting arrangements should be developed through pay for performance or value-based incentives.

Positioning Partnerships for Success

CBOs provide critical resources in and complement medical services in communities. Finding meaningful ways to partner with health systems and health plans to reduce the overall cost of care and improve quality outcomes is a critical success factor for long-term sustainability. Making the best use of partnerships with CBOs and truly creating a network of partners and providers that meet the needs of the community can help improve quality outcomes and overall member experience. Redefining a network to include providers across the continuum will support the achievement of the triple and improve quality of life, positioning health care systems and CBOs for success. CBOs, health systems and health plans must come together to address social needs that have an impact on the overall health of a population. Each community has different social needs so evaluating and strategizing at the population health

level is key. CBOs should focus on articulating a strong value proposition, make a commitment to formalizing relationships with providers and measuring success through KPIs to assert their role in the future of health care.

Endnotes

¹ Lloyd, J., McGinnis, T., and Spencer, A. (December 2015). Using Medicaid Resources to Pay for Health-related Supportive Services: Early Lessons. Center for Health Care Strategies, Inc., The Commonwealth Fund.

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For more information, please contact Darcie Goodman, Vice President, COPE Health Solutions at dgoodman@copehealthsolutions.com or Carla D'Angelo, Vice President, COPE Health Solutions at cdangleo@copehealthsolutions.com.