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# In whose interest? Thinking about stakeholders & strategies in addressing SDoH

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Healthcare Value Hub  
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Northeastern University

# CONFESSIONAL MOMENT

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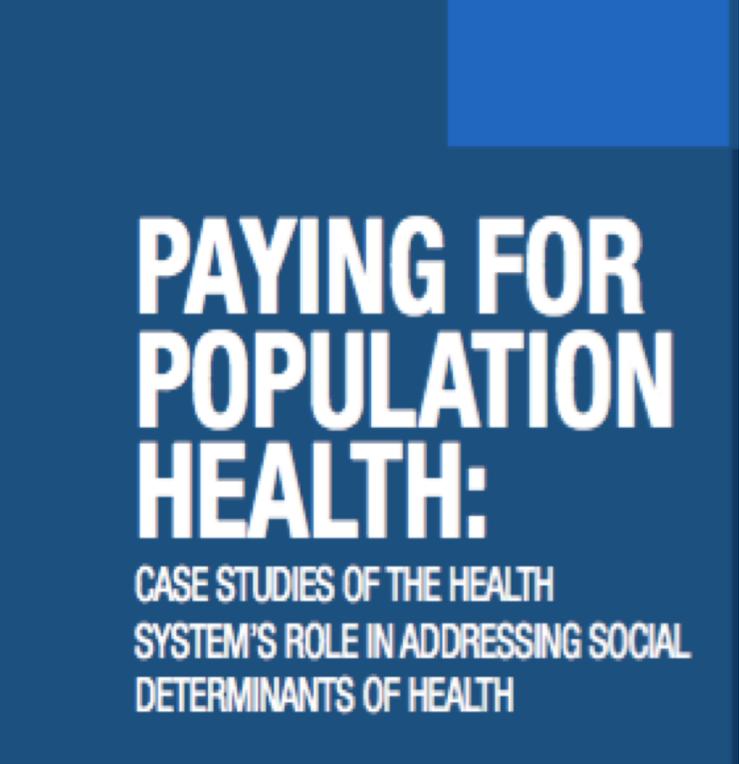
- A VBP skeptic closet
  - A secret FFS adherent
  - I did my first affordability standard 30 yrs ago in fair housing & the low income housing tax credit
    - I understand the attraction, the power & the problems
  - I was an SDM proponent until I saw reduction in services
  - I am in constant search of the holy grail regarding the *wrong pocket, free rider, and savings capture* problems
  - I have a corollary to *It's the prices, stupid*
    - *It's **all** about poverty, stupid*
  - I don't believe we can deal with equity without having some "losers"
  - I don't want to play around the edges either
    - We can give too much credit for too little
  - Figuring out the endgame is important
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payers, plans, and providers- will play an important role in paying interventions that can impact population level morbidity and mortality. Explores the efforts of industry partners that are forging the way forward in this arena. Specifically, this study set out to determine whether the business case is strong enough to inform the population health investments of health plans and provider systems, and, if so, to understand how business interests should be factored into decision-making processes by these organizations. The primary inquiry was the



# Population Health Investments by Health Plans and Large Provider Organizations— *Exploring the Business Case*

By Northeastern University  
Institute on Urban Health Research and Practice  
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# A Review of Healthcare and Human Services Engagement

raising strategies must include upstream investments in the social determinants of the health system. The Robert Wood Johnson Foundation funded a study by the Institute on Urban Health Research and Practice to conduct this exploratory study of healthcare and human services engagement.

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# KEY FINDINGS FROM BUSINESS CASE STUDY

- Health plans and large provider organizations have a business case for making population health investments
  - organizational mission, markets, payment changes, cost exposures, and partner expectations
- Launching a successful population health initiative relies on alignment of internal and external partners, expectations, resources, and delivery system capacities
- Measuring the impact of a population health intervention is a serious challenge
- The outcomes of population health investments vary considerably
  - finding a pathway to reimbursement is challenging

*“Upstream investments disappear when reimbursement mechanisms are not available.”*

*How far upstream and how broadly across sectors can and should the plan reach?*

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*“We think this makes good business sense... but when we put our resources into this (population health initiative) we are making a choice not to put our resources somewhere else.”*

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# CONCLUSIONS

- SDOH shape health and healthcare costs
- Everyone at the table has an interest
  - Transparency & engagement of those interests is difficult and necessary
- Healthcare does what it gets paid to do - provide healthcare, not produce health
  - We need healthcare to do that well, efficiently and affordably
- There are roles for healthcare in SDOH
  - Screening, referral, & analytics
  - Some high cost/high need interventions
  - Interested/ investing corporate citizen
- The human services sector has much to gain and potentially much to lose in the current integration moment

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## WHAT I WORRY ABOUT

- There are a limited number of SDOH interventions that can meet ROI related interests in the timeline that providers and plans are looking for
  - People usually come with more than one SDOH and the slicing & splicing creates its own problem when we are trying to address the whole person
  - There is partnership, measurement, and alignment fatigue
    - Even alignment takes a lot of work
  - Vertically organizing human services within healthcare has cost and other risks
  - The devolution of governmental responsibility to plans and other entities may be our biggest risk
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