



# SDOH: Strategies for Improving Health Outcomes and Maximizing Plan Efficiencies

Keys to maximizing your social  
determinants of health strategy

**:ubiquity**

 **HEALTHCARE DIVE**

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**T**he research is clear: Social determinants of health (SDOH) need to inform health strategy in both the public and private sector.<sup>1</sup> SDOH factors are far-reaching and include everything from income and education to race and food insecurity, along with a host of other variables that can affect individual health.<sup>2</sup> For example, the incidence of diabetes, heart disease, cancer, infectious diseases and obesity-related illness can all be linked to SDOH.<sup>3</sup>

In a move to spur managed-care plans to address SDOH, the Centers for Medicare & Medicaid Services (CMS) in 2019 expanded the definition of covered benefits to include services that could compensate for physical impairments, diminish the effect of injuries or health conditions, and/or reduce avoidable emergency room use.<sup>4</sup> Benefits include adult day care and home-based support services, transportation, home-safety devices, meal delivery and grocery shopping (see Table 1 Supplemental Benefits). For managed-care providers that are majority-funded by Medicaid and Medicare, it has become an industry expectation to offer supplemental benefits directly tied to SDOH risk factors.



TABLE 1

# Types of Medicare Advantage supplemental benefits

## Traditional primarily health-related benefits

### 2018 AND EARLIER

- Vision
- Dental
- Hearing
- Fitness
- Over-the-counter benefits
- Limited additional services, such as: rides to medical appointments, certain number of meals following inpatient stays, home-based palliative care

## Expanded primarily health-related benefits

### STARTING IN 2019

- All traditional primarily health-related benefits
- Expanded additional services, such as: more generous meal benefits, additional rides
- New services, such as: adult day care, community-based services, caregiver support

## Special supplemental benefits for the chronically ill

### STARTING IN 2020

- Complementary therapies
- Pest control
- Food and produce
- Meals
- Nonmedical transportation
- Structural home modifications
- Service dog support
- Social needs benefit
- Transitional/temporary supports
- Indoor air quality equipment and services



In this playbook, we will discuss some of the best practices in designing and delivering nonmedical benefits that address SDOH risk factors and how providers and payers can ensure that their members take full advantage of plan benefits.

**BY THE END OF THE PLAYBOOK, READERS WILL:**

- Learn how SDOH data can help sponsors identify high-risk members.
- Understand how an SDOH strategy can create competitive advantages by closing care gaps and reducing costs.
- Identify key steps in building an SDOH strategy.
- Learn about best outreach practices to engage and retain members and enhance patient satisfaction.
- Understand the characteristics of a best-in-class call center partner.

# Social determinants of health

The U.S. Department of Health and Human Services groups SDOH into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and a social and community context (see Table 2).

TABLE 2

- 1. Economic stability:** poverty, employment, food security and housing stability
- 2. Education access and quality:** graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development
- 3. Healthcare access and quality:** access to healthcare, access to primary care, health insurance coverage and health literacy
- 4. Neighborhood and built environment:** quality of housing, access to transportation, access to healthy foods, air and water quality, and neighborhood crime and violence
- 5. Social and community context:** cohesion within a community, civic participation, discrimination, conditions in the workplace and incarceration



Most providers and payers have ramped up their SDOH-related benefits. Plans offering additional, primarily health-related supplemental benefits increased substantially between 2018 and 2020, including meal provision (20% of plans to 46% of plans), transportation (19% to 35%), in-home support services (8% to 16%) and acupuncture (11% to 20%).<sup>5</sup>

While the goal is to improve member health and potentially decrease future insurance claims, plans that offer benefits tied to SDOH also gain competitive advantage. Plans gaining market share are also leaders when it comes to SDOH strategies, according to Carlos Baltodano, vice president of healthcare and government solutions at Ubiquity, a BPO that specializes in healthcare member services and SDOH outreach.



**“ When it comes to growing a health plan, word of mouth and customer perception are key, and the type of SDOH benefits a plan provides goes a long way to supporting that. In terms of enrollment, every single plan in the top 10 has very aggressive SDOH initiatives.”**

Carlos Baltodano, vice president of healthcare and government solutions at Ubiquity

# A road map to building your SDOH strategy

## Understand your demographics

Each organization tasked with building an SDOH program will have distinct objectives. However, one of the most critical factors in developing an effective SDOH strategy is collecting and understanding demographic data. To that end, payers and providers should follow a three-step process, Baltodano said.

**Gather county data:** Collect data around food availability, household income, unemployment and crime, for example.

**Capture household demographic information:** Determine who is employed in the household, how many dependents there are and what the structure of that family is day to day.

**Gather specific member information:** Make sure you collect a comprehensive healthcare background from new members, then choose the right SDOH initiatives that serve the population that you've enrolled.

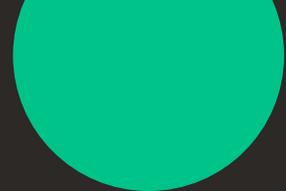


## Choosing the right SDOH program

SDOH programs can have significant impacts, from a reduction in claims costs to shorter inpatient stays to an improvement in quality scores, which may include measures of a member's stability in housing or more engagement in preventive care. "However, if you want to understand the true impacts of your SDOH strategy, it starts with thinking about what success looks like for your organization and building your data around that," said EmmaLee Ericksen, former SDOH strategist for a large Medicare/Medicaid payer that provided managed care services for more than 6.3 million members.

The SDOH team developed a data integration and evaluation approach to measure the effect of connecting members with social services on medical expenses and overall health, including quality-care gap closure and member satisfaction. In 2019, the program demonstrated a 37% care-gap closure thanks to its SDOH strategy and a 9% average claims cost savings versus a similar population control group.





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EmmaLee Ericksen, former SDOH strategist

The strategy required gathering and analyzing data from a wide range of disparate resources, Ericksen said. “We looked at data around employment, neighborhood or healthy food, or housing stability, for example.” The team then took that information about individual needs and combined that with its understanding of external social services, she explained.

The payer also partnered with community-based organizations to share their data. “In terms of connecting members to services, we’d rely on local communities, information about programs and the eligibility requirements,” Ericksen said. “By developing a data repository of resources by location, we could quickly connect individuals with services based on their specific needs,” she added.



## Create a comprehensive outreach program

In this specific example, member outreach was essential to the payer's SDOH strategy. For that reason, it developed a call center, or what Ericksen referred to as its "field-engagement" team. The team would collect needs-assessment data as well as conduct targeted outbound campaigns for specific populations. "The goal was to try to connect with as many people as we could to provide information about resources and at the same time to reach specific members that may not be reaching out for help," she said.

Any SDOH outreach program has to put the member first, Baltodano said. "It's all about the member experience, making sure they feel comfortable discussing their personal health and having the necessary depth of information to offer them the right assistance," he added. "Best practice No. 1 is reaching out to that member population in a comprehensive effort," he explained. "For example, instead of just offering a member an appointment reminder, your SDOH program should also schedule that appointment, transportation (if needed) as well as any necessary follow-up visits."

Another best practice is to assign agents to specific members, so there is continuity of engagement. SDOH initiatives are much more effective when agents, what Ubiquity calls "care navigators," build rapport and trust with regularly contacted members, according to Baltodano.

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Carlos Baltodano, vice president of healthcare and government solutions at Ubiquity



## Take advantage of technology

The success of any SDOH strategy is tied directly to an organization's ability to understand its member and community data and act on it. For example, the technology team in the payer company example built predictive analytics and artificial intelligence algorithms that would identify open care gaps or at-risk populations by region. "From that we were able to identify specific members and have an idea what their predicted needs would be and combine that with all the demographic, claims and care-management information for them," said Ericksen. "Our call center could then connect those individuals with local services. It was really impactful to tie that all together and allowed us to close the loop on member care between clinical and social services." At the same time, it allowed the payer to measure the impact of a specific intervention in terms of healthcare outcomes. In 2019, Ericksen's SDOH strategy resulted in a 37% care-gap closure and a 9% average reduction in claims cost.



## Choosing the right SDOH call center engagement partner

For many payers, the decision to outsource member inbound and outbound calls comes from the sheer number of SDOH initiatives and supplemental benefits available. Each state has specific requirements around customer service for Medicaid and Medicare Advantage members, and meeting those statutes can be costly. “Some SDOH initiatives, like assistance in scheduling an appointment or scheduling transportation, can last several minutes, or up to hours,” Baltodano said. “A contact center person may have to reach out to multiple doctors, sit on queues, try to schedule appointments and double-check with the member. This is where the outsourcing decision comes in.”



Instead of clogging up that front-end contact center, plans—especially ones with large member populations—are embracing outsourcing for their SDOH member-contact initiatives. For example, Ubiquity has helped client members dramatically reduce missed appointments by scheduling them or arranging transportation. The company also enrolled more than 70% of eligible members into a mail-order prescription delivery program through an outbound-calling SDOH campaign.



## Best-in-class characteristics of a call center provider

As payers and providers of all sizes continue to build their SDOH strategies, it's important to understand the key characteristics of a best-in-class SDOH call center provider.

- 1. Experience engaging with high-usage populations.** The ability of call center staff to handle complex conversations about sensitive topics is a key criterion in choosing a vendor. Work with a company that offers advanced staff training to handle calls empathetically and efficiently and has a track record of engaging high-risk members who often struggle with literacy, technology and loneliness. Ask about its training programs for soft skills as well as health terminology and the U.S. healthcare system in general, as well as past experience with SDOH initiatives.

**2. Maximum cost/benefit options, including nearshore and offshore providers.** To save on cost, explore partnering with a company that has experience offshore. However, when hiring an offshore vendor, make sure that call center staff speak and write fluently in English and have the capabilities to speak in other languages your members speak.

**3. Transparency and reporting matter.** Hire a vendor that is transparent and continuously provides detailed feedback about member contacts, actions taken, and any change in a member's health or SDOH status.

**4. HIPAA-certified.** Make sure your vendor has an annual comprehensive audit around privacy and data security requirements and follows the protocols around security checks of call center staff as per Medicare and Medicaid requirements.



## Conclusion

A comprehensive SDOH program is critical for payers and providers alike that want to improve health outcomes, build member satisfaction, reduce claims cost and increase plan participants.

The key to developing your SDOH-benefit and member-outreach strategy is to know the demographics of your current and potential plan members on a county, local and personal level. Advanced data analytics can be a powerful tool in predicting member behaviors and outcomes while directing your SDOH program initiatives.

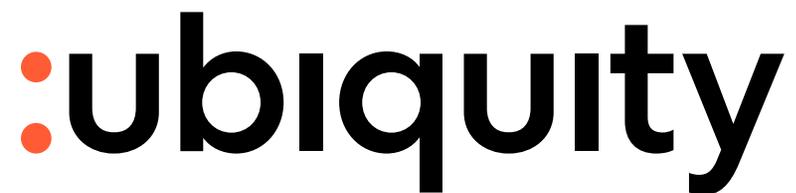
Choosing the right call center vendor will be critical in reducing costs and achieving your desired SDOH goals. Make sure it is best-in-class when it comes to training staff and providing transparent records of conversations and changes in the health and SDOH status of plan members.



## Sources

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