

Employee Benefit Plan Review

Social Determinants of Health: Critical for Improving Patient Care, Quality of Life

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The traditional one-size-fits-all benefits strategy is facing a new era of complexity with 2018 finalized guidance and policies from the Centers for Medicare & Medicaid Services (CMS) enabling Medicare Advantage (MA) programs to expand the supplemental benefits¹ afforded to beneficiaries. This reinterpretation of the statute to broaden the scope of the primarily health-related supplemental benefit standard to include items and services that address certain social determinants of health (SDoH) is an important step in supporting value-based care. It aligns commercial payers and states across the country to recognize the importance of addressing SDoH in achieving better health outcomes and lower costs.

Addressing SDoH is essential to reducing health disparities that are often rooted in social and economic disadvantages. New efforts and policies that target social and environmental influences have emerged with growing recognition of their importance on health and in plan design.

SOCIAL DETERMINANTS IN PLAN DESIGN

Non-medical determinants of health are believed to account for up to 60 percent² of health outcomes.

Environment

Evidence shows that stress negatively affects health across the lifespan and that environmental influences³

may have multi-generational impacts. For instance, smoking, diet, and exercise represent the most important determinants of premature death.⁴

Loneliness

Social isolation also plays a role in health. One study⁵ found that older adults with bigger social networks of family members and close friends may be better at staying on top of recommended preventive health screenings and checkups than their more isolated peers

Improving Access to Services

This includes public transportation for obtaining employment, affordable healthy foods, health care, and other important drivers of health and wellness. Nutrition programs and policies can also promote health, such as healthier corner stores in low-income communities, community gardens, and support of the production and consumption of healthy foods.

While many of these programs are aimed at children and families, such efforts must also focus on improving SDoH for older Americans, especially those approaching retirement age and beyond. Efforts to address SDoH involve multi-payer⁷ federal and state programs, including those sponsored by Medicaid or led by states or health plans, as well as provider-level activities focused on identifying and addressing the non-medical, social needs of patients.

PROVIDING SUPPORT FOR AMERICANS REACHING RETIREMENT AGE

Determinants for baby boomers include economic instability, poor social support, substandard housing, hunger, lack of transportation, and limited access to quality care, all of which impact a wide range of health, functioning, and quality-of-life outcomes.⁸

SDoH also impacts the quality of death and dying. For instance, African Americans and Hispanics⁹ are more likely to be hospitalized and to receive intensive aggressive care in the last six months of life.

To address these issues,¹⁰ health care stakeholders, including employers, retirement plan administrators, TPAs, policymakers, communities, and other advocates, should recognize the important role these factors play in individual and community health and its value for employers creating benefit and retirement plans.

POLICY CHANGE TO MEDICARE ADVANTAGE AND MEDICAID MANAGED CARE

For Medicare Advantage plans, supplemental benefits¹¹ will include additional services that increase health and improve quality of life, including coverage of non-skilled in-home supports and other assistive devices. CMS has also expanded the definition of “primarily health related”¹² to permit supplemental benefits that compensate for physical impairments, diminish the impact of injuries or health conditions, and/or reduce avoidable emergency room utilization.

This means MA plans will have greater flexibility to expand existing coverage to address SDoH as part of a growing evolution towards promoting value-based care and population health management.

With Medicaid managed care,¹³ for example, CMS has emphasized the importance of:

- Alternative payment models to incentivize investments in routine screening for health influencers such as domestic abuse, poor living conditions, and food security;
- Home-based community service programs;
- Care coordination; and
- Coverage for nontraditional ancillary services, such as nutrition classes and peer-support services for individuals with substance abuse disorders.

GROWING RECOGNITION OF SDOH AND IMPACT ON BENEFITS

More than 80 percent¹⁴ of payers are integrating SDoH into their benefit programs and initiatives, according to a new survey. This confirms widespread recognition of the value of developing practical, evidence-based strategies to improve measurable health outcomes and promote health and wellness, health equity, and social interaction.

In addition to improving access to social problems to address SDoH, many industry leaders support reliance on technological tools to aggregate SDoH information, combine it with clinical information, and through analytics and AI predict those patients that would be at greater risk for noncompliance, adverse events, and poor outcomes.

Effectively harnessing patient-reported data and incorporating it into the clinical analysis could serve to further decrease healthcare costs and improve quality of care through early intervention programs.

COMMUNITY-BASED PALLIATIVE CARE

New CMS policies have direct relevance for provision of palliative care for beneficiaries in MA plans. This specialized care is for seriously ill members that can provide relief from symptoms and stress, and offers

medication management, care coordination, and other support to improve quality of life for both the patient and the family. While some plans already pay for home-based palliative care, when this new legislation is enacted all MA plans will be allowed to pay for services matched to the needs of these beneficiaries, including food, transportation, personal care aides, and home-based palliative care.

Specialized programs can demonstrate their value to optimize home-based palliative care that improves care quality, enhances the member experience and lowers cost burdens. New and innovative structured programs with a consistent approach to palliative care can assess caregiver needs and reduce stress levels. These specialized solutions offer culturally competent care and arrange services from community organizations, such as the Department of Aging services, financial and legal services, transportation services, food services, support groups and caregiver services.

CONCLUSION

With growing recognition of the importance of social factors to improving health outcomes, an increasing number of initiatives and programs have emerged to address SDoH. Bringing a greater focus on health within non-health sectors and addressing health-related social needs through the healthcare system is expected to impact benefits planning. No doubt, this reinvigorated focus will play a significant part in improving access to programs such as home-based palliative care and other opportunities for enhancing the overall healthcare experience and improving quality of life for millions of people throughout the country. 🌟

NOTES

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3. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>.
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