Building Bridges Between Healthcare and Social Care to Transform Lives

Transforming People's Lives

A WHITE PAPER FROM GROUNDGAME.HEALTH AND SAGE GROWTH PARTNERS

It's impossible to rank healthcare or social care as more important than the other. Medical guidance and intervention are just as indisputably critical to people's well-being as is support with social needs such as food, housing, or transportation. Furthermore, the line separating healthcare and social care is undeniably blurry. Is providing coupons to make medication more affordable an act of healthcare, or social care? How about providing a ride to a doctor's appointment? Or increasing access to healthy food that keeps someone nourished and out of the doctor's office in the first place?

Leaders in both the healthcare and social care spaces are recognizing that both domains are not only important but interrelated — and that thoughtful coordination is required to reap the benefits of both types of care. In fact, the rise of partnerships that enable collaboration between health systems, health plans, and community-based organizations (CBOs), are essential to turning those blurred lines into opportunities for helping people more effectively.

Historically, a number of challenges have prevented these types of collaborations. One major challenge is that providing social care is not as simple as launching a program. If a social program exists and people don't know that it's available, those resources go unused. But moving the needle is also not as simple as just telling people about the social care program in question; organizations need a shared engagement strategy so that individuals trust that the program can help them. They need to implement steady funding streams so that running the programs is sustainable. And they need to follow up with people to make sure they actually received the help that they needed — known as "closing the loop" — so that the dollars and the efforts make a measurable impact.

"This is a new trajectory, a new opportunity for healthcare and social care to come together and to really meet the holistic needs of people across their lifespan."
— Sandy Markwood, CEO, USAging

Take the example of utility bills, which often put a strain on the finances. Simply knowing about utility assistance programs doesn't change a person's health. Applying for the program, receiving financial support with their monthly bills, and being able to afford healthy food with those monthly savings does. There are countless examples like this, where healthcare and social care can be stronger together when there's a shared model for solving people's needs. After all, the end goal is not merely transformation of the healthcare sector, but transformation of the individual, making sure that people's lives are truly changing for the better.

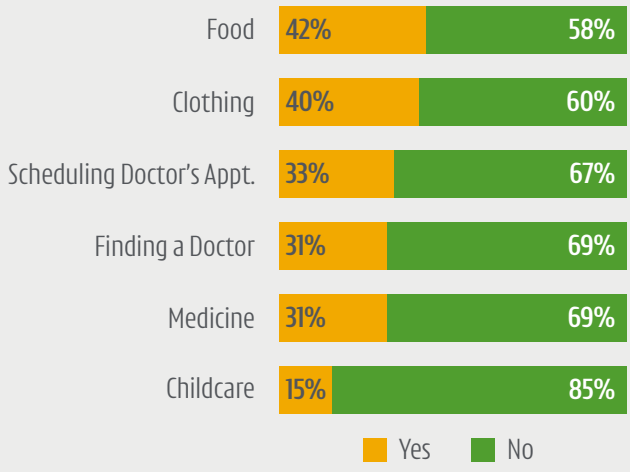
Solving Social Care Needs: The Urgency and Opportunities

Building bridges between social care and healthcare requires a deep dive into consumer behavior and an understanding of how to meet people where they are.

Sage Growth Partners recruited and surveyed 199 consumers who have experienced a gap in social needs during the last five years. The results paint a concerning picture:

- Nearly half of survey respondents have had trouble getting food or clothing when they needed it.
- One-third have difficulty finding a doctor, scheduling a medical appointment, or obtaining necessary medicines.
- These needs are not cropping up for people who are isolated, as is often assumed:
  - 86% of them spend time with people they feel close to at least once a week, and 41% do so more than five times per week.
  - 52% say that they can manage their health independently, while an additional 34% are mostly independent.

Have you or your family members that you currently live with been unable to get any of the following when you needed it?



SOURCE: SAGE GROWTH PARTNERS RESEARCH

Even with support networks in place, people still struggle to access basic necessities across the traditional "health" and "social" spectrum. The opportunity is clear: Implement solutions that can help people with overlapping needs. After all, health equity does not arise from assuming everyone has the same need or focusing only on one category of needs — it comes from paying attention to individuals' challenges and breaking down the barriers that are holding them back.

What are social needs?

Categories and examples of common social needs that affect people's health and well-being include, among others:

Healthcare. Finding a doctor or specialist; where to go with questions or concerns about care; support with smoking cessation or other unhealthy habits; help with dental or vision care.

Food. Getting help with food and signing up for programs like SNAP and WIC.

Money and finances. Getting support with bills like utilities, rent, or credit cards; finding help with debt.

Medical costs. Getting discounts on medicines or help with copays; support with healthcare bills.

Transportation. Getting rides to doctor's appointments, and for errands like grocery shopping.

Housing. Help finding a place to live, or a safer living environment; fixing problems like mold or pests.

Caregiving. Help caring for family members; finding daycare or after-school programs.

Organizations in both traditional healthcare and social care have been working to address health equity issues for years and are now increasingly formalizing this effort. Shantanu Agrawal, Chief Medical Officer of Elevance Health, shared the following about supporting social care during a roundtable discussion sponsored by GroundGame.Health in November 2024: "We were doing this work early on because of our own strategic considerations and our strategic pillar of whole health, but now we — and all of our peers, frankly — have to build social needs programs."

The urgency around solving social needs has grown as healthcare costs continue to rise and outcomes stall. Reducing health disparities

is a pillar of the Centers for Medicare and Medicaid Services (CMS) Strategic Plan, which includes a stated goal, "to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all people served by our programs by incorporating the perspective of lived experiences and integrate safety net providers and community-based organizations into our programs."[1]

Meanwhile, CMS also offers its Framework for Health Equity and added the Health Equity Index to its Star Ratings program.[2] The index highlights social risk factors that healthcare organizations need to focus on to shrink disparities. State Medicaid plans and waivers can now also include non-medical benefits, such as housing, employment services, case management, and peer support services.[3]

As regulators increase their focus on health equity, there is also evidence that health, social, and business opportunities arise from meeting people's needs. Results from the Accountable Health Communities (AHC) model proved that addressing challenges with transportation, food, utilities, housing, and interpersonal violence lowered healthcare costs and improved the quality of care for beneficiaries.[4] The AHC model leveraged 29 local organizations, clinical delivery sites, and community service providers to help address these challenges, and the approach lowered healthcare spending by 3% for Medicaid beneficiaries and 4% for Medicare beneficiaries, while also reducing inpatient stays and emergency department visits.

The benefits of solving social and healthcare needs are an important signal to the marketplace that we shouldn't solve for high costs and poor outcomes in isolation. The challenge, then, is finding a way to collaborate among and between stakeholders that is efficient, effective, and sustainable.

"We can meaningfully drive down costs by focusing on prevention, access, and other determinants."
— Nithya Ramesh, Academic Director, School of Public Health, Brown University

Oral health as a social determinant

While not often included in discussions about health inequities, lacking access to oral healthcare is a social determinant in its own right.

When tooth pain leads to a tooth being extracted and the person lacks the means to replace it, there's a negative psychological impact.

For instance, when going into a job interview, a missing tooth doesn't give the person an equal chance to land a new job or even start a new life. That's just one example. There are many ways in which lacking access to oral health can impact an individual's health. People with a history of substance use disorder can have difficulty finding a dentist to accept them because dentists are not trained to treat these patients. Without access to oral care, a cavity that goes unfilled can snowball into an abscess that causes enough pain that they go to the ER, which is considerably more expensive than paying for a simple routine cleaning or a basic filling.

"It's time we put the mouth back in the body, because we tend to see oral health as distinct from other health care, even when it comes to insurance," says Nithya Ramesh, DMSc25, Academic Director, Online MPH, School of Public Health, Brown University. "Yet, oral health is such a crucial part of an individual's health."

Building Bridges Between Healthcare and Social Care

As explored above, the incorporation of social care into healthcare is moving in the right direction. Stakeholders broadly agree that this approach makes sense, and the evidence on cost-savings and health outcomes backs it up.

However, several key barriers continue to make close coordination between health and social care organizations difficult. Data exchange, business processes, organizational culture, and workflows look very different at health plans, for example, than at CBOs, which tend to be smaller, and less technology-focused. Bridging the world of health plans, health systems, health information exchanges, providers, various vendors, and CBOs requires some reconciliation of

"Social care and healthcare behave very differently. There have to be appropriate bridges for the language, the culture, and the way care is provided."
— Courtney Baldridge, Business Strategy and Health Systems Integration, USAging

these different structures. CBOs have the systems and culture they do because they are embedded in local communities, focused on helping people, without the ability to scale. Health plans need scale for efficiency, and thus it's inherently difficult for these two types of organizations to collaborate.

The answer is not necessarily for these CBOs to scale and become more similar to larger health plans. Effective social care is most often local, delivered by organizations who understand the priorities, cultural preferences, and logistics that matter to the people who live in the immediate vicinity. Social care doesn't need reimagining; it needs a bridge to other sectors. "Now is the time for social care to really come into its own and we don't need to rebuild a social care system," says Sandy Markwood, CEO, USAging. "There's already one in place. But the data has to be captured, structured, and transmitted."

Health plans, meanwhile, understand that building bridges to social care is an important opportunity to reimagine the way they support people. "Our view is that if you address a person's physical care needs, their mental health needs, and their social health needs, you will actually get at root issues in a very different way than a traditional approach to health or healthcare, and make a difference in that person's life in a way that benefits that person and benefits us as their insurer," Agrawal says.

Transforming Lives Through Collaboration and Partnerships

So, what's needed to make it easier for health plans and CBOs to collaborate? Primarily, a recognition that this kind of collaboration requires innovation, rather than expecting a square peg to fit in a round hole. Creating closer alignment between healthcare and social care is hard work and will require regulatory frameworks to incentivize change and investment in new solutions.

If the goal is truly to transform lives, here are some of the key areas that require 'bridging' to drive sustainable change.

Funding

Healthcare overall needs a model that helps move funding to social care. There have been funding mechanisms in the past that have facilitated major upgrades to our healthcare system, such as the HITECH act's Meaningful Use program, which allocated significant financial resources from the federal government to modernize EHRs. But the public and private sectors are still catching up on investments in social needs.

Meanwhile, health plans are aware that social care is important to both their mission and their bottom line, but funding the work of CBOs on the ground is difficult because health plans and CBOs have different reporting requirements to show accountability for their resource spending.

A *JAMA* study published in April 2024 indicates just how large of a role sustainable funding plays.[5] The study used a metric called the Successful Connection Rate (SCR) to measure the efficacy of connecting patients with health-related social needs to the right resources, and found that, "The variability of the SCR was associated with funding... Successful integration of medical and social care will require financial support for resources and infrastructure."

In other words, the make-or-break factor for solving people's social needs was an effective funding mechanism — an important reminder that a model must include a way to manage the flow of resources to the CBOs on the front lines.

Technology and Data

Speaking of those reporting requirements for funding, a key barrier to collaboration is data exchange, including what platforms each organization uses and whether they 'speak' to one another. As

Courtney Baldridge, who leads Business Strategy and Health Systems Integration at USAging, says, "The problem is there are many disconnects and very few efforts are FHIR-enabled, so social care on a good day is exchanging information with healthcare via direct message, fax, phone or email."

Misalignment around nomenclature also affects data, reporting, and an understanding of shared outcomes. For example, the dual terms "medically tailored meals" and "therapeutic meals" both refer to the same thing, but might not be coded the way payers need in order to recognize that the service was provided, and that the loop was closed. Platforms that enable seamless, secure data exchange will take collaboration to the necessary next level.

Regulatory Frameworks and Public Partnerships

Government agencies have an opportunity to increase their impact on the ground level by piloting and expanding innovative models for health equity. With the right technology in place to manage reporting and data exchange, government agencies can manage grants and other social programs with more confidence. Interoperability is not just relevant for collaboration between CBOs and health plans, but also crucial for making sure that public funding can bolster the effort.

For example, in 2021 California's Department of Health Care Services (DHCS) launched California Advancing and Innovating Medi-Cal (CalAIM) to increase collaboration and integration between CBOs and California's Medicaid program — and to ensure CalAIM's success, DHCS implemented a grants program specifically to expand secure, high-impact health data exchange among these stakeholders.

"Collaboration is critically important because we're all working for members, maybe for a different set of outcomes, but we're all working for humans. And if we can collaborate and bring the resources to bear, then everyone in the equation wins."

— Susan Rawlings Molina, Co-Founder and CEO, GroundGame.Health

Measuring success: Four questions to ask

Health systems, health plans, and community-based organizations can answer the following questions to help determine if their initiatives aligning health and social care will succeed over the long term:

- Are the models aligning health and social care financially sustainable given ever-changing reimbursement rules and regulations?
- How does this initiative connect social care to the traditional healthcare ecosystem to increase access to care and positively impact quality outcomes?
- Are the methods we use to work with patients and members, particularly on topics as sensitive as their personal social needs, increasing or decreasing retention rates?
- Are we delivering experiences that both help people overcome obstacles to care (e.g., choosing between buying blood pressure medication or food) and serving as value drivers for the organization?

Establishing a Foundation of Trust with Patients and Members

Even if all the challenges above are solved, even the most innovative, well-funded, and effectively aligned initiatives by health systems, health plans, and CBOs won't transform people's lives if these organizations cannot earn the trust of patients, members, and caregivers.

People need more than programs; they need advocates who can help them navigate their offerings. People are often aware that help exists, but it's difficult to trust or to put much stock in those programs if there are too many hoops to go through to access them, or if they've never benefited from those resources to date.

More than three-quarters of consumers who participated in our survey trust their family members (78%) and primary care doctor (77%) the most, meaning that third-party organizations have both the urgent need and enormous opportunity to strengthen that

trust. In fact, many of the respondents (52%) didn't even know that there were organizations or health plan programs to support their social needs.

"Trust is at the center of this," says Agrawal. "This is highly sensitive information. It is core to their life. It can feel uncomfortable or even a matter of some personal shame to talk about being food insecure or having other issues. So, it is not possible when addressing social needs to make any impact without trust."

So, how does that trust get built? Consumer experiences that are convenient, personalized, and transparent are foundational.

Do you currently know of an organization that helps address these health concerns today?

SOURCE: SAGE GROWTH PARTNERS RESEARCH

Communication

The delivery of services such as a meal, a coupon, or a ride, is one part of the relationship with a consumer, but trust-building actually starts before the member gets their social need(s) resolved.

The initial method of outreach makes a meaningful difference: Communicating with people according to their preferences, e.g., sending a text versus a phone call, or an in-person visit versus an email, emphasizes that they are individuals, and not just members in a cohort.

So does the simple, but time-intensive act of listening. A community care worker might knock on a member's door to deliver groceries and learn in the process that what's actually top-of-mind is losing their housing next month — which increases their mental health risks, potentially exposes their family to a dangerous living situation, and will compromise their ability to store or cook the groceries in the first place. Only by listening to the person's priorities in their own words does the community care worker get a sense of what program will have the greatest number of positive ripple effects.

Local Knowledge

Similarly, consumers need experiences that are tailored to their neighborhoods, not just their state or region. For example, consumers who live in rural areas might not have access to grocery stores, and when someone lives in a so-called "food desert," the solutions for food insecurity look very different. Ashley Reynolds, the Population Health Supervisor at Aging and In-Home Services of Northeast Indiana, shared that for the rural population she works with, identifying food pantries that deliver is critical for many families,[6] whereas a more urban neighborhood would accommodate families traveling to a food pantry via walking or public transportation more easily.

Follow-through

'Closing the loop' is an industry term for follow-through, or the important act of making sure that members use the services that they were referred to. A link to a utility assistance program or the phone number for a local shelter is one thing, while a visit or phone call to make sure that the member actually saved money on their electric bill or slept in a safe, comfortable bed is another. Trust begins with personalized outreach, but it gets cemented with intentional follow-through.

In fact, this is exactly why technology can augment, but not replace, the human touch in this process. In many cases, a person-to-person conversation is the only way to know whether someone benefited from the support they received. "The humanness of what we do and the actual hands-on work that we do collectively is really important," Susan Rawlings Molina says.

"It is not possible when addressing social needs to make any impact without trust."

— Shantanu Agrawal, Chief Health Officer, Elevance Health

Looking Ahead: Creating Transformative Care

The model of creating broader and stronger connections between traditional healthcare and social care is starting to make an impact on people's lives and on healthcare organizations' bottom lines. However, the two need to function in closer alignment moving forward.

The truth is that clinical and social needs cannot be easily separated. Prescription medicine seems like a clinical need, but if a member cannot afford it, then procuring it becomes a social need. Housing seems like a social need, but stable shelter is critical for mental health as well as avoiding cascading health issues that come from lack of rest.

Or, take the story of Lisa, a member who lived in a rural area of Louisiana. Lisa needed major heart surgery, and when she returned home from the hospital after the procedure, a care coordinator paid a visit to check in on her recovery. Because of the surgery and her overall poor health, she needed in-home care, but in-home care organizations had denied her services because they said her home was unsafe for their employees.

A visit from a care coordinator revealed why; her home was hazardous because of Lisa's hoarding habits and inability to clean and maintain her home.

The care coordinator's next steps highlight the combination of communication, local knowledge, and follow-through needed to make a difference:

- Her in-person visit was what illuminated the problem; the ability to see the state of Lisa's home with her own eyes could not be replaced by a phone call, text message, or email.
- Her local knowledge came into play because the care coordinator knew that students at a nearby college needed community service hours for their social work degrees. She arranged a day for these students to clean up Lisa's home, where they removed six trailers' worth of waste to make it safe for an in-home care team.
- The care coordinator arranged for in-home services to come the day after the cleaning and was able to verify that Lisa now has help taking her medications and being bathed daily, among other core needs that are now fulfilled.

What really sets this story apart is the care coordinator's commitment to follow-through. It wasn't enough to learn that in-home services couldn't take care of Lisa, and it wasn't enough to clean her home. It was imperative that the care coordinator discover the root of the problem, take action, and make sure that in-home services came back and started providing the needed support.

Services are important, but coordination is what makes care sustainable and transformative. The entire sector needs to take partnerships between health systems, health plans, CBOs, and other stakeholders as seriously as providing any service. When these stakeholders collaborate, consumers not only get their needs assessed — they get them solved.

So, what is transformative care? It's care that overcomes the barriers that prevent people from taking care of themselves or taking advantage of important programs. It's also care that transforms the underlying healthcare ecosystem, by providing sustainable funding for these services, delivering a return on investment on these programs, and making it possible to help more and more people every day. That's when individual people will get healthier, and when individuals get healthier, so will entire populations. ●

Footnotes

[1] *CMS Strategic Plan*, CMS
https://www.cms.gov/about-cms/what-we-do/cms-strategic-plan

[2] *CMS Framework for Health Equity*, CMS
https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf

[3] *Medicare authorities and options to address social determinants of health*, Kaiser Family Foundation
https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/

[4] *Accountable Health Communities Model, Evaluation of 2018–2023, Center for Medicare and Medicaid Innovation*
https://www.cms.gov/priorities/innovation/data-and-reports/2024/ahc-3rd-eval-report-aag

[5] *Measures of Referral vs Receipt of Social Services Among Patients with Health-Related Social Needs*, JAMA,
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[6] *The CBO's Perspective: Moving the Dial on Social Determinants of Health*
https://www.youtube.com/watch?v=bDCPmFInUL4

About GroundGame.Health

At GroundGame.Health, we manage the complex connections between health plans, providers, employers, community-based organizations (CBOs), and other stakeholders to solve both unmet social needs and close clinical gaps in care for people across the country. By facilitating personalized, culturally tailored, human-to-human interactions and experiences, we make the biggest difference in people's lives.

Our scalable, hyperlocal approach is driven by our proven technology platform and a unique operating model. By engaging and building trust with individuals, we drive action, and by leveraging a national network of CBOs and increasing their financial capacity within communities, we deliver sustainable support. This approach enables healthcare stakeholders to achieve their shared goal of helping people live a healthier life. Visit **groundgame.health** to learn more.

About Sage Growth Partners

Sage Growth Partners is a healthcare growth strategy and marketing firm with deep expertise in market research, go-to-market strategy, and marketing communications. Founded in 2005, the company's extensive domain experience ensures that healthcare organizations thrive amid the complexities of a rapidly changing marketplace.

Sage Growth Partners serves clients across the full healthcare spectrum, including GE HealthCare, Medecision, ProgenyHealth, Kyruus Health, Best Buy Health, New Jersey Brain and Spine, the National Minority Health Association, and Philips Healthcare. For more information, visit **sage-growth.com**.