# SOCIAL DETERMINANTS OF HEALTH

# SOCIAL DETERMINANTS OF HEALTH STRATEGY FOR A REGIONAL HEALTH PLAN

Developed a holistic SDOH enterprise strategy including 30+ priority activities, multi year roadmap, and business case quantifying potential return up to $19 M annual impact through improved outcomes and medical cost savings in Commercial LOB

## Client situation

- Client was a Regional Health plan with membership across all LOBs
- Client's Board asked the enterprise to develop a comprehensive approach to SDOH given momentum in the space by competitors and new regulatory and infrastructure activity at the federal level
- Oliver Wyman was hired to create an enterprise wide SDOH strategy and drive alignment across a broad and diverse executive team

## Oliver Wyman approach

- Interviewed 80+ executives and synthesized their incoming perspectives on SDOH
- Analyzed claims data and social risk data for all membership to determine "hotspot geos" with high social risk and investigate relationship between social risk and medical spend
- Refined and aligned on a go-forward vision and strategy for enterprise level SDOH efforts with a 15+ member executive SteerCo
- Outlined a comprehensive set of priority SDOH initiatives across multiple pillars (e.g., analytics, operations, marketing, funding, etc.)
- Created a high-level business case across key value levers to quantify enterprise value from a comprehensive SDOH strategy
- Created a multi-year strategic roadmap for enterprise to follow to deploy SDOH initiatives
- Outlined key metrics to track progress and outcomes of SDOH strategy

## Key impacts achieved

- Secured executive alignment on strategic direction and importance of enterprise-wide approach to address SDOH
- Achieved alignment on the highest priority activities to pursue to activate the new SDOH strategy at scale across priority markets
- Secured approval for investment for initial mobilization of priority SDOH initiatives
- Outlined and defined new roles required to drive priority SDOH initiatives, allowing client to hire new 8 FTEs into a dedicated SDOH team
- Identified $19M in potential savings through SDOH interventions for Commercial LOB within priority markets

# SOCIAL DETERMINANTS OF HEALTH ANALYTICS FOR INTEGRATED PAYER PROVIDER

Analyzed SDOH data spanning public and private sources, payer claims, and provider intake data to identify priority communities for deep transformative efforts

## Client situation

- Client was an integrated payer-provider with membership across all LOBs
- Client was pursuing SDOH pilot efforts in a local community (2–3 zip codes) based on membership density and initial perspectives on need
- Client was looking to develop a more comprehensive approach to SDOH analytics to inform areas for greater intervention
- Oliver Wyman was hired to create a framework for analyzing SDOH data, partner with the client on analysis execution, and synthesize data-driven insights for enterprise action

## Oliver Wyman approach

- Oriented data synthesis on payer membership data given scale and geographies covered
- Created SDOH data flags at the member level using a combination of member level data and geography flags
- Aggregated key data sources spanning public and private data at individual and geography levels (e.g., block group granularity) including but not limited to:
  - Housing instability data
  - Food insecurity data
  - Provider EHR and HRA data
  - Claims Z-coding data
- Created framework to analyze member level claims data married with SDOH risk factors to determine impact of factors on utilization
- Developed a framework to synthesize and quantify overall potential opportunity

## Key impacts achieved

- Created an enterprise-wide approach to comprehensive SDOH data aggregation across all LOBs
- Defined roadmap for continued data enhanced and updates, including new data sources
- Quantified impact of SDOH factors on underlying member utilization across key drivers of total spend (e.g., ER visits, IP admits, readmissions)
- Prioritized specific geographies at the zip code level for enterprise-wide intervention using data-backed approach across SDOH prevalence and impact on claims dollars

# RACIAL EQUITY RAPID RESPONSE FOR CIVIC CONSULTING ALLIANCE

Supported the client in creating a framework to measure racial inequities within healthcare by delivering the first iteration of the dashboard, including 30 baseline metrics to measure 40 Chicago-land provider groups

## Client situation

- In response to the alarming racial disparities in COVID cases and deaths, Chicago Mayor Lori Lightfoot created the Racial Equity Rapid Response Team (RERR) in April
- This team's Provider working group created a powerful joint statement on racial health inequality and outlined a set of commitments to which the institutions will hold themselves accountable to address
- The Provider working group needed help to focus its energy towards mobilizing against the commitments
- This group engaged Oliver Wyman to identify a unifying set of accountability metrics to help Chicago provider make progress towards their commitments

## Oliver Wyman approach

- Researched health equity best practices and metrics/actions to measure and address racial equity
- Held regular working sessions with a group of leading-edge providers to iterate framework and metrics
- Provided supported on ancillary workstreams including provider socialization, long-term sustainability and ownership, and data collection

## Key impacts achieved

- Converted the provider working group's joint statement and 7 commitments into a dashboard framework
- Delivered the first iteration of the dashboard, including 30 baseline metrics to measure 40 Chicago-land provider groups
- Built a list of over 250 near and long-term metrics that will guide the providers in future iterations of the dashboard as they continue to make progress

# CREATING HEALTH EQUITY IN THE STATE OF PENNSYLVANIA

Developed a framework to determine Health Equity Zones (HEZs) within the state and recommended interventions to improve health equity within them

## Client situation

- Through Executive Order, Pennsylvania was implementing a Whole-Person Health Reform Package to make health care more affordable, support transformation within health care corporations and state government, and tackle health inequities
- The Governor's Office requested support from Oliver Wyman to:
  - Help identify Health Equity Zones (HEZ) that the Department of Human Services will aim to create an equity incentive that rewards managed care organization (MCOs) if health improves in these areas
  - Define supporting Transformation Plans to improve health equity in these Zones

## Oliver Wyman approach

- Worked with regional councils to determine criteria for each HEZ
  - Analyzed data to find ZIP codes with pressing health inequities
  - Held workshops with regional health leaders to select ZIP codes
- Performed a root cause assessment within each HEZ
  - Collected data at ZIP code-level for social determinants of health
  - Reviewed literature to find correlations for social and medical outcomes
- Identified potential interventions and community partners for councils to consider working with

## Key impacts achieved

- Worked with councils to determine 20 HEZs across the state
- For each ZIP code within each HEZ, a suite of over 45 data points were provided to view the social and medical outcomes within the area
- A collection of recommended interventions (medical, social factor, and policy-related) based on Oliver Wyman expertise and literature review were provided for each Medicaid Outcome
- Created a shortlist of community partners to work with towards implementing interventions
- Developed a framework for discussing and determining health equity milestones beyond Oliver Wyman's engagement