UNRAVEL THE SOCIAL FACTORS:
Person-centered health
Social determinants of health (SDOH) are top of mind for healthcare stakeholders—from payers and providers to state Medicaid agencies and other government health entities. High-quality, coordinated medical care alone cannot ensure that patients achieve optimal health outcomes. Researchers believe that SDoH contribute up to 80% of outcomes.¹ What really matters: where people are born, live, work and age.

About the authors

Phil Poley
Public Service COVID-19 Lead, Managing Director – Strategy & Consulting, Public Sector Health

Phil leads Accenture’s Public Sector Health consulting practice, drawing on his 20+ years of public sector experience to help our clients in Medicaid, Public Health, Health Exchanges and public employee/retiree health. He previously served in Massachusetts state government for 13 years where he served in a variety of roles, including Chief Operating Officer of the MassHealth program. Since joining Accenture in 2010 he has built and led offerings in health insurance exchanges, Medicaid managed care and social determinants of health.

Michael Petersen, M.D.
Health Innovation Lead, Senior Manager – Strategy & Consulting, Health North America

Michael is a transformative physician executive who focuses on helping clients address complex problems such as social determinants of health and the opioid epidemic through data and analytics. A veteran of the U.S. Army, he has more than 15 years of clinical experience as an emergency medicine pediatrician. He now specializes in healthcare innovation, clinical and business operations, process optimization, health management, wellness and prevention, care value, and healthcare technologies.
Neighborhood safety, access to fresh, nutritious food, transportation resources, mental health and even quality of social connections can all affect a person’s health for better or worse.

Even so, the system is still organized around what happens in doctors’ offices and hospitals, ignoring the larger role of social risk factors.

Stemming the tide of chronic disease—which will increase people’s quality of life while reducing rising healthcare costs—requires us to find new and better ways of understanding and helping the whole person. In fact, research shows that providing more social service assistance correlates to a 10% reduction in healthcare costs. The challenge is determining who needs that assistance and how we can best address each person’s needs.
To their credit, many healthcare stakeholders have already launched initiatives aimed at unraveling and solving for complex social factors. Yet most are still falling short of delivering an “Amazon experience” that connects health and social care all in one place—meeting people where they are and empowering them to achieve better outcomes.

Some of the most persistent barriers are structural and institutional obstacles, including:

**Stakeholder silos.** Human bodies are powered by complex systems that have distinct yet interdependent roles. The same is true of the ecosystems that underpin social factors and influence health outcomes. When stakeholders—from state Medicaid and human service agencies to healthcare payers and providers and vendor partners—operate in silos, it stymies the exchange of information around social needs, costs and available services. As a result, each stakeholder can see only one piece of a much larger puzzle.
Ineffective referrals. There has been a lack of well-established referral networks between healthcare organizations, human service agencies, social institutions and community organizations. Basic “screen-and-refer” mechanisms—without follow-up—are proving ineffective in connecting enrollees to the social services they need. What is needed are more robust, closed-loop referral systems to capture and monitor the outcomes of completed services and then share those results with decision makers.

Limited valuation mechanisms. When healthcare payers (employers, insurers and government agencies) can’t quantify the costs AND value of services rendered, they can’t evaluate financial feasibility or return on investment of socially focused interventions. That, in turn, makes it difficult for payers to implement incentive- or value-based purchasing with partners.

Short-term financial outlook. While upstream investments in social factors (such as access to food, transportation, and early childhood education) have a much longer horizon for realizing cost benefits, payers often expect new initiatives to deliver immediate cost savings.

Health and social care systems are still organized to treat people as categories, not as individuals.

While those challenges are very real, Accenture believes that the most critical barrier is not structural or institutional. It is personal. Broadly speaking, entities with an opportunity to understand and help address social factors are currently unable to see the people they serve as what they are: unique individuals. They are still treating people as categories, not as individuals.
Payer-provider’s mobile app for personalized support

Accenture is helping a large healthcare provider and insurer build a mobile application to scale its food education and management program to patients, their families and their proxies. The app will be aimed at extending the care provided to a client’s patients and families in the program by enabling them to message with their clinicians, find recipes, log meals, log symptoms and view their own medical information. The initiative has considered social determinants of health to help patients manage potential food insecurity to drive positive outcomes on their health.
Healthcare stakeholders understand well that throwing dollars at skyrocketing healthcare costs is the fiscal equivalent of continually mopping the floor rather than turning off the faucet. We must continue to radically rethink how we can enable more people to achieve better health. Today stakeholders have an opportunity to upend traditional approaches—putting individuals at the center and using data, analytics and service design will deliver what is truly needed in the moments that matter.

Service design provides a way to help dive deep into who people are and the complex circumstances that affect their lives and their health. Designing with humans at the center makes it possible to infuse cultural competence into solutions. Resulting supports might include deploying Spanish-speaking workers to certain service centers and offering communications channels and vehicles based on individuals’ preferences (for example, smartphone videos for some consumers and hard-copy letters for others).

Human-centered design also provides a framework for creating end-to-end experiences that help support people as they move through their daily lives. Imagine a mobile app that sends alerts when a person is shopping at the grocery store, offers healthy recipes based on specific health conditions and serves up referrals to providers who are located near a person’s home. Or imagine a maternal health program that helps to provide telehealth options for early appointments, enabling expectant moms who need to conserve their time and money to appear in person for more critical appointments closer to their due date.

To complement service design, healthcare stakeholders also need access to a broad array of data and advanced analytics capabilities. Health plans and Medicaid agencies may be accustomed to studying claims data, while hospitals and other providers may focus on electronic medical record data. The key is to bring that information together along with additional third-party data (such as data related to demographics, community resources, utilities and transportation) to surface important insights related to social risk factors. These insights will help in understanding individuals and crafting personalized engagement and supports to meet them where they are—and, ultimately, enable better outcomes.
Ohio’s person-centered approach to reducing infant mortality

States usually tackle an issue like infant mortality by designing programs to encourage top-down behavioral change by mothers who are deemed to be at-risk. The Buckeye State is taking a different approach, without preconditioned assumptions, which combines comprehensive cross-agency data sharing and collaboration with intelligent analytics to uncover finely targeted pathways to better birth and infant mortality outcomes.

Led by the Ohio Department of Health and Department of Administrative Services, the state is analyzing information from a vast array of over 200 datasets, including, for the first time ever, 31 datasets from across Ohio’s state agencies, as well as countless other public, federal and third-party sources.
The state is attacking this unprecedented dataset in an innovative and collaborative fashion using fast-moving, cross-disciplinary teams, incorporating human-centered service design into the process and guided by appropriate ethical oversight and governance.

The end goals: to identify underlying and common drivers, to enable targeted, preventive interventions, and to drive effective programmatic action. With these data-driven insights, the state is focused on behavior change that will positively impact the quality and consistency of service delivery by the agencies and medical and service providers around the state, improving outcomes among Ohio families who may be at risk of losing their child.

Ohio is working with Accenture to unify and analyze the data, verging beyond traditional academic research. These data include information related to the health of Ohio’s infants and mothers—such as vital statistics, Child Fatality Review, claims history, as well as data pertaining to the social determinants of health, such as education, neighborhood and environment, transportation, and economic stability, as well as behavioral health and state benefits information.

Combining these data with medical factors and demographic and census data, the team continued to answer three historically difficult questions:

**Which mothers and infants** are most at risk of infant death?

**Which mothers and infants** are most likely to benefit and participate in interventions?

**Which interventions and programs** yield the best return on investment in the form of saved infant lives?

In just three months, Accenture helped Ohio create a 360-degree view of the at-risk mother. Data scientists employed machine learning techniques on the vast project dataset to develop a prioritized list of approximately 250,000 Ohio mothers across State agencies. Cases were stratified by risk and prescribed targeted interventions. The team identified health risk factors impacting mothers and infants down to the community level, and developed performance views across health, social and behavioral data.

Web portals serve up actionable information to the front lines, including:

**Home Visiting Provider Scorecard**, an interactive scorecard that tracks key metrics to improve Evidence-Based Home Visiting outcomes and performance across the state

**State Health Assessment**, Outlining 200+ state, county and national metrics on demographic characteristics, leading causes of death, population health, healthcare spending, healthcare system, access to healthcare, public health and prevention, social and economic environment, and physical environment

**Birth mother characteristics**, Tracking indicators of birth outcomes and characteristics across Ohio down to the community level
Ohio is now putting these insights into the hands of those on the front lines of the fight against infant mortality.

The state is using data to create communities of learning, develop and refine best practices, and foster measured improvement across the programs in a virtuous cycle of better outcomes for Ohioans.

Ohio is already applying the analytics to produce Intervention Protocols that reduce process hurdles identified in the data and increase uptake of evidence-based programming. The protocols focus on mitigating three primary risk factors for Ohio’s babies: prematurity, safe sleep and substance- and nicotine-exposed infants. The protocols are being created using human-centered design—a methodology of co-creation and empathetic situation understanding with the end users of the service—in collaboration with healthcare providers, home visitation workers, community organizations, state agency staff and other stakeholders engaged to help the State understand challenges at the local level and craft effective interventions.

Ohio’s efforts point to the power of cross-disciplinary collaboration, with sophisticated analytic tools and methods underpinned by a human-centered approach. Combining Big Data and bold action is helping Ohio deliver an outcome that truly matters: healthier babies and families.
DO YOU UNDERSTAND THE MOMENTS THAT MATTER IN A PERSON’S LIFE?

Economic stability. Education. Neighborhood and home environment. Social and community context. While there’s no FDA-approved prescription for addressing these social factors, they have a vast impact on every individual’s health and wellness. Unraveling and addressing these factors starts with a bold vision for combining new insights, technologies and partnerships to address the needs of individuals—whether patients, members, health or social care providers, or citizens.

Person-centered health weaves together comprehensive, effective interventions that help address social risk factors and improve health outcomes.
To advance toward person-centered health, payers, providers and public sector health entities need proven ways to:

**SUPPORT**
- development of culturally competent and relevant offerings to help people overcome the obstacles to address social determinants of health.

**COLLABORATE**
- across health providers and community and human service organizations to develop new and innovative solutions.

**DRIVE**
- a deeper understanding of specific social determinant factors that drive individual health outcomes.

**CALCULATE**
- return on investments for implementing SDOH programs with a holistic, multi-stakeholder approach that apportions risk and reward fairly.

By moving upstream to understand root causes of chronic disease, we can begin to change how we engage with people, creating personalized experiences to bring them the help they need at the moments that matter. Everything it takes to do that—including human-centered design techniques, advanced data analytics, digital technologies and ecosystem management approaches—is ready. Stakeholders no longer face a choice between better outcomes or controlling costs. Through person-centered health, it’s possible to achieve both.
About Accenture

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References:


For more information:

Phil Poley
Public Service COVID-19 Lead, Managing Director – Strategy & Consulting, Public Sector Health
philip.a.poley@accenture.com
@PhilPoley
philip-poley-2150266

Michael Petersen, M.D.
Health Innovation Lead, Senior Manager – Strategy & Consulting, Health North America
michael.c.petersen@accenture.com
@mpetersen_md
michael-petersen-md

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