

Clinical care is vital, but what really matters is where people are born, live, work and age—the Social Determinants of Health (SDoH). Healthcare needs a distinct shift towards personalised, communal and comprehensive care that includes social factors.

Health and social care systems are still organised to treat people in categories at best—not as individuals. Our clinical and social care facilities are organised around these segments when, in real life, the problems we face are interwoven with each other and the people we live with.

Coordinated medical care alone cannot ensure that citizens achieve optimal health outcomes.

#### **About the authors**



Ulla Kuukka
Senior Principal Nordic Health Industr

Senior Principal, Nordic Health Industry Consulting Lead, Accenture

Ulla's work leverages her background in change enablement, HR, process renewal, planning and leading transformational programmes and implementing Electronic Medical Records (EMRs). She oversees Accenture's Health Consulting in Europe and manages large social and health care transformation programmes globally. Ulla believes that a combination of empowered humans and mature technology will be key in making social and health care more accessible, of a higher quality and more cost-efficient.



**Sauli Hyvärinen** 

Consultant, Health Strategy & Consulting, Accenture

Sauli is a qualified social worker and he has multifaceted work experience in clinical work from specialized care in psychiatry and child welfare in municipalities and NGOs. Developing social and health care is his passion and the possibilities of bringing the newest technological solution to the industry brought him to Accenture. He has been implementing various modern solutions and created comprehensive strategies for example on the use of AI in social and health care.



As with most crises, the less privileged have been worst affected by the COVID-19 pandemic.¹ This is not a new phenomenon. Research and real-world evidence prove time and again that our health and wellbeing are largely dictated by place of birth, socio-economic class, education and work, and age. That's because economic stability and living conditions directly determine the extent of access to fresh, nutritious food, transport, mental health and, especially, the quality of social connections—which all affect health for better or worse.

Stemming the tide of chronic disease—which will increase people's quality of life while reducing rising healthcare costs—requires new and better ways of understanding and helping the whole person. This will be the future of health care.

Evidence from the World Health Organisation in Europe<sup>2</sup> indicates that "actions within four main themes (early child development, fair employment and decent work, social protection, and the living environment) are likely to have the greatest impact on the social determinants of health and health inequities." Even bigger savings could be achieved by integrating health and social services to work tightly together. The challenge is determining who needs that assistance and how we can best address each person's needs. Research published in the European Journal of Public Health<sup>3</sup> indicates that

"social and behavioural factors that have a clear impact on physical and mental health, such as lack of healthcare access, risk behaviour and poor working conditions, are reported by substantial numbers of people in most European countries."

### Obstacles to change

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. To their credit, many health and social care providers (like Finland's Capital region, Central Norway and other Nordic areas) have already launched initiatives to unravel and solve complex social issues by integrating social and health care workflows to benefit citizens. Yet most still fall short of an "Amazon experience" that entirely integrates health and social care—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** – When stakeholders—from national pensions systems and social service agencies to healthcare providers—operate in silos (many because of legislation), it stymies the exchange of information around social needs, costs and available services. As a result, each stakeholder sees just one piece of a much larger puzzle.

**Ineffective collaboration** – there has been a lack of well-established operational collaboration between healthcare organisations, social service agencies, and national institutions. What is needed are more robust, closed-loop systems to capture and monitor the outcomes of completed services and further develop services based on gained results.

**Limited valuation mechanisms** – when healthcare payers can't quantify the costs and value of services rendered, they can't evaluate financial feasibility or return on social intervention investments. That, in turn, makes it difficult for organisations to implement incentive- or value-based services.

**Short-term financial outlook** – while upstream investments in social factors have a much longer horizon for realising cost benefits, often new initiatives are expected to deliver immediate cost savings.

# While these challenges are very real, we believe that the most critical barrier is not structural or institutional. It is personal.

Broadly speaking, entities that could 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 in categories.

PERSONAL HEALTHCARE: DECODING THE SOCIAL FACTORS

## Experience design + advanced analytics = person-centered health

Health and social care stakeholders understand that throwing money at skyrocketing healthcare costs is the fiscal equivalent of continually mopping the floor rather than closing the tap. The current environment provides an opportunity to upend traditional approaches—putting individuals at the centre and using data, analytics and service design will deliver what is truly needed in the moments that matter.

Service design (where services are built around the true needs of users and customers) can help dive deep into who people are and the complex circumstances that affect their lives and their health. Human-centric design allows for services that are impactful for both providers and citizens. This might include offering quick video visits to some, while reserving extended clinic visits with integrated teams to others based on individual need. This kind of design also provides a framework for end-to end experiences that support people as they move through their daily lives. Imagine a mobile solution that helps families assess their own

needs and access self-help programmes. Those in need of intensive, comprehensive support could access an integrated health and social care, as is planned in Helsinki, Finland.

To complement service design, healthcare stakeholders need access to a broad array of data and advanced analytics capabilities. National institutions may be accustomed to studying population level data, while hospitals and other providers may focus on electronic medical record data. The key is to collate that information with additional third-party data (like demographics, utilities and transportation data) and reveal important insights related to social risk factors. A great example of this is the Norwegian Directorate of e-health, which is developing a national health analytics platform which could be extended for use as a Nordic platform.<sup>4</sup> These insights will help health and social care providers understand individuals and craft personalised engagement and support to meet them where they are and, ultimately, enable better outcomes.

PERSONAL HEALTHCARE: DECODING THE SOCIAL FACTORS
7

# Do you understand the moments that matter in a person's life?

PERSONAL HEALTHCARE: DECODING THE SOCIAL FACTORS

Social factors have a vast impact on individual health and wellness. Unravelling and addressing these factors start with a bold vision to combine new insights, technologies and partnerships and address specific needs—whether those of citizens, health or social care providers or national institutions. Person-centred health weaves together comprehensive, effective interventions that help address social risk factors and improve health outcomes.



# To move toward person-centred health, national organisation and health and social care providers need proven ways to:



#### **SUPPORT**

the development of relevant offerings to help overcome obstacles to addressing social determinants of health.



#### **DRIVE**

a deeper understanding of specific social determinants that drive individual health outcomes.



#### **COLLABORATE**

across health and social care providers, national institutions and communities to develop new and innovative solutions.



#### **CALCULATE**

return on SDoH programme investments 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 personalised experiences to bring them the help they need at the moments that matter. Everything it takes to do that—including human-centred 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-centred health, it's possible to achieve both.

#### For more information:



#### **Ulla Kuukka**

Senior Principal, Nordic Health Industry Consulting Lead, Accenture

ulla.kuukka@accenture.com

© @ullakuukka

in/ullakuukka



#### Sauli Hyvärinen

Consultant, Health Strategy & Consulting, Accenture

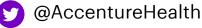
sauli.hyvarinen@accenture.com

@saulihyva

in sauli-hyvärinen-921b8b16b/

#### Follow us

@AccenturePubSvc



www.accenture.com/publicservice

www.accenture.com/health

Copyright © 2020 Accenture. All rights reserved. Accenture and its logo are trademarks of Accenture.

#### **About Accenture**

Accenture is a leading global professional services company, providing a broad range of services in strategy and consulting, interactive, technology and operations, with digital capabilities across all of these services. We combine unmatched experience and specialized capabilities across more than 40 industries — powered by the world's largest network of Advanced Technology and Intelligent Operations centers. With 513,000 people serving clients in more than 120 countries, Accenture brings continuous innovation to help clients improve their performance and create lasting value across their enterprises. Visit us at www.accenture.com.

#### **References:**

- <sup>1</sup> blogs.worldbank.org/voices/covid-19-will-hit-poor-hardest-hereswhat-we-can-do-about-it
- www.euro.who.int/\_\_data/assets/pdf\_file/0009/345798/HEN52. pdf?ua=1
- <sup>3</sup> academic.oup.com/eurpub/article/27/suppl\_1/55/3045951
- 4 www.himss.eu/sites/himsseu/files/vestli-directorate-ehealthnational-service-provider.pdf

This document makes descriptive reference to trademarks that may be owned by others. The use of such trademarks herein is not an assertion of ownership of such trademarks by Accenture and is not intended to represent or imply the existence of an association between Accenture and the lawful owners of such trademarks.