

ALIGNING PROVIDER AND PAYER ACTIVITIES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Allina Health, a not-for-profit health care system operating in Minnesota and western Wisconsin, is a participant in the [Accountable Health Communities \(AHC\) Model](#). This spotlight describes Allina Health’s partnership with Blue Cross and Blue Shield of Minnesota to build on work accomplished under the model to develop their SDOH 2.0 strategy.

Population Health Partnerships: A Path to Value

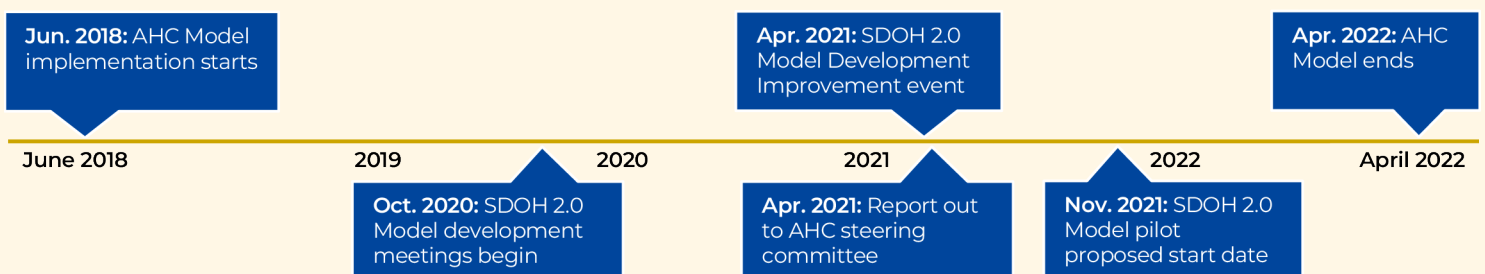
Through the AHC Model, Allina Health initiated efforts to address the health-related social needs (HRSNs) of its Medicare and Medicaid patients, including housing instability, food insecurity, utility needs, interpersonal violence, and transportation. What started as a narrow effort focused on Medicare and Medicaid ultimately raised a broader question: **“How can we build a sustainable care model that improves health, well-being, and equity for our communities beyond the AHC Model?”** To answer this question, Allina Health entered a five-year partnership with the largest payer in the state, Blue Cross and Blue Shield of Minnesota (Blue Cross), in October 2020. The partnership aims to develop a “Social Determinants of Health (SDOH) 2.0” Model to reduce social barriers to health for patients and communities in a way that is operationally and financially sustainable. The goals of the SDOH 2.0 Model are to improve health outcomes, reduce health care utilization, address unmet HRSNs, and improve patients’ overall experience within Allina Health. To support the development of the SDOH 2.0 Model, Allina Health sought input from health system stakeholders, patients, and community-based partners, and analyzed results of its community health needs assessment. Allina Health drew on existing relationships developed under the AHC Model, which helped lay the groundwork between Allina Health and Blue Cross and build momentum for the project.

Activities

As part of the significant investment Blue Cross has made in its value-based care collaboration with Allina Health, more than \$100,000 was allocated toward the planning the SDOH 2.0 Model pilot, which is anticipated to launch in November 2021. Planning activities include:

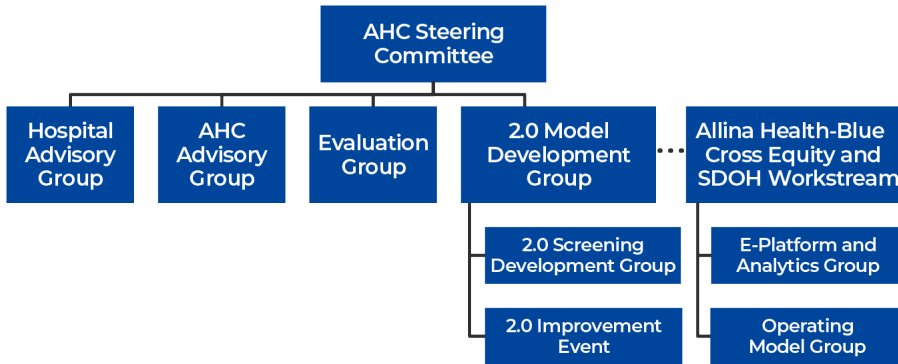
1. Identifying implementation milestones and SDOH 2.0 Model goals (e.g., improved health outcomes).
2. Meeting with Allina Health stakeholders to review an expanded version of the [AHC HRSN Screening Tool](#).
3. Hosting an “SDOH 2.0 Model Development Improvement Event” with frontline staff, AHC Model program staff, and Allina Health leaders to capture input to inform the screening and referral workflow.
 - a. Exploring a community-wide approach to build community resources and referral technology platforms.
 - b. Establishing patient navigation procedures to help connect patients to resources in the community.

SDOH 2.0 Model Development Timeline



Structure and Progress

To reach its goals, Allina Health formed an SDOH 2.0 Model development workgroup and created decision pillars to guide model development. The workgroups will provide technical expertise and input on the pilot model design, and the steering committee will have final decision-making authority.



SDOH 2.0 Model Development Guiding Principles



- ✓ Transition to universal SDOH screening for all patients, regardless of insurance status or type.
- ✓ Focus on addressing food insecurity, housing, transportation, utility payment, medication affordability, health insurance coverage/medical bill support, and social isolation.
- ✓ Incorporate patient-level SDOH screening information into existing care models and electronic medical records.
- ✓ Connect patients with HRSNs to resources.
- ✓ Define SDOH success for Allina Health.

Challenges

Allina Health and Blue Cross face challenges to long-term financing and reimbursement. Because many SDOH initiatives are supported through short-term grants, there is limited capacity and time to demonstrate program effectiveness or develop a path toward sustainability. Allina Health and Blue Cross view the SDOH 2.0 Model pilot as a potential step toward a sustainable alternative payment model. Blue Cross is also reviewing opportunities to cover additional modalities of care that work to directly address social determinants and improve population health.

In addition, Allina Health found that the proliferation of competing referral platform technologies may duplicate efforts and overburden community-based providers, who receive referrals via multiple platforms, and must navigate the different reporting requirements across platforms, payers, and providers. Through the SDOH 2.0 Model, Allina Health will be part of a coalition to convene frontline providers, payers, Minnesota Medicaid, and community stakeholders to explore a more unified, community-wide approach to connecting community resources and referral technology platforms.

Considerations for Other Health Systems

The symbiotic partnership between Allina Health and Blue Cross is an example of providers and payers coming together to use their collective capabilities to reimagine a sustainable care model that addresses community members' HRSNs.



High-level considerations for other health systems following a similar path include:

- **Define success criteria early.** Allina Health worked with internal and external stakeholders (such as frontline providers and health system leaders, government agencies, and community service providers and members) to define success for the SDOH 2.0 Model.
- **Start small.** Starting with discreet and measurable interventions with targeted populations can help build evidence on what works and make the case to expand efforts.
- **Understand the state-level policy context.** Minnesota's state Medicaid program expressed interest in Allina Health's SDOH efforts and used its contracting authority to tie [Integrated Health Partnerships](#) payments to it.
- **Clearly define aims.** Take the time to define terms and aims and establish a shared language.
- **Invest time in trust-building.** Allina Health established trust with patients and identified opportunities to promote health equity through its AHC Model screening and referral activities and recognized the importance of investing time upfront in relationship building with partners.
- **Develop a structured approach.** Taking the time to establish the infrastructure for an effective SDOH program is critical. Allina Health developed a governance model with workgroups under the umbrella of its community health strategic priorities.

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