ADDRESSING SDoH

IT Solutions to Engage Community Resources

CHILMARK RESEARCH

MARKET SCAN REPORT

ABOUT CHILMARK RESEARCH

The digital revolution has sparked unprecedented changes in all aspects of our lives. The way business is conducted, information is shared, how we maintain social connections - all are increasingly digitally enabled. Nowhere is the potential for these digital innovations more obvious than in the pursuit of longer, higher-quality lives through advances in the medical sciences. Yet only recently has information technology begun making its presence known in the healthcare sector.

Since 2007, Chilmark Research has been at the leading edge of these advances in healthcare. Our research reports and advisory services have assisted countless organizations in their understanding, deployment and use of digital health solutions. As patients and caregivers ourselves, we are mission-driven to assist decision makers in effectively leveraging technology to improve the delivery of care.

Using a pragmatic, evidence-based methodology with a strong emphasis on primary research, Chilmark Research structures its reports to serve the needs of technology adopters, consultants, investors and technology vendors. In addition to reports for the general market, Chilmark Research performs research for clients based on their specific needs.

In 2012, Chilmark Research launched the Chilmark Advisory Service (CAS) in direct response to clients' request for a continuous feed of research on the most pertinent trends in the adoption and use of healthcare IT. This is an annual subscription that provides not only access to a number of research reports throughout the year, but also direct access to Chilmark Research analysts to answer specific client needs.

Chilmark Research is forward looking, seeking to understand those technologies that have the greatest potential to impact the delivery of care. Current, thematic research categories include – but aren't limited to: Interoperability, Analytics, Virtual Care, Value-based Care, Population Health Management, Provider-Payer Convergence, Care Coordination and Consumerization.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY 8

Key Takeaways 9
Inclusion Criteria 9
Why Now? 9
Use Case 10
Challenges 11
Trends 11

THE STATE OF SOLUTIONS ENGAGING COMMUNITY RESOURCES 12

Terminology, Definitions, and Inclusion Criteria 12
The Social Environment 13
Social Determinants of Health (SDoH) 13
Social Risk Factors 13
Behavioral Risk Factors 13
Social Needs 14
Community Resources 14
Why Adopt Solutions that Engage Community Resources Now? 14
Addressing Social/Behavioral Risks Shows Promising Results and ROI 15
The Capitation of Medicaid and the March to VBC 15
The Impact of COVID-19 16
Key Stakeholders 17
Providers 17
Community Partners 17
Payers 18
Governments 18
Patients 18
Use Cases and Business Cases 18
Use Cases 18
Business Case 20

Challenges to Adoption 21
Community Partner Engagement and Onboarding 21
Internal Engagement 22
Legal Issues 22
How is the Market for Solutions that Engage Community Resources Developing? 22
Next Two Years 22
Next Five Years 23
Next Ten Years 23

LEADING VENDORS OF SOLUTIONS THAT ENGAGE COMMUNITY RESOURCES 24

Completeness of Solution 24
Roadmap/Vision 24
Market Momentum 24
Ability to Execute 25

VENDOR PROFILES 26

Aunt Bertha 27
Cerner 29
Epic 31
HealthEC 33
NowPow 35
Solera 37
Unite US 39
Vendors to Watch 41
Xealth 41
Signify Health 41
Healthify 41

APPENDIX A: ACRONYMS USED 42

ABOUT THE AUTHORS 43

TABLES AND FIGURES

EXECUTIVE SUMMARY 8

Figure 1: Benefits of Community Resource Engagement by Stakeholder 8

Figure 2: Workflows for Community Resource Engagement Solutions 10

Figure 3: 10-Year Projection for Community Resource Engagement Solutions Adoption and Growth 11

THE STATE OF SOLUTIONS ENGAGING COMMUNITY RESOURCES 12

Table 1: Report Terminology Definitions 13

Figure 4: Patient Health Rationale for Connecting Community Partners with Providers 15

Figure 5: Expansion of Value-Based Reimbursement Programs by State 16

Figure 6: Workflows for Community Resource Engagement Solutions 19

Figure 7: Use Case of SDoH Solution 20

Figure 8: Expected ROI by Dimension of Social Environment Addressed 21

Figure 9: 10-Year Projection for Community Resource Engagement Solutions Adoption and Growth 23

Executive Summary

Increasingly, providers and payers seek to address social determinants of health (SDoH) in their patient populations to lower utilization costs as value-based care becomes more prevalent. To do so, the providers and payers must engage with organizations capable of affecting changes in aspects of patients' lives that traditionally existed outside of the scope of healthcare.

Vendors are rising to meet the need by connecting these organizations (called community resources or community partners) to various healthcare organizations so that both may benefit from coordination in service provisioning. This report evaluates these solutions, identifying the strengths and weaknesses of solutions that are on the market and predicting how the market will develop in the future.

Research for this report is based on interviews with executive leadership teams of various solutions vendors, executives from each of the major EHR companies, and extensive secondary research.

Benefits of Community Resource Engagement Solutions for Stakeholder Groups

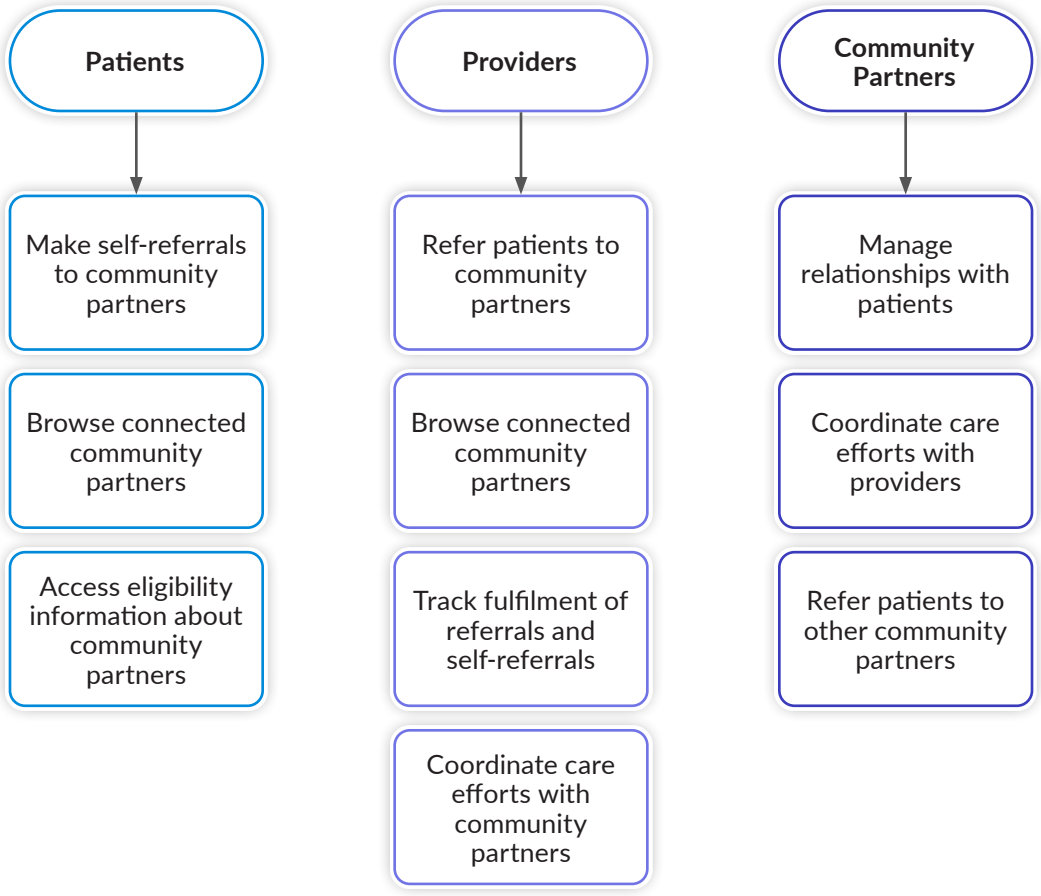

Figure 1: Benefits of Community Resource Engagement by Stakeholder

KEY TAKEAWAYS

- The steady march to value-based care (VBC) amplifies interest in solutions that contribute to utilization management strategies.
- Providers that wish to address patients' social needs can do so efficiently through referrals to community partners. This is made dramatically easier with community resource engagement solutions.
- Integration with community partners remains the main barrier to implementation, given challenges with data governance. Legal and internal engagement issues also slow adoption.
- The next two years will bring expansion of product capabilities with slow and steady growth in implementation as the market better defines standards for performance. Years three through 5 will see acclerated adoption and growth.
- Within five years, a public option for insurance will dramatically increase the rate of solutions adoption, culminating in >80% adoption in provider locations by 2030.

INCLUSION CRITERIA

Inclusion in this report requires meeting two or more of the following criteria:

- Provides healthcare providers with awareness of community resources and their capabilities
- Helps providers facilitate patients' referrals with relevant community resources through communication or easy enrolment
- Manages and coordinates care provided by those community resources with care provided in traditional healthcare settings

The analytics that support these processes are not included in this report. While important to the process of addressing social needs, a review of SDoH analytics would warrant its own report.

WHY NOW?

A few important trends are pushing health plans, government organizations, and payers to adopt SDoH-centric solutions in greater numbers.

- Research[1] shows impressive returns-on-investment (ROI) from addressing patients' social risk factors by lowering traditional healthcare utilization rates. Robust community resources often address those risk factors more efficiently than providers, and at lower costs.
- Many states are moving to a capitated model of care delivery for their Medicaid beneficiaries in conjunction with the broader migration to value-based care (VBC), promoting a greater emphasis on utilization management. The growing prevalence of these contracts prompts payers and providers to seek out more efficient care delivery models that include community resources.
- COVID-19 dramatically increases the percentage of the overall population that suffers from unmet social needs and augments the social needs of others. Given that this population and their needs are most addressable through engaging community resources, solutions that enable this engagement are now more desirable.

[1] Nardone, Paul. "Social Determinants of Health: ROI and Cases for Adoption of Solutions." Domain Monitor, Chilmark Research, 2020.

USE CASE

Initially, the community resource engagement solution vendor onboards providers and relevant community resources into a network. Then, after a provider identifies a patient's social needs through data analysis or questioning, the community resource engagement solution enables providers to refer their patients to a community partner best capable of addressing their issue. Ideally, the patient's fulfilment of the referral is communicated to all involved parties.

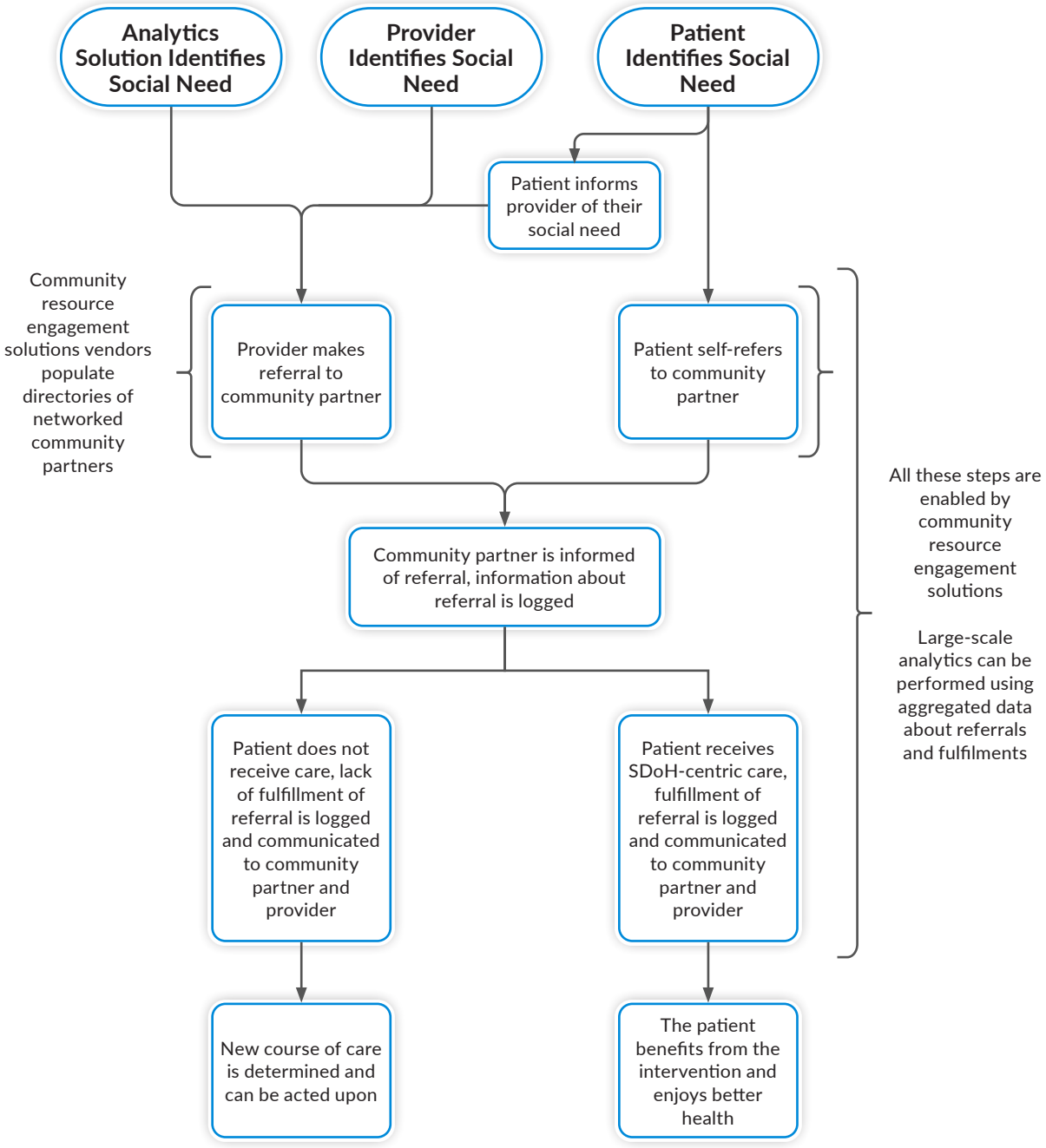

Figure 2: Workflows for Community Resource Engagement Solutions

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Appendix A: Acronyms Used

Acronym	Definition
AI	Artificial Intelligence
ED	Emergency Department
EHR	Electronic Health Record
HCO	Health Care Organization
MCO	Managed Care Organizations
ML	Machine Learning
PCP	Primary Care Physician
PHM	Population Health Management
ROI	Return on Investment
SDoH	Social Determinants of Health
VBC	Value Based Care

About the Authors

JODY RANCK

Dr. Ranck has nearly 30 years of experience working in the global health arena and has helped lead a number of major health technology initiatives throughout his career. Author of two books on digital health, he is a globally recognized thought leader on digital health and has been listed in the "Always On" top 100 minds in Global mHealth (2013). His past clients have included Humana, TM Forum, CLSA, T-Systems, Stanford University's School of Medicine, UC Berkeley, the UN, and ARM to name a few. He has been a frequent advisor to large healthcare companies and startups focused on providing more patient-centric care and transitioning to value-based care. In the past he has been appointed as a member of an Institute of Medicine Committee on ICTs in global health/violence prevention and helped launch a major global eHealth initiative with the Rockefeller Foundation. He has been a frequent keynote speaker at health IT conferences and recently organized and chaired the Healthcare Blockchain Summit (2017-18).

Jody has written and worked extensively on mobile innovations, the Internet of Things (IoT), wearables, blockchain and the analytics market in healthcare. He is also working with cutting edge startups on next generation biosensor platforms, patient generated data for clinical research, and emerging blockchain applications in healthcare. His education includes a Doctorate in Public Health (University of California, Berkeley), MA in International Relations and Economics (Johns Hopkins University) and a BA in Biology (Ithaca College).

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PAUL NARDONE

Paul joined Chilmark in August 2019 after graduating from Bowdoin College with a dual major in History and Government/Legal Studies. Paul's involvement in health IT began in the summer of 2017 when he worked for a health IT startup based in Portland, Maine. His roles were varied, involving performing market research, conducting physician needs assessments, and assisting in the construction of pitch decks for investors.

After becoming aware of the potential for effective health IT to improve the care delivery process, Paul pursued an internship the following summer with Chilmark Research. While interning at Chilmark, Paul designed and populated databases with information about health IT vendors operating in the domains of Population Health Management and Care Management. Paul left Chilmark Research after a year to pursue a graduate degree in social services and mental health.

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