



NATIONAL ALLIANCE TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH YEAR IN REVIEW 2019

This report provides a summary of the work of the National Alliance to impact the Social Determinants of Health (NASDOH) in 2019, which was made possible by the support and engagement from each NASDOH member.

2019 PRIORITIES OVERVIEW

NASDOH was established on January 18, 2018 to systematically and pragmatically build a common understanding of the importance of addressing social determinants of health (SDOH) as part of an overall approach to improve the health and economic vitality of families and communities. The work of NASDOH is guided by the following principles:

1. By addressing the broad and interconnected array of factors that influence health we can effectively help all people and communities to become and stay healthy, achieve well-being, and thrive economically.
2. Strategies that address SDOH should be developed with people and communities and reflect their values, perspectives, and preferences.
3. Meaningfully impacting health and well-being requires multi-sectoral partnerships across the private and public sectors.
4. The private sector, including employers and businesses, has an integral role to play through private-sector action, policy work, engaging in public-private partnerships, and civic leadership.
5. Public health departments and human and social services sectors are essential partners in efforts to address SDOH and will need significant financial and human capital investments.
6. Efforts to address the social determinants of health should build upon existing gains in the health care system including ensuring access to affordable, quality care.
7. Successfully transforming to a value-based health care system requires care and payment models that address SDOH.
8. Digital strategies should be leveraged to transform and improve health and well-being including promoting bidirectional information flow with appropriate attention to privacy, proper use, and data security as a priority in data collection, sharing, and use.
9. Measuring the impact of SDOH interventions should balance the goals and interests of sectors and affected people and communities.
10. The substantial body of successful evidence-based approaches to better integrate SDOH approaches into the health system can inform immediate action; however, there is a continuing need to experiment and build the evidence base, and for policies that encourage the development of additional evidence.

This past year, NASDOH continued to work towards our mission of making material improvements in the lives of individuals and communities and, through multi-sector partnerships, advancing holistic, value-based, person-centered care that successfully impacts the SDOH. We focused on promoting public and private sector actions to impact the lives of 100 million people. The 2019 work plan prioritized select activities based on their potential for overall impact on the population, feasibility of action, and the opportunity to lead sustainable policy change within the year. In support of the mission and the guiding principles, the 2019 activities focused on the following priority areas:

- 1. The policy environment:** influencing policy that supports addressing SDOH;
- 2. Removing unnecessary barriers:** removing unnecessary barriers to addressing SDOH;
- 3. Community learning network:** promoting shared learning across sectors; and
- 4. Actionable evidence:** supporting the generation of actionable evidence.

THE POLICY ENVIRONMENT

Influence Medicare Advantage guidance advancing flexibility

NASDOH responded to the **2020 Medicare Advantage (MA) Call Letter** which proposed allowing plans to “vary, or target, [Special Supplemental Benefits for the Chronically Ill] SBCI as they relate to the individual enrollee’s specific medical condition and needs.” NASDOH **provided two recommendations on increased flexibility** to determine what is a chronic condition under the statutory standard and the limits of supplemental benefits for chronically ill enrollees. To view the letter, please click [here](#).

NASDOH members **developed a memo on opportunities for the MA program to leverage existing authorities to pool funding from disparate sources to help spread, scale, and sustain successful multi-sectoral approaches to addressing SDOH**, and met with staff from the Center for Medicare to discuss these options.

Encourage the Centers for Medicare & Medicaid Services (CMS) to support states in deploying SDOH strategies through guidance clarity, template language, and streamlining of approval process

NASDOH members **met with Center for Medicaid staff to discuss opportunities to provide more clarity to states and managed care organizations (MCOs)** advancing payment and care models to address social drivers. CMS responded positively to a NASDOH recommendation that CMS develop written guidance for states interested in addressing SDOH in their Medicaid programs.

In early April, NASDOH sent a letter ([here](#)) to CMS Administrator Seema Verma with recommendations to accelerate SDOH-focused work of states and providers. In addition, **NASDOH developed a one-pager that highlights the importance of and opportunities to support state Medicaid innovation and policies** that address SDOH. Please see the one-pager [here](#).

Health Affairs published a blog authored by NASDOH co-conveners Karen DeSalvo and Governor Leavitt entitled, “For an Option to Address Social Determinants of Health, Look to Medicaid.” The blog highlighted the key opportunities Medicaid programs have in addressing social needs. It outlined several recommendations on how CMS can work with state Medicaid programs to address SDOH without undermining the program’s core purpose ([link](#)).

NASDOH discussed consolidating CMS Guidance to states in a State Medicaid Director letter, premium slide, medical loss ratio (MLR), and using 90/10 funding to invest in information systems with the Center for Medicaid in June. To follow-up on NASDOH’s April 2019 letter to CMS, **NASDOH convened Medicaid managed care actuaries** on October 2019. There were more than 20 participants including representatives from two state Medicaid programs, several former state Medicaid directors, Medicaid managed care organizations’ (MCO) policy and actuarial staff, actuaries that independently consult with state Medicaid programs, and Medicaid MCOs. **NASDOH submitted recommendations from the convening to CMS on how CMS and the CMS Office of the Actuary can provide additional clarity and flexibility to encourage efforts to address the SDOH in the Medicaid program**, and challenges accounting for SDOH interventions in the MLR.

The National Alliance to Impact the Social Determinants of Health
AN ALLIANCE CONVENED BY LEAVITT PARTNERS

Supporting State Innovation in Medicaid: Policies for Addressing Social Determinants of Health

The Medicaid program provides important opportunities to address social needs of patients, along with broader determinants of health, for several reasons:

- Social needs, such as housing, income, and food often impede the delivery of effective medical care to Medicaid beneficiaries, diminishing the value of services provided.
- Many states deliver Medicaid services through managed care contracts for defined populations – providing the opportunity to address patient needs outside the clinic, and capture savings that result from higher-value care.
- Medicaid provides an opportunity to leverage the innovation and experimentation of states.
- Medicaid innovation programs can provide some of the answers we need in addressing broader questions of reducing health costs and improving the health of the population.

These efforts are important to addressing the root causes of poor health, and the consequent high costs of treating preventable diseases:

Category	Percentage
PHYSICAL ENVIRONMENT	10%
HEALTH BEHAVIORS	30%
SOCIAL & ECONOMIC FACTORS	40%
CLINICAL CARE	20%

The National Alliance to Impact the Social Determinants of Health (NASDOH) is encouraged by states engaging in exciting work aimed at addressing the social determinants of health:

- Roughly 45 states incorporate social determinants of health-related activities through managed care contracts or section 1115 demonstration waivers.

NASDOH | Driving a Cross-Sector Value Proposition for Addressing the Social Determinants of Health
www.nasdoh.org

For An Option To Address Social Determinants Of Health, Look To Medicaid

Karen DeSalvo, Michael O. Leavitt

JULY 8, 2019 10.1377/hblog20190701.764626

Influence Center for Medicare and Medicaid Innovation (CMMI) models to advance SDOH including those focused on Advanced Payment Models (APMs) and the social care sector

In May, NASDOH responded to CMS’s request for information (RFI) on Direct Contracting – Geographic Population-Based Payment Model Option. Our response offered several elements that should be taken into consideration to help Direct Contracting Entities and community partners work together to accomplish the goals of the Geographic PBP model. Please read our comment letter [here](#).

Establish and maintain a tracker on U.S. Department of Health and Human Services’ (HHS) activity

Through numerous initiatives and activities among its member agencies, HHS has indicated their support of federal, state, and local level efforts and policies to address social risk factors. NASDOH identified and published on the NASDOH website ([link](#)) the HHS SDOH initiatives and activities. The tracker has proven to be a valuable resource in identifying how to engage with ongoing HHS activities and promote cross-HHS awareness and collaboration.

Conduct briefings with congressional staff to provide insights and recommendations

In March, NASDOH hosted a briefing on Capitol Hill on Medicaid and SDOH. Dr. Betsey Tilson, the State Health Director and Chief Medical Officer at the North Carolina Department of Health and Human Services, presented an overview of the innovative work they are undertaking to address SDOH in the state. Tricia McGinnis, Senior Vice President at the Center for Health Care Strategies (CHCS), presented on their comprehensive assessment of addressing SDOH through State Medicaid programs. Finally, Keith Maccannon of AmeriHealth Caritas presented on the organization’s work providing transportation services to its members and the impact it had on health care access.

In June, NASDOH members met with staff from Senator Portman (R-OH)’s and Senator Casey (D-PA)’s offices to discuss S.1323 – The Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinates of Health (UNDERSTAND) Act. Sens. Portman and Casey introduced S.1323 to help address the collection of data related to the SDOH using ICD-10 Z-codes to track and report standardized definitions of SDOH affecting patients.

In July, NASDOH sent its inaugural Hill eNewsletter to congressional health care staffers. The eNewsletter is sent quarterly and builds awareness about NASDOH’s efforts, provides educational resources, and highlights key SDOH activity on the hill, in the administration, at the state level, and in the private sector.

In September, NASDOH members visited with the staff of House Energy and Commerce Committee Chairman Frank Pallone and Representative Cheri Bustos to discuss the importance of SDOH and offer technical assistance. The group also discussed ongoing congressional efforts, including H.R. 4004 – the Social Determinants Accelerator Act of 2019.

Karen DeSalvo was the keynote speaker at the Alliance for Health Policy Congressional Briefing on the future of SDOH on September 13th, where participants discussed improving outcomes for SDOH and the need for sustainable funding (event video [here](#)). NASDOH further supported the Alliance for Health Policy briefing by promoting the event and advancing participation.

March

Briefed Capitol Hill staff on Medicaid and SDOH

June

Discussed the UNDERSTAND Act with staff from Senator Portman’s and Senator Casey’s offices

July

Established a quarterly SDOH eNewsletter for Hill staffers

September

Met with House Energy and Commerce Committee staff and participated in Alliance for Health Policy Congressional Briefings



REMOVING UNNECESSARY BARRIERS

Encourage HHS to provide clarity on Federal anti-kickback laws issues relating to SDOH benefits and partnerships

NASDOH closely monitored CMS and Office of Inspector General's (OIG) work addressing regulatory provisions that can be barriers to coordinated care, which is essential to accelerate transformation to a value-based health care system. In early October 2019, HHS announced proposed changes to the regulations that interpret the Stark Law and the Anti-Kickback Statute. **NASDOH developed its response to the proposed changes and submitted a comment letter on December 31, 2019.**

Develop a trust framework for data sharing SDOH relevant data in concert with CARIN Alliance

NASDOH **developed a SDOH data collection and sharing concept paper**, which describes the challenges that governments, community-based social care organizations, and health care entities (e.g. plans, providers) face in capturing and transmitting an individual's SDOH-related information, health and human service eligibility and enrollment data, and care planning and experience data. Throughout the year, NASDOH developed options to address these challenges, including documenting SDOH data, sharing data between entities, and safeguarding individual privacy.

Throughout 2019, **NASDOH socialized the concept paper with experts across the health care technology, privacy, and consumer advocacy sectors.** In June, members of NASDOH met with representatives from the HHS Office of the National Coordinator (ONC) and provided an overview of NASDOH's thinking on collecting and sharing SDOH data.

NASDOH worked closely with the CARIN Alliance, which focuses on advancing consumer mediated exchange, to further our thinking about ways to privately and securely share SDOH data. NASDOH **adopted the CARIN Trust Framework and Code of Conduct for use in its data and technology innovation workstream.** In 2020, NASDOH will continue its data and technology work and its partnership with the CARIN Alliance.

Create and provide use cases and case studies for data sharing between health, public health, and social care sectors

NASDOH **submitted a letter on March 4, 2019 to the Chief Data Officer (CDO) at HHS that outlines several use cases and associated case studies for data sharing.** The letter informed the CDO on potential actions to promote transparency of, access to, aggregation of, and integration and sharing of appropriate data and technology across sectors to assess and address SDOH at the individual and community level. Please click [here](#) to view the letter.

NASDOH **responded to the CMS Office of Civil Rights (OCR) Request for Information (RFI) on modifications to the Health Insurance Portability and Accountability Act (HIPAA) that could promote coordinated and value-based health care,** particularly as it related to the ability of covered entities to disclose protected health information (PHI) to social service agencies. Please click [here](#) to view NASDOH's comment letter.

COMMUNITY LEARNING NETWORK

Make recommendations about screening for SDOH

NASDOH developed a set of principles to guide future SDOH screening efforts and published a related brief. The brief, entitled “Identifying Social Risk and Needs in Health Care,” identified key challenges and considerations for ongoing exploration as SDOH screening for unmet needs becomes more common ([link](#)).

Conduct a horizon scan of promising practices and publish on NASDOH website

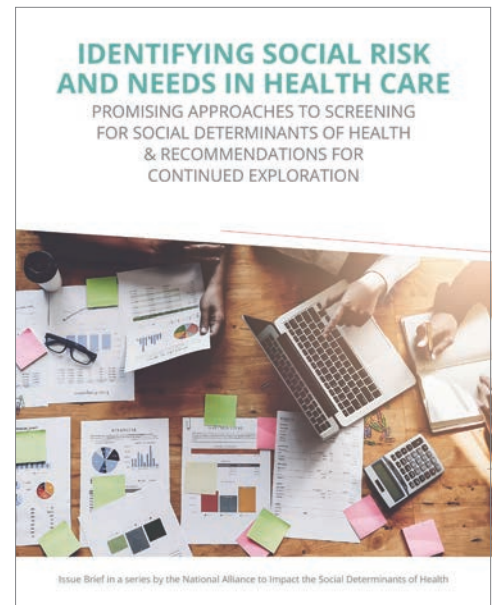
Throughout 2019, NASDOH members provided information about promising practice for addressing SDOH being used in their organizations. NASDOH published these case studies on its website. Some of the promising practices were provided by Maxim Healthcare Services, AmeriHealth Caritas, Cigna, AltaMed Health Services, and the New Jersey Innovation Institute (NJII) ([link](#)).

Host an informational webinar on policy activity related to SDOH

Vince Ventimiglia, senior advisor to NASDOH, and Mikelle Moore, Intermountain Healthcare, recorded a podcast on federal and local policy activity related to SDOH. The podcast will be available on NASDOH’s website.

Complete a business and public health roundtable and summit on upstream community investment

The deBeaumont Foundation and NASDOH convened representatives from the business and public health sectors to discuss opportunities to work collaboratively to address SDOH. This work formally launched in Chicago in March with the purpose of advancing understanding of the benefit of public health and private sector partnerships to effectively improve community health including addressing SDOH.





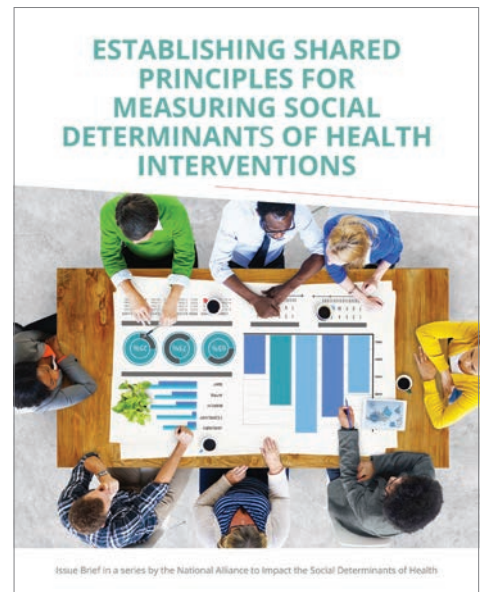
ACTIONABLE EVIDENCE

Develop and publish a measurement and evaluation framework endorsed by key government and private sector actors

NASDOH developed framing principles to guide SDOH measurement development that, if adopted, can help organizations work collaboratively to prospectively align around a shared measurement framework for SDOH measures. These framing principles were outlined in a NASDOH brief: “Shared Principles for Measuring Social Determinants of Health Interventions” ([link](#)).

Support the Office of the Assistant Secretary for Health/National Academy of Medicine convening on social care interventions ready for action in value-based care models, including serving on the planning committee

The National Academies of Sciences, Engineering and Medicine (NAM) was asked by the HHS Office of the Assistant Secretary for Health to conduct a workshop entitled “Reducing Health Care Spending Through Interventions that Address Non-Medical Health-Related Social Needs.” The one-day public workshop explored “the potential impact of addressing non-medical health-related social needs on improving population health and reducing health care spending in a value-driven health care delivery system.” Two members of NASDOH were part of the Workshop Planning Committee for the Spring 2019 event, and multiple NASDOH members were among the presenters and participants.



NASDOH 2019 MEETINGS

NASDOH MONTHLY MEETINGS

January 2019

Consumer Perspective

February 2019

Federal Policy Tracker

March 2019

Medicaid

April 2019

Measuring SDOH Intervention Impact

May 2019

Multi-Sectoral and Upstream Action

July and August 2019

Data & Technology Innovation & CARIN Trust Framework

September 2019

Business and Health

October 2019

Funding Options for Local Multi-Sectoral Alliances

November 2019

Year End Review and 2020 Lookahead

NASDOH EXTERNAL COMMUNITY ENGAGEMENT

The Office of the Surgeon General

In March 2019, representatives from NASDOH met with the Surgeon General’s Office to introduce NASDOH and offer our support for the Call to Action: Community Health and Economic Prosperity (CHEP). This included collaborating on work to engage the business sector in community health improvement efforts.

The Alliance for Health Policy SDOH Summit

In June, the Alliance for Health Policy held a summit entitled “What’s Next on Social Determinants of Health” that examined the impact of non-medical drivers of health, and examined current policies and activities on SDOH, and discussed solutions to improve health outcomes. Jamo Rubin, Signify Health, spoke on behalf of NASDOH in a session on measuring the nonmedical needs of communities and Liz Wroe, Senior Advisor to NASDOH, moderated a panel on future policy considerations.

RISE National Summit on Social Determinants of Health

Liz Wroe participated in a panel moderated by NASDOH member and chair of the 2019 RISE National Summit on Social Determinants of Health, Jamo Rubin. The panel discussed opportunities to address SDOH factors on a micro-level and how to successfully create and implement initiatives that impact individuals’ health outcomes.

Chief Technology Officer’s Roundtable on Leveraging Data on the Social Determinants of Health

In October, the Chief Technology Officer (CTO) at the U.S. Department of Health and Human Services (HHS) hosted a Roundtable on Leveraging Data on the Social Determinants of Health. Karen DeSalvo offered special remarks on suggestions for improving the use of SDOH data in the future. Several NASDOH members participated in the Roundtable, offering comments on SDOH data sources, collecting and using individual SDOH data, and applying population-level SDOH data.



HLTH Conference

Liz Wroe participated in the HLTH Conference in October and moderated a session on Communities at the Crossroads of Health with panelists from Atrium Health, Unite Us, and CommonSpirit Health. The session explored connecting individuals to their specific need (e.g., housing, nutrition, employment, etc.) and the innovative ways in which the panelist are using tools to make these correlations.

ABOUT NASDOH

The National Alliance to impact the Social Determinants of Health (NASDOH) is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining social determinants of health efforts. To learn more visit us at

www.nasdoh.org.

MEMBERSHIP

CO-CONVENERS

Karen DeSalvo
Governor Michael O. Leavitt

STEERING COMMITTEE

Aetna	Intermountain Healthcare
Anthem	Kaiser Permanente
Centene	National Partnership for Women and Families
Cigna	RWJ Barnabas Health
Funder's Forum, George Washington University	Trust for America's Health

GENERAL MEMBERS

AltaMed Health Services	March of Dimes
American Heart Association	Maxim Healthcare Services
AmeriHealth Caritas, D.C.	Michigan Health Improvement Alliance
Build Healthy Places	N4a
Center for Community Investment	National Association of Chronic Disease Directors
Cerner	New Jersey Innovation Institute
deBeaumont Foundation	New York Presbyterian ReThink Health
Episcopal Health Foundation	Solera
Horizon-BCBS New Jersey	Trinity Health
Humana	7wire Ventures

STRATEGIC PARTNERS

BlueCross BlueShield Venture Partners/Sandbox Ventures
Social Interventions Research & Evaluation Network