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HCPLAN
Health Care Payment Learning & Action Network

Value of Health Care Redefined: Social Return on Investment

Understanding the Landscape and Opportunities for Applying Social Return on Investment to Health Care

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To advance health equity our health care system should help each person have a fair and just opportunity to attain the highest level of health and well-being. Achieving health equity requires whole-person care that integrates health and social care to improve physical, behavioral, and social health and well-being. Alternative Payment Models (APMs) are well positioned to provide this holistic care. APMs generally offer more financial flexibility compared to fee-for-service (FFS) models, enabling a focus on person-centered care and equitable health outcomes.

However, while many health care organizations would like to provide whole-person care, investments in health equity have been limited to date, in part because the business case for doing so is often weak. Performance metrics linked to payment do not capture the full societal benefits of health equity and addressing social determinants of health (SDOH). Current performance metrics focus on traditional clinical outcomes, and payment systems encourage health care organizations to prioritize short-term financial returns and cost savings. Metrics should be holistic, including not only clinical outcomes but measures such as healthy days at work and resulting economic productivity. Metrics should capture social return on investment (social ROI), the comprehensive value of the health and well-being of all persons and communities, incorporating medium and long-term time horizons and outcomes that matter to communities. By quantifying and incentivizing social ROI, the business case for investing in and sustaining programs that maximize equitable health and well-being can be created, strengthening the nation's health. Bold leaders are needed from health care and communities who can partner and together be the architects of change, designing new pathways to achieve the social and financial value that is possible.

What is Social ROI?

Social ROI is a framework for measuring and accounting for the broad social value of programs relative to resources invested. Outcomes are comprehensive and diverse, such as improved employment and academic performance, reduced food insecurity, reduced truancy rates, environmental benefits, and well-being.[1]

Social ROI has been defined as "a process for understanding, measuring, and reporting the social, economic and environmental value created by an intervention, program, policy or organization." [2] Social ROI encompasses benefits at multiple levels—individuals, organizations, and society. A key challenge hindering sensible health care policy is the "wrong pocket" problem. The benefits of interventions may not accrue directly to the organizations funding the program; therefore, they are frequently under-resourced for the societal value created with their intervention. For example, a health care delivery organization might implement a health equity intervention that leads to a healthier workforce, fewer unemployment costs, and increased economic productivity for society. However, reimbursement to these delivery organizations for their services generally does not account for their wider social value or long-term benefits; thus, incentives for health care organizations to do what is best for society are frequently weak, and they prioritize those actions that increase their short-term financial returns. The art and science of social ROI identifies who benefits from an intervention and the types of benefits they receive, translates quantitative and qualitative benefits into financial valuations, and informs subsequent policy to maximize societal benefit.

Social ROI analysis involves the following six steps:[3]

1. **Establish Scope and Identify Relevant Partners:** Define boundaries of the analysis and engage with stakeholders who are affected by or can affect the outcomes.
2. **Map Outcomes:** Identify and document the expected outcomes.
3. **Collect Evidence and Value Outcomes:** Collect data documenting outcomes and assign accurate monetary values to them.
4. **Establish Impact:** Isolate changes directly attributable to the activity.
5. **Calculate the Social ROI:** Total social return = (Net value of the impact) / Investment.
6. **Report and Use the Results:** Report results and inform future strategies.

Below are a few examples of how researchers and organizations have used social ROI to inform health equity initiatives.

- **Researchers** published an analysis in *Health Affairs* documenting the social ROI of Bon Secours Hospital's "Housing for Health" affordable housing program.[4] Social ROI was calculated using a "triple bottom line" approach that included evaluation of the program's broader social, environmental, and economic benefits.
- **HealthBegins** developed the Quick Calculator and a Value on Investment Framework that help health care organizations and community-based organizations (CBOs) understand financial returns (direct ROI), economic returns (tangible and intangible benefits to the organization), and social returns (benefits to broader set of organizations, stakeholders, and members of a community).
- The **Innovation and Value Initiative (IVI)** and **AcademyHealth** developed a framework to understand economic impacts on patients and caregivers.
- The **Health Care Transformation Task Force (HCTTF)** published a business case for health equity investment that addresses long-term sustainability strategic integration, leadership commitment, accountability, and collaboration.
- **Social Value UK** and **Social Value International** provide standards and guidelines for social ROI analyses.

Why does Social ROI Matter?

Social ROI provides a comprehensive framework to capture the financial, health, and social benefits of health equity programs. If translated into accountability metrics and payment policy, social ROI could help maximize the health and well-being of all persons and communities, strengthening the nation.

Challenges to Social ROI Measurement and Use in Health Care

Our current health care ecosystem[I] does not measure value with social ROI. Key challenges to applying social ROI in health care include:

Current System Focuses on Short-Term Clinical and Financial Gains

Most current health care policies encourage health care delivery organizations to prioritize short-term health improvements and financial returns.[II] Financialization of the health care industry ignores the social value created from investing in health equity initiatives. Accountability metrics do not capture or reward social ROI.[III]

Absence of Standardized Metrics and Methodologies and Data Interoperability

Lack of standardized metrics and methodologies for social ROI hinders the accurate capture, quantification, and comparison of social impact outcomes. Also, challenges with data interoperability across providers, systems, and sectors impede the sharing of information.

Leadership and Governance

Leadership and governance structures are not often designed to emphasize social ROI in strategic decision-making processes. They typically lack meaningful inclusion of community members who are more apt to value societal value and long-term community well-being rather than short-term financial returns to the health care organization.

Regulations and Policies that Do Not Align with Social ROI

Private sector organizations are often not regulated or required to report measures of social return. For government organizations, existing regulations and policies often fail to facilitate the integration of social ROI into health care practices. Few standardized guidelines exist for health care organizations to evaluate and report on social ROI for their interventions including health equity initiatives. Legal and regulatory barriers significantly impact how government organizations assess new benefits or payment and delivery models for potential expansion. For example, to be deemed successful and considered for expansion, CMMI's statute requires that models maintain or reduce program expenditures while preserving or enhancing the quality of care. This means that model expansion decisions do not explicitly accommodate financial savings or benefits derived outside of the Medicare and Medicaid programs. Regulations and policies should be adjusted to explicitly support the broader assessment, adoption, and scaling of health payment and delivery models that increase social ROI; at times, this will require Congressional action.

[I] A health care ecosystem is a network of organizations (e.g., hospitals, payers, providers, and health-related organizations) that collaborate to provide health care services.

[II] Social determinants of health and unmet social needs account for 80-90% of health outcomes and are inequitably distributed among historically underserved populations.

[III] Accountability metrics are quantifiable measures used to evaluate the performance of individuals and organizations and ensure that all parties are held responsible for their actions and outcomes.

Promising Practices for Increasing Social ROI

We need to equip and enable payers, purchasers, employers, health plans, and health care delivery organizations to increase the use of a social ROI framework in decision-making. The HEAT Advancing Health Equity through APMs Theory of Change identifies care delivery redesign, payment incentives and structures, and performance measurement as the three primary drivers that advance health equity. Despite the lack of a systematic process for measuring social ROI, many organizations across federal, commercial, and non-profit sectors are making progress in adopting practices that enhance social ROI and health equity. With the three primary drivers in mind - care delivery redesign, payment incentives and structures, and performance measurement – the HEAT conducted a series of interviews with stakeholders in the health care industry and a literature review to identify promising practices for realizing social ROI.

Care Delivery Redesign

Organizations such as CBOs, public health departments, and integrated health systems are redesigning care delivery models to better meet patients' social needs. Some organizations like Federally Qualified Health Centers and accountable care organizations (ACOs) are integrating non-traditional providers such as doulas, peer support specialists, and community health workers (CHWs) into care delivery to better address health related social needs (HRSNs) and realize benefits beyond utilization of health care services and health outcomes.[5] Organizations emphasized the importance of partnering with patients and community members early and often, as their lived experiences and expertise are essential for effectively planning, delivering, and evaluating services. Trustworthiness is a paramount, foundational building block that must be earned from the community.

AmeriHealth Caritas DC recognized lack of access to timely transportation as a major barrier for their members accessing medical care. Traditional non-emergency medical transportation (NEMT) services were slow, inconsistent, and unreliable; members often had to take prolonged time away from work to comply with Medicaid van pickup times, pay for expensive childcare, and often missed appointments because of the structural issues with traditional NEMT. In response, AmeriHealth partnered with and allocated funding to Access2Care – a NEMT manager that contracts with Lyft. Between April 2018 and April 2019, Lyft provided access to rides for medical care for more than 11,400 members. AmeriHealth Caritas DC experienced a 45% improvement in compliance for 42 HEDIS measures, and those enrollees experienced a 40% reduction in ER utilization, a 15% reduction in low acuity emergency room utilization, and 12% reduction in ambulance utilization netting a 26-million-dollar cost saving. Programs like this one are already engaging non-traditional service providers to transform care delivery and realize non-health benefit; they are therefore poised to quantify the social value created from this program by adding metrics to capture social ROI by collecting data on individual time savings, costs saved on transportation and childcare, and other social value measures that are traditionally not captured.

Payment Incentives and Structures

Organizations are reimbursing providers for addressing the HRSNs of patients and for reducing disparities in quality measures. Some interviewees noted that flexible funding and the ability to negotiate accountability metrics are essential as value based care payments provide flexibility for providers to make longer term decisions and investments that benefit individual well-being overall, in addition to near-term care needs. Flexible funding allows providers to allocate resources towards interventions that address social determinants of health. Mutually agreed upon performance metrics could explicitly target social ROI and should be shared transparently.

Community Care Cooperative (C3) is an ACO that includes 23 federally qualified health centers in Massachusetts. C3 identified unmet HRSNs such as food insecurity and housing access as significant barriers for Medicaid beneficiaries in receiving effective health care. In response, C3 leveraged the Massachusetts Flexible Service Program which was launched in 2020 and jointly funded by the state and federal government through a Section 1115 Medicaid waiver to create a team with expertise in housing and food programs to establish partnerships with CBOs. C3 has referred 17,000 Medicaid members into their programs.

C3's housing program provides case management services to members experiencing homelessness. This program connects individuals with other state and federal benefits such as Supplemental Nutrition Assistance Program (SNAP), WIC, and state Rental Assistance programs. Additionally, C3 utilizes supplementary funds to facilitate successful transitions to housing, covering expenses such as rental deposits, furniture purchases, and case management compensation. By leveraging the unique reimbursement structures offered under 1115 waivers, C3 has demonstrated positive results in the financial domain of social ROI. By addressing HRSNs such as housing and food insecurity, C3's evaluation data shows reduction in ED visits, inpatient stays, and total cost of care for those enrolled in their programs. In addition to the financial aspect of social ROI, connecting individuals with benefits like SNAP, WIC, and rental assistance programs enhances their economic stability, improves quality of life, and reduces their financial burdens. The successful transition of individuals to stable housing contributes to community well-being, leading to safer, more cohesive communities. Beneficiaries who are healthier and more economically stable are better able to participate in the workforce, contributing to the local economy and reducing dependency on public assistance programs.

Performance Measurement

Organizations like the National Quality Forum,[6] the Agency for Healthcare Research and Quality,[7] The Commonwealth Fund,[8] and others, are developing metrics and frameworks to measure progress addressing SDOH, that can be leveraged by providers and health plans to capture social ROI. Future metrics should also reflect the outcomes that matter most to individuals' day-to-day lives and well-being, for instance time savings, improved ability to pay for basic needs, or improved mental well-being.[9]

Interviewees emphasized using diverse data sources to understand equity needs, identify resource gaps, and prioritize investments, reinforcing the importance of the capacity to collect, integrate, and share data. It is important to collect race, ethnicity, language, and sexual orientation and gender identity data. These data enable evaluation of an initiative's impact on individuals with intersectional identities and identification of health inequities.

A regional BlueCross BlueShield plan sought to improve care value by expanding affordability and access, while reducing disparities. Partnering with **Socially Determined,** a health care analytics company, they leveraged the SocialScape platform to integrate social risk data from thousands of raw data elements from federal, state, local, commercial, and consumer data sources, creating person-level profiles of millions of members across all lines of business. These profiles revealed patterns in social risk areas like financial strain, food insecurity, housing instability, transportation barriers, and health literacy challenges. When compared against clinical outcomes and availability of resources (for example, network provider locations), these social risk insights highlighted important gaps in access to services and utilization of benefits, allowing for a targeted engagement strategy. The plan established metrics, processes, and requirements to allow sufficient time for measuring the value of health equity initiatives. They are also partnering with local employers to recognize the impact of social risk on metrics such as days missed from school or work. By implementing performance measures that quantify social value beyond traditional financial ROI, the health plan and Socially Determined are advancing a healthcare system that rewards value based on social ROI, enhancing care access, affordability, and equity, and ultimately improving health outcomes for diverse populations.

The leadership demonstrated by these organizations shows how the journey to advance social ROI can begin in meaningful ways and mature over time. **Several new CMS federal models and regulatory changes advance social ROI**. Some models allow more flexible spending on whole-person health, enabling providers to allocate resources towards preventive care, SDOH, and comprehensive care coordination. Other reforms include reimbursement for HRSN screening, required written plans for advancing health equity, and upfront infrastructure payments to help increase participation of safety net providers in models. CMS is also requiring self-reported sociodemographic data collection, which will help payers and plans measure impact across different population groups. Specific programs and initiatives include:

- **2024 Medicare Physician Fee Schedule's reimbursement** for new community health integration services and principal illness navigation services created new codes for auxiliary personnel, including care navigators and CHWs, and system navigation, addressing unmet SDOH needs. Auxiliary personnel can facilitate beneficiaries' access to social services such as housing, utilities, transportation, and food assistance.
- Medicare Advantage's **Special Supplemental Benefits for the Chronically Ill (SSBCI)** provides non-primarily health related supplemental benefits for the chronically ill, including meals, food and produce, transportation for non-medical needs, indoor air quality equipment, home modifications, and other general supports to address unmet needs and improve overall health and well-being.

- The **States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model** will provide participating states with funding and other tools to address rising health care costs and support health equity. AHEAD aims to strengthen primary care, improve care coordination, and increase screening and referrals to community resources like housing and transportation to address social drivers of health.
- As part of the **Making Care Primary Model**, CMS will collect data on certain demographic information and HRSNs to evaluate health disparities in MCP communities.
- The **Transforming Maternal Health Model** aims to reduce maternal morbidity and mortality by implementing evidence-based practices and improving care coordination for pregnant and postpartum women. Emphasizing health equity, this model addresses disparities in maternal health outcomes, particularly among minority and low-income populations.

State Medicaid waiver programs advancing social ROI include:

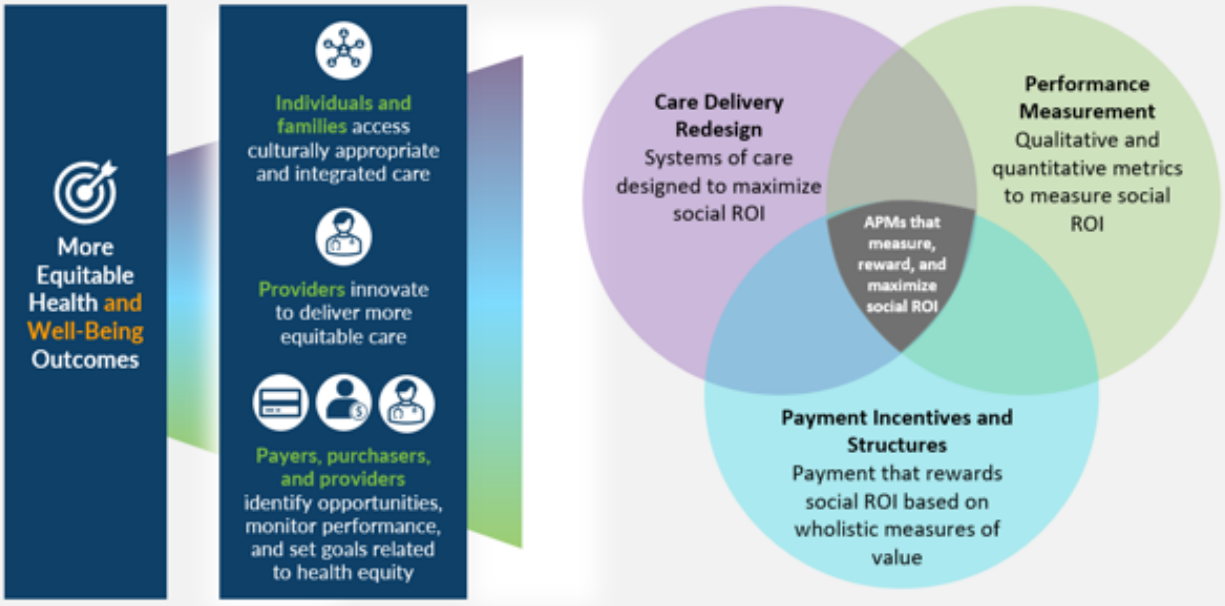
- **North Carolina's Healthy Opportunities Pilots** (HOP) developed a novel fee schedule for 29 HRSN services covering food, housing, transportation, and interpersonal violence support, with over 617,000 HRSN services delivered since early 2022. A recent interim evaluation report found $85 per beneficiary per month savings by comparing Medicaid health care expenditures plus the cost of HRSN services for HOP enrollees to Medicaid-only health expenditures for individuals who reported social risks that would make them eligible for HOP but resided in non-pilot counties and therefore ineligible for HOP services. The savings indicate that the combined cost of health care and HRSN services for HOP participants was lower than the health care costs alone for individuals in non-HOP regions.[10]
- **Oregon Health Authority's Coordinated Care Organization model** is a community-based approach to health care that integrates physical, behavioral, and dental care services to improve health outcomes and reduce costs for Oregon Health Plan (Medicaid) beneficiaries through coordinated and patient-centered care. The model focuses on prevention and chronic condition management to reduce unnecessary emergency department visits and improve health outcomes.[11]
- **The MassHealth Demonstration Waiver** allows Massachusetts to waive specific Medicaid regulations, enabling it to expand critical behavioral health services, maintain near-universal coverage, and implement innovating care delivery systems. Massachusetts aims to amend the waiver and cover certain expanded and additional services targeted towards members with disabilities and older adults.
- **Blue Cross Blue Shield Massachusetts** implemented a pay-for-equity financial incentive program for provider organizations participating in BCBSMA's Alternative Quality Contract.[12] BCBSA MA leverages imputed and self-reported race and ethnicity data to produce transparent equity performance reports that help providers address health disparities and reward them for reducing disparities in an equity incentive measure score.

A Vision for the Future

The HCPLAN Health Equity Advisory Team (HEAT) envisions a health care system that facilitates whole-person care and rewards social ROI over the long term rather than solely rewarding traditional clinical outcomes and short-term financial returns.[13]

To achieve this vision, APMs will need to incorporate social ROI considerations into all three of the primary drivers in the HEAT's **Theory of Change to Advance Health Equity through APMs**: *Care Delivery Redesign, Payment Incentives and Structures, and Performance Measurement*. These drivers, along with sustained leadership vision and commitment over time, must work in tandem to impact change (*Figure 1*).

Figure 1: Theory of Change to Advance Health Equity through APMs that Incorporate Social ROI



Incorporating social ROI to measure value in health equity initiatives necessitates phased near-term, medium-term, and long-term actions and multi-sector collaboration (Figure 2). All health care leaders and partners play essential roles moving forward. For example:

Figure 2: Multi-Sector Collaboration

*Including health care entities (e.g., commercial health plans, employers, CMS, health care delivery organizations and providers, integrated delivery systems)

- **Health care delivery organizations and providers** can implement integrated care models that address SDOH, partner with CBOs to holistically support patient needs, and utilize state or regional health information exchanges (HIEs) to facilitate greater collaboration across sectors.
- **Health care payers, plans, and purchasers** can develop and support payment models that incentivize improving short and long-term holistic health and well-being of all persons and communities, including marginalized groups. Payers can leverage regulatory flexibility in the allocation of funds to pay for addressing HRSNs, partnering with CBOs, and reimbursing doulas, CHWs, and other effective members of the health care team who help provide whole-person care. State governors and their offices are uniquely positioned and motivated to identify, collect, and report on the social impacts of these models (e.g., rising employment rates, increased educational attainment, and/or decreased involvement in the criminal justice system) because of their accountability to their state's overall well-being, oversight of their entire state budget, and access to intra- and inter-governmental data and information (e.g., from Medicaid agencies as well as other human services offices).[14]
- **Purchasers and employers** can prioritize contracts with health care providers and plans that commit to increasing social ROI and health equity with accompanying accountability metrics. They can partner with the health care industry to build the infrastructure and implement the processes to collect data on work-related outcomes such as productivity and presenteeism.
- **Regulatory agencies** can establish standardized requirements for measuring social ROI for health and well-being. Agencies across sectors can work collaboratively to share data on factors that directly and indirectly impact health equity outcomes. To gain an accurate measure of social ROI, we must leverage data from social sectors beyond health care (e.g., education, transportation, housing). However, agencies like CMS can only design models and evaluations within their legal authorities. In many cases, legal fixes are necessary to extend these regulatory capabilities to increase social ROI most effectively.
- **Individuals, families, CBOs, and communities** can partner with health care providers, delivery organizations, payers and plans to help inform interventions and policies to optimize overall health and well-being. They can help guide how best to integrate health and social care to address HRSNs, such as living conditions, access to nutritious food, and social support. The lived experiences of individuals and communities are critical to understand and incorporate interventions and policies that are wise and effective.

Maximizing the health and well-being of all persons and communities should be the aim of the U.S. health care system, yet policies and measurement approaches are generally not designed for this common sense goal. Embracing social ROI in health care is a transformative approach that necessitates collaboration, innovation, and a steadfast commitment to equity and understanding what matters most to individuals with lived experience. While the elements described above provide a starting point, they are not exhaustive. Larger structural challenges—such as the financialization of health care and misaligned regulations—must be addressed. By reimagining care delivery, adjusting payment structures, and refining performance metrics to reward advancing social ROI, organizations can create a more inclusive and just health care system that benefits everyone. The path may be challenging, but the potential to enhance the well-being of all individuals and communities makes the journey unquestionably worthwhile.

Resources

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