

SPOTLIGHT ON OUTCOMES

Shifting to person-centered care with
coordinated health and social outcomes



Summary

As the social protection needs of populations around the world become more complex, traditional service delivery models are struggling to meet new demands.

An effective coordinated health and social outcomes (CHSO) approach requires true coordination, increasing the likelihood of significantly improving public health and helping to tackle deep-rooted social challenges.

The transformation towards a fully person-centered service model, with relevant services delivered by the appropriate agency, will challenge traditional thinking.

Coordination of data and services across health and other social protection organizations will be a key enabler, supporting greater service efficiency, and creating better experiences for patients, families, citizens, and staff.

What are social protection organizations?

The term 'social protection' includes healthcare and it also encompasses organizations such as social security, social services, social assistance and social care services.

What's more, the terms can have very different definitions from country to country. For the purpose of this paper we will refer to healthcare as an independent service from social protection organizations to facilitate the discussion.



Defining “coordinated health and social outcomes” (CHSO)

In this paper, we outline the six key elements for building effective CHSO:

1. Segmentation
2. Coordination
3. Integration/Interoperability
4. Self-care activation
5. Technological innovation
6. Operational transformation.

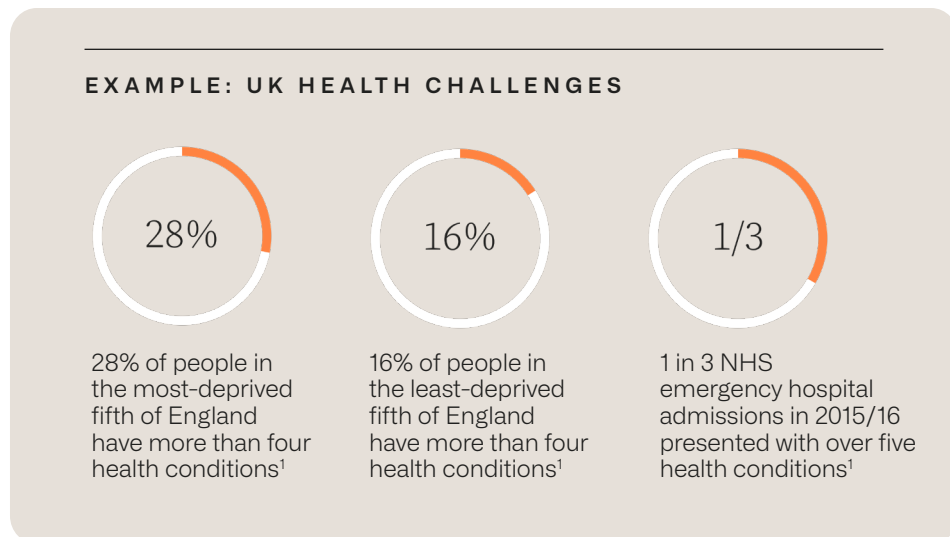
As we evaluate each of these factors, we will explore the steps that health and other social protection organizations can take to embrace CHSO, and describe the beneficial impact that CHSO could have on today’s public health and wellbeing.

For some patients and service users, the service path is simple: an individual consults with their doctor or social worker and is prescribed a course of action. However, in many cases the journey is far more complex, and involves multiple organizations, resources, and budgets.

For example, domestic violence incidents may involve healthcare, rehabilitation, social security, and multiple other groups. Depending on the service engagement, a person is viewed as a patient, a client, or a citizen, demonstrating the tendency to think by category of service provider rather than thinking of the person. It can also be a challenge for the person themselves, as they must assume different roles in the chain of service delivery.

Realizing coordinated health and social outcomes demands ongoing and effective coordination between health and social protection services, which has traditionally proved difficult to achieve.

At its heart, the coordinated health and social outcomes (CHSO) approach is a person-centered service delivery model where health and social services are provided in a coordinated way



to improve outcomes. Additionally, the CHSO model recognizes that health and social issues are inextricably linked, and that addressing each in isolation is unlikely to meet with success.

Many of the most pressing challenges in the world today, from aging populations to the increasing prevalence of chronic disease and rising inequality, place tremendous pressure on the resources and capacity of health and other social protection systems.

These systems are already tasked with working with an exponentially increasing volume of services and data, which is often siloed. COVID-19 and, in some cases, armed conflicts also mean that the population is interacting even more with health and social protection organizations, navigating the complex system through multiple points of contact. Adding to the challenge, health and other social protection organizations work with limited budget resources, and face a continuing shortage of skilled workers.

To keep pace with demand and achieve truly coordinated outcomes, governments, health authorities, and social protection organizations are seeking to simplify and streamline processes, cut costs, and find new service delivery efficiencies.

At just the right moment, technologies such as AI, big data, wearable IoT devices, cloud computing, advanced analytics and robust tools for integration and coordination offer new possibilities for transforming service delivery and usage. CHSO offers a framework that can help health and social protection organizations work together to embrace new digital technologies to build service models that truly understand the person at the center of care, with a focus on successful person-centered outcomes as well as process efficiency.

“Taking a person-centered and coordinated approach to health and wellbeing is the stated goal of many systems across the world. There is still a gap between this vision and current practice. To bridge this gap we need to bring all of our collective creativity to bear, including a focus on digitally enabled care coordination.”

Dr Niamh Lennox-Chhugani
Chief Executive
International Foundation for Integrated Care

GLOBAL HEALTH RISKS

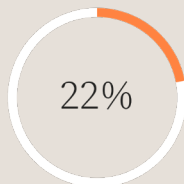
US adults with a chronic disease²



US adults with two or more chronic diseases²



Global population over 60 by 2050³



Segmentation: understanding health and social issues in populations

By defining cohorts to be served based on how complex their CHSO needs are, we can effectively segment them. Using advanced analytics to cross social protection with healthcare variables, to explore social data in healthcare records or healthcare data in social records, is a powerful vehicle to align levels of complexity to plans and outcomes.

Furthermore, segmentation supports better activation of the individual, the family and the community not just as the first source of information but also to facilitate their engagement in service usage.

In every country, the health and social issues faced by populations vary according to a wide range of factors, including location, age, weight, sex, ethnicity, income, education and more. Additionally, the mounting number of services and technology in health and other social protection organizations necessitates better coordination, not just between healthcare organizations or between social protection stakeholders, but between the healthcare system and

the social protection system themselves. Better alignment between these services would help support those population segments that require services from both.

Once you have identified the origin and nature of a person's needs, it becomes easier to create a care plan that coordinates support from multiple service providers. However, today's siloed approaches to health and social issues can mean that organizations may have little incentive, ability, or budget to take this approach; instead, they simply refer the individual patient, client, or citizen to the next service in line.

The CHSO ambition is to build coordinated plans that treat the whole person, for example pulling relevant social data, or data from secondary sources, into the socio-medical electronic record alongside the health data, to better serve individuals based on their needs.

Advanced analytics could be used to support this coordination at scale, using health and social data to segment populations and profile individuals to support improved outcomes.

1.74

Adherence to treatment is 1.74 times higher in patients from cohesive families and 1.53 times lower in patients from families in conflict.⁴

280M

280 million people around the world are affected by depression.⁵



Individuals that require services equally from healthcare and other social protection systems

Someone that has recently been injured may become disabled and go on to suffer from chronic health complications. While their initial interaction with health services focuses on the treatment of acute physical trauma and chronic health management planning, it will also involve support from the social insurance system for disability management schemes and ongoing care.

Accessing services for both health and social needs at the same time entails working with multiple organizations, which often request the same documentation and operate separate appointment systems. Coordinating these services would simplify an already distressing process for the individual.

Individuals whose social needs will impact their personal health outcomes

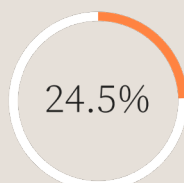
Some health conditions can be worsened by factors such as housing and food insecurity. An older person with diabetes from a low socioeconomic background who lives alone may be at higher risk of hospital readmission—for example because they have nobody to help with their shopping, which could reduce their access to nutritious food. Coordination of social support from community volunteers to organize food drop offs could help reduce the risk of hospitalization, directly impacting health outcomes.

Individuals whose severe healthcare needs impact their social outcomes

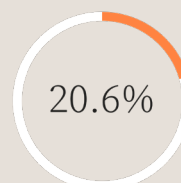
For a person who has been unemployed long-term and is dealing with severe health conditions, improving health outcomes will likely be the best pathway before re-skilling for potential future employment. To help these individuals' return to work, focus and coordination to resolve their healthcare issues will be the priority.

READMISSION RISK FOR PATIENTS WITH:

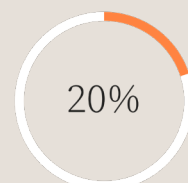
Housing instability



Depression



Poor social support⁶



Coordination: encouraging outcomes-based service

Healthcare organizations (payers and providers) and other social protection organizations traditionally operate independently. While referral systems do exist between health and social agencies, often this takes the form of a handover rather than continuous service provision. Users, sometimes called patients or clients, can be left to navigate a fragmented service landscape alone. And while health and social organizations strive to avoid this scenario, when it occurs, it can introduce delays to care.

The CHSO model enables different agencies to better coordinate services, co-create support packages, and help users engage multiple services with greater ease and confidence. Such services reach far beyond hospitals, local surgeries, and social services; the range includes charities, voluntary organizations, individual carers, training agencies, counselors, and employment services, to mention just a few. CHSO means embracing both functional coordination and technological transformation across multiple services.

Functional coordination is the process of identifying the stakeholders in a person's CHSO service delivery, such as hospitals, social services, charities, or family members, and of course the individuals themselves. Once the multi-disciplinary team is identified, all stakeholders can engage in a constructive dialogue to co-create a holistic service plan to support improved outcomes. Functional coordination depends on developing a clear understanding of a user's unique needs and goals, and how each service provision can support those as part of a coordinated system.

Technological coordination refers to the type of workflows, pathways and processes that should work together seamlessly, and provide the stakeholders with the data and insight they need to drive effective service delivery and usage. This element certainly needs robust technological support.

“Due to high specialization, people are now seen as a collection of separate issues that require separate solutions. People's needs are mapped and assigned to different services based on the organization of the system to the detriment of seeing the person as a whole. This fragmentation especially affects people with multiple or systemic conditions and social support needs, who require several points of interaction in the system. Moving towards person-centered care is moving toward more integrated and coordinated care.”

Dr Edelweiss Aldasoro
Senior Researcher and Faculty Lead
Integrated Care Academy
International Foundation for Integrated Care



CÚRAM BY MERATIVE

Designed to help health and social protection organizations improve the delivery of services and outcomes, Cúram™ can articulate services of healthcare and social protection towards pre-defined, concrete outcomes.

Cúram does not replace clinical pathways but applies a priority, complexity, and risk methodology to distribute health and social work while putting the person at the center of service delivery.

Integration and interoperability

When health and social protection organizations coordinate their service provision, the real work of CHSO integration and interoperability can begin.

In practice, CHSO involves joining up workflows and sharing data between departments so that the actions of one care stakeholder are fully visible to other stakeholders, always working towards improved outcomes, respecting consent, privacy and data protection.

For instance, in the CHSO model, hospital discharge of a person automatically transfers appropriate data to the next healthcare provider or other social protection providers, with a full services pathway.

Seamlessly sharing data and connecting the databases and systems of multiple providers is critical for truly coordinating services. However, even if the organizational will for greater integration is strong, health and other social protection organizations must first overcome the technical challenges of siloed data, legacy systems, and proprietary processes, and work towards

interoperability between stakeholders' IT systems.

The shared purpose of improving outcomes for the individual can help bring focus to integration and interoperability efforts. A scalable approach to integration may be more feasible in some cases, starting small, and building it out incrementally over time.

Data may only be shared across services and with users' explicit consent, and in compliance with data protection regulations. In many cases, modifying in-house legacy systems to enable interoperability can be expensive and time-consuming. With the right technology, health and other social protection organizations can harness data from legacy solutions without the need for costly system development, especially when it is focused on outcomes and not just processes. Data integration must be secure, complying with regulatory provisions such as anonymization and consent, creating the foundation for integrated and interoperable health and social protection service provision.

“To expand integrated care and achieve the associated benefits, we must make advances in interoperability. Specifically, we must develop the capability to share relevant information, data, images, samples, among health and care practitioners involving, whenever possible, the care ecosystem of each person, particularly those living with long term conditions, and put people at the center for a humane digital transformation.”

Pilar Gangas
Senior Researcher and EU portfolio coordinator
International Foundation for Integrated Care



LEADING THE WAY

Local government agencies in Sonoma County, California, were passionate about dealing with a range of common problems, including homelessness. But old, inefficient organizational structures prevented meaningful collaboration across departments, which made it impossible to synchronize efforts and direct a coordinated response to meet individual needs.

[Read the case study](#) to find out how the organization spearheaded a holistic approach and multidisciplinary focus to course-correct, using integrated data insights to improve outcomes for the most vulnerable citizens.

Individual, family and community activation: putting the person first

As well as providing seamless care pathways, health and other social protection organizations that establish effective CHSO-based services successfully empower individuals, families, and communities to develop strong self-care practices.

Encouraging people to improve self-care is especially important for long-term health and social conditions such as diabetes, disability, unemployment, to mention a few, and it also plays a crucial role in reducing pressure on health and other social protection organizations.

Today, mobile devices and wearable IoT technology offer a tremendous array of tools for people to self-manage

their health and social needs, such as monitoring their daily life goals, independent living, re-skilling plans, appointments fulfillment, diet, exercise effectiveness, alcohol consumption and more.

Service providers can encourage people to use wearable devices and, most importantly, harness the data to tailor service plans—always respecting consent and data protection legislation. Already, some healthcare organizations provide wearable heart-rhythm and blood-sugar monitors and use the captured data to optimize treatment. All the involved people and organizations can benefit from the broader tools for communication, allowing the person,

their family members, NGOs, and many other assets in the community to be part of the service provision in a coordinated way.

By helping to improve the visibility and accessibility of social protection services, the Cúram solutions can help individuals better understand their social benefit entitlements and take greater control over their agreed outcomes. It can empower citizens by making access to services easier and allow organizations to collaborate around the individual's needs with its multi-disciplinary teams' engagement capabilities.



EMPLOYMENT RISK

People with diabetes are more likely to experience problems in obtaining employment and staying employed than people without diabetes.⁷

“Self-care activities are an essential component of person-centered health and care systems. Empowering individuals is the key to unlocking the full benefits of self-care and ensuring that we can achieve a truly person-centered system that is designed, organized and implemented with the person at the center. Digital solutions offer a powerful tool to advance empowerment and self-care goals for improved health and quality of life outcomes for the individual.”

FIONA LYNE, DIRECTOR OF COMMUNICATIONS,
INTERNATIONAL FOUNDATION FOR INTEGRATED CARE

Technological innovation

The most exciting and potentially transformative innovations in health and social protection are centered around outcomes, and in many cases digital technology is the foundation. Both cutting-edge innovations and existing, well-established technologies play a critical role in powering CHSO.

As we explored earlier, analytics solutions can be harnessed by health and social organizations to explore data on individuals and cohorts to help to drive more targeted, and more effective, interventions.

Similarly, incorporating the data captured by IoT, mobile and wearable devices can help to improve health and social outcomes through highly tailored care.

Cloud computing is a key enabling technology, too, as it releases data formerly hosted in localized, on-premises legacy systems. The connected nature of cloud solutions can make it easier to securely share data, add new applications, and explore larger data sets with sophisticated analytics tools. At the same time, cloud technology is crucial for supporting the collection and near real-time processing of data from

multiple technologies, ranging from wearable devices to MRI scanners. Layered on top, artificial intelligence (AI) technologies hold the potential to transform the way health and social organizations use their data.

AI excels at processing and learning from huge data sets, uncovering trends that could otherwise be hidden in plain sight. Using shared data from multiple agencies, with full governance and compliance as appropriate, AI solutions can examine these very large datasets and then draw new conclusions that could not be gained from traditional, isolated systems.

These technologies and methodologies open the door to a whole new way of delivering care, with a focus on outcomes first. Technology can also improve the efficiency of services and, crucially, help health other social organizations coordinate their operations with all the stakeholders involved in a care journey, all while respecting consent and data protection legislation.

“The goal is to optimize and extract value by digitally connecting patient, provider and payer. Through an ecosystem, digital solutions can improve the patient experience and give the providers tools and data to monitor and manage patients’ long term disease remotely, thereby reducing hospital visits. By focusing on chronic disease management and determinants affecting these, including socio-economic, we aim to offer value to all stakeholders”

Rizwan Haq
Chief Executive Officer
Obeikan Health

“Technological innovations can facilitate improved outcomes for patients not only through data that is available in electronic records but also Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS), both of which can be collected using technologies such as apps alongside person-generated data from consumer promoted devices such as the IoT and wearables.”

LEO LEWIS, SENIOR ASSOCIATE,
INTERNATIONAL FOUNDATION FOR INTEGRATED CARE,
AND INTERNATIONAL LEAD - BEVAN COMMISSION, WALES

Operational transformation: facilitating a person-centric organization

Strong communication lies at the heart of effective coordination for health and social outcomes, yet many care providers struggle to keep information flowing smoothly. While in part this can be due to high workloads and technical challenges around system interoperability, it can also be the result of service providers unintentionally deprioritizing external communications with other health and social protection organizations.

Additionally, working environments must consider the four “Ms” for communication; multi-generation, multilingual, multicultural, and multi-gender inclusivity—and the appropriate message and channels for each.

Develop skills

One of the most effective ways of improving communication is to ensure training and support for colleagues and stakeholders throughout the care ecosystem. Knowing the organization charts, responsibilities, accountabilities, budget sources, legal duties and more of partner services and vendor opportunities will help everyone build a clear and complete picture, enabling an effective service pathway.

Transform leadership styles

Adopting a leadership style that promotes openness within an organization, and across the wider ecosystem of health and care goes a long way to making sure that key information reaches the right care providers at the right time. If professionals feel able to raise issues

and make suggestions for process improvements, and ways of working together, organizations and systems can continuously develop and enhance their operations. Additionally, leading from within an organization that has a hierarchical or divisional structure requires a different style to leading one that operates in a matrix or network structure, where complex relationships across the ecosystem must be supported.

Clarify processes and procedures

Organizations in the social protection sector are designed to support the health and wellbeing of the population. However, today demand for services is rising, and people are increasingly interacting with multiple points of care across multiple health and other social protection organizations, both virtual and physical.

This can lead to duplication of effort on the part of the individual consuming the services, for example repeatedly providing documentation at certain stages, or redundancy of services themselves, for example referral to a psychologist on both the healthcare side as well as the disability social insurance or assistance side. Furthermore, this lack of clarity can negatively impact user engagement.

Coordinated health and social outcomes means a move from process-centric to person-centric service design, to reduce these duplications and redundancies, and support the best outcome for the individual, and those working on their care, while allowing for a better activation and self-management approach for the patient/citizen.

“A true person-centered integrated care pathway is built around a shared vision with explicit focus on patient outcomes and relies on mutual trust between all stakeholders involved. It is a positive cultural change and one that needs constant nurturing throughout time. Shared information is the key to that.”

Dr Arturo Alvarez-Rosete
Senior Researcher and Head of Integrated Care Solutions
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As Chief Health Officer and Worldwide Market Development Executive for Cúram by Merative, Dr. Upegui is responsible for driving research, strategy and marketing development and championing Coordinated Health and Social Outcomes (CHSO). With over 30 years' experience as a physician in social security settings, Dr. Upegui has published and co-authored a wide range of papers on health, social security and CHSO, and has advised government and non-governmental organizations on emerging health trends and public health policy.

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As Global Business Growth Leader for Cúram by Merative and with more than 35 years' experience of Government Health & Social Security settings, Sean Renner works closely with health and social organizations across the world to explore how new technologies can drive operational efficiency improvements and generate significantly enhanced patient outcomes. Sean Renner has worked with Dr. Héctor Upegui over the last five years focusing on how best to achieve the coordination of health and social outcomes.

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Thank you to the International Foundation for Integrated Care and to Obeikan Health for their valuable contributions, and a special thank you to:



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About Cúram

Cúram, offered by Merative, has over 25 years of experience helping national, regional, and local governments transform the delivery of social services, empower caseworkers, and help individuals and families access the programs they need to achieve better outcomes. Used in 12 countries and jurisdictions, available in 14 languages, and supporting over 970 government programs, the Cúram platform connects benefits administrators, social services agencies, and case managers, to serve and protect 187 million citizens annually.

About Merative

Merative is a data, analytics and technology partner for the health industry, including providers, health plans, employers, life sciences companies and governments. With trusted technology and human expertise, Merative works with clients to drive real progress. Merative helps clients orient information and insights around the people they serve to improve decision-making and performance. Merative, formerly IBM Watson Health, became a new standalone company as part of Francisco Partners in 2022. Learn more at www.merative.com

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References

1. [M. Stafford, A. Steventon, R. Thorlby, R. Fisher, C. Turton, S. Deeny, "Briefing: Understanding the health care needs of people with multiple health conditions," The Health Foundation \(November 2018\), p.1](#)
2. [CDC: Centers for Disease Control and Prevention, 'Chronic diseases in America'](#)
3. [World Health Organization, 'Ageing and Health', WHO Newsroom](#)
4. [DiMatteo, M. R. \(2004\). Social Support and Patient Adherence to medical Treatment: A Meta-Analysis. Health Psychology 23\(2\), 207-218.](#)
5. [World Health Organization, 'Mental Disorders', WHO Newsroom](#)
6. [Navathe, A.S., Zhong, F., Lei, V.J., Chang, F.Y., Sordo, M., Topaz, M., Navathe, S. B., Rocha, R. A., Zhou, L. \(2018\). Hospital Readmission and Social Risk Factors Identified from Physician Notes. Health Services Research 53\(2\), 1110-1136.](#)
7. [Robinson, N., Yateman, N. A., Prototapa, L. E., & Bush, L. \(1990\). Employment Problems and Diabetes. Diabetic Medicine, 7\(1\), 16-22.](#)

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