



EXECUTIVE SUMMARY

Addressing Social Drivers through Pediatric Value-based Care Models: Emerging Examples and Promising Approaches

INTRODUCTION

The prenatal period and early childhood build the foundation for lifelong optimal health and wellbeing. Health systems, working collaboratively with community partners and families, play a vital role in promoting children’s healthy development and addressing children and families’ health-related social needs. Across the health system, efforts to achieve greater value and improve health outcomes are accelerating although best practices, financing, and policy alignment are still emerging. This brief highlights a growing body of work on pediatric value-based payment (VBP) and integrated care delivery models that address social determinants of health (SDOH), defined by the World Health Organization as “the conditions in which people are born, grow, live, work, and age” and “the fundamental drivers of these conditions.”

Building Blocks

Six building blocks are proposed for the design of transformative, integrated pediatric models that address social drivers. The impact of model design on equity should be considered across each building block.

Building Block #1: Multi-Sector Partnerships with Shared Goals and Metrics and Financial Alignment across Sectors

Among the key foundational elements to successful integrated models are multi-sector partnerships that promote health equity, build on trust, and establish shared goals and metrics. Developing principles and shared goals at the outset through relationship-building across a broad range of stakeholders helps build the foundational trust required for successful and sustainable integrated models. Operating at state and local levels, Children’s Cabinets, often organized by governors, and Accountable Communities for Health, funded through Medicaid and philanthropy, increasingly are being implemented as partnerships working to align goals and resources. Effective multi-sector partnerships include organizations within and beyond health care, including residents and individuals with lived experience, and are facilitated through support from an “[integrator](#)” entity to convene, align outcomes, and monitor progress.

Building Block #2: Alternative Payment and Delivery Models that Address Social Drivers

Transformed child health delivery models, supported by aligned payment models, should include a holistic and two-generation approach to addressing the health, wellbeing, and community conditions of the whole child and family. More widespread adoption of such integrated delivery models will require financing that enables and incentivizes providers to pursue primary care practice transformation and work with partners to become high-performing health neighborhoods that incorporate Pediatric Medical Home models. Alternative payment models (APMs) designed specifically to address the comprehensive needs of children (physical health, behavioral health, social needs) are a critical component of transforming health care to address the social drivers of health. Within the APM framework from the Health Care Payment Learning and Action Network ([HCP-LAN](#)), a range of payment models are being tested for child health that acknowledge or include the social drivers of health. The design of such models, ideally multi-payer initiatives, should take into account special considerations for children with regard to risk adjustment, quality measure selection, and attribution that accounts for churn.

Building Block #3: Cross-Sector Data Infrastructure

Successful whole-child approaches in value-based models require data infrastructure to identify social needs, establish closed-loop referrals to community services, coordinate follow-up, and report on activities and outcomes aligned to the benchmarks and payment arrangements. The challenge of how to collect and use meaningful information from multiple sectors is a critical focus under value-based models as partners grapple with multiple operational, financing, structural, and privacy challenges. To address these challenges, states are beginning to encourage, and sometimes require, the use of standardized screening tools with core data elements and closed-loop referral systems as an element of practice change. State-level procurement of standardized referral technology platforms is being piloted to solve for disparate approaches and duplicative technology, such as in Arizona, Oregon, and Pennsylvania.

Building Block #4: Workforce Redesign

As programs engage in more comprehensive and value-based models, a diverse, culturally competent workforce is needed to support children, families, and other stakeholders and requires new skills, training programs, and scopes of work. Workforce redesign for pediatrics includes patient-focused positions such as care coordinators, community health workers, parent navigators, and social workers to address individual health and social needs; as well as integrator functions that build and sustain community collaborations and partnerships to more systematically address upstream needs for the entire community.

Building Block #5: Patient and Community Engagement & Equity

As states move towards more integrated, value-based systems, engaging children and their families through the promotion of active partnerships will be critical. Leadership and input from families can result in more effective and equitable policies and practices and can lead to direct positive impact on residents' health through social connectedness and collective efficacy. Authentic community engagement is not yet common practice in health systems or early childhood sectors, and systems are challenged to effectively navigate roles, languages, practices, and power dynamics. Some hospitals and health systems are deepening relationships with community organizing and collaborative integrator organizations to support their focus on addressing health disparities and promoting equity; and to bring the voice of lived experience into design, governance, and assessment of impact.

Building Block #6: Practice and Policy Accelerators

The overarching policy context plays an important role in catalyzing multi-sector partners to jointly address individual and community health. A companion brief focuses more specifically on policy recommendations and best practices. States including Arizona, North Carolina, and Massachusetts are leveraging a variety of federal and state programs and funding streams to support their move to integrated models that address social determinants of health. In particular, Oregon and New York demonstrate progress in advancing integrated models that address SDOH through a combination of strong policies and implementation of best practices, including a focus on the pediatric population.

CONCLUSION

Child health transformation efforts focused on integrated models that address social determinants of health are beginning to emerge across the country and exhibit many of the core building blocks described above. While addressing SDOH at the individual level is an important step forward, future efforts to focus on upstream policy and systems changes that affect a broader geographic population will be an important area for further exploration and focus as state models evolve. A companion brief offers policy recommendations and highlights best practices to further promote transformative value-based care that addresses SDOH for children and families.