

Heading to the future: Coordinated Health and Social Outcomes (CHSO)



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Overview

Imagine a single parent with complex diabetes and cardiovascular complications, living alone in poor conditions with food insecurity.

Which appointments come first?
How does food assistance, childcare and financial counselling align with visits to the endocrinologist and the cardiologist?

This is just one example of the complexity for one person with multiple needs to manage, as well as all the stakeholders involved in the service delivery. It's an all-too familiar story.

What is the best way to achieve outcomes for people with complex health and social situations? Coordinated Health and Social Outcomes (CHSO) can help organisations answer this complexity.

Three trends shaping the need for a new approach to CHSO

While the pandemic may be widening the gap for people at the intersection of health and social services, the need for coordination is nothing new. But there are three trends emerging that are shaping the future and the way coordination can be delivered:

1. Increasing needs for services

People's needs were changing before COVID-19, and the pandemic has augmented many of these trends. For example, the global population is aging – the share of the population aged 65 years or older has increased from 6% in 1990 to 9% in 2019 – and this group tends to require more health and social care resources.¹

There are more people with disabilities due to a global increase in chronic diseases, armed conflicts and violence, and the shift from traditional to non-traditional occupational risks.² The financial crisis increased needs for social security and social assistance services, again exacerbated by COVID-19.

People are often affected by multiple needs and must follow complex service paths that are disconnected. Consider some recent examples of how health and social challenges have intensified one another over the past few years:

1:4

The American Diabetes Association surveyed Americans with diabetes and found that 1 in 4 report that the pandemic has disrupted their ability to get healthy food, which is twice the rate of food insecurity in the general population.³

57%

The Danish Diabetes Association surveyed a sample of people with diabetes, and 57% reported that they often or sometimes felt left out,⁴ which is double the rate given in 2016.

75%

In a recent report from the Office for National Statistics in the UK, three-quarters (75%) of disabled people said they were either “very worried” or “somewhat worried” compared with 66% of non-disabled people.⁵

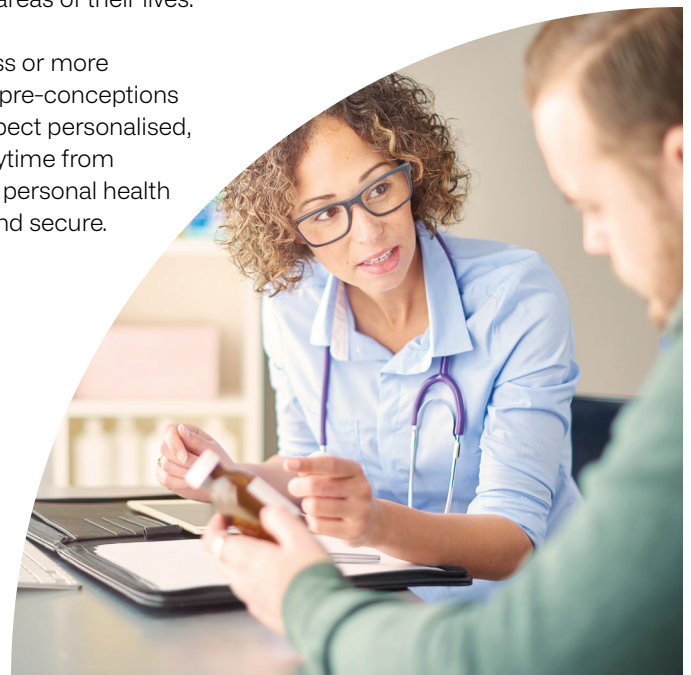
2. People expect more

The relationships between physician and patient and social worker and citizen are rapidly changing. Patients and citizens bear more responsibility for managing their own care, and they increasingly expect consumer-friendly options that they encounter in other areas of their lives.

Users are pushing for less or more depending on their own pre-conceptions or definitions. People expect personalised, high-quality services, anytime from anywhere, while keeping personal health and social data private and secure.

3. Technology is more advanced

Processors are faster, cheaper and more accessible than in the past. Moving to the cloud helps enable immediate access to services providing scalability, security and flexibility to better serve organisations, developers and end users. Computing power has evolved to manage vast amounts of data, and analytics perform at extraordinary levels to crunch both structured and unstructured data in seconds. With increased needs, changing expectations and better technology, the timing is right for a new approach to service delivery.





Coordinated Health and Social Outcomes (CHSO)

CHSO is a person-centric service delivery model where health and social services are provided in a coordinated way to improve outcomes.

It does not require merging agencies or governmental bodies, but it's an approach that involves all stakeholders, including the person receiving the service. It's a model to enhance the flow of service, so that the person doesn't navigate alone through all this complexity, but that the system adequately rotates around the person. It goes beyond just aligning health and social care services, or just organising them as check lists for execution. It is about understanding the needs of the

person, the service delivery process, the rationale behind it and the best route in reaching outcomes.

To provide person-centric care, health and social services need to improve their coordination of care. There are six common elements to align to achieve care transformation:⁶

1. Segmentation
2. Integration
3. Coordination
4. Self-care management
5. Technology support
6. Operational

A concrete vision is essential to bringing together these six elements of care transformation.



The first step in achieving CHSO: Define a vision

What should be the overall goal for a person living alone, unemployed, and struggling with depression and diabetes? The current health and social services climate requires the individual to contact multiple points of contact, repeat the story several times, and directly manage expectations from one provider to the next.

Healthcare and the social sector currently operate in silos, but there should be a holistic care plan when a person is at the intersection of these disciplines, meaning they face health and social situations simultaneously.

Defining that plan is paramount to being able to properly align the six elements of care transformation. However, setting a vision and properly aligning it for outcomes are the key to success.

For example, segmentation helps identify the population, at the intersection of health and social, set shared outcomes, visualise the teams that need to be involved, agree on what data needs to be shared, and prioritise and define service delivery.

These challenges cross individuals, families, communities and organisations,

demanding multi-dimensional, multi-disciplinary and multi-sectorial actions. It's become evident that our health and social systems need to find opportunities to work together. With the increasing needs for services, people expecting more of their providers and rapid technological advancements, it's clear that the future requires more coordination of care.

About the authors



Dr. Héctor Upegui

As Chief Health Officer and Worldwide Market Development Executive at Merative, Dr. Héctor Upegui is responsible for driving research, strategy and marketing development and championing Co-ordinated 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 organisations on emerging health trends and public health policy.

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Sean Renner

As Go To Market Leader for International at Merative with over 35 years' experience of Government Health & Social Security settings, Sean Renner works closely with health and social organisations across the world to explore how new technologies can drive operational efficiency improvements and drive better patient outcomes. Sean Renner has worked with Dr. Upegui over the last five years focusing on how best to achieve the coordination of health and social outcomes.

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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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