Rethinking Health System Design

Although health is mostly influenced by factors outside of the provider-patient interaction, the traditional U.S. health care system has not included (or included only on a very limited basis) interventions and services related to food, housing, transportation, etc. Fragmented integration of these interventions is leading to inequitable access across our system by geography, insurance status, health care provider, and more.

**Medicaid Waivers**
- 1115 waiver
- 1915(c)
- 1915(i)
- Relies on state action

**Medicaid Managed Care**
- In lieu of services
- Value-added services
- Quality improvement activities
- At the plan’s discretion

**Medicare Advantage**
- General supplemental benefits
- Value-Based Insurance Design (VBID)
- Special Supplemental Benefits for the Chronically Ill (SSBCI)
- At the plan’s discretion

**Sophisticated Health Care Orgs.**
- Community-clinical partnerships
- Anchor institution investment
- Co-location of services (food pharmacies, medical-legal partnerships, etc.)

Interventions that address health-related social needs
- Food supports
- Transportation
- Housing
- Utilities
- Community health worker
- “But what about ___?”
- Lack of infrastructure

Locks on the main entrance
- Lack of research
- “Not health care’s job”
- Confusion about services
- “But what about ___?”
- Lack of infrastructure

**HEALTH CARE SYSTEM**

**MAIN ENTRANCE**

**LOCKS ON THE MAIN ENTRANCE**

- Lack of research
- “Not health care’s job”
- Confusion about services
- “But what about ___?”
- Lack of infrastructure

**TRANSPORTATION**
Interventions that address health-related social needs
- Food supports
- Transportation
- Housing
- Utilities
- Community health worker
- “But what about ___?”
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**HOUSING SUPPORTS & APPLIANCES**

**UTILITIES**

**FOOD SUPPORTS**

**COMMUNITY HEALTH WORKER**

**SUPPORTS & APPLIANCES**

**FOOD**

**SUPPORTS**

**COMMUNITY HEALTH WORKER**

**APPLIANCES**

**SUPPORTS & APPLIANCES**

**FOOD**

**SUPPORTS**

**COMMUNITY HEALTH WORKER**

**APPLIANCES**

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