



WHITE PAPER: THE MISSING METRIC

Redefining ROI to help health plans drive outcomes, lower costs, and prove the value of social care initiatives.

As health plans face pressure to drive better outcomes at a lower cost — particularly for their most complex members — reducing social barriers to health is a necessary and critical area of focus. When health plans approach social care effectively, the benefits are straightforward: Greater access to care and more engaged members. That of course, translates to better outcomes and lower costs. Yet succeeding with social care initiatives is not easy, and health plan leaders are often left questioning whether such programs have a clear and measurable return on investment (ROI).

That challenge is underscored in findings from a recent survey of 50 health plan leaders. The survey, which was commissioned by GroundGame.Health and conducted independently by healthcare consulting firm Sage Growth Partners in Spring 2025, sought to better understand health plan leaders' perspectives, approaches, and financial rationale for social care.

Among the key findings: 90% of survey respondents cited improving health outcomes as a top reason for investing in social care programs. That is an encouraging sign that health plans recognize the straightforward link between social care and better health. At the same time, however, more than three-quarters (76%) said measuring ROI is the top challenge when determining how to allocate budget to such initiatives. **Health plans understand that there is a value to social care, but there's a breakdown when it comes to defining and achieving that value.**

Throughout this report, we'll share more of the survey findings, including where health plans are succeeding when it comes to social care, as well as the untapped opportunities many health plans are missing when it comes to maximizing the ROI of their social care programs. We'll also share how

health plan leaders can think more strategically about their social care programs to further move the needle on improved member outcomes and lower healthcare costs.

The tie between social care and health is widely recognized

KEY FINDINGS

Social care is a top priority for health plans.

70%

Said social care is a **Top 3 priority** for their organization

18%

Said social care is **the top priority** for their organization

60%

Said **addressing SDOH is an important mission** for their org.

6%

Said it's **not much of a priority** for their organization

Health plans recognize the value of social care, but struggle to quantify it.

90%

Said solving social care needs **has an ROI**

51%

Said they were planning to **increase their SDOH vendor budget**

36%

Said they were planning to **hold that budget steady**

72%

Use **reduced cost of care** for measuring SDOH program ROI

20%

Reported they're **meeting or exceeding expectations** for the metric

90%

Have **difficulty measuring ROI** when working with SDOH vendors



ESTABLISHING VALUE

by health plan leaders. According to the survey findings, the top strategic priority for health plans is improving member outcomes, which is also the top reason health plan leaders said their organizations are investing in social determinants of health (SDOH) programs. This is the right baseline understanding for health plans to build on.

Health plan leaders also already believe that a personalized approach to care management is highly effective when it comes to SDOH programs. Some 88% of health plans that have SDOH embedded in their care management programs also have care coordinators spending one-on-one time with their most complex members, and 64% believe that it's "very valuable" for SDOH vendors to use culturally tailored communications strategies.

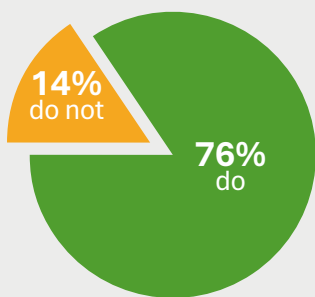
Health plans that aren't yet employing SDOH in care management programs, and that aren't yet utilizing personalized approaches, are in the minority. These plans have an opportunity to follow suit to make a bigger impact on their most complex members — an impact that is ultimately resource-efficient because of the costly care associated with these individuals.

However, health plan leaders' perception of success when it comes to SDOH programs is relatively weak. Despite widespread acknowledgement of the value of social care programs and personalized care management approaches, the survey reveals that there's much more work that can be done to clarify the value of these programs and maximize their potential:

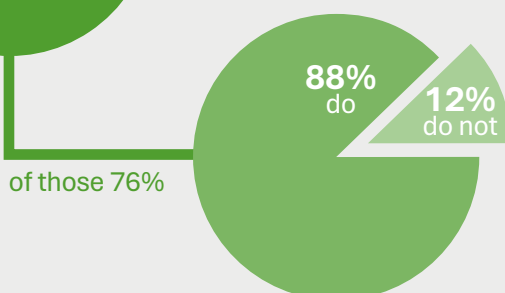
- Only 30% of respondents agreed that their organization has moved the needle on SDOH, in a meaningful way, over the past five years.
- Only 10% said their strategy is "very effective" at addressing complex members' needs.
- Only slightly more than half (53%) of those who stratify their population by complexity said their organization is relying mostly on human-to-human connections for those complex members, despite the value health plans place on personalization.

ARE HEALTH PLANS EMBEDDING SDOH IN CARE MANAGEMENT?

Percent of health plans that embed SDOH into care management for complex members:



Percent of those health plans that leverage one-on-one time with care coordinators for complex members:



TOP REASONS LEADERS ARE INVESTING IN SDOH

We asked health plans the reasons why they're investing in SDOH. They said that they want to:

Improve health outcomes	90%
Address health equity and disparities	74%
Reduce healthcare costs	72%
Meet quality measures	72%



STRENGTHENING THE LINK

For health plans to keep investing in social care programs — and accurately perceive the value of that investment — they need more than a high-level understanding of the link between SDOH and improved member health. ROI calculations should account for the direct impact of high member engagement and reducing or eliminating barriers to care on health plan costs.







To put a finer point on it: Among the 72% of health plan leaders that use *reduced cost of care* as a framework to measure ROI, only 1 in 5 are meeting or exceeding their expectations for the ROI of social care. But among the 60% who are using *member engagement* as their framework, 60% are meeting or exceeding their expectations for ROI.

Member engagement has a direct link to reduced costs, so health plans that focus on member engagement may have more accurate — and compelling — ROI calculations for social care.

Engagement also supports member adherence to engaging in preventive care, making informed decisions, as well as increasing member satisfaction and retention, which in turn

supports Star Ratings and HEDIS measure performance through improved care and outcomes for members.

Here are some specific examples of the link between social care and cost reductions, most of which involve effective member engagement and improving access:

- Social care gaps have a  **proven association** with lower Annual Wellness Visit completion. Completing Annual Wellness Visits can surface health concerns before they become health problems.
-  **30% of patients** who are discharged from hospitals have financial insecurity and have a higher risk of adverse events after discharge. More effective care transitions can reduce the risk of complications and readmissions.
- Participating in life-saving screenings, i.e. colorectal care screenings, can reduce the risk of costly care. Adults with at least one social need are  **12 to 20% less likely** to complete colorectal care screenings.
- SDOH models have a  **significant impact** on diabetes prevalence and management. Effective diabetes management can reduce the risk of complications and proactively identify care opportunities.
- Social needs are  **associated with increased ED** usage. One-on-one conversations that help members know when, where, and how to seek treatment can reduce ER visits.
- Maternal health support can remove barriers to care before, during, and after pregnancy. Once again,  **social needs drive health disparities** in women's and maternal health.



COMPELLING RESULTS FOR A LARGE HEALTH PLAN

Our largest health plan client has a proven ROI of \$5 of medical savings for every \$1 invested in social care. Key contributors include a:



Increase in annual wellness visits (AWVs)

25%



STRATEGIC CONSIDERATIONS: OPPORTUNITIES FOR HEALTH PLANS TO ACHIEVE HIGHER ROI

It's not enough for health plans to better define the ROI of social care. Once a health plan is measuring the cost-savings that come from more engaged, healthier members, they need to optimize their social care strategy to make sure they are achieving the greatest ROI possible.

Here are four key areas for health plan leaders to apply their focus and support a more impactful and measurable approach when partnering with vendors:

1. Address complex members' needs — individually.

Nearly a third (32%) of survey respondents said they are not currently stratifying members based on their social needs. Plus, as indicated previously, only one in 10 think that their organizations are very effective at addressing the social needs of their most complex members and only about half are applying human-to-human connections for outreach to complex members.

Health plans need to establish one-on-one relationships with complex members to truly understand their needs — otherwise, a one-size-fits-all approach risks being more wasteful than effective. For this reason, health plans should prioritize SDOH vendors that lean into personalized engagement methods, use trained listening to learn what matters most to members, and demonstrate an ability to follow up and make sure members actually use their recommended resources.

2. Close more gaps in social care — and not just the simple ones.

Health plans need to dramatically increase their confidence in closing gaps in social care, which is staggeringly low. In fact, only 22% of survey respondents agreed that when they pay for social care programs with vendors, they trust that each gap is closed.

Transportation and education are the two SDOH domains that health plans are most actively investing in for their priority cohorts (e.g., populations with high rates of hospital readmissions or diabetes). But even for these domains,

only 40% of respondents feel that they are “very successful” in closing transportation gaps, and just 22% feel that way about education gaps.

Meanwhile, health plans are underinvesting in other key SDOH domains. When asked which population cohorts they were prioritizing the most, members with a high rate of preventable ER visits rose to the top of the list. But when it comes to the SDOH domains that health plans are investing in to support that cohort, they are not taking the full range of factors that drive utilization into account. Just 12% of those health plans are actively investing in closing employment gaps, and just 22% are actively investing in solving financial instability challenges. That's probably for good reason: Only 6% of respondents believe they are very successful at solving employment challenges, and zero respondents reported high success in addressing financial instability. Meanwhile, [unemployment](#) and [financial hardship](#) have both been directly correlated with high ED utilization along with lack of community, educational deficit, food insecurity, and social isolation, according to a [National Health Interview Survey](#).

Health plans shouldn't shy away from SDOH domains that seem difficult to solve — rather, they should seek out vendors that have a history of closing all types of social

WHAT STRATEGIES ARE HEALTH PLANS USING TO ENGAGE COMPLEX MEMBERS?

About two-thirds of health plan leaders reported that their organization is stratifying members based on social needs. 76% of those leaders are embedding SDOH into their care management programs.

In terms of technology vs. human-to-human connections, here's how they are working to engage those complex members:



53%

Rely mostly on human-to-human connections



41%

Rely mostly on technology solutions

While technology is key for scaling member engagement, it cannot replace personalized, one-on-one time with care coordinators.

care gaps. In addition, and as noted previously, the more a vendor is focused on personalized engagement, the more successful they are likely to be in helping members overcome underemployment, financial challenges, and other gaps that aren't as straightforward to solve as, for example, providing transportation to an appointment.



GroundGame.Health has solved more than **374,000** specific social needs across more than **2.3 million members** — and all of those needs have been documented for health plans as **closed**.

3. Consider new cohorts to prioritize.

Health plans may benefit from investing in new cohorts of complex members. While 68% of health plan leaders said they place a high priority on populations experiencing high rates of preventable ER visits, only 34% said they are dialed in on populations with low rates of Annual Wellness Visit (AWV) completions. Medicaid members with high clinical and social risk factors are another set of complex members that may be overlooked — just 40% of health plan leaders reported that group as a high priority.

Health plans may identify a range of cohorts for prioritization when they assess and stratify their population. But this survey data is another reminder that health plans may be clustering their efforts on a few cohorts — and there are many factors that may make a member complex.

Two cohorts GroundGame.Health has found success with include driving AWV completions with hard-to-reach, hard-to-engage Medicare Advantage members who had not seen a doctor in more than 16+ months. Through GroundGame.Health's "Right Touch" model of delivering a culturally tailored, personalized engagement experience to each member, we were able to get 60% of those members to complete their AWV.

In another example, GroundGame.Health worked with one of our national health plan clients to solve health-related social needs for a high-risk Medicaid cohort. As a result, our client was able to save \$181 per member per month, mainly driven by savings from reduced hospitalizations and ER visits within this cohort.



WHAT DOES IT TAKE TO SOLVE FINANCIAL INSTABILITY?

Low-income Americans are 5x as likely to report being in fair or poor health as adults with family incomes at or above 400% of the Federal Poverty Level. According to GroundGame.Health's 2023 assessment of one health plan clients' 45,000 members, a large percentage (44%) of engaged members said financial stability was their most common SDOH need.

But health plans are struggling to achieve high success rates in solving financial instability. How does GroundGame.Health close this common type of gap?

Meet Jenny*

Jenny is a 58-year-old VA commercial health plan member who has a history of depression. Despite working full-time, she was experiencing food insecurity and struggling to pay for her mortgage and utilities.

The GroundGame.Health Approach

Jenny's GroundGame.Health care coordinator uncovered these challenges while engaging with personalized outreach with Jenny. She then assisted Jenny with scheduling a mental health visit with her PCP. She also referred Jenny to a local food pantry and organizations to provide assistance with her utility and mortgage payments.

The Impact

As a result of these efforts, Jenny was prescribed an antidepressant, gained access to food, and was able to pay her bills. A typical, technology-first approach to helping this member may have only focused on referring Jenny to a food pantry — but because the care coordinator got to know Jenny and understand financial stress contributed to her mental health challenges, Jenny received the support she needed for a more sustainable positive outcome.

* The names of individuals and the details of their experiences with GroundGame.Health have been changed to protect individual privacy.

4. Seek out vendors with a proven ability to improve member engagement.

To bring it full circle: Although health plans struggle to measure the ROI of social care programs, they have a strong sense of their strategic priorities.

When asked about their top 3 areas, they cited improving member outcomes (72%), improving quality measure performance (66%), and improving member engagement (48%). As explored above, the focus on member engagement makes sense given the direct link to cost savings.

However, only 5% of health plans that said their SDOH vendors have driven meaningful improvements in member engagement.

To truly achieve meaningful ROI on social care, health plans need partners with a proven track record of improving member engagement.

GroundGame.Health has been vastly successful at improving member engagement through our holistic approach to removing barriers to care, and with people in local communities to build trust, one member at a time. That is done through our “Right Touch” model as mentioned previously — truly meeting the members where they need us to be, in order to build trust and deliver outcomes.

Meeting a member where they are means genuinely engaging with individuals by recognizing and understanding their unique circumstances, cultural beliefs, perspectives, and needs.

It also requires adapting our approach to their situation, rather than imposing our expectations or standards. That means utilizing our national network of contracted, verified, community-based organizations to deliver outcomes. In the home, on the phone, or wherever the member asks.

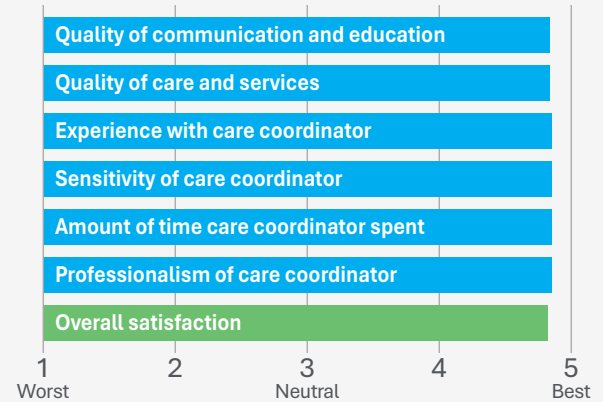
This model promotes meaningful connections through active listening and a genuine respect for each member’s journey. This approach ultimately leads to stronger relationships and better outcomes by connecting with both our members and the community.

Another consideration is how members are responding to — and rating — the connections they have with SDOH vendors, across a variety of areas.

For example, a recent survey of members that interacted with GroundGame.Health found that they reported an exceptionally high experience (on a scale of 1 to 5) across a variety of domains, as shown in the following diagram.

HOW MEMBERS RANKED GROUNDGAME.HEALTH OUTREACH

Average member rating on a scale of 1 to 5:



THE CBO “EASY BUTTON” HOW GROUNDGAME.HEALTH MAKES IT POSSIBLE TO SCALE HUMAN-TO-HUMAN CONNECTIONS

Community-based organizations (CBOs) are at the heart of social care, applying local resources and knowledge to closing SDOH gaps — and most health plans already understand the value. In fact, the survey shows that 94% are currently collaborating with CBOs.

Although there is buy-in on CBOs, challenges remain. Nearly half (47%) of health plan leaders struggle to calculate the ROI of these partnerships. Only 4% said it’s easy to understand if the CBO has filled or completed the social need. Plus, the majority (97%) said it’s not easy to identify the right CBO to meet their members’ needs.

GroundGame.Health connects health plans to a national network of local CBOs. We track the flow of resources, driving sustainable, unrestricted funding streams from health plans to CBOs. Through our interoperable platform, we ensure the assessments are documented efficiently, care gaps are closed, and claims and contracts are automated.



A BETTER PATH TO MEMBER AND FINANCIAL GOALS

Reducing costs and improving member outcomes will continue to be top of mind for health plans. Social care can address both objectives — especially if approached effectively. With nearly all health plan leaders planning to either increase their budgets for SDOH vendors or hold their budgets steady within the next two to three years, it will be absolutely crucial for plans to find the right partners to support their initiatives.

As outlined in this report, vendors that offer a combination of technology and personalized, culturally-tailored experiences — and that have a proven, positive impact on member engagement — will help ensure maximum ROI and support healthier, happier member populations. Through a holistic approach to engaging members and solving both social and quality gaps, health plans can maximize their ROI across multiple departments including Quality, Marketing, Member Experience, Medical, Care Management, and more.

APPENDIX: SURVEY DEMOGRAPHICS

Survey respondents represented a mix of national and regional health plans in the United States, as well as a broad mix of lines of business. The survey included senior leadership with influence over their organization's SDOH approach.

Demographic breakdowns: **Respondent organization type:** 48% national health plan, 40% regional health plan, 10% provider-owned health plan (payvider), 2% government program plan. **Respondent plan's LOB(s):** 84% Managed Medicaid, 84% Medicare Advantage, 72% dual eligible plans, 70% commercial fully insured, 66% commercial self-insured. **Respondent's primary job level:** 16% C-Suite, 32% VP or SVP, 52% Director. **Respondent's functional area(s):** 32% case/care management, 24% quality, 10% care coordination/condition management, 10% oversight over all, 8% product/strategy/plan design, 6% operations/claims, 4% medical cost/utilization management.



About GroundGame.Health

At GroundGame.Health, we manage the complex connections between health plans, providers, employers, community-based organizations (CBOs), and other stakeholders to both solve unmet social needs and close gaps in care for people across the country. By facilitating personalized, culturally tailored, human-to-human interactions and experiences, we make the biggest difference in people's lives. Visit groundgame.health to learn more.



About Sage Growth Partners

Sage Growth Partners is a healthcare growth strategy and marketing firm with deep expertise in market research, go-to-market strategy, and marketing communications. Founded in 2005, the company's extensive domain experience ensures that healthcare organizations thrive amid the complexities of a rapidly changing marketplace. Visit sage-growth.com.



2002 N. Lois Ave., Suite 200
Tampa, FL 33607
contact@groundgame.health