

## Title

Experiences of Maryland primary care practices in addressing social needs through a novel value-based payment

## Background

Addressing social needs in addition to medical needs has been an increasing priority for public health and healthcare, including value-based payment models such as the Maryland Primary Care Program (MDPCP). Primary care practice participants in the MDPCP that serve socioeconomically disadvantaged populations are eligible for the Health Equity Advancement Resource and Transformation (HEART) payment, dedicated funds for these practices to support the social and medical needs of a targeted group of Medicare beneficiaries.

## Objective

After a year of payment implementation, we gathered feedback from participants to understand the successes of the payment, challenges, and opportunities for similar value-based payment mechanisms.

## Methods

Between February and March 2023, we fielded a survey of MDPCP participants and conducted seven participant focus groups to receive feedback on the effectiveness of the HEART program, design and implementation of the payment, and to understand common uses of the payment.

## Results

Our study found that MDPCP practices valued the HEART payment and its unique ability to enable direct support for patients' social needs. Participants described the payment as enabling them to provide social needs-related services to patients that they would not otherwise be able to provide. The main challenges reported were administrative burden, difficulty with reaching the "right patients" and confusion about implementation. Practices receiving the highest level of HEART funding valued the payment higher than practices receiving fewer HEART funds.

## Conclusion

This study describes primary care practice participant feedback on a novel value-based payment lever intended to enable primary care practices to better address patients' social needs. Future value-based payment models that incorporate social risk may consider how to best identify patients who have a high burden of health-related social needs, in order to enable funds to best support the right patients.