

Unite Us scoops up NowPow—but becoming a giant entity won't be a golden ticket to SDOH success

Article









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The news: Unite Us acquired fellow social determinants of health (SDOH) startup **NowPow**, creating the largest SDOH company on the market.

• Together, they'll combine NowPow's personalized referral platform with Unite US' end-to-end social care solution that connects patients with the services they need.

How we got here: Both Unite Us and Now Pow have been growing quickly since the pandemic started—and it was a smart move for Unite Us to scoop up one of its main competitors as the SDOH market heats up.

Unite Us has been no stranger to acquisitions:

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- It acquired health analytics company Carrot Health to improve its health and social care coordination solutions.
- And last year, it acquired predictive analytics startup **Staple Health.**
- To add, Unite Us' partnerships include CVS Health, Humana, Kaiser Permanente, and Lyft.

Now Pow has also racked up a long roster of health system partners over the last two years, including **Northwell Health, NYC Health and Hospitals,** and **RWJ Barnabas Health.**

 And it has linked up with electronic health records giant Epic—an important partnership considering EHR systems are a gateway for social services integration.

Trendspotting: This acquisition is timely since healthcare stakeholders are kicking their SDOH plans into high gear.

 This year alone, <u>Blue Cross Blue Shield</u> launched new social assistance programs, <u>UnitedHealthcare</u> launched its Community Catalyst SDOH initiative, and developed SDOH programs of their own, and Humana has ramping up its investments in SDOH, including a new <u>partnership</u> with Signify Health.

But there's a barrier to widespread SDOH-informed healthcare: There's still no clear-cut way for quantifying the impact of SDOH initiatives on health outcomes—especially since it's so variable from case to case. That means it's still a risk for a lot of smaller providers and insurers to invest in solutions like Unite Us-NowPow's.

What's the catch? Addressing SDOH can put out healthcare-related fires before they become cumbersome and costly—but setting up that infrastructure via SDOH companies

could end up being counterintuitive if those costs get passed on to patients.

- For example, SDOH program can connect diabetes patients with nutrition support programs that help them swerve preventable hospitalizations.
- And cases like that can help payers and providers pare down healthcare costs in the long run

 diabetes alone costs the US around \$327 billion annually, and healthcare costs 2.3 times
 more for US adults with diabetes, per the American Diabetes Association.
- But if payers or providers are directly paying SDOH companies to connect patients to social care services that could end up inflating the cost of healthcare for patients even more.
- Not to mention, adding SDOH companies to the mix could potentially add an extra layer of administrative inefficiencies and costs.

Social Determinants of Health Health Plans According to US Aug 2020 % of respondents		
Transportation		83%
Food Insecurity		81%
Housing		80%
Poverty		73%
Access to technology (internet, cellphones)	51%	
Employment	48%	
Literacy/language	48%	
Education 34%		
5% Other		
Note: n=177; plan types represented among respondent organizations included commercial (large group, small group, individual), Medicare Advantage, Marketplace, Medicaid, D-SNP or MRD and MTTSC		

Source: Altruista Health, "2020 Annual Payer Index Survey," Nov 9, 2020

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