Texas Consortium *for the* Non-Medical Drivers of Health

Advancing Research, Policy and Practice

National Perspective on the Field of NMDOH

Dr. Laura Gottleib
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What Can the Healthcare Sector Do About Social Adversity?

Laura Gottlieb, MD, MPH
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Professor, Department of Family and Community Medicine
University of California San Francisco
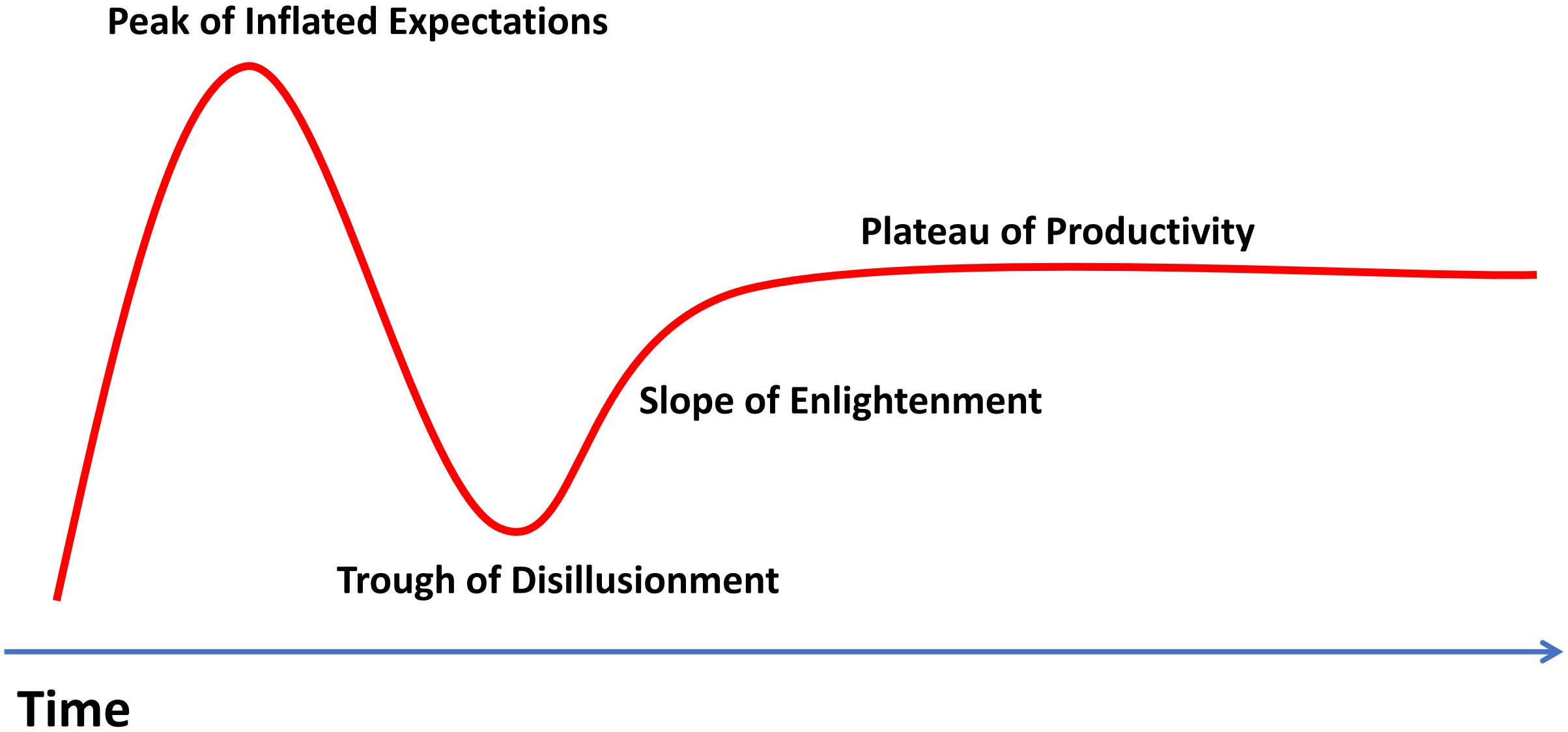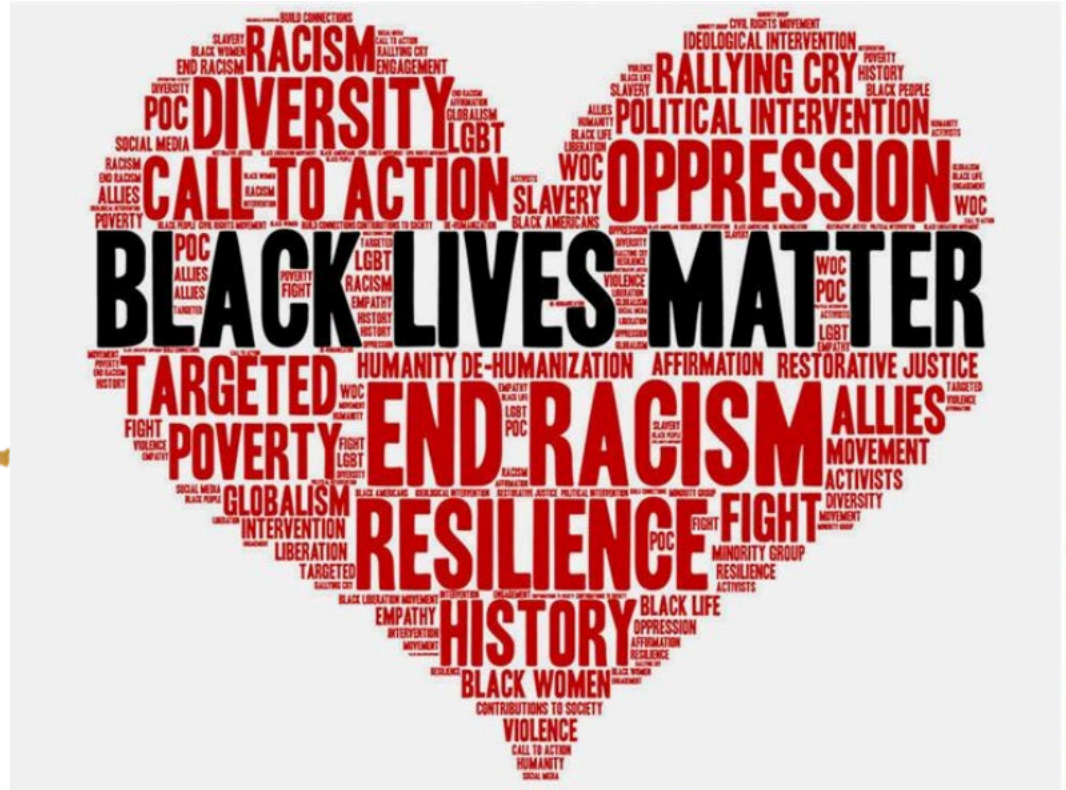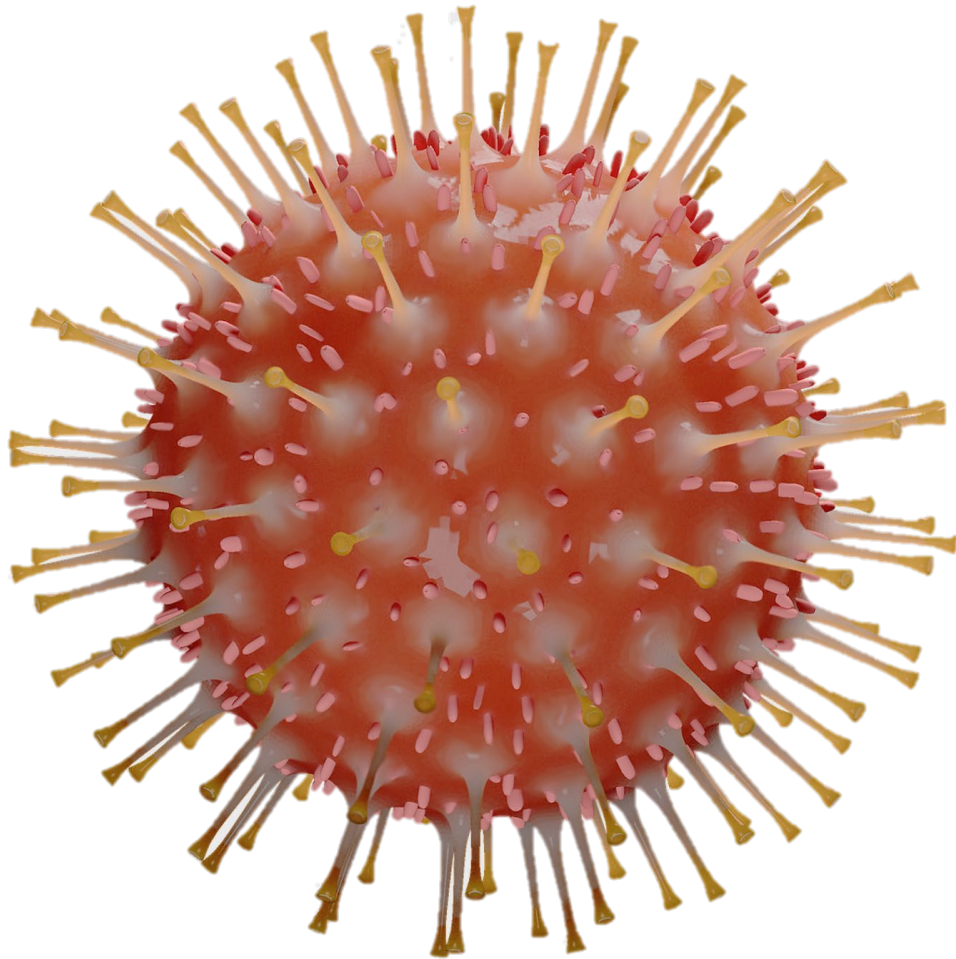
SIRENetwork.ucsf.edu

Disclosures

I sadly have nothing to disclose about funders who might have biased the content of today's presentation.

(If you have friends with deep pockets, though, feel free to reach out! I'd be happy to change this slide.)

INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM TO IMPROVE THE NATION'S HEALTH

NASEM Committee 5As Framework

Patient care-focused strategies

Awareness
Identify social risk factors

Adjustment
Accommodate care to social risk

Assistance
Intervene on social risk factors

Alignment
Align existing resources

Advocacy
Develop new resources

Community-focused strategies

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Systematic data collection

Social & economic risk screening tool	PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences	CMS Accountable Health Communities Screening Tool
Total # of questions	21	10

Housing	☐	☐
Food	☐	☐
Clothing	☐	
Utilities (phone, gas, electric)	☐	☐
Medicine/health care	☐	
Child care	☐	
Transportation	☐	☐
Neighborhood safety	☐	
Interpersonal violence/safety	☐	☐
Social connections/isolation	☐	
Stress	☐	

Social risk screening tools comparison table: https://sirenetwork.ucsf.edu/tools-resources/mmi/screening-tools-comparison
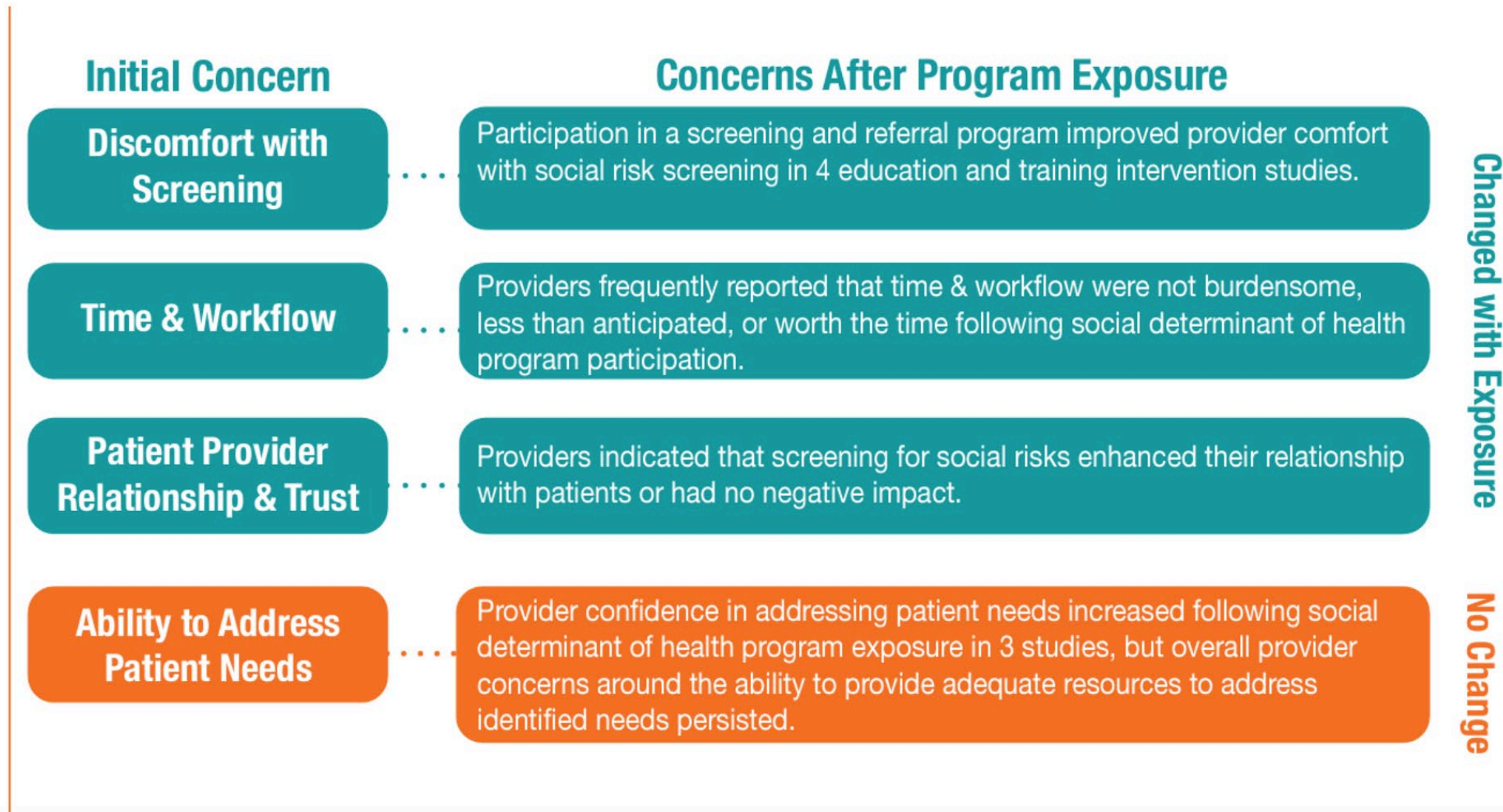
Screening Tool Validity

- No tool reported following 8 steps of gold standard measure development
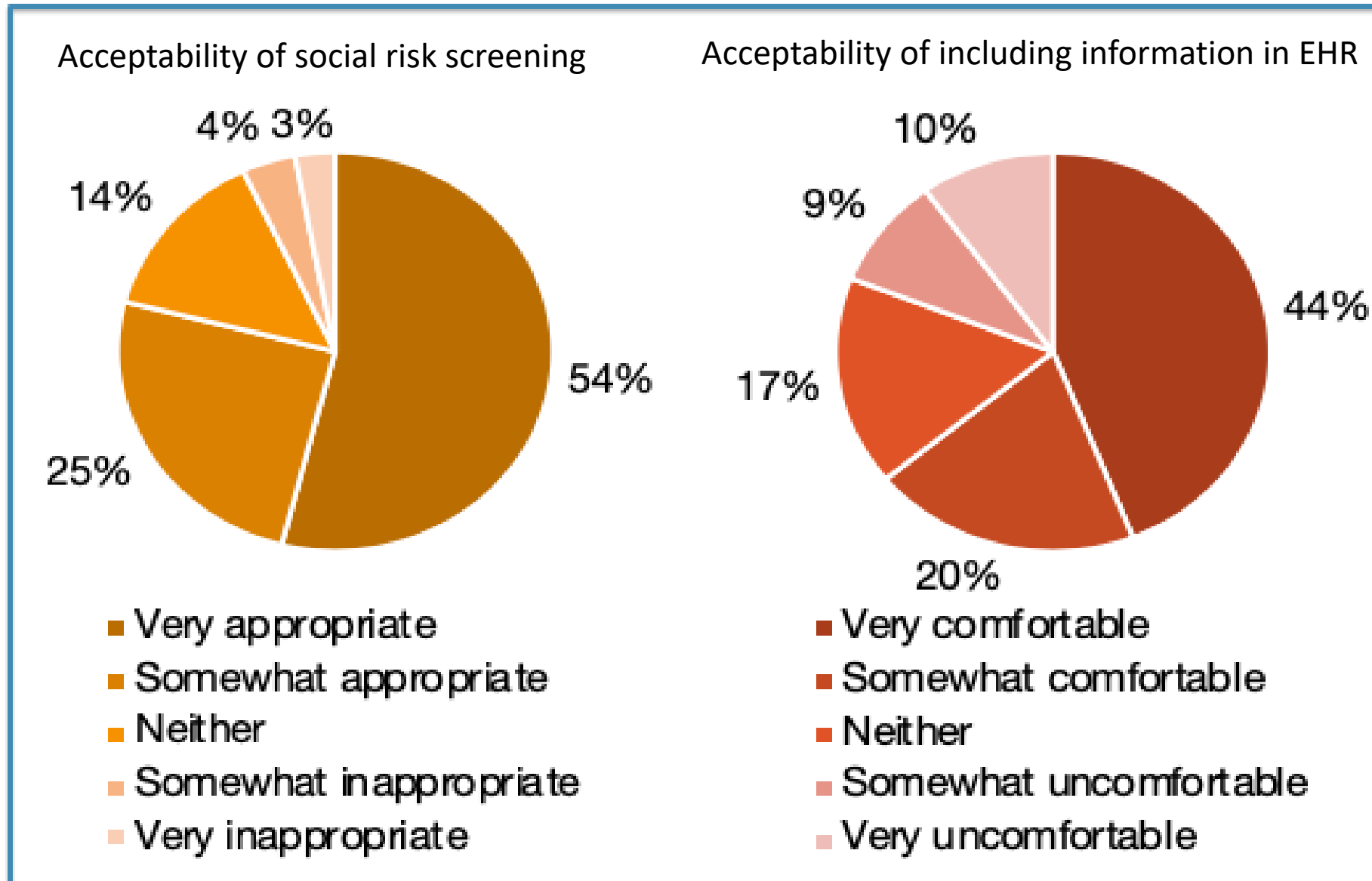- 15/21 reported modifying existing tools

Acceptability of screening to clinicians/staff

In several intervention studies, many provider concerns abated after program exposure.

Initial Concern — **Concerns After Program Exposure**

Discomfort with Screening
⋯⋯ Participation in a screening and referral program improved provider comfort with social risk screening in 4 education and training intervention studies.

Time & Workflow
⋯⋯ Providers frequently reported that time & workflow were not burdensome, less than anticipated, or worth the time following social determinant of health program participation.

Patient Provider Relationship & Trust
⋯⋯ Providers indicated that screening for social risks enhanced their relationship with patients or had no negative impact.

Ability to Address Patient Needs
⋯⋯ Provider confidence in addressing patient needs increased following social determinant of health program exposure in 3 studies, but overall provider concerns around the ability to provide adequate resources to address identified needs persisted.

Changed with Exposure

No Change

De Marchis EH, Brown E, Aceves B, et al. State of the Science of Screening in Healthcare Settings. Social Interventions Research & Evaluation Network, 2022.

Acceptability of screening to patients/caregivers

Acceptability of social risk screening

- Very appropriate — 54%
- Somewhat appropriate — 25%
- Neither — 14%
- Somewhat inappropriate — 4%
- Very inappropriate — 3%

Acceptability of including information in EHR

- Very comfortable — 44%
- Somewhat comfortable — 20%
- Neither — 17%
- Somewhat uncomfortable — 9%
- Very uncomfortable — 10%

De Marchis, et al. *Am J Prev Med*, Nov 2019

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Screening acceptability in patients/caregivers

Key Findings

- The majority of patients/caregivers in studies that assessed screening acceptability thought it was acceptable.
- There were no consistent differences in acceptability by race/ethnicity or gender across studies.
- Participants in 6/9 studies that explored patient concerns raised questions about how social screening data would be documented, shared, updated, and/or used.

Prevalence of screening for social risk factors (SRFs) in US Health Care Orgs

■ Hospitals   □ Practices

92%

67%

24%

16%

Screening for 1+ SRFs

Screening for all 5 SRFs
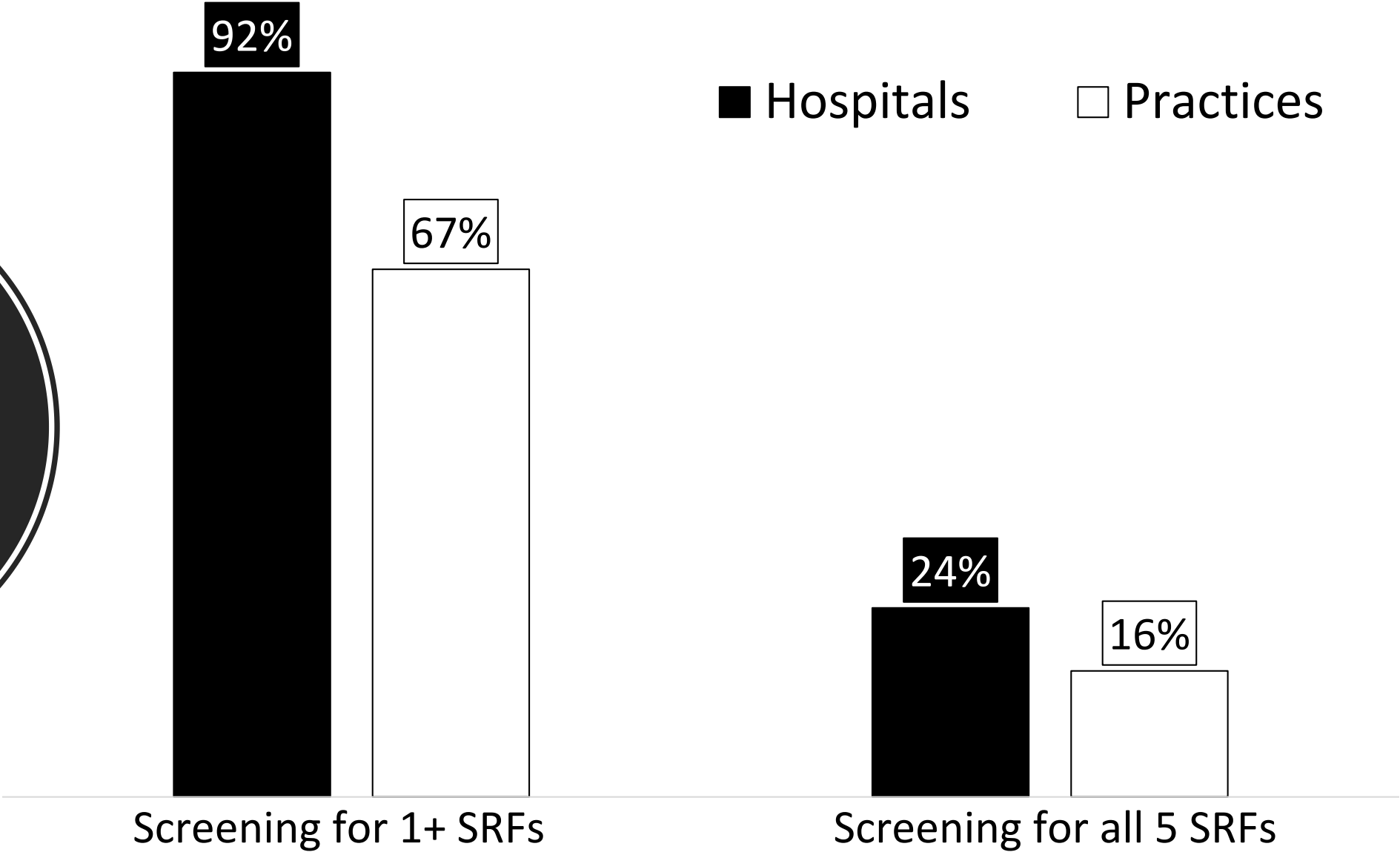
Fraze et al. *JAMA Network Open*. 2019

Prevalence of screening depends on how and whom you ask

Screening for 1+ SRFs

- Hospitals: 92%
- Practices: 67%
- Patients: 22%

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Cartier Y, et al. *BMC Health Serv Res.* May 2020
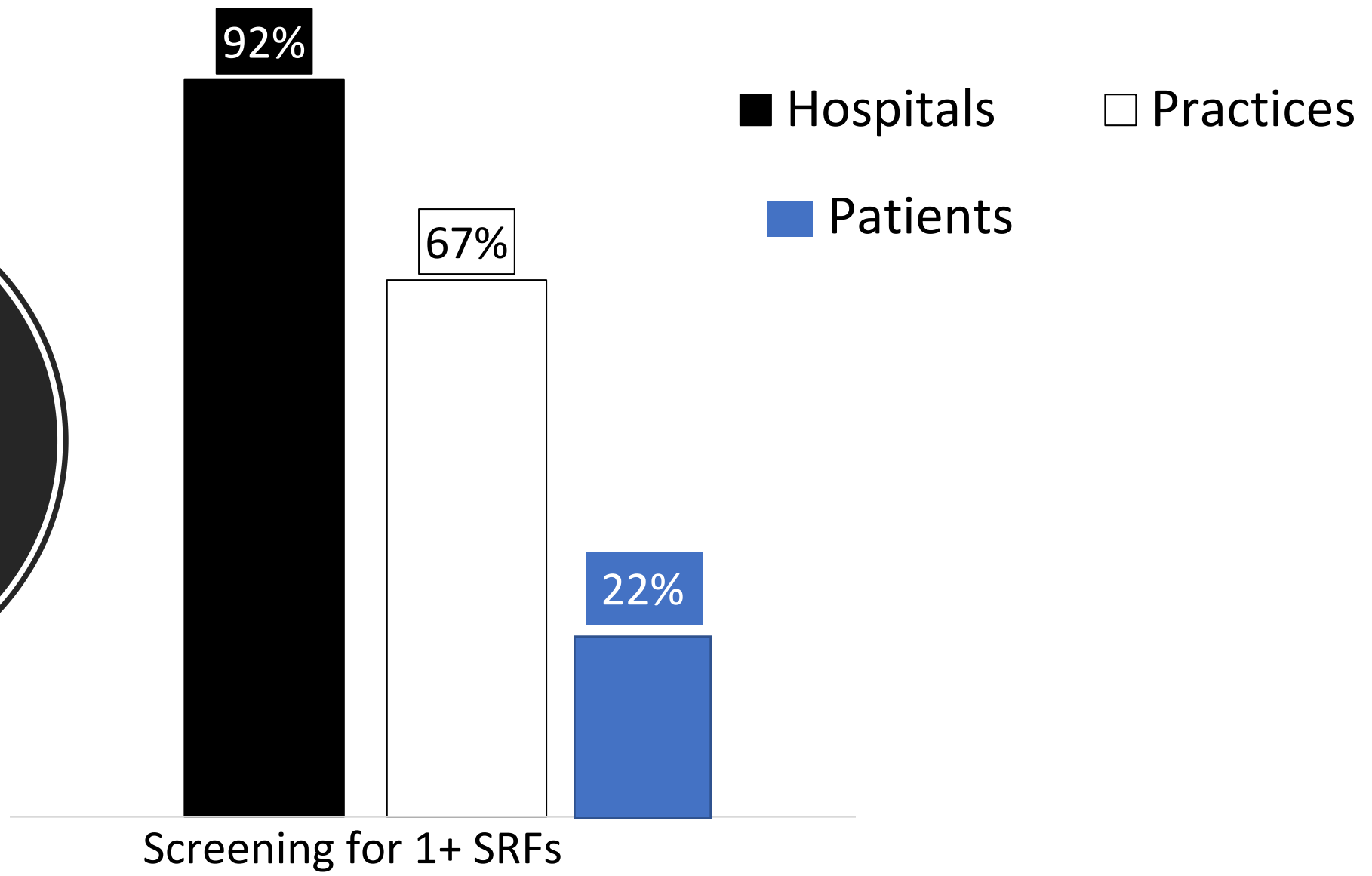
Does social risk screening = high quality care?

Agency/Org (program)	NCQA HEDIS Measures	CMS IQR Measures
Description	% of members screened at least once	% of patients screened for 5 HRSN (IQR and MIPS); % of screened who report risk (IQR only)
Setting/Population	Health plans / all patients	Hospitals / 18+
Domains/Instruments	Food, housing, & transportation security. Pre-specified instruments.	Food, housing, transportation, & utilities security and interpersonal violence. Instruments not specified.

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Social Care Z-codes

- Z59 Problems related to housing and economic circumstances
  - **Lack of adequate food**
    - Z59.41 Food insecurity
  - **Homelessness/inadequate housing**
    - Z59.00 Homelessness unspecified
    - Z59.01 Sheltered homelessness
    - Z59.02 Unsheltered homelessness
    - Z59.10 Inadequate housing, unspecified
  - **Lack of transportation**
    - Z59.82 Transportation insecurity

Examples, non-exhaustive

You can find medical codes that will meet federal reporting requirements at:
https://confluence.hl7.org/display/GRAV/Social+Risk+Terminology+Value+Sets

Technology might facilitate Awareness activities

COHERE Study (NIMHD-funded social informatics research study)

- Alert to rooming staff re: SDH screening with a direct link to screening documentation screens

State of the Science on Social Screening in Healthcare Settings

Executive Summary

Summer 2022

- Prevalence
- Validity of tools
- Patient/caregiver acceptability
- Provider acceptability
- Implementation

https://sirenetwork.ucsf.edu/tools-resources/resources/screen-report-state-science-social-screening-healthcare-settings

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Adjustment strategies

Adjust care to social context, e.g.:

- Access
- Diagnostics
- Treatment

Awareness of social factors → Intervention to lessen impact of social risk on health behaviors & disease management → Improved health and wellbeing

Adjustment strategies: Diabetes case

Clinical decisions influenced by social risk	Examples
Target level of blood sugar control	Increase goal HgA1c to avoid hypoglycemia risk in patient w/ limited food or fridge access.
Medication management	Change type of insulin to reduce medication cost; change to higher dose medication with pill splitter.
Behavioral recommendations	Change physical activity recommendations because of neighborhood safety.
Referrals	Schedule same day appointments or telehealth visits to decrease impact of poor transportation access.

*Table adapted from Senteio, et al. JAMIA 2019

Technology might facilitate Adjustment activities

COHERE Study: Can prompt/document interventions using A&P note

Technology might facilitate Adjustment activities

SmartList Text (shown to user and put in note)	AVS Text (shown to patient)	Logic: Option appears if…
"Discussed titrating insulin based on food availability"	"You and your provider talked about how to adjust your insulin dose based on your food intake."	Food insecurity + active insulin rx
"Discussed medication costs; will change to [generics, combination meds, or alternative dosing]	"[New medication instructions]"	Insecurity in ANY financial-related domain + active rx for non-generic med
"Discussed GoodRx discount"	"The discount codes from GoodRx [link] may help to lower your medication costs. You can use them at most pharmacies."	ANY financial-related domain, or self-pay appointment, or taking any med differently due to cost
"Follow up via telemedicine because [can decrease missed work/ transportation costs]"		Financial or transportation insecurity; digital tools enabled

Technology might facilitate Adjustment activities

| Drug	Out-of-pocket price range for Medicare Part D enrollees	Low price	Average price	High price
Warfarin	$0 ●─ $3	$0	$3	$3
Dabigatran	$22 ├──────●────────────────────┤ $436	$22	$109	$436
Apixaban	$22 ├────────●──────────────────┤ $448	$22	$112	$448
Rivaroxaban	$23 ├────────●──────────────────┤ $452	$23	$113	$452

Low price represents a 5% coinsurance payment in the catastrophic coverage phase of benefit.

Average price represents a 25% coinsurance payment in the initial and coverage gap phases of benefit.

High price represents the drug list price paid fully under a deductible or paying without insurance.

Example of an Alternative Design for Monthly Out-of-pocket Cost Information for Medicare Part D Covered Medications

Technology might facilitate Adjustment activities

FINDINGS

Out-of-pocket cost was 11.2% lower in the RTPB group compared with usual care
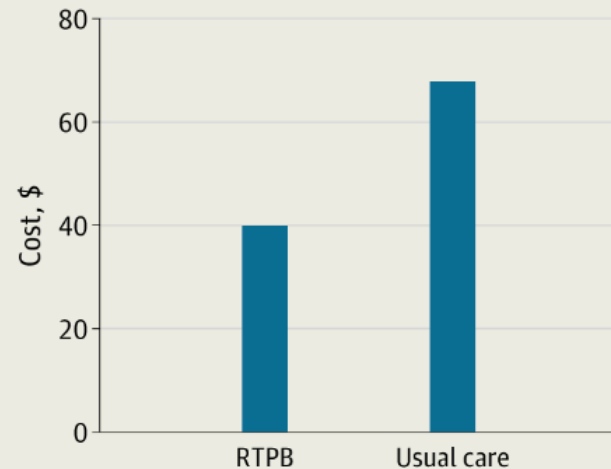
30-d Supply adjusted out-of-pocket cost
RTPB: $39.90
Usual care: $67.80
Adjusted difference, –11.2% (95% CI, –15.7% to –6.4%)

But alternative medications were available for only

4%

of all prescriptions.

Social Determinants of Health (SDOH) Clinical Decision Support (CDS) Feasibility Brief

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Assistance strategies

Change social context, e.g.:
- Food
- Housing
- Employment

```
┌─────────────────┐      ┌─────────────────┐      ┌─────────────────┐
│ Awareness of    │ ───► │ Intervention to │ ───► │ Improved health │
│ social factors  │      │ improve social  │      │ and wellbeing   │
│                 │      │ health          │      │                 │
└─────────────────┘      └─────────────────┘      └─────────────────┘
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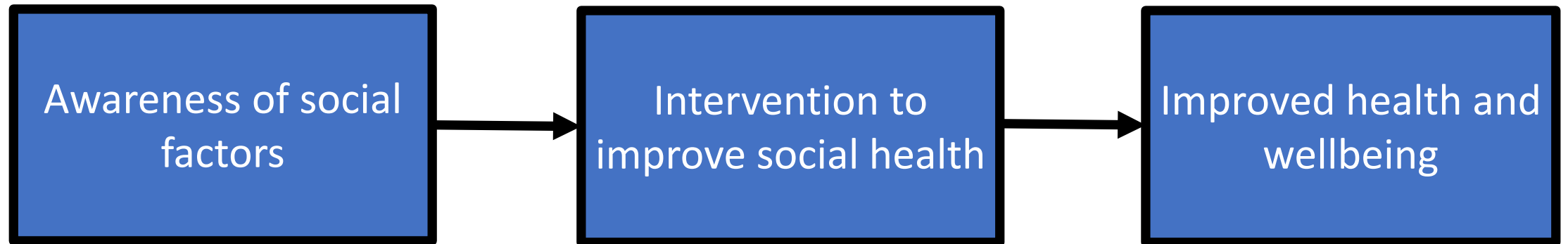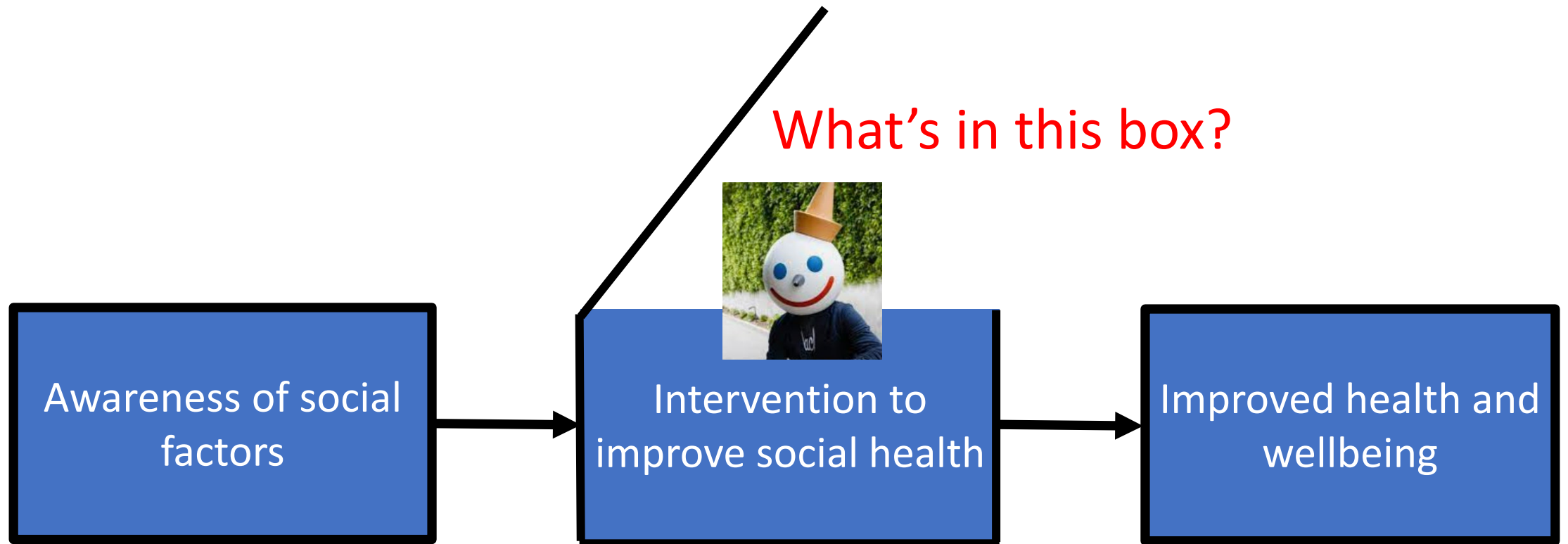
Assistance strategies

Assistance Trials: Adults with Chronic Disease

JAMA Internal Medicine | Original Investigation

Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management

Seth A. Berkowitz, MD, MPH; Amy Catherine Hulberg, MPP; Sara Standish, MBA;
Gally Reznor, MS; Steven J. Atlas, MD, MPH

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Assistance Trials: Adults with Chronic Disease

JAMA Internal Medicine | Original Investigation

RESEARCH ARTICLE | **CULTURE OF HEALTH**

HEALTH AFFAIRS > VOL. 37, NO. 4: CULTURE OF HEALTH, THE ACA & MORE

Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries

Seth A. Berkowitz, Jean Terranova, Caterina Hill, Toyin Ajayi, Todd Linsky, ... See all authors

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Assistance Trials: Adults with Chronic Disease

JAMA Internal Medicine | Original Investigation

RESEARCH ARTICLE   CULTURE OF HEALTH

HEALTH AFFAIRS > VOL. 37, NO. 4: CULTURE OF HEALTH, THE ACA & MORE

Original Paper | Published: 04 April 2017

Incorporating Patients' Social Determinants of Health into Hypertension and Depression Care: A Pilot Randomized Controlled Trial

Heather F. McClintock & Hillary R. Bogner ✉

Community Mental Health Journal **53**, 703–710(2017) | Cite this article

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Assistance Interventions and Racial Health Equity

Racial Health Equity and Social Needs Interventions
A Review of a Scoping Review

Crystal W. Cené, MD, MPH[1,2]; Meera Viswanathan, PhD[3]; Caroline M. Fichtenberg, PhD[4,5]; et al

Of 152 studies only 14% reported whether intervention outcomes differed by participant race or ethnicity.

Another 23 studies (15%) included race or ethnicity in their analyses as confounders.

108 [71%] did not include race or ethnicity in their analyses at all.

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Accountable Health Communities (AHC) Model Evaluation

Second Evaluation Report

May 2023

https://www.cms.gov/priorities/innovation/data-and-reports/2023/ahc-second-eval-rpt

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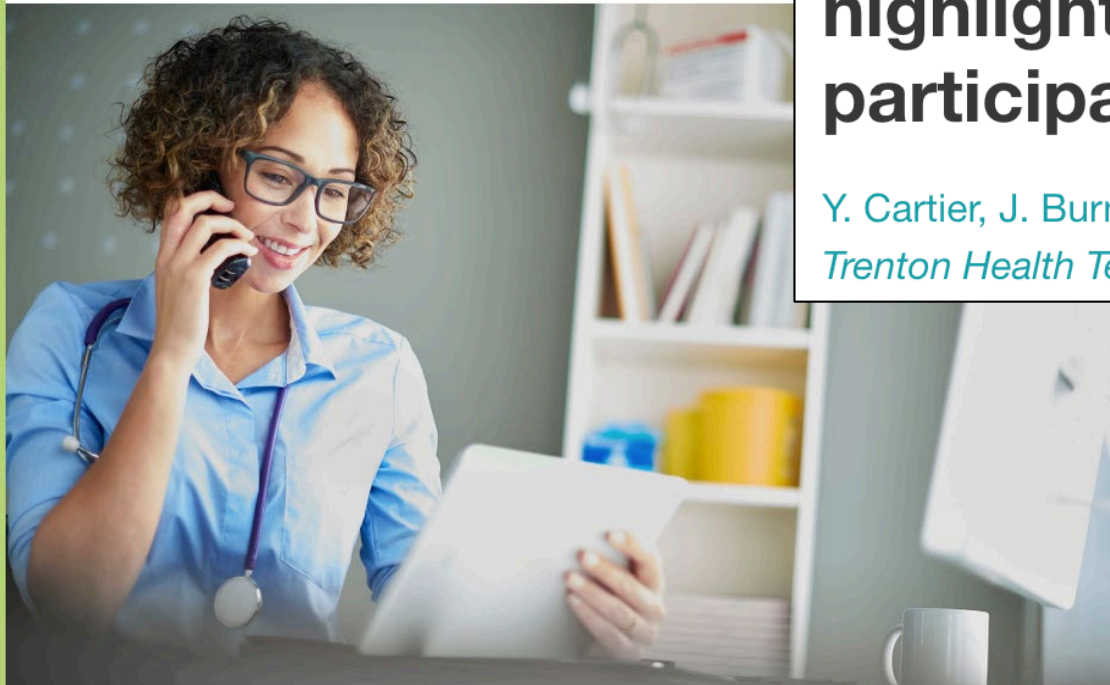
Technology might facilitate Assistance activities

- Resource and referral data
- Data exchange
- Community-based network
- Predictive analytics

Or it might not....

Community Resource Referral Platforms: A Guide for Health Care Organizations

Yuri Cartier, MPH
Caroline Fichtenberg, PhD
Laura Gottlieb, MD, MPH

April 16, 2019

← Back to Evidence & Resource Library

CBO perspectives on community resource referral platforms: Findings from year 1 of highlighting and assessing referral platform participation (HARP)

Y. Cartier, J. Burnett, C. Fichtenberg, E. Morganstern, N. Terens, S. Altschuler, G. Paulson
Trenton Health Team

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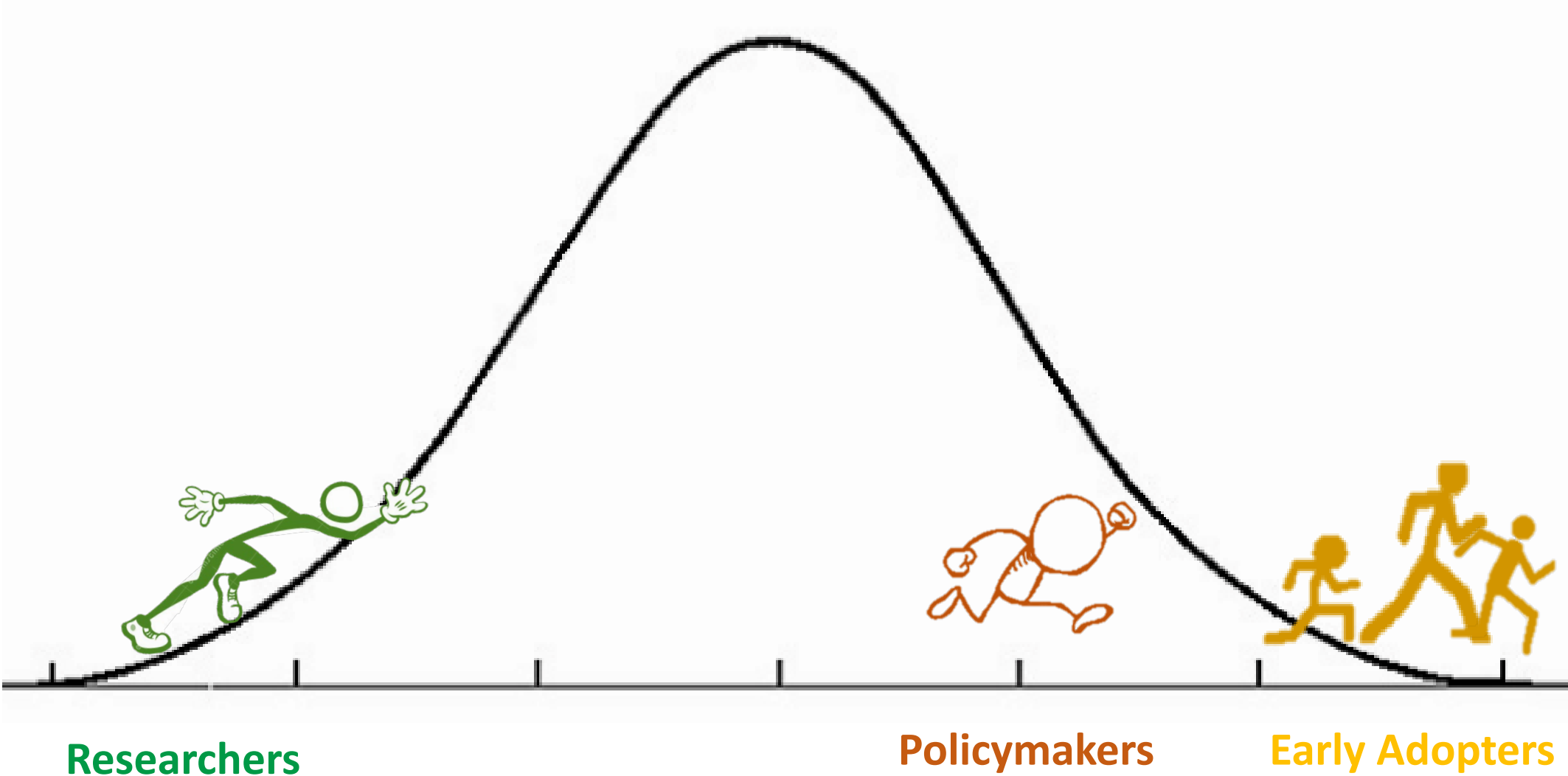|	NCQA (HEDIS)	CMS IQR and MIPS	The Joint Commission
Description	% of members screened at least once; % of those with need who received intervention, by domain	% of patients screened for 5 HRSN (IQR and MIPS); % of screened who report risk (IQR only)	Screening for social risks
Population	All ages	Adults 18+	All ages
Domains	Food, housing, & transportation security	Food, housing, transportation, & utilities security and interpersonal violence	Any
Intervention	Intervention by 30 days post screening (inc. referral)	None required (yet)	Referral to social services
Instruments	Pre-specified list of screening instruments	None specified (yet)	None specified

Social Care Policymaking

Policymakers

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The Bell Curve of Social Care Integration

Researchers   **Policymakers**   **Early Adopters**

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Places to find more social care evidence

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Alignment and Advocacy

Leverage business operations	Provide or support local social services and community activities	Collaborate to support systems change
Employment Procurement Investment	Grants Direct service provision Non-financial support	Multi-sector coalitions Advocacy

Allen M, et al. *Health Affairs.* Oct 2022.

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# Social care practices, ethics, and equity

Social care practice example	Related medical ethics questions
Screening for food security at every clinic visit *(Awareness)*	Could screening exacerbate perceived or actual discrimination?
Linking patients to community-based organizations *(Assistance)*	How do we avoid the "Bridge to Nowhere" problem? Could healthcare involvement here decrease societal investments in social services?
Changing medications based on affordability *(Adjustment)*	Could social risk informed care be rationalizing poor care for low income populations?
Health care's community-level activities *(Alignment and Advocacy)*	Where can healthcare's investments maximize positive outcomes?

Social Interventions Research & Evaluation Network

SIREN's mission is to improve health and health equity by catalyzing and disseminating high quality research that advances health care sector strategies to improve social conditions.

Catalyzing high
quality research
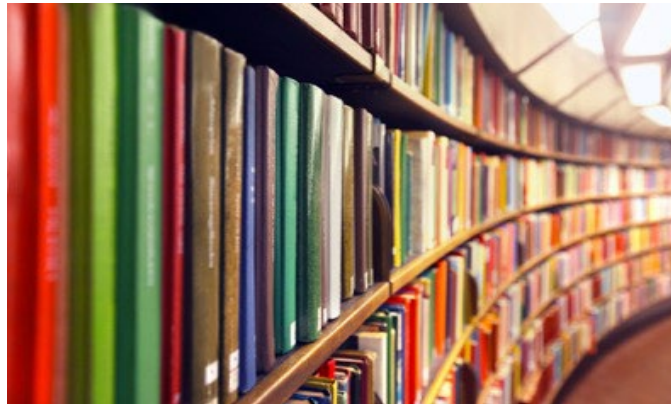
Collecting &
disseminating research

Consulting on
research & analytics

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF

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Questions?

Contact: laura.gottlieb@ucsf.edu
Website: http://sirenetwork.ucsf.edu
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