



STARFIELD SUMMIT

...where primary care research inspires policy and practice

STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

Theme: Social Determinants of Health in Primary Care

Title of IGNITE Presentation Topic:

Identifying and addressing patients' social and economic needs in the context of clinical care

Why This Is an Important Topic to Address (brief description):

Substantial evidence documents the social patterning of disease. At the same time, there is national concern about the expense and deficiencies of traditional health care services. Together these forces are fueling interest in addressing social determinants of health (SDH) within the health care delivery system. While recognizing that important work to improve social and economic conditions occurs outside of health care settings, many health care professional organizations also have recommended better identifying and addressing these hardships in primary care as one part of a more comprehensive strategy around SDH. A surge of experimentation around social and economic hardship screening and intervention has followed. However, research on these experiments has not kept pace. Limited evidence examines how these efforts impact individual and population health, decrease avoidable utilization, and/or improve revenue under value-based payment systems. Implementation science research will also be required to better facilitate adoption and dissemination of these innovations in diverse medical settings.

What We Think We Know (Bulleted evidence + Seminal references):

- Social determinants of health are associated with a wide range of health outcomes across the life course;
- The National Academy of Medicine, CMMI, NACHC, AAP and other health leaders and professional organizations have recommended validated social screening tools be used in clinical settings to identify social and economic hardships;
- Preliminary intervention research demonstrates that acting on SDH can impact health outcomes for children and adults, though some social conditions are more actionable than others in primary care clinical settings.

Key References

--Adler NE, Stewart J, eds. *The biology of disadvantage: Socioeconomic status and health* New York, NY: The New York Academy of Sciences; 2010. Annals of the New York Academy of Sciences; No. 1186.

--Institute of Medicine of the National Academies Committee on the Recommended Social and Behavioral Domains and Measures for Electronic Health Records. *Capturing social and behavioral domains in Electronic Health Records: Phase 2*. Washington, DC: The National Academies Press; 2014.

--Alley DE, Asomugha CN, Conway PH, Sanghavi DM. Accountable health communities—addressing social needs through Medicare and Medicaid. *N Engl J Med*. 2016;374(1):8–11.

--American Academy of Pediatrics Council On Community. Poverty and child health in the United

States. *Pediatrics*. 2016;137(4).

--The PRAPRE Implementation and Action Toolkit. National Association of Community Health Centers, 2016. Available at <http://www.nachc.org/research-and-data/prapare/toolkit/>.

--Gottlieb LM, Hessler D, Long D, et al. Effects of social needs screening and in-person service navigation on child health: A randomized clinical trial. *JAMA Pediatr*. 2016:e162521.

--Berkowitz SA, Hulberg AC, Standish S, Reznor G, Atlas SJ. Addressing unmet basic resource needs as part of chronic cardiometabolic disease management. *JAMA internal medicine*. 2017;177(2):244-252.

--Garg A, Toy S, Tripodis Y, Silverstein M, Freeman E. Addressing social determinants of health at well child care visits: a cluster RCT. *Pediatrics*. 2015;135(2):e296-304.

Questions for Group Discussion

Questions to Address in Group Discussion:

- What are the roles and responsibilities of primary care in identifying and addressing patients' social determinants of health?
- What are implementers and researchers already investing in around basic resource needs screening and intervention? How do we better coordinate that work? (e.g. could we map innovations/research related to SDH and clinical care delivery?)
- What are the steps we need to take to increase evidence-based practice around identifying and addressing patients' social and economic needs in the context of high quality primary care?
- Who are the different stakeholders for this integration work and what evidence is needed to "speak to" those stakeholders?
- How could our professional and payer organizations help catalyze more work at the intersection of medical and social care?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

Map the field

--Support mapping effort to better understand who is doing what in this rapidly expanding area, including in research, education, policy/payment, and practice innovation

Support rigorous research in this field

--Cull and disseminate existing effectiveness and implementation evidence

--Fund new high quality research, including screening tool validation and impacts of interventions on SDH, patient and provider experience of care, patient health and wellbeing, health care costs and utilization, and population health and equity.

Promote practice standards

--Promote use of validated tools and effective interventions where that evidence exists

Support health care policy changes that facilitate implementation and sustainability of evidence-based interventions

--Develop shared statements from health policy organizations on identifying and addressing social determinants in the context of care delivery

--Encourage health sector incentives that support social and medical care integration (performance metrics, value based care models that enable CHW/Navigators, incorporating SDH in electronic health records, etc.)