



STARFIELD SUMMIT

...where primary care research inspires policy and practice

STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

Theme: Economics & Policy

Title of IGNITE Presentation Topic:

Community Vital Signs: Achieving Equity through Primary Care Means Checking More than Blood Pressure

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

A milieu of social, environmental occupational and economic factors collectively labelled the social determinants of health (SDH) have a greater combined influence on the morbidity and mortality of our patients than the services we deliver in traditional medical care. And yet, we as health care providers rarely have the training or tools necessary to identify and address social determinants in the patients, panels, and populations we serve. In an age where health information and geospatial technology, publically available small area data on the social determinants, patient portals and acceptance of individual SDH data collection, it is time for providers and care teams to complement the richness of biometric data immediately available to them in patient and population health care with “community vital signs”. (Community VS) would provide an aggregated overview of the social and environmental factors impacting patient health. Knowing Community VS could inform clinical recommendations for individual patients, facilitate referrals to community services, and expand understanding of factors impacting treatment adherence and health outcomes. This information could also help care teams target disease prevention initiatives and other health improvement efforts for clinic panels and populations. Given the proliferation of big data, geospatial technologies, and democratization of data, the time has come to integrate such Community VS into the electronic health record (EHR) and the processes of primary care.

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

- Place matters to personal and population health, and primary care sits at a critical juncture between the public health, health care, and community resources¹
- The National Academy of Medicine and National Quality Forum both recommended inclusion of SDH in Electronic Health Records, and identified actionable SDH domains for inclusion in EHRs²³
- Pathways to Integrating SDH into data systems but also Primary Care delivery pathways are being investigated and implemented⁴
- Primary data collection from patients are being tested
- Publically available small area data can be combined with clinical data to achieve patient and

¹ Westfall JM. Cold-spotting: linking primary care and public health to create communities of solution. *J Am Board Fam Med* 2013;26:239–40

² Institute of Medicine. Capturing social and behavioral domains in electronic health records: phase 1. Washington, DC: The National Academies Press; 2014.

³ National Quality Forum. Multi-stakeholder input on a national priority: improving population health by working with communities – Action guide 1.0. Washington, DC: National Quality Forum; 2014.

⁴ DeVoe JE, Bazemore AW, Cottrell EK, et al. Perspectives in Primary Care: A Conceptual Framework and Path for Integrating Social Determinants of Health Into Primary Care Practice. *Ann Fam Med*. 2016;14(2):104-108. doi:10.1370/afm.1903.

panel level ‘community vital signs’⁵⁶

- It is critical that we invest in implementation science and training pathways to promote their further inclusion and to advance primary care’s role in achieving health equity

Questions for Group Discussion

Questions to Address in Group Discussion:

- Which SDH data are most feasible and meaningful to capture?
- And what are the best points of capture for (e.g. via patient portals, waiting room kiosks, provider-patient interaction, secondary or administrative data linkages)?
- What data should be collected from patients? Vs captured and appended to records administratively? And what are the limitations and strengths of each (veracity, relevance, administrative burden, etc)?
- How do we build the evidence base and implementation science knowledge to effectively address SDH via Primary Care?
- What are the implications for the training pipeline in primary care? For community engagement strategies?
- How should this impact alternative payment models and reimbursements to primary care for the health of their populations?

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

- Practice: Current information systems mostly lack tools for SDH data capture and use, and providers already stressed by increasing administrative and financial burdens of transformation may balk at the additional training, time, and finances implicit in ‘addressing SDH’ absent shifts in payment incentives, moves towards true team-based care and richer community partnership opportunities.
- Education: Current medical and graduate medical education lacks the science base, best practices and curricula required to create competency in emerging primary care graduates in effectively addressing SDH
- Research: There is a desperate need to build the evidence base and implementation science knowledge to effectively address SDH via Primary Care

⁵ Bazemore AW, Cottrell EK, Gold R, Hughes LS, Phillips RL, Angier H, Burdick TE, Carrozza MA, DeVoe JE. *“Community Vital Signs”: Incorporating geocoded social determinants into electronic records to promote patient and population health.* J Am Med Inform Assoc. 2015 Jul 13. pii: ocv088. doi: 10.1093/jamia/ocv088.

⁶ Hughes LS, Phillips RL, DeVoe JE, Bazemore AW. Community Vital Signs: Taking the Pulse of the Community While Caring for Patients. The Journal of the American Board of Family Medicine. 2016;29(3):419-422.