

Institution Model to Integrate Social Determinants into Care Delivery

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Objective:

Healthcare organizations face a need to integrate tracking and measurement systems for patient social needs and the social determinants of health (SDOH). These actions will better address long-term follow up, accurate quality metrics, and move towards a value-based care delivery system focused on population-level care and patient overall health and well-being. This project is designed to present a model for improving patient-provider interactions through capturing SDOH data from patients and connecting patients to appropriate resources based on their reported SDOH information.

Methods:

This project involved a literature review of SDOH measurement and program implementation in a hospital and outpatient care setting. It explores the basis of collection, implementation, incentives for providers, potential outcomes, best practice solutions, cost and business impacts, and downstream quality impacts.

Results:

A survey of nearly 300 hospitals and health systems found that nearly 9 in 10 hospitals screen patients to gauge their health-related social needs, but only 62% report screening target populations in a systematic or consistent way (Deloitte Center for Health Solutions). Many organizations implement minimal resources targeted at inpatients or high-utilizer patient populations. Approximately 72% of surveyed hospitals lack funds to address social needs of target populations (Deloitte Center for Health Solutions).

Discussion/Conclusions:

Approaches will be most realistic in a staged-process with organizations progressing through additional data collection and intervention as their resources allow. With the healthcare industry shifting towards increased value-based care quality and reimbursement measurements, greater focus will turn towards measuring need and addressing the social determinants of health.

Universal screenings for social determinants of health are a feasible goal for hospitals and health systems (Meyer, Lerner, Phillips & Zumwalt, 2020). Organizations need to use reliable, trusted sources of data such as public records to avoid low-quality datasets, such as data collected from brief survey questionnaires at various touch points during clinical encounters, marketing data, or regional-level data (LexisNexis Risk Solutions). Patients should be able to

document their own SDOH through their medical and social history when checking in for an appointment with the option to decline responding. Organizations should aggregate information to target populations out of those served and demonstrate a Return on Investment for social needs investments (Deloitte Center for Health Solutions).