

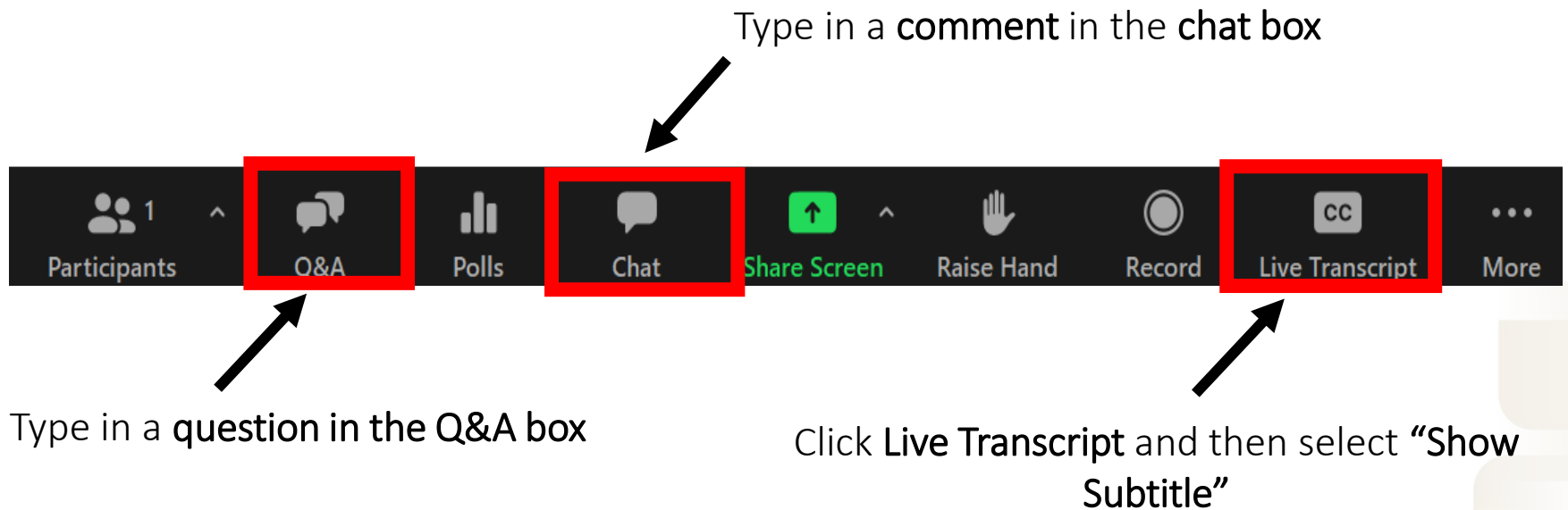
SDoH Part 1: Screening for Patient Social Risks in Integrated Care Settings

Thursday, March 3rd, 2022
3-4pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Substance Abuse and Mental Health
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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Treatment Provider
- Other (specify in chat box)

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

Learning Objectives

After this webinar, participants will be able to:

- **Understand** the rationale for screening patients for social risks and social supports in integrated health care settings.
- **Acknowledge** the 5A's framework for integrating social care into the delivery of general health, mental health and substance use treatment settings.
- **Explore** examples in real-time and apply the 5A's framework to identify appropriate strategies based on patient needs.



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Introductions



Emilia Demarchis, M.D., M.A.S.,
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Community Medicine, University
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Matthew Goldman, M.D., M.S.,
*Medical Director, Comprehensive
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Wellness Program, San Francisco
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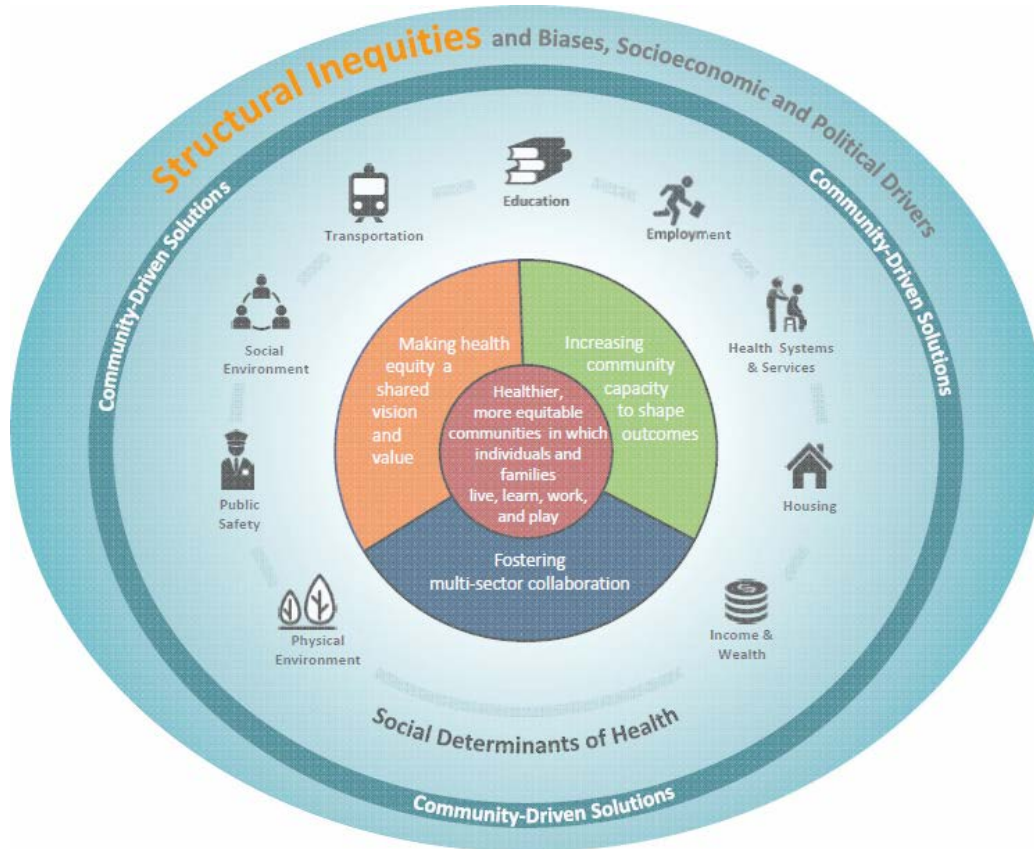
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Rationale: Why screen for social risks?

- Research has shown that only a small proportion of health is determined by healthcare:
 - Only 20% of variations in health and mortality are related to healthcare quality and access.
 - 50% of variations in health and mortality are related to Social Determinants of Health (SDOH).
- Improvement in overall health metrics depends—at least in part—on attention to factors upstream from the clinical encounter.
- Further motivated by the shift towards value-based payments that incentivize prevention and improved health and health care outcomes.
- The health care sector must play a role in mitigating adverse SDOH to achieve more equitable health outcomes.

Source: [*National Academies of Sciences, Engineering, and Medicine 2019.*](#)

Why integrate with social services & supports?



Source: Jones, CP 2002, National Academies of Sciences, Engineering, and Medicine. 2017

Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports.**

Partnerships between integrated health care organizations and social services organizations are a **strategy to address health inequities.**

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Social Service Linkages Are Part of General Health Integration (GHI)

The **GHI Framework** defines 8 domains to advance GHI in BH specialty settings.

Effective integrated care involves addressing the key social determinants of health, along with general health conditions.

Domain 7 focuses on steps for **fostering effective linkages** to housing, vocational and supportive social services, community organizations and other resources, and promotes incorporating social determinants into care plans.

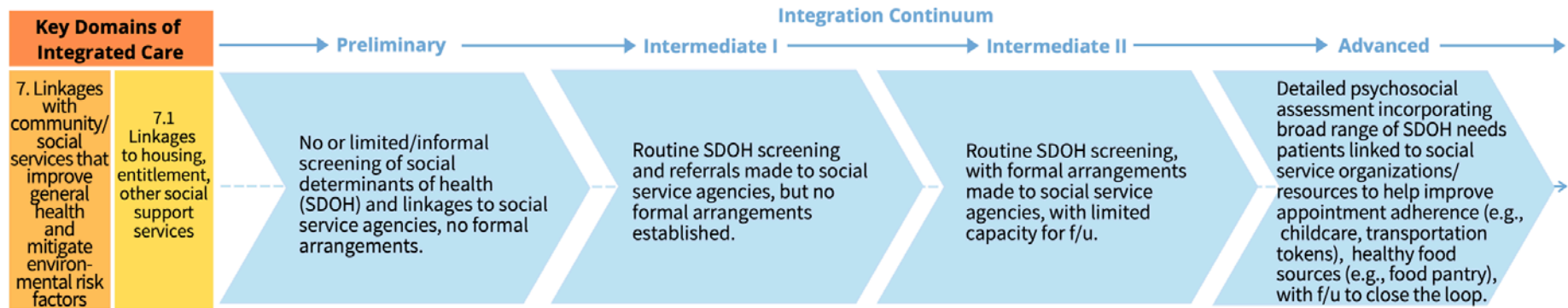


Source: [*Advancing Integration of General Health in Behavioral Health Settings: A Continuum-Based Framework. 2020.*](#)

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Key Domain 7: Linkages with Community & Social Services

Subdomain 7.1: *Linkages to housing, entitlement, other social support services*



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Integration Continuum

Subdomain 7.1: *Linkages to housing, entitlement, other social support services*

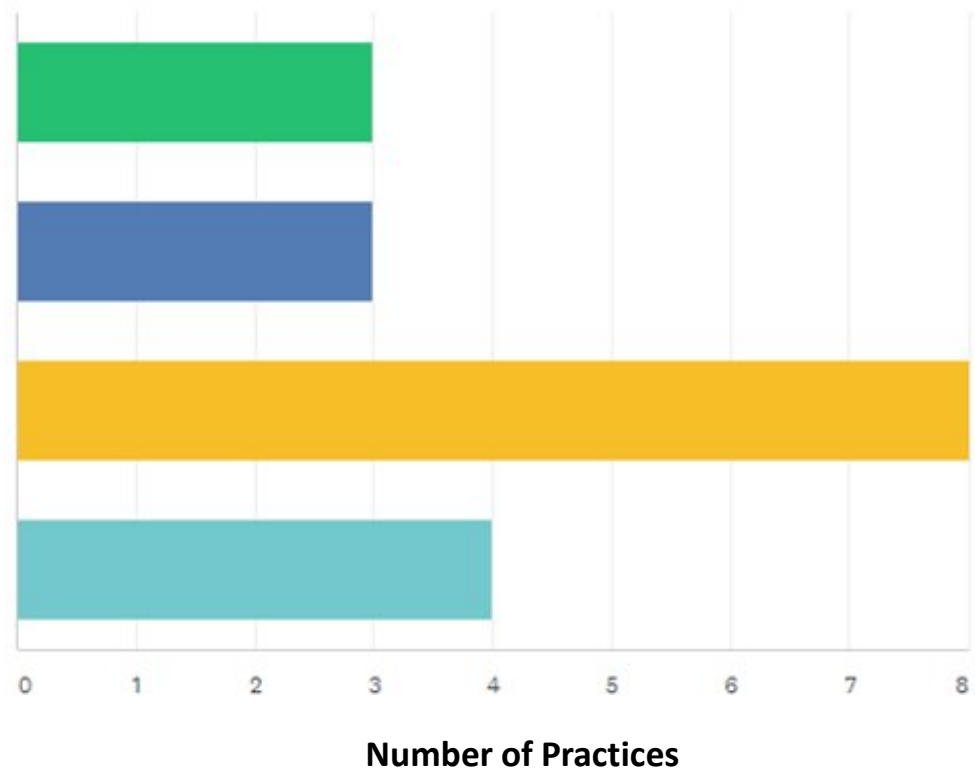
Preliminary: No or limited/informal social determinants of health (SDOH) screening and linkages to social service agencies, no formal arrangements.

Intermediate I: Routine screening of SDOH and referrals made to social service agencies, but no formal arrangements established.

Intermediate II: Routine screening of SDOH, with formal arrangements made to social service agencies, with limited capacity for follow-up.

Advanced: Detailed psychosocial assessment incorporating broad range of SDOH needs, patients linked to social service organizations/ resources to help improve appointment adherence (e.g., transportation tokens, childcare), healthy food sources (e.g., food pantry), with follow-up to close the loop.

Answered: 18 Skipped: 0

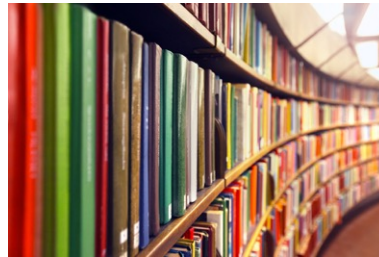


Social Interventions Research & Evaluation Network (SIREN)

SIREN's mission is to catalyze and disseminate high quality research that advances health care sector efforts to improve health equity by addressing social risks.



Catalyzing and
conducting high
quality research



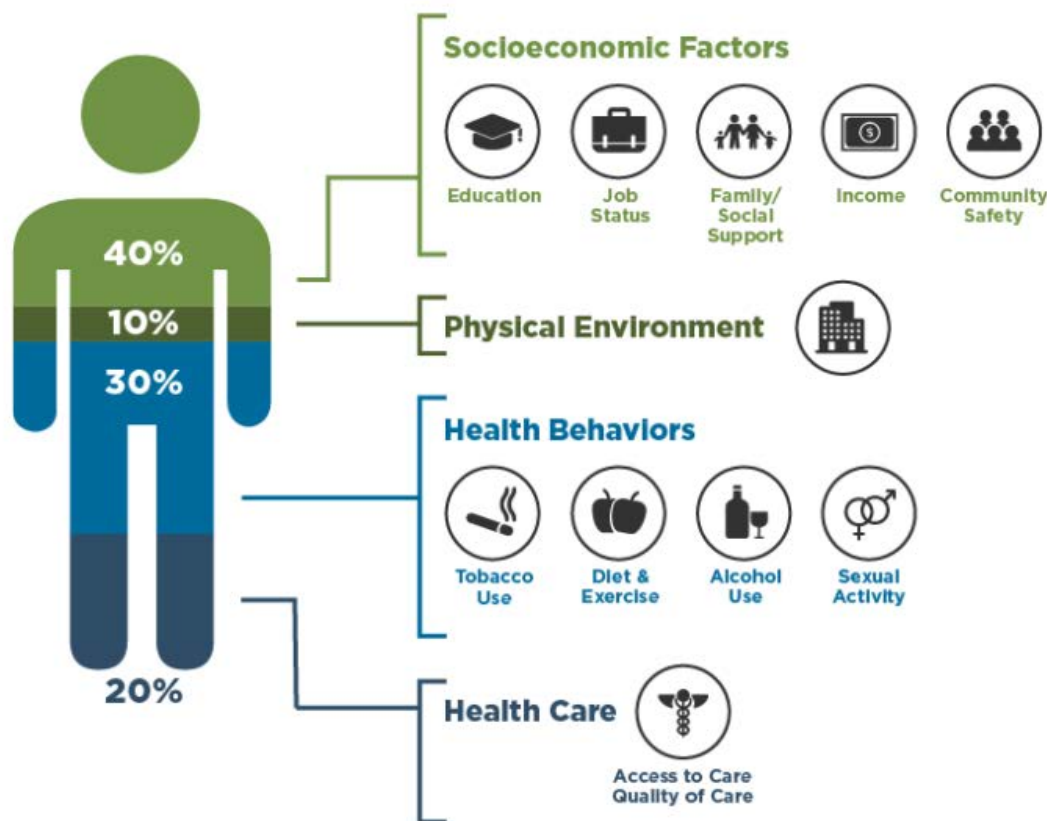
Collecting &
disseminating
research findings



Providing evaluation,
research & analytics
consultation services

sirennetwork.ucsf.edu | siren@ucsf.edu | [@SIREN_UCSF](https://twitter.com/SIREN_UCSF)

What Goes Into Your Health?

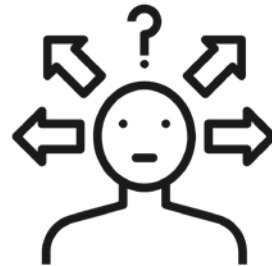


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

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Terminology



Social **determinants** of health (SDH/SDoH)

Social risk factors

Social **needs**

Source: Gottlieb & Alderwick, Milbank Quarterly. 2019

Terminology

Social determinants of health (SDH/SDoH)

- Can positively or negatively impact health

Social risk factors

Social needs

Source: Gottlieb & Alderwick, *Milbank Quarterly*. 2019

Terminology

Social determinants of health (SDH/SDoH)

- Can positive or negatively impact health

Social risk factors

- Adverse social conditions
- Negatively impact health

Social needs

Source: Gottlieb & Alderwick, *Milbank Quarterly*. 2019

Terminology

Social **determinants of health** (SDH/SDoH)

- Can positive or negatively impact health

Social **risk factors**

- Adverse social conditions
- Negatively impact health

Social **needs**

- Patient-centered perspective

Source: Gottlieb & Alderwick, Milbank Quarterly. 2019

Policy Push for Social Risk Screening in Health Care



Accountable Health Communities



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



The EveryONE Project™
Advancing health equity in every community

Annals of Internal Medicine

Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

**Poverty and Child Health
in the United States**

COUNCIL ON COMMUNITY PEDIATRICS

American Academy
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POSITION PAPER

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Integrating Medical & Social Care

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CONSENSUS STUDY REPORT

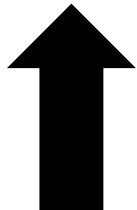
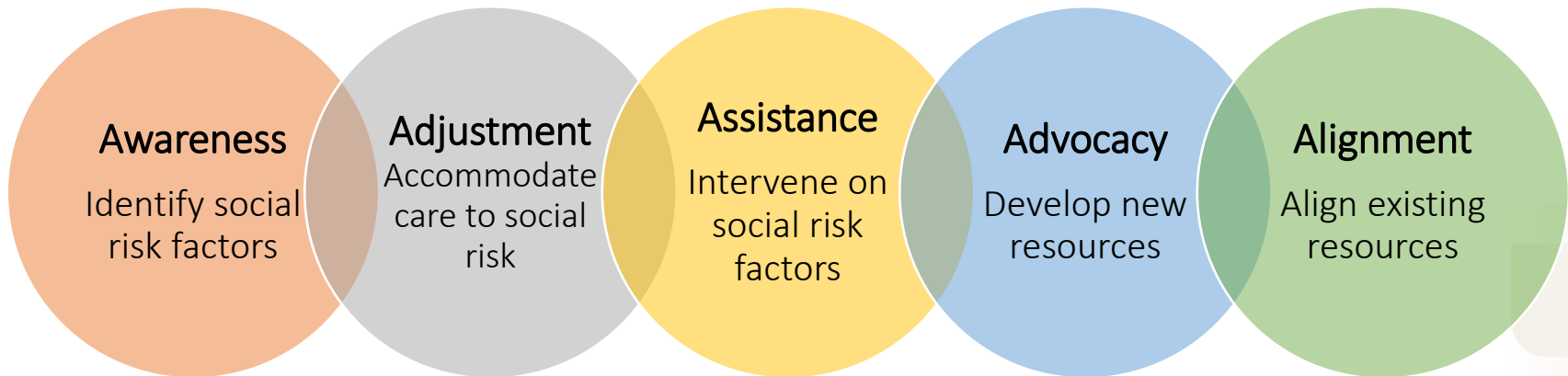
INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM
TO IMPROVE THE
NATION'S HEALTH

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Patient-focused Strategies



Community- focused Strategies

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Systematic Data Collection

Social & economic risk screening tool	Recommended Social and Behavioral Domains and Measures for Electronic Health Records	PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences	CMS Accountable Health Communities Screening Tool
Total # of questions	24	21	10
Housing		<input type="checkbox"/>	<input type="checkbox"/>
Food		<input type="checkbox"/>	<input type="checkbox"/>
Clothing		<input type="checkbox"/>	
Utilities (phone, gas, electric)		<input type="checkbox"/>	<input type="checkbox"/>
Medicine/health care		<input type="checkbox"/>	
Child care		<input type="checkbox"/>	
Transportation		<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood safety		<input type="checkbox"/>	
Interpersonal violence/safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Activity	<input type="checkbox"/>		
Social connections/isolation	<input type="checkbox"/>	<input type="checkbox"/>	
Stress	<input type="checkbox"/>	<input type="checkbox"/>	

[Social risk screening tools comparison table](#) - Siren

Screening Tools

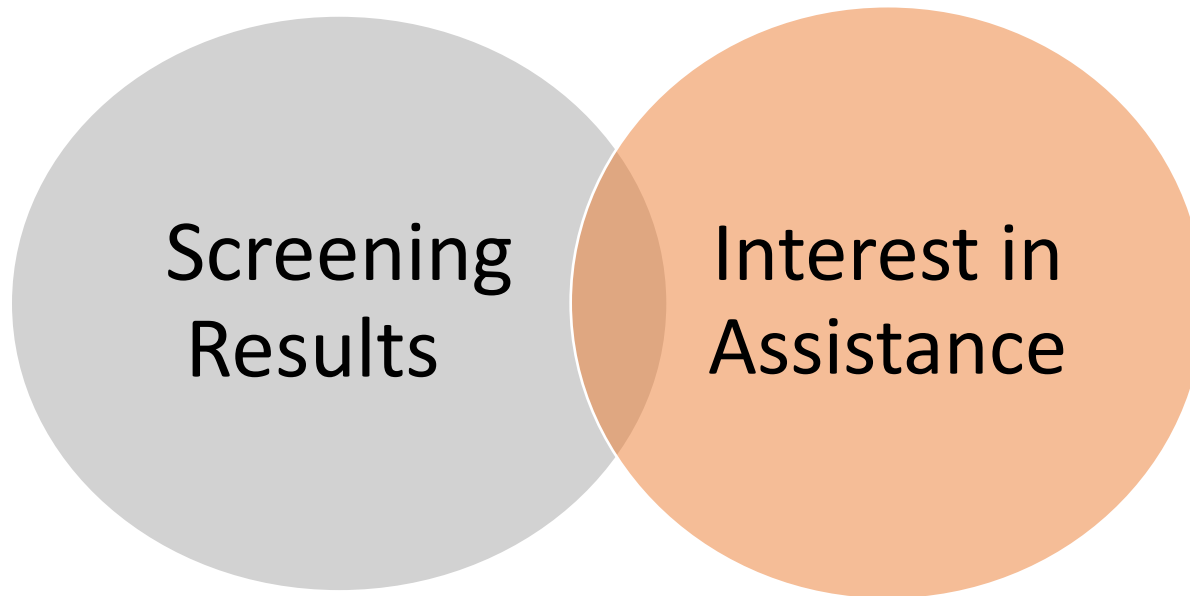


- No tool reported following 8 steps of gold standard measure development
- 15/21 reported modifying existing tools

From Hendrikson N. Webinar . July 2019.

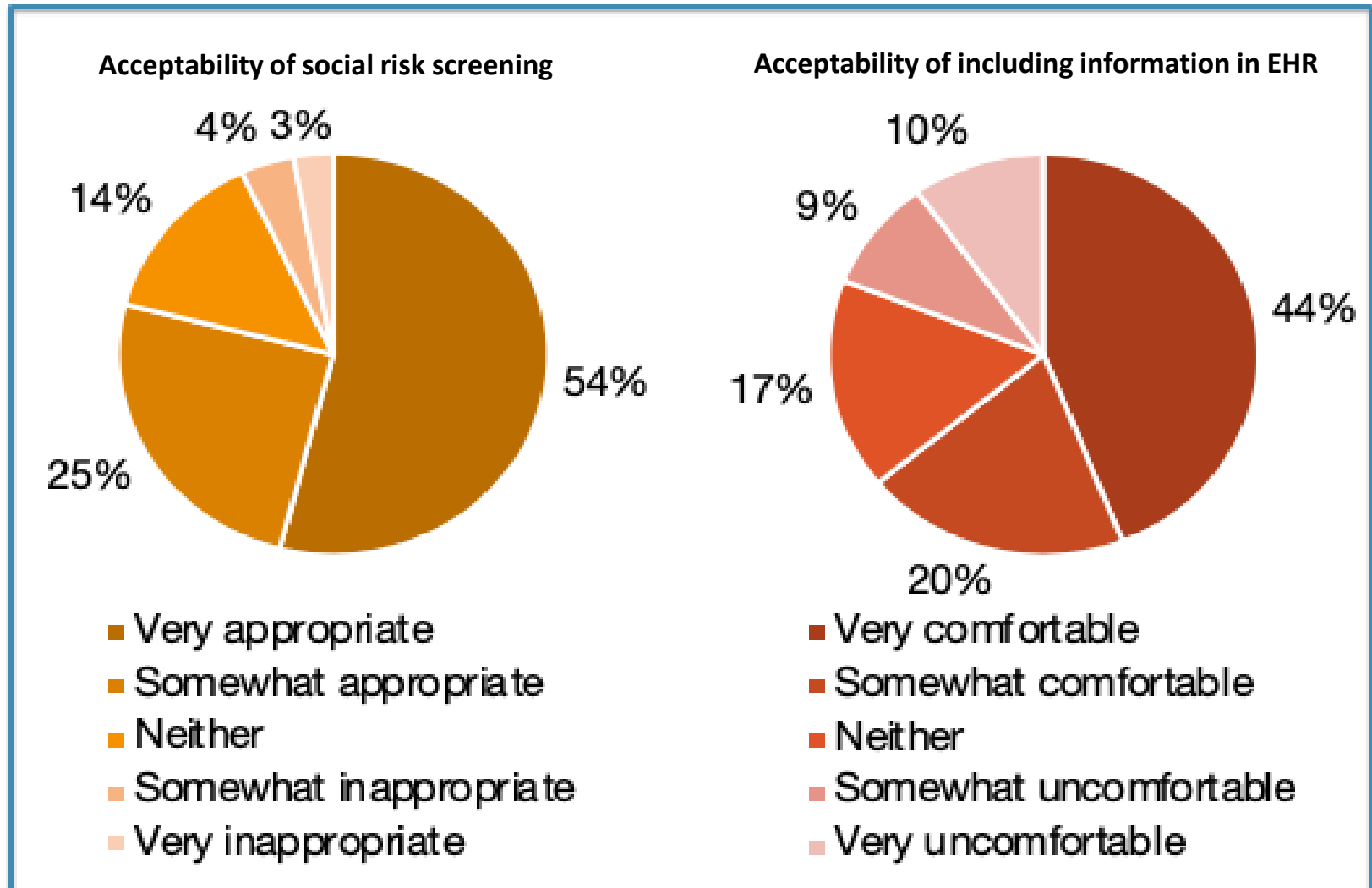
<https://sirennetwork.ucsf.edu/sites/sirennetwork.ucsf.edu/files/wysiwyg/Examining-the-validity-of-social-risk-screening-tools-slides.pdf>

Social Risks vs. Social Needs

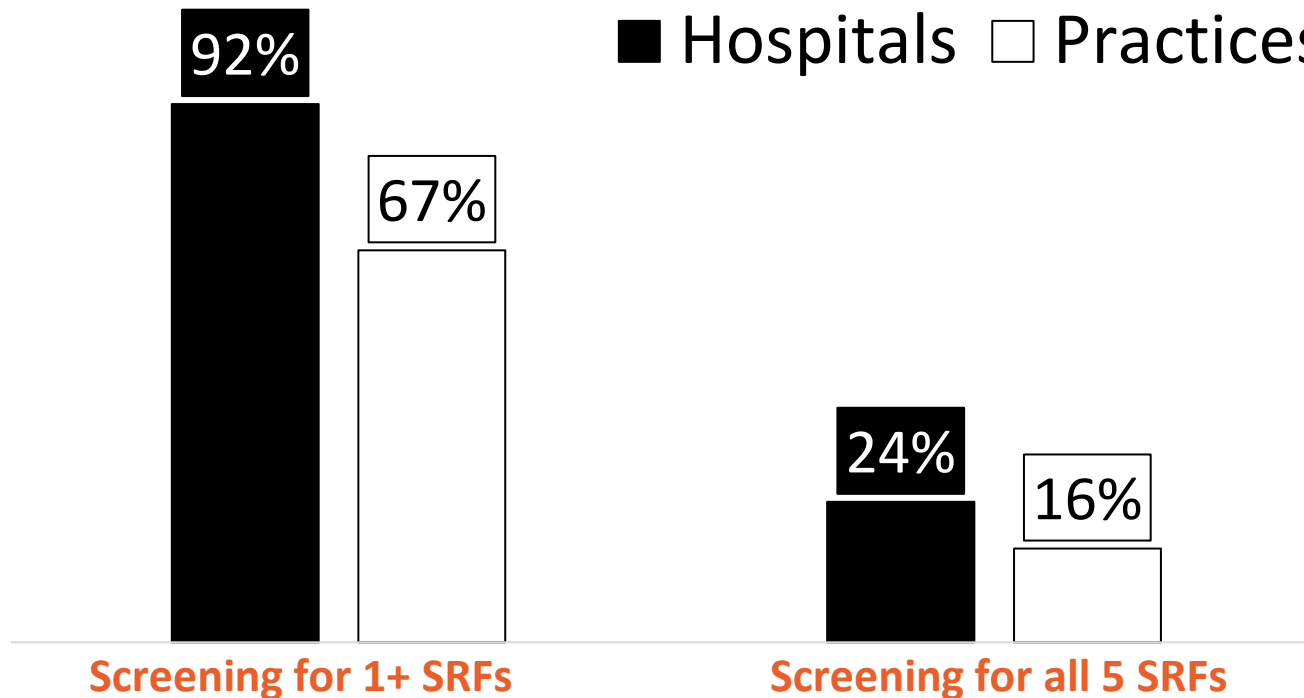


Source: De Marchis, et al. JABFM. Mar 2020

Patient/Caregiver Acceptability of Screening

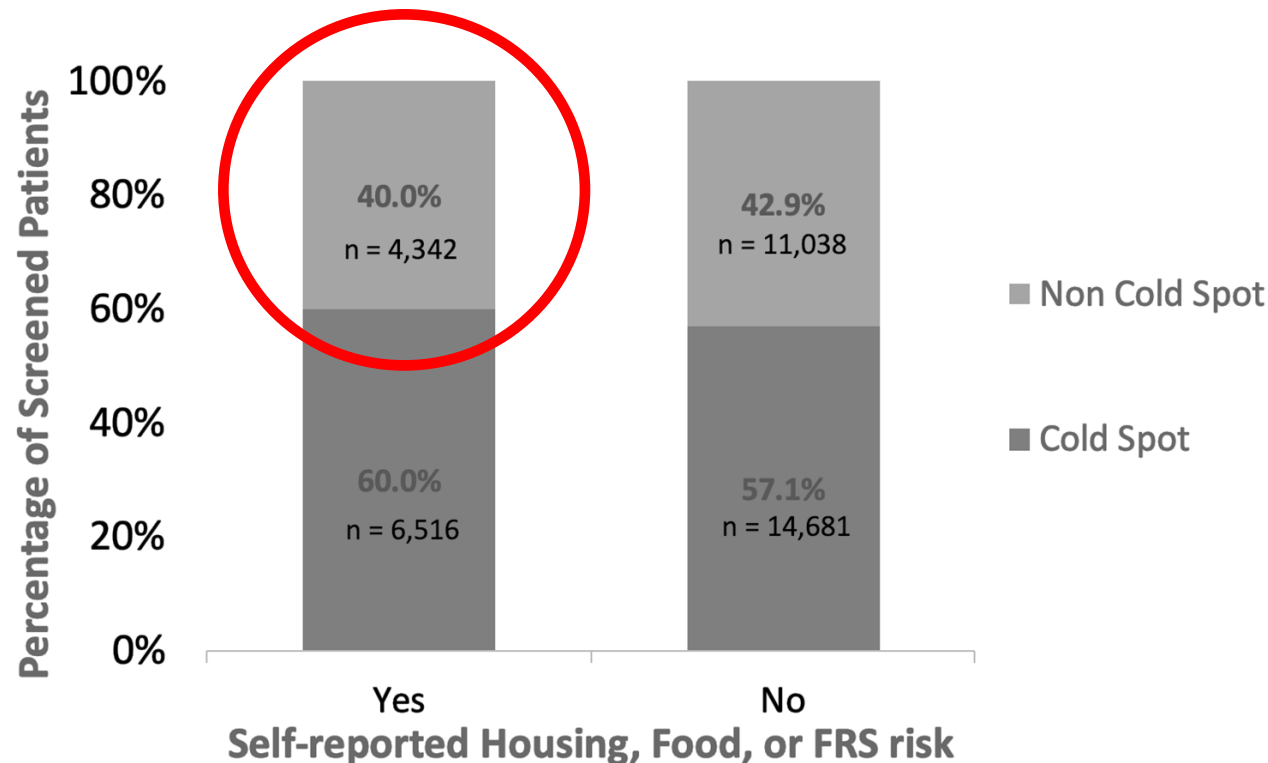


Prevalence of Screening for Social Risk Factors in U.S. Health Care Organizations



Source: Frazee et al. JAMA Network Open. 2019

Patient vs. Area-level Awareness Strategies



Source: Cottrell E, et al. JAMA Network Open. Oct 2020

Technology Can Facilitate Awareness Activities

9/30/2019 visit with Nonbilling for Office Visit

Chief Complaint
None

Social Determinants of Health (Last 12 Months)

- Financial Resource Strain:** At Risk - 1d ago (10/3/2019)
- Transportation:** At Risk - 1d ago (10/3/2019)
- Physical Activity:** At Risk - 1d ago (10/3/2019)
- Employment:** At Risk - 1d ago (10/3/2019)
- Utilities:** At Risk - 1d ago (10/3/2019)
- Safety:** Not at Risk - 1d ago (10/3/2019)
- Physical Activity:** At Risk - 1d ago (10/3/2019)
- Social Connections and Isolation:** Not at Risk - 1d ago (10/3/2019)
- Stress:** Not at Risk - 1d ago (10/3/2019)
- Employment:** Not at Risk - 1d ago (10/3/2019)

Social Determinants of Health

Financial Resource Strain: At Risk

Transportation: At Risk

Physical Activity: At Risk

Employment: At Risk

Housing: Declined

Utilities: At Risk

Social Connections and Isolation: Not at Risk

Recent Data

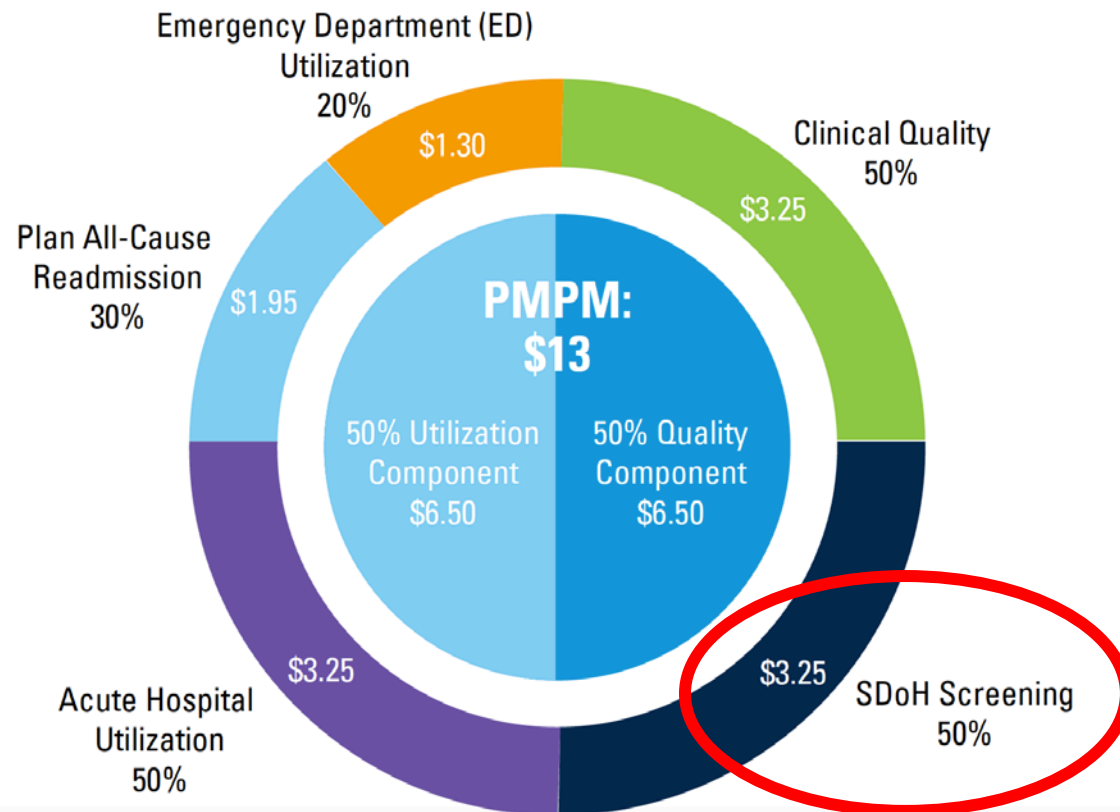
Social Risk Screening
incorporated into
History/Intake

Care Team members track
and update Social
Determinants in History
questionnaires

© 2020 Epic Systems Corporation

Payment Can Facilitate Awareness Activities

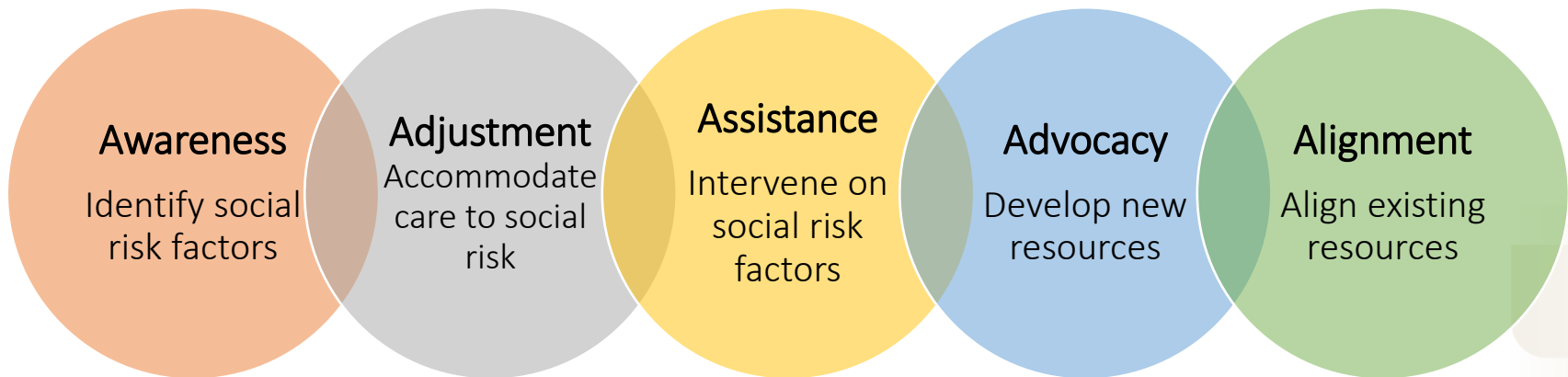
FIGURE VII.4.2-1: Incentive Opportunity Components and Sub-Components: Family/Adult Track



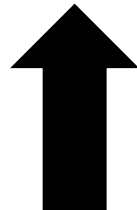
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Patient-focused Strategies



Community- focused Strategies

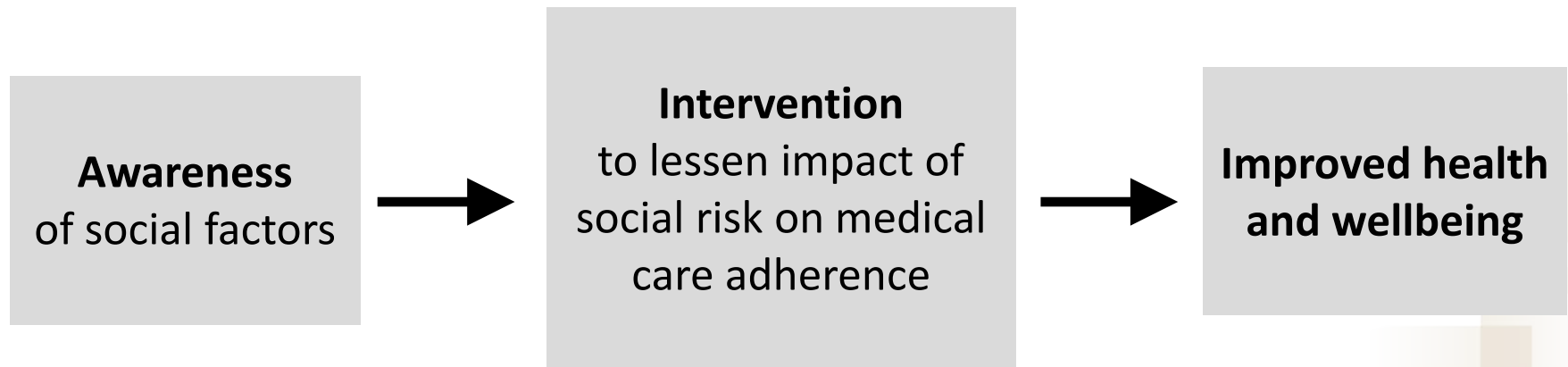


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Adjustment Strategies

Adjust care to social context, e.g.:

- Access
- Diagnostics
- Treatment



Adjustment Strategies: Diabetes

Clinical decisions influenced by social risk data	Example
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 with pill splitter
Behavioral recommendations	Change physical activity recommendations based on safety
Referrals	Schedule to same day appointments or telehealth visit to improve transportation access

Table adapted from Senteio, et al. JAMIA 2019

Technology Can 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

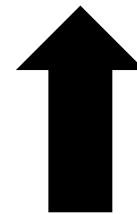
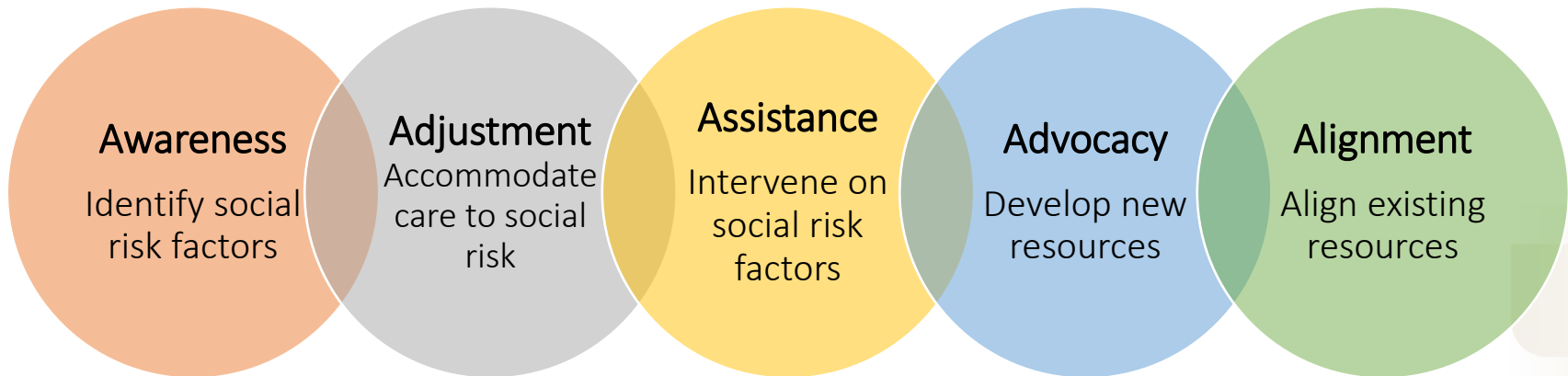
Low price represents a 5% coinsurance payment in the catastrophic coverage phase of benefit.
Average price represents a 25% coinsurance payment in the initial and coverage gap phases of benefit.
High price represents the drug list price paid fully under a deductible or paying without insurance.

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

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Patient-focused Strategies



Community-focused Strategies

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Assistance Strategies

Change social context, e.g.:

- Food
- Jobs
- Housing



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Technology Can Facilitate Assistance Activities

Offerings

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



SOCIALLYDETERMINED

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Payment Can Facilitate Assistance Activities



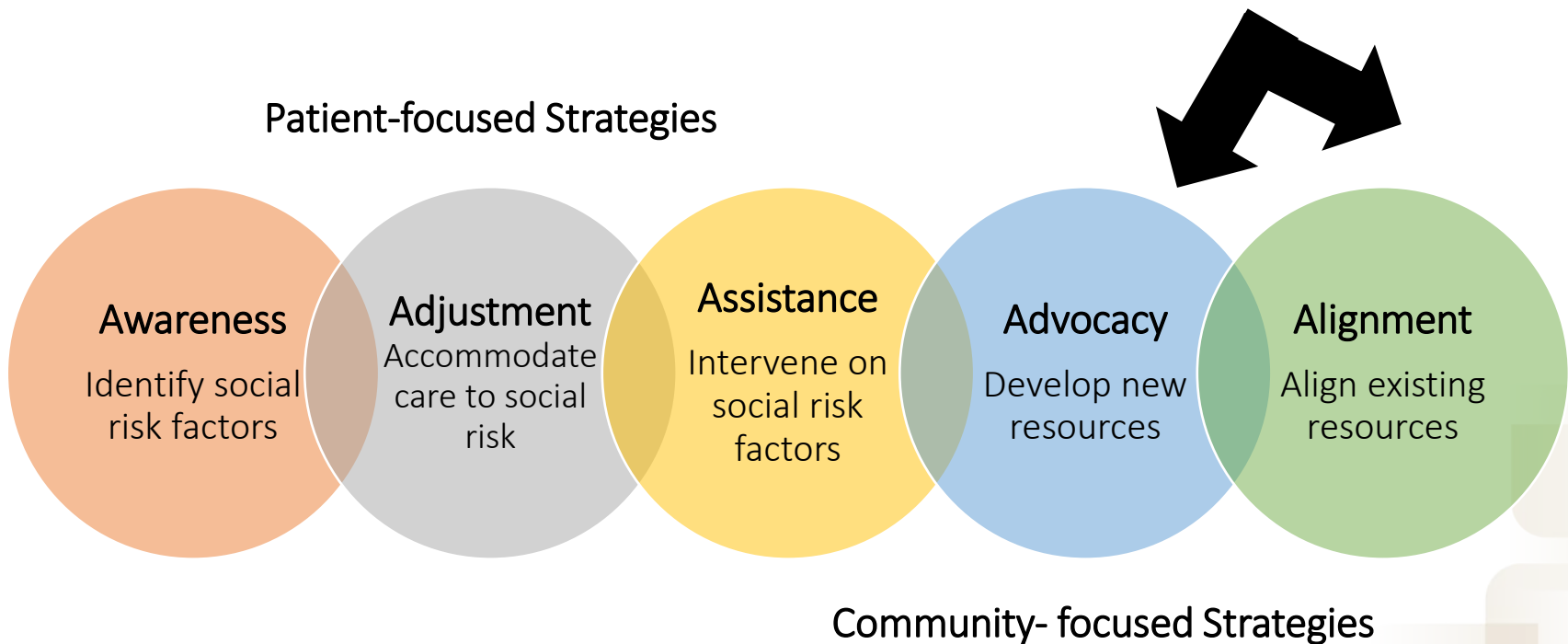
Accountable Health Communities

Medicaid 1115
Waiver Program

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Alignment and Advocacy Examples



Align institutional
practices with community
needs and priorities

Anchor institution
strategies



Facilitate intersectoral
action to align and
strengthen community
resources

Accountable Health
Communities Alignment
Track



Invest in new community
resources

Housing investments

Policy advocacy around
public benefits

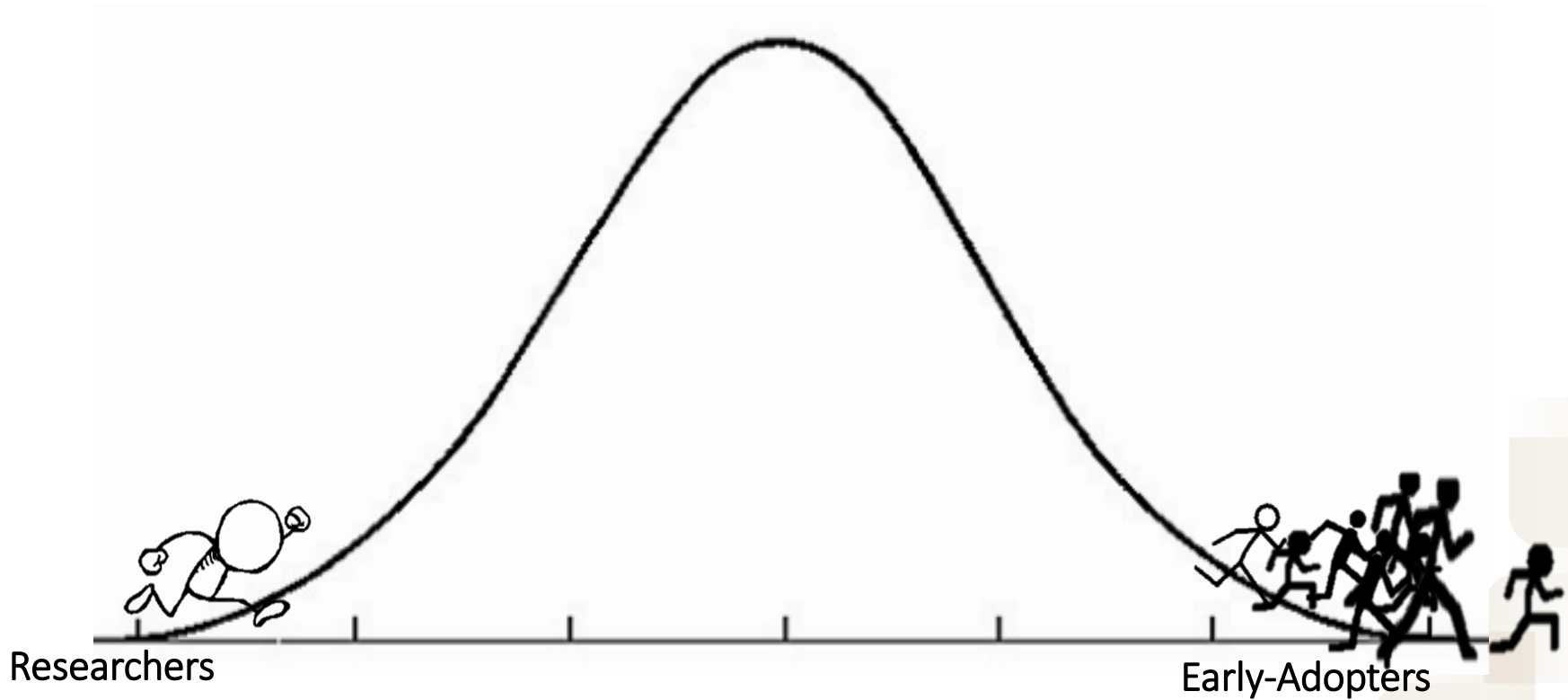
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Example: Food security

Awareness	Adjustment	Assistance	Alignment	Advocacy
Ask patients about food security	Adjust insulin doses to avoid hypoglycemia when food benefits get low	Connect patients with food assistance programs	Co-locate food programs on health care campuses; source locally grown food for cafeteria; share data about food security w/ CBO	Advocate for larger food benefit packages

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Research Gaps



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Acknowledgements & More

Questions/Comments?

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@emiliademarchis



Slide Contribution Acknowledgement: Laura Gottlieb, M.D., M.P.H.



[Hot topics in Social and Health Care
Integration](#)

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Questions?



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Tools & Resources

- [Center of Excellence for Integration Health Solutions \(CoE-IHS\)](#)
- [General Health Integration Framework Issue Brief](#)
 - [Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings](#) – Blog post
 - [Mid-Year Findings One Pager](#)
- [High-Functioning Team-Based Care Toolkit](#)
- [Organizational Assessment Toolkit for Primary & Behavioral Health Care Integration \(OATI\)](#)
- [Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers](#)
- [Social Interventions Research & Evaluation Network \(siren\)](#)
- [Collaborative Care for Low-income Patients](#)

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Upcoming CoE Events:

Social Determinants of Health Part 2: Integrated Care Screening Tools & Implementation Considerations

[Register for webinar](#) on March 17, 2-3pm ET

CoE-IHS Office Hour: Exploring Health Literacy & Cultural and Linguistic Literacy for Integrated Care Settings

[Register for office hour](#) on March 31, 2-3pm ET

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Thank You

Questions?

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