Advances in Improving Social and Medical Care Integration

May 26th, 2016

Laura Gottlieb, MD, MPH
UCSF Center for Health and Community
J. Nwando Olayiwola, MD, MPH, FAAFP
Ashley Rubin, MS
Center for Excellence in Primary Care

Webinar sponsored by:
The Center for Excellence in Primary Care and the Center for Care Innovations

Who Are We?

blue of california foundation

Care Integration Resource Center

CCI
CENTER FOR CARE INNOVATIONS

Creative Thinking, Smart Resources, Healthy Communities

SEARCH

WHO WE ARE | PROGRAMS & GRANTS | INNOVATION SPOTLIGHT | KNOWLEDGE CENTER | NEWS & EVENTS

TABLE OF CONTENTS

Facilitating Care Integration

Nearly half of adults with health issues report problems with the coordination of their care in the United States. As Community Health Centers (CHCs) and other safety net settings transform into Patient-Centered Medical Homes, their role in the larger medical neighborhood will become pronounced. However, challenges with care coordination are magnified in the safety net setting and continue to be increasingly complex.

In 2014, the UCSF Center for Excellence in Primary Care, with funding from the Blue Shield of California Foundation, completed a comprehensive literature review outlining strategies CHCs use to integrate into the medical neighborhood in the domains of primary care-specialty care, primary care-diagnostic imaging, primary care-pharmacy, primary care-oral health and primary care-hospital care. A conceptual model which was used to classify innovations and strategies for integration can be found in the full report here.

UCSF Department of Family & Community Medicine
Center for Excellence in Primary Care

The UCSF Center for Excellence in Primary Care has partnered with the Center for Care Innovations to develop this online resource center. The purpose of this Care Integration site is to **disseminate**

Advances in Improving Social and Medical Care Integration

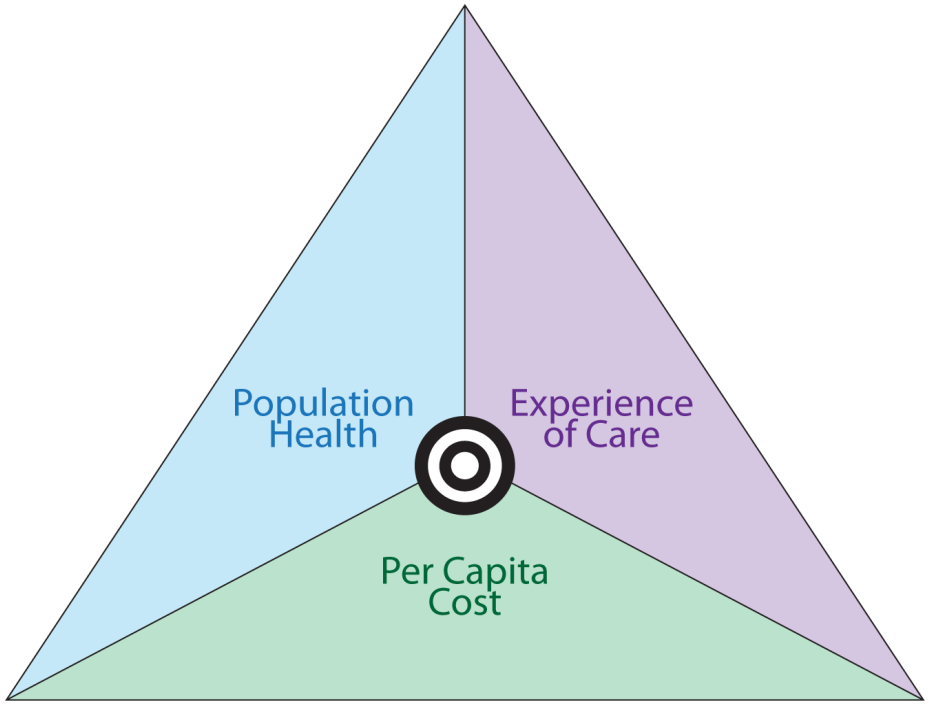
Laura Gottlieb, MD, MPH
Director, Social Interventions Research and Evaluation Network
Associate Professor of Family and Community Medicine
UCSF Center for Health and Community
May 26, 2016

Laura Gottlieb has documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

Today's Agenda

Share **what we know** about screening and interventions at the intersection of social and medical care.

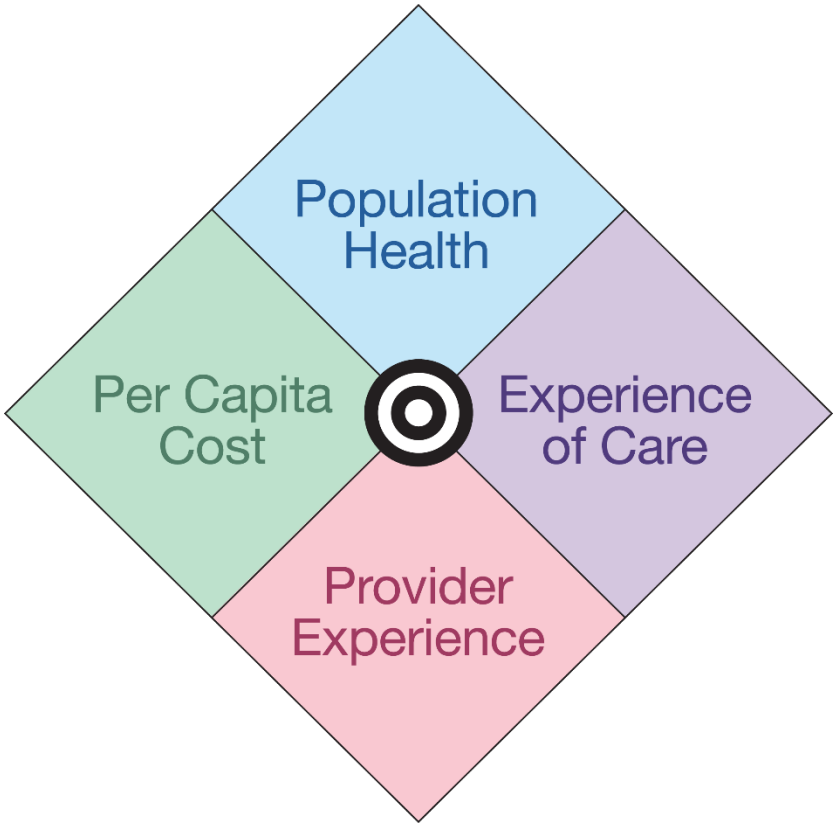
MEDICAL SOCIAL



IHI Triple Aim

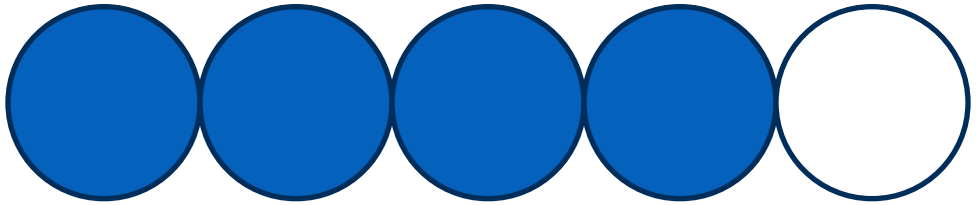
MEDICAL

SOCIAL



CEPC Quadruple Aim

UCSF

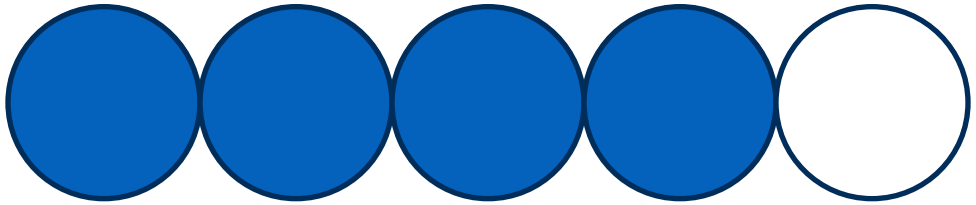


4 IN 5

physicians

surveyed say patient's social needs are as important to address as their medical conditions. This is especially true for physicians (95%) working in low income, urban communities.

Health Care's Blind Side. RWJF December 2011.



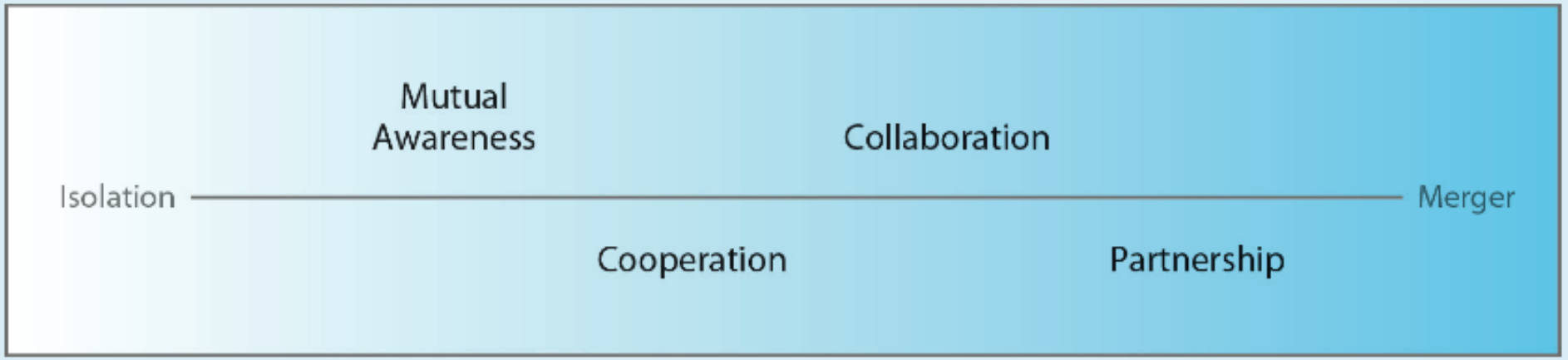
4 IN 5

physicians

surveyed (80%) are not confident in their capacity to address their patients' social needs.

Health Care's Blind Side. RWJF December 2011.

Degrees of Integration



IOM Report: Primary Care and Public Health
Exploring Integration to Improve Population Health.
March 2012.

Screening

IOM Recommended Domains
Alcohol Use
Race and Ethnicity
Residential Address
Tobacco Use
Census Tract-Median Income
Depression
Education
Financial Resource Strain
Intimate Partner Violence
Physical Activity
Social Connections & Social Isolation
Stress


purplebinder


one degree


U.S. Department
of Veterans Affairs


INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES


KAISER PERMANENTE


ROBERT
GRAHAM
CENTER


NATIONAL ASSOCIATION OF
Community Health Centers


Children's Mercy
KANSAS CITY


Healthify


Health
Leads


Institute for
Alternative
Futures


OCHIN

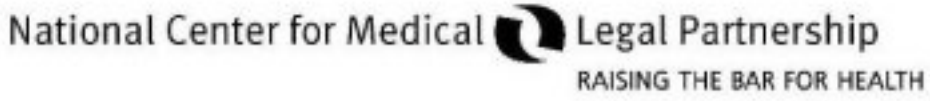

OPCA
Oregon Primary
Care Association


AAPCHO


UCSF Benioff Children's
Hospitals


Cincinnati
Children's®
Hospital Medical Center


HelpSteps.com


National Center for Medical Legal Partnership
RAISING THE BAR FOR HEALTH

Which tool should I use in my setting?

Who does the screening?

VS

✓ Screening

✓ Screening

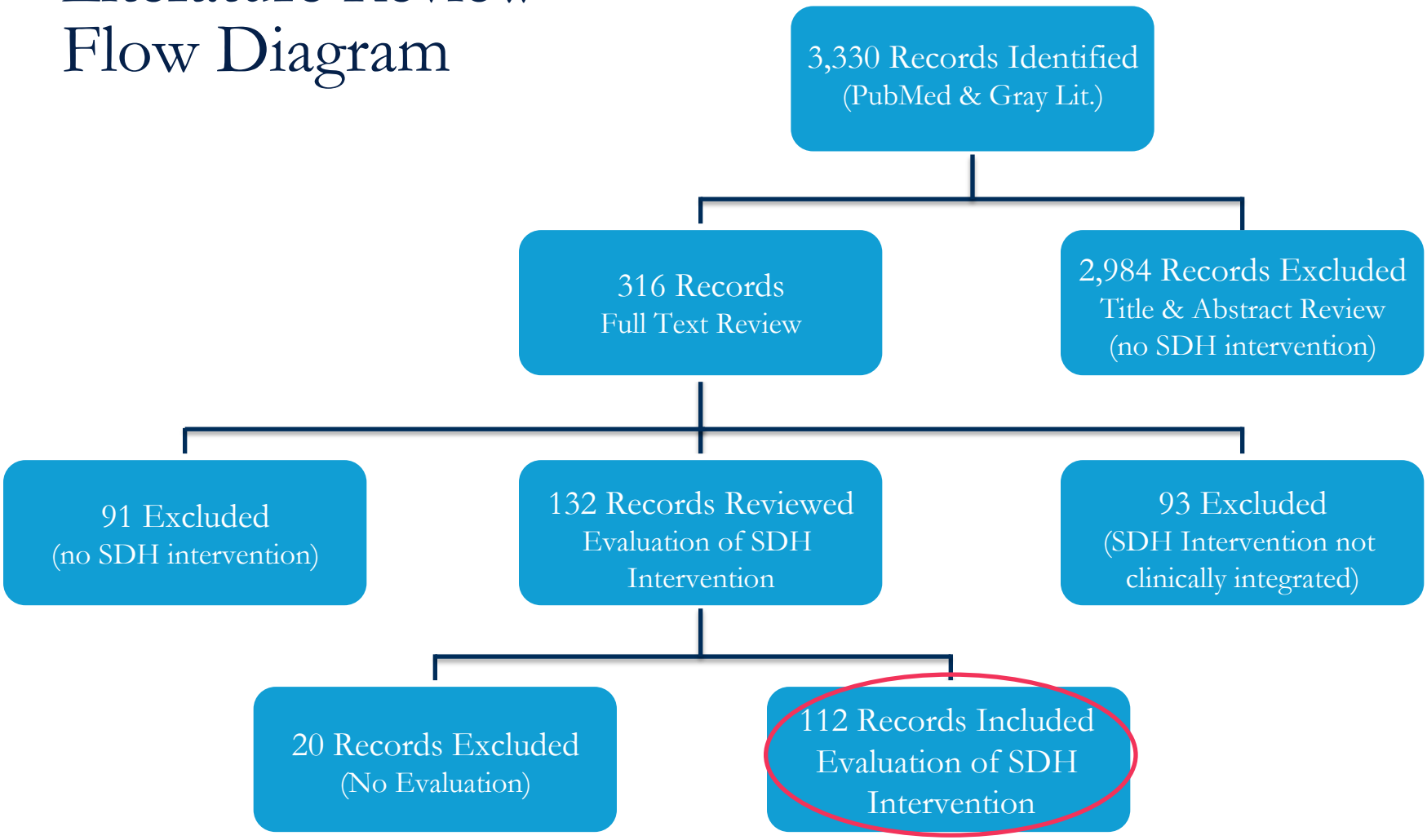
Then what?

Interventions: Literature review

Search Terms for Interventions Addressing SDH in Clinical Settings

Social Determinants of Health*	Health Care Settings	Interventions
Social determinant	Primary health care	Intervention
Socioeconomic factors	Patient-centered care	Organizational case studies
Housing	Health services	Program development
Employment	Patient care team	Referral and consultation
Food	Delivery of health care	Pilot projects
Education	Community health services	Needs assessment
Domestic violence		
Social isolation		
Legal needs		
Childcare		
Transportation		

Literature Review Flow Diagram



Literature Review Flow Diagram: Deeper Dive

63 Records Describe Evaluations of 57 Blended Interventions

49 Records Describe Evaluations of 26 Social Interventions

Literature Review: SDH Programs

What do we know about what works?

Social Interventions

Process measures	SDH outcomes	Health outcomes	Utilization outcomes

What do we know about what works?

Blended Interventions

Process measures	SDH outcomes	Health outcomes	Utilization outcomes

Effectiveness data are sparse.

30 Key Informant Interviews…

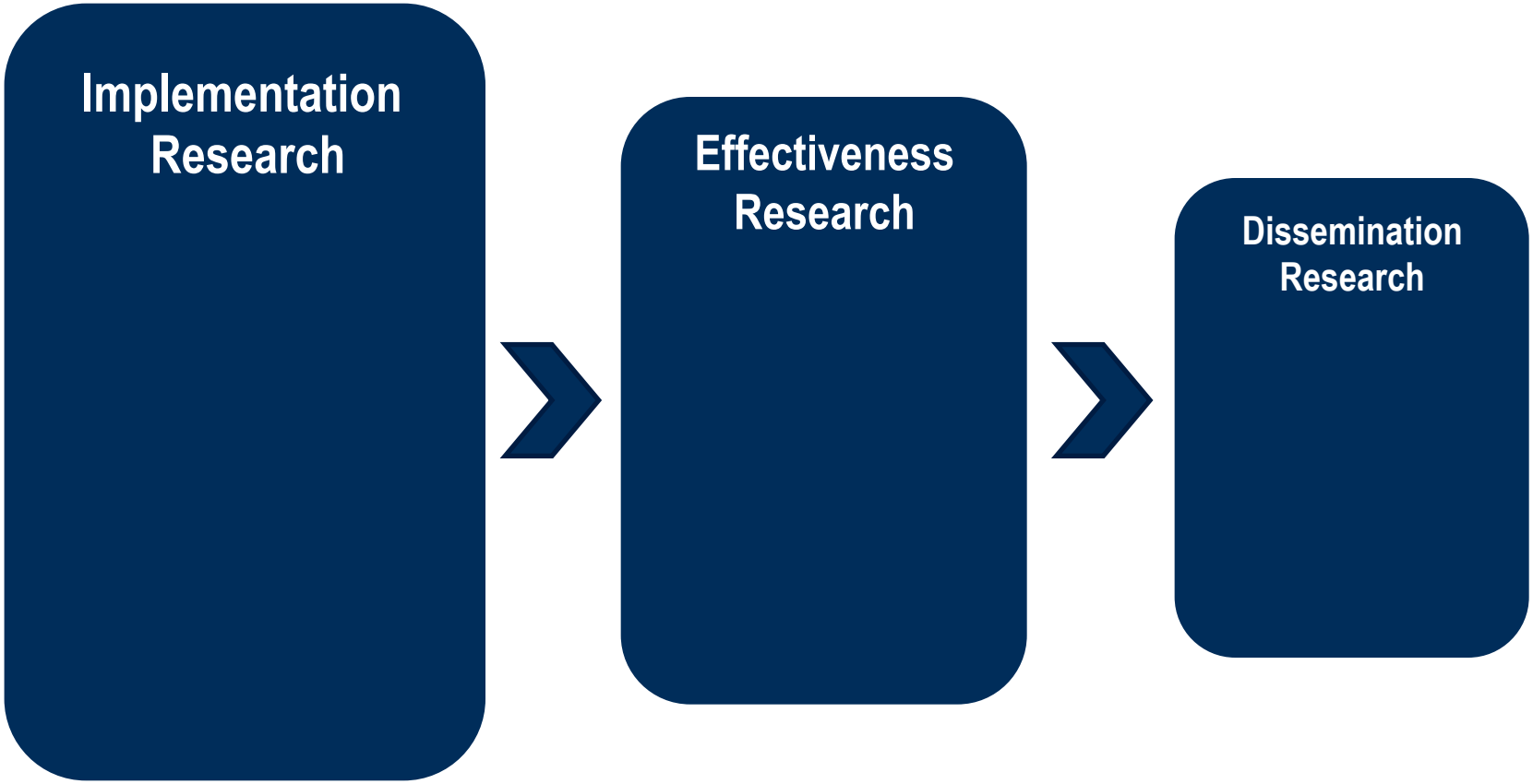
A. Describe **types of evaluation** conducted;

B. Define **outcomes** collected and ways research and evaluation **results are applied**;

C. Identify **influential research partners** and collaborators;

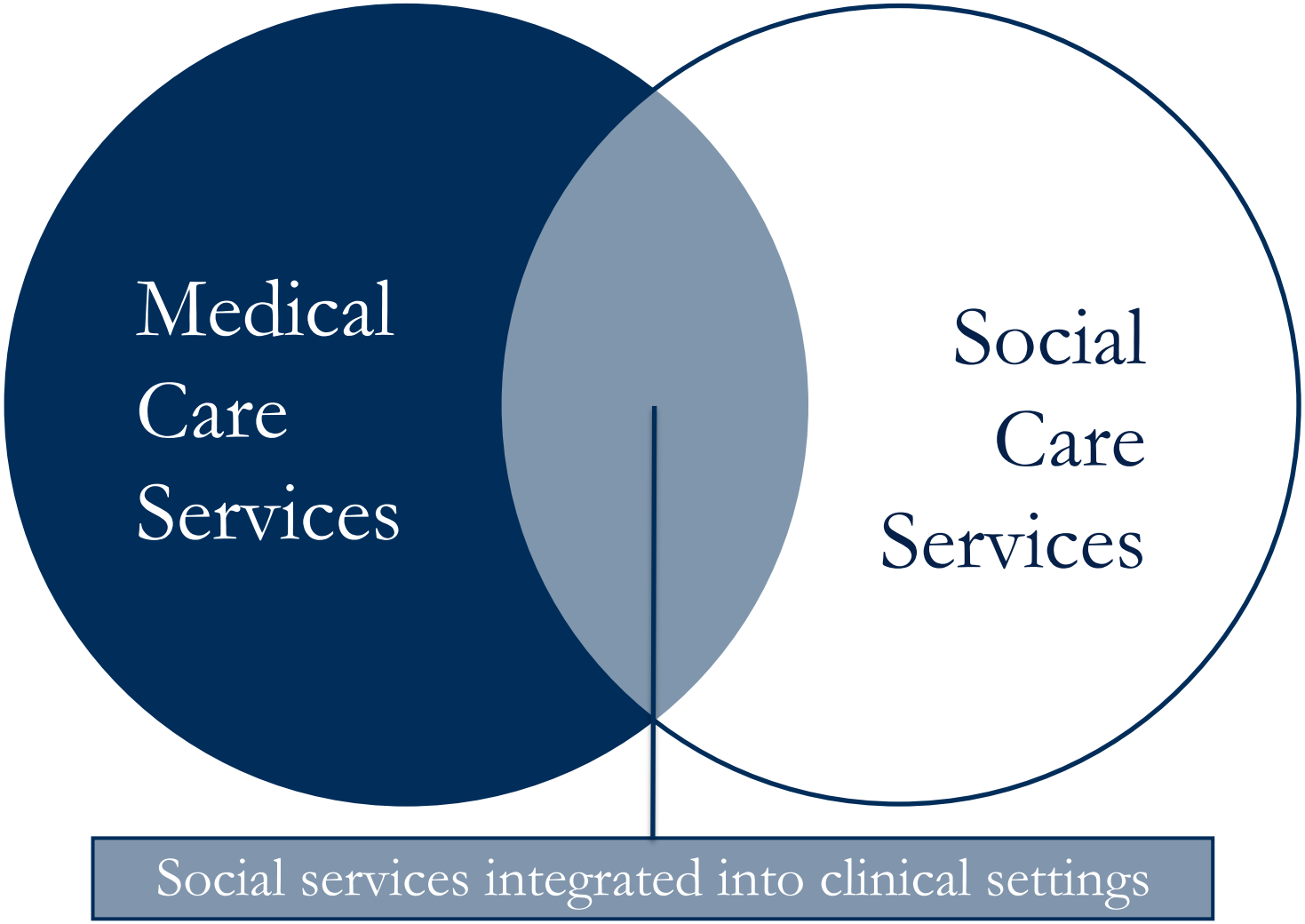
D. Identify **key barriers to research** on clinical social interventions

Findings: Evaluation Activities



Implementation evidence is out there, but not published.

Barriers to evaluation in this new health services gray area...



Addressing social determinants of health in pediatric health care settings: RCT findings

- Laura Gottlieb, MD, MPH
- Danielle Hessler, PhD
- Dayna Long, MD
- Abby Burns, MD, MSW
- Ellen Laves, MD
- Anais Amaya, BA
- Christine Schudel, MSW
- Leanna Lewis, LCSW
- Patricia Sweeney, BA
- Nancy Adler, PhD

UCSF

Primary research goal

Examine the comparative effectiveness of two interventions that address families' social needs.

Methods: Study Design

- Two hospitals serving low-income, racially and ethnically diverse patient populations
- Primary and urgent care settings
- Cluster randomization by day
- Inclusion criteria for caregivers:
    - English and/or Spanish primary language
    - >/= 18 years
    - Familiar with the child's household environment
- Exclusion criteria: Child with high severity acute illness or child in foster care

Methods: Study Arms

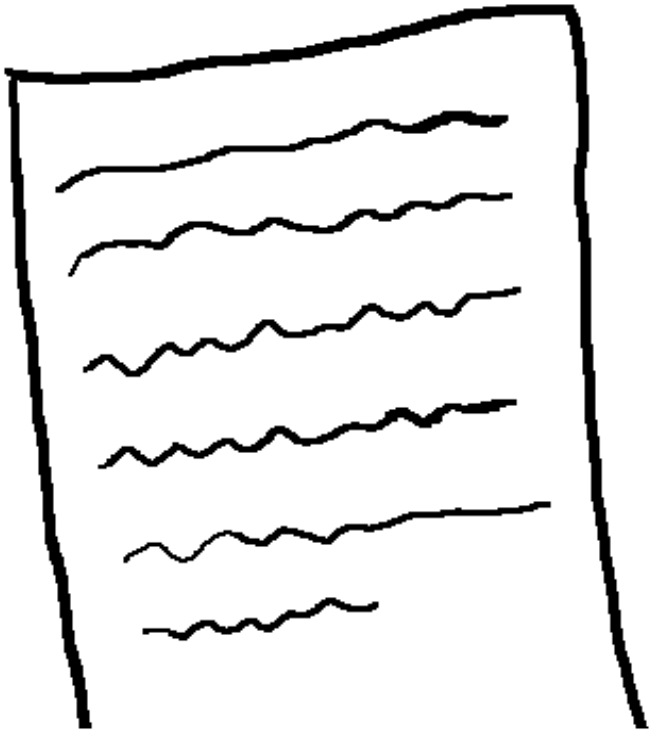
Active Control: Social screening + written resources

(Exceeds standard of care, inexpensive, easily disseminated)

SOCIAL SCREENING

Do you need...?

- ❑ Food
- ❑ Housing
- ❑ Help with benefits
- ❑ Legal services
- ❑ Utilities assistance



Methods: Study Arms

Navigation arm: Social screening + in-person resource navigation *(More time-consuming and expensive)*

SOCIAL SCREENING

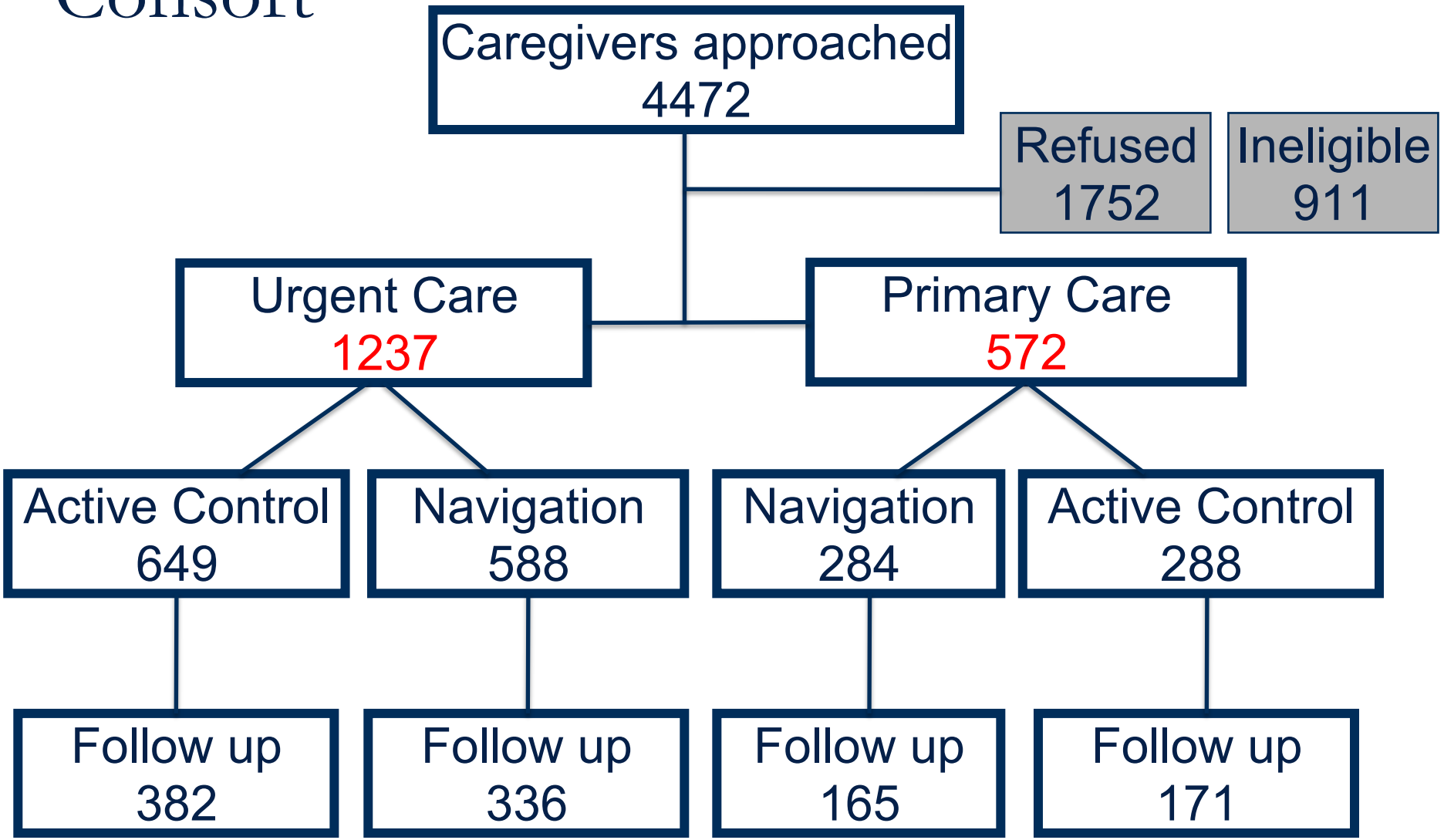
Do you need...?

- ❑ Food
- ❑ Housing
- ❑ Help with benefits
- ❑ Legal services
- ❑ Utilities assistance

Methods: Main outcome measures

- ✓ Social needs
  - food insecurity
  - money for utilities
  - homelessness
  - habitability
  - medical bills
  - help with benefits programs
  - health insurance coverage
  - source of primary care
  - caregiver mental health
  - unemployment
- ✓ Parent-reported child global health status (NSCH 2011/2012)
- Parent-reported and EHR-based child health care utilization *(analyses pending)*

Consort


Caregivers approached
4472
Refused
1752
Ineligible
911
Urgent Care
1237
Primary Care
572
Active Control
649
Navigation
588
Navigation
284
Active Control
288
Follow up
382
Follow up
336
Follow up
165
Follow up
171

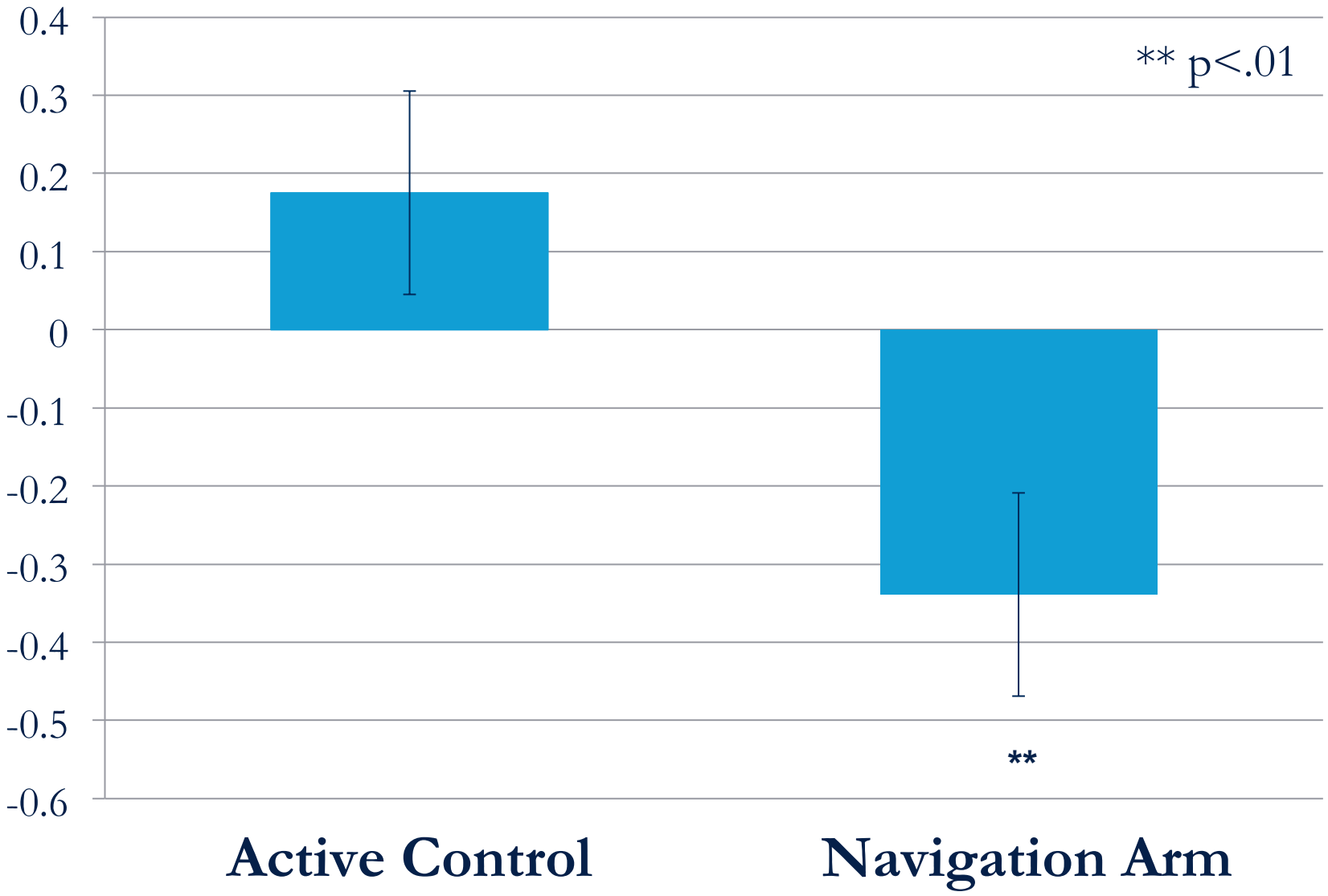
Results: Demographics

Demographics*	Active Control n=937	Navigation Arm n=872
Child Age	5.2 ± 4.8	5.1 ± 4.8
Child Race/Ethnicity:		
Non-Hispanic White	4.4% (41)	3.8% (33)
Hispanic White	50.9% (475)	50.9% (444)
Non-Hispanic Black	25.8% (242)	26.5% (231)
≤ 100% Federal Poverty Level	72.4% (567)	75.7% (548)

*There were no significant group differences on key demographic variables.

Results: Prevalence of social needs (% of total sample)

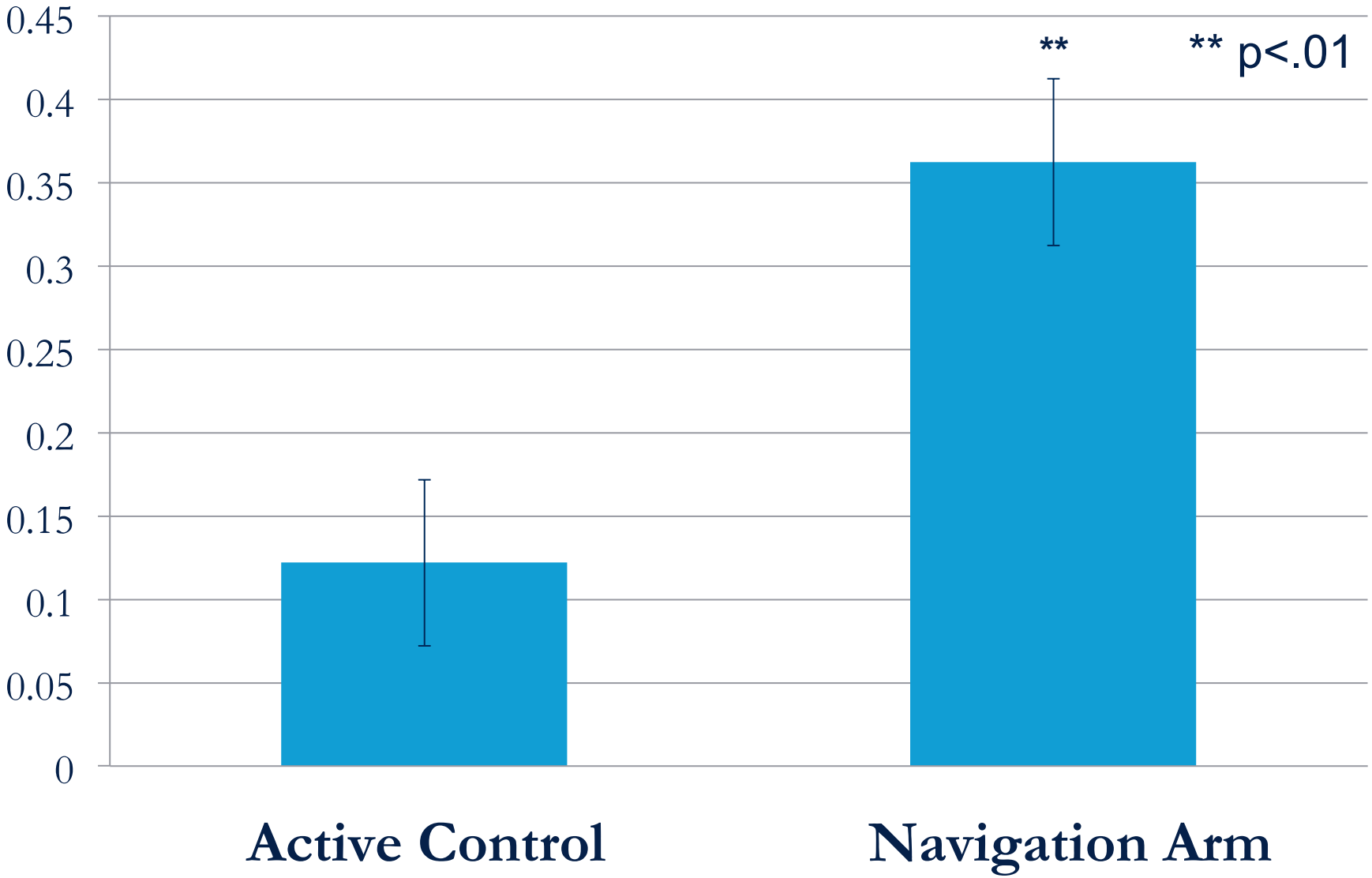
Change in total number of social needs



Change scores in specific social needs

	Active Control (Δ in percent reporting need)	Navigation (Δ in percent reporting need)
Running out of food	-5.8	-13.1
Housing security	6.1	-4.2
Not having enough money to pay utility bills	-1	-9.4
Unhealthy living environments	-2.2	-8.1

Change in parent-reported child health



Study significance

- Social intervention RCTs are feasible.
- Comparative effects analyses should inform resource allocation decisions.
- Health effects may increase commitment to in-person social interventions.

Funding for social and medical care integration in health care delivery

- Laura Gottlieb, MD, MPH
- Sara Ackerman, PhD, MPH
- Holly Wing, MA
- Kim Garcia, MPH
- Rishi Manchanda, MD, MPH

UCSF

52 Key Informant Interviews

A. Define social determinants of health

B. Explain the value their organization places on addressing members' social determinants of health

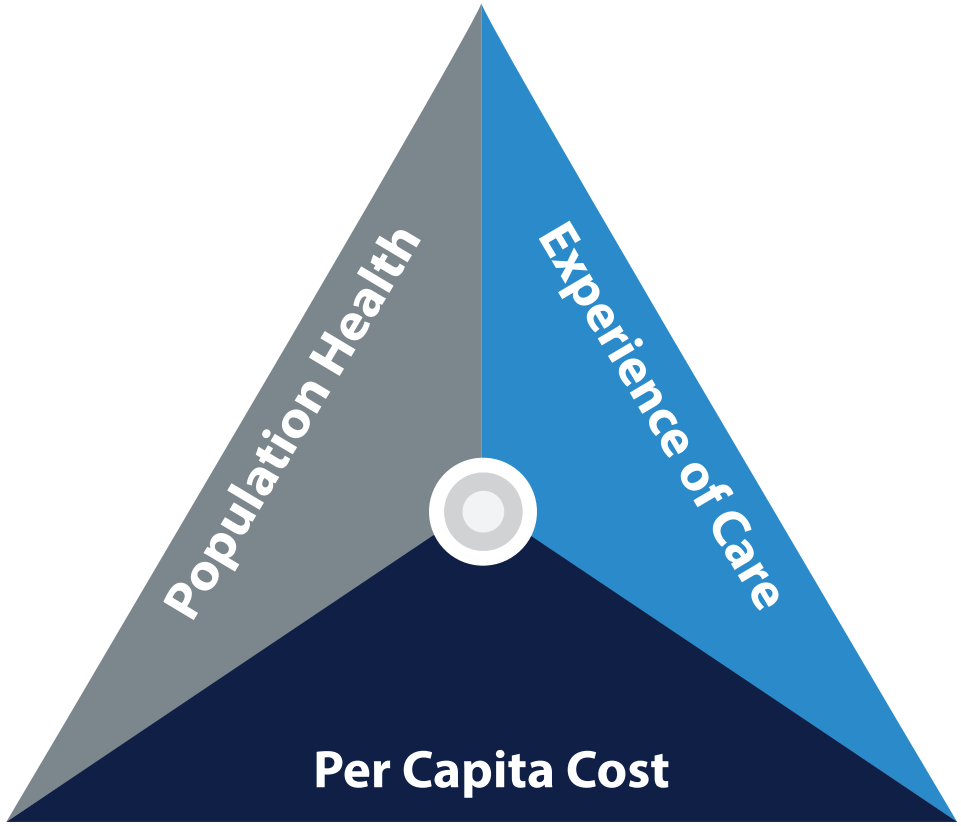
C. Describe clinical and non-clinical social determinants of health interventions supported by their organization; and

D. Give their perception of state, federal and other organizations' influences on their social determinants of health-related activities.

Key Findings: Rationale

- Understanding and addressing SDH is connected to Medicaid Managed Care organizational missions, especially for not for profit agencies.

Key Findings: Rationale



"There are times where we come to the conclusion that the only way something's going to get done is if we write the check...Because by taking care of a problem sooner...we end up with not only a better quality outcome, but a more cost-effective outcome."

--President, MMCO

Key Findings: Programs and Evaluation

- Considerable MMC experimentation exists around SDH interventions, especially around food and housing.

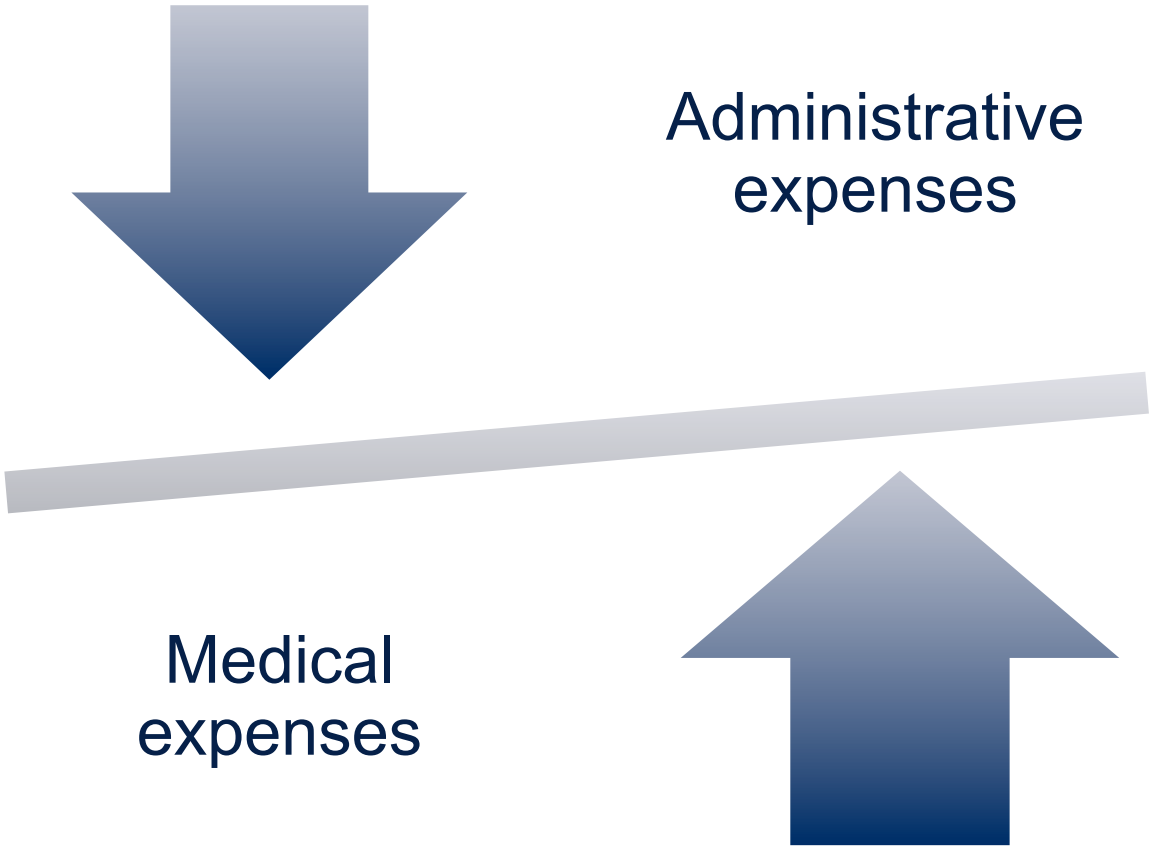
Key Findings: Programs and Evaluation

Key Findings: Programs and Evaluation

Key Findings: Funding

- Key barriers to intervention implementation and expansion include MMC state regulatory environments.

Key findings: Funding



Take home messages

Take home messages

Screening

- Pick an existing evidence-based tool, whether a single or multi-item;

Take home messages

Screening

- Pick an existing evidence-based tool, whether a single or multi-item;
- Conduct screening electronically or via other patient-completed method, if possible;

Take home messages

Screening

- Pick an existing evidence-based tool, whether a single or multi-item;
- Conduct screening electronically or via other patient-completed method, if possible;
- Collect information across a population of patients;

Take home messages

Screening

- Pick an existing evidence-based tool, whether a single or multi-item;
- Conduct screening electronically or via other patient-completed method, if possible;
- Collect information across a population of patients;
- Ensure data are extractable from EHR.

Take home messages

Interventions

- In-person interventions > written resources;

Take home messages

Interventions

- In-person interventions > written resources;
- We need more high-quality, comparative effectiveness evidence across clinical settings and populations;

Take home messages

Interventions

- In-person interventions > written resources;
- We need more high-quality, comparative effectiveness evidence across clinical settings and populations;
- Collect and share your evidence or ask questions at SIREN@ucsf.edu.


HOT
TOPICS!

Stay tuned as...

- Results return from the flexible funding experiments in Oregon and California;

Stay tuned as...

- Results return from the flexible funding experiments in Oregon and California;
- The national conversation evolves around risk adjustment and social determinants of health;

Stay tuned as...

- Results return from the flexible funding experiments in Oregon and California;
- The national conversation evolves around risk adjustment and social determinants of health;
- More evidence emerges on how SDH interventions impact health and health care utilization.

It takes a village!

- UCSF Center for Health and Community, incl. Nancy Adler, Danielle Hessler, Sara Ackerman, Holly Wing, Andy Quinones-Rivera, and Stephanie Chernitskiy;
- The many research teams and Advisory Groups with whom we conducted this work, including from the UCSF Benioff Children's Hospital Oakland, Zuckerberg San Francisco General Hospital, John Snow Institute, and HealthBegins, and SIREN. This presentation includes work we did with many collaborators, who are too numerous to name on one slide!
- Funders: RWJF, Lisa and John Pritzker Family Fund, The Commonwealth Fund, and Kaiser Permanente.

Additional Resources

- IOM report on Capturing Social and Behavioral Domains in Electronic Health Records: Phase 2
  http://www.dcoe.mil/Libraries/Documents/Phase_2_IOM_Social_Behavioral_Domains_2014_18951.pdf

- NACHC PRAPARE tool
  http://www.nachc.com/client//PRAPARE_Abstract_Tool_April_2016.pdf

- NACHC Upcoming training on using PRAPARE with eCW
  http://www.nachc.com/event-detail.cfm?EID=425

- iScreen study: http://pediatrics.aappublications.org/content/134/6/e1611.long

- AJMC literature review on MMCO interventions
  http://www.ajmc.com/journals/issue/2016/2016-vol22-n5/clinical-interventions-addressing-nonmedical-health-determinants-in-medicaid-managed-care

- Health Plan of San Mateo housing pilot:
  http://www.chcs.org/media/HPSM-CCS-Pilot-Profile-032916.pdf

Questions

Care Integration Resource Center
http://www.careinnovations.org/knowledge-center/facilitating-care-integration/