Social Determinants and Policy: Why Shifting the Care Paradigm is Good for Population Health and Health Care

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MA Medical Society – Public Health Leadership Forum
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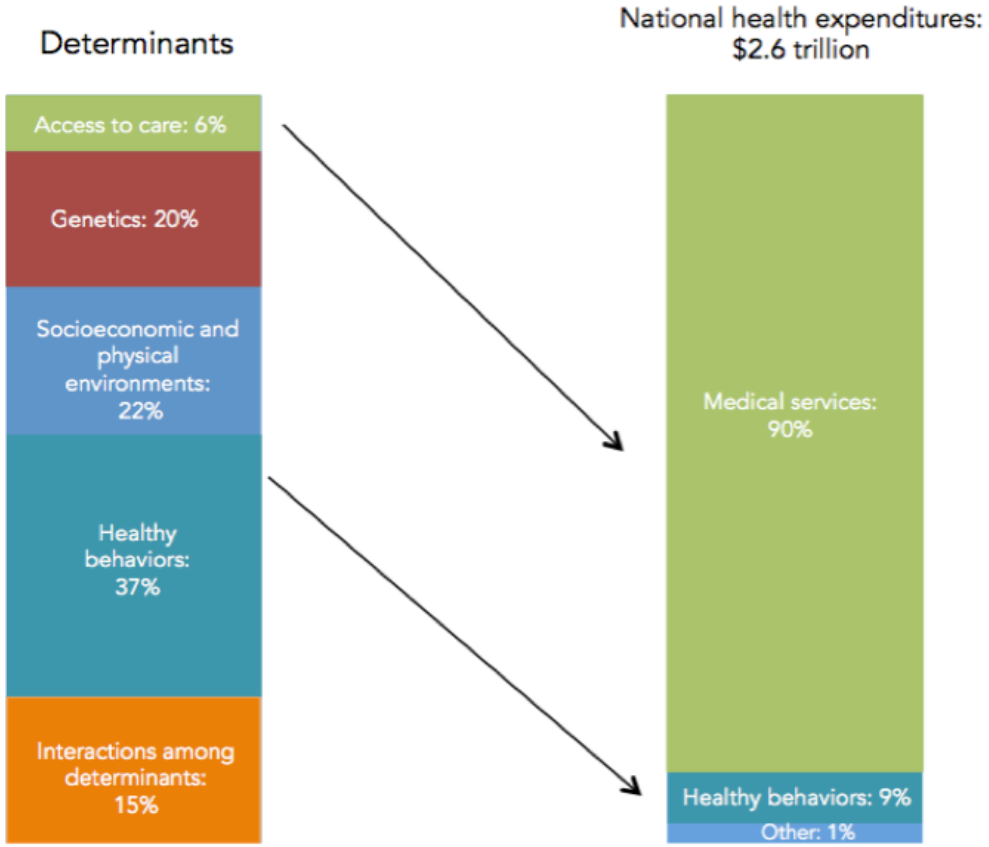
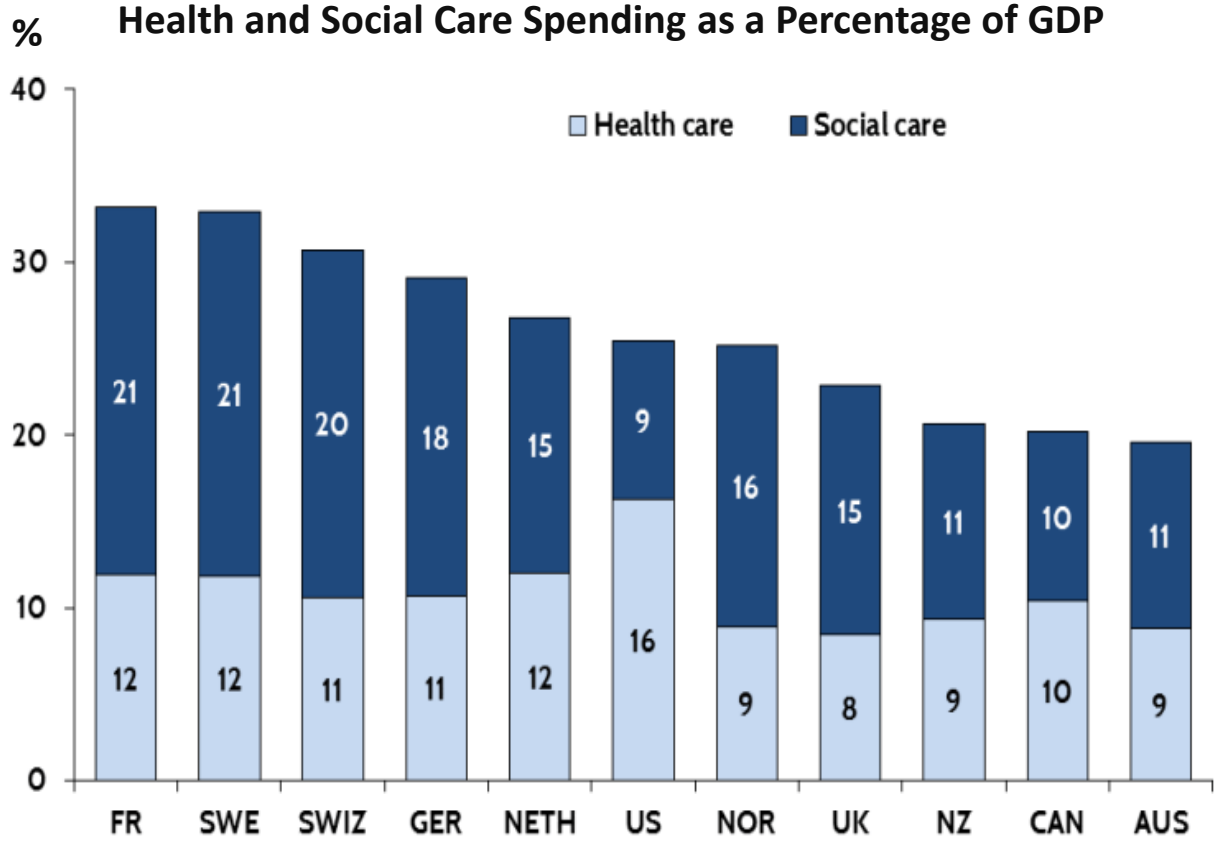
Crossing the Quality Chasm: Fundamental Redesign

"Bringing state-of-the-art care to all Americans in every community will require a ***fundamental, sweeping redesign of the entire health system****…merely making* ***incremental improvements in current systems of care will not suffice."*** – IOM, 2001

Economic Reform: How we Spend vs. On What we Spend





Source: Healthy People/Healthy Economy: An Initiative to Make Massachusetts the National Leader in Health and Wellness. 2015. Data from NEHI 2013. http://www.tbf.org/tbf/56/hphe/Health-Crisis. Bradley, E., et al., (2011). Health and Social Services Expenditures: Associations with Health Outcomes, *BMJ Quality & Safety*. 20(10), 826-831.

Delivery System Reform: Fundamental Sweeping Redesign?

- 60% - 70% of risk unaccounted for in our risk-adjustment models
- Focus is mostly on high cost / high need patients/members
- “No-intervention” control group for things like food insecurity in key CMMI pilot & no definitions of success for resource connections
- Social Needs consigned to separate pilot; new payment models collide – 80+ models → “Tower of Babel”

Health Leads' Vision

Health Leads envisions a healthcare system that

addresses all patients' basic resource needs

as a standard part of quality care.

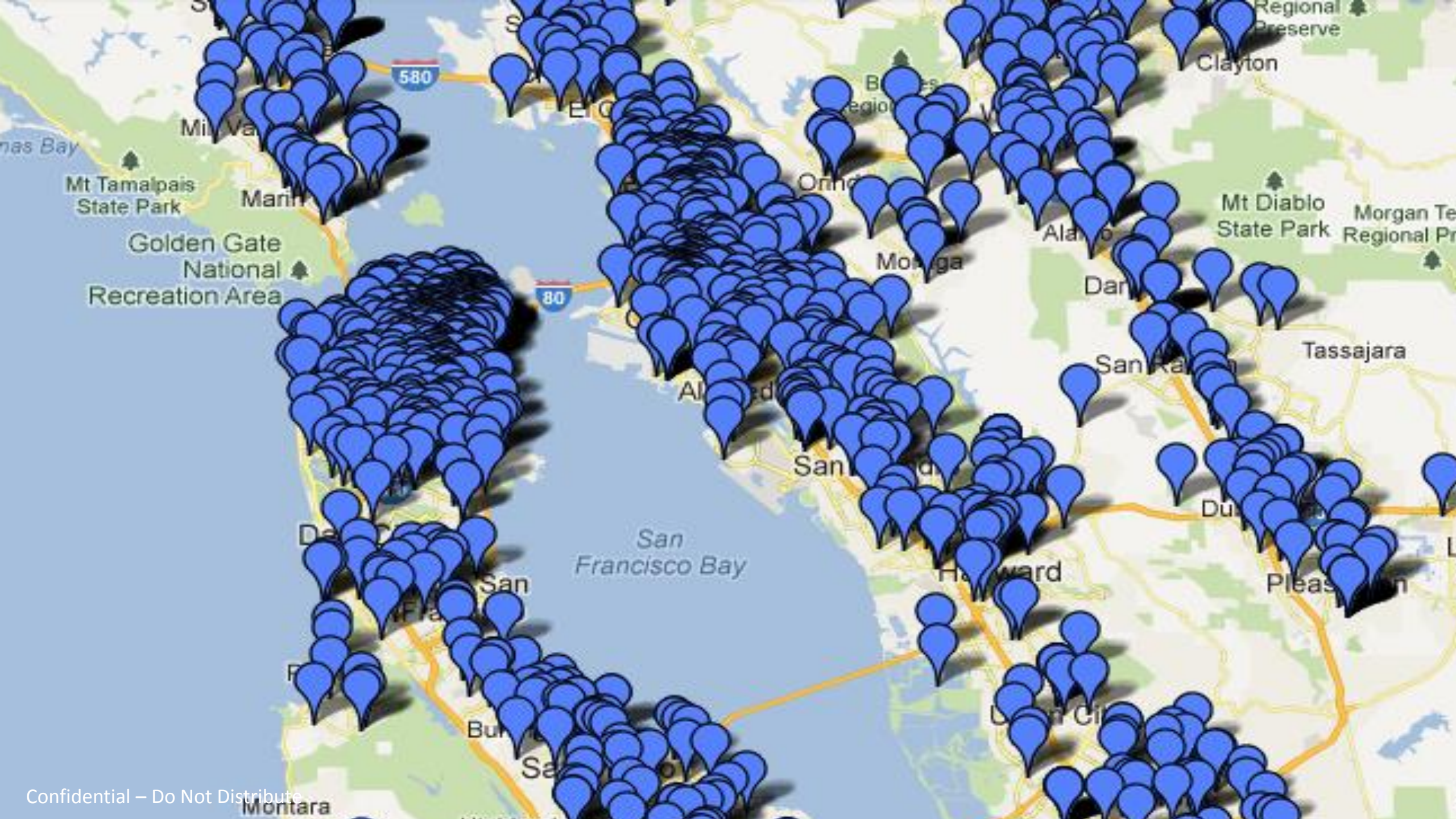
Illuminating the "Black Box" of Basic Resource Needs Data

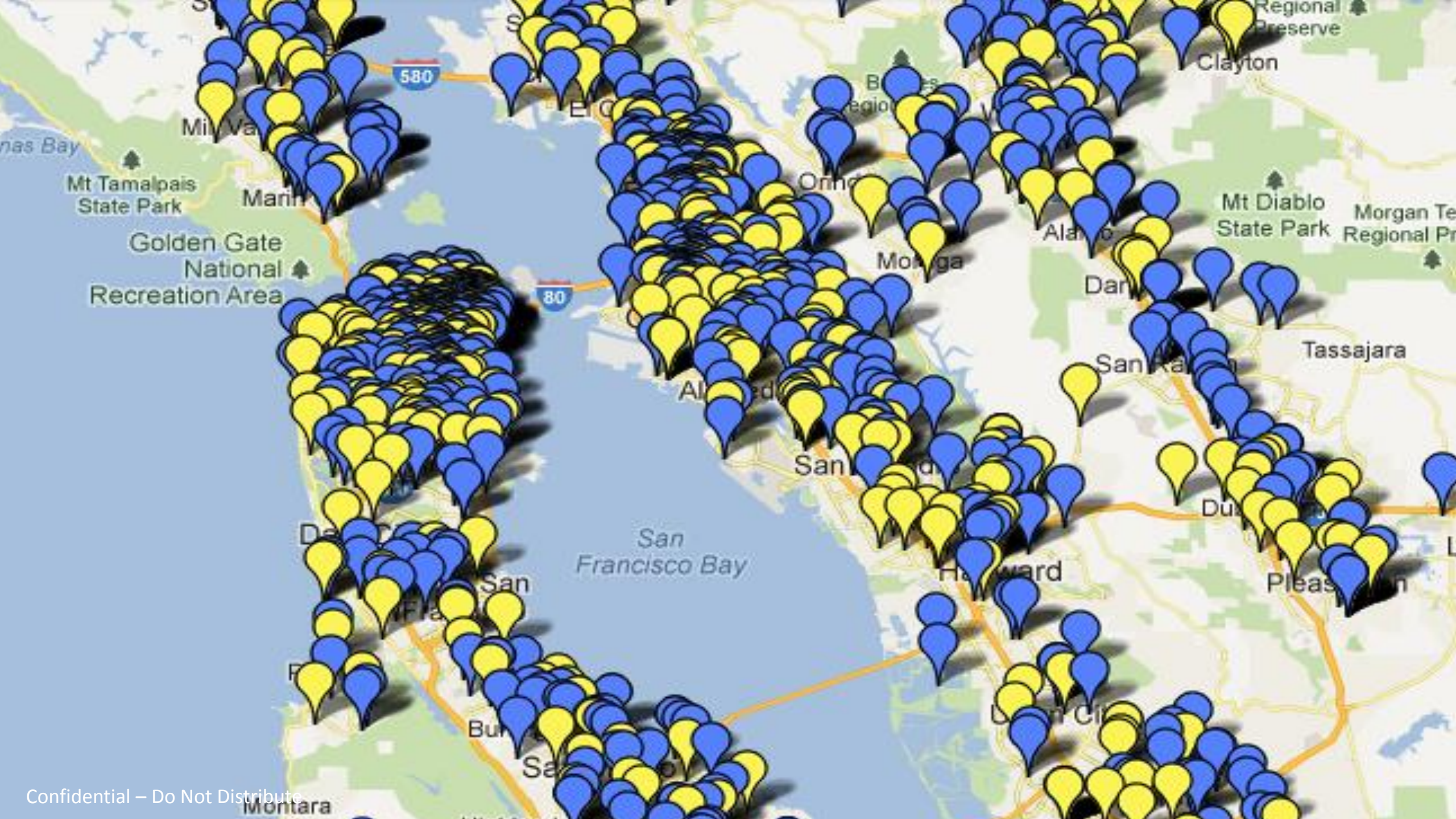
WHO has needs:

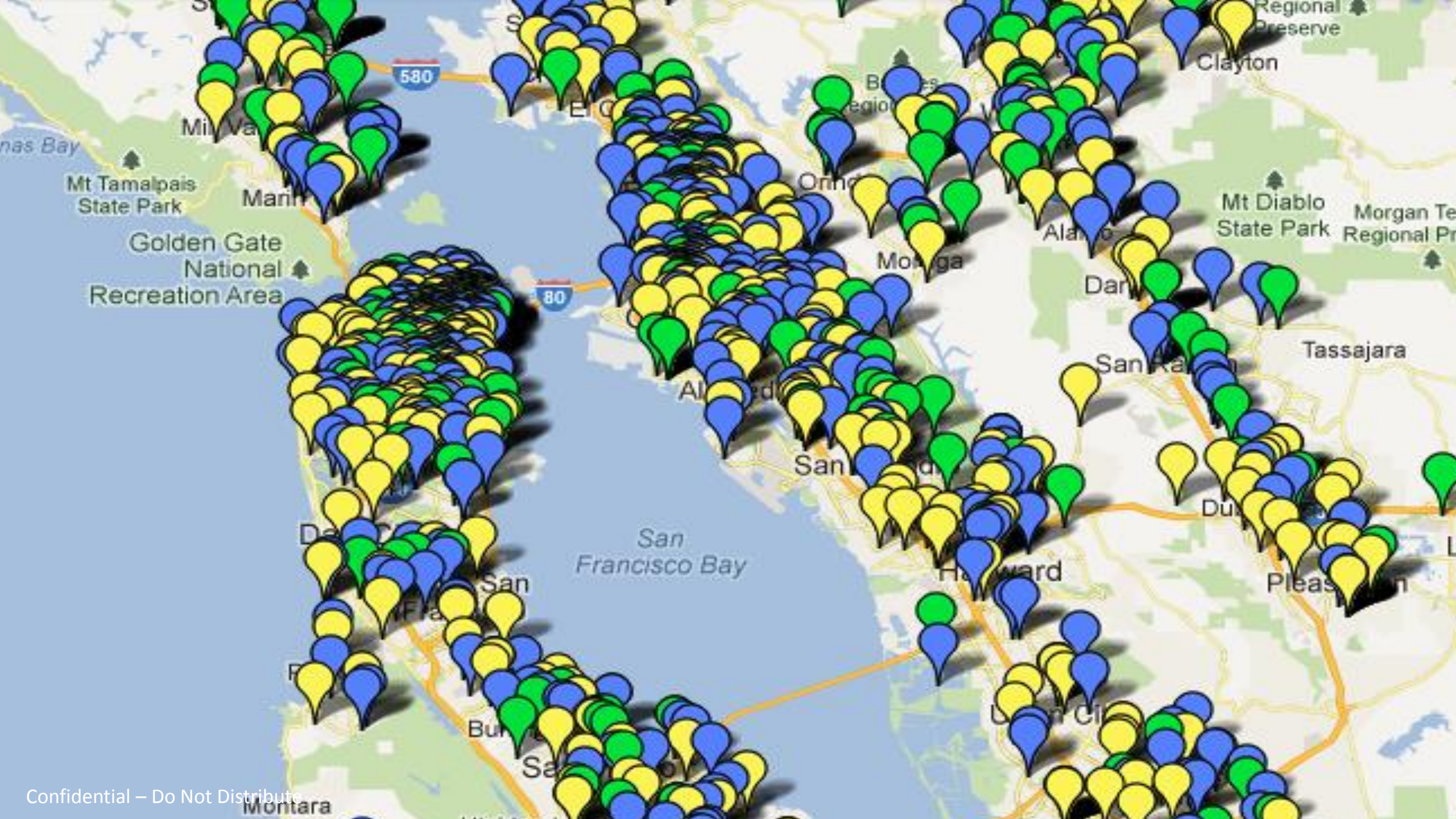
- **Type of insurance:** **30%** of patients who screened positive for social needs at MGH had commercial insurance
- **Type of patient population:** KP SoCal call center to proactively screen predicted high utilizers – of those who agree to be screened, **78%** have at least one unmet social need

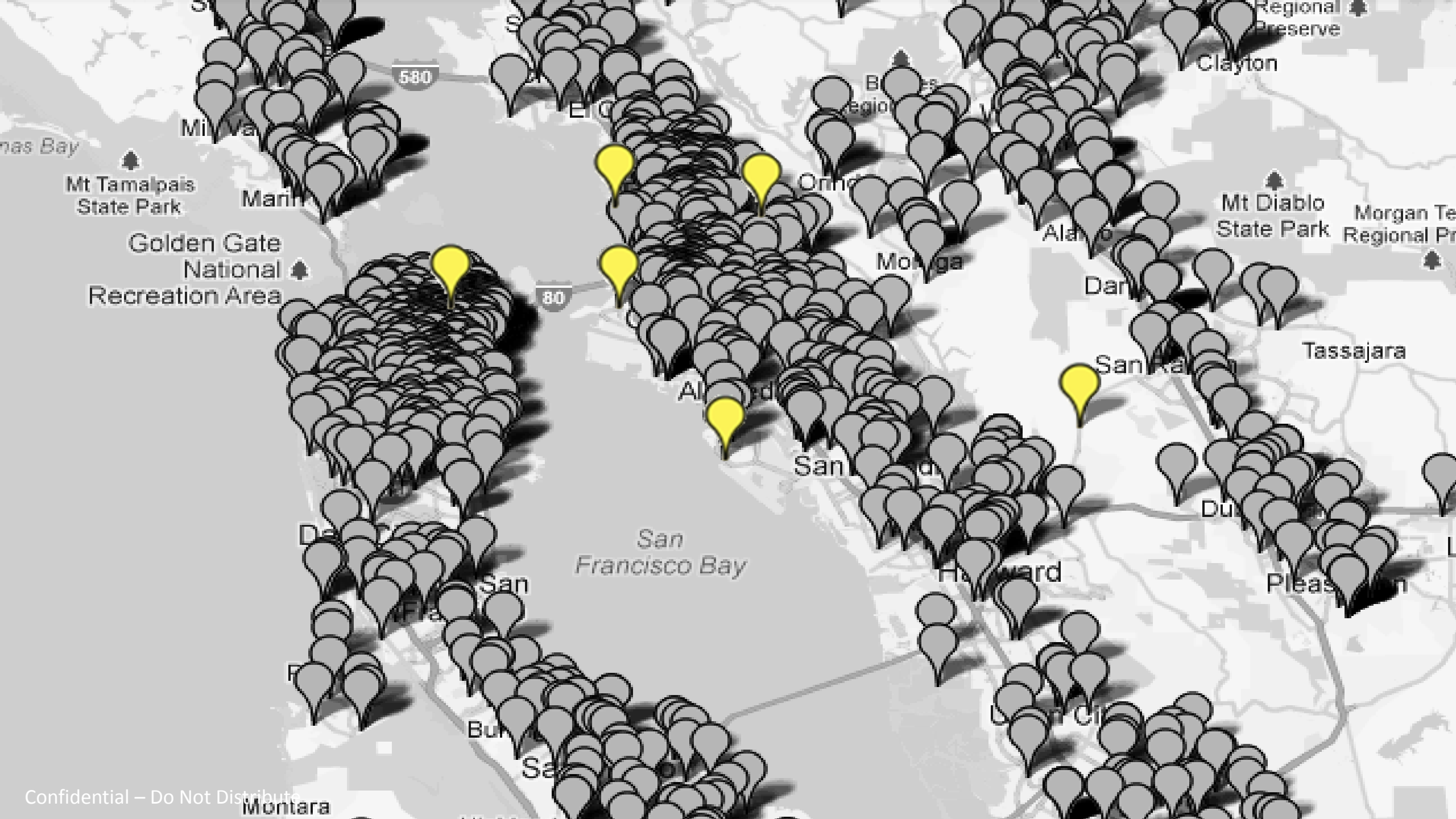
HOW to address needs:

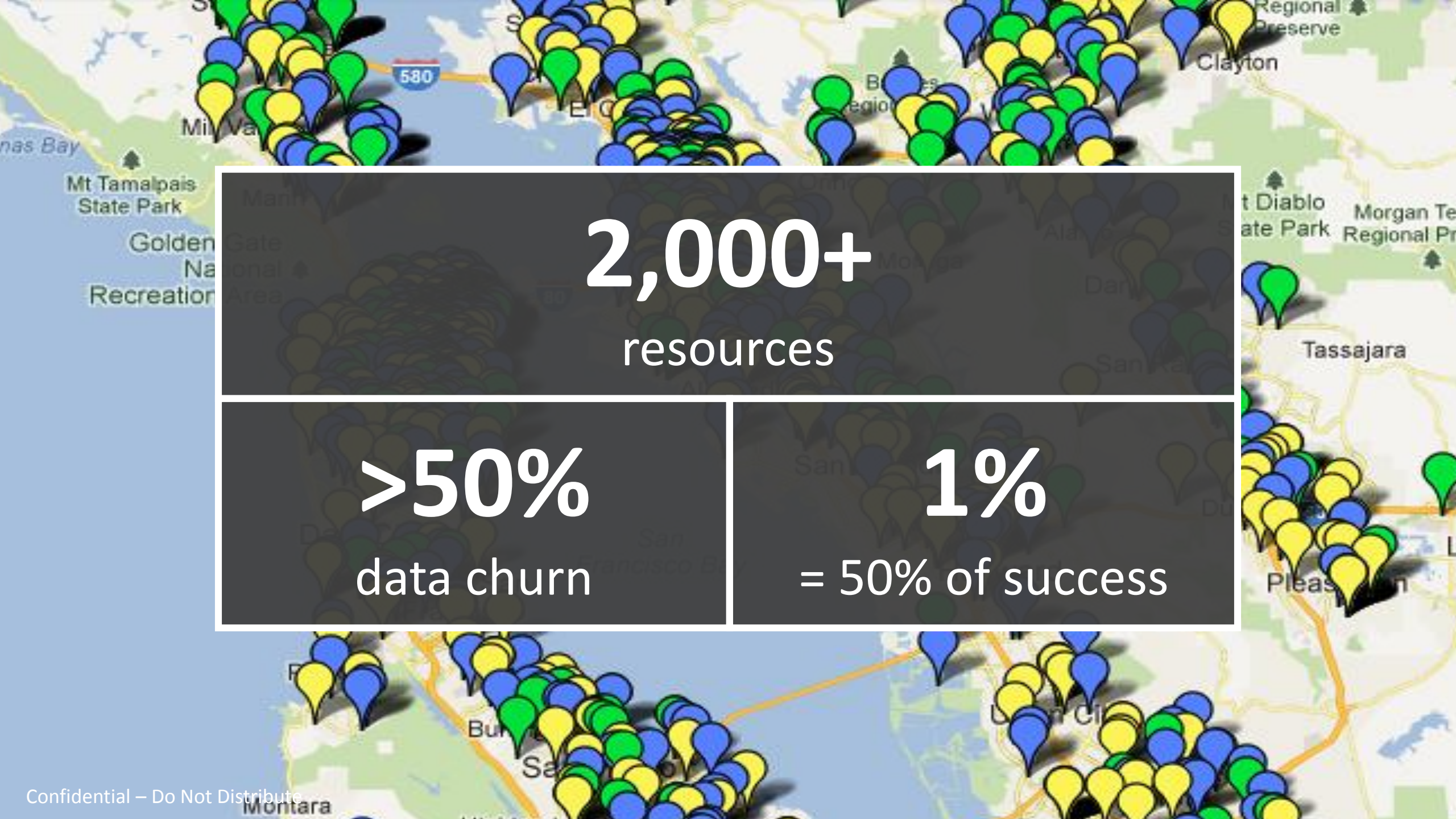
- **Follow up:** patient contact 2x within 2 weeks increases odds of successful resource connection by **18 – 23%**
- **Successful connections**: SNAP/WIC data shows greater success with community-based programs vs. clinic based (**>90% vs. 30%**)
- **Texting:** **63%** of all enrolled patients opt into text messaging (send/receive 3000+ text messages/month)
- **Type of engagement:** **15%** of patients provided list of resources (paper handout) make a successful connection vs. **80%** of patients who receive navigation make a successful connection











Unmet Basic Needs → Poor Health, Inefficient Utilization

BMJ Quality & Safety
The international journal of healthcare improvement

	Patients who report an unmet need % (n=416)	Patients who do not report a need % (n=2750)
Chronic conditions		
Depression	17.8	9.5
Hypertension	54.3	46.3
Cerebrovascular disease	7.7	6.8
Chronic kidney disease	7.9	6.0
Coronary artery disease	16.4	14.6
Diabetes	32.7	20.4
Health service use		
High emergency department use (>2 in calendar year 2013)	11.3	5.4
High 'no-shows' to clinic appointments (>1 in calendar year 2013)	21.6	11.9
Chronic disease management		
LDL cholesterol >100 mg/dL*	41.8	27.5
Haemoglobin A1c >8.0%†	37.7	27.3
Haemoglobin A1c >9.0%†	22.4	12.1

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

JAMA Internal Medicine | Original Investigation

Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management

Addressing basic resource needs (via Health Leads) associated with clinically meaningful improvements in blood pressure and lipid levels

Source: Berkowitz, S.A. et al. 30 November 2015 British Medical Journal Quality and Safety: "Addressing Basic Resource Needs to Improve Primary Care Quality: A Community Collaboration Programme." Berkowitz, S.A. et al. "Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management." JAMA Internal Medicine. Published online December 12, 2016.

Endorsing This Approach: Momentum is Growing

Fundamental Redesign vs. Incrementalism

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