Addressing The Social Determinants of Health in the Clinic Setting

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PROVIDENCE
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INTRODUCTION

It is estimated that clinical care accounts for only 20% of health, while behaviors, physical environment, and social and economic factors determine the rest.

The social determinants of health include the basic life needs of housing, food, transport, along with other factors that include employment, education, drug and alcohol use, dental and eye care, etc.

Insecurity in these socioeconomic factors are expressed in chronic medical illness, mental health problems, substance use, all leading to high healthcare utilization. Healthcare costs and utilization decrease when when these needs are provided for.

In a survey of 6,000 Providence patients, 50% expressed a social determinant need.

Providence subsidizes Community Resource Desks around Oregon, staffed with bi-lingual resource specialists from local social service organizations, designed to connect individuals in need of support with resources available in their community.

A model for referral to a local Community Resource Desk was created and patients referred to the desk to provide for any social needs.

PATIENT STORY

Regan-
Regan was diagnosed with metastatic cervical cancer three years ago and her life is characterized by recurrent hospitalizations for infection that have only become more frequent over the years. As her Primary Care Physician I worked to improve her health by ongoing discussions on tobacco and marijuana use, malnutrition, and endless ways to prevent urinary tract infections, with minimal success. I later learned that her primary goals were to spend time with family and rid herself of her two remaining rotting teeth that she hated. Once her true needs were identified, we were able to refer her to a charity dental clinic. She now has new dentures and her nutrition status and outlook on life has much improved.

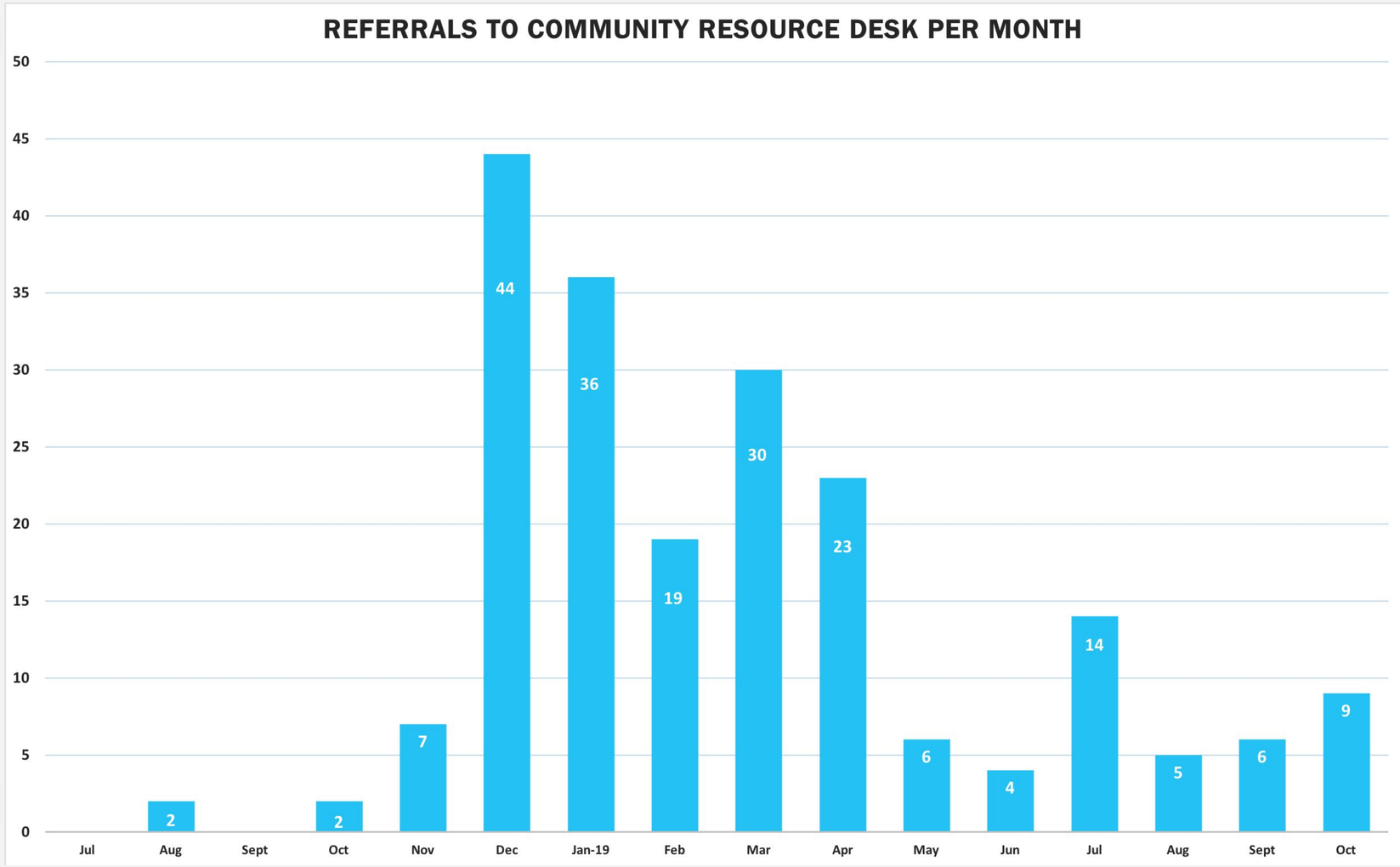
SCREENING FORM

Community Resource Desk

Check any of the boxes below that you could use assistance with and return it to your Medical Assistant or Provider and our staff will help you access assistance.

- ☐ Housing or Rent
- ☐ Utility Costs
- ☐ Food
- ☐ Clothing
- ☐ Transportation
- ☐ Jobs
- ☐ Children and Infants
- ☐ Education Classes
- ☐ Counseling
- ☐ Health Insurance
- ☐ Dental Care
- ☐ Eye Care
- ☐ Alcohol and Drug Recovery
- ☐ Tobacco Cessation
- ☐ Other

☐ Volunteer opportunities/ Get Involved!



PROCESS

Medical Assistant(MA) screens patient using form
⇩
If positive, MA places referral in Electronic Medical Record(EMR)
⇩
Resource Desk calls patient within 1-2 business days
⇩
Resources are offered to patient and recorded in EMR
⇩
Resource Desk calls patient back at 7 and 10 days to follow up on ability to obtain resources

OUTCOMES

More than 250 of our Providence St Vincent Resident Clinic patients were referred and offered resources in the 1st year of the project.
At peak screening 30-40 patients were referred monthly.
Most of these patients would not have otherwise come to our attention.

Most common resources provided: dental care, housing/rent, utilities, food, transport, employment assistance, health insurance, English/computer classes.

We are better able to care for our most vulnerable patients including non-English speakers, uninsured, and Medicaid/Medicare patients.

Clinic staff and providers expressed satisfaction with the simplicity of the process.

DISCUSSION

- This system allows for more comprehensive care, streamlines workflow for providers, and allows providers to practice in a way more in line with their goals. In addition, multiple studies show cost savings benefits to implementing similar programs.
- One study with a similar intervention noted 10% yearly health care cost reduction for those who had their social needs met.
- Vermont Health system- implemented multidisciplinary team care model adding Community Health Specialist. Found tremendous cost benefits and decrease in hospital admission rates(declined 21%) and ED utilization(declined 31%). Per person per month costs fell 36%.
- We are in the process of collecting data on how this is impacting our quality metrics including healthcare utilization, hospitalization rates and per patient/per month costs.

REFERENCES

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