

What Can the Healthcare Sector Do About Social Adversity?

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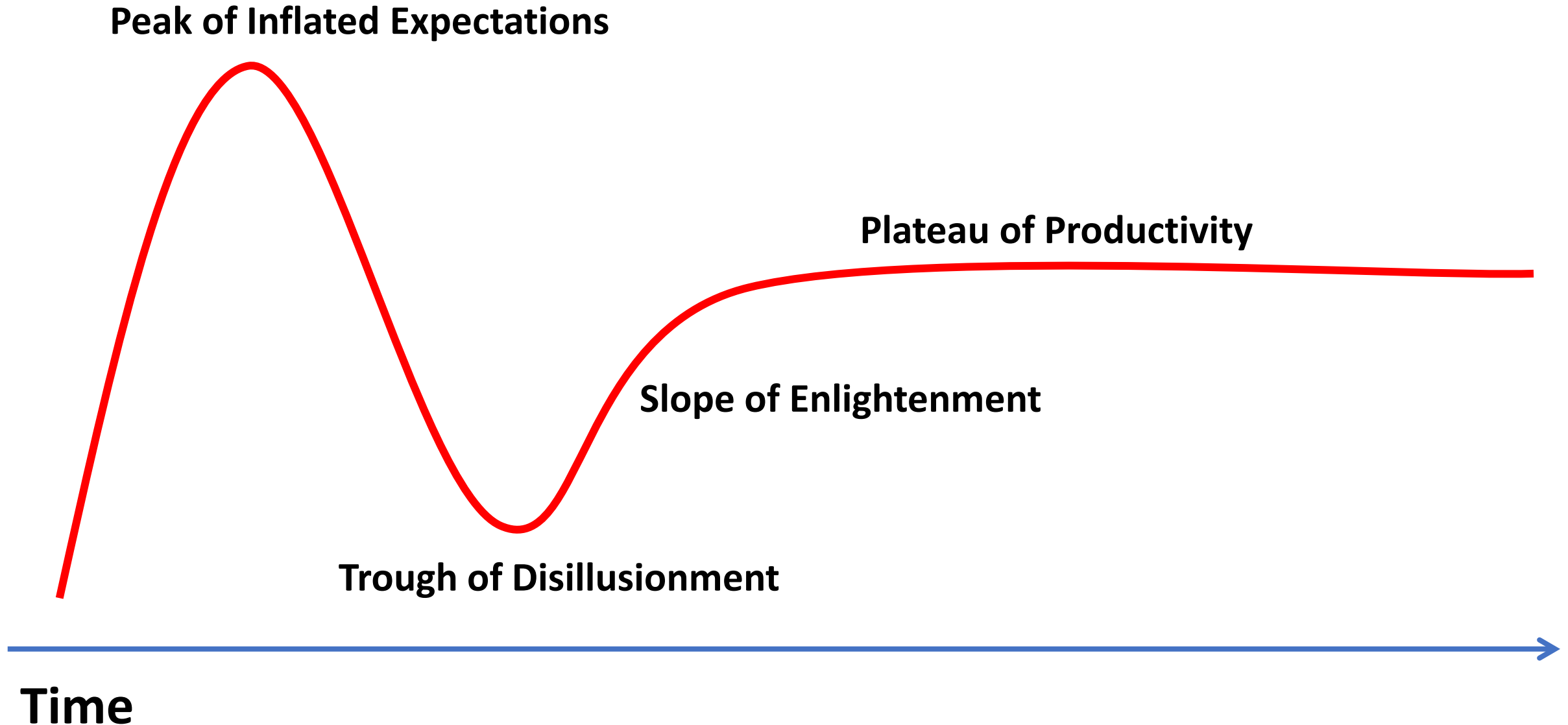
Disclosures

I sadly have nothing to disclose about funders who might have biased the content of today's presentation.

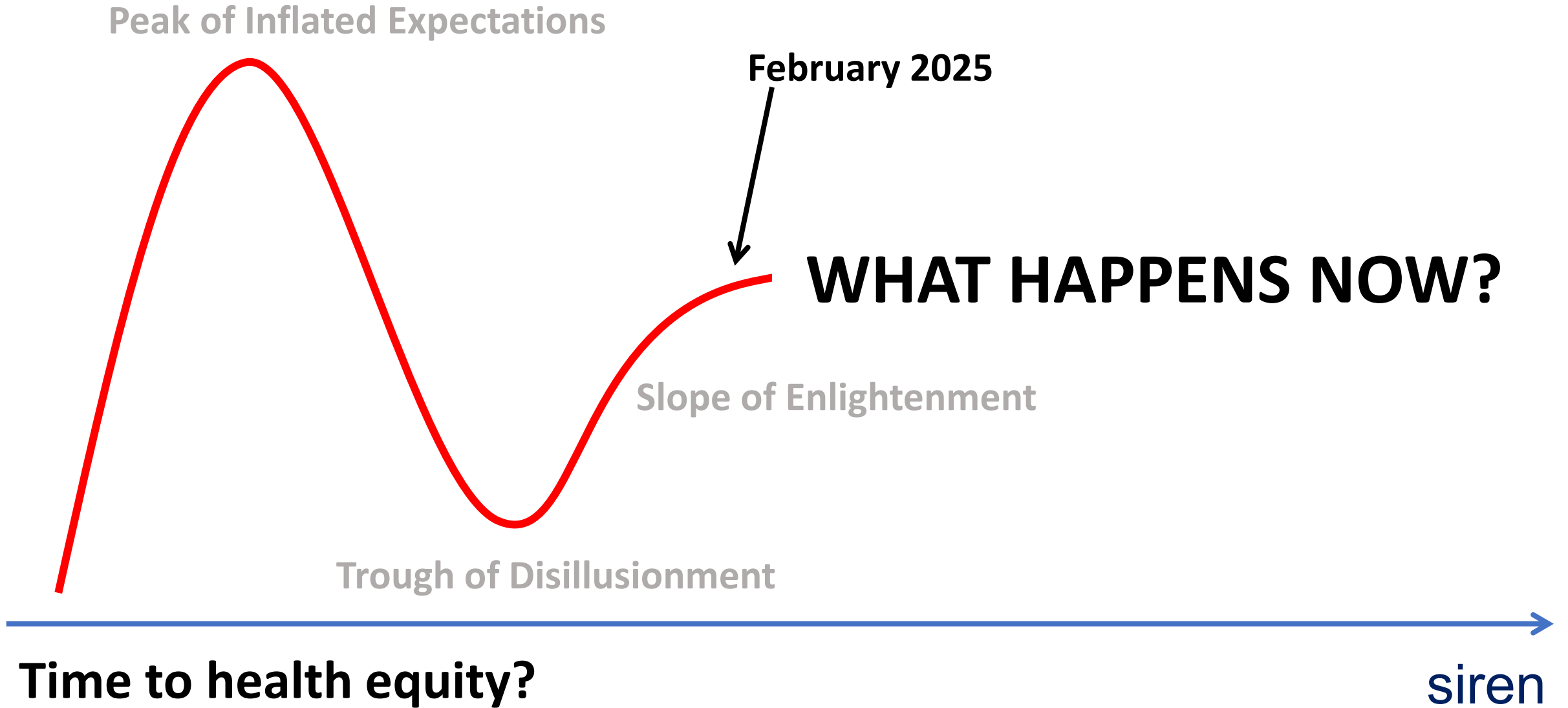
(If you have friends with deep pockets, though, feel free to reach out! I can change this slide.)

SDH in the healthcare innovation hype cycle

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New federal decisions have derailed SDH activities
alongside other health equity initiatives



CONSENSUS STUDY REPORT

INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM
TO IMPROVE THE
NATION'S HEALTH

NASEM 5As Framework

Patient care-focused strategies

Awareness

Identify social risk factors

Assistance

Intervene on social risk factors

Adjustment

Accommodate care to social risk

Alignment

Align existing resources

Advocacy

Develop new resources

Community-focused strategies

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Social screening

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"/>	

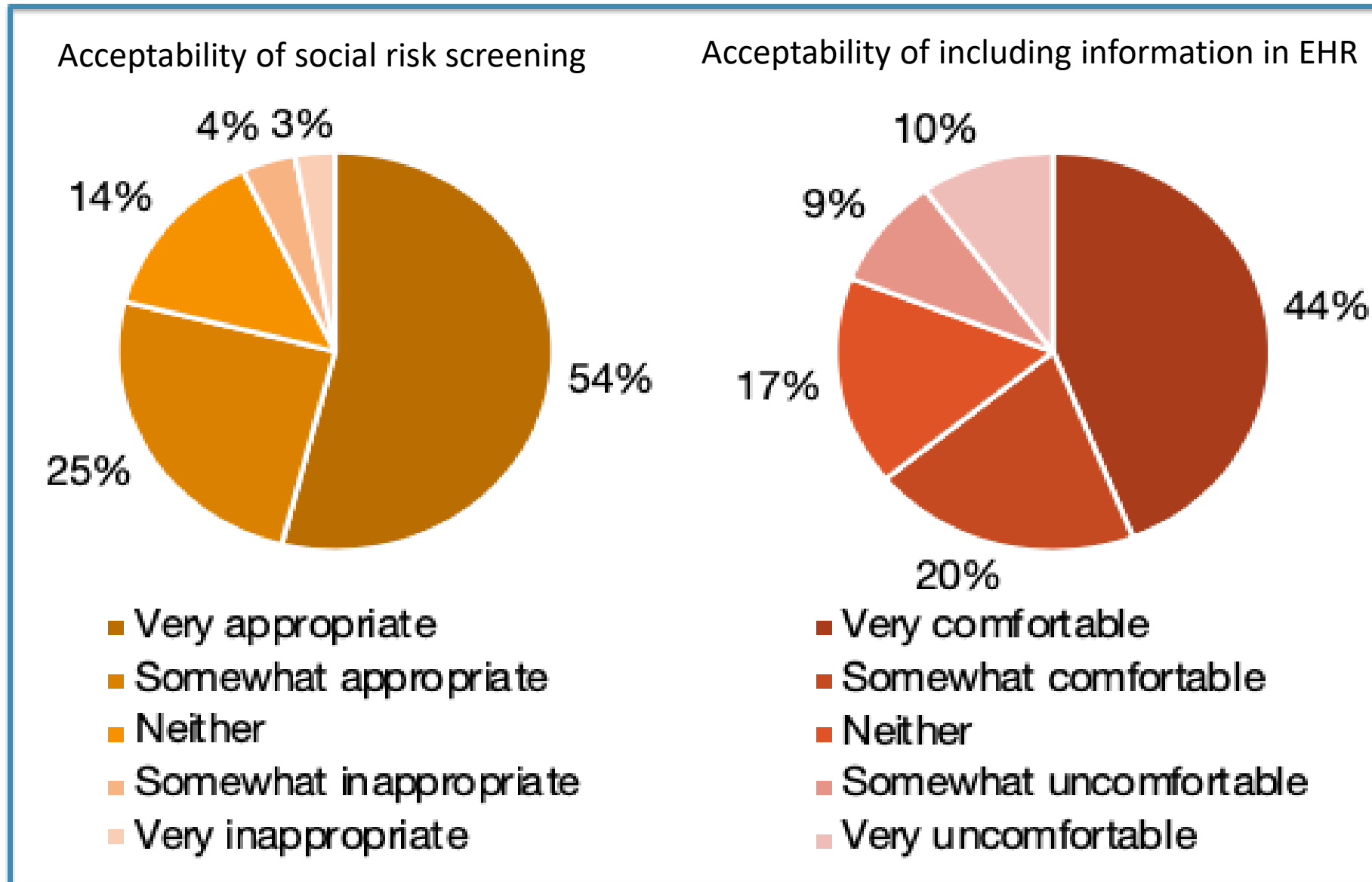
Social risk screening tools comparison table:
<https://sirenetwork.ucsf.edu/tools-resources/mmi/screening-tools-comparison>

Acceptability of screening to clinicians/staff

In several intervention studies, many provider concerns abated after program exposure.

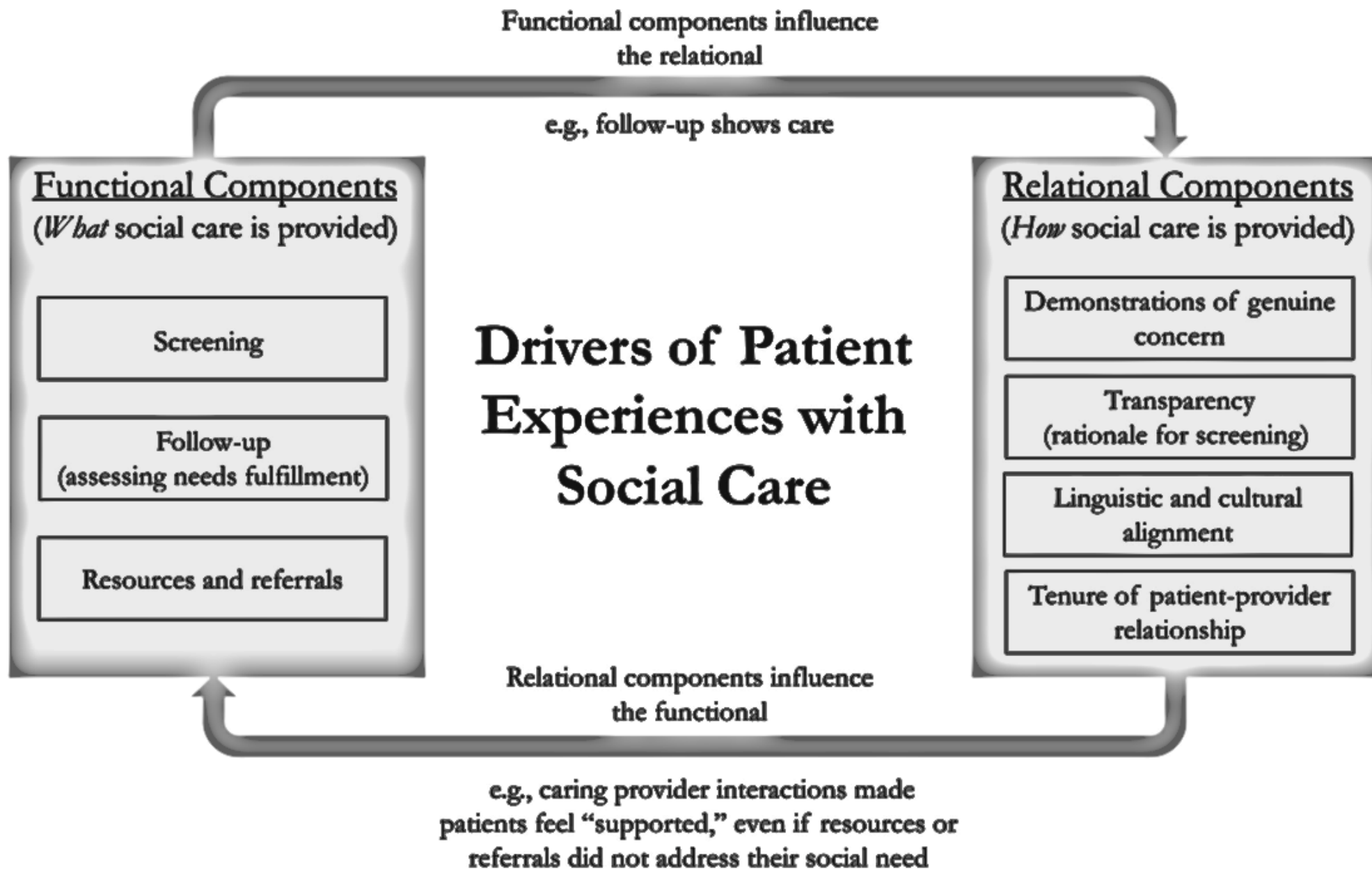
Initial Concern	Concerns After Program Exposure	
Discomfort with Screening	Participation in a screening and referral program improved provider comfort with social risk screening in 4 education and training intervention studies.	Changed with Exposure
Time & Workflow	Providers frequently reported that time & workflow were not burdensome, less than anticipated, or worth the time following social determinant of health program participation.	
Patient Provider Relationship & Trust	Providers indicated that screening for social risks enhanced their relationship with patients or had no negative impact.	
Ability to Address Patient Needs	Provider confidence in addressing patient needs increased following social determinant of health program exposure in 3 studies, but overall provider concerns around the ability to provide adequate resources to address identified needs persisted.	No Change

Acceptability of screening to patients/caregivers



De Marchis, et al. Am J Prev Med, Nov 2019

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Potharaju K, Gottlieb LM, Wing HE, et al. Drivers of patient experiences with healthcare-based social care. *Health Serv Res.* 2025:e70020.

Increases in Social Risk Screening (2017-2022)

All Five Risks

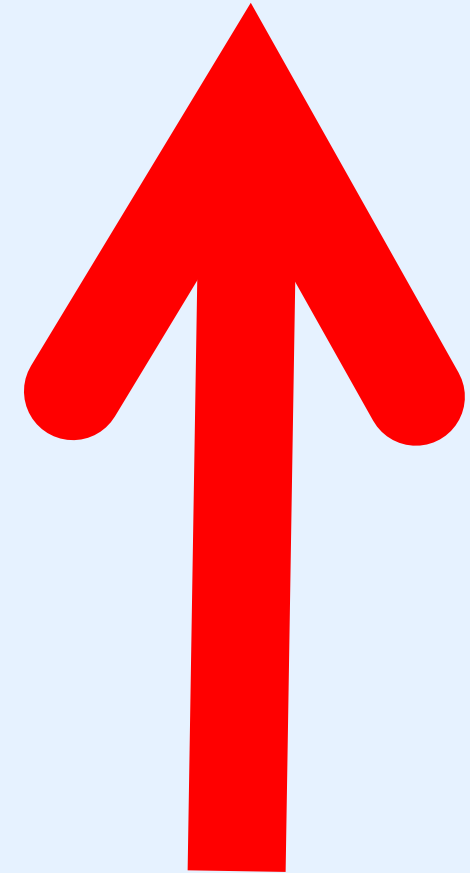
- 27% in 2022 (↑ from 15% in 2017)

Any of Five Risks

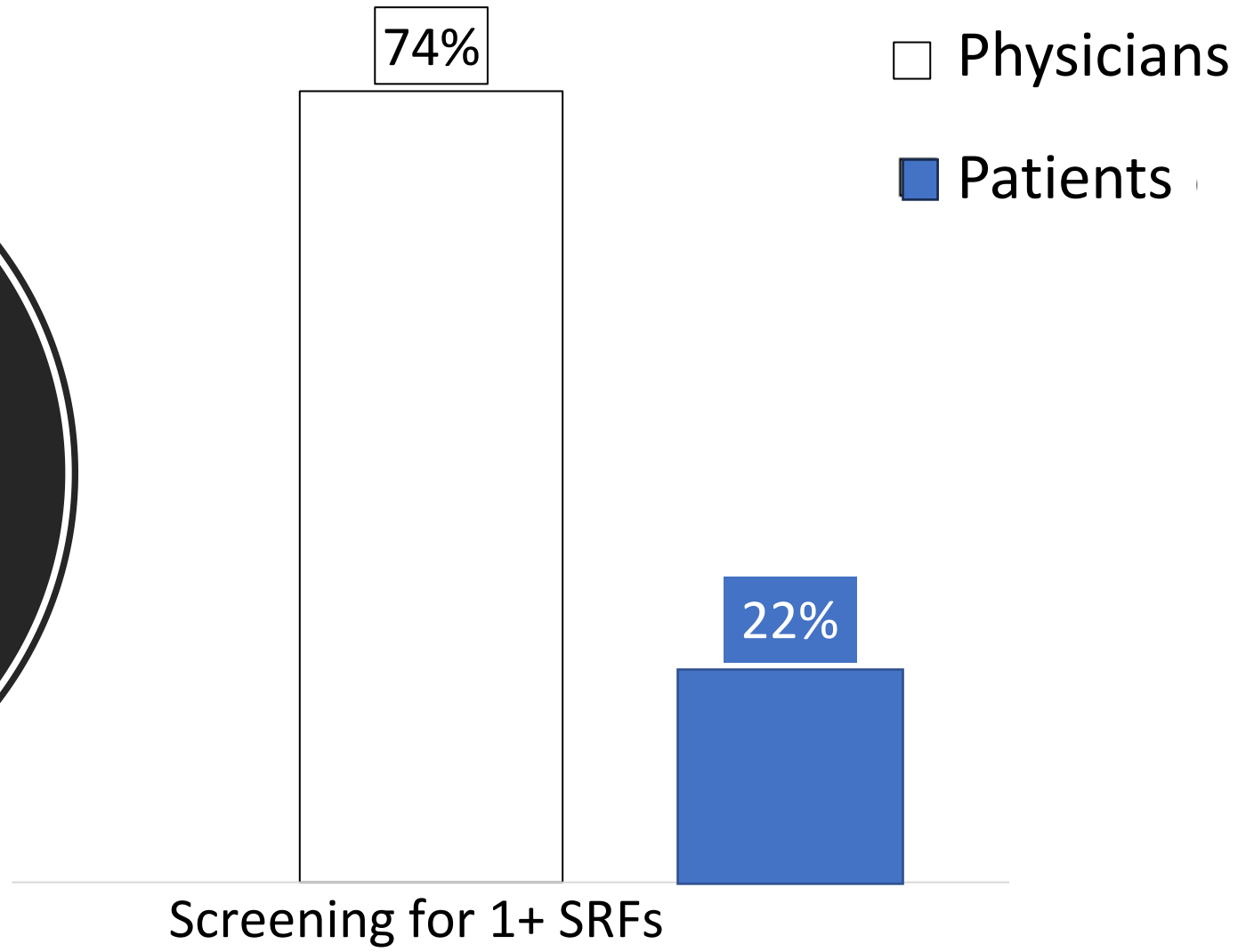
- 74% in 2022 (↑ from 67% in 2017)

Mean Risks per Practice

- 2.34 in 2022 (↑ from 1.71 in 2017)



Prevalence of
screening
depends on how
and whom
you ask



Does social risk screening = high quality care?

Agency/Org (program)	NCQA HEDIS and Accreditation Measures	CMS IQR Measures
Description	% of members screened at least once	% of patients screened for 5 HRSN (IQR and MIPS); % of screened who report risk (IQR only)
Setting/Population	Health plans / all patients	Hospitals / 75+
Domains/Instruments	Food, housing, & transportation security. Pre-specified instruments.	Food, housing, transportation, & utilities security and interpersonal violence. Instruments not specified

Social Care Z-codes

- Z59 Problems related to housing and economic circumstances

- **Lack of adequate food**

- Z59.41 Food insecurity

- **Homelessness/inadequate housing**

- Z59.00 Homelessness unspecified
 - Z59.01 Sheltered homelessness
 - Z59.02 Unsheltered homelessness
 - Z59.10 Inadequate housing, unspecified

- **Lack of transportation**

- Z59.82 Transportation insecurity





Examples, non-exhaustive


You can find medical codes that will meet federal reporting requirements at:
<https://confluence.hl7.org/display/GRAV/Social+Risk+Terminology+Value+Sets>


Technology might facilitate Awareness activities



COHERE Study (NIMHD-funded social informatics research study)

- Alert to rooming staff re: SDH screening with a direct link to screening documentation screens


 **BestPractice Advisories** 



Social Determinants of Health (1) 

 **SDH Screening Out of Date** 

Social Determinant	Risk?	Date Screened
Financial Resource Strain	Not on File	
Housing	Not on File	
Food	At Risk	3/25/2021
Transportation	Not on File	
Utilities	Not on File	

 [Complete SDH in Screenings](#)

State of the Science on Social Screening in Healthcare Settings

Executive Summary

Summer 2022

Evidence & Resource Library

Search Resource

Type Keyword

Filters

Expand all

Resource Type ? +

Study Design ? +

Population ? +

Outcome ? +

Social Determinant of Health ? +

Screening Research ? +

☒ Yes

<https://sirenetwork.ucsf.edu/tools-resources/resources/screen-report-state-science-social-screening-healthcare-settings>

NASEM 5As Framework

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Adjustment strategies

Adjust care to social context, e.g.:

- Access
- Diagnostics
- Treatment



Adjustment strategies: Diabetes case

Clinical decisions influenced by social risk	Examples
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 medication with pill splitter.
Behavioral recommendations	Change physical activity recommendations because of neighborhood safety.
Referrals	Schedule same day appointments or telehealth visits to decrease impact of poor transportation access.

*Table adapted from Senteio, et al. JAMIA 2019

Technology might facilitate Adjustment activities

COHERE Study: Can prompt/document interventions using A&P note

Housing: At Risk. Add as encounter diagnosis?

☐ Housing problems [Z59.9]
☒ **Lack of housing [Z59.00]**

☐ Sheltered homelessness [Z59.01]
☐ Unsheltered homelessness [Z59.02]

☐ Unsatisfactory living conditions [Z59.1]

☐ Home possibly has lead paint [Z91.89]
☐ Home has lead plumbing [Z91.89]

Based on patient's answers:
What is your living situation today? : (!) I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

! Patient has recent HbA1c >9%, BP >140/90, hx of no-shows, and social risks.
Document actions to address in Assessment & Plan Note.

Add Visit Diagnosis

Do Not Add

Lack of housing [Z59.00] ⓘ ▲ Change Dx

Assessment & Plan Note

 🔍 Search

☒ Add to Problem List

✓ Accept (1)

Technology might facilitate Adjustment activities

SmartList Text (shown to user and put in note)	AVS Text (shown to patient)	Logic: Option appears if...
“Discussed titrating insulin based on food availability”	“You and your provider talked about how to adjust your insulin dose based on your food intake.”	Food insecurity + active insulin rx
“Discussed medication costs; will change to [generics, combination meds, or alternative dosing]	”[New medication instructions]”	Insecurity in ANY financial-related domain + active rx for non-generic med
“Discussed GoodRx discount”	“The discount codes from GoodRx [link] may help to lower your medication costs. You can use them at most pharmacies.”	ANY financial-related domain, or self-pay appointment, or taking any med differently due to cost
“Follow up via telemedicine because [can decrease missed work/ transportation costs]”		Financial or transportation insecurity; has digital tools

Technology might facilitate Adjustment activities

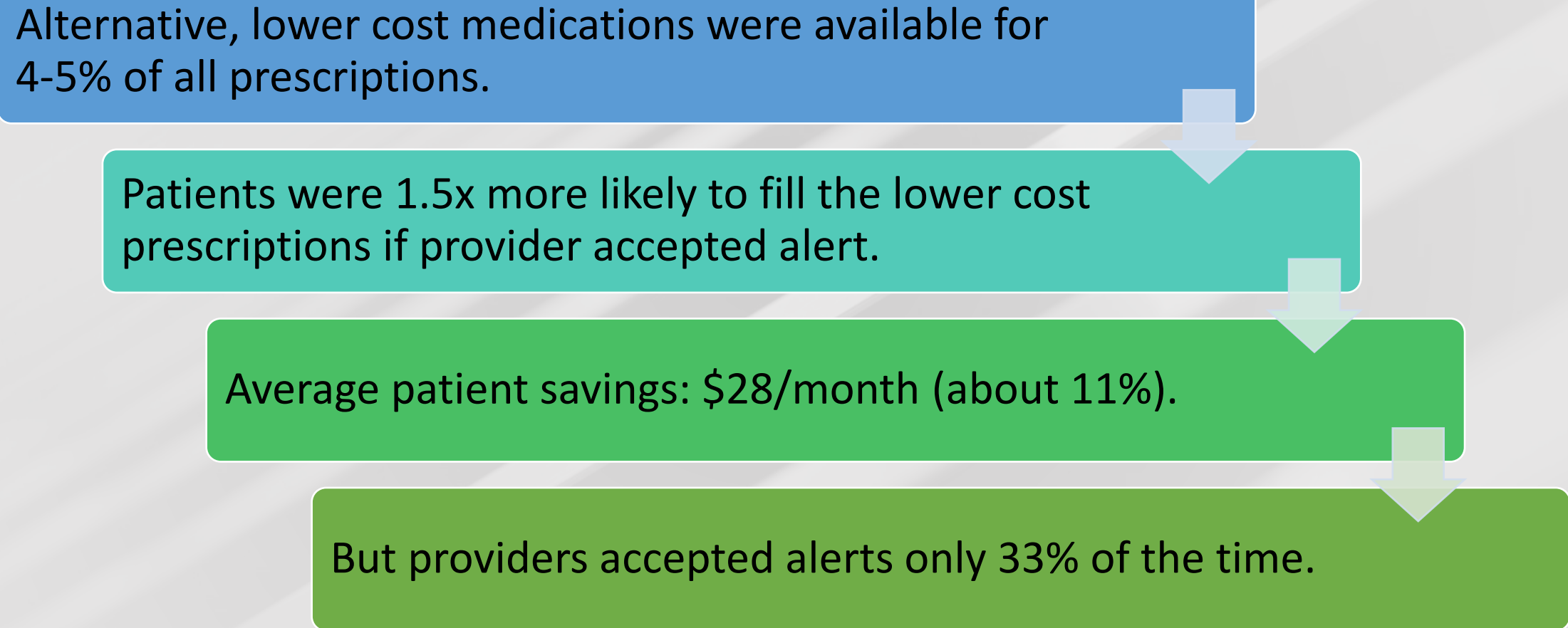
Drug	Out-of-pocket price range for Medicare Part D enrollees	Low price	Average price	High price
Warfarin	\$0 ● \$3	\$0	\$3	\$3
Dabigatran	\$22 — ● ————— \$436	\$22	\$109	\$436
Apixaban	\$22 — ● ————— \$448	\$22	\$112	\$448
Rivaroxaban	\$23 — ● ————— \$452	\$23	\$113	\$452

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

Research on RTPB platforms

Alternative, lower cost medications were available for 4-5% of all prescriptions.



Patients were 1.5x more likely to fill the lower cost prescriptions if provider accepted alert.

Average patient savings: \$28/month (about 11%).

But providers accepted alerts only 33% of the time.

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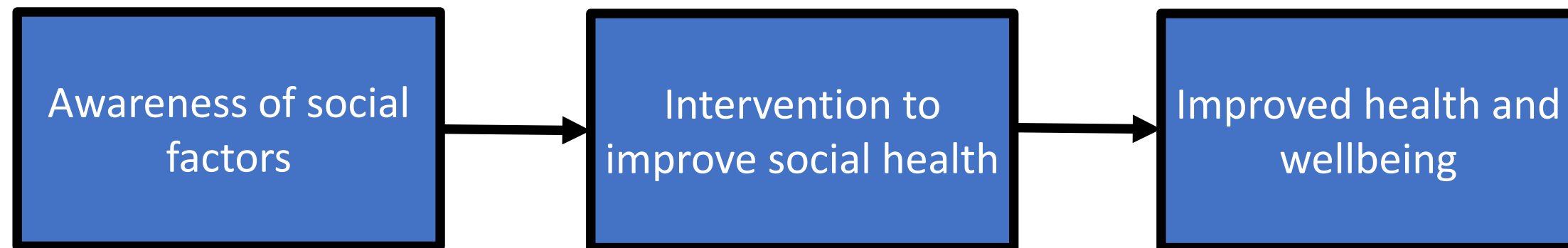
Advocacy
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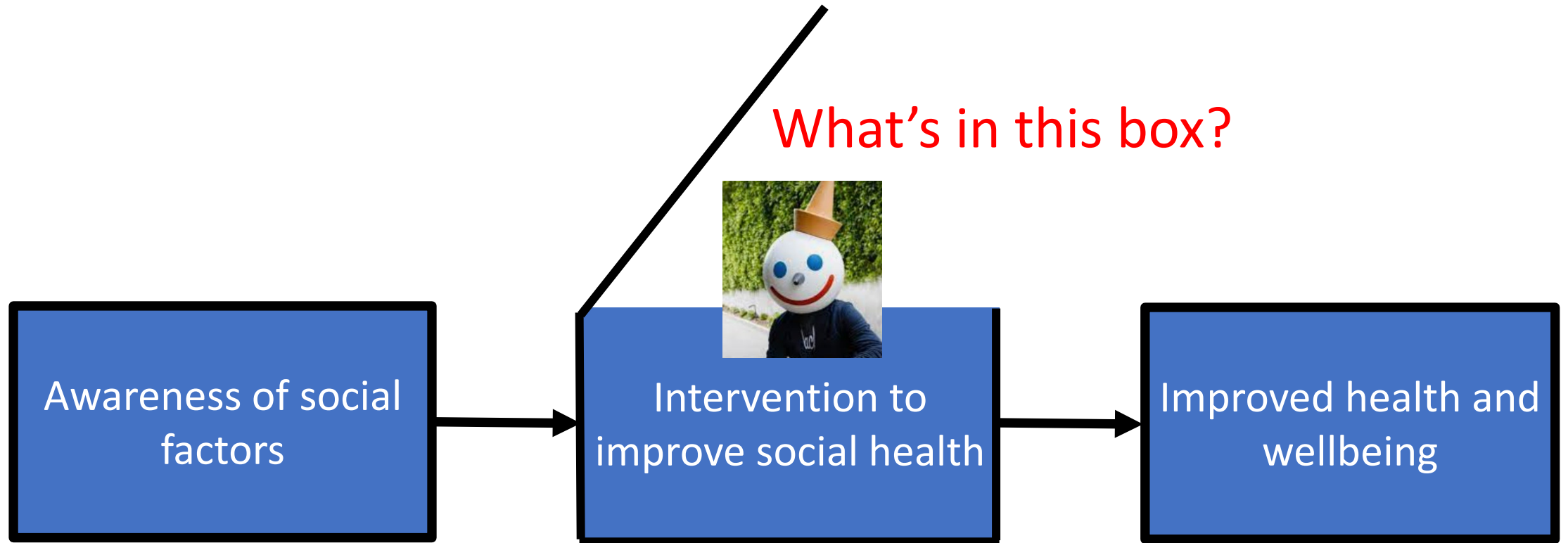
Assistance strategies

Change social context, e.g.:

- Food
- Housing
- Employment



Assistance strategies





Accountable Health Communities

The AHC Model focuses
on five core HRSNs:



- 5-year trial of social risk screening and navigation services in 29 different communities funded by **CMS Innovation Center**
- *Social need AND 2+ ED visits/admissions in last year*
- Two tracks
 - Assistance Track: Intervention and control arms RCT
 - Alignment Track: 1 arm (all eligible beneficiaries receive intervention) from orgs engaged in continuous quality improvement with community organizations

AHC Evaluation: RCT Results

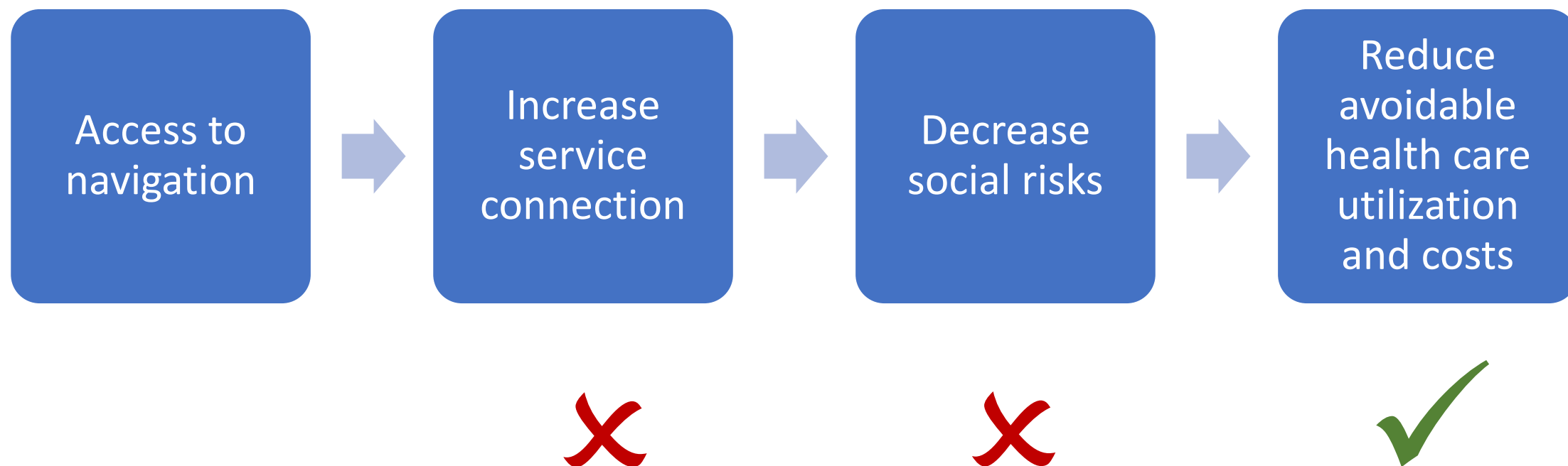
















Exhibit ES-2. Assistance Track Impacts on Expenditures and Hospital Use

AHC
Evaluation:
RCT Results

 Assistance Track	Total Medicaid/Medicare expenditures 	 FFS Medicare	4% Reduction	
		 Medicaid	3% Reduction	
	Inpatient admissions 	 Medicaid	4% Reduction	
	ED visits 	 FFS Medicare	5% Reduction	
	Avoidable ED visits 	 FFS Medicare	7% Reduction	

NC Health Opportunities Pilot Findings

JAMA. 2025;333(12):1041–1050.

Original Investigation

FREE

Medicaid Spending and Health-Related Social Needs in the North Carolina Healthy Opportunities Pilots Program

Seth A. Berkowitz, MD, MPH^{1,2}; Jessica Archibald, MSA¹; Zhitong Yu, MPH¹ ;
Myklynn LaPoint, BA¹; Salma Ali, MPH¹; Maihan B. Vu, DrPH, MPH^{3,4}; Gaurav Dave, MBBS, DrPH, MPH^{2,5};
Kori B. Flower, MD, MS, MPH⁶; Marisa Elena Domino, PhD⁷



NC HOP Findings

“...the time of HOP enrollment was one of **initially greater spending**... subsequently there was a ***significantly decreasing trend in spending*** relative to what would have been expected.”

Camden Coalition



The NEW ENGLAND
JOURNAL of MEDICINE

CURRENT ISSUE ▼

SPECIALTIES ▼

TOPICS ▼

SPECIAL ARTICLE




Health Care Hotspotting — A Randomized, Controlled Trial

Authors: Amy Finkelstein, Ph.D., Annetta Zhou, Ph.D., Sarah Taubman, Sc.D., and Joseph Doyle, Ph.D. [Author Info & Affiliations](#)

Published January 8, 2020 | N Engl J Med 2020;382:152-162 | DOI: 10.1056/NEJMsa1906848 | **VOL. 382 NO. 2**

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So...what
happened in
Camden?

- Younger, sick, medically and socially complex population
- Outcomes almost exclusively focused on readmissions
- Limited community services vs. contamination

Assistance Interventions and Racial Health Equity

January 19, 2023

Racial Health Equity and Social Needs Interventions

A Review of a Scoping Review

Crystal W. Cené, MD, MPH^{1,2}; Meera Viswanathan, PhD³; Caroline M. Fichtenberg, PhD^{4,5}; et al

JAMA Netw Open. 2023;6(1):e2250654.

Of 152 studies only
14% reported whether
intervention outcomes
differed by participant
race or ethnicity.

Another 23
studies (15%) included
race or ethnicity in
their analyses as
confounders.

108 [71%] did not
include race or
ethnicity in their
analyses at all.

AHC Findings in Subgroups Analyses



Likelihood of
Navigation
Acceptance



Likelihood
of HRSN
Resolution



Cost and
Quality of Care
Impact
Differences



Black or African
American Beneficiaries

20%
Increase



Hispanic Beneficiaries

19%
Increase



Black or African
American Beneficiaries

4%
Increase



Hispanic Beneficiaries

11%
Increase



Non-White and/or
Hispanic FFS
Medicare
Beneficiaries Had
Greater Reductions in

\$
Expenditures



Hospital Use



Technology might facilitate assistance strategies



SOCIALLY DETERMINED

Offerings

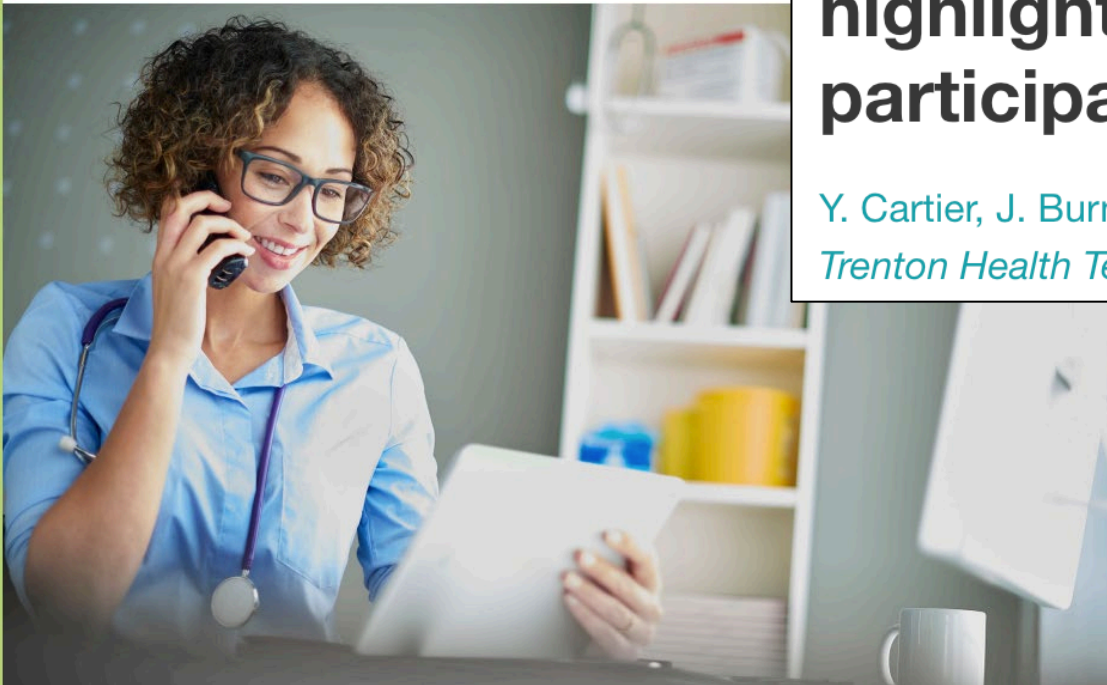
- Resource and referral data
- Data exchange
- Community-based network
- Predictive analytics

Or it might not....

Community Resource Referral Platforms: A Guide for Health Care Organizations

Yuri Cartier, MPH
Caroline Fichtenberg, PhD
Laura Gottlieb, MD, MPH

April 16, 2019



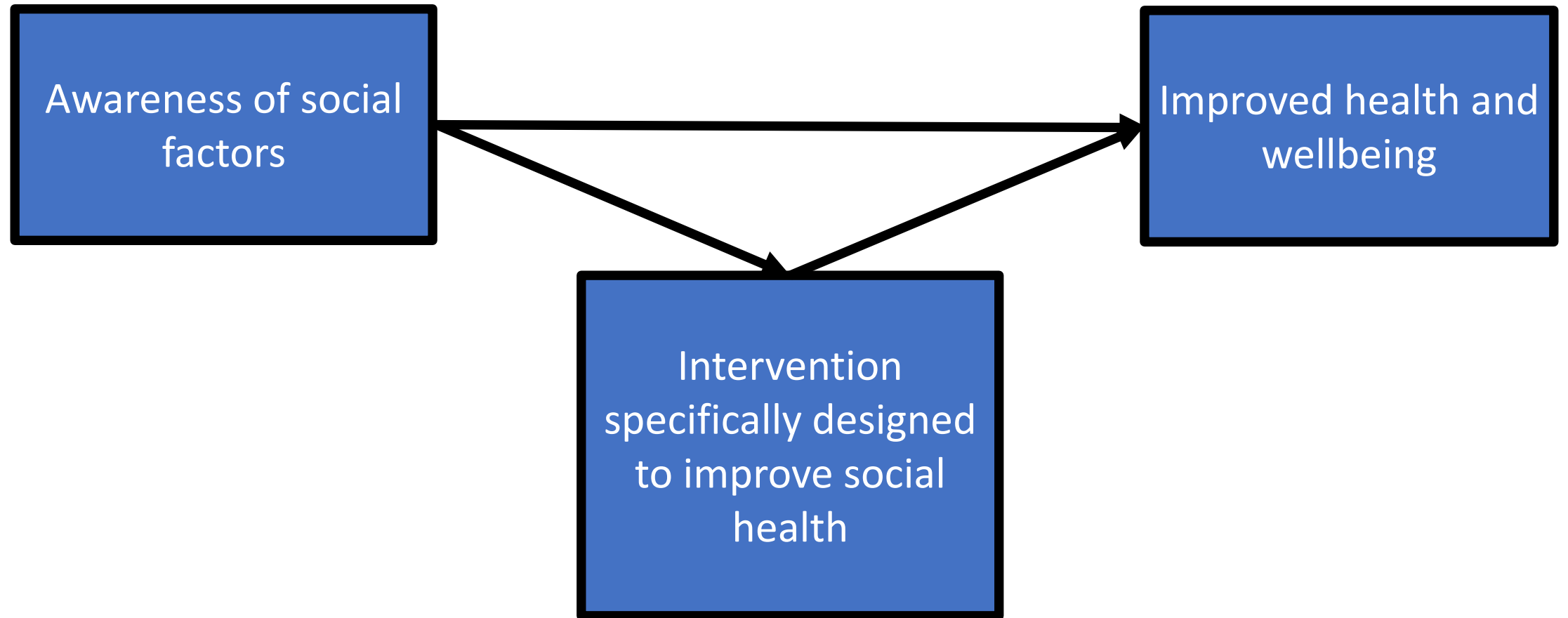
[← Back to Evidence & Resource Library](#)

CBO perspectives on community resource referral platforms: Findings from year 1 of highlighting and assessing referral platform participation (HARP)

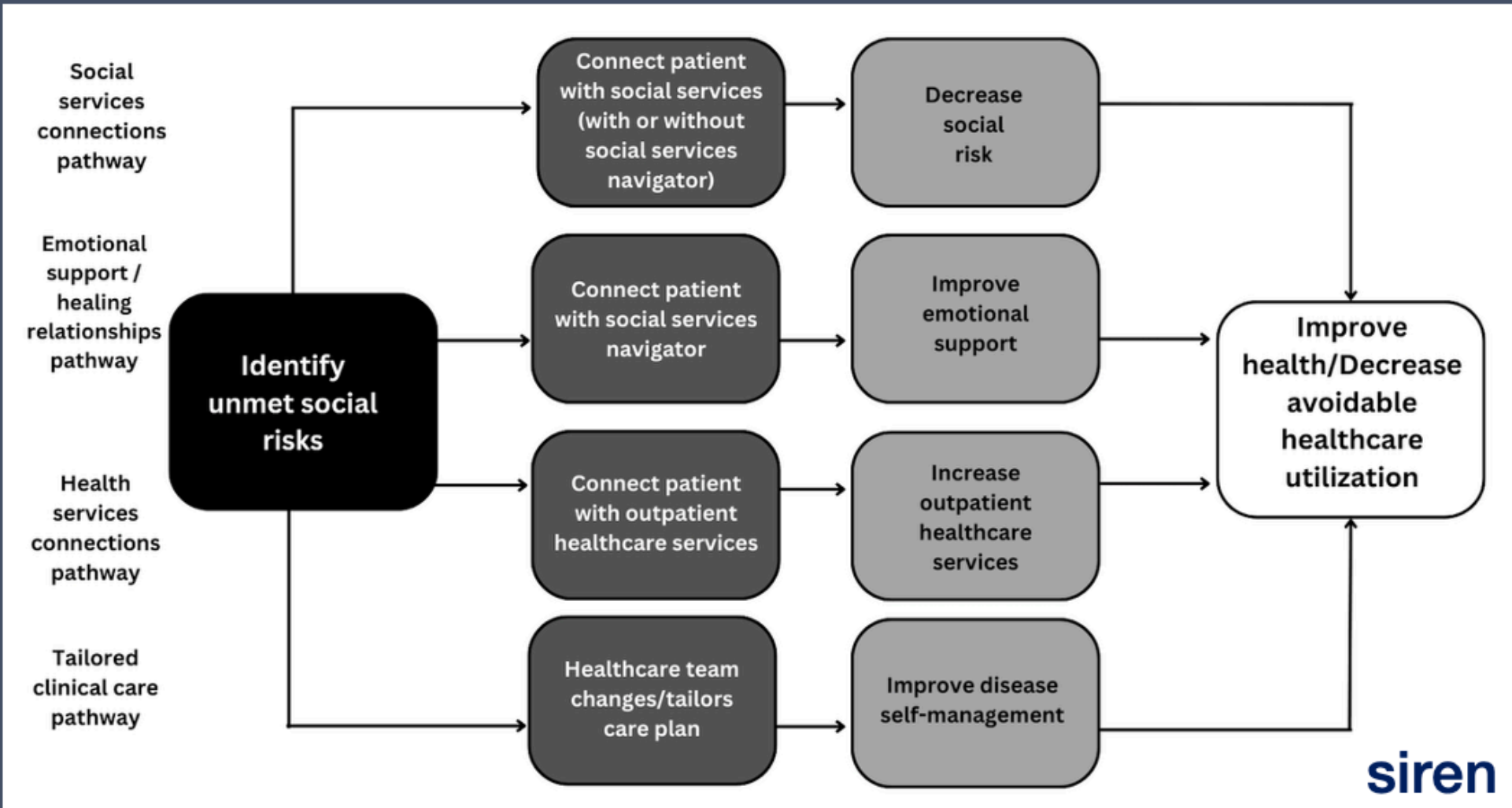
Y. Cartier, J. Burnett, C. Fichtenberg, E. Morganstern, N. Terens, S. Altschuler, G. Paulson
Trenton Health Team

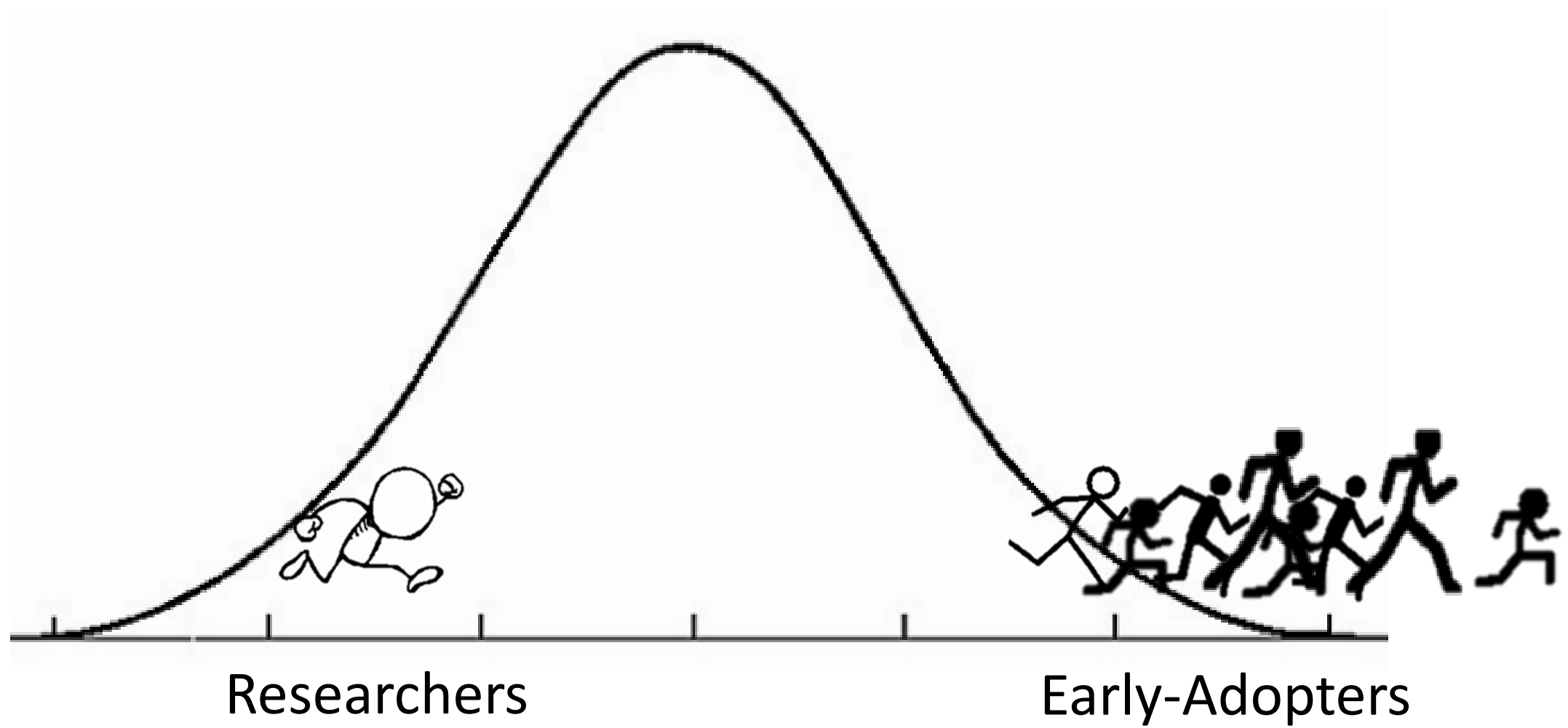
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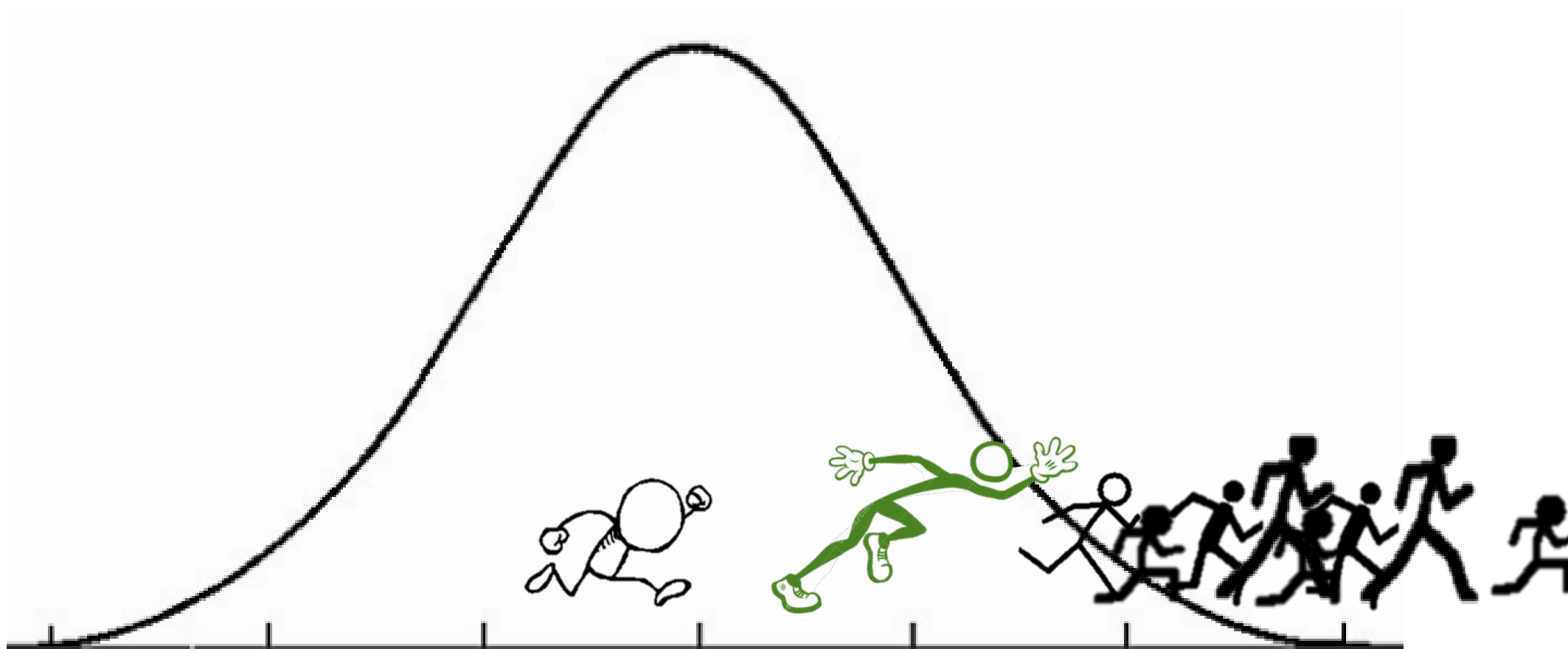
Pathways to health



Revising the Logic Model: *Milbank Q* 2024







Policymakers

Social Care Policymaking



Policymakers



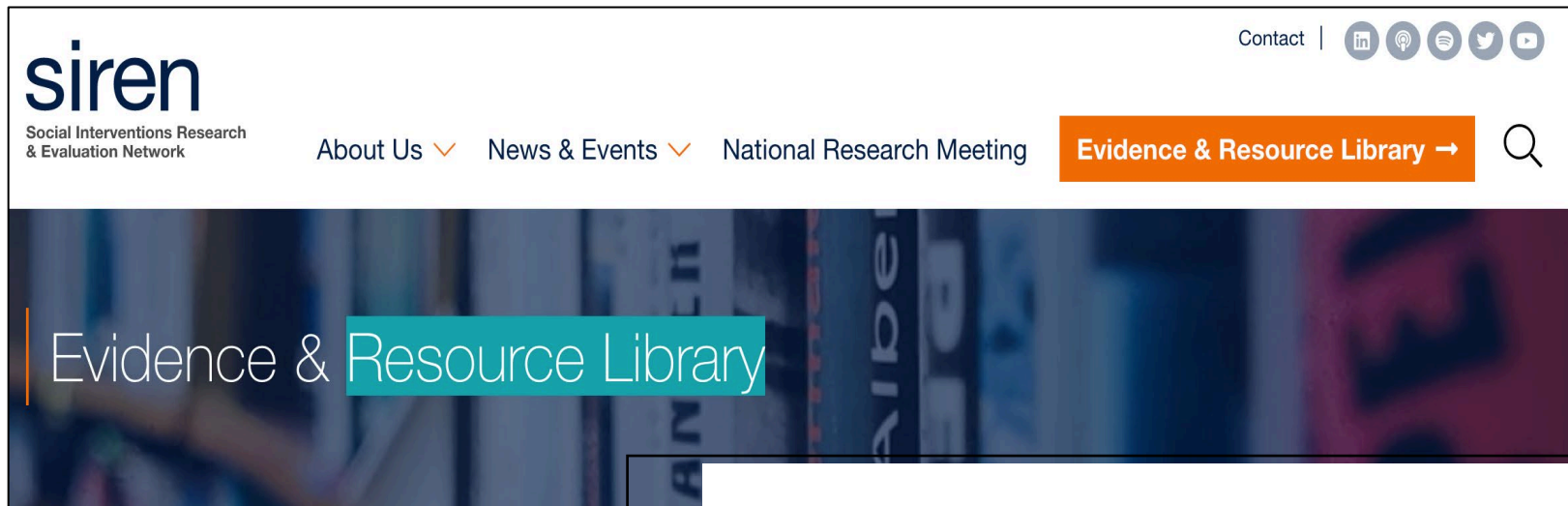
Social Care Policymaking



Policymakers



Places to find more evidence on clinic-based social care



Other Evidence Products

Completed

An Evidence Map of Social Needs Interventions and Health Outcomes

pcori  PATIENT-CENTERED OUTCOMES
RESEARCH INSTITUTE

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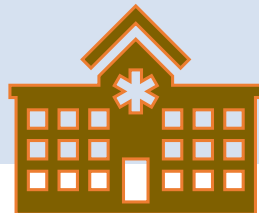
Advocacy
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Alignment and Advocacy

Leverage business operations

Employment
Procurement
Investment



Provide or support local social services and community activities

Grants
Direct service provision
Non-financial support



Collaborate to support systems change

Multi-sector coalitions
Advocacy



Social care practices, ethics, and equity

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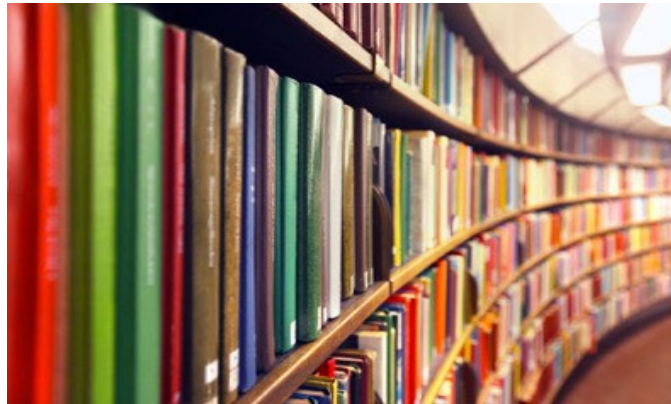
Social care practice example	Related medical ethics questions
Screening for food security at every clinic visit (<i>Awareness</i>)	Could screening exacerbate perceived or actual discrimination?
Linking patients to community-based organizations (<i>Assistance</i>)	How do we avoid the “Bridge to Nowhere” problem? Could healthcare involvement here decrease societal investments in social services?
Changing medications based on affordability (<i>Adjustment</i>)	Could social risk-informed care be rationalizing poor care for low-income populations?
Health care’s community-level activities (<i>Alignment and Advocacy</i>)	Where can healthcare’s investments maximize positive outcomes?

Social Interventions Research & Evaluation Network

SIREN's mission is to improve health and health equity by catalyzing and disseminating high quality research that advances health care sector strategies to improve social conditions.



Catalyzing high
quality research



Collecting &
disseminating research



Consulting on
research & analytics

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

Questions?



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