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Social Determinants of Health & Medicine

10/22/22

Angel Bourdon
Director of Community Health and Innovation

About Me & SCHA

SCHA Position Statement:

"SCHA aims to ***build a better state of health***, helping hospitals serve their communities by advocating for sound healthcare policies and legislation, innovating to discover ways to improve health, leading collaborative efforts to tackle major initiatives, accelerating the movement of ideas toward adoption, and supporting the people who are the heart of our hospital community."

Director of Community Health & Innovation

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Agenda

- Social Determinants of Health
- Perspectives:
  - National
  - Community
  - Clinical

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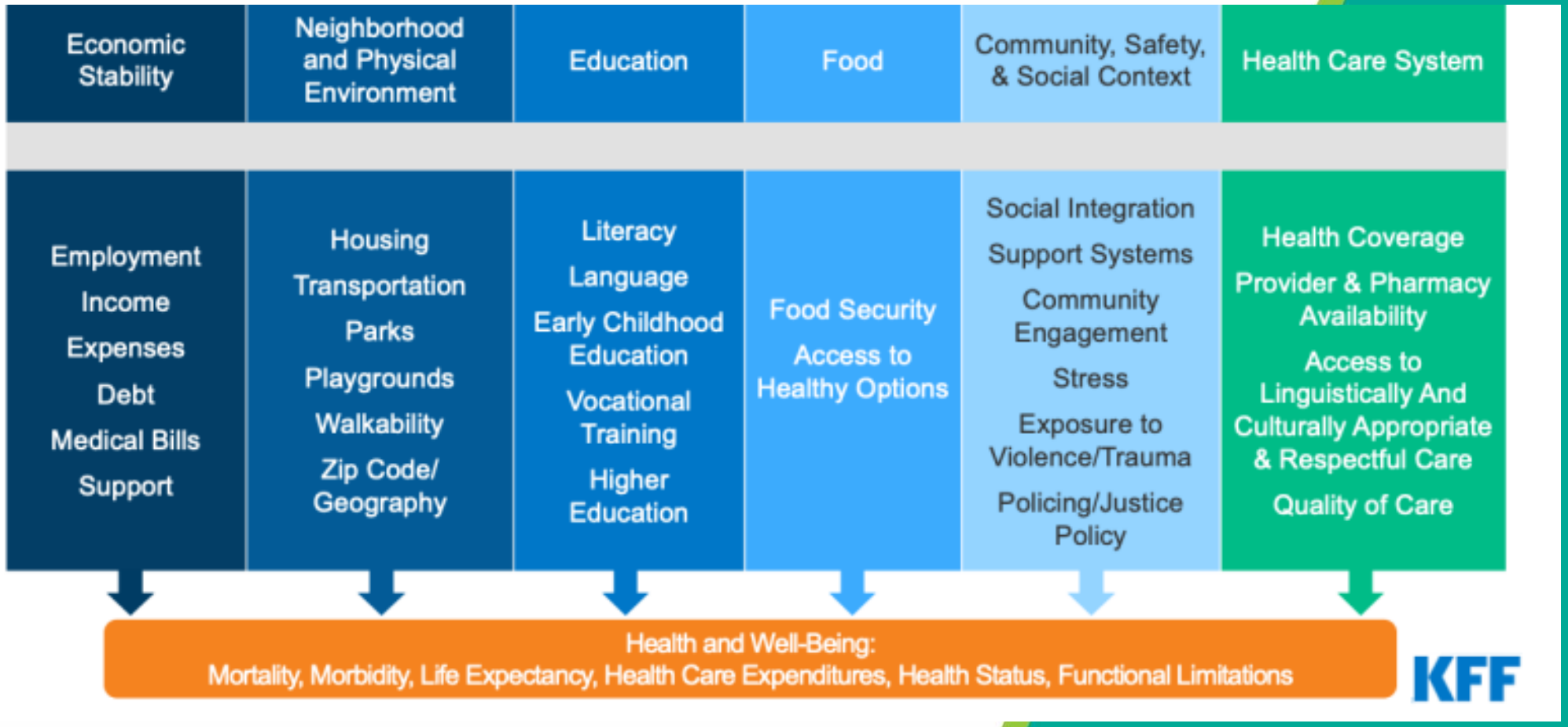
What are Social Determinants of Health?



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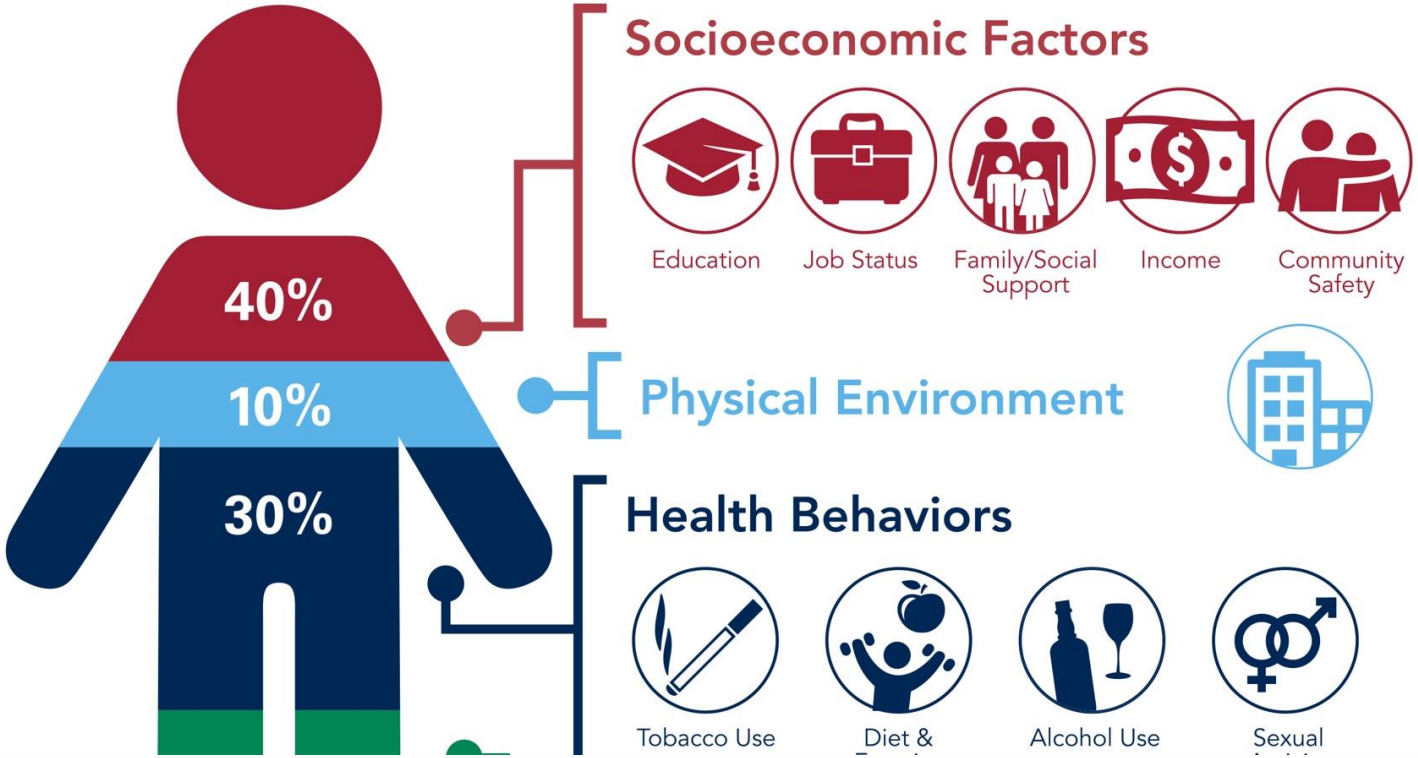
IMPACT OF SOCIAL DETERMINANTS OF HEALTH

Social determinants of health have tremendous affect on an individual's health regardless of age, race, or ethnicity.



SDOH Impact

- **20 percent** of a person's health and well-being is related to **access to care** and **quality of services**
- The **physical environment**, **social determinants** and **behavioral factors** drive **80 percent** of health outcomes

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Need Help DONATE

FEEDING AMERICA

HUNGER IN AMERICA | OUR WORK | TAKE ACTION | FIND A FOOD BANK | HUNGER BLOG

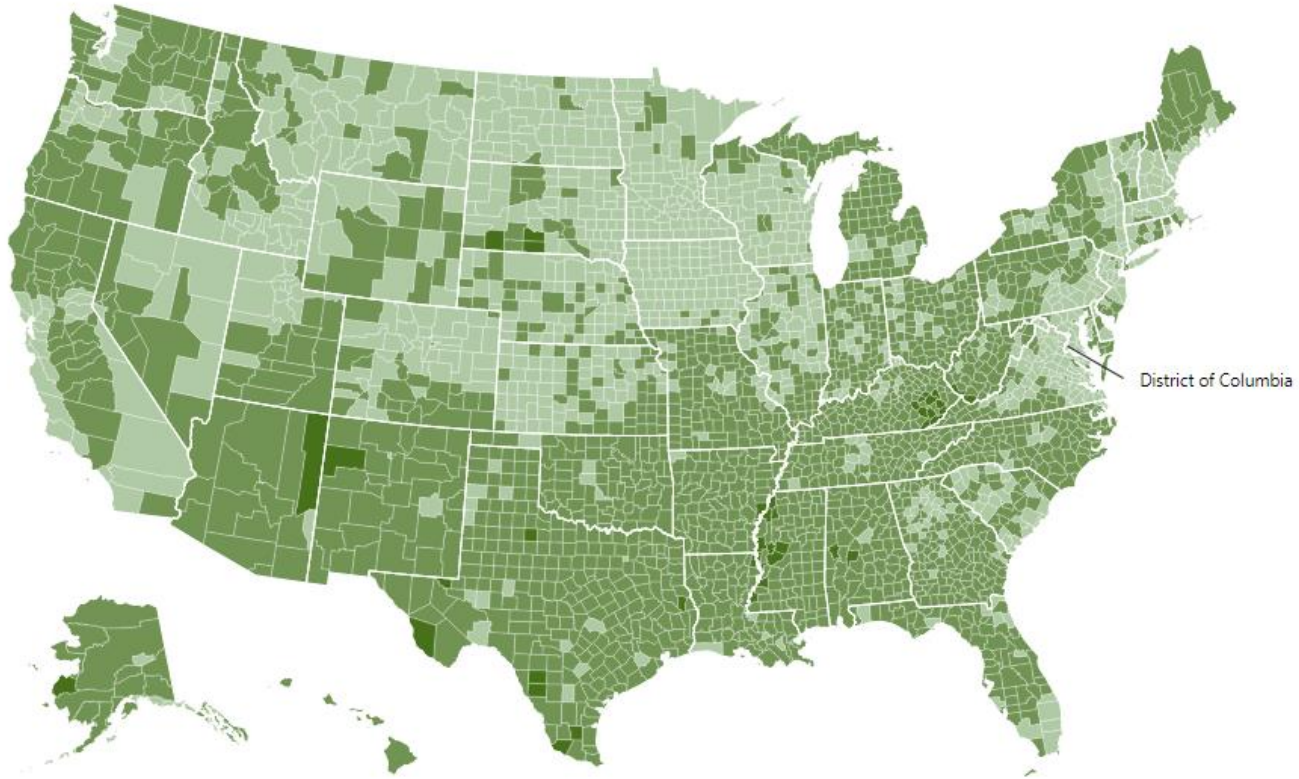
State, County, or Food Bank

Demographic: Overall (all ages)

Map Type: District | County

Year: 2020 | 2019 | 2018 | 2017

The United States



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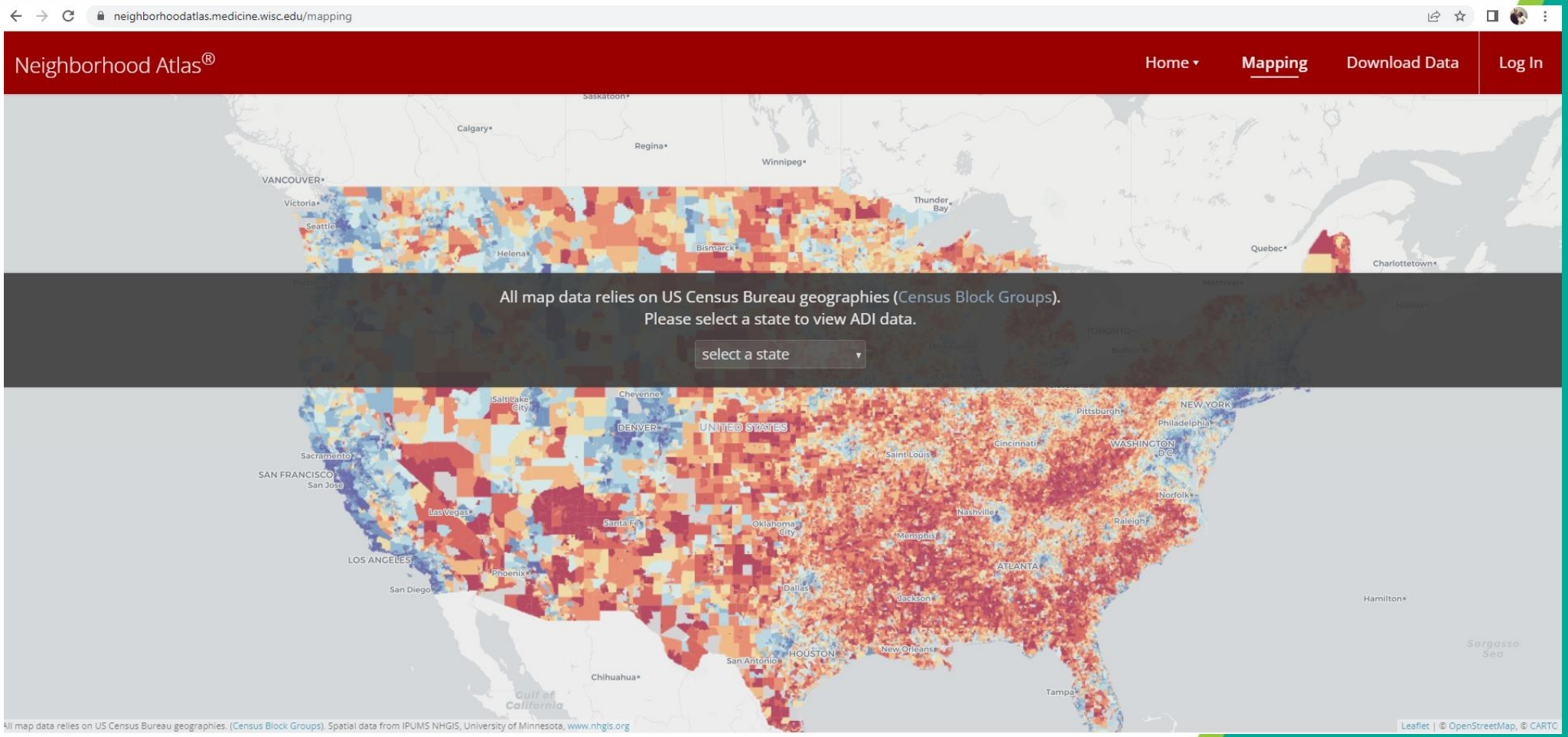
Area Depravation Index



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SDOH in South Carolina: *Community Perspective*

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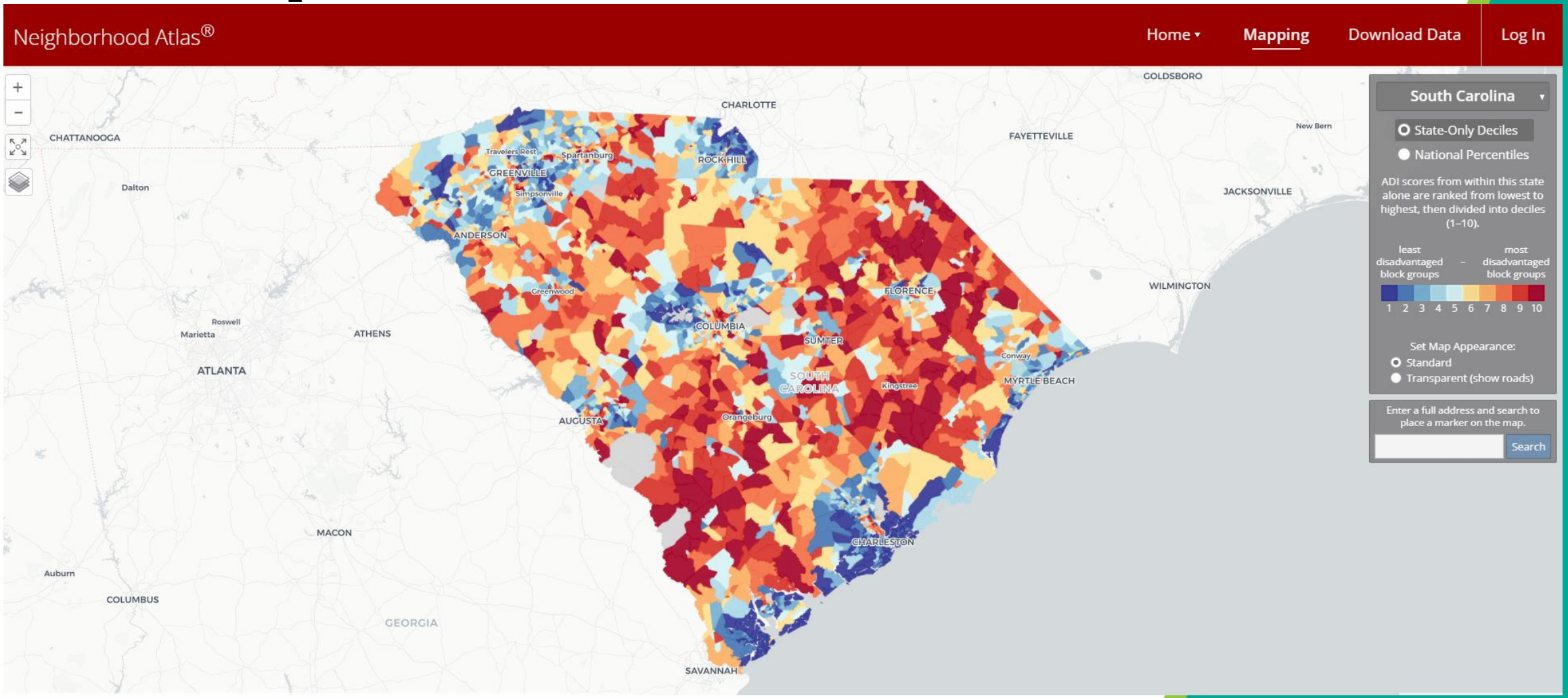
Area Depravation Index – South Carolina



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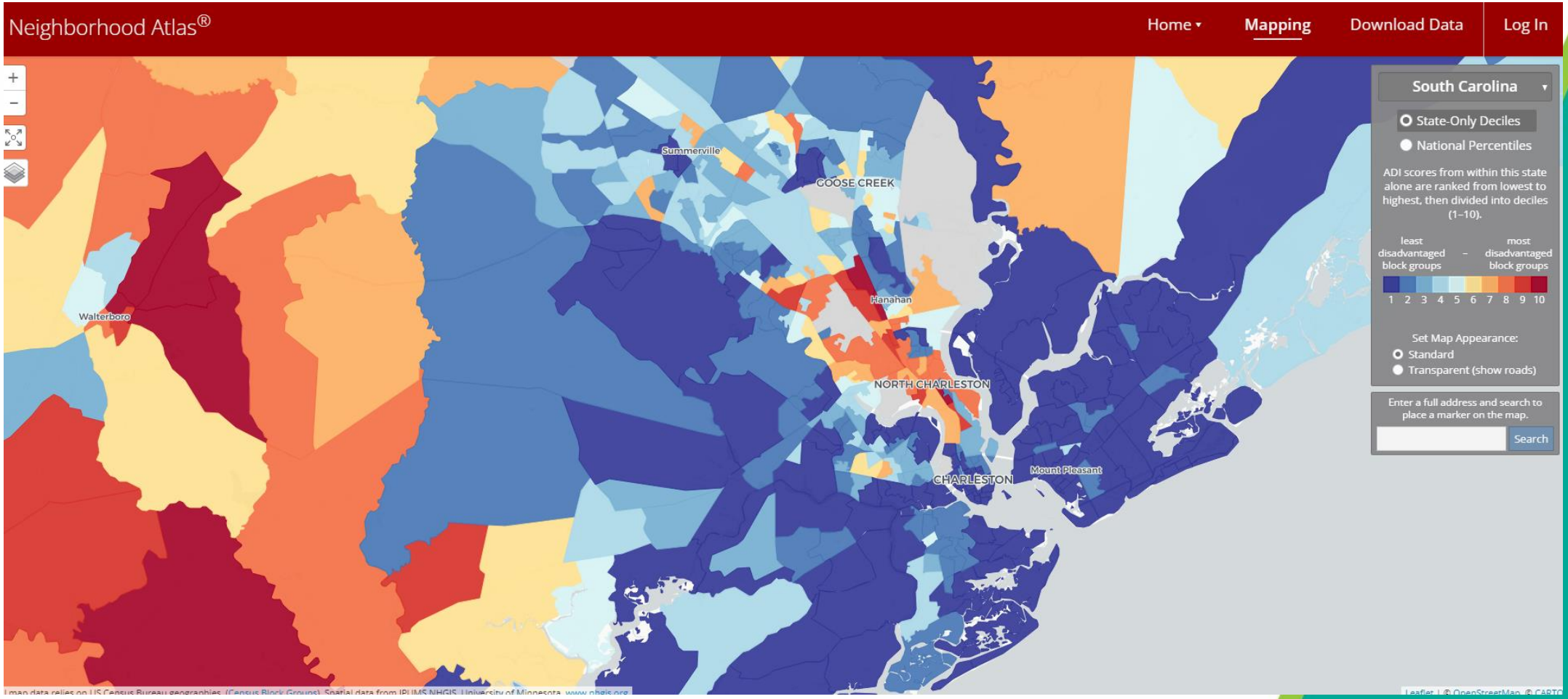
Area Depravation Index – Charleston



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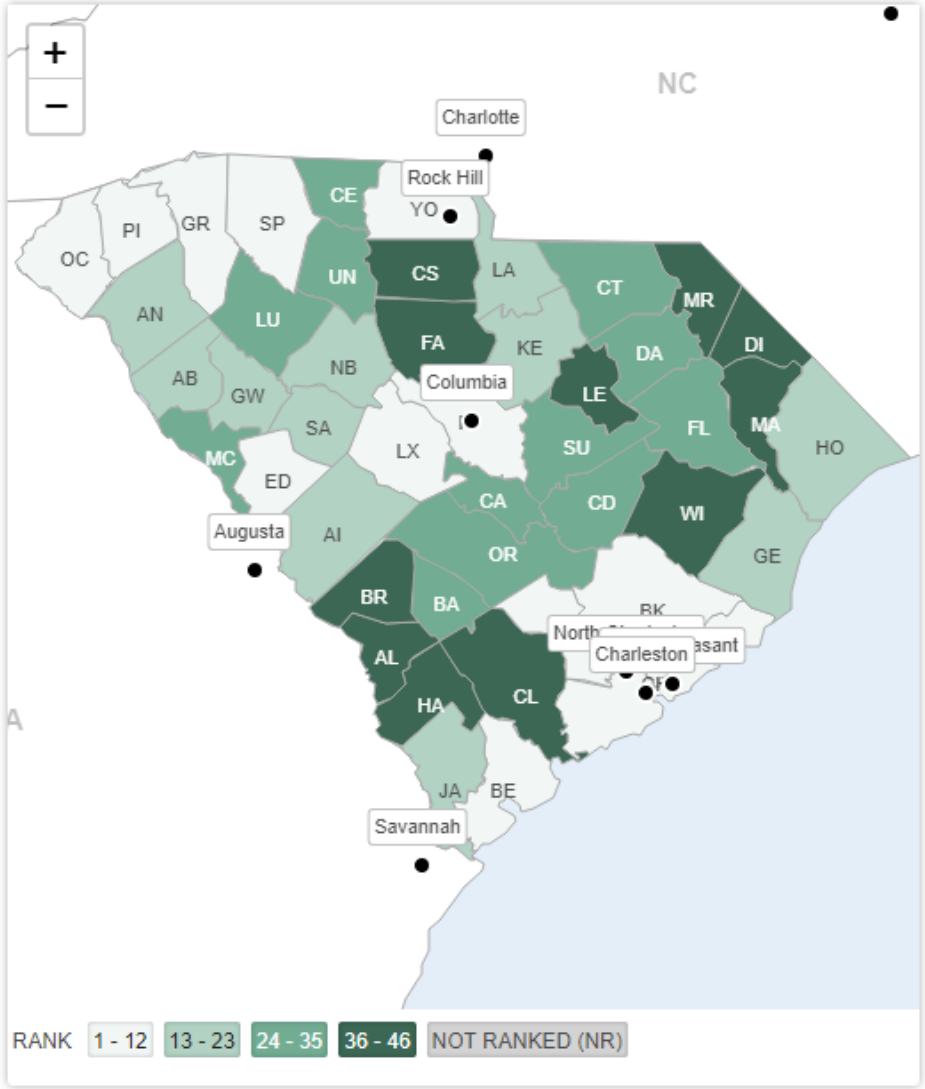
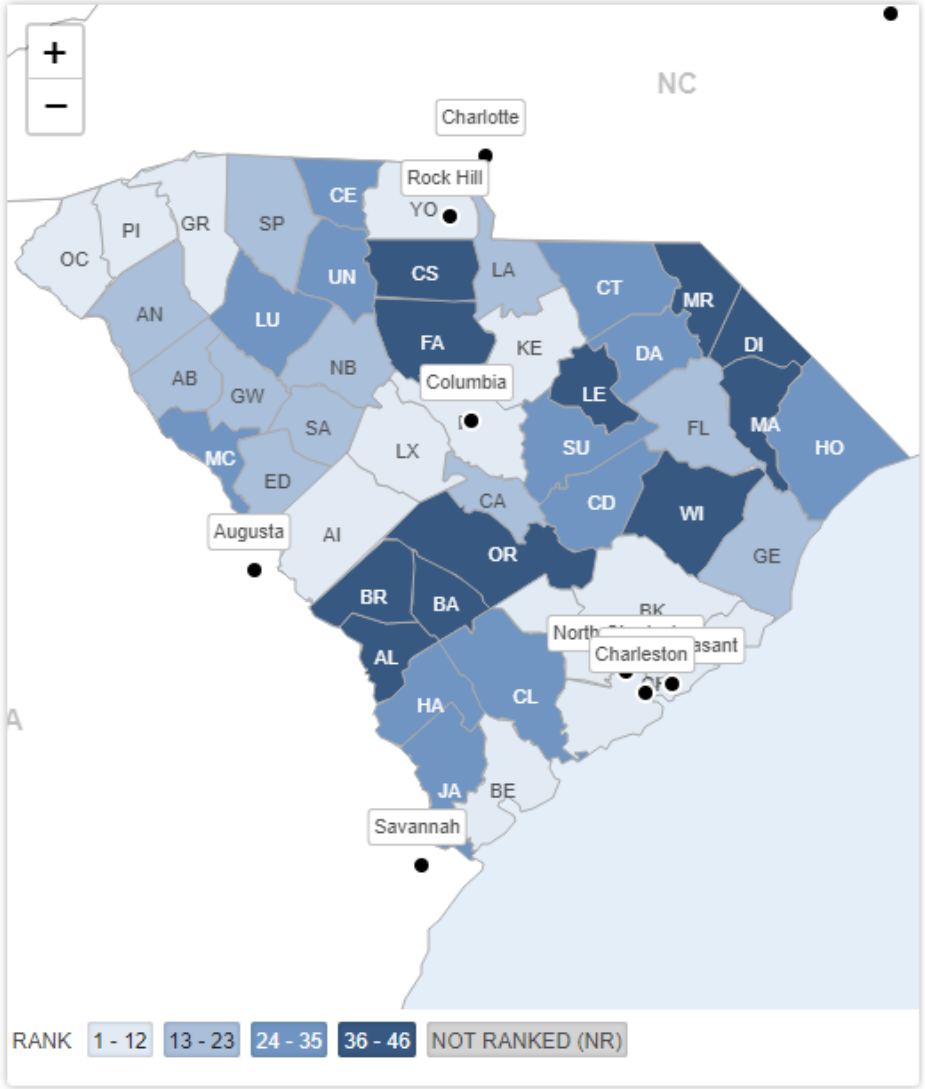
County Health Rankings

Overall Rankings in Health Outcomes



Overall Rankings in Health Factors



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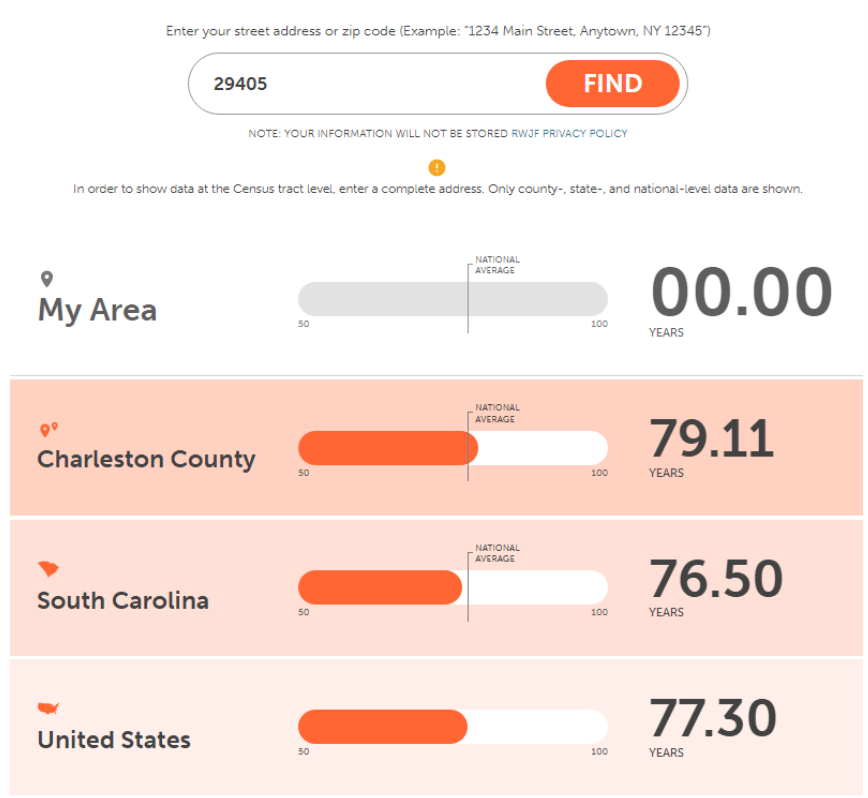
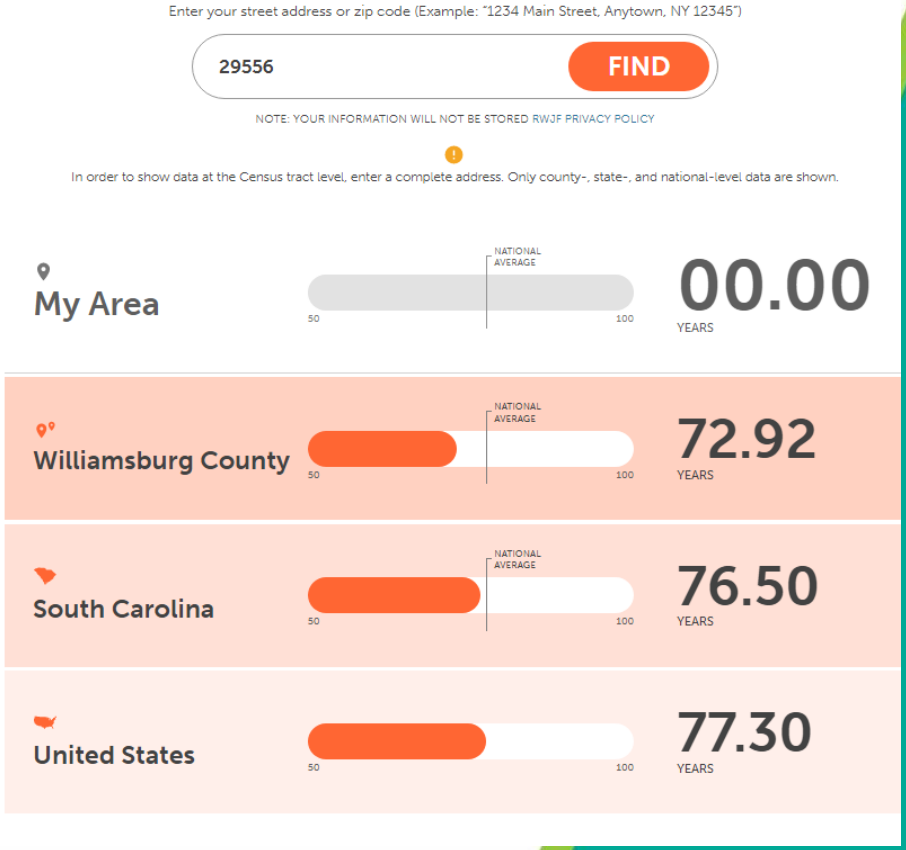
Place Matters – Zip Code & Life Expectancy





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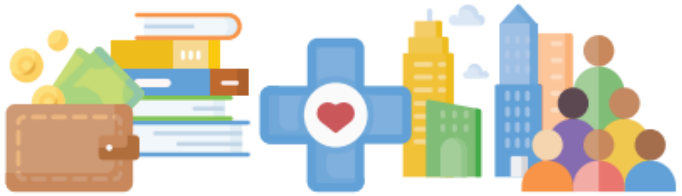
Robert Wood Johnson Foundation,
https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Consider The Impact of Health Disparities

Health disparities can lead to poor patient outcomes and significant excess financial cost.

Social determinants of health include:
economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community contexts.[1]



1 in 10 Americans live in poverty with the inability to afford healthcare, healthy food, and housing.[1]

Health Outcome Contributors

80%-90% social determinants

10%-20% medical care[3]

Yet, an estimated **95%** of health expenditures are on medical costs.[4]

In the United States:

Health disparities have amounted to **$93 billion** in excess medical cost annually.[5]

Dual Eligible Individuals

1.5 times higher hospital utilization

70% higher use of high-risk drugs

18% higher avoidable hospital readmissions

as opposed to non-dual eligible individuals[2]

Source: https://www.hsag.com/globalassets/hqic/hqic-healthequity-bizcase.pdf

Healthy People, Healthy Carolinas

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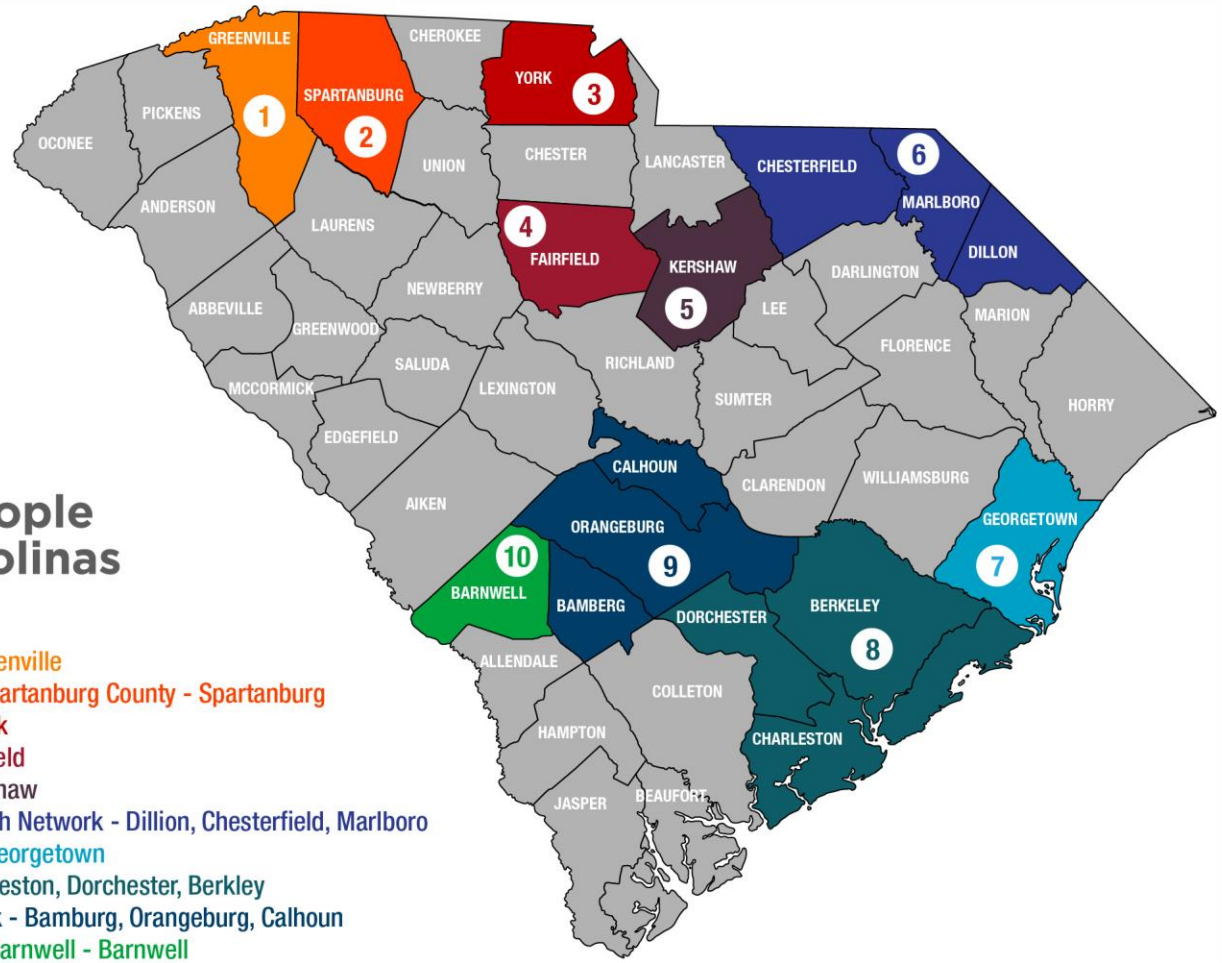
Healthy People, Healthy Carolinas



Healthy People
Healthy Carolinas

1. LiveWell Greenville - Greenville
2. Eat Smart Move More Spartanburg County - Spartanburg
3. Impact York County - York
4. Fairfield Forward - Fairfield
5. LiveWell Kershaw - Kershaw
6. Northeastern Rural Health Network - Dillion, Chesterfield, Marlboro
7. LiveWell Georgetown - Georgetown
8. Healthy TriCounty - Charleston, Dorchester, Berkley
9. Tricounty Health Network - Bamburg, Orangeburg, Calhoun
10. Eat Smart Move More Barnwell - Barnwell

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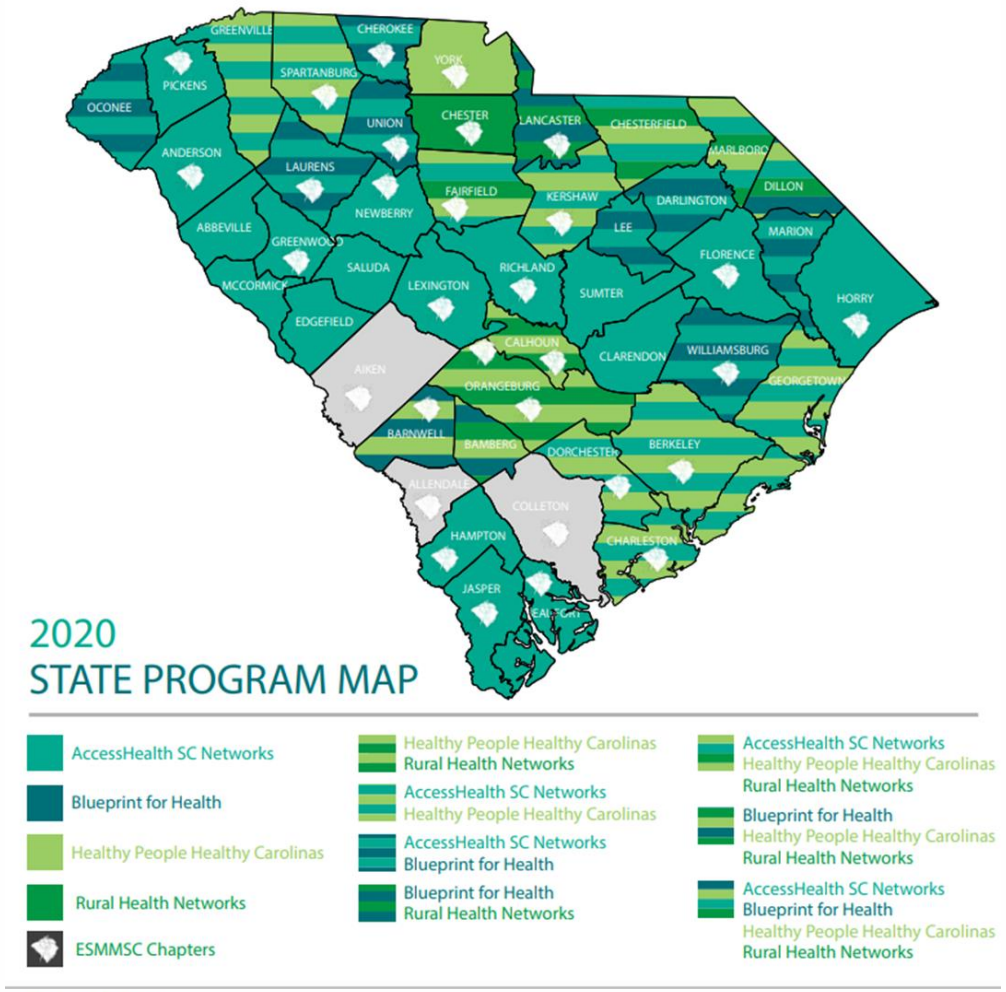
Coalition Program Map



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Healthy People
Healthy Carolinas

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SDOH in South Carolina: *Clinical Perspective*

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American Medical Association - Policy

Health In All of Its Dimensions

Explore topics

Civil and Human Rights

Health, In All Its Dimensions, Is a Basic Right H-65.960

Topic: Civil and Human Rights
Meeting Type: Annual
Action: Reaffirmed
Council & Committees: NA, NA

Policy Subtopic: NA
Year Last Modified: 2022
Type:

Our AMA acknowledges: (1) that enjoyment **of** the highest attainable standard **of health, in all its dimensions**, including **health** care is a basic human right; and (2) that the provision **of health** care services as well as optimizing the social determinants **of health** is an ethical obligation **of** a civil society.

Policy Timeline

Res. 021, A-19 Reaffirmed: Res. 234, A-22

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Audience Poll

INSERT POLL

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Association of American Medical Colleges

Top 10 Prioritized Community Needs
Explicitly Addressed Across 97 Implementation Strategies

1.	Access to medical care
2.	Mental health access and treatment
3.	Chronic disease management
4.	Obesity
5.	Social determinants of health[1]
6.	Child health
7.	Healthy living
8.	Cancer
9.	Substance abuse
10.	Diabetes

Social Determinants of Health
Addressed Across 89 Implementation Strategies[2] in Rank Order of Frequency

1.	Food access
2.	Social support
3.	Poverty
4.	Crime
5.	Education[3]
6.	Transportation
7.	Housing
8.	Built environment
9.	Racism

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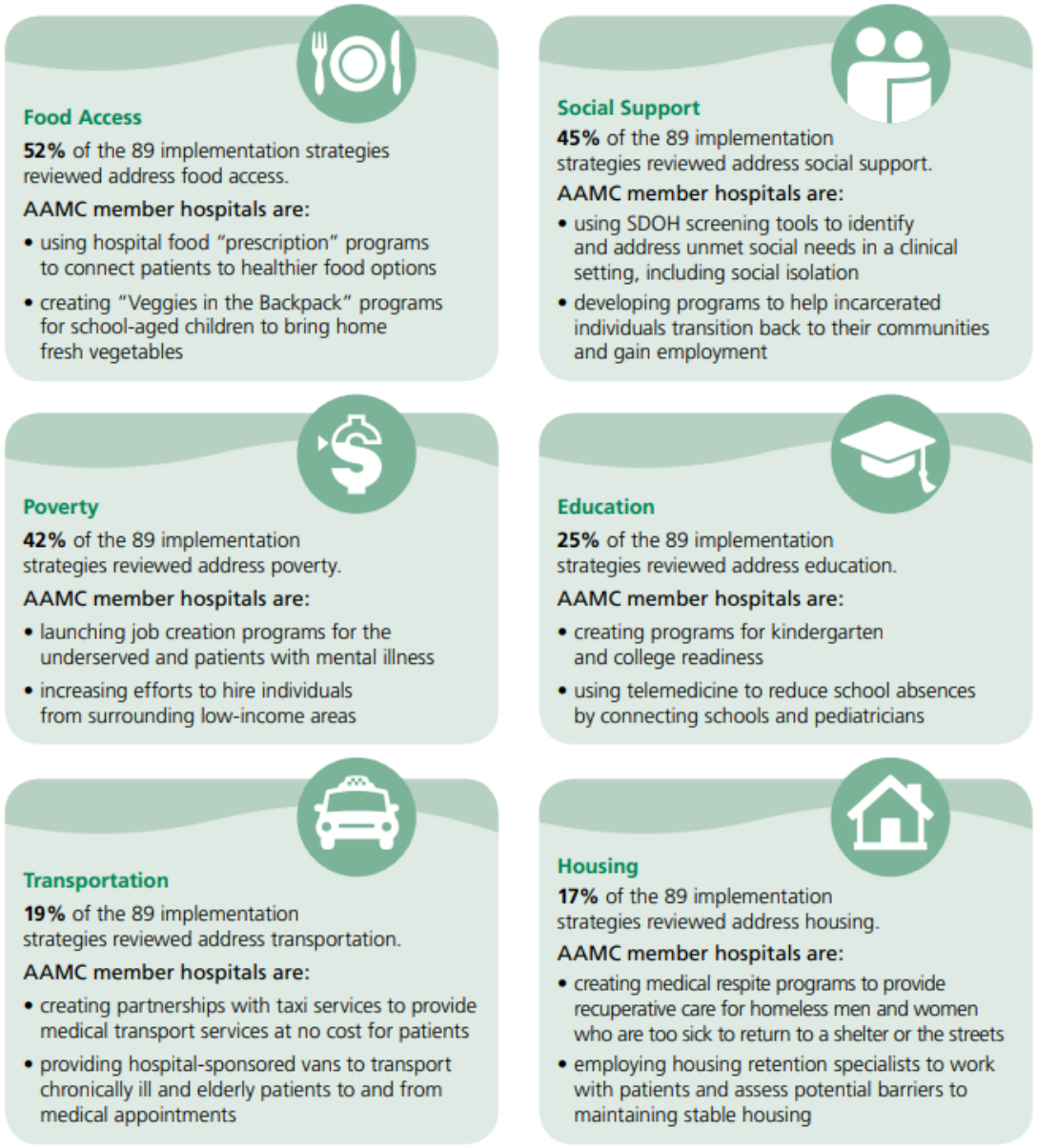
https://www.researchgate.net/profile/Philip-Alberti/publication/317767601_Teaching_Hospitals%27_Commitment_to_Addressing_the_Social_Determinants_of_Health/links/594bb964aca272ea0a912824/Teaching-Hospitals-Commitment-to-Addressing-the-Social-Determinants-of-Health.pdf

Association of American Medical Colleges



Food Access

52% of the 89 implementation strategies reviewed address food access.

AAMC member hospitals are:

- using hospital food "prescription" programs to connect patients to healthier food options
- creating "Veggies in the Backpack" programs for school-aged children to bring home fresh vegetables

Social Support

45% of the 89 implementation strategies reviewed address social support.

AAMC member hospitals are:

- using SDOH screening tools to identify and address unmet social needs in a clinical setting, including social isolation
- developing programs to help incarcerated individuals transition back to their communities and gain employment

Poverty

42% of the 89 implementation strategies reviewed address poverty.

AAMC member hospitals are:

- launching job creation programs for the underserved and patients with mental illness
- increasing efforts to hire individuals from surrounding low-income areas

Education

25% of the 89 implementation strategies reviewed address education.

AAMC member hospitals are:

- creating programs for kindergarten and college readiness
- using telemedicine to reduce school absences by connecting schools and pediatricians

Transportation

19% of the 89 implementation strategies reviewed address transportation.

AAMC member hospitals are:

- creating partnerships with taxi services to provide medical transport services at no cost for patients
- providing hospital-sponsored vans to transport chronically ill and elderly patients to and from medical appointments

Housing

17% of the 89 implementation strategies reviewed address housing.

AAMC member hospitals are:

- creating medical respite programs to provide recuperative care for homeless men and women who are too sick to return to a shelter or the streets
- employing housing retention specialists to work with patients and assess potential barriers to maintaining stable housing

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Social Determinants of Health Collaborative Approach

(1)Encourage hospitals to deploy the appropriate survey instrument to screen for SDOH,
(2) Explore vendor software for the capture of SDOH information, and discuss whether the SDOH information are cross walked with z codes,
(3) Examine constructive referral mechanisms for patients presenting with these needs
(4) Conduct research and analysis on trends associated with these codes.

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SDOH Category Overview

Z55 PROBLEMS RELATED TO EDUCATION & LITERACY

Z56 PROBLEMS RELATED TO EMPLOYMENT & UNEMPLOYMENT

Z57 OCCUPATION EXPOSURE TO RISK FACTORS

Z59 PROBLEMS RELATED TO HOUSING & ECONOMIC CIRCUMSTANCES

Z60 PROBLEMS RELATED TO SOCIAL ENVIRONMENT

Z62 PROBLEMS RELATED TO UPBRINGING

Z63 OTHER PROBLEMS RELATED TO PRIMARY SUPPORT GROUP, INCLUDING FAMILY CIRCUMSTANCES

Z64 PROBLEMS RELATED TO CERTAIN PSYCHOSOCIAL CIRCUMSTANCES

Z65 PROBLEMS RELATED TO OTHER PSYCHOSOCIAL CIRCUMSTANCES

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Initial Data Results on SDOH Hospitals Claims

- The percent of patients identified with SDOH remain small
- Rates are increasing slowly but steadily
- Self pay-largest proportion, lowest average total charge
- Homelessness
- Average charge per patient in the SDOH group
- Top admitting diagnoses-behavioral health related
- Inconsistent variation

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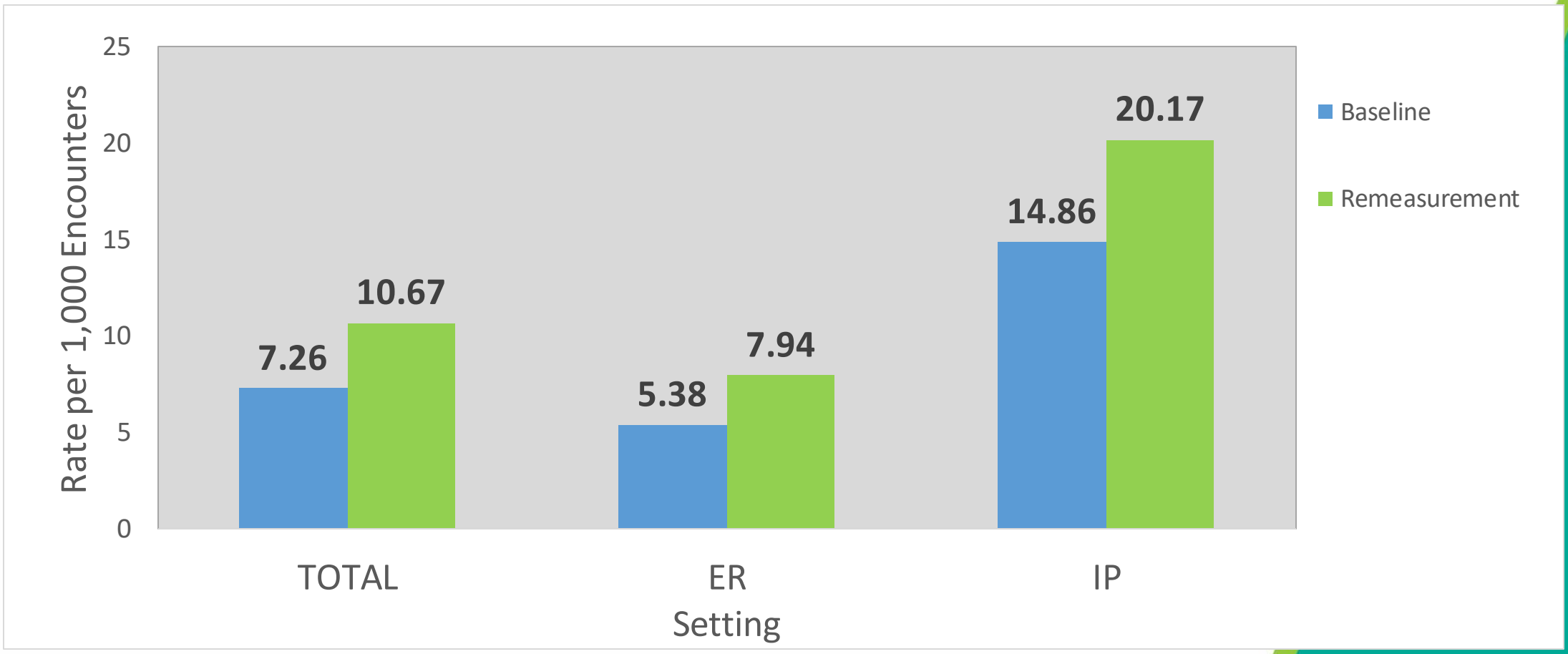
Table 1: SC's SDOH yearly rates increased after the Collaborative



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PERIODS COVERED: BASELINE JANUARY 1, 2019 - MAY 14, 2020 & REMEASUREMENT (Collaborative) MAY 15, 2020 - SEPTEMBER 30, 2021

Table 2: SC's Quarterly SDOH rate per 1000 Encounters After Collaborative

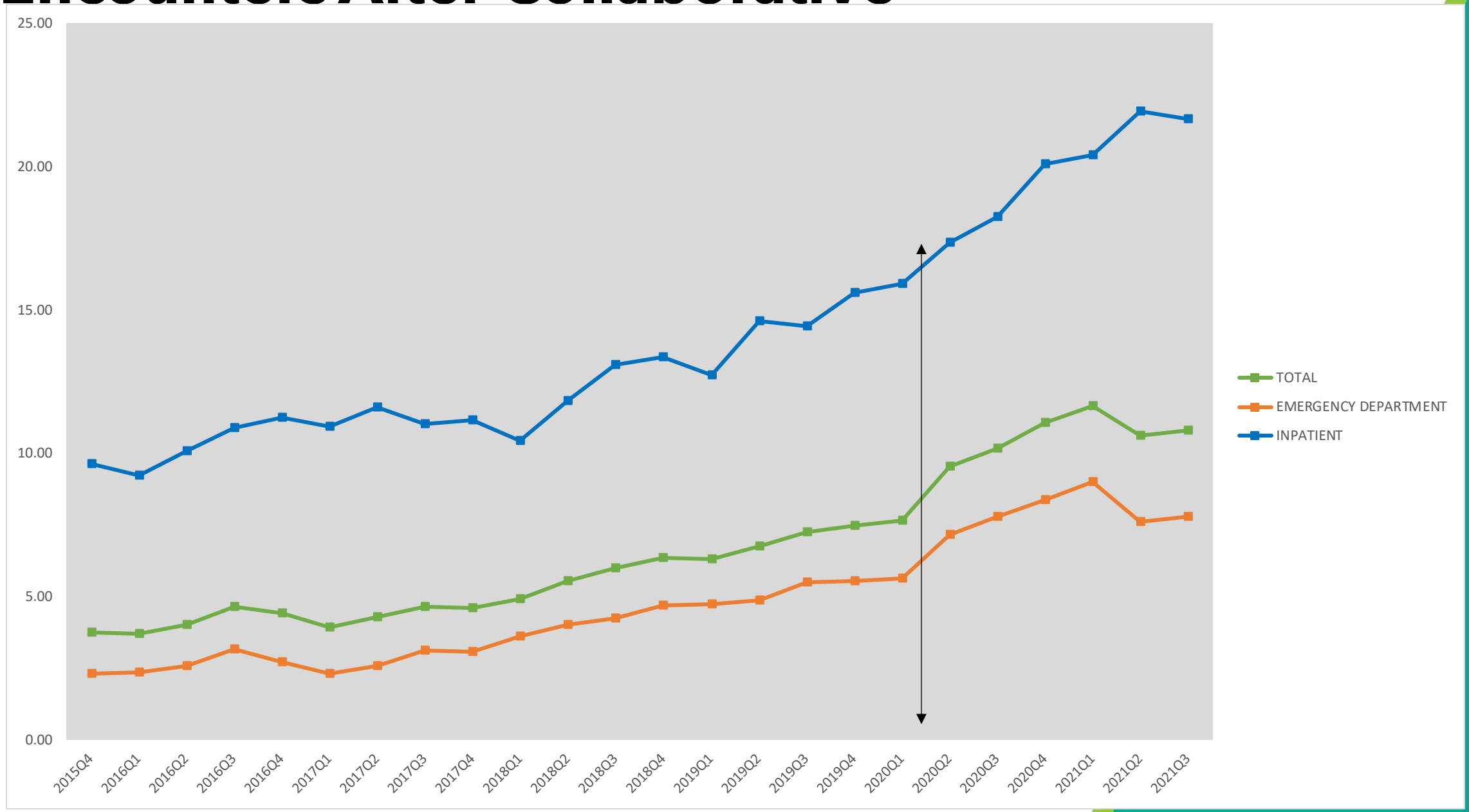


Table 3: SC's Quarterly SDOH Encounter Percentage

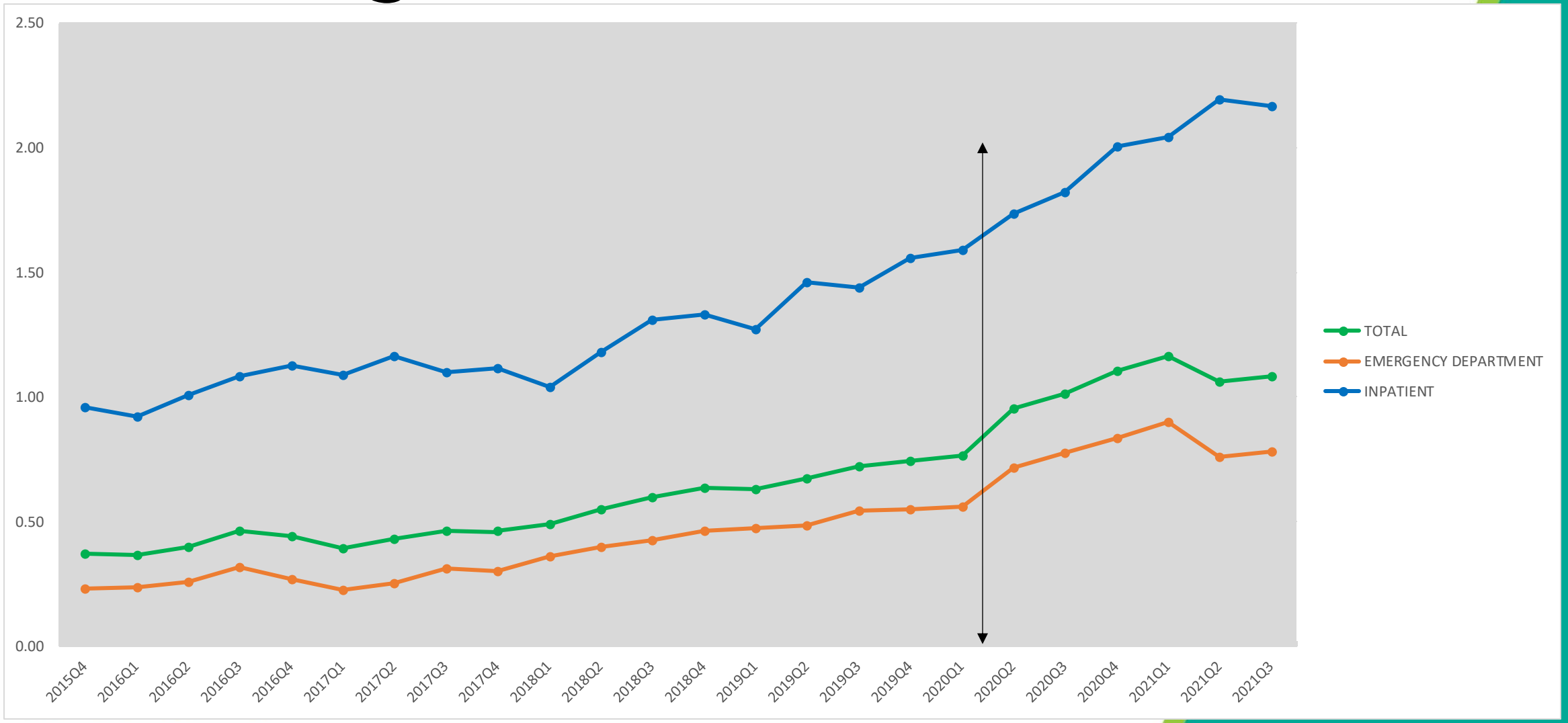


Table 4: SC's Inpatient SDOH Encounter Z-Code Composition by SDOH Category

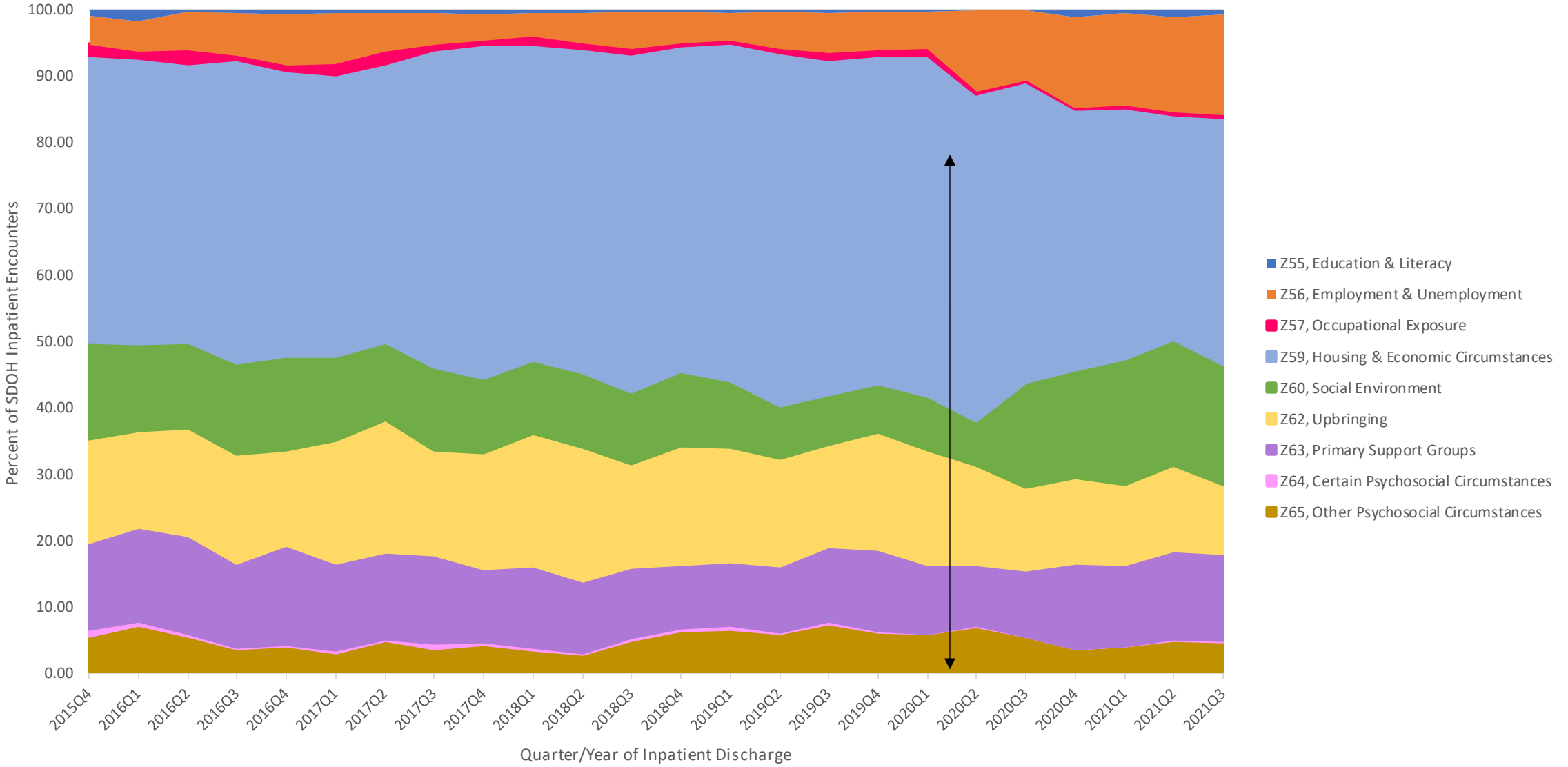


Table 5: SC's Inpatient SDOH Encounter Percent by Patient Race

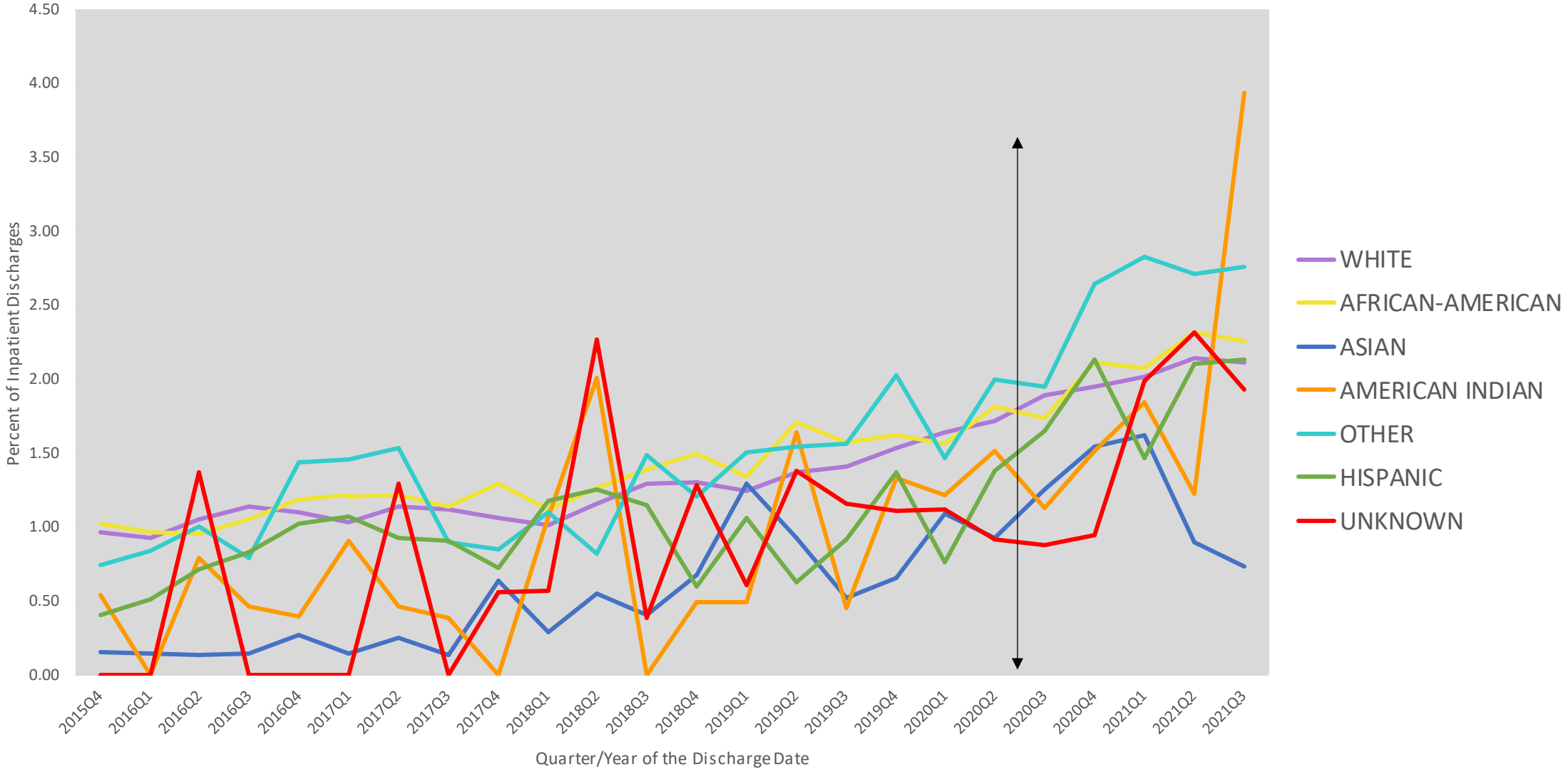
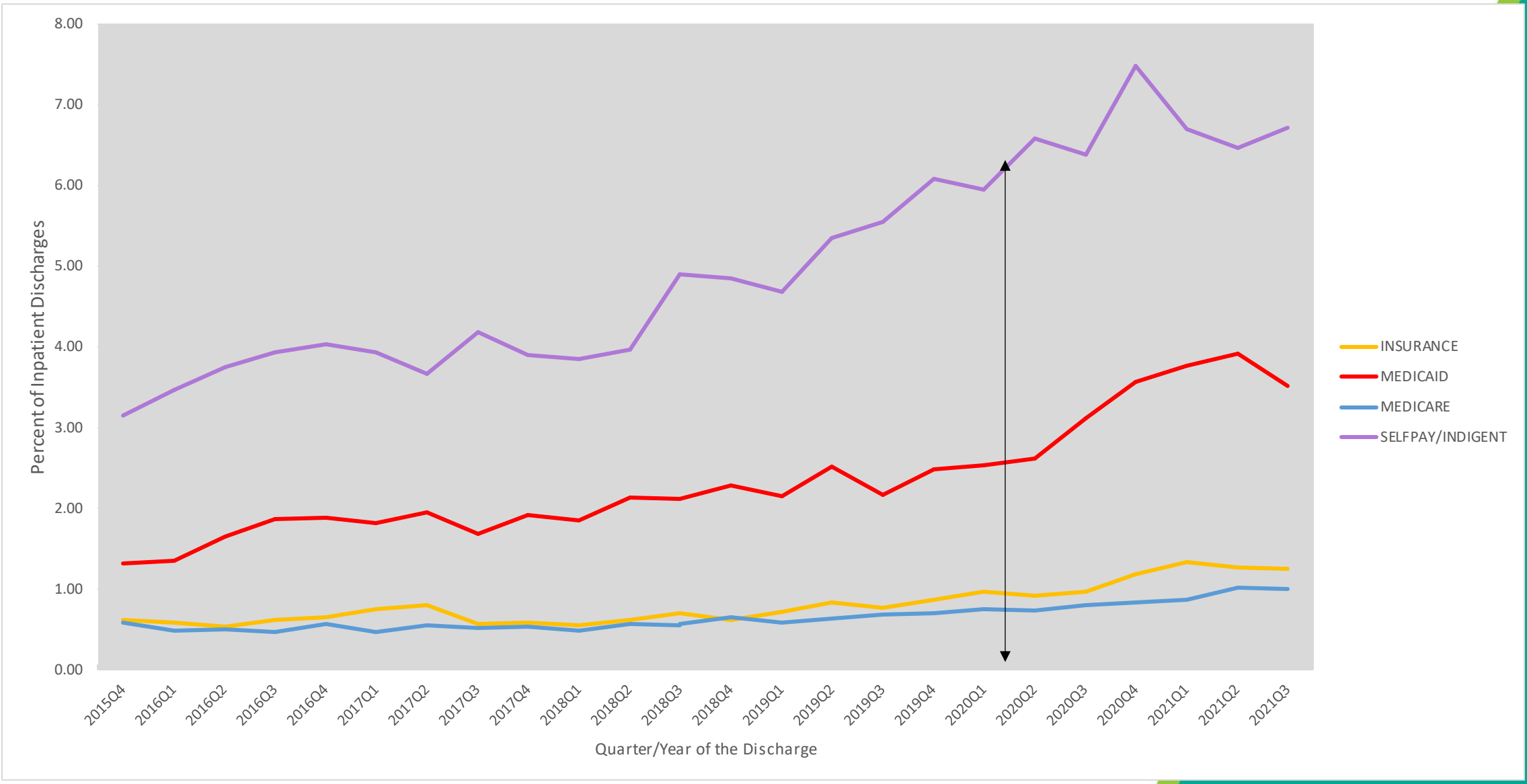


Table 6: SC's Inpatient SDOH Encounter Percent by Primary Expected Payer



USING Z CODES:

The **Social Determinants of Health (SDOH)** Data Journey to Better Outcomes

What are Z codes

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.

Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.[1]

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.[2]

Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A Disparities Impact Statement can be used to identify opportunities for advancing health equity.

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CMS.GOV /MEDICARE/ICD-10/2022-ICD-10-CM

CDC.GOV/NCHS/ICD/ICD-10-CM.HTM

SDOH Requirements & Metrics – Jan. 2023

Joint Commission

- Requirement to assess pts' health-related social needs and provide information about community resources and support services

CMS

- Hospitals screen all pts 18 or older at time of admission for health-related social needs. Specifically: food insecurity, housing, transportation, utility difficulties, interpersonal safety

– and -

- Screen positive rate (% of pts screened who have a + need in one of those 5 categories

*optional CY'23, required CY'24

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SDOH: Evaluation and Management Coding

As a part of the 2021 changes in the Evaluation & Management coding system, the American Medical Association has, **for the first time ever, included Social Determinants of Health in the calculus for Medical Decision Making (MDM)**.

If a provider's diagnosis and/or treatment plan is significantly limited or complicated by social factors, then the MDM may be considered of moderate risks of complications, morbidity and/or mortality from a patient management perspective.

This needs to be well documented, including the impact that these factors had on the cognitive work of the provider. There are also ICD-10 codes that indicate the particular social factors.

CMS has implemented SDoH into their programs. **"***The evidence is clear: social determinants of health, such as access to stable housing or gainful employment, may not be strictly medical, but they nevertheless have a profound impact on people's wellbeing*." – Seema Verma, CMS Administrator

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AccessHealth of the Carolinas

Video

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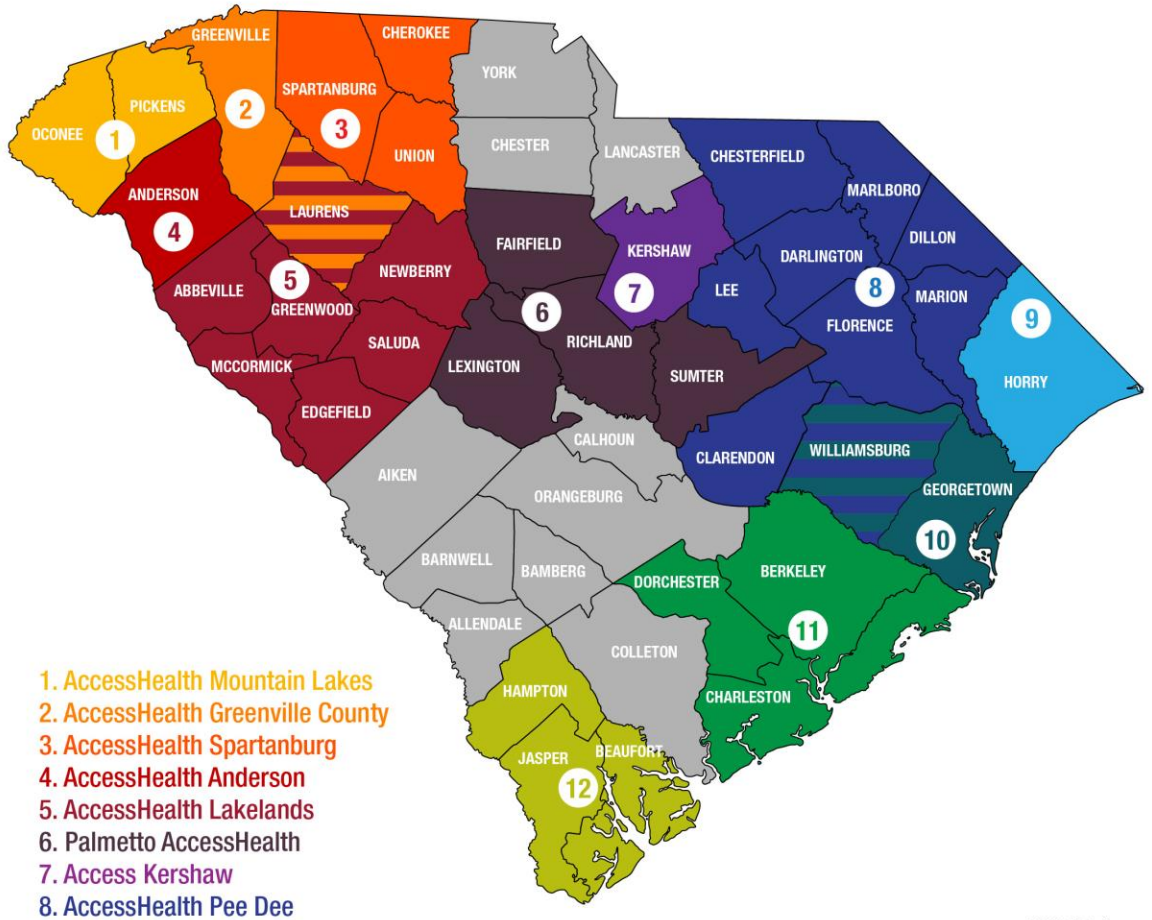
AccessHealth SC



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Questions and Contact

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