

Evaluating SDH Programs

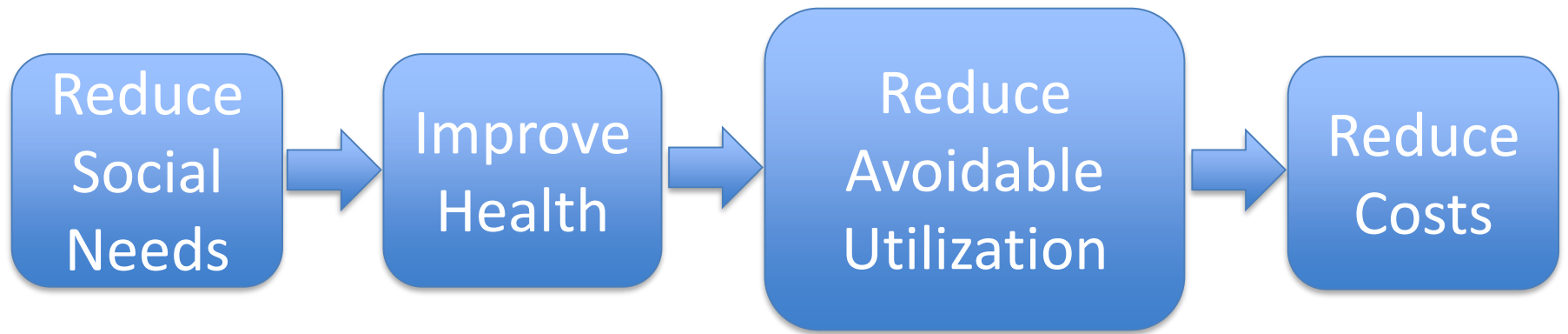
APCM Learning Session

August 16, 2018



Caroline Fichtenberg, PhD, Managing Director,
Social Interventions Research and Evaluation
Network (SIREN), UCSF





“Social needs care”

Screen for unmet social needs

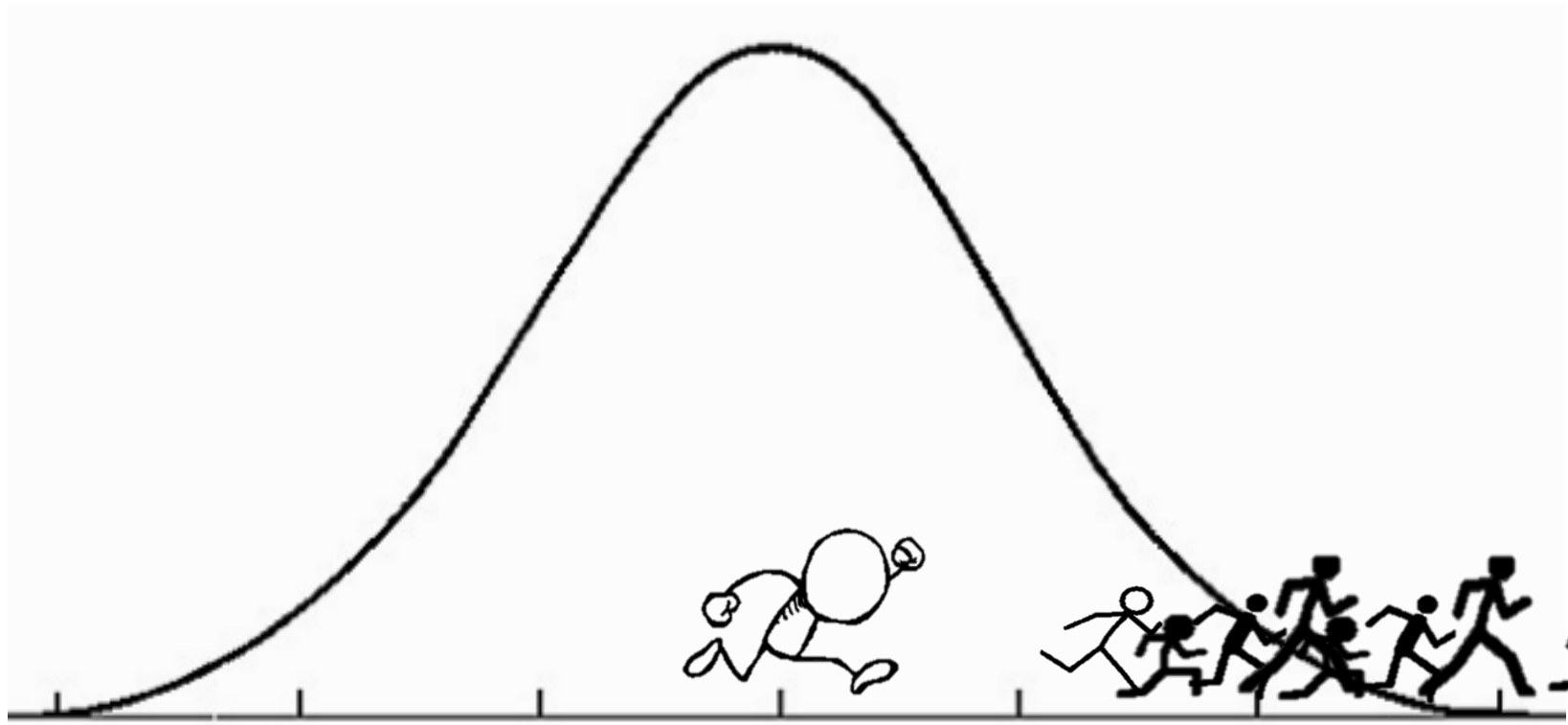
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graph TD; A[Screen for unmet social needs] --> B[Refer to external resources, e.g. food bank, benefits assistance, etc.]; A --> C[Refer to internal resources, e.g. food pharmacy, medical-legal partnership]; A --> D[Provide navigation, e.g. with CHW, SW, patient navigator, etc.];
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Refer to external resources, e.g. food bank, benefits assistance, etc.

Refer to internal resources, e.g. food pharmacy, medical-legal partnership

Provide navigation, e.g. with CHW, SW, patient navigator, etc.

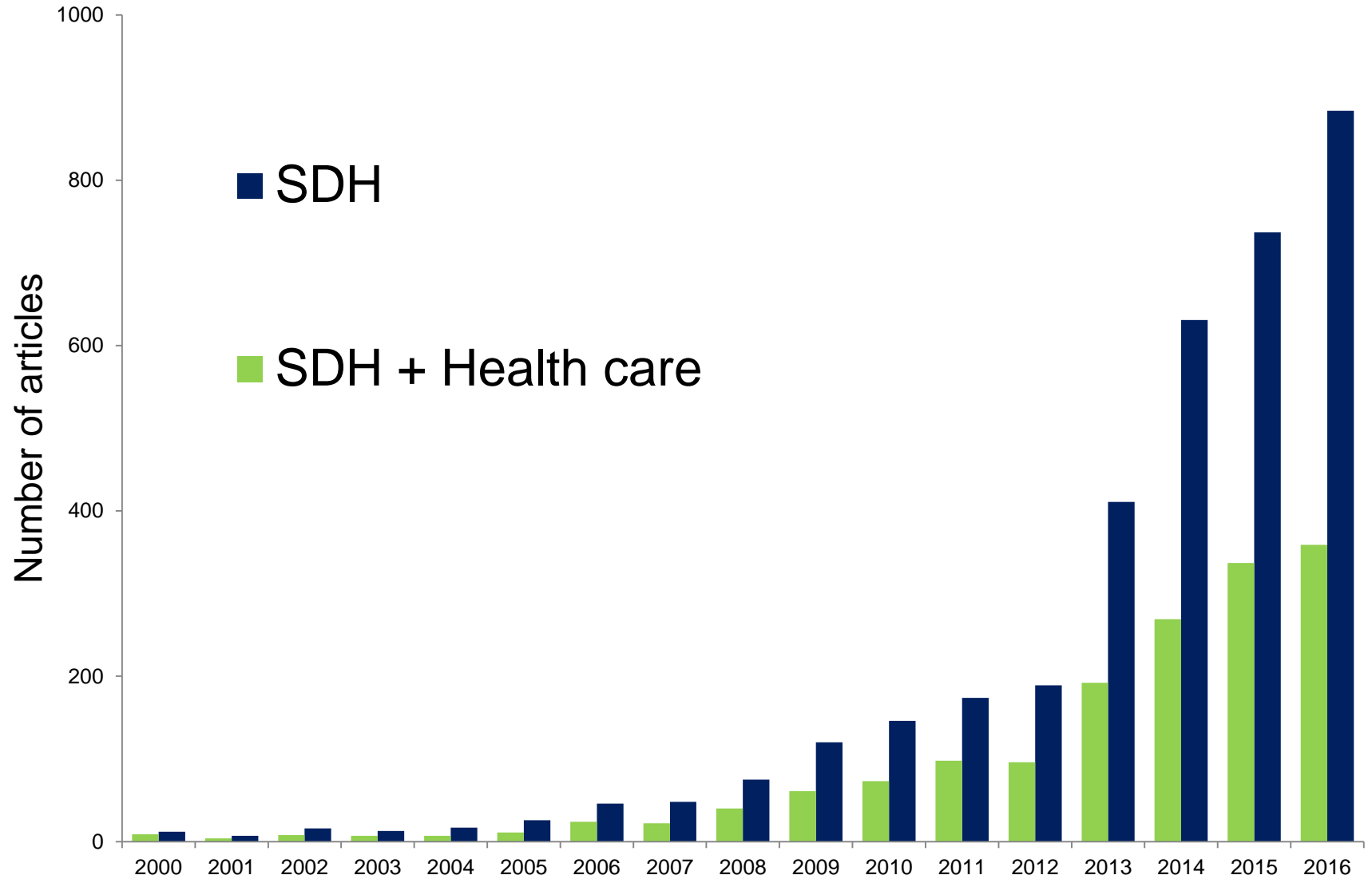
Does this work?



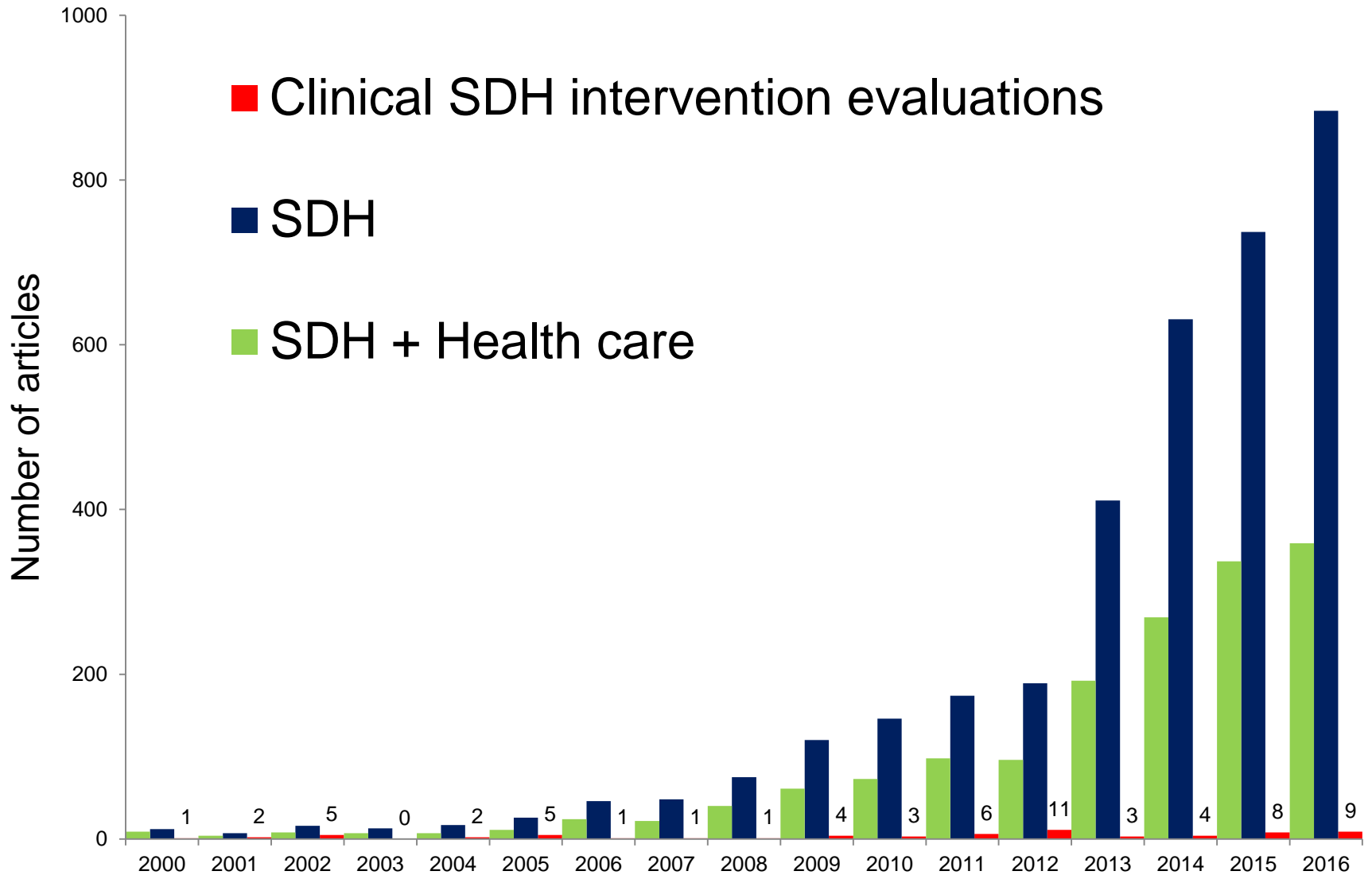
Researchers

Early-Adopters

Growth in SDH publications, 2000-2016



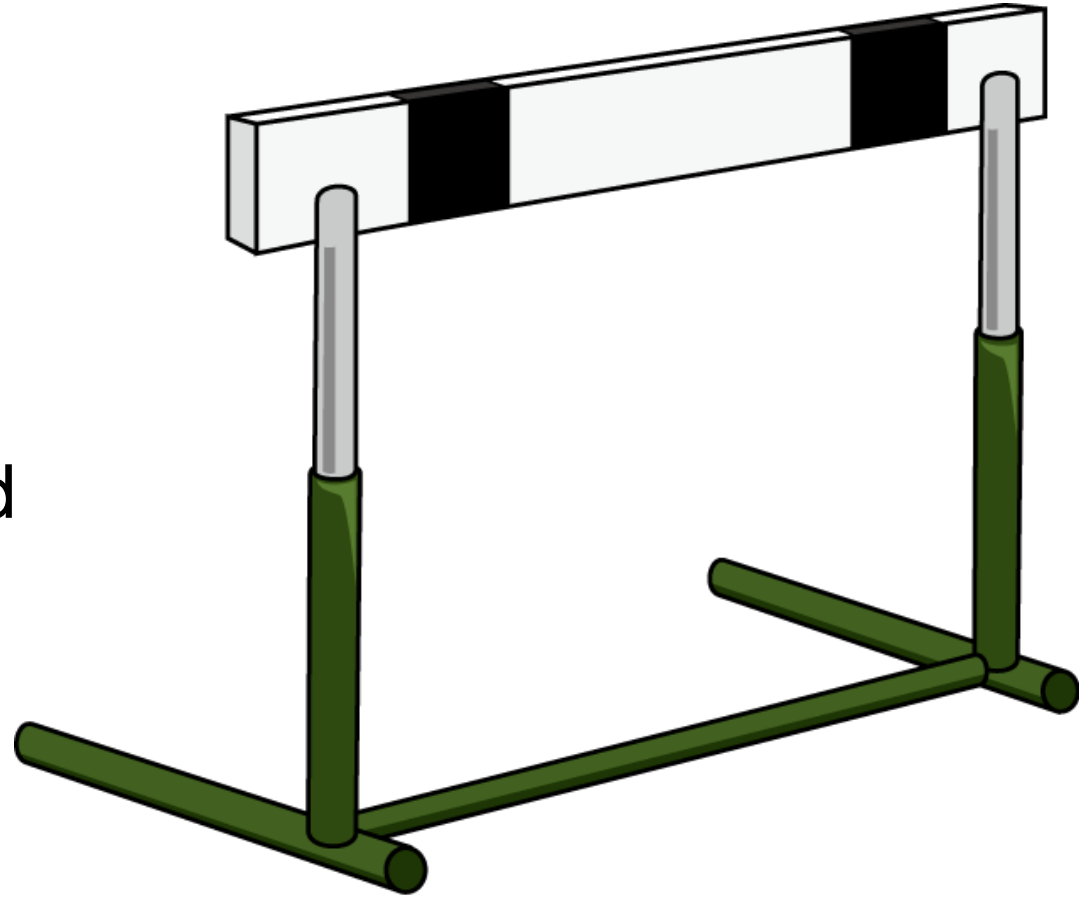
Growth in SDH *evaluation* publications



Gottlieb LM, Wing H, Adler NE. A systematic review of interventions on patients' social and economic needs. *Am J Prev Med.* 2017

Barriers to Evaluating Social Needs Interventions

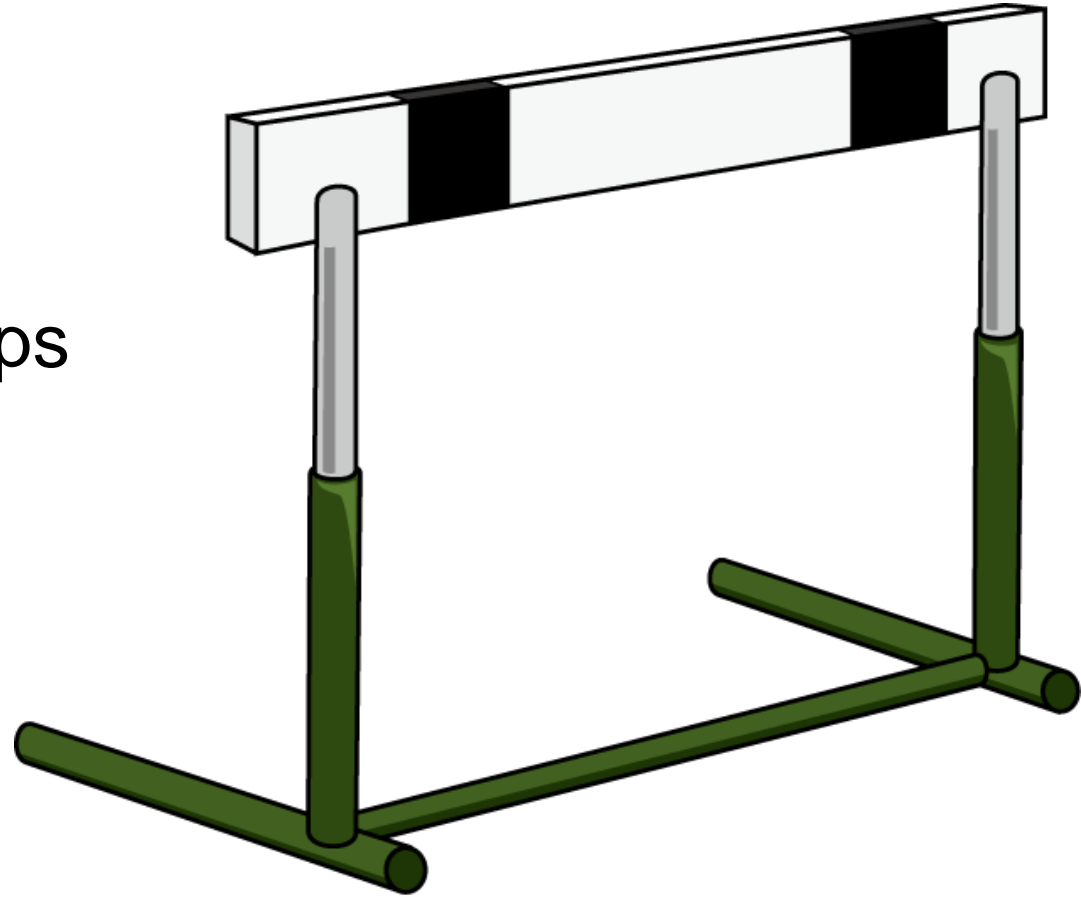
- Multicomponent interventions
- Multiple impacts and causal pathways
- Time horizon



Gottlieb L, Ackerman S, Wing H, Adler N. Evaluation activities and influences at the intersection of medical and social services. *J Health Care Poor Underserved*. 2017;28(3):931-951.

Barriers to Evaluating Social Needs Interventions

- Regression to the mean
- Lack of control groups
- Limited evaluation capacity and resources in intervention settings



Measuring Impact (incl. ROI)

Data

+

Design

Measuring Impact (incl. ROI)

Data

+

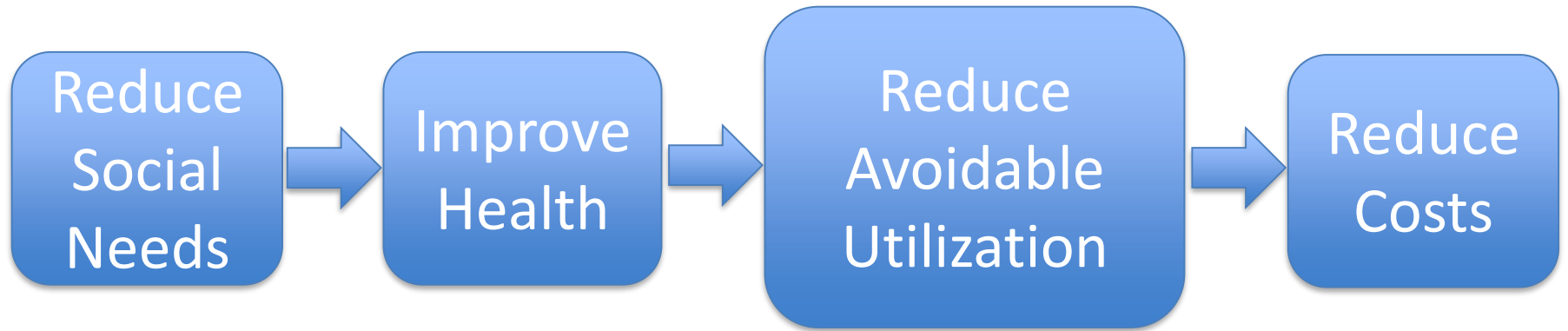
Design

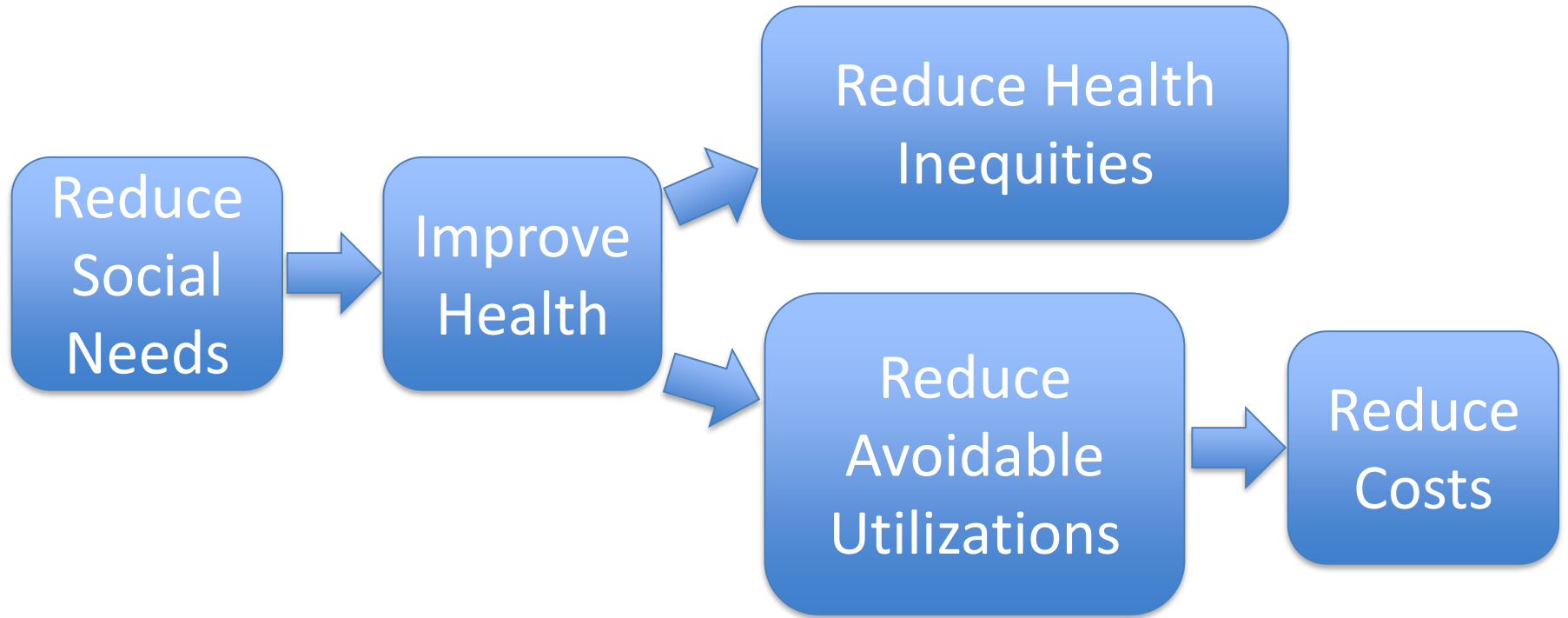
- What services patients received
- Relevant outcomes
- Potential confounders

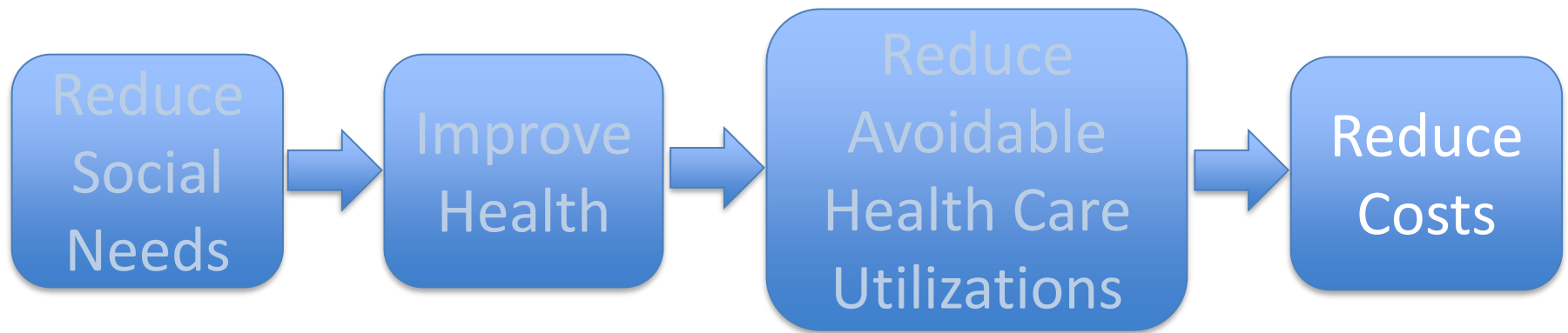
- Control group!!
- Time horizon

Data for ROI: Think outside the \$ box



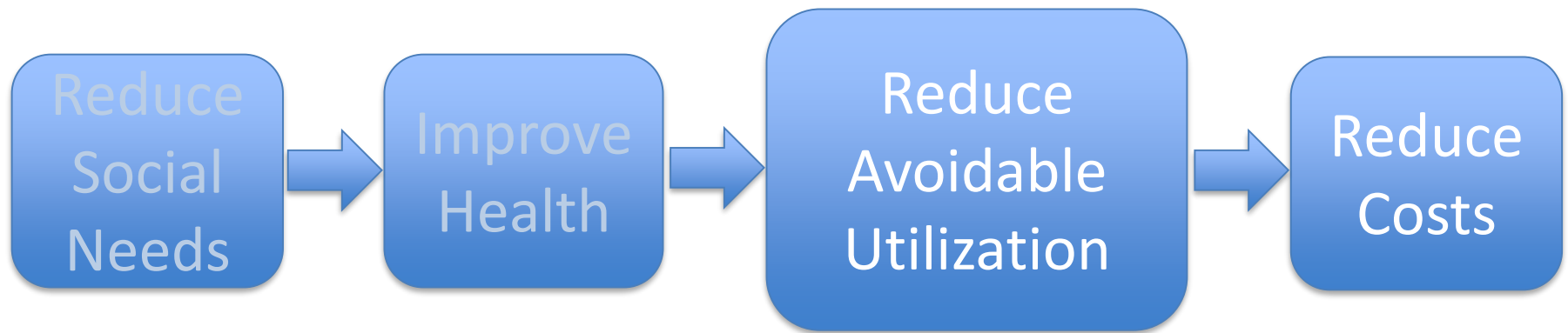






Call-center based social services referral program:
Expenditures \$2,443 (10%) lower if social needs met.

Pruitt Z et al. Popul Health Manag. 2018. Epub ahead of print.

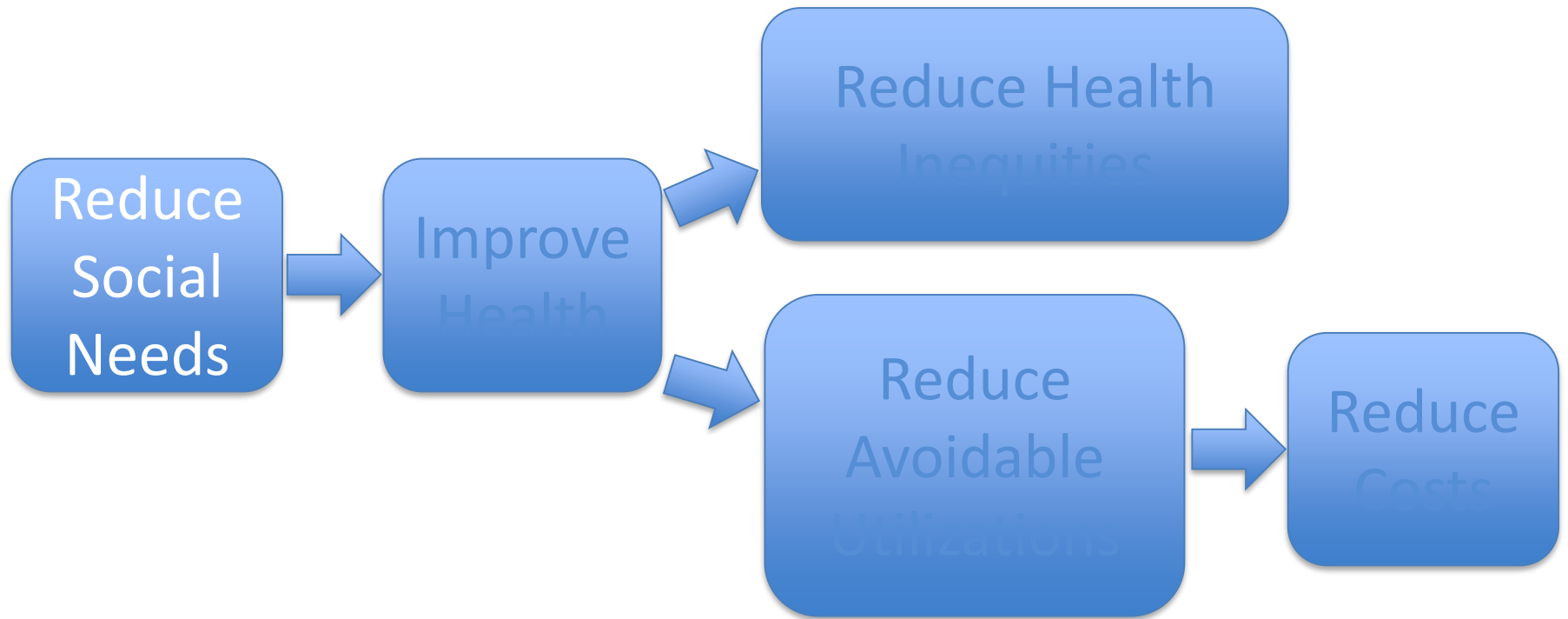


Medically tailored meal program:

- Fewer emergency department visits
- Fewer inpatient admissions
- Lower medical spending

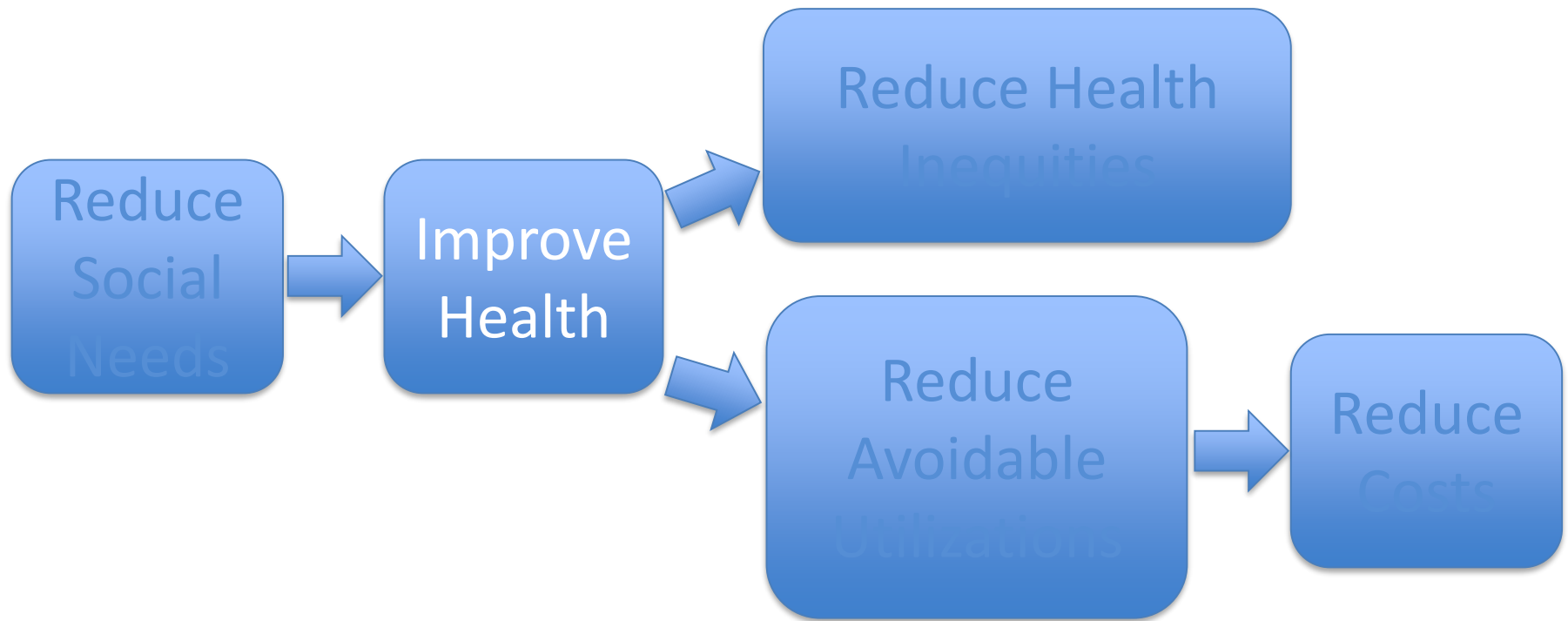
Non-tailored meals:

- Fewer emergency department visits
- Lower medical spending



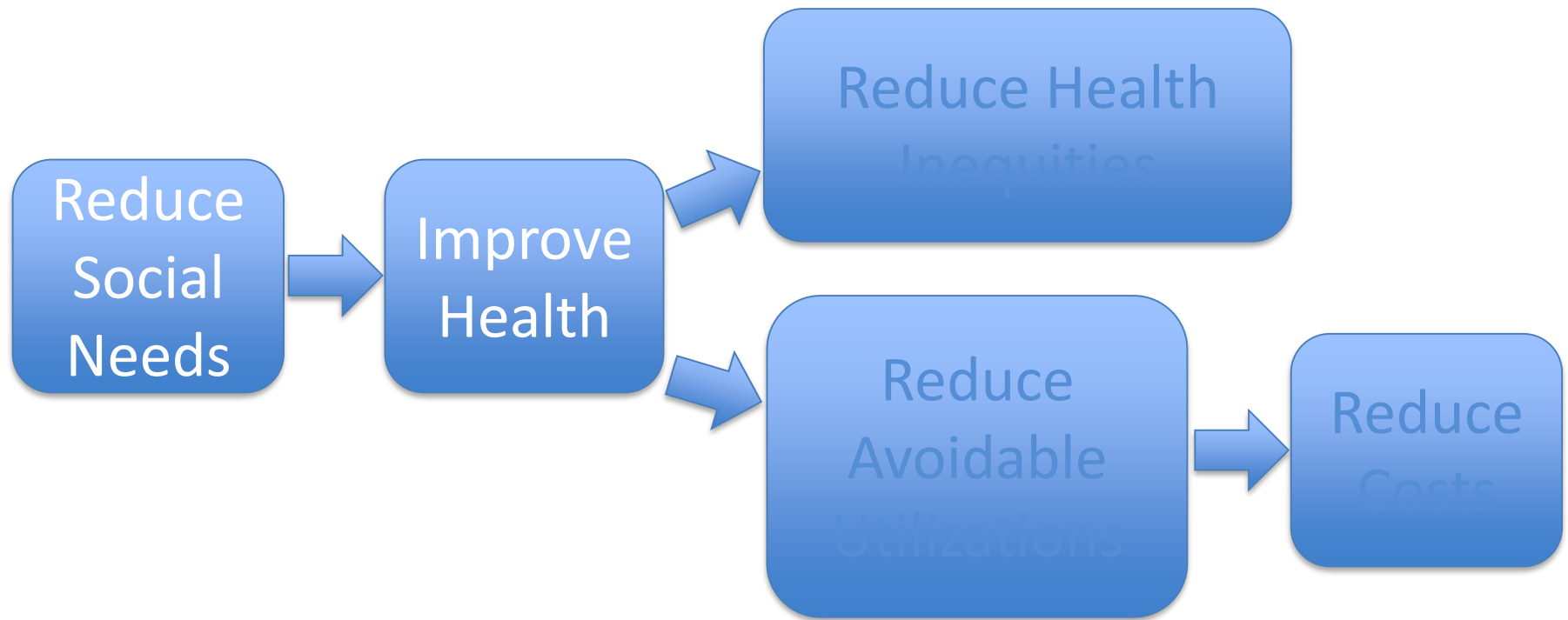
Systematically screening and referring for social needs services during well child care increased families' receipt of community resources.

Garg A et al. Pediatrics. 2015;135(2):e296-304.



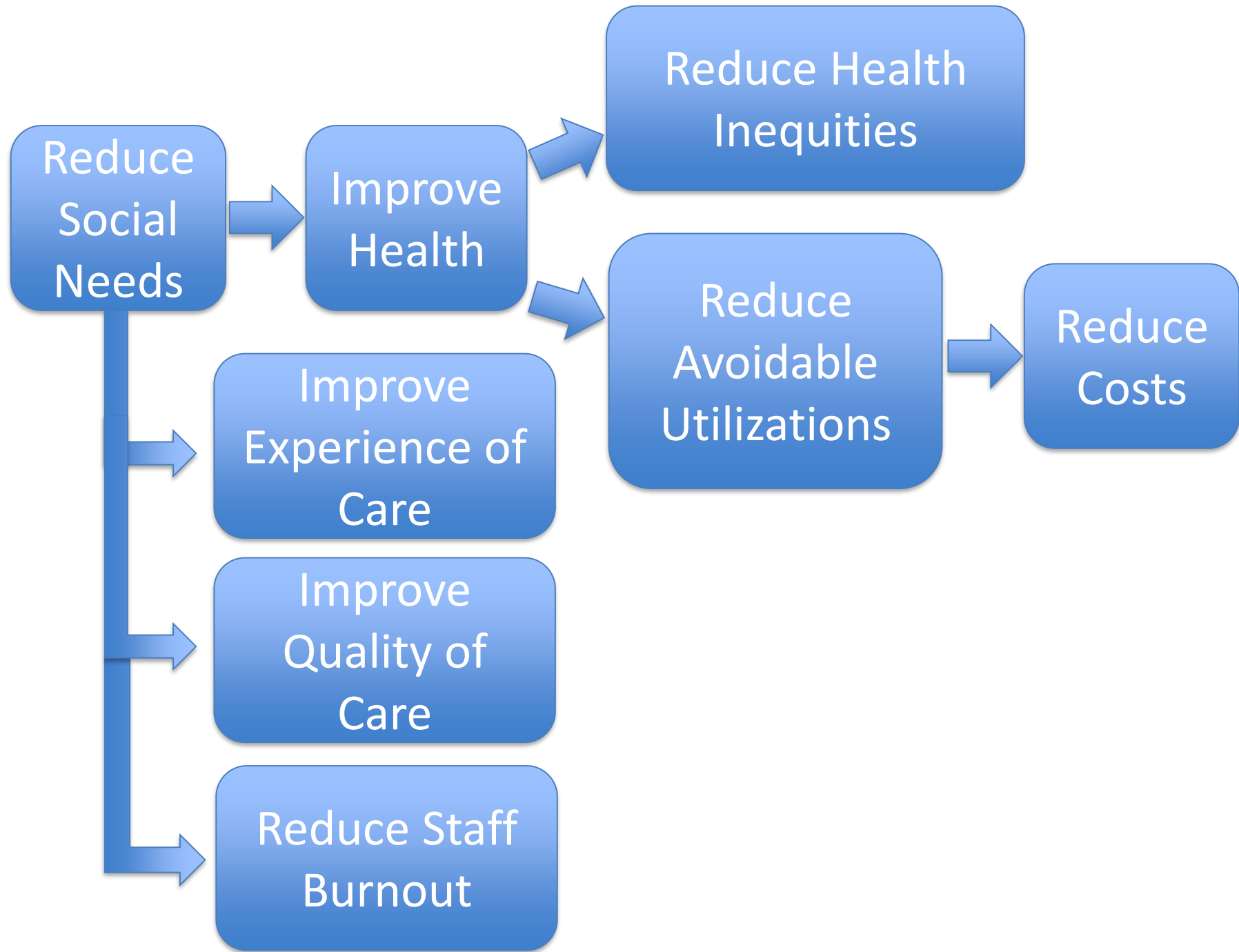
Referring to services to address unmet basic resource needs in primary care was associated with modest improvements in blood pressure and lipid levels.

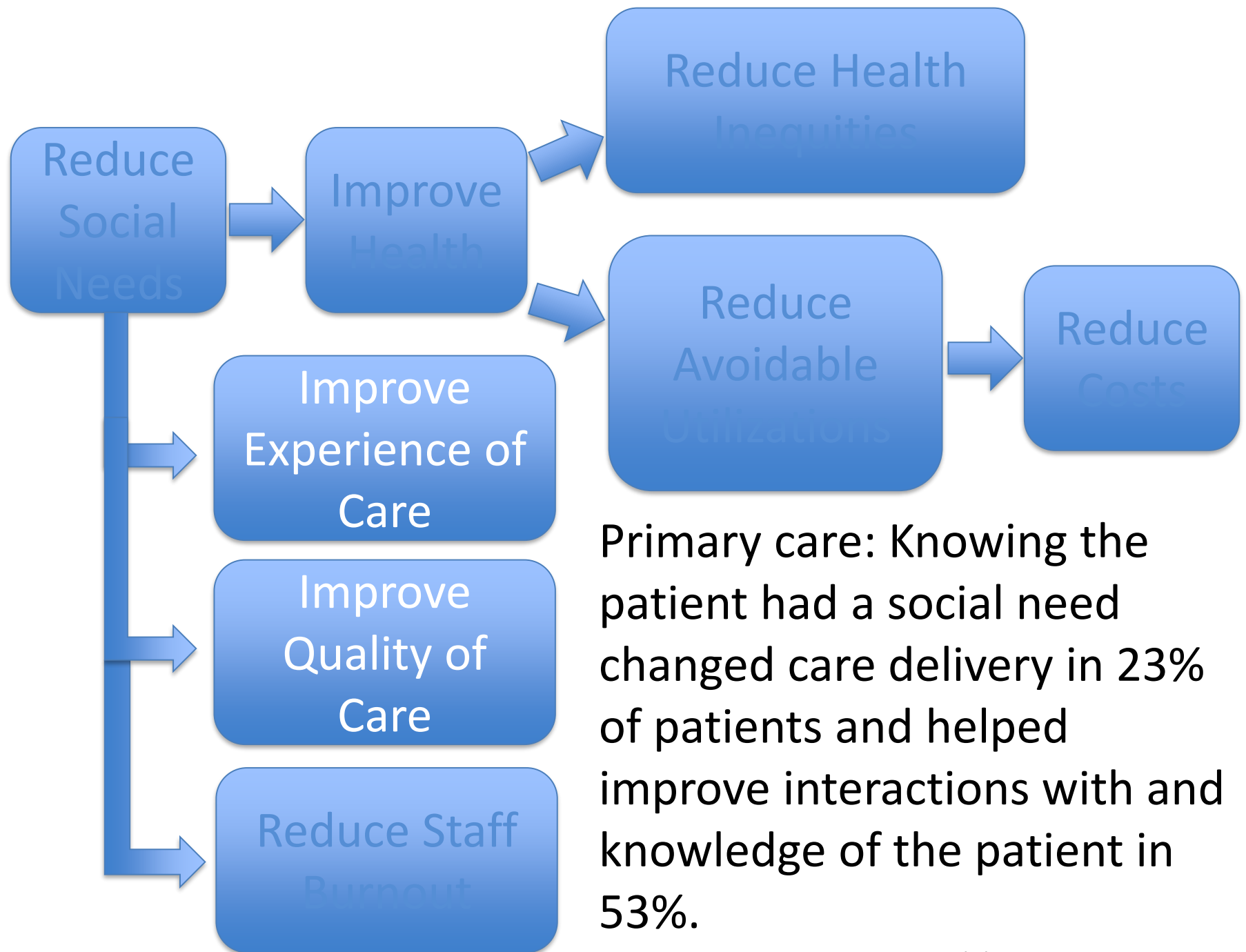
Berkowitz SA et al. JAMA Intern Med 2016;177(2):244-252



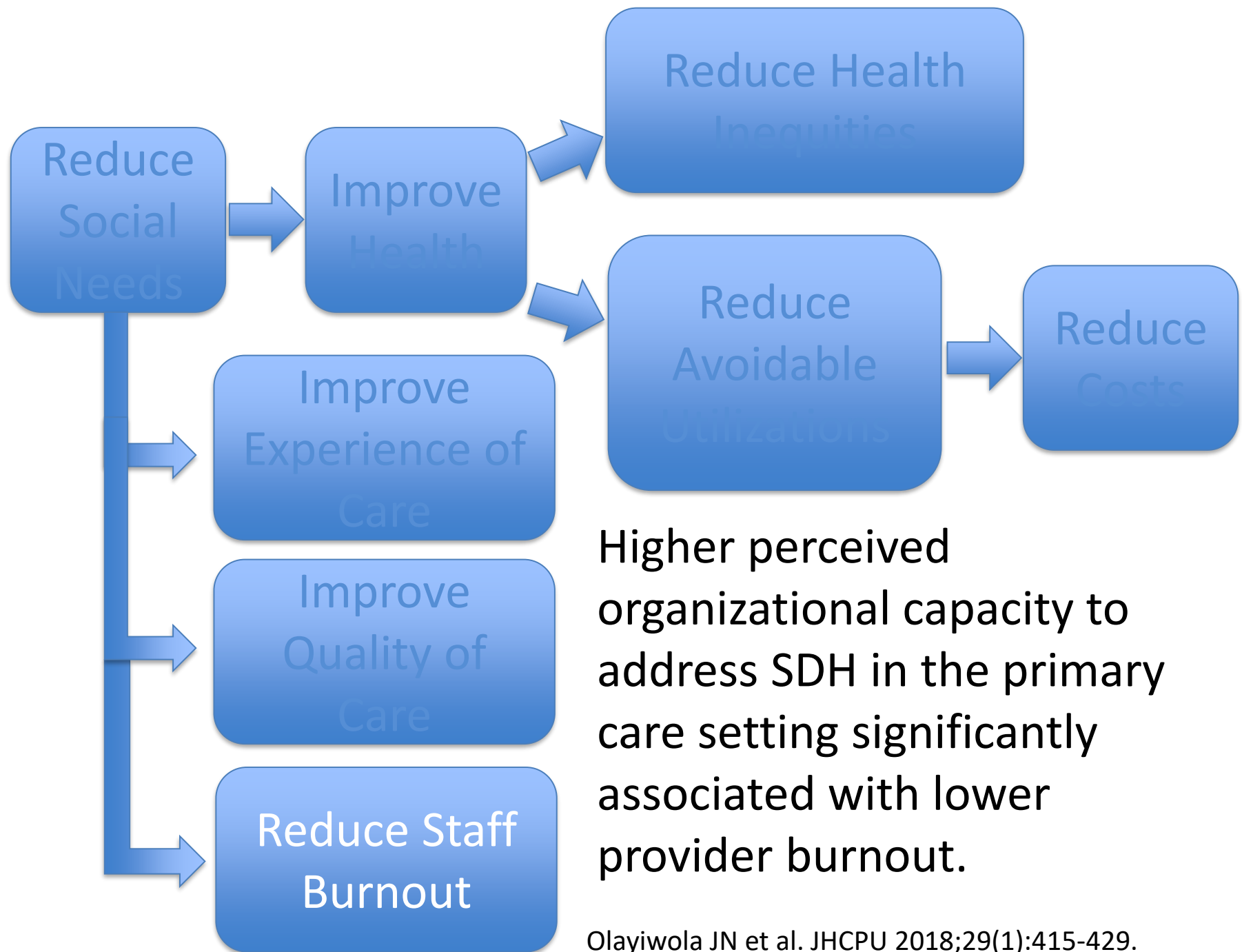
In-person resource navigation for pediatric patients in primary care and urgent care settings reduced reported social and economic needs and improved caregiver reported child health status 4 months later.

Gottlieb LM et al. JAMA Pediatr. 2016;170(11):e162521.

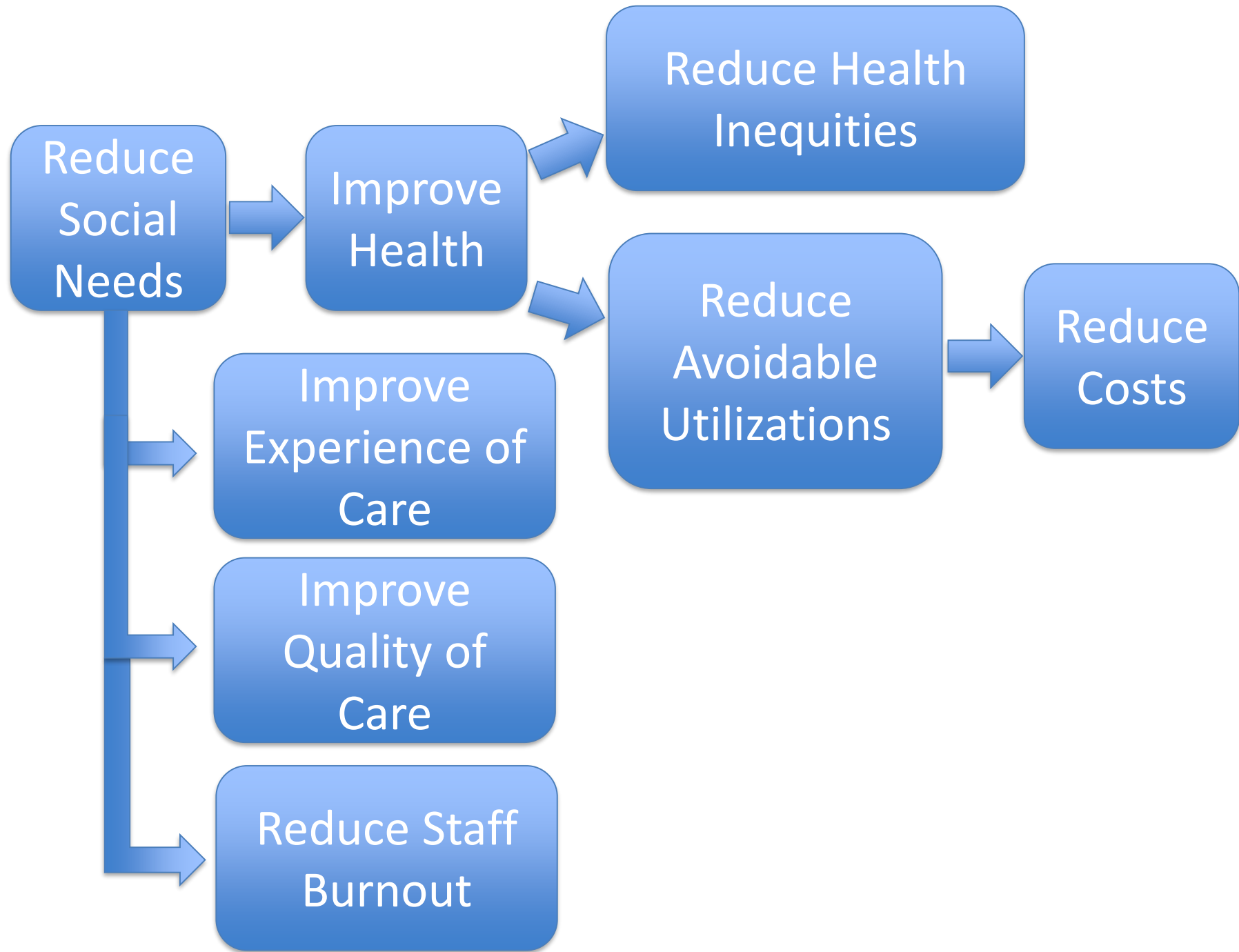




Primary care: Knowing the patient had a social need changed care delivery in 23% of patients and helped improve interactions with and knowledge of the patient in 53%.



Higher perceived organizational capacity to address SDH in the primary care setting significantly associated with lower provider burnout.



Welcome to the ROI Calculator for Partnerships to Address the Social Determinants of Health

This calculator is designed to assist community-based organizations and their medical partners in creating mutually advantageous financial arrangements for funding the delivery of social services to high-need, high-cost (HNHC) populations. These populations, which account for a disproportionately large share of health care expenditures, often have clinically complex conditions, cognitive or physical limitations, and/or behavioral health problems. These complex care populations are likely to benefit most from a holistic model of care that addresses the social determinants of health.

This financial tool will calculate the return on investment (ROI) from integrating social services with medical care. The calculator will compare how the financial returns and risks could be divided between the cross-sectional partners (social service and medical) under a variety of payment arrangements and levels. First, the user must populate initial screens with the inputs including target population, utilization, costs, and other key variables required for the tool to generate results.

Before You Start the ROI Calculator

Make your selections

You will see two menus. For each menu you should select only the options relevant for your specific planning scenario or non-medical intervention. The calculator subsequently will omit references to input and output fields that are not relevant.

Social Services Menu

Select the specific social service or services that might be offered as part of the cross-sectional partnership

- Nutritional Support
- Transportation
- Home modifications
- Housing
- Counseling: Legal, Financial & Social Support
- Overall care management

Other

Medical Utilization Menu

Select the medical utilization domain(s) from the list below that you anticipate the previously identified social service(s) in the Social Services Menu will affect. (If you believe that certain utilization domains will be influenced by addressing the social determinants of health, but that these changes will only affect third parties that are not part of the partnership agreement, we suggest that you do not select those domains.)

- Hospital Admissions
- Hospital Readmissions
- Skilled Nursing (SNF)/Rehab Facility Admissions
- Emergency Department (ED) Visits
- Falls

Evidence Library

This Evidence Library contains research articles, issue briefs, reports, and commentaries that either focus on or are relevant to evaluating health care-based interventions that address patients' social and economic needs. We prioritize for inclusion resources that carefully describe and evaluate the social needs components of these interventions, and to a lesser extent those where the social components are mentioned but are not the primary focus of the work. The library currently includes only papers published since the year 2000. If you are aware of a resource you think should be added to our Evidence Library, please [let us know](#).

To receive monthly alerts of recent additions to the Evidence Library [sign up to receive our newsletter](#).

FILTERS

Text Search

Resource Type +

Study Design +

Social Determinant of Health +

Population +

Outcomes +

Screening Research +

Search

Expand All

Reset

Displaying 1 - 10 of 476

1 2 3 4 5 6 7 8 9 last »

Are acute care settings amenable to addressing patient social needs: A sub-group analysis

L. Gottlieb, D. Hessler, D. Long, E. Laves, A. Burns, A. Amaya, C. Schudel, P. Sweeney, N. Adler

Based on a strong body of evidence linking socioeconomic status and health, interest in patients' social and economic needs is rapidly expanding.

Keywords:Emergency department

PUBLICATION YEAR:
2018

RESOURCE TYPE:
Journal Article

STUDY DESIGN:
Randomized Controlled
Trial (RCT)

Material needs of emergency department patients: A systematic review

P.W. Malecha, J.H. Williams, N.M. Kunzler, L.R. Goldfrank, J. Harrison, H.J. Alter, K.M. Doran

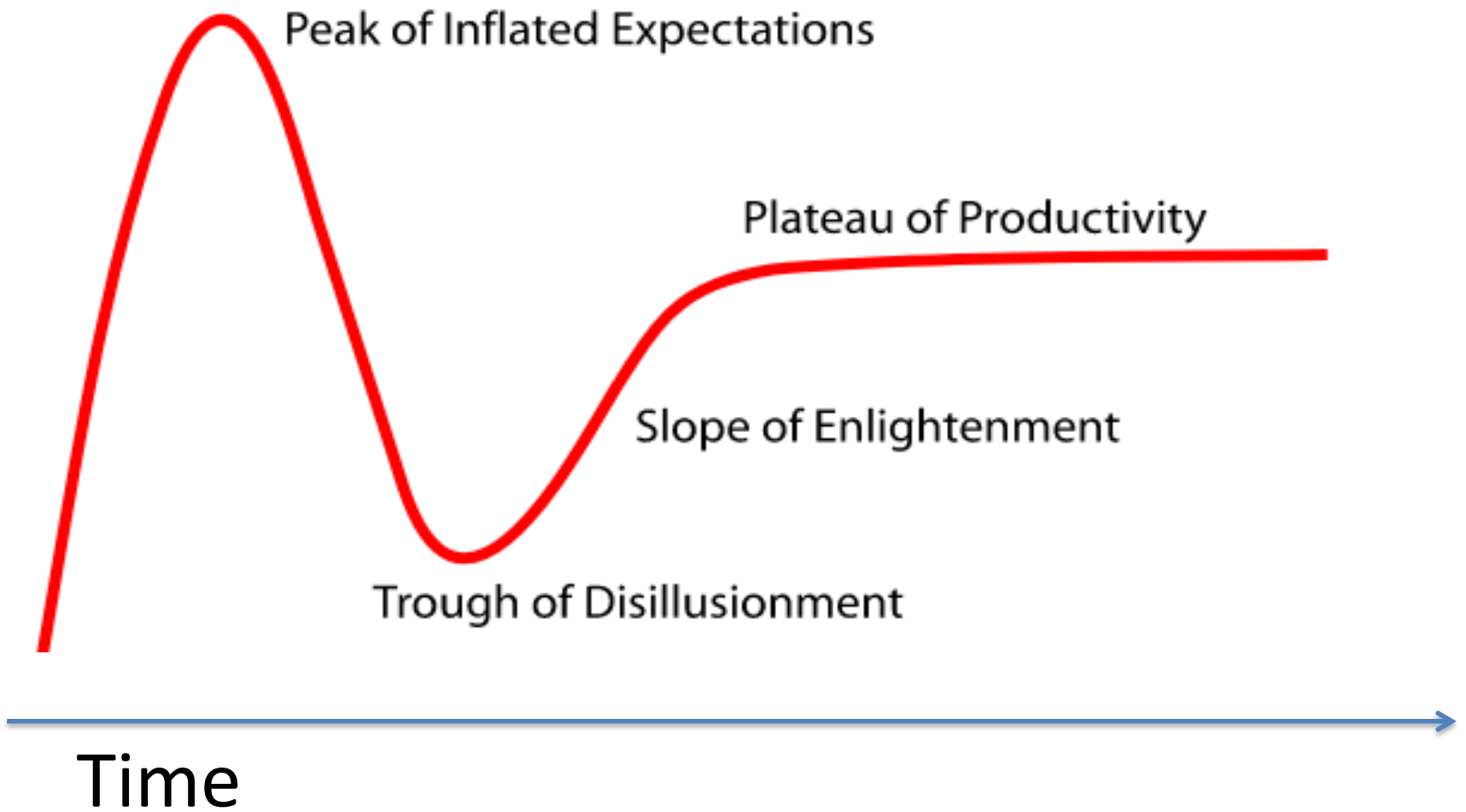
Background: Interest in social determinants of health (SDOH) has expanded in recent years, driven by a recognition that such factors may influence health outcomes, services use, and health care costs. One subset of SDOH is material needs such as housing and food.

Keywords:Emergency department

PUBLICATION YEAR:
2018

RESOURCE TYPE:
Journal Article

STUDY DESIGN:
Review



Questions?



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