VIEWPOINTS

Social Determinants of Health



The Physicians Foundation believes there is an urgent need to account for poverty and other health-related social needs as central to any truly effective health care system.



Physicians have long experienced the impact of social and environmental conditions on patient health, care outcomes, costs, physician burden and the physician-patient relationship. Indeed, in the Physician Foundation's 2018 survey of more than 8,500 physicians, almost 90% said their patients had a serious health problem linked to poverty or other social conditions.

Commonly known as the "Social Determinants of Health," or as "Drivers of Health" among some researchers, the field of study recognizes that the conditions in which people are born, grow, live, work and age have a major influence on health and health care costs. This includes factors like socioeconomic status, education, neighborhood and physical environment, employment, nutrition/food security, access to health care, and social support networks, all of which have a major influence on individuals' health and therefore, the cost of health care in America.

For more than a decade – and long before most of those in the health care system – The Physicians Foundation has been in the vanguard of recognizing and acting on these challenges.

The book, *Poverty and the Myths of Health Care Reform*, supported by The Physicians Foundation and written by

Dr. Richard (Buz) Cooper, embodied the Foundation's longheld beliefs. The book also initiated a larger national effort to help illuminate the impact these social issues have on health care costs and the burden placed on physicians who care for vulnerable populations. Dr. Cooper's book was instrumental in shattering the myth that inefficiencies in utilization and misaligned incentives are responsible for disparities in health care spending. Today, thanks to The Physicians Foundation and the work of its grantees, including **The Health Initiative**, the health care sector increasingly recognizes that America cannot improve health outcomes or reduce health care costs without addressing SDOH.

To improve health while reducing costs and easing administrative burdens on physicians, we need to address these factors in how we pay for and deliver care.

The Physicians Foundation's perspective and focus on SDOH is derived from its unique leadership position, bringing insight from a national, systems-level perspective combined with a state-based perspective via its constituent medical societies and its role in representing primary care physicians and specialists across the country.



Health-related social needs and associated behaviors drive 70% of health outcomes



Addressing Social Determinants of Health

The Physicians Foundation and its partners, such as The Health Initiative, are at the forefront of advancing the market's understanding surrounding the impact of SDOH on critical topics affecting the sector, including two particular areas of importance:

- Payment and care delivery reform, including the intersection of shifting payment models and SDOH (e.g., incorporating SDOH into risk adjusted payment models)
- Interventions and discussions aimed at reversing rising physician burnout, and understanding the link between burnout and SDOH

PAYMENT AND DELIVERY REFORM

Physicians are viewed as a gateway to the basic resources their patients need to be healthy. Yet, despite the realization that health-related social needs and associated behaviors drive 70 percent of health outcomes, the mechanisms physicians have at their disposal to improve patient health are limited. Moreover, physicians who do take steps to address the SDOH find this work generally goes uncompensated and is burdensome in the context of a health care system that is still designed primarily to treat (and pay for treating) acute illness.

To improve health while reducing costs and easing administrative burdens on physicians, we need to address SDOH in how society pays for and delivers care. In particular, these factors must be accounted for in quality measures and financial incentives – specifically adding SDOH measures and financial incentives into new payment models (e.g., ACOs, medical homes, bundled payments) across public and private payors and state-based reform efforts (such as Medicaid Managed Care contracts or Section 1115 Waivers).

Despite the health care sector's growing recognition of SDOH, these factors are still not routinely accounted for in state or federal quality measures or financial incentives. Even worse, none of CMS Medicare Shared Savings ACO cost/quality measures include social conditions.

As a result, physicians bear the burden when "social risk" isn't accounted for in payment models or risk adjustment. As CMS updates existing payment models and develops new ones, it is essential that it accounts for administrative burden, the resource requirements for independent physician practices to thrive and the impact SDOH have on each of those elements.

PHYSICIAN BURNOUT

Key drivers of physician burnout are poor job satisfaction and the inability to address root causes of their patients' poor health. When an overwhelming majority of physicians recognize the impact of SDOH, but don't have the tools to address what their patients need to be healthy, burnout is accelerated.

This perspective was validated in a recent <u>Journal of the</u>

<u>American Board of Family Medicine research article</u> indicating,
"efforts to reduce primary care physician burnout may be
advanced by addressing structural issues, such as improving
capacity to respond to patients' social needs in addition to
targeting other modifiable burnout risks."

While it is not just SDOH, but a variety of forces – from EHRs to growing administrative burdens, which have produced an increasingly transactional care delivery environment that contribute to burnout, integrating SDOH into care delivery and payment models supports a more relational approach, which will improve patients' lives and mitigate physician burnout.

Forward Toward Reform

Addressing SDOH will require a holistic approach, including comprehensive coordination among individual physicians, medical societies, health systems and policymakers. But ultimately, SDOH must be incorporated into risk adjusted payment models.

Together, stakeholders must implement initiatives that address these social factors and improve health outcomes.



Individual physicians

It is critical that the physician and patient voices remain central to the discourse and decision-making on health reform and SDOH. Individual physicians are closest to these issues and their perspectives are critical to improving patient outcomes.



Medical societies

State medical societies can incorporate SDOH as central pillars in their state's Medicaid and other reform efforts, including quality measures and financial incentives in a phased approach.



Systems level

Health systems can invest in SDOH in several ways, including prioritizing the shift to value-based care, screening patients to intervene around social needs and identifying meaningful measures to create care networks that effectively connect patients to the community services they need. This can include housing, food, or transportation - all of which require insurers to create billing codes to pay physicians or staff to address SDOH by directly connecting patients to services and resources in their communities.



Policymakers

Too often, policy discussions on systemic delivery reform do not include discussions about the impact of SDOH or physicians' perspectives. Physicians must be included and empowered to lead all discussions at the federal, state and local levels to ensure that patients' interests are being considered.

The Physicians Foundation is committed to advancing the national dialogue, which recognizes that despite breathtaking advances in medicine, none of the latest cutting-edge research and technology or the world's best physicians will improve patients' health if they don't have safe housing, high-quality food, reliable transportation, or heat in winter.

For more information on SDOH, or to join our efforts, please contact: PFmedia@jpa.com

