Evaluating SDH Programs

APCM Learning Session
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Reduce Social Needs → Improve Health → Reduce Avoidable Utilization → Reduce Costs
“Social needs care”

Screen for unmet social needs

- 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

Number of articles

- SDH
- SDH + Health care

Growth in SDH evaluation publications

- Clinical SDH intervention evaluations
- SDH
- SDH + Health care

Barriers to Evaluating Social Needs Interventions

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

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
Reduce Social Needs → Improve Health → Reduce Avoidable Utilization → Reduce Costs
Reduce Social Needs → Improve Health → Reduce Health Inequities → Reduce Avoidable Utilizations → Reduce Costs
Call-center based social services referral program: Expenditures $2,443 (10%) lower if social needs met.

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.

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.

Reduce Social Needs
  - Improve Health
    - Reduce Avoidable Utilizations
      - Reduce Health Inequities
        - Reduce Costs
  - Improve Experience of Care
    - Improve Quality of Care
      - Reduce Staff Burnout

Improve Health

Reduce Avoidable Utilizations
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%.

Tong ST et al. JABFM 2018;31(3):351-363.
Higher perceived organizational capacity to address SDH in the primary care setting significantly associated with lower provider burnout.

Reduce Social Needs

Improve Health

Reduce Avoidable Utilizations

Reduce Health Inequities

Reduce Costs

Improve Experience of Care

Improve Quality of Care

Reduce Staff Burnout

Improve Quality of Care
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** |            |

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**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

**Material needs of emergency department patients: A systematic review**  
P.W. Malosha, 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:** Randomized Controlled Trial (RCT)

**Publication Year:** 2018  
**Resource Type:** Journal Article  
**Study Design:** Review

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Questions?

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