#### **CONSENSUS STUDY REPORT**

# INTEGRATING SOCIAL CARE INTO THE DELIVERY OF HEALTH CARE

MOVING UPSTREAM TO IMPROVE THE NATION'S HEALTH

#### Statement of Task

An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will examine the potential for integrating services addressing social needs and the social determinants of health into the delivery of health care to achieve better health outcomes and to address major challenges facing the U.S. health care system. The committee will discuss: 1) approaches currently being taken by health care providers and systems, and new or emerging approaches and opportunities; 2) current roles of different disciplines and organizations, and new or emerging roles and types of providers; and 3) current and emerging efforts to inform the design of an effective and efficient care system that improves the nation's health and reduces health inequities. The committee will make recommendations on how to: 1) expand social needs care services; 2) better coordinate roles for social needs care providers in interprofessional care teams across the continuum of clinical and community health settings; and 3) optimize the effectiveness of social services to improve health and health care.

#### **Committee Members**

- KIRSTEN BIBBINS-DOMINGO (Chair), Lee Goldman, M.D., Endowed Chair in Medicine; Professor and Chair, Department of Epidemiology and Biostatistics, University of California, San Francisco
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- JANET C. FRANK, Adjunct Associate Professor, Faculty Associate, UCLA Center for Health Policy Research, UCLA Fielding School of Public Health
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- **KEDAR MATE,** Chief Innovation and Education Officer, Institute for Healthcare Improvement
- **EDWARD SALSBERG,** Director of Health Workforce Studies, Health Workforce Institute, The George Washington University
- ELIZABETH CUERVO TILSON, State Health Director and Chief Medical Officer, North Carolina Department of Health and Human Services
- KEEGAN WARREN-CLEM, Director, Austin Medical—Legal Partnership, Texas Legal Services Center and People's Community Clinic

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### **Approach**

- Collect information. Sources that informed the committee's work included peer-reviewed and "gray" literature, websites highlighting social care-health care integration programs, invited presentations at public meetings.
- Review and analyze the evidence base.
- Develop findings and recommendations.
- Summarize the evidence, findings, and recommendations in a report.
- Conduct external review of draft report.
- Finalize report reflecting committee consensus on findings and recommendations.

# The Case for Integrating Social Care into Health Care Delivery

- Social factors—e.g., housing, food, and transportation—influence health.
- The health care delivery system is traditionally focused on providing medical interventions to treat or prevent disease, not on addressing upstream social factors that contribute to illness and poor health care outcomes.
- Addressing social factors as part of health care delivery is important for high-quality, high-value health care.

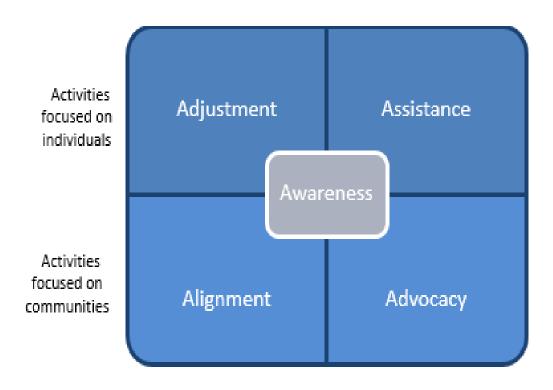
#### Why is this report important now?

- Move to value-based health care
- Growing body of evidence for how to do this
- Active interest from multiple sectors
- Need for a taxonomy and framework to organize discussion about these activities

## Health and Health Equity

- Everyone's health is affected by their social context, and everyone may experience social needs at some point in their life (e.g. following hospitalization, as we age).
- For some individuals and communities these needs are multiple, chronic, and faced without resources - leading to disparities in health.
- Addressing social needs may improve health outcomes for many and be particularly important for addressing health disparities.

# Five Activities to Facilitate Integration



Activity	Definition	Transportation-Related Example
Awareness	Activities that identify the social risks and assets of defined patients and populations.	Ask people about their access to transportation.
Adjustment	Activities that focus on altering clinical care to accommodate identified social barriers.	Reduce the need for in-person health care appointments by using other options such as telehealth appointments.
Assistance	Activities that reduce social risk by providing assistance in connecting patients with relevant social care resources.	Provide transportation vouchers so that patients can travel to health care appointments. Vouchers can be used for ride-sharing services or public transit.
Alignment	Activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes.	Invest in community ride-sharing or time-bank programs.
Advocacy	Activities in which health care organizations work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs.	Work to promote policies that fundamentally change the transportation infrastructure within the community.

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# Three Key Necessities for Successful Integration

- An appropriately staffed and trained workforce.
- Health information technology innovations.
- New financing models.

## Select Findings: Workforce

- All members of a health care team should be aware of social factors, but experts in social care are critical to interprofessional teams.
- Role clarity among team members and skillbuilding for working in teams are important.
- Federal, state, and institutional barriers
  - limit the scope of practice and the full use of social workers and other social care workers in caring for patients.
  - limit reimbursement for activities delivered by social care workers with health care delivery.

## Select Findings: Data and Digital Tools

- Advances in technology have the potential to facilitate integration of the health care and social care sector.
- Local efforts to share health care and social care information are not supported by a national strategy or coupled with resources.
- Interoperability and data sharing between health care and social care are hampered by the lack of infrastructure, data standards, and modern technology architecture shared between and among organizations.

## Select Findings: Financing

- The legal definition of health care affects the inclusion of social care as part of health care.
- Methods for paying for health care can incentivize or disincentivize the inclusion of social care in health care delivery.
- Value-based payment structures align incentives for the provision of social care.
- The administrative capacity of many social care providers is limited compared with health care providers.

# Five Goals for Effective Integration and Select Recommendations

- 1. Design health care delivery to integrate social care into health care.
- 2. Build a workforce to integrate social care into health care delivery.
- 3. Develop a digital infrastructure that is interoperable between health care and social care organizations.
- 4. Finance the integration of health care and social care.
- 5. Fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings.

# Goal 1: Design health care delivery to integrate social care into health care

#### <u>Recommendations</u>

#### Health care organizations should:

- Design and implement integrated care systems by engaging a wide variety of stakeholders.
- Support the development of infrastructure components needed to meet the goal of integration.
- Establish linkages and communication pathways between health care and social service providers.
- Develop and finance referral relationships with selected social care providers when feasible.

#### Goal 2: Build a workforce

#### **Recommendations**

- State legislatures, licensing boards, professional associations, and federal agencies should develop, expand, and standardize the scopes of practice of social workers, community health workers, gerontologists, and other social care workers.
- Social workers and other social care workers should be considered to be providers who are eligible for reimbursement by payers.

#### Goal 2: Build a workforce

#### Recommendations (continued)

- Training for health professionals should include training on social factors and how they affect health.
- Training on how to work in interprofessional teams should encompass multiple settings, including social services settings.
- Schools of health professions should engage social workers in instructional roles in order to model their participation in interprofessional teams and to provide information on social risk screening and social care resources and referrals.
- Schools of social work as well as continuing education programs should use competency-based curricula on social care.

#### Goal 3: Develop a digital infrastructure

#### Recommendations

The federal government and the private sector should

- Build internal capacity for social care organizations and consumers to interact with each other and the health care system.
- Provide resources to create digital systems to facilitate eligibility and enrollment.
- Provide support for deploying interoperable platforms for communities.
- Ensure equity in digital and technological advances.

#### Goal 4: Finance social care

#### <u>Recommendations</u>

- Center for Medicare & Medicaid Services (CMS) should:
  - Clearly define aspects of social care considered covered services under Medicaid.
  - Approve Medicaid waivers that support social care and include sustainable financing for effective interventions.
  - Consider additional Medicare reforms to broaden coverage rules.
  - Coordinate with states the coverage and benefits administration for dual-eligible populations.

#### Goal 4: Finance social care

#### Recommendations (continued)

- States should
  - Communicate to health plans and health care/social care providers about social care activities that can be covered by Medicaid.
  - Pursue policies of continuous program eligibility.
  - Pursue opportunities to align hospital licensing and reporting requirements to ensure consistent obligations for health systems with respect to community benefits, and link the benefits to provision of social care.

## Goal 5: Fund, conduct, and translate research and evaluation

#### <u>Recommendations</u>

- Encourage demonstration projects with a range of study designs.
- Develop a clearinghouse of promising practices.
- Develop common core of measures.
- Use research on effective demonstrations to inform health care reforms.

# Download the Report (for free)

nationalacademies.org/SocialCare