RESOLUTION 30-23

Title:	Enacting Change for Social Determinants of Health
Introduced by:	David Lee, MD, MS, for the MI Section, American College of OB/GYN
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Referred To:	Reference Committee A
House Action:	**APPROVED**

Whereas, social determinants of health (SDoH) remain ongoing issues in community and public health, and

Whereas, unmet social needs are associated with worse treatment adherence, increased likelihood of hospitalization, higher morbidity, and as a result, greater costs of care, and

Whereas, clinical care contributes to 10-20 percent of modifiable contributors of individual health, with the remaining 80-90 percent stemming from individual, social, and environmental factors, and

Whereas, screening practices are inconsistent across the country, and are more likely to happen in practices serving low-income patient populations, and

Whereas, in a 2019 study, 24 percent of hospitals and 16 percent of physician practices reported performing social needs screening, and patients also noted they often had few alternative means of addressing their social needs outside of their healthcare-related encounters, and

Whereas, a study noted 27 percent of screened patients screened positive for social need, the most commonly reported needs were financial strain (56 percent) and social isolation (37 percent), and only 23 percent requested support, and

Whereas, addressing SDoH as part of healthcare professionals' visits remains an unfunded mandate as screening patients and initiating referrals do not generate reimbursement, and

Whereas, diagnoses related to SDoH are generally contained in the "Z-codes" portion of the International Classification of Diseases 10th revision (ICD-10) are not reimbursable, and as a result, disincentivizes proactively screening for and addressing these problems, and

Whereas, in 2017, only 1.4 percent of claims contained SDoH Z-code data (Z55-Z-65), with the Z-code for "homelessness" (Z-59.0) being the most commonly utilized, and

Whereas, to adequately address SDoH in the current state of affairs, a healthcare professional may have to intrude upon their personal time and thus may increase their risk of burnout, and

Whereas, the lack of reimbursement for SDoH also means not being able to acquire and maintain resources such as social workers and benefits navigators who are competent and efficient in helping patients tackle these problems, and

Whereas, health care and health insurance restructuring are increasingly shifting toward capitated care models and are generating interest in cost-savings measures including addressing social needs, and

Whereas, provision of navigation services significantly reduced risk of child hospitalization during first year of life, and noted benefits on outcomes including asthma severity scores and avoidable utilization of healthcare resources, and

Whereas, implementing universal SDoH screening has been demonstrated to be feasible and, with the proper intervention guidelines in place, opens the door to sustainable cost-savings in the long-run, and

Whereas, policy 51-22 (Medicaid Funding to Address Social Determinants of Health) does not sufficiently empower MSMS to pursue insurance coverage of SDoH-related categories as identified in validated surveys; therefore be it

RESOLVED: That MSMS partner with medical, insurance, public health, social services, and government organizations to collectively identify and advocate for adequate reimbursement to screen for, and intervene on, identified social determinants of health.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $12,000-$24,000

Relevant MSMS Policy:

ACTION REPORT #03-23 OF THE BOARD OF DIRECTORS (Resolution 51-22)
Resolution 51-22 asked, "that MSMS support the use of Michigan Medicaid waivers to allocate federal Medicaid funding towards non-medical services that address social determinants of health, including services towards transportation costs, access to nutritious produce, housing expenditures, and the ability to purchase preventative care products; and that MSMS advocate for the adoption of Michigan Medicaid Managed Care protocols that support the creation of stipends exclusively for Medicaid individuals who express a need for funding to improve their social determinants of health." At its meeting on January 25, 2023, the MSMS Board of Directors approved the recommendation of the Health Care Delivery Department to disapprove Resolution 51-22.

Availability of Medical Respite Centers
MSMS supports policies that increase the availability of medical respite centers and programs for use by individuals experiencing homelessness. Additionally, MSMS recognizes that local stakeholders must be able to secure adequate funding for medical respite programs, including, but not limited to, the expansion of current facilities in urban areas with large populations of individuals who are homeless.

Reduce Harm in Encampment Removals or Relocations
MSMS encourages the collaborative efforts of local governments, public health departments, social service organizations, and other stakeholders to develop a comprehensive plan to address the health care and social needs of individuals experiencing homelessness who would be impacted by the removal or relocation of an encampment in which they have been living. In the event of a public health recommendation of encampment clearance, the plan should establish procedures to safely and humanely remove or relocate encampments.

Expand Medicaid Transportation to Include Healthy Grocery Destinations
MSMS supports the inclusion of supermarkets, food banks and pantries, and local farmers markets as destinations covered by Medicaid transportation policy.

Relevant AMA Policy:

Affordable Care Act Medicaid Expansion H-290.965
1. Our AMA encourages state medical associations to participate in the development of their state's Medicaid access monitoring review plan and provide ongoing feedback regarding barriers to access. 2. Our AMA will continue to advocate that Medicaid access monitoring review plans be required for services provided by managed care organizations and state waiver programs, as well as by state Medicaid fee-for-service models. 3 Our AMA supports efforts to monitor the progress of the Centers for Medicare and Medicaid Services (CMS) on implementing the 2014 Office of Inspector General's recommendations to improve access to care for Medicaid beneficiaries. 4. Our AMA will advocate that CMS ensure that mechanisms are in place to provide robust access to specialty care for all Medicaid beneficiaries, including children and adolescents. 5. Our AMA supports independent researchers performing longitudinal and risk-adjusted research to assess the impact of Medicaid expansion programs on quality of care. 6. Our AMA supports adequate physician payment as an explicit objective of state Medicaid expansion programs. 7. Our AMA supports increasing physician payment rates in any redistribution of funds in Medicaid expansion states experiencing budget savings to encourage physician participation and increase patient access to care. 8. Our AMA will continue to advocate that CMS provide strict oversight to ensure that states are setting and maintaining their Medicaid rate structures at levels to ensure there is sufficient physician participation so that Medicaid patients can have equal access to necessary services. 9. Our AMA will continue to advocate that CMS develop a mechanism for physicians to challenge payment rates directly to CMS. 10. Our AMA supports extending to states the three years of 100 percent federal funding for Medicaid expansions that are implemented beyond 2016. 11. Our AMA supports maintenance of federal funding for Medicaid expansion populations at 90 percent beyond 2020 as long as the Affordable Care Act's Medicaid expansion exists. 12. Our AMA supports improved communication among states to share successes and challenges of their respective Medicaid expansion approaches. 13. Our AMA supports the use of emergency department (ED) best practices that are evidenced-based to reduce avoidable ED visits.

Sources:

1. Hahn RA. What is a social determinant of health? Back to basics. J Public health Res. 2021;10(4). doi:10.4081/jphr.2021.2324
2. Cole MB, Nguyen KH. Unmet social needs among low-income adults in the United States: Associations with health care access and quality. Health Serv Res. 2020;55 Suppl 2(Suppl 2):873-882. doi:10.1111/1475-6773.13555
3. McCarthy ML, Li Y, Elmi A, Wilder ME, Zheng Z, Zeger SL. Social Determinants of Health Influence Future Health Care Costs in the Medicaid Cohort of the District of Columbia Study. Milbank Q. 2022;100(3):761-784. doi:10.1111/1468-0009.12582
4. Wray CM, Tang J, López L, Hoggatt K, Keyhani S. Association of Social Determinants of Health and Their Cumulative Impact on Hospitalization Among a National Sample of Community-Dwelling US Adults. J Gen Intern Med. 2022;37(8):1935-1942. doi:10.1007/s11606-021-07067-y
5. Hood CM, Gennuso KP, Swain GR, Catlin BB. County Health Rankings. Am J Prev Med. 2016;50(2):129-135. doi:10.1016/j.amepre.2015.08.024
6. Magnan S. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspect. 2017;7(10). doi:10.31478/201710c
7. Lee, Josh; Kobra C. Social determinants of health: How are hospitals and health systems investing in and addressing social needs? https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-lshc-addressing-social-determinants-of-health.pdf. Published 2017
8. Glass TA, McAtee MJ. Behavioral science at the crossroads in public health: extending horizons, envisioning the future. Soc Sci Med. 2006;62(7):1650-1671. doi:10.1016/j.socscimed.2005.08.044

9. Committee on Health Care for Underserved Women. ACOG Committee Opinion No. 729: Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care. Obstet Gynecol. 2018;131(1):e43-e48. doi:10.1097/AOG.0000000000002459
10. Bickerton L, Siegart N, Marquez C. Medical Students Screen for Social Determinants of Health: A Service Learning Model to Improve Health Equity. Prim (Leawood, Kan). 2020;4:27. doi:10.22454/PRiMER.2020.225894
11. Fraze TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. JAMA Netw open. 2019;2(9):e1911514. doi:10.1001/jamanetworkopen.2019.11514
12. Cartier Y, Gottlieb L. The prevalence of social care in US health care settings depends on how and whom you ask. BMC Health Serv Res. 2020;20(1):481. doi:10.1186/s12913-020-05338-8
13. Chisolm DJ, Brook DL, Applegate MS, Kelleher KJ. Social determinants of health priorities of state Medicaid programs. BMC Health Serv Res. 2019;19(1):167. doi:10.1186/s12913-019-3977-5
14. Bleacher H, Lyon C, Mims L, Cebuhar K, Begum A. The Feasibility of Screening for Social Determinants of Health: Seven Lessons Learned. Fam Pract Manag. 2019;26(5):13-19. http://www.ncbi.nlm.nih.gov/pubmed/31502814
15. Epstein WN. The health equity mandate. J law Biosci. 2022;9(1):lsab030. doi:10.1093/jlb/lsab030
16. Gold R, Gottlieb L. National Data on Social Risk Screening Underscore the Need for Implementation Research. JAMA Netw open. 2019;2(9):e1911513. doi:10.1001/jamanetworkopen.2019.11513
17. Beck AF, Cohen AJ, Colvin JD, et al. Perspectives from the Society for Pediatric Research: interventions targeting social needs in pediatric clinical care. Pediatr Res. 2018;84(1):10-21. doi:10.1038/s41390-018-0012-1
18. Tarasuk V, Cheng J, de Oliveira C, Dachner N, Gundersen C, Kurdyak P. Association between household food insecurity and annual health care costs. CMAJ. 2015;187(14):E429-E436. doi:10.1503/cmaj.150234
19. Robeznieks A. Social determinants of health and medical coding: What to know
20. Kostelanetz S, Pettapiece-Phillips M, Weems J, et al. Health Care Professionals' Perspectives on Universal Screening of Social Determinants of Health: A Mixed-Methods Study. Popul Health Manag. 2022;25(3):367-374. doi:10.1089/pop.2021.0176
21. Tong ST, Liaw WR, Kashiri PL, et al. Clinician Experiences with Screening for Social Needs in Primary Care. J Am Board Fam Med. 2018;31(3):351-363. doi:10.3122/jabfm.2018.03.170419
22. Kovach KA, Reid K, Grandmont J, Jones D, Wood J, Schoof B. How Engaged Are Family Physicians in Addressing the Social Determinants of Health? A Survey Supporting the American Academy of Family Physician's Health Equity Environmental Scan. Heal equity. 2019;3(1):449-457. doi:10.1089/heq.2019.0022
23. Pantell MS, Hessler D, Long D, et al. Effects of In-Person Navigation to Address Family Social Needs on Child Health Care Utilization: A Randomized Clinical Trial. JAMA Netw open. 2020;3(6):e206445. doi:10.1001/jamanetworkopen.2020.6445
24. Gottlieb LM, Hessler D, Long D, et al. Effects of Social Needs Screening and In-Person Service Navigation on Child Health: A Randomized Clinical Trial. JAMA Pediatr. 2016;170(11):e162521. doi:10.1001/jamapediatrics.2016.2521
25. Williams SG, Brown CM, Falter KH, et al. Does a multifaceted environmental intervention alter the impact of asthma on inner-city children? J Natl Med Assoc. 2006;98(2):249-260. http://www.ncbi.nlm.nih.gov/pubmed/16708511
26. Krieger JW, Takaro TK, Song L, Weaver M. The Seattle-King County Healthy Homes Project: a randomized, controlled trial of a community health worker intervention to decrease exposure to indoor asthma triggers. Am J Public Health. 2005;95(4):652-659. doi:10.2105/AJPH.2004.042994
27. Sege R, Preer G, Morton SJ, et al. Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial. Pediatrics. 2015;136(1):97-106. doi:10.1542/peds.2014-2955
28. Integrating Social Care into the Delivery of Health Care. Washington, D.C.: National Academies Press; 2019. doi:10.17226/25467
29. Wallace AS, Luther B, Guo J-W, Wang C-Y, Sisler S, Wong B. Implementing a Social Determinants Screening and Referral Infrastructure During Routine Emergency Department Visits, Utah, 2017-2018. Prev Chronic Dis. 2020;17:E45. doi:10.5888/pcd17.190339

30. Moen M, Storr C, German D, Friedmann E, Johantgen M. A Review of Tools to Screen for Social Determinants of Health in the United States: A Practice Brief. Popul Health Manag. 2020;23(6):422-429. doi:10.1089/pop.2019.0158