DISCUSSION TOPIC:

“Addressing Social Determinants in the Clinic: Role of Community Health Workers”

Why This Is Important (brief description):

➤ Ninety percent of healthcare expenditures focus “downstream” on the health system that contributes only 10% to health. This low contribution is due, in part, to underfunding of necessary social services.

➤ Community health workers (CHWs) have local knowledge, are culturally and linguistically competent and are trusted by the communities they serve, spending more time on social determinants than other health providers.

➤ While traditionally CHWs were volunteers or paid on grants, the Affordable Care Act (ACA), accountable care organizations (ACOs), and capitated payments inverted the incentive system so that paying for prevention and moving money “upstream” toward social determinants favor efforts to scale up the number of CHWs and their integration into the health system.

What We Think We Know (bulleted evidence + seminal references):

➤ Social determinants cause greater impact on health than the health system (Schroeder SA. We can do better—improving the health of the American people. N Engl J Med 2007;357:1221-1228)

➤ 80% of physicians say social needs are as important to address as medical conditions and that they do not feel confident in their ability to address those needs (Health Care’s Blind Side: the Overlooked Connection between Social Needs and Good Health. RWJF; 2011. Online survey results)

➤ A survey of patients revealed that 46% had one major adverse social determinant and 63% of those had more than one, all mostly unknown to the provider. (Page-Reeves J, Kaufman W, Bleecker M, et al. Addressing Social Determinants of Health in a Clinic Setting: The WellRx Pilot in Albuquerque, New Mexico. Doi: 10.3122/jabfm.2016.03.150272)


➤ CHWs can play a key role in Medicaid managed care systems, improving quality while reducing cost. (Johnson D, Saavedra P, Sun E, et al. Community Health Workers and Medicaid Managed Care in New Mexico. J Comm Health (212) 37:563-571)

➤ In an ongoing study sample of 10,000 Medicaid managed care enrollees in New Mexico (Molina and Blue Cross Blue Shield), CHWs were not only able to screen for and address social determinants, but were able to create links with and strengthen community social service providers and affect health policy in areas of food insecurity, payment for utilities, integration of legal services in clinics and hospital payment reform.
QUESTIONS FOR GROUP DISCUSSION (PRECONFERENCE)

Questions for Group Discussion (add brief answers post-conference)

- What is the value of integrating CHWs?
- What are the barriers to the integration of CHWs?
- Who is accountable for integrating CHWs with primary care?

Ideas Worthy of Policymaker Attention (lists ideas for policy preconference, refined ones post-conference)

- While a primary care focus on the Patient-Centered Medical Home has merit in efficiency and care quality, it is limited in its impact on community and population health because addressing social determinants is only weakly applied.
- CHWs should be supported by and written into the staffing plans of all health systems.

Important Unanswered Questions & Ideas Worthy of Research Community Attention

- In the social and economic transformation of healthcare, powerful stakeholders benefit from the current arrangement. They will resist the re-allocation of healthcare funding upstream to support social service expansion and the employment of more CHWs. What strategies for incorporating CHWs into the clinical team are most likely to succeed in winning over skeptics and in building a supportive counterbalance to tradition?