



## Major Health Systems Accelerate Into a New Frontier: Addressing Social Determinants of Health

By [Richard Scott](#) November 14, 2018

An elderly patient facing a raft of life-threatening health conditions was in danger of missing a dialysis appointment at a **Penn Medicine** central facility in Philadelphia. Legally blind and struggling through metastatic cancer, the woman was at risk of falling through the cracks of a health system that so often engulfs patients with few resources.

To prevent that from happening, Penn deployed a new resource – a community health worker – to shepherd the woman through her care program. Penn’s program, which relies on laypeople from the local community to address patients’ social factors, is part of a larger wave of health systems investing in the health of patients outside of the hospital walls. The focus is on one thing: social determinants of health.

The term, and the underlying implications for what it means to address a patient’s social conditions, is not really new. But there’s been something of an explosion of awareness among health systems. “It’s funny how new and not new the concept is,” says **Robert Fields**, senior vice president and chief medical officer for population health with **Mount Sinai Health System**.

Fields is a veteran of programs devoted to social determinants, having worked with **Mission Health** in North Carolina to save the Medicare program millions by addressing social-based risk factors. Today he is ushering in a new way of meeting patients’ social needs at Mount Sinai, which has established a “community portal” that links patients and the health system providers with community-based organizations that can help address common roadblocks to high-quality healthcare. It’s now commonplace for Mount Sinai providers to perform a needs assessment to identify potential challenge areas. For instance, patients are asked: Can you afford medications? Can you travel to your appointment? Do you suffer from social isolation?

“Research suggests the highest drivers of morbidity and mortality are social determinants of health,” Fields says.

Like other areas of life, a person’s wealth and social status are significant predictors of health outcomes. They weigh heavily on the most basic equations, like how long a person is expected to live. “On average, there is a 15-year difference in life expectancy between the most advantaged and disadvantaged citizens” in the U.S., according to an **American College of Physicians’** position paper on social determinants of health released in April.

Addressing social determinants of health means focusing on multiple elements and environmental conditions for patients, from housing and access to food to mobility and loneliness. The huge range of factors begs an all-important question for providers: “What is the responsibility of health systems and hospitals?” Fields muses.

Based on efforts underway, health systems are responding in kind that the responsibility is a big one, with many systems spending significant resources to improve care for patients in non-traditional ways.

In June, **Intermountain Health** [launched a collaborative called the Utah Alliance for the Determinants of Health](#) to promote community health in several regions. Over a three-year demonstration project, Intermountain has committed \$12 million in the communities of Ogden and St. George to come up with solutions to promote coordinated care for high-risk patients. The pilot will focus on social factors related to “education and income, interpersonal violence, housing and food insecurity,” among others, describes **Lisa Nichols**, Intermountain community benefit director with the initiative. Through a greater understanding of patients’ social needs, Intermountain seeks to cut back on its readmission rates and reduce post-surgical complications.

“This is one of Intermountain’s top priorities,” Nichols says.

### **Shifting Perspectives: The Move to Value**

Intermountain is hardly alone in its new-found effort. Increasingly, health systems are pushing the boundaries of what constitutes appropriate healthcare in the 21st century, spurred on at least in part by various external forces.

“There has been a huge uptick in attention and focus that folks in the trenches have known about for a long time,” says **Betty Rabinowitz**, M.D., chief medical officer with **NextGen Healthcare**, a health information technology company currently investing in workflow tools to help address social factors.

The broader shift away from fee-for-service and to a model that emphasizes episodic outcomes and costs has been an important driver of the newfound awareness. In other words, unfolding changes underpinning the economics of healthcare is elevating the importance in how health systems view socioeconomic conditions, Fields says. Take readmissions, for example. A hospital can no longer count a readmission as a money-maker. The same goes for surgical packages, such as joint replacements, that are wrapped up in bundled payment initiatives.

“If you think everything that used to generate revenue is now a cost,” Fields says, “that will change the way you operate.”

Currently, Mount Sinai is in the process of developing an “app-based social determinants screening tool” that will combine purchasing data with claims data to create a forward-looking view of a patient’s risk of ending up in the hospital within the next 30 days. Fields believes that initiatives like this that are based on predictive analytics will be one of the next big developments within the field.

“It’s definitely early, but it’s growing rapidly,” says Fields. He believes, generally, health systems’ ability to execute on analytics is lagging behind the robustness of the technology currently available.

But health system leaders are chipping away at the issue, and they’re finding no shortage of tech-based opportunities as potential solutions. At Penn, a pilot program is underway to demolish one of the long-standing barriers to care for underserved patients – simply getting to an appointment. Teaming up with **Ride Health**, Penn has been dispatching cars to pick patients up at home and deliver them to their medical appointments, says **Roy Rosin**, Penn Medicine’s chief innovation officer.

“It can take three buses and an hour to go three miles,” Rosin says. That’s an obstacle that many patients can’t overcome, with some 3.5 million patients nationwide missing a scheduled appointment every year. Penn’s latest pilot provided more than 1,100 rides to low-income or mobility-challenged patients, significantly improving show-up rates and reducing costly delays. Rosin says that partnering with Ride Health, which provides health systems the ability to order and track vehicles, has resulted in a 98% rate of on-time arrivals, which has helped mitigate pricey delays. “The cost of a delay is high,” he says.

**Imran Cronk**, CEO and co-founder of Ride Health, said that a middle-of-the-night incident at a hospital in rural North Carolina was inspiration for him to launch the company. Late one night, Cronk saw an elderly man, recently discharged, inquire at the nurses’ station for a way to get home. He didn’t have a car and his mother was bed-ridden. Nothing was available, the nurses said – no cars or taxis. Reluctantly, the man said he would walk the several miles to his house. Cronk, who was a volunteer at the hospital, offered the man a ride, and a seed was planted in his mind.

Today, Ride Health operates in 18 states and soon will expand to half the country, Cronk says. Most health systems see transportation as a “justifiable business expense,” he says. Not only can it get patients to appointments, but streamlined transportation can clear up “the bottleneck in the discharge process,” Cronk notes.

At Penn, the cost of the program pays for itself. The health system pays for the rides, but it has saved about \$8,000 on no-shows over the course of the limited program, according to Rosin.

*This two-part series concludes Friday, with an examination of how health systems are teaming with community organizations to address social determinants of health.*

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