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ADDRESSING SOCIAL NEEDS BOOSTS HEALTHCARE FOR THE POOR

Mario J. Paredes
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The US healthcare system is, slowly, turning toward tackling social factors in patients' lives as key to good health. As reported by USA Today, a dramatic example comes in the form of several states spending a significant part of the Medicaid budget on providing the homeless with housing. California is committing $12B to help homeless Medicaid beneficiaries find housing. The state pays the rent. In Arizona, $550M will be spent on paying six months of rent for homeless people. Several more states are following suit.

Commenting on the initiatives, Xavier Becerra, secretary of the US Department of Health and Human Services, asked: "Is there anyone who would deny that someone who is homeless is going to have a harder time also keeping their health up?" The Biden Administration is encouraging the 'housing as healthcare' programs, as well as other efforts to include social services alongside traditional healthcare in Medicaid provisions.

The benefits seem obvious, but for many years, the US lagged badly behind Europe in paying attention to Social Determinants of Health (SDH), also known as Health-Related Social Needs (HRSN). Addressing patients' social needs is a crucial element in providing preventive care. Yet, for the longest time, the US healthcare system has put the focus on illness and disease, only treating patients when they are already very sick and have ended up in costly hospital beds, often after having sought help in expensive ERs. This pattern benefits hospital conglomerates but not the poor.

What's becoming clear is that paying attention to social needs that impact health also translates into superior healthcare for the neediest as well as significant savings for taxpayers. A growing number of Medicaid experiments will demonstrate the impact of tackling SDH and HRSN, and slowly but surely—it is to be hoped—Medicaid across the board will make a major shift.

One such experiment will soon be launched in New York State, where a 1115 Waiver will make $6B available for innovative Medicaid initiatives. Developing services for HRSN will form a major part of this program. It has been allotted almost half of the total budget and is considered key to promoting health equity, reducing health disparities, and sharply improving the quality of Medicaid-funded healthcare across the board.

One strategy that will be pursued in creating services for HRSN is for providers to establish a relationship with Community-Based Organizations with expertise in the various social issues Medicaid patients are confronted and struggling with. Overall, the 1115 Waiver program will insist on the integration of primary care, behavioral health, and awareness of HRSN.

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These elements of the New York program appeal particularly to SOMOS Community Care, a network of more than 2,500 New York City doctors, most of them primary care providers. They care for the health of more than one million of the most vulnerable Medicaid patients in New York City. For close to 10 years now, SOMOS doctors have been offering patients holistic care—medical, behavioral, and social. The 1115 Waiver is a great fit for SOMOS, and it will help the organization grow and further fine-tune its approach to providing Medicaid services.

Community Health Workers (CHWs) play a key role for the SOMOS doctor. They gather intelligence—medical, behavioral, and social—through visits to patients' homes. They remind people to keep their medical appointments and to take their medicines as prescribed. They may also transport Medicaid recipients to their doctor's office. On the social front, CHWs take stock of living conditions. Homes may have harmful levels of mildew; a particular neighborhood may not have fresh fruit and vegetables in the shops; unemployment may plague a patient or a relative, etc.

The CHWs inform the doctor, who then has a comprehensive picture of patients and their needs—medical, behavioral, and social. This intimate portrait forms the basis of a relationship of trust between provider and patient, who feels known and cared for. In this way, SOMOS has reiterated the role of the family doctor of old—a trusted community leader who also convenes Community-Based Organizations (CBOs) to find answers for patients' social needs. As noted, this holistic, intimate knowledge of all the needs of a patient will be a key aspect of New York's 1115 Waiver program.

The SOMOS track record shows the power of this approach. SOMOS has saved New York taxpayers $330M by reducing by 25 percent both visits to the ER and costly hospital beds. There is no doubt that the provision of HRSN services plays a key role in keeping more patients healthier longer—with timely interventions to prevent medical, behavioral, and social conditions from spiraling out of control.

What's more, SOMOS doctors are based in the community where patients live; doctors' practices are readily accessible, with red tape kept to a minimum. The SOMOS approach to healthcare benefits from doctors' embrace of Value-Based Payment, which means doctors are paid more according to the greater well-being of their patients. The 1115 Waiver will also make further study of the VBP possible.

Despite all the evidence, there are still nay-sayers when it comes to tackling SDH. In the USA Today article, Sherry Glied, a professor of Public Service at NYU, former chair of the Department of Health Policy and Managed Columbia University's Mailman School of Public Health, as well as a former Obama Administration member, commented: "Providing people with food or housing is pretty far removed from the core mission of healthcare."

SOMOS doctors beg to differ.

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