



PRESIDENT'S COLUMN

MOVING MEDICINE UPSTREAM

Karen DeSalvo, MD, President, SGIM

... there is a great deal of practice and research activity in social determinants, meaning more and better science is coming out every day. It seemed clear that national funders, like the NIH or PCORI, have an important role to play in not only funding science but also helping to develop investigators with a new set of methodological skills needed for this work. In addition, it seems essential that this science is done with, and not for, people and communities. This is the kind of research where SGIM members excel, and I would love to see that we are at the forefront of partnering with healthcare systems engaged in practice innovation so this knowledge can become part of the peer-reviewed literature.



In many ways, the social determinants of a health “movement” gets medicine back to our roots. Though we can certainly trace some of the philosophical underpinning back to Hippocrates, we don’t need to go that far. Rudolph Virchow, German physician of the 1800s, said “Medicine is a social science, and politics is nothing else but medicine on a large scale...if medicine is really to accomplish its great task, it must intervene in political and social life.” The modern movement around addressing the social determinants of health gained a guiding framework and set of concrete recommendations to provide a roadmap for the healthcare system in September 2019 when the National Academy of Medicine published a report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health*.¹

It has been one of the highlights of my career to serve on the committee drafting the report. The group included individuals with varied backgrounds in medicine, social work, technology, government, insurance, research, and equity work. We were ably led by Dr. Kirsten Bibbins-Domingo, an SGIM member, who will present the findings at our 2020 Annual Meeting in Birmingham. Like most general internists, she navigated the intricacies of this complex process and our varied perspectives with the same grace that general internists show when navigating the care of a complex patient. We were joined by other primary care specialists, social work professionals, health policy experts, and researchers. Some of my colleagues from the panel, including other SGIM members such as Dr. Lisa Cooper, who also served on the committee will be part of a special symposium that will dive more deeply into the report findings and recommendations at the annual meeting.

If you haven’t already, I hope you will take time to watch the video of the September 25th release which you can find at: <http://nationalacademies.org/hmd/Reports/2019/integrating-social-care-into-the-delivery-of-health-care.aspx>.¹ I also hope that you look over the entire report that considers how to integrate social care into clinical practice and the kinds of infrastructure that will be required to facilitate and sustain the work.

The following is a snapshot of what you will find in the report; it is a document grounded in a set of overarching goals for medicine in its work to move upstream to address the social determinants of health:

The following is a snapshot of what you will find in the report; it is a document grounded in a set of overarching goals for medicine in its work to move upstream to address the social determinants of health:

1. Design healthcare delivery to integrate social care into health care.
2. Build a workforce to integrate social care into healthcare 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 healthcare settings.

The report provides a framework for action designed to guide healthcare systems wanting to start the work of addressing the social determinants of health or advance what that are already doing—awareness, adjustment, assistance, alignment and advocacy. These are meant to reflect five complementary approaches for health care to adopt to integrate social care into health care. We

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Five Categories of Healthcare Activities that Facilitate Addressing Social Needs¹

| 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 healthcare appointments by using other options such as tele-health 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 healthcare 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. |

found this conceptual framework to capture most of the activity that is already underway or that should be increasingly undertaken and provide some examples (see table).

This includes making and communicating an organizational commitment to addressing health-related social needs and health disparities. Chapter 6 of the report provides guidance for healthcare systems on approaches to address the social determinants of health. Throughout the report, we also provide a number of examples of interventions from the field.

To develop the report, the committee did an extensive review of the evidence available at the time of our work. We also looked to the gray literature and input from public meetings hosted by the committee. We found that there are many promising practices in the field reflecting significant innovation. The report highlights a number of these innovations. However, early on, it became clear that there is a real need for additional research built upon strong methodological design and evaluation frameworks that allow for spreading and scaling of the approaches.

The need for more evidence to drive practice and policy action is a significant part of our recommendations in the report. Specifically, we recommend that the nation “fund, conduct, and translate research and evaluation on the effectiveness and implementation of social care practices in health care settings, including designs with rapid learning cycles as well as experimental trials, robust evaluation of demonstration projects, development of a clearinghouse containing information on the best and most promising practices for social care integration, and support for comparative research through use of a common core measures reflecting social risk and protective factors.”¹

It is also true that there is a great deal of practice and research activity in social determinants, meaning more and better science is coming out every day. It seemed clear that national funders, like the National Institute of Health or PCORI, have an important role to play in not only funding science but also helping to develop investigators with a new set of methodological skills needed for this work. In addition, it seems essential that this

science is done with, and not for, people and communities. This is exactly the kind of research where SGIM members excel, and I would love to see that we are at the forefront of partnering with healthcare systems engaged in practice innovation so that this knowledge can become part of the peer-reviewed literature.

Addressing the health needs of the whole patient and of the communities in which they live is core to SGIM and the work of our members. It underlies our SGIM vision, “a just system of care in which all people can achieve optimal health”. I know that many of our members are already engaged in transformational work to address the social determinants of health through practice, education, research, and policy in the ways recommended in the report. We hope that for you all, the report provides not only validation that this work matters but also new ideas about how medicine can take action at the local or national level. I also hope that the report inspires leaders in the public and private sector who have the power to move medicine upstream.

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