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Point of View

Multi-sector Partnerships and Networks to Support Social Health, Medical Education, and Return on Investment

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Introduction

There is no doubt that social context contributes to overall health and wellness. Every human being has social needs, and meeting those needs may be the turning point in creating better outcomes for many patients. Access to basic physiological and safety needs such as food and affordable housing are known barriers to health and well-being.¹⁻³

The relationship between social needs and health is fairly well documented and gaining national recognition as a gap in patient care. Yet, the financial benefit of supporting social health has yet to be fully recognized. To address these issues, disparate sectors of the health ecosystem are beginning to come together in new ways to address these gaps. For example, in an innovative approach to move efforts upstream the University of Houston and Humana, a national health and well-being company, have established the Humana Integrated Health System Sciences Institute to advance the next generation of health professionals' education through interdisciplinary training with a focus on improving population health outcomes and expanded use of value-based payment models.

Building on this collaboration, we engaged thought leaders from a variety of Houston health and allied health sectors (eg, academia, industry, government, philanthropy, primary care) and disciplines (eg, business, finance, medicine, policy, public health, social work) to identify collaborative strategies to address social determinants of health. This diverse group came together to participate in a TEDMED curated Jeffersonian style dinner discussion to share successes and challenges of addressing health-related social needs and to build a sense of cohesion and synergy around shared efforts to improve the overall health of the community.

The dinner discussion centered on the following prompt: "Please tell us about a time that you successfully, or unsuccessfully, engaged in a nontraditional partnership or collaboration to address a significant health issue." Guests shared their responses and identified common themes during the dinner discussion. Three key themes emerged:

1. *Improving health depends on more than improving medical care.* Social risk factors and health-related social needs also must be considered.
2. *Medical education needs rethinking.* Curricula should include social determinants of health, and aspiring practitioners need to work in interdisciplinary teams during their training.
3. *A strong financial case for addressing social needs in health care has not been made.* Overcoming social barriers to health should result in a healthier population with a focus on proactive, preventive health care strategies, but the return on those investments is not entirely clear.

Improving health depends on more than improving medical care

One participating health leader explained that it was not uncommon to hear patients say things like, “My grandmother died from diabetes. My mother just lost her foot to diabetes. There is nothing I can do – I know I’m going to get diabetes.” Beliefs about current and future health, and level of health knowledge, likely will modify the degree to which individuals engage in their health care and management,⁴ and are important considerations for care teams supporting their patients’ complex health needs.

Addressing social determinants of health, social risk factors, and social needs is important to improve health and reduce health disparities,⁵⁻⁷ but will require participation from stakeholders across the health ecosystem.

Clinicians, researchers, payers, and policy makers acknowledge the relationship between biological, psychological, social, environmental, and behavioral domains in constituting risk and producing better health.⁸ Comprehensive health care delivery models, such as the patient-centered medical home and others, offer the interdisciplinary framework to support the myriad factors that influence patients’ health. It is critical that our data systems support the evolution of our care models. There is a real need to look beyond medical care and claims data and

leverage individual- and population-level data related to nonclinical factors (eg, housing stability, food access, loneliness and social isolation, health literacy, patient values and beliefs) to inform our care and decision making.

Medical education needs rethinking

Medical, and other health professional, education also needs to keep pace with evolving patient needs and health care models. There is tremendous value in experiential learning for students – beyond residency training – out in the community where learners can observe, appreciate, and participate in the complex biological, psychological, social, and environmental factors affecting health. Dinner guests reflected on existing innovative clinical training programs,^{9,10} and the ways in which their own nontraditional training experiences (eg, working with homeless populations, serving as health educators) have made them better clinicians.

Interdisciplinary collaboration is the future of health care. As the industry shifts from fee for service to value-based payment, interdisciplinary collaboration becomes essential. The relationship between physical and mental health indicates the obvious need for interdisciplinary treatment planning and care coordination; chronic conditions cannot be managed independently from depression, substance abuse, or other mental and behavioral health conditions. Similar relationships extend to social and environmental health domains. It is essential that clinicians and practitioners from these disciplines coordinate and collaborate effectively. The skills and competencies required to be successful in value-based care and payment models require a great deal of practice, and necessitate interdisciplinary education and training.

A strong financial case for addressing social needs in health care has not been made

Attending to patients' nonmedical needs (eg, transportation, food access, social support) can improve health outcomes and reduce inappropriate use of health care services, but there is a

paucity of research describing the return on investment (ROI) for addressing such health-related social needs.¹¹

However, the importance of addressing such needs is gaining momentum as health systems seek to identify sustainable payment models to address the needs of high-complexity patients. These patients most likely will benefit from comprehensive, patient-centered care with attention to social determinants of health such as food insecurity, housing, and transportation.¹²

There are some known and perceived risks of investing in social needs. Patients often change health plans or providers, or their eligibility for certain plans changes before the benefit of the investment is fully realized. Assuming there is an ROI, who recoups the cost and when? There is a good chance that the primary beneficiary is not the investor. It is sometimes unclear how to ensure the appropriate provision of social services and support outside of the traditional health care system. Many of the proposed social health care models require interoperable data and technology platforms and cross-sector collaborations to ensure coordinated care across the broader health ecosystem. As we think through these complexities, it becomes clear that the ROI in social health cannot be fully appreciated within the silo of a single discipline.

Conclusion

Supporting social health, advancing medical education, and realizing an ROI in health-related social needs will require nontraditional partnerships and collaboration across the health ecosystem. Community discussions, such as our curated dinner, are an important step in opening the dialogue and developing the multi-sector partnerships and networks needed to support population health.

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