

Social Determinants of Health & Why They Matter to Consult-Liaison Psychiatry

Hackensack Meridian

Jersey Shore University

Medical Center

Nicholas Flugrad M.D.¹, Eamon Thomasson M.D.¹, Tobi Ariyo M.D.¹, Heba Ekladios MBBCh¹

Department of Psychiatry and Behavioral Health, Jersey Shore University Medical Center, Neptune, NJ

INTRODUCTION

- Consult Liaison Psychiatry's mission
- Address the complex needs of patients with medical and psychiatric comorbidities
- Improve healthcare outcomes
- Promote integrated and collaborative care
- As listed in the curriculum for the Consult-Liason Psychiatry (CLP) Fellowship in Systems-Based Practice section 2: System Navigation for Patient-Centered Care, the Level-1-Milestone, "Identifies community health needs and disparity issues"[1]
- This is glossing over awareness of Social Determinants of Health (SDoH); however, there is no other mention of them in the Supplemental Guide on CLP from the Accreditation Council for Graduate Medical Education (ACGME)
- There is a mention in ACGME Program Requirements CLP section II.A.4.a. (2) but this lack of emphasis on SDoH highlights fundamental shortcomings in both healthcare equity and equality
- Conducting standardized screenings of patients to comprehend their social context serves as a pathway toward addressing impediments and enhancing overall health which is a cornerstone of CLP
- SDoHs are vital when formulating a treatment plan known since the Whitehall studies conducted decades ago, showcasing how social context can significantly affect an individual's health and well-being [2,3]
- The main issue arises with how to integrate and not take a "just one more thing" approach as piling on physicians has been shown to decrease overall patient outcomes and lead to burnout [4]

CURRENT RESOURCES

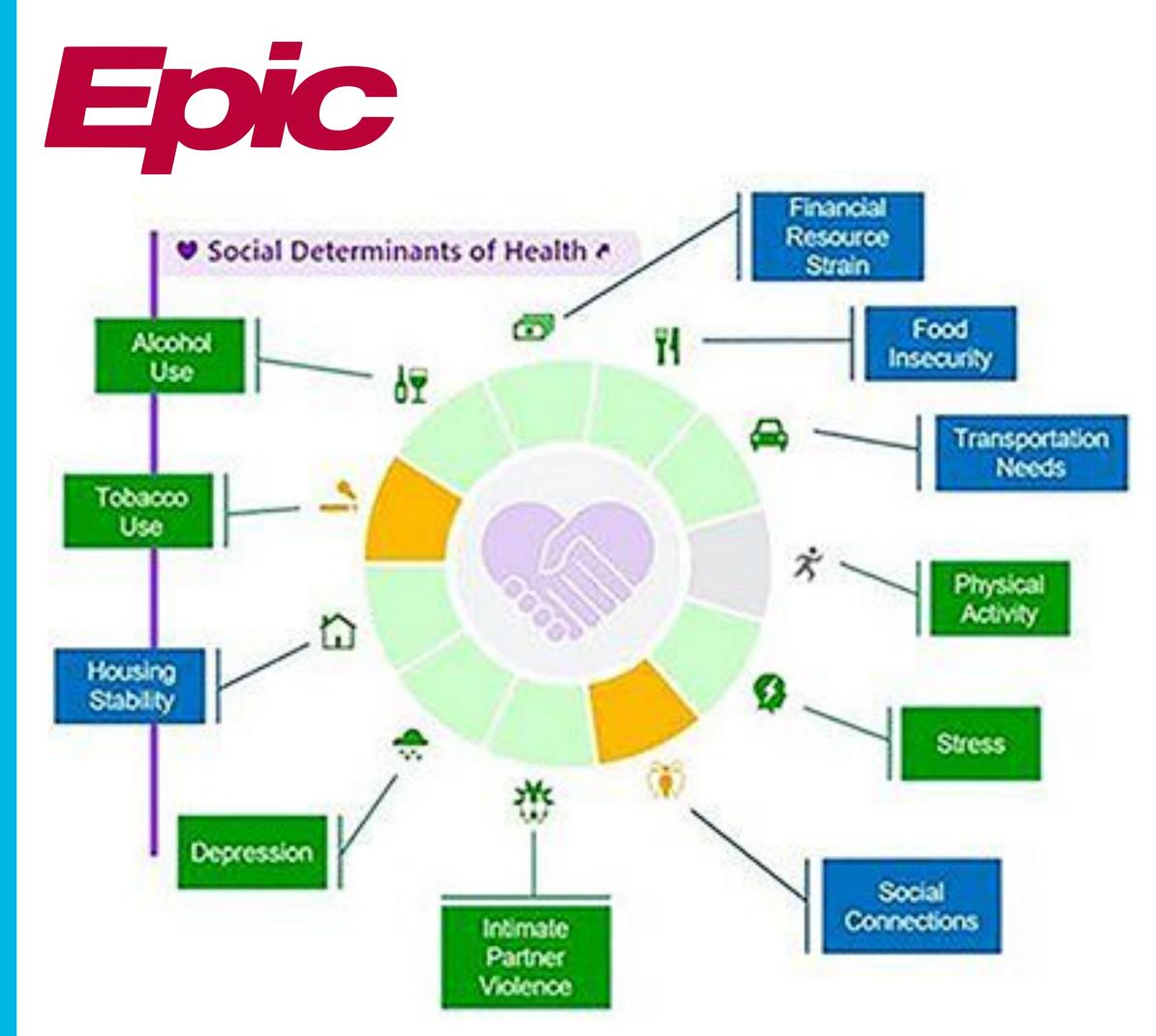


Figure 1: EPIC SDoH Wheel

Social Risk Factors vs. Behavioral Risk Factors

As social factors are documented the SDoH Wheel will update:

Green...no to low risk Yellow...moderate risk

Red.....high risk Gray....no data

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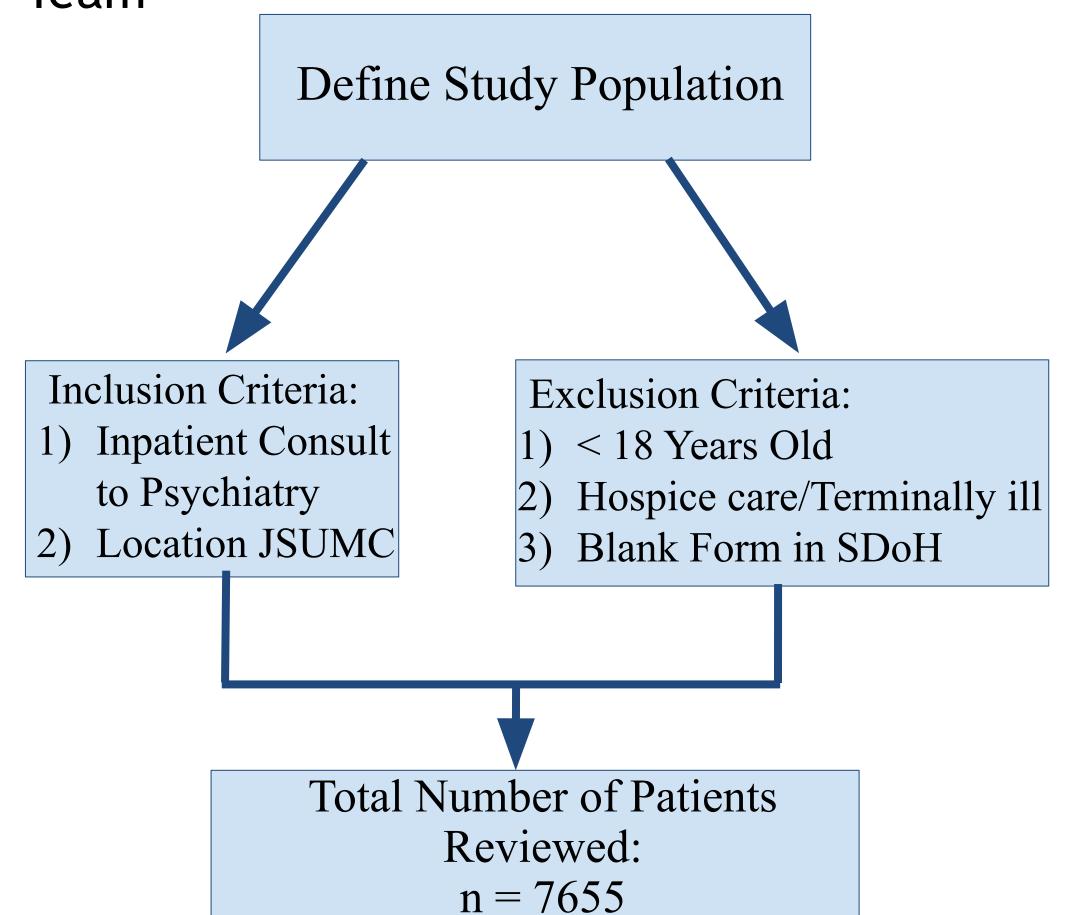


Figure 2: NowPow's PowRx Platform

NowPow, a digital platform to provide personalized referrals to community resources that will help them continue to improve their health after they leave Hackensack Meridian Health's care with integration into EPIC EMR.

METHODS

- Retrospective data collection sourced from EPIC
- Data provided by the HMH Data Analytics Team



RESULTS

- Preliminary results of complete utilization of entire fields on the SDoH Wheel yielded 7%. The average utilization completed 8 fields with the most frequent absent field being social connections followed by physical activity. The most completed field included Intimate Partner Violence followed by depression with alcohol use following.
- Preliminary findings are yielding no significant difference in gender, sexual orientation or identity as well as no significant difference in race at rates of recording SDoH.
- Preliminary findings indicate statistically significant findings in time of day SDoH reporting is being completed with rates reporting greatest between between 0900-1000 and the least between the hours 1800-1900.
- Preliminary findings indicate that the lowest rate of completion was for patients 65-75 with the highest being those 25-35 but that these were not statistically significant findings

CONCLUSIONS

- Our preliminary findings show that there is a need for better integration of SDoH screening so that clinicians can have the ability to utilize this information when making informed decisions about patient care.
- Inital data is suggesting there are not differences amongst cohorts but that on a whole better implementation must be an emphasis going forward.

FUTURE RESEARCH

- Future research aims at addressing any shortcomings in these results and implementing standardization in the form of the CMS's Accountable Health Communities project Health-Related Social Needs screening tool (AHC-HRSN) so that treatment teams have baseline assessment tools to utilize SDoH considerations
- Currently, medical care in the United States tends to focus on Healthcare over health, limiting CL-Psychiatrist's ability to address social context. Nevertheless, they can take practical steps addressing SDH.
- Screening and coordinating services to meet social needs is an opportunity to improve healthcare where social and policy barriers once prevented particularly in those underserved and diverse communities.



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