NASEM Report on Integrating Social Care into the Delivery of Health Care

The National Academies of Sciences, Engineering and Medicine (NASEM) in September 2019 released its Consensus Study Report, *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health*. This landmark report, which the National Association of Social Workers (NASW) played a lead role in conceiving and funding, includes numerous recommendations to ensure that the nation's health care systems address all of the factors that contribute to health – both “social” and medical or physical. A growing body of evidence shows that factors such as stable housing, economic security, access to nutritious food and transportation – also known as social determinants of health (SDOH) - play a key role in health outcomes. The study recognizes that social workers are “specialists” in identifying and addressing these social needs. This Practice Perspectives outlines key study findings and their implications for practice and policy.

Addressing Social Needs

Social factors influence health outcomes for every person throughout the lifespan. These factors must be considered to have a complete picture of a person’s health status. Traditionally, medical care providers have not taken these factors or needs into account. The NASEM Consensus Study recommends that health care providers, such as health plans, should identify and address social risk factors as they provide care. Understanding health influences outside of the medical setting is necessary to improve health and reduce health disparities.

Since the founding of the profession over a century ago, social work practice has been grounded in the person-in-environment framework. This framework considers the strengths and needs of individuals, their resources, support networks, and community. In recent years, the SDOH has become a buzzword in many settings. The term does not have a positive or negative connotation, as these factors apply to every person and are dynamic throughout the stages of life. The SDOH are associated with 80% or more of a person’s health outcomes, whereas medical services themselves are associated with 20% or less of an individual’s health status (https://nam.edu/social-determinants-of-health-101-for-healthcare-practitioners/).
A growing body of evidence shows that factors such as stable housing, economic security, access to nutritious food and transportation—also known as social determinants of health (SDOH)—play a key role in health outcomes.

THE NASEM CONSENSUS STUDY DEFINES KEY TERMS IN TABLE 1-2

<table>
<thead>
<tr>
<th>TABLE 1-2 Key Terms Used in This Report</th>
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</thead>
<tbody>
<tr>
<td>Health</td>
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<tr>
<td>Social Determinants of Health (SDOH)</td>
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<tr>
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<tr>
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<td>Social services</td>
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A Prepared Workforce

The NASEM study provides a framework to classify the activities in which health care systems can engage to address social needs. The foundation, and initial entry point, is Awareness. Awareness represents a system’s readiness to identify socioeconomic needs and struggles of the patient population it serves. Awareness can be achieved through the use of screening tools with individuals, or through analysis of community-level data. After Awareness, health care systems can take various approaches. Across health professions education programs, training topics should include the SDOH, interprofessional collaboration, and social care using competency-based curricula. The social service sector has not benefited from the same level of investment in IT infrastructure, and there are many barriers to sharing data between organizations. To create a true continuum of care across health and community settings, interoperability is paramount. Furthermore, initiatives that aligned IT infrastructure and interprofessional teams can include social workers, who are experts in delivering social care. However, the concept of a team should not be limited to those who work in the same office location. Teams should expand to encompass care providers and partners such as lawyers, family caregivers, and others. Social workers are particularly skilled at promoting collaboration and bridging gaps between health care and social service providers to create a full, supportive continuum of care for individuals and families.

Next Steps for Social Workers

- Share the NASEM report widely among colleagues and stakeholders, both within and outside social work.
- Promote organizational, policymaker, and public awareness that social workers are specialists in social care, and essential participants and leaders in interdisciplinary healthcare teams.
- Pursue opportunities at your organization to enhance awareness about social needs and offer services to address social risk factors.
- Advocate for reforms with local, state, and federal level policymakers to drive the provision of social care.

Financing Social Care

Traditionally, third-party payers have determined covered services as being those that are “medically necessary” and they have not included social care. The NASEM report calls on the Centers for Medicare and Medicaid Services (CMS) to identify social care activities that can be covered and reimbursed.
A growing body of evidence shows that factors such as stable housing, economic security, access to nutritious food and transportation—also known as social determinants of health (SDOH)—play a key role in health outcomes.

The NASEM Consensus Study defines key terms in Table 1-2:

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<tr>
<td>Health</td>
<td>A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health is a resource and an opportunity to be healthy as possible.</td>
</tr>
<tr>
<td>Social care</td>
<td>A state of health-related social factors and social needs. Social care is a system of care that provides support to individuals, families, and communities to address social needs.</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>The conditions in which people are born, grow, work, live, and that affect the range of health, functionality, and quality of life outcomes and risks.</td>
</tr>
<tr>
<td>Social needs</td>
<td>A patient-centered view that incorporates a person's perception of their own health-related social needs.</td>
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<tr>
<td>Social risk factors</td>
<td>Social determinants that may be associated with health outcomes, such as access to housing or social relationships.</td>
</tr>
<tr>
<td>Social services</td>
<td>Services, such as housing, food, and education, provided by government and private, profit and nonprofit, organizations for the benefit of the community and to promote social well-being.</td>
</tr>
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**A Prepared Workforce**

All team members must be aware of the SDOH and no one discipline can adequately address social risk factors alone; interprofessional teams are necessary. Across health professions education programs, training topics should include the SDOH, interprofessional collaboration, and social care using competency-based curricula.

**Framework for Action**

The NASEM study provides a framework to classify the activities in which health care systems can engage to address social needs. The foundation, and initial entry point, is Awareness. Awareness represents a system’s readiness to identify socioeconomic needs and strengths of the patient population it serves. Awareness can be achieved through the use of screening tools with individuals, or through analysis of community-level data. After Awareness, health care systems can take various approaches, and interventions may be focused on care provided to an individual through Adjustment or Assistance. Alignment and Advocacy activities establish partnerships for change at the community level.

Activities can happen in any sequence or combination and are not mutually exclusive.

**Activities focused on individuals**

- **Adjustment** is a change in clinical practice to accommodate existing barriers, for example, a clinic could extend operational hours into evenings or weekends or offer telehealth appointments to make services more accessible.
- **Assistance** connects an individual with resources directly, by providing information, or through a referral.
- **Alignment** occurs when health institutions engage with stakeholders to enhance social care in the community, for example, by supporting local infrastructure investment.
- **Advocacy** activities promote policy changes that will improve health and address social needs in the community.

Health care providers can identify one or more strategies to strengthen social care through individual interventions and collaborative efforts.

**Financing Social Care**

Traditionally, third party payers have determined covered services as being those that are “medically necessary” and they have not included social care. The NASEM report calls on the Centers for Medicare and Medicaid Services (CMS) to identify social care activities that can be covered and reimbursed.

Since implementation of the Patient Protection and Affordable Care Act of 2010, some models of care are reimbursing based on value rather than volume as in fee-for-service. Innovative value-based payment models, whether deployed by public or commercial payers, can incentivize the provision of social care. That said, barriers to value-based care persist. Most notably, payers typically prioritize models that generate short-term savings. Return on investment from the provision of social care can take years to be realized. Policy advocacy efforts that support continued eligibility in Medicaid, for example, allow long-term engagement with patients and communities.

Medicaid, which is administered by states, has increasingly experimented with programs to directly fund or incentivize social care through waivers and other mechanisms. States can make changes to Medicaid program offerings through waivers that are approved by CMS. Waivers offer a variety of Medicaid flexibilities, allowing states to test innovative models of care, offer new services to specific populations, and adjust eligibility requirements and benefits. CMS recently unveiled options for Medicare Advantage waive its requirements and benefits. CMS recently unveiled options for Medicare Advantage plans to expand nonmedical supplemental benefits for beneficiaries with chronic conditions. Medicare Advantage plans are offered by private companies that contract with CMS, and in 2020 plans are offering a range of services and programs to MA beneficiaries including meal delivery services, home safety modifications, transportation, and acupuncture and massage therapy.

**Next Steps for Social Workers**

- Share the NASEM report widely among colleagues and stakeholders, both within and outside social work.
- Promote organizational, policymaker, and public awareness that social workers are specialists in social care, and essential participants and leaders in interdisciplinary healthcare teams.
- Pursue opportunities at your organization to enhance awareness about social needs and offer services to address social risk factors.
- Advocate for reforms with local, state, and federal level policymakers to drive the provision of social care.
The NASEM study recommends that the scope of practice of the social care workforce be expanded to address social needs. Federal and state regulatory policies sometimes impede the ability of providers to fulfill their scope of practice and operate at the top of their license.

- Apply the 5As Framework to your current position and document social work interventions using the 5As terminology
- Educate peers and stakeholders about the ways that you address social needs
- Support investment in infrastructure for social services and health care services
- Support research on models of care and social work practices that address social needs to advance the evidence base

Resources
National Academies of Sciences, Engineering and Medicine report, "Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health"
NASW Webinar "Elevating "Social Care": Social Work’s Role in Driving Healthcare Transformation"
Center for Health and Social Care Integration at Rush University Medical Center

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