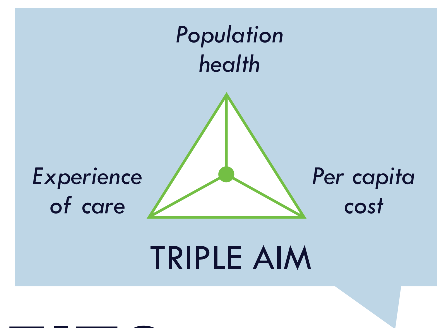
Why Collect Standardized Social Determinants of Health Data?

Health centers have long recognized the many factors that influence the health of their patients. As healthcare moves toward value-based care and payment, health centers will increasingly have business, as well as mission, reasons for collecting and acting on social determinants of health (SDH). For value-based payment to incorporate SDH, health centers will need standardized SDH data. This graphic depicts three levels of SDH data collection, ways to use the data, and potential benefits. Some benefits apply today; others will depend on influencing future payment through policy changes.



SDH DATA...

BENEFITS

1 From one visit

» Meet patient needs
» Refer to resources

Data collected on all patients but often on paper or via free text notes in the electronic health record (EHR). Data help meet patients' needs but cannot be aggregated.

TRIPLE AIM

» Improve patient experience
» Improve care quality for patients served

BUSINESS CASE

» Patient recruitment
» Patient retention

2 In one health center

» Support population health management
» Manage panel size and composition
» Inform program/partnership priorities

Data are collected with pre-defined questions and responses, usually entered into the EHR. However, these data cannot be aggregated across multiple health centers or with other entities in the healthcare system.

TRIPLE AIM

» Improve care quality for assigned members
» Reduce high-cost utilization
» Improve provider satisfaction

BUSINESS CASE

» Efficiently staffed care teams
» Quality bonuses
» Shared savings

3 Across health centers

» Apply predictive analytics for care management
» Negotiate for SDH-risk-adjusted payment
» Research what works for whom
» Push for policy change

Data require translating social screening across organizations into a common code set. Standardized medical vocabulary like ICD-10 z-codes or LOINC could offer a way to aggregate and analyze SDH data across health centers, providers, and payers.

TRIPLE AIM

» Improve quality outcomes for a community population
» Slow increasing healthcare costs
» Improve health equity

BUSINESS CASE

» SDH influenced payment reforms (e.g., care-management fees adjusted for SDH; P4P outcomes take SDH into account; SDH-risk-adjusted capitation rates for payers and providers)

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