Addressing Social Determinants of Health: Challenges and Opportunities in a Value-Based Model
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The American Academy of Pediatrics (AAP) Council on Community Pediatrics (COCP) has been advocating for an increased role of pediatricians in addressing social determinants of health (SDOH) for pediatric patients and their communities for over a decade. With the publication of the policy statement “Poverty and Child Health” in 2016, the AAP endorsed screening for and addressing child poverty on an individual, community and national policy level.1 To aid pediatricians in addressing this seemingly daunting task, COCP developed web-based resources that accompanied the policy statement and technical report to help with screening and local resource determination (www.aap.org/poverty). And while there is increased traction and evidence supporting SDOH screening,2 the practice is far from universal and challenges remain.

In this month’s Pediatrics, 3 leaders in the field of SDOH screening highlight some of the challenges and opportunities for addressing SDOH in the ever-changing payor landscape (10.1542/peds.2018-2355). As governments, insurance companies, employers, and health systems are all striving to increase the “value” of care through a variety of new payment models (capitation, bundling, etc.), there is valid concern that SDOH may be left out of new models. Garg et. al. highlight 3 challenges these new models face when addressing SDOH: an insufficient social safety net, financial incentives which may undermine respect for family autonomy, and diverting resources from one at-risk population to another. Both policy and regulations will be needed to assure that these challenges don’t adversely affect patients and families in need. On a brighter note, the authors identify two opportunities that new payment systems present to actually make addressing SDOH easier: engaging diverse sectors to improve child health and the Massachusetts Medicaid-supported integrated SDOH care model.

In my opinion, the opportunities lie in looking at the bigger picture and making sure your systems are achieving the outcomes you desire. By taking a 30,000-foot view of how care is delivered in your community and aligning hospitals (community benefits), payors, community agencies (non-profits, United Way, etc.), government resources (health department, WIC, housing, etc.), and medical homes, we will actually be able to start impacting the well-being of patients and communities who struggle with poverty and other SDOH that impact their health on a daily basis.

References

1. Poverty and Child Health in the United States. COUNCIL ON COMMUNITY PEDIATRICS. Pediatrics Apr 2016, 137 (4) e20160339; DOI: 10.1542/peds.2016-0339

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