VIEWPOINT

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Integrating Social Care Into the Delivery of Health Care

It has long been known that social factors influence health. However, a recent upsurge of interest in addressing social needs within the context of health care delivery has emerged,[1-3] driven in part by a recognition that achieving high-quality, high-value health care may require attention to nonmedical factors such as housing, food, and transportation. Addressing social determinants of health may be important for any person during periods of increased need (eg, after discharge from the hospital) and particularly important for addressing health disparities in communities with greater social need.

A new report[4] from a consensus committee of the National Academies of Sciences, Engineering, and Medicine provides recommendations to guide practice and policy discussions in this area.

The 5 As: Activities in the Health Care Setting That Address Social Needs

Five complementary activities in the health care setting facilitate the integration of social care (defined as activities that address health-related social risk factors and social needs) into the delivery of health care (**Table**). Awareness is critical to all activities and for all members

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of the health care team, given the importance of social factors in influencing health outcomes. Adjustment and assistance are 2 different types of responses to an identified need in an individual patient, whereas alignment and advocacy recognize that some social needs may broadly affect a community and the most effective role for the health care system is to tackle these needs collectively and not just one patient at a time.

The report describes 5 overarching goals, each supported by recommendations, necessary to achieve integration of social care into health care.

1. Design Health Care Delivery to Integrate Social Care Into Health Care

The recommendations that support this goal focus on the importance of making and communicating an organizational commitment to addressing health-related social needs for individuals and communities, specifically addressing the activities in 1 or more of the 5As. Establishing formal linkages, clear lines of communication, and

financial referral relationships between the health care and social care sectors is important.

2. Build a Workforce to Integrate Social Care Into Health Care Delivery

Although all members of health care teams may have a role in focusing on the 5 activities, the report notes the importance of the social care workforce (including social workers, community health workers, gerontologists, among others) and building skills for working in interprofessional teams. Specific recommendations include developing, expanding, and standardizing the scope of practice for social care workers and making these individuals eligible for reimbursement by payers.

3. Develop a Digital Infrastructure That Is Interoperable Between Health Care and Social Care Organizations

Technological advances that allow for the application of data and digital tools have the potential to improve efforts by health care systems and their social care partners to address health-related social needs. Establishing a social care digital infrastructure on a scale similar to that described in the Health Information and Technology for Economic and Clinical Health Act of 2009[5] is recommended, as is developing resources to implement recommendations from §1561 of the Patient Protection and Affordable Care Act of 2010,[6] which include adoption of modern, secure, interoperable digital systems and processes to allow all partners to share data so that consumers can seamlessly obtain health care and social care services. The report recommends support for states as they identify the appropriate interoperable platforms for their communities; guidance on data security and privacy issues that arise when collecting and sharing personally identifiable information across both partners covered and those not covered by the Health Insurance Portability and Accountability Act of 1996[7]; and a continual focus on equity in the development and implementation of analytical and technological resources.

4. Finance the Integration of Health Care and Social Care

The financing of health care offers an opportunity to better integrate social care into health care. However, substantial barriers exist, including how the legal definition of health care affects the inclusion of social care, how methods for paying clinicians and health care organizations incentivize or disincentivize the integration of social care into health care delivery, how quality and accountability for the integration of social care are defined and measured, how care for populations with complex social and health needs

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Table. The 5As: Five Categories of Health Care Activities That Facilitate Addressing Social Needs Applied to a Transportation-Related Example

Activity	Definition	Transportation-Related Example
Awareness	Activities that identify the social risks and assets of defined patients and populations	Ask patients about their access to transportation
Adjustment	Activities that focus on altering clinical care to accommodate identified social barriers	Reduce the need for in-person health care appointments by using other options such as telehealth appointments
Assistance	Activities that reduce social risk by providing assistance in connecting patients with relevant social care resources	Provide transportation vouchers so that patients can travel to health care appointments; vouchers can be used for ride-sharing services or public transit
Alignment	Activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes	Invest in community ride-sharing
Advocacy	Activities in which health care organizations work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs	Work to promote policies that fundamentally change the transportation infrastructure within the community

is financed, and the limited administrative capacity of the many organizations that provide social care. Accordingly, the report recommends that the Centers for Medicare & Medicaid Services take actions such as clearly defining which aspects of social care are considered covered services under Medicaid; accelerating learning by approving waivers that support social care and include sustainable financing for effective interventions; considering additional Medicare reforms that broaden coverage rules consistent with lessons from Medicaid and the Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act[8]; coordinating the coverage and benefits administration of dually eligible populations; and developing incentives for health care organizations that contract with Medicaid and Medicare to collaborate with community-based social services.

Additional recommendations include accelerating the movement to alternative payment models and considering collective financing mechanisms to spread risk and create shared returns on investments in social care; ensuring health systems comply with community benefits requirements by partnering with community organizations to respond to gaps in social care; and aligning hospital licensing requirements and public reporting regarding community benefits to ensure consistent obligations for health systems and to explicitly link their community benefits to the provision of social care.

5. Fund, Conduct, and Translate Research and Evaluation on the Effectiveness and Implementation of Social Care Practices in Health Care Settings

Specific recommendations include robust evaluation of demonstration projects, development of a clearinghouse for promising practices, and support for comparative research through use of common core measures reflecting social risk and protective factors. Given the importance of policy and financing to support social care integration, research on effective demonstrations should inform more permanent health care reforms, including the development of accountability measures and payment models.

Conclusions

The recommendations of this consensus committee report reflect the importance of social factors in determining the health of individuals and the need to recognize the broader environment in which health systems operate. Now is an opportune time for health system leaders, policy makers, and those who work in the health care and social care sectors to proceed in a collaborative fashion to address social needs within the context of health care delivery and improve the health of the people and populations they serve.

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6. Patient Protection and Affordable Care Act of 2010, Pub L No. 111-148.

7. Health Insurance Portability and Accountability Act of 1996, Pub L No. 104-191.

8. Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act, Pub L No. 115-123, §3.