Emerging Strategies to Ensure Access to Health Care Services
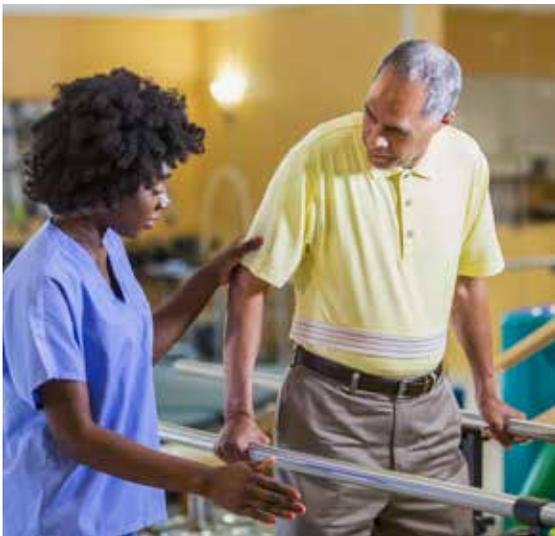
Addressing the Social Determinants of Health

The AHA Task Force on Ensuring Access in Vulnerable Communities examined ways in which the access to and delivery of care could be improved. During that process, the Task Force grappled with the reality that, in vulnerable communities, even if quality care is available, social determinants often prevent individuals from being able to access health care or achieve health goals. These social determinants are described in more detail below.

While there are many ways providers could engage to help address the underlying social conditions affecting their patients, the Task Force identified three general paths:

1 ▸ **Screening and information:** Providers could systematically screen patients for health-related social needs and discuss with patients the impact this may have on their health.

2 ▸ **Navigation:** Providers could offer navigation services to assist patients in accessing community services.

3 ▸ **Alignment:** Providers could partner with community stakeholders to align more closely local services with the needs of patients.

Determinants of Health

The World Health Organization defines social determinants of health as the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.[1] While not a complete list, the AHA has identified the following social determinants of health:

Economic Stability: Food security, housing, employment and income/poverty level

Neighborhood and Built Environment: Quality of housing, food access, violence, crime/public safety, environment (clean water and air or pollution), healthy workplaces, schools and transportation

Education: Language and literacy, educational attainment and early childhood development

Social and Community Context: Social support, social cohesion, civic engagement, faith-based communities and incarceration

Health and Health Care: Access to primary, specialty and emergency care, affordability, health literacy, quality of care and insurance coverage

Biology: Genetics, race/ethnicity, gender identity and sexual orientation

Health Behavior: Personal health practices and behaviors (eating, exercise, sexual practices, etc.)

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Federal Policy Solutions to Pursue

While this strategy does not necessarily require federal legislative or regulatory changes to be implemented, there are policy changes that would lead to more effective adoption.

Accountable Health Communities (AHC) Model. The Center for Medicare and Medicaid Innovation has developed a model to test whether identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries impacts heath care costs and reduces health care utilization. Participants – called bridge organizations – will serve as "hubs" in their communities to coordinate and connect beneficiaries to community services (Assistance Track) or align with partners to optimize community capacity (Alignment Track). The Centers for Medicare & Medicaid Services (CMS) will provide funds to support the infrastructure and staffing needs of these participants, but will not pay for the direct or indirect costs associated with community services. The model allocates $157 million in funding to these bridge organizations over the course of five years. In April 2017, 12 Assistance Track and 20 Alignment Track participants were selected. CMS originally proposed a third track where bridge organizations would identify and partner with clinical delivery sites to conduct screenings (Awareness Track). CMS has since withdrawn funding for the Awareness Track because the agency did not receive enough qualified applications.

Establish an "AHC 2.0" Model. Under such a model, additional funding would be provided to address the social determinants of health. **Congress or CMS should create a new program that expands the AHC model discussed below in four important ways:**

1. **Increases total funding for the program;**
2. **Increases the number of bridge organizations;**
3. **Expands the period for participation; and**
4. **Removes fraud and abuse law barriers.**

Removing Fraud and Abuse Law Barriers. The laws do not clearly allow hospitals to provide certain resources to Medicare or Medicaid beneficiaries because they are viewed as an "inducement" that is likely to influence the selection of particular providers, practitioners or suppliers. For example, air conditioners to help improve respiratory-related illnesses or refrigerators so diabetic patients may keep their insulin cool. **Congress should create a patient assistance safe harbor that would enable hospitals to provide financial or in-kind assistance that promotes access to care, the ability to engage in a treatment or care plan and better overall health.** More information related to AHA's work on removing fraud and abuse law barriers is available at: *www.aha.org/content/16/barrierstocare-full.pdf*.

Hospital and Health System Actions to Deploy

Hospitals wishing to immediately address the social determinants of health can utilize CMS's 10-question screening *tool* that may be used by all communities to identify unmet needs across five core domains – housing instability, food insecurity, transportation needs, utility needs and interpersonal safety.[2]

Hospitals also may reference the AHA's ongoing Social Determinants of Health Series, which outlines strategic considerations and approaches hospitals can use to improve the environment where people live, work and play. These reports include case examples highlighting those working to address these issues. The first two reports focus on food insecurity and housing.[3]

The AHA also has developed a Community Conversations *Toolkit* to help hospitals as they engage in discussions related to the health care services offered in their communities.[4] More resources related to the work of AHA's Task Force on Ensuring Access in Vulnerable Communities, including its *report*, are available at *www.aha.org/EnsuringAccess*.

Sources:

1. World Health Organization. Social Determinants of Health. Accessed at: *http://www.who.int/social_determinants/en/*.
2. The Accountable Health Communities Screening Tool. Accessed at: *https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf*.
3. AHA Social Determinants of Health Series: Food Insecurity and the Role of Hospitals. Accessed at: *http://www.hpoe.org/Reports-HPOE/2017/determinants-health-food-insecurity-role-of-hospitals.pdf*; AHA Social Determinants of Health Series: Housing and the Role of Hospitals. Accessed at: *http://www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf*.
4. Ensuring Access in Vulnerable Communities: Community Conversations Toolkit. Accessed at: *http://www.aha.org/content/17/community-conversations-toolkit.pdf*.

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