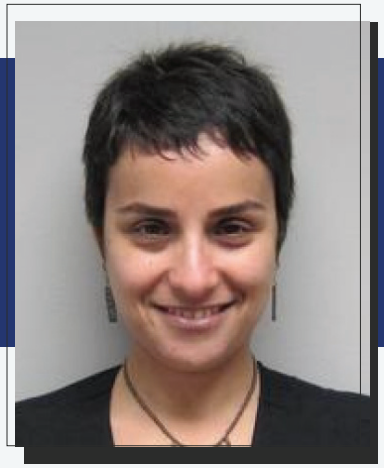
JOHNS HOPKINS ACG® SYSTEM

Understanding Social Needs and Their Importance for Population Health

Background from Dr. Elham Hatef, Johns Hopkins Bloomberg School of Public Health, Center for Population Health IT

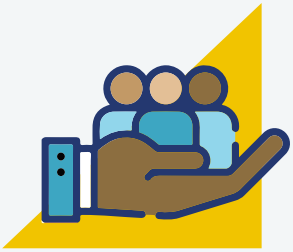
Population health analytics is a continually evolving field, and organizations need to adopt clinically-relevant, actionable tools to succeed. To support our customers, the Johns Hopkins ACG System contains novel features to help users understand and address social determinants of health (SDoH) and social needs within their populations.



Elham Hatef, MD, is an Assistant Professor of Health Policy and Management at Johns Hopkins Bloomberg School of Public Health and a national expert on social needs and social determinants documentation in Electronic Health Records (EHRs). We sat down with Dr. Hatef to discuss social needs, SDoH and how organizations can use the ACG System's social needs functionality to generate meaningful health improvements for their patients.

Q WHAT ARE SOCIAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH?

A Social needs are patient-level measures that capture the most pressing health-related needs of an individual. Whereas social determinants are community-level factors that impact the health of the larger population within a given geographic, social and/or political boundary.



For example, literacy is a patient-level social need, while lack of educational attainment is a SDoH. Likewise, inability to access a health care provider (due to factors such as lack of insurance coverage) is a social need, but health care access is also a social determinant of health and at a larger population-level many factors contribute to access to health care services (e.g., geographic location of health care services and policies and regulations defining payment models).

It is critical to assess and understand both: SDoH may negatively impact the health of an individual over the course of their lifetime, while social needs reflect known, pressing needs with immediate health impact.

Q WHY FOCUS ON SOCIAL NEEDS?

A As part of value-based care models, health care providers and organizations are being held responsible for overall patient health and the total cost of care. As a result, physicians and hospitals are focusing more on identifying and addressing social needs as they relate to overall health outcomes and spending. In addition to being held accountable for collecting social needs data and implementing social need-specific interventions on the patient level, many state, federal and private payers are designing programs to help providers and health care organizations integrate social services into clinical care delivery models to address social needs at the population level.

Q HOW ARE SOCIAL NEEDS CAPTURED AND REPORTED?

A In order to identify and screen for social needs, health care organizations and providers use tools to help collect social, economic and environmental data. The findings are recorded in patient portal surveys, surveys integrated in EHRs and dedicated EHR forms for providers.

A new method of capturing social needs involves the 10th revision of the International Classification of Diseases (ICD-10). Providers can use the new set of "Z-codes" (Z55–Z65) to describe factors influencing health status and health-related outcomes. Having these social needs Z-codes may help explain the impact of these social factors more broadly and could serve as a way to standardize documentation and enable intervention at the population health level. The ACG Social Need Markers leverage Z-codes (and other ICD-10 codes) that can be used by any provider in different health settings (such as ambulatory, inpatient, nursing, etc.) and map them to common social needs domains and subdomains to consistently identify patients with social needs factors affecting their health.

Q HOW WERE THE ACG SYSTEM'S SOCIAL NEED MARKERS DESIGNED?

A The ACG System's Social Need Markers were developed to give users a complete view of social needs in their populations. These markers can be used alone, or alongside other pre-existing ACG System features. As we discussed earlier, ACG System users often need to understand the frequency of certain needs in their populations, understand the relationship of social needs to health outcomes, or design care improvement programs to address social needs. We designed the ACG System's Social Need Marker functionality to make these functions easy for users to leverage in their analytics.

The Social Need Marker module consists of groupings within the five critical domains that capture personal social needs.

Social | Education | Health Care System | Economic | Physical Environment

Q HOW DO YOU ENVISION ACG SYSTEM USERS APPLYING SOCIAL NEED MARKERS AT A POPULATION LEVEL?

A Social Need Markers are valuable to population health leadership, as well as individual clinicians and case managers. At a population level, ACG System users can see the frequency of need in various subgroups and geographies, identify relationships between social needs and poor health outcomes and create targeted strategies to guide programming and investments in social care. Specific clinic locations caring for patients with higher social needs may require additional support to meet those needs and optimize care. Likewise, a robust understanding of social needs can drive focused partnerships with community-based organizations and other local public health resources.

Health care providers and organizations need to be mindful when developing interventions. An understanding of whether the intervention target is more related to SDoH or social risk factors and social needs is important. This helps to define goals, develop effective intervention strategies and activities and eventually measure its intended impact at an individual- and community-level.

Q A WHAT ABOUT VALUE TO CLINICIANS AND CASE MANAGERS?

Social Need Markers enable primary care providers to deliver coordinated social needs-informed medical care to their patient population. The markers can be used by care management teams and social workers to both support individual patients and address the most common social needs in their patient population. Social Need Markers help providers identify those at high-risk of adverse health outcomes and develop care protocols and follow-up processes to avoid it. For instance, a patient with higher social needs is more likely to be readmitted after discharge. Understanding this patient's markers may prevent that readmission.

Q A WHAT ARE SOME COMMON PITFALLS WHEN USING SOCIAL NEED MARKERS?

Some organizations don't document social needs data as frequently as they should. And when the data does exist, it often isn't suitable for analytics. Additionally, today's EHR software often doesn't have the capability to track social needs information in dedicated data fields. Identifying a patient's social needs, such as isolation or lack of social connection, is limited to a manual review of notes, diagnoses or assessments entered into EHR free-text boxes. Some EHR vendors have started including specific fields to record this information, but there is currently no standardized method for capturing this content.

Continued research will allow us to focus on how to address this gap, while looking forward to future EHR versions that can hopefully better capture this critical data.

ABOUT THE JOHNS HOPKINS ACG SYSTEM:

The ACG System is a flexible, transparent set of tools developed and validated by scientists and clinicians at the Johns Hopkins Bloomberg School of Public Health. The ACG System is used by Medicare, Medicaid and commercial health plans in the U.S.; health care providers; and technology companies. Customers use the ACG System to segment their patient populations and to process their organization's existing medical, pharmacy and lab data to generate clinical risk markers and predictive models at the population and patient level. The ACG System provides health care analytics teams with rapid decisions about patient care, resource planning and service design.

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To learn more about the ACG System's Social Need Markers, visit **HopkinsACG.org**, email **acginfo@jh.edu** or contact your account manager directly.