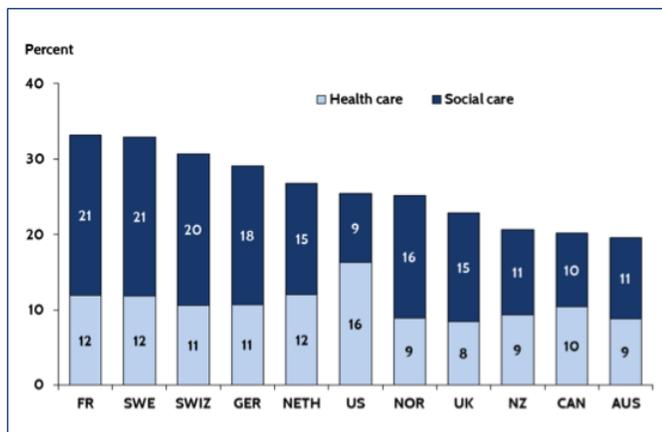


Integration of Medical and Social Care: Challenges, Opportunities and Next Steps for Rhode Island

ELIZABETH TOBIN-TYLER, JD, MA

Health care reform, guided by the Affordable Care Act (ACA), is driving not just federal policy change, but also significant state innovation in health care delivery and payment. Focus on achieving the “quadruple aim” – reducing costs while also improving quality, provider satisfaction and population health outcomes – has coincided with mounting evidence pointing to the social determinants of health (SDOH) – “the conditions in the environments in which people are born, live, learn, work, play, worship and age” as critical to health outcomes, risks and costs.¹ Indeed, the U.S. stands out in its failure to invest in upstream health promoting social services, while dramatically outspending its peers in downstream medical care. (See Figure 1.)

Figure 1. Health and Social Care Spending as a Percentage of GDP



Source: Health and Social Care Spending as a Percentage of GDP (Brookings Institution, Washington, DC, 2017)

Failure to invest in social supports has fostered persistent racial, ethnic, socioeconomic and gender-based health disparities and a rise in chronic disease. As states struggle to contain health care costs, improve population health and reduce disparities, they are increasingly turning to strategies that integrate medical and social care. Typically, this approach incorporates screening for health-related social needs (HRSN) into the clinical workflow, partnerships with social service providers, and a protocol for referring patients to those providers based on the patient’s identified needs. Rhode Island has been at the forefront of state innovation in this effort. As the articles in this volume describe, the

integration of medical and social care is happening through state-driven policy as well as innovative partnerships in the community.

As **MAREA TUMBER**, et al. discuss, Rhode Island’s State Innovation Model test grant (a \$20 million federal grant awarded to promote health system reform) and its Medicaid Accountable Entity program (which supports the development of accountable care organizations to shift RI’s Medicaid program from fee-for-service to value-based payment) have embraced medical and social care integration as essential to health care delivery reform.

Medical and social care integration has significant implications for clinical care delivery and for physicians, especially primary care providers, who are often on the front lines of detecting patients’ unmet social needs. Lessons from providers adopting an integrated approach tell us that inter-professional collaboration and partnerships are key to success. **DR. PANO YERACARIS**, et al. explain the evolution of an approach in Rhode Island known as “comprehensive primary care,” supported by the Care Transformation Collaborative (CTC) (a non-profit committed to the proliferation of the patient-centered medical home model in Rhode Island), which involves systematic screening, care management and care coordination to address behavioral, health and social needs of patients.

Patient populations have different types and levels of vulnerability, presenting unique challenges and opportunities for an integrated approach to care. As the population ages, better coordination and integration of medical and social care for older adults is even more vital. **JOAN KWIATKOWSKI** and **DR. TSEWANG GYURMEY** describe Rhode Island’s PACE program, one of the oldest in the country, which has been a leader in holistic care for elders that supports aging in the community. The PACE program demonstrates how an integrated approach – “the right support at the right time by way of an interdisciplinary team” – can reduce unnecessary emergency room visits and hospitalizations, while preserving autonomy and quality of life for older adults.

Among the most vulnerable of patient populations are homeless individuals whose access barriers to both health care and social services are profound. **MEGAN SMITH**, et al. describe the Rhode Island Patient Navigator Partnership, a unique interdisciplinary student organization housed at the Warren Alpert Medical School of Brown University that seeks

to bridge the gaps in the health and social service landscape for homeless individuals in Rhode Island, while sensitizing students – future providers – to homelessness and health-related social needs with an eye toward systems change.

The articles in this volume point to the innovative interdisciplinary approaches being implemented in Rhode Island to integrate medical and social care. But they also raise important questions that state and community leaders and health and social service providers will continue to grapple with: As clinicians are increasingly asked to integrate screening for and address social needs as part of care delivery, what protocols and team members are necessary to be effective? What skills and knowledge do clinicians need to practice in this new environment? Should screening and referral protocols be standardized across providers or should they remain flexible, based on the patient populations served and/or the local context? Finally, and perhaps most critically, as we take this journey toward integration of medical and social care, do we risk medicalizing social needs? Are we simply filling the gaps in flawed and under-resourced social service systems without addressing the underlying structural issues that lead to the plethora of unmet social needs of patients?

Reference

1. U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives. 2020 topics and objectives: social determinants of health. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

Guest Editor

Elizabeth Tobin-Tyler, JD, MA, Assistant Professor of Family Medicine and Medical Science, The Warren Alpert Medical School of Brown University; Assistant Professor of Health Services, Policy and Practice Brown University School of Public Health.

Correspondence

Elizabeth Tobin-Tyler
The Warren Alpert Medical School of Brown University
222 Richmond Street
Providence, RI 02903
elizabeth_tobin-tyler@brown.edu