



How Specialty Pharmacy Can Address and Impact Social Determinants of Health

KEY TAKEAWAYS

- Social determinants of health (SDOH) are non-medical factors that impact patients' health, medication use, and health outcomes.
- SDOH factors that are tied to patients' medication use include income, housing and food security, language and cultural barriers, transportation, and access to primary care.
- Barriers to a successful SDOH program at a health system include lack of technology and standardized data to be collected, limited data insights, sustainability, time constraints, and patient-provider connection.
- Integrated health system specialty pharmacy (HSSP) models and specialty clinical pharmacists are uniquely positioned and equipped to identify and address medical as well as non-medical barriers.
- The Shields Care Continuum includes a care model and patient management program that utilizes data insights to screen patients and match services to the highest risk patients.

SOCIAL DETERMINANTS OF HEALTH OVERVIEW

The social determinants of health, defined as “the conditions in the environments in which people are born, grow, live, work, and age,” are the non-medical factors that impact patients' health, health outcomes, and health equity.¹ Social determinants can act as barriers that prevent patients from receiving the care they need and can create inequities in care. When patients lack access to care services and social infrastructure and support, it can lead to diminished health status, reduced productivity, decreased lifespan, and higher overall healthcare costs. These issues ultimately lead to gaps in healthcare and health inequity, which does not allow the “attainment of the highest level of health for all people.”²

The Healthy People 2030 initiative identified five domains of SDOH: Economic Stability, Neighborhood and Built Environment, Social and Community Context, Economic Stability, and Education Access and Quality.² Within these domains are various factors that can impact health outcomes and equity, both positively and negatively, including income, education, food and housing security, literacy, and cultural barriers. Various studies have demonstrated that social determinants drive up to 80% of health outcomes,³ while surveys have revealed that nearly all physicians report that their patients are affected by at least one SDOH factor.⁴ The U.S. economy loses an estimated \$309 billion annually due to the direct and indirect costs of health inequities.⁵

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80% of health outcomes are driven by non-clinical factors 6, 7, 8

SOCIAL AND ECONOMIC FACTORS 40%

- Education
- Employment
- Income
- Family & Social Support
- Community safety

PHYSICAL ENVIRONMENT 10%

- Housing and Transit
- Air and Water Quality

HEALTH BEHAVIORS 30%

- Tobacco
- Diet & Exercise
- Alcohol & Drug Use
- Sexual Activity

HEALTH CARE 20%

- Access to Care
- Quality of Care
- Provider linguistic and cultural competency

The social determinants of health are also deeply connected to medication use and outcomes, as these factors can impact a patient's ability to access and/or manage medications, pick up prescriptions, pay for therapies, and understand complex instructions. Factors that can be specifically impacted by pharmacists include:

- Cost of medications and patient income
- Housing and food security
- Literacy/language/cultural barriers
- Transportation
- Family and community support/social isolation
- Accessibility to a primary care provider
- Health behaviors

Recent healthcare policy changes focusing on value-based payments, rather than traditional fee-for-service models, have placed an emphasis on more holistic treatment of the patient. This aligns well with health systems' charge to treat the "whole patient" and to be a resource for the health of the population within communities they serve. The Centers for Medicare and Medicaid Services (CMS) at the U.S. Department of Health and Human Services (HHS) have noted the importance of addressing SDOH, and policies to impact inequalities within the U.S. healthcare system have been initiated through the Health People 2030 initiative and other programs. However, there has not been a consensus regarding the healthcare provider role in impacting SDOH, and the role of pharmacy and pharmacist has operated in a silo to date.⁶ Clinical pharmacists, especially those in a health system specialty pharmacy setting, are uniquely positioned to identify and address patients with barriers to SDOH, and are well equipped to make an impact on health equity due to their knowledge of the healthcare system and trusted patient relationships.

GAPS IN CARE STILL EXIST

Effectively addressing SDOH remains difficult for multiple reasons. Eliminating social and economic gaps for vulnerable populations requires the coordination of a wide range of activities, incentives, and decisions, involving not only the patient and their caregivers, but also their care team. Funding for these services is often inadequate, largely due to outdated policy measures or insufficient appreciation and data for the impact of these interventions. The ability to measure the impact of screening SDOH on care gaps is possible when interventions are designed to show short, medium, and long-term return on investment.⁹

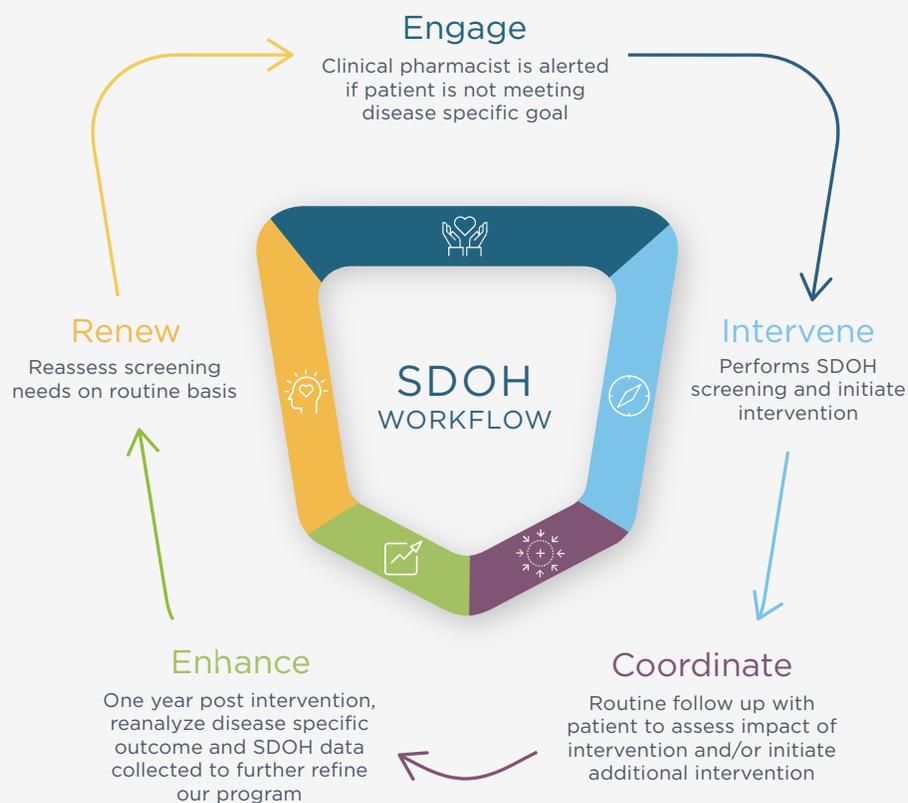
One major barrier to addressing SDOH is the lack of standardization in health care technology infrastructure: a platform does not currently exist to connect patients to the correct resources in a timely manner or to provide follow-up care. In addition, there is no consensus on which SDOH measures should be assessed and in what way. Barriers to implementing SDOH programs include patient-provider communication, time constraints, and patient willingness to participate. For patients to trust the program and to participate requires a level of personalization and human connection that is difficult to cultivate without an established patient-provider relationship.

Even when SDOH screening is completed, the lack of a standard methodology or comprehensive documentation system prevents important data from being harnessed to improve health outcomes. Finally, existing programs often lack sustainability due to pharmacy staffing limitations, including follow-up care and ongoing engagement, leaving patients back where they started. For a SDOH program to be successful, the care model and program must be designed with these key components in mind: technology, standardization, data insights, sustainability, and human connection.

THE SPECIALTY PHARMACY MODEL FOR ADDRESSING SDOH

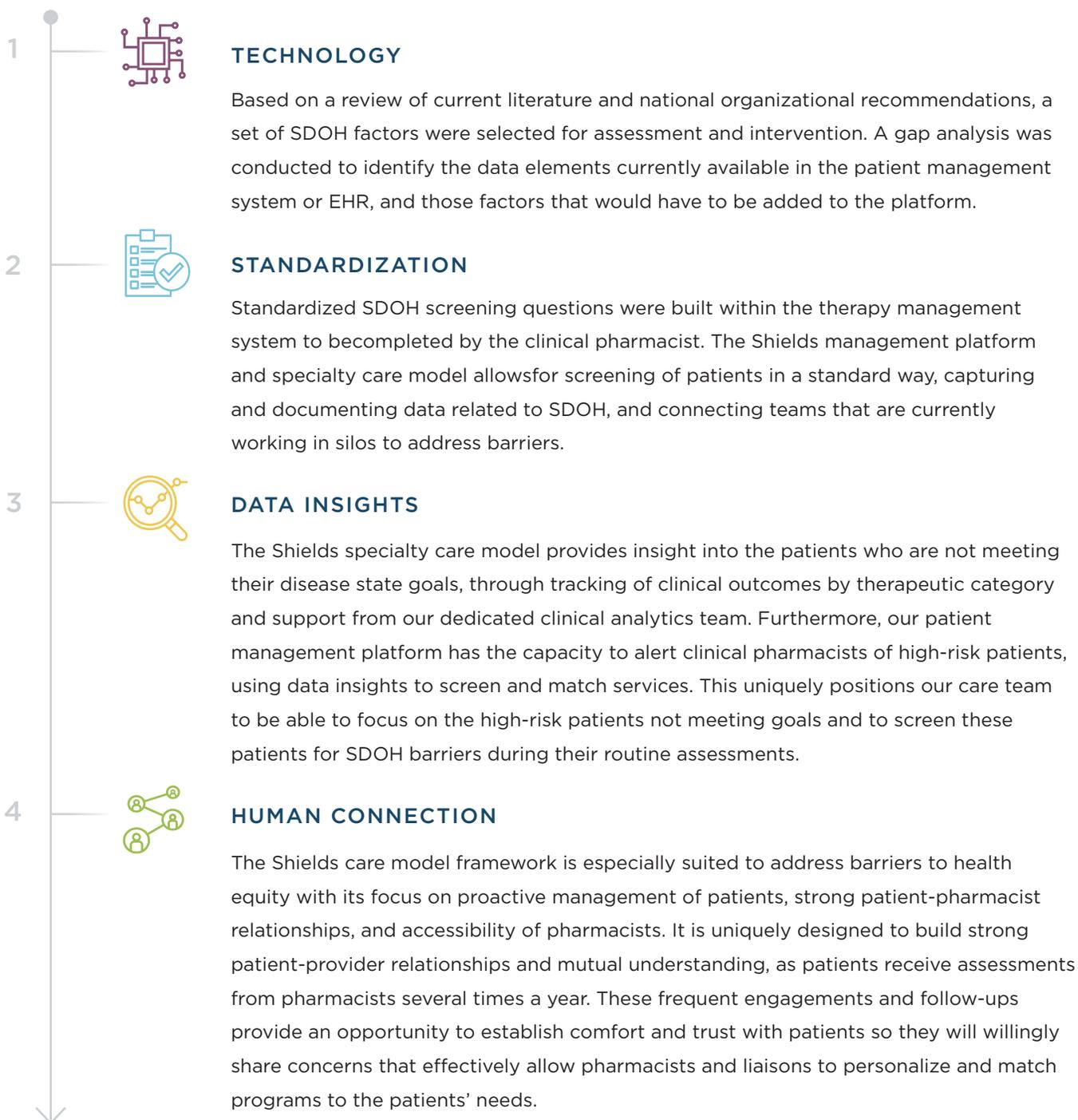
Health system-based clinical pharmacists are uniquely positioned to identify and address SDOH, as they are among the most accessible and trusted members of the patient's healthcare team. In fact, the pharmacist is often the member of the multidisciplinary healthcare team that the patient contacts most frequently, with an average of 14 pharmacy touchpoints per year compared to four primary care provider interactions in the same time period.¹⁰

Pharmacists are highly trained in clinical medication management and skilled and knowledgeable in the health care system, including the nuances of health insurance and medication formularies, which can facilitate drug selection, substitution, and approval. In addition, with their knowledge of medication assistance programs, they are equipped to connect patients who have high medication copayments to funding resources that can reduce or minimize drug costs. Furthermore, clinical specialty pharmacists are highly trained to effectively educate and counsel patients with lower literacy levels or other barriers to proficiency or competency.



THE SHIELDS SDOH FRAMEWORK

Despite the clear advantages of pharmacist management of patients with barriers to SDOH, there is not a standard framework for these programs within integrated health system specialty pharmacy. Therefore, based on the needs and guidance highlighted by healthcare organizations, Shields developed a robust and innovative framework to identify patients who meet the criteria for SDOH screening and intervention by the clinical pharmacist. This framework augments the standard Shields model of people support, data infrastructure, clinical best practices, and patient management with key components to address SDOH. Below are the 6 pieces to our framework:



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SUSTAINABILITY

Once patients are identified, clinical pharmacists work with them to assess their needs and to directly connect them to referrals for services. Even after the screening, pharmacists will continue to monitor with the patient and screen for barriers on a routine basis, ensuring that the patient isn't lost to follow up. While many existing SDOH programs are under-resourced to sustain ongoing engagement with patients or to train staff to effectively intervene, the Shields model has a sustainable staffing and training model to support this type of program.

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EXPERTISE

The Shields care program is built upon our experience working with over 75 leading health systems nationwide, as well as best practices developed over the last decade for more than 45 specialty disease states by our team of clinicians with credentials including, but not limited to, Certified Specialty Pharmacist (CSP), medication management (BCMTMS), multiple sclerosis management (MSCS), pharmacotherapy (BCPS), and diabetes education (CDCES). Our model and staff are positioned to address the following factors: accessibility to quality care and financial assistance as well as linguistic and cultural competency. The integration of a clinical pharmacist in the screening and referrals for SDOH can alleviate the burden from other health care team members, including primary care physicians and other providers. This proactive and regular screening and management of patients has the potential to improve health outcomes in high-risk populations, improving performance in value-based care settings.

CONCLUSION

Social determinants of health can become barriers to patients receiving adequate health care and are drivers of most health outcomes. While some programs to address SDOH exist within the pharmacy sector, barriers to successful program implementation remain. The Shields care model and patient management system helps overcome common barriers to addressing SDOH by allowing for the use of data insights to screen patients and to match services to the highest risk patients who need these services most. High-touch human connection and engagement, in conjunction with data and technology, are keys to addressing SDOH barriers.

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ABOUT SHIELDS HEALTH SOLUTIONS

Shields Health Solutions (Shields) is the premier specialty pharmacy accelerator in the country. The Shields Performance Platform, an integrated set of solutions, services and technology, is intentionally designed to elevate payer and drug access for specialty pharmacies, elevate health outcomes for complex patients, and elevate growth throughout the entire health system. As the foremost experts in the health system specialty pharmacy industry, Shields has a proven track record of success including access to over 80 percent of all limited distribution drugs (LDDs) and most (health insurance) payers in the nation; and a clinical model proven to lower total cost of care by 13%. In partnership with more than 75 health systems across the country through national-scale collaboration, Shields has a vested interest in delivering measurable clinical and financial results for health systems.



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