WHEREAS, Healthy People 2020 defines “social determinants of health” as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”¹; and

WHEREAS, The estimated number of deaths attributable to social factors in the United States is comparable to the number attributed to pathophysiological and behavioral causes²; and

WHEREAS, There is strong evidence that increased investment in selected social services and models of partnership between healthcare and social services (including housing support, nutrition assistance, case management, and integrated healthcare and housing services) can confer substantial health benefits and reduce healthcare costs for targeted populations³; and

WHEREAS, Programs such as the Medicaid-funded Community Support Program for People Experiencing Chronic Homelessness (CSPECH), started in 2006 by the Massachusetts Behavioral Health Partnership and the Massachusetts Housing and Shelter Alliance, are associated with up to an $11,914 reduction in annual per-person healthcare costs and an annual per-person net savings of up to $7,013⁴; and

WHEREAS, A National Quality Forum panel of experts suggests that not adjusting for patients' sociodemographic factors might actually harm patients, exacerbate disparities in care, and produce misleading performance scores for a variety of providers⁵; and

WHEREAS, Even though a shift has begun from paying for volume (fee-for-service) to paying for quality, known as value-based payment (VBP), there is concern that VBP designs that don’t account for social risk factors could harm socially at-risk populations⁶; and

WHEREAS, An ad hoc committee, requested by the Department of Health and Human Services and convened by the National Academies of Sciences, Engineering, and Medicine, found that changes to the current VBP system to account for social risk factors would especially influence the lives of patients who have historically experienced barriers to accessing high-quality

healthcare, and that accounting for social risk factors in quality measurement and payment in combination with complementary approaches may achieve the policy goals of reducing disparities in access, quality, and outcomes and promote health equity; therefore be it

RESOLVED, That our American Medical Association support payment reform policy proposals that incentivize screening for social determinants of health, as defined by Healthy People 2020, and referral to community support systems. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 10/12/17

RELEVANT AMA POLICY

Educating Medical Students in the Social Determinants of Health and Cultural Competence H-295.874
Our AMA: (1) Supports efforts designed to integrate training in social determinants of health and cultural competence across the undergraduate medical school curriculum to assure that graduating medical students are well prepared to provide their patients safe, high quality and patient-centered care. (2) Supports faculty development, particularly clinical faculty development, by medical schools to assure that faculty provide medical students’ appropriate learning experiences to assure their cultural competence and knowledge of social determinants of health. (3) Supports medical schools in their efforts to evaluate the effectiveness of their social determinants of health and cultural competence teaching of medical students, for example by the AMA serving as a convener of a consortium of interested medical schools to develop Objective Standardized Clinical Exams for use in evaluating medical students’ cultural competence. (4) Will conduct ongoing data gathering, including interviews with medical students, to gain their perspective on the integration of social determinants of health and cultural competence in the undergraduate medical school curriculum. (5) Recommends studying the integration of social determinants of health and cultural competence training in graduate and continuing medical education and publicizing successful models.
Citation: CME Rep. 11, A-06; Reaffirmation A-11; Modified in lieu of Res. 908, I-14; Reaffirmed in lieu of Res. 306, A-15