

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 401
(A-24)

Introduced by: Integrated Physician Practice Section

Subject: Addressing Social Determinants of Health Through Closed Loop Referral Systems

Referred to: Reference Committee D

- 1 Whereas, existing policy addresses data collection on social determinants of health (H-165.822)
2 as well as data interoperability between physician practices, community-based organizations,
3 and other related social care organizations (H-160.896); and
4
5 Whereas, once patients are screened positive for social needs, these patients are then referred
6 to community-based organizations and other related social care organizations for intervention;
7 and
8
9 Whereas, the White House Office of Science and Technology Policy's *U. S. Playbook to*
10 *Address Social Determinants of Health* supports the development of "backbone organizations"
11 as infrastructure to link health care systems to community service organizations¹; and
12
13 Whereas, "backbone organizations" should be able to act as closed loop referral systems that
14 keep updated lists of community resources and track completion of referrals; and
15
16 Whereas, physician practices still report challenges with using closed loop referral systems to
17 address social determinants of health²; therefore be it
18
19 RESOLVED, that our American Medical Association study the effectiveness and best practices
20 of closed loop referral systems in addressing social determinants of health. (Directive to Take
21 Action)
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Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 4/17/2024

REFERENCES

1. Domestic Policy Council Office of Science and Technology Policy. "The U.S. Playbook to Address Social Determinants of Health. 2023. (<https://www.whitehouse.gov/wp-content/uploads/2023/11/SDOH-Playbook-3.pdf>)
2. Biedler LB et al. "More than just giving them a piece of paper": Interviews with Primary Care on Social Needs Referrals to Community-Based Organizations. *J Gen Intern Med.* 2022.

RELEVANT AMA POLICY

Health Plan Initiatives Addressing Social Determinants of Health H-165.822

Our AMA:

1. recognizing that social determinants of health encompass more than health care, encourages new and continued partnerships among all levels of government, the private sector, philanthropic organizations, and community- and faith-based organizations to address non-medical, yet critical health needs and the underlying social determinants of health;
2. supports continued efforts by public and private health plans to address social determinants of health in health insurance benefit designs;
3. encourages public and private health plans to examine implicit bias and the role of racism and social determinants of health, including through such mechanisms as professional development and other training;
4. supports mechanisms, including the establishment of incentives, to improve the acquisition of data related to social determinants of health, while minimizing burdens on patients and physicians;
5. supports research to determine how best to integrate and finance non-medical services as part of health insurance benefit design, and the impact of covering non-medical benefits on health care and societal costs; and
6. encourages coverage pilots to test the impacts of addressing certain non-medical, yet critical health needs, for which sufficient data and evidence are not available, on health outcomes and health care costs.

Citation: CMS Rep. 7, I-20; Reaffirmed: CMS Rep. 5, I-21; Reaffirmed: CMS Rep. 5, A-22

Expanding Access to Screening Tools for Social Determinants of Health/Social Determinants of Health in Payment Models H-160.896

1. Our AMA supports payment reform policy proposals that incentivize screening for social determinants of health and referral to community support systems.
2. Our AMA: (a) will advocate for data interoperability between physicians' practices, public health, vaccine registries, community-based organizations, and other related social care organizations to promote coordination across the spectrum of care, while maintaining appropriate patient privacy; (b) adopts the position that electronic health records should integrate and display information on social determinants of health and social risk so that such information is actionable by physicians to intervene and mitigate the impacts of social factors on health outcomes; (c) will advocate for adequate standards and capabilities for electronic health records to effectively tag and protect sensitive data before it can be shared or reshared; and (d) supports ongoing monitoring and data collection regarding unintended harm to patients from sharing information on social determinants of health and social risk.

Citation: BOT Rep. 39, A-18; Reaffirmed: CMS Rep. 10, A-19; Appended: Res. 40, A-22