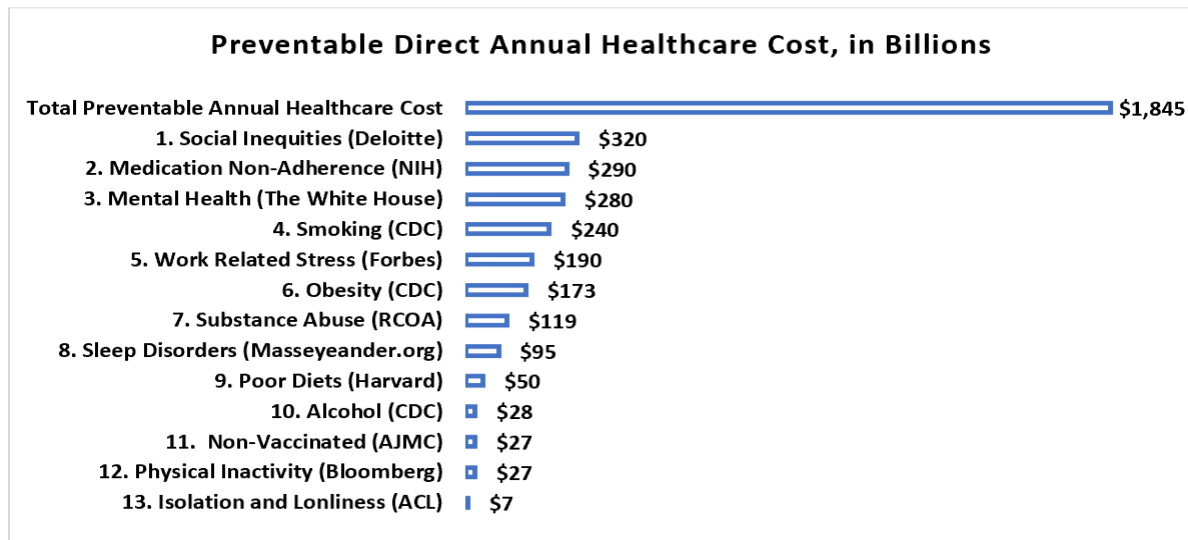


A Roadmap to Addressing SDOH. Follow the Money! By Jon Pelzer

Social Equity and Behavioral Determinants of Health, sometimes referred to as SDOH, has been positioned as the holy grail for all things missing from the medical record. The healthcare market believes that 40-60% of health problems are not caused by clinical considerations but rather social inequities and behavioral risk factors. If these factors can somehow be known about patients, then the premise is that the non-clinical factors can be managed for better health outcomes.

A better health outcome has two dimensions. The first dimension is to prevent patients from getting sick in the first place or sicker if they already have conditions. The second dimension is to prevent healthcare costs that can be prevented. In addition to saving millions of lives, and for the 13 factors listed below, this would equate to more than \$1.8 trillion in preventable annual healthcare cost.



It's important to keep in perspective that many people who have social or behavioral risk have multiple things they are at risk for. Someone with food insecurity might also be medication non-compliant and they might also have an untreated mental health condition and smoke cigarettes. Granted, that's more than can be handled in a single encounter but it suggests that we cannot assume that someone referred to a food pantry, for example, is off to see the wizard and going to be AOK. They might not be OK. For example, no amount of food can overcome the negative health consequences of medication non-compliance. The path to addressing social inequities and all these other unhealthy behaviors is bound to be multi-prong and take a long time to implement.

The long road ahead involves finding ways to improve accuracies of predictions, establish concrete paths to triage people with detected problems and build dynamic transparency with medical records. Does it make sense that the medical record not include valid predictions of non-clinical risks? Does it make sense that non-clinical risk data be acted upon outside of the clinical insights' context?

One area of my consulting practice includes helping healthcare organizations develop strategies to successfully identify and address social inequities or costly unhealthy behaviors in patient or member populations. Please contact me if you would like to start with an informal chat.