An inventory and scoping review of programs to address basic resource needs in Kaiser Permanente

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Abstract

Background Kaiser Permanente (KP) has developed programs to address basic resource needs such as food, housing, transportation and utilities in its members, but knowledge about these programs has not been widely shared. In 2017-8, KP's Social Needs Network for Evaluation and Translation (SONNET) inventoried online or population health programs that addressed basic resource needs. We conducted a scoping review of findings from these programs through interviews and emails with program developers and evaluators. We reviewed published and unpublished qualitative data, surveys, and organizational analyses from these programs. We used this information to develop a framework for design and evaluation of future programs.

Results

• KP established a comprehensive vision and goal to address the social, economic, and behavioral needs of its members. KP has anticipated the expectations that policymakers and payers are placing on health systems to address basic needs.

• KP clinicians and staff believe that awareness of basic resource needs can improve their care if information about community resources is accurate and communities have capacity to address identified needs.

• Different models of engagement with community organizations are in place across KP regions.

• Two KP questionnaires, the MediCare Total Health Assessment (MTHA) and the Your Current Life Situation (YCLS) survey, are used to assess basic resource needs.

• The MTHA survey, which screened population-based samples for food insecurity in elderly Medicare members, found the following:
  - 5.7% prevalence of food insecurity
  - 15% prevalence of social isolation

• The YCLS survey, which screened individuals with complex needs, Medicaid Insurance, or predicted high utilization and costs, revealed a high prevalence of:
  - Food insecurity (8.38%)
  - Housing instability (3.11%)
  - Energy/utility needs (7.24%)
  - Transportation barriers (16.34%)
  - Medication concerns (6.37%)

• The trajectory of a learning health system where basic resource needs are difficult to resolve and prone to recur, sustained partnerships with community organizations are critical. Many community-based organizations are financially vulnerable and lack the infrastructure that can support interventions.

• KP alone cannot resolve basic resource needs. Sustained partnerships with community organizations are critical. Many community-based organizations are financially vulnerable and lack the infrastructure that can support interventions.

• The Health Leads intervention in KPSC reduced utilization by 7.12% among members with low income, low education, or Medicaid coverage.

• Two programs showed member satisfaction increased after intervention.

• Two studies showed food insecurity was associated with worse glycemic control in diabetic members.

• A study found that emergency room and hospital utilization increased in members with diabetes and food insecurity.

• KP will devise and execute a plan to address basic resource needs.

Conclusion

KP discovered that a core continuum that can be applied to future programs: 1) Thoughtful planning of approaches to identify needs and mitigate them; 2) Systematic assessment of basic resource needs; 3) Timely connection of members to community organizations that provide basic resources; 4) Evaluation of improvements in health outcomes; and 5) Spread of effective programs within KP and community organizations.

Next Steps

General recommendations for leaders and program developers:

1. Set priorities and expectations KP leaders should prioritize the basic resource needs to assess and the health outcomes to judge the success of interventions; otherwise, KP risks diffusing its efforts across disparate, small-scale initiatives.

2. Plan systematically The care continuum is a useful framework for program planning and evaluation. Interventions that address barriers within specific steps of the care continuum can improve performance and health outcomes.

3. Include multiple perspectives KP members, clinicians, staff, and leaders value different outcomes. Proactively engaging these stakeholders is necessary to promote measurement of relevant outcomes and demonstrate effectiveness.

4. Develop community capacity Internal KP programs must develop in concert with capacity-building in community organizations.

5. Evaluate rigorously Collaboration between researchers, operational leaders and clinicians can improve the evidence of the effectiveness of interventions and facilitate spread of effective programs.

6. Stay the course Some basic resource needs are difficult to resolve and prone to recur, sustained organizational commitment is necessary to address them.

7. Design for dissemination Program should assess features of the local care environment that can enhance or impede the spread of successful interventions.