

What Should We Teach Medical Students About Social Care?



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Motivation for Today's Workshop

- Payers, regulators, accreditors expect care delivery to do more to address social and structural drivers of health (SDOH) and health-related social needs (HRSN):
 - Medicaid “ILOS” programs
 - Medicare Advantage Supplemental plans, new guidance on rate-setting
 - Joint Commission, NCQA standards on screening and referral
- Emerging consensus on roles/functions for care delivery: NASEM’s 5As Framework
 - *Awareness* -- Identify social risks and assets for defined patients or populations
 - *Adjustment* – Modify clinical care to accommodate identified social barriers
 - *Assistance* – Connect patients with social care resources.
 - *Alignment* – Improve coordination between healthcare and social care organizations
 - *Advocacy* – Change policies and practices to address SDOH
- What we want to dig into today:

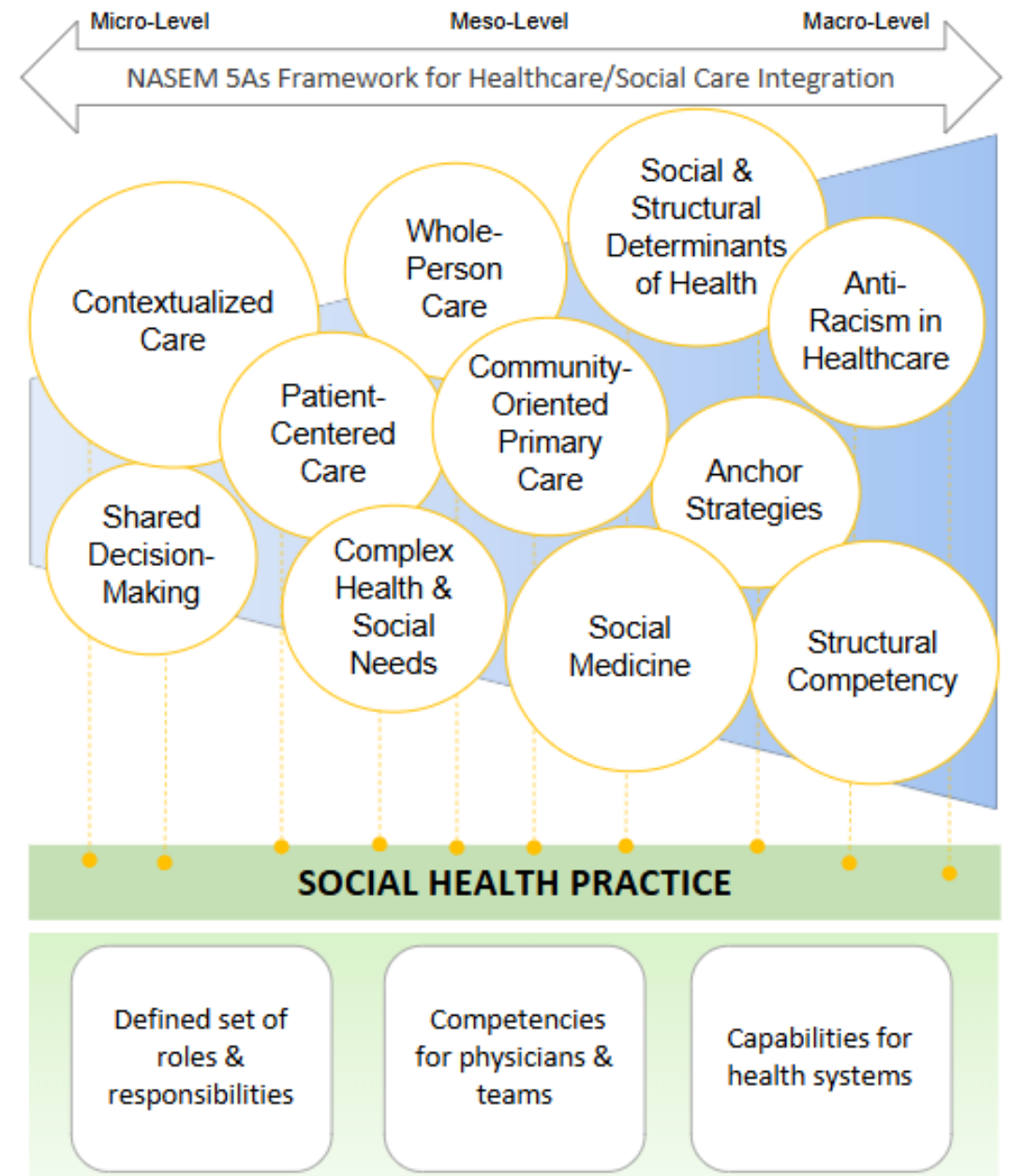
What do physicians need to know and do to undertake these functions?

Goals for Today's Session

- Tap the wisdom of this expert group to identify core competencies for Undergraduate Medical Education (UME)
- Inform a consensus process (under development) to refine these competencies
- Provide opportunity for conversations that can inform your work with students, trainees and fellows

Definition and Scope

- **“Social Health Practice” (def.)** -- A set of physician and system competencies to address social and structural drivers of health, provide integrated health and social care, and address health-related social needs at the individual patient, institutional/organizational and societal levels
- Includes “downstream” skills key for delivering care as well as “upstream” skills required for policy and systems change
- Inclusive of lots of other terms and concepts



Desired Attributes of Core Competencies for MedEd

- ***Specific*** -- defined knowledge, skill, attitudes
- ***Assessable*** – observable, demonstrable through some type of assessment
- ***Developmentally appropriate*** -- for all graduating medical students, with potential milestones

Our Plan for Today

- Self-select into groups based on the 5As (Awareness, Assistance, Adjustment, Alignment/Advocacy)
- Use a modified NGT process to generate competencies in each domain
 - Silent generation of ideas
 - Round robin
 - Discussion
 - Ranking (time allowing)
- New AAMC “Foundational Competencies” or other competency sets to prompt your thinking – *use, adapt or ignore as you see fit*
- Debrief to share what we came up with

Debrief

- Report backs from each group
- Please use the following QR Codes to provide additional feedback if you are willing

- Thank you!!