

# IDENTIFYING INDIVIDUALS WITH HEALTH-RELATED SOCIAL NEEDS: BROAD VS. TARGETED APPROACHES

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## BACKGROUND

- Evidence is mounting that ‘linkage’ interventions → clinical improvement
- Real-world implementation can be challenging
  - Competing demands on time
  - Expense
  - Building relationships outside clinic systems

# BACKGROUND

- Real-world case finding must balance:
  - Administration burden
  - Comprehensiveness of assessment



# HEALTH LEADS STUDY

- Health Leads Program
- Comprehensive screen for unmet needs
- Healthcare, employment, financial, food, transportation, utilities, housing, legal
- Advocate works with patient to:
- Determine ‘resource landscape’ for needs
- Equip patient with needed resources

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**Original Investigation** FREE

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## Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management

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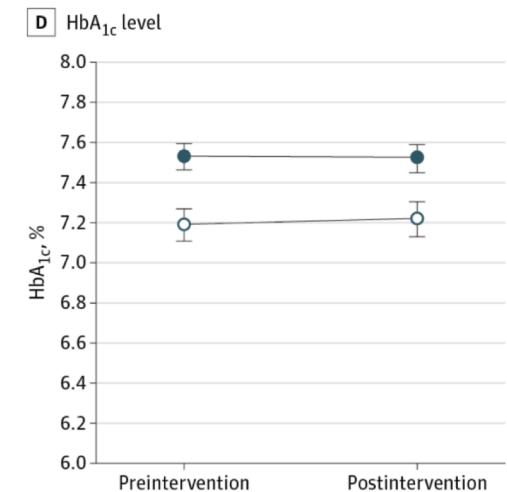
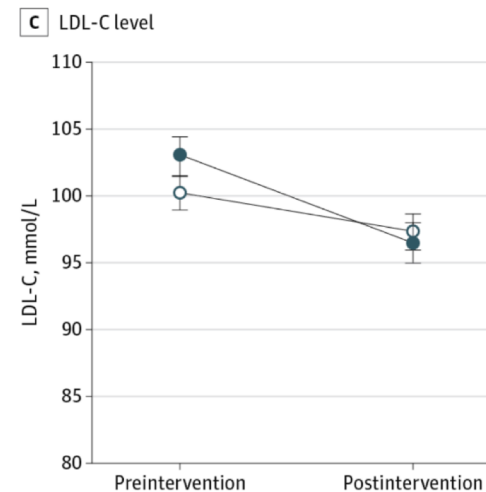
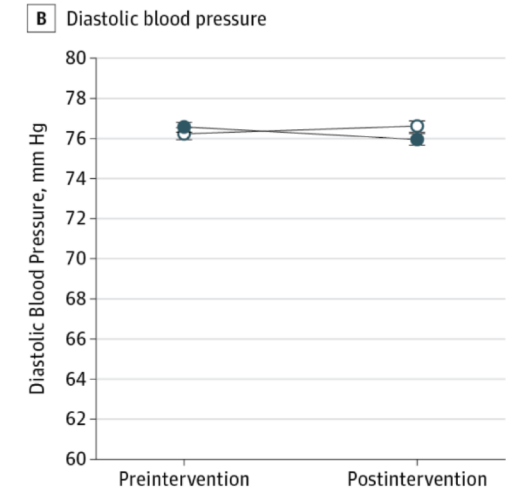
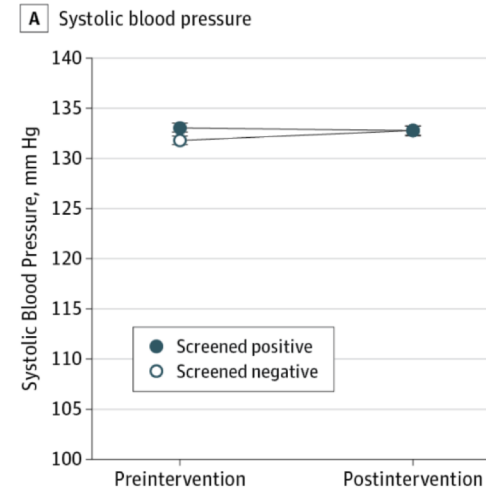
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## HEALTH LEADS STUDY

- 2 primary care practices
- Paper-based screening
- Then referred for intake interview

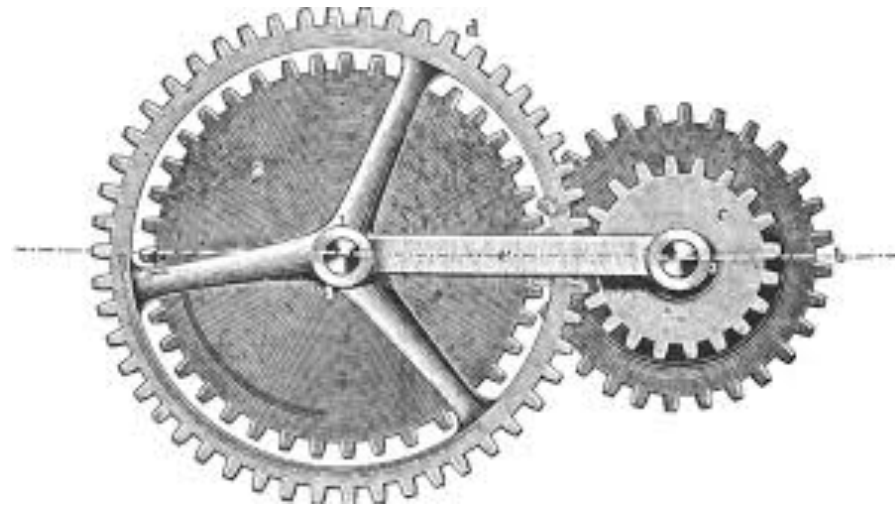
# HEALTH LEADS STUDY

- Found improvements in:
  - Blood Pressure
  - Cholesterol
- No improvement in:
  - Hemoglobin A1c (blood sugar)



## QUALITATIVE FOLLOW-UP

- What did and didn't work?
- What are the mechanisms?



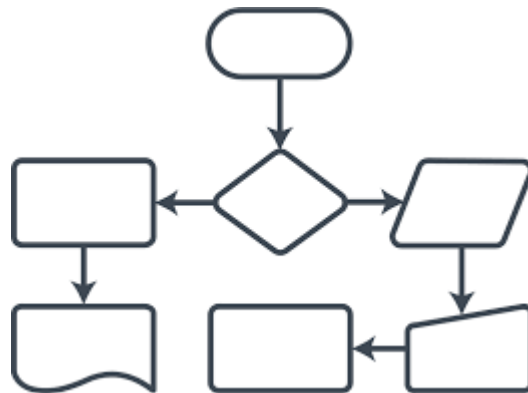
## QUALITATIVE FOLLOW-UP

- Examined case records of intervention participants
  - 40 who improved
  - 40 who did not



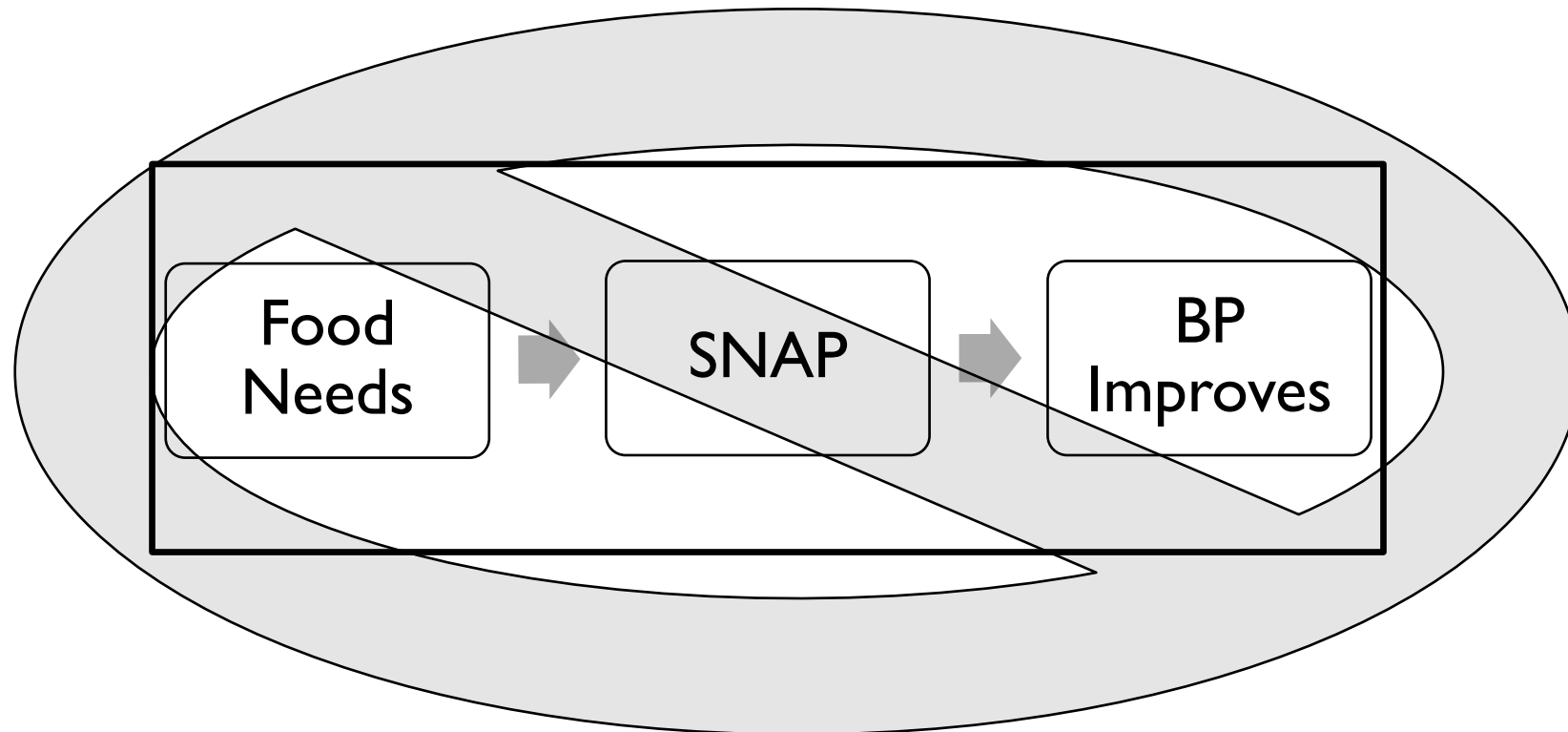
# QUALITATIVE FOLLOW-UP

- Improvement connected with adequacy of resource landscape
  - Needed to get every step of the process 'right'



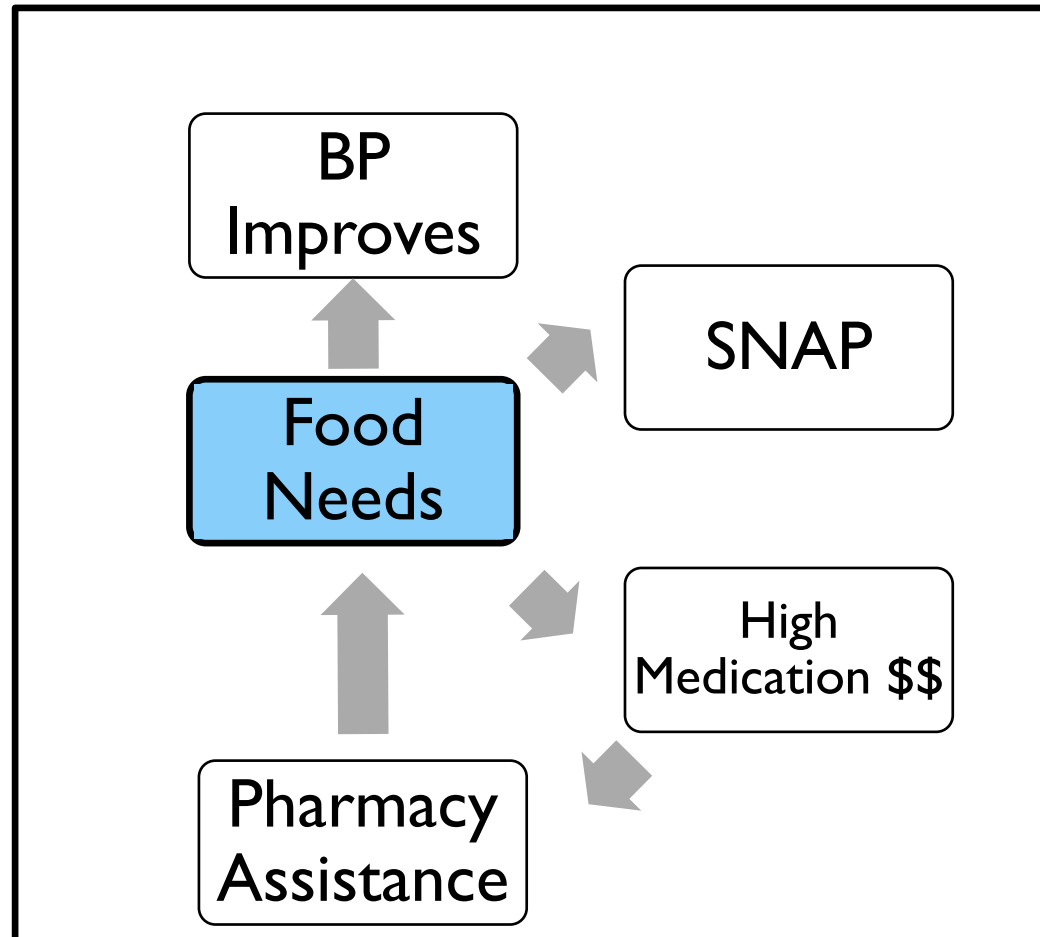
# QUALITATIVE FOLLOW-UP

- Path from presenting need to clinical improvement was often 'non-linear'



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- Path from presenting need to clinical improvement was often 'non-linear'



## IMPLEMENTATION LESSONS

- Search for narrow set of ‘high yield’ needs may be quixotic
- Close attention to all the steps in the process
  - Often will involve multiple organizations
    - Big change from how healthcare currently works

THANK YOU!

- Questions?
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