

State Policy Considerations for Addressing Unmet Social Needs in the Pediatric Setting

Summary of an expert workshop hosted by PolicyLab at Children's Hospital of Philadelphia

Background

In May 2021, PolicyLab at Children's Hospital of Philadelphia (CHOP) virtually convened more than 30 experts from across the United States for a workshop on state policy levers to address unmet social needs in the pediatric setting. This workshop grew out of a PolicyLab [issue brief](#) focused on ensuring that screening for unmet social needs in the pediatric setting is both family-centered and effective. The goal of the workshop was to advance a set of policy recommendations that can be used in varying state contexts to design policy related to addressing unmet social need in pediatric settings.

This summary of that discussion lays out considerations for the development of state policies focused on screening, documentation and financing of social care interventions. It is PolicyLab's intention to use this resource as the basis for policy recommendations related to addressing unmet social needs in the pediatric health care setting more specific to our state context(s), and that others may do the same.

Introduction

Addressing unmet social needs—such as families' housing conditions, food access, employment options and more—in the pediatric health care setting is integral to promoting positive health outcomes and equity for children and families. While health care systems across the country are pursuing and innovating models to address unmet social needs, state policy levers could provide an opportunity to bring equitable, health care-based social needs interventions to scale. Sustainably financing these interventions through Medicaid is one such lever. Furthermore, state-level innovations, including implementation and evaluation of different models for addressing unmet social needs, could lay the groundwork for future federal policies.

As evidence builds around the acceptability, feasibility, and effectiveness of social needs interventions in health care, we must also be proactive in our efforts to minimize unintended consequences, particularly for families in the pediatric setting. These consequences have been well-documented [elsewhere](#) and include potential harms related to repeatedly asking patients to recount their unmet social needs; provider bias and documentation of social needs in electronic health record (EHR) systems, which could exacerbate discrimination based on race and class; and financing barriers that can be complicated by fragmented payer, provider and social service systems. Many of these potential harms could be worsened in the pediatric setting, where teams are serving whole families in addition to patients.

The risk of potential harms should not dissuade clinicians and policymakers from pursuing social needs interventions in the pediatric setting, but should motivate thoughtful policy design and greater efforts to act on the information brought forth when screening families.

With this ongoing discourse as the backdrop, our workshop discussion centered on opportunities for state Medicaid programs seeking to address unmet social needs in health care settings, and how challenges in doing so could be addressed in state-level policy design.

Recommendations Related to Screening and Documentation

States should promote and codify best practices around the process of social needs screening and documentation.

It is important that state policies incentivizing or mandating screening are intentional about providing guidelines for social needs screening and documentation. Patients and their caregivers must clearly understand why providers are collecting this data and how it will be used. Screening by itself is not an intervention. Without the availability of necessary follow-up services and resources (for those patients or caregivers who want them), social needs screening and documentation has the potential to harm patients and families.

Specific recommendations from the workshop include:

- **Consent:** Create a standardized process for garnering consent for screening from patients and caregivers, and ensure that they understand why social needs screening information is being collected and how their data will be used.
- **Screening questions:** Create a framework for screening with a focus on gathering the minimal amount of data needed, leveraging community health needs assessments to better understand population-level social needs, and focusing on screening for needs when appropriate interventions are available.
- **Respecting and empowering families:** Respect the fact that some patients and caregivers may screen positive for social needs but not want the health care sector's assistance in addressing these needs. Patient and caregiver voices should be at the forefront of intervention design, from the screener to assistance and resource access.
- **Documentation in the EHR:** Make clear the level of documentation required in the EHR for service reimbursement, with a focus on minimizing any unintended consequences of social needs documentation, as discussed later in this resource.

States should improve data sharing to reduce administrative burdens on patients and caregivers, but proceed with caution and prioritize patient and caregiver privacy.

Without state intervention and investment, there are few incentives that encourage and support cross-sector data sharing. States should build out infrastructure and create data-sharing agreements that allow data on social needs to be shared across health providers, payers and social service agencies. Data-sharing agreements should focus on serving families, facilitating connection to resources and reducing “over screening.”

Specific recommendations from the workshop include:

- **Caregiver access to data:** Outline clear rules around caregiver access to social needs data—considering the presence of sensitive information such as intimate partner violence—and which caregivers are able to access this information (e.g., in the case of

estranged parents both serving as proxies and each having access to a child's health care data).

- **Administrative burden:** Explore how state-administered safety net programs can reduce the burden placed on beneficiaries deemed eligible. In addition to the introduction of digital community resource platforms and availability of social care staff to assist with enrollment in safety net programs, the barriers to accessing these programs need to be simultaneously lowered.
- **Non-sharing protocols:** It may be prudent to establish non-sharing protocols with child protective service agencies to prevent social needs screening from exacerbating existing racial and socioeconomic disparities in referrals to these agencies.

Activities related to documenting unmet social needs must avoid exacerbating racial and socioeconomic inequities.

Information in a patient's chart can perpetuate bias, potentially leading providers or others with access to EHRs to view patients and caregivers through a different lens. This could exacerbate existing racial and socioeconomic biases and disparities in access to care and in referrals to the child welfare system.

Specific recommendations from the workshop include:

- **Training:** Providers need appropriate training on how data will be shared and utilized once in the EHR.
- **Research:** More research is needed around the issue of potential harms of documenting social needs in a patient's chart, and optimal strategies for data protection.
- **Big data:** With the current interest in "big data," EHR data should ideally be used for its potential to identify and address racial disparities, while proceeding with caution to not exacerbate them.

Recommendations related to financing social interventions

There are potential state policy levers that would support consistent access to social needs interventions in health care settings, and would drive changes aimed at making these interventions part of the standard practice of care. Sustainable financing through state Medicaid programs is one such lever, and upfront investments could support this change. Medicaid can lead the way toward a health care system that addresses unmet social needs, implementing successful social intervention policies that private payers can also adopt.

Pediatrics is grounded in a family-centered approach to care delivery, and addressing a child's unmet social needs often requires addressing the unmet social needs of caregivers. This in turn can improve family stability, and improving a caregiver's health can have positive impacts on the health of their children.

Public investments in pediatric social care are vital because addressing child poverty, hunger, and housing instability often does not result in short-term savings to the health care system or to public or private payers but can result in significant long-term savings. For children who are not medically complex, cost savings from pediatric social interventions may not materialize until much later and may accrue to several different systems outside of the health care sector. Further, social needs interventions in the pediatric setting can improve the health of

the whole family, resulting in short-term savings to the adult system that are difficult to measure.

With a shared perspective that addressing unmet social needs in children is an important investment for long-term individual and societal gains, specific recommendations from the workshop on how to finance social care in different payment arrangements include:

- **Medicaid fee-for-service:** Explore expanding Medicaid's fee schedule for hospital- and community-based social interventions, including community legal services, transportation partnerships, food assistance and housing remediation.
- **Value-based payment (VBP) and pay-for-performance quality metrics:** When paying for social care through VBP contracts, quality metrics should center on process measures. It is difficult to realize short-term health care savings from social needs interventions for children who are not medically complex, and therefore, financial payments should ideally be linked to processes such as screening, building partnerships with community-based organizations (CBO), referring patients and caregivers to assistance, and successfully linking families who request assistance to social needs interventions.
 - **Family-centered metrics:** Families are in the best position to understand their needs, and states should explore using quality metrics that incorporate patient and caregiver perspectives.
- **Capitated payment:** Under a capitated payment system, primary care providers who care for patients from high-need areas should receive a higher per-member per-month payment. This is in recognition of the additional care coordination and support these patients and caregivers require to properly assess their unmet social needs, adjust care properly, assist families interested in accessing services and align resources across multiple sectors.

Specific recommendations from the workshop around what social care financing should pay for include:

- **Screening:** Reimbursement policies must consider the provider time and resources needed to screen for social needs, even if the patient is not immediately linked to services. Payers could also explore reimbursing telephone-based needs assessments, which could help connect patients and families to both health and social care, and ensure that patients and caregivers who face barriers to attending regular primary care appointments can still be screened.
- **Social needs workforce:** Supporting the social needs workforce requires reimbursement for supports both in health care settings and in the community, including social work, care coordination, community health workers and evidence-based home visiting programs. State Medicaid should consider upfront, sustainable financing to help establish these service lines and make efforts to coordinate and integrate these resources across the continuum of health systems and communities.
- **CBO capacity:** It is important for payers, providers, and state agencies looking for closer collaboration with CBOs to be mindful of CBO capacity, allocating and aligning resources with CBOs to deliver social needs interventions. State agencies can play an important role in providing technical assistance to CBOs, including helping them access health care funding streams and implementing data-sharing agreements with health and social service partners.

- **Aligning and allocating resources based on social needs data:** State policymakers should leverage data to identify health systems and neighborhoods with the greatest unmet social needs and align and allocate resources accordingly. They should explore using data from social needs screening and community health needs assessments, along with publicly available data sources.
- **Dyadic care and intergenerational family services:** States should focus on preventing unmet social needs in families by financing the delivery of behavioral health care and other services aimed at addressing health-related social needs of caregivers in the pediatric setting. Reimbursing pediatric providers for dyadic care and intergenerational family services could support implementation of these programs. For example, helping caregivers with depression access treatment could stabilize families and, given that poverty and behavioral health are often interrelated, help address unmet social needs into the future.
- **Pilots and experimentation:** States should consider piloting innovative strategies for social care interventions and should leverage the expertise of external evaluators, such as partners within research centers, to quantitatively and qualitatively assess the effectiveness of interventions. States should also incorporate both patient and caregiver perspectives and claims data regarding health care utilization to better understand the impact of different interventions.