Clinical Practice Guideline: **Issuance of Referrals for Community Social and Support Services**

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Product: **Specialty**

GUIDELINES

Portal of entry practitioners, as appropriate to their education, training, experience, and scope of practice, can serve as facilitators of interventions in the prevention and treatment of common risk factors and health conditions.

American Specialty Health – Specialty (ASH) utilizes this guideline to promote evidence-based practices that produce higher quality clinical outcomes by optimizing quality of care and services to members. This includes integration of member treatment plans with referrals to applicable community services. Specifically, community support referrals enable practitioners to enhance the management of members' chronic diseases and co-morbidities with individually targeted treatment plans. A set of guidelines addressing the assessment, identification, and referral for members who may be in need of social and support services and practitioner resources are included herein.

DESCRIPTION/BACKGROUND

According to URAC, clinical integration is the "Coordination of patient care across conditions, practitioners, settings, and time to achieve care that is safe, effective, efficient, and patient focused." Smaller systems of care coordinate to form larger systems of care that broaden the scope of practitioner networks, while incorporating evidence-based guidelines (URAC, 2017). Clinical integration requires practitioners to work collaboratively within an expanded network, with the shared goal of rendering necessary care to members in an efficient manner to achieve the best possible health outcomes. Practitioner referral of members to community social and support services is one such example of a collaborative network.

Current clinical evidence suggests that integrating clinical care with social support services can reduce health care use and costs and improve member health outcomes. The impact of social support needs is reflected in a range of individual health outcomes. For example, social exclusion and lack of social support are associated with poor medical self-management and care plan adherence. Other factors, such as preventable hospitalizations and mortality show associations with psychosocial issues (e.g., lack of employment, limited income) (Shier et al., 2012). The members' health outcomes are affected by multimodal variables. Thus, it is important for the practitioner to consider the integration

of community services into the member treatment plan in support of improved health management.

Community and social support services may include family, child, and traditional social services; member counseling and advocacy groups; information services to help members' families cope with health conditions; social and rehabilitative support; resources to obtain health insurance coverage; and other health and human services to enhance the healthcare service delivered.

These community services typically include financial assistance in the form of partially subsidized or free services for those in need of financial support. This aspect of assistance is particularly important because financial distress can lead to harmful behaviors with potential deleterious health effects. Zullig et al. (2013) carried out a study to determine the effects of financial distress on medication adherence among cancer patients (*n*=164). The results indicated that 45% of the participants reported cost related medication non-adherence. Furthermore, the non-adherent patients were more likely to ask their practitioner for a less expensive medicine than originally prescribed, to reduce spending on basics such as food and clothing to pay for medicine, to purchase an over-the-counter product to replace more costly prescription medicine, and to borrow money or use credit to pay for medicine as coping strategies. Social support referral within the clinical setting can help to reduce the occurrence of these financial and adherence barriers and similar scenarios.

Community Support Needs Assessment and Referral

In the interest of developing a clinically integrated framework on a community level, the practitioner should educate the member about pertinent social and support services within his/her community if relevant support needs are identified. During the member clinical evaluation and treatment, practitioners should assess, identify, and document in the medical record any indications that members might benefit from community resource referrals. Practitioners can then provide support service access information and/or referrals for members for the identified support needs including but not limited to:

1. Diagnosis/indications of an untreated, insufficiently managed, or unresolved behavioral and or mental health condition
2. Diagnosis/indications of an untreated, insufficiently managed, or unresolved substance use disorder
3. Healthcare access difficulties (e.g., lapse of insurance, financial hardship, transportation issues)
4. Elder related social support needs (e.g., caregiver needs, quality of life issues, depression, health literacy)
5. Family, child, and traditional social support needs (e.g., transportation services, health and nursing services, nutritional counseling, and assessment)
6. Cognitive impairment

Financial Needs Assessment

The practitioner can help assess if the member is having financial difficulties that are influencing their health status. Researchers conducted a cross-sectional study of 2,026 patients to identify an evidence-based screening tool to determine whether an individual is suffering from poverty, homelessness, or hunger and found that the question: "Did you have difficulty paying your household bills during the past 12 months" was the most effective indicator of patients at risk of foregoing healthcare (Bodenmann, 2014).

Behavioral or Social Issues Assessment

Applicable ASH Clinical Practice Guidelines which can be referenced with regard to the identification and assessment of behavioral or social issues (outside the range of a financial assessment) are listed below:

- *Unhealthy Alcohol/Substance Use Screening and Intervention (CPG 137 – S)*
- *Behavioral Health Awareness (CPG 168 – S)*
- *Chronic Pain Management: Resiliency as a Clinical Tool (CPG 170 – S)*
- *Health Behavioral Assessment (CPG 154 – S)*
- *Psychosocial Factors in Pain Management (CPG 169 – S)*
- *Tobacco Cessation Counseling (CPG 138 – S)*

The member should be referred to an appropriate health care professional for management of any conditions that are outside of the scope, specialty, and expertise of the practitioner (refer to the Practitioner Resources for referral recommendations). As appropriate, co-management with another health care professional may be an option after referral.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education, training, and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

It is best practice for the practitioner to appropriately render services to a member only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the member to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a member's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is prudent for the practitioner to refer the member for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

Practitioner Resources

Practitioners are encouraged to take the initiative to connect members facing support challenges with community health services which will assist them in addressing these needs. Maintaining communication and disseminating information (e.g., pamphlets, brochures, etc.) within the office will benefit individuals in need and will more than likely also help in the management of their present health condition. Utilizing these educational and assistance activities in addition to the clinical service provided will help support the goal of improving the health quality of individuals.

The following resource list of community and social supports may be used by practitioners and members as a reference point for locating community-based service organizations:

1. **MedlinePlus**, a service of the U.S. National Library of Medicine (NLM) National Institutes of Health NIH, is a comprehensive resource which provides a list of links to directories and locator tools to find health information, professional organizations, governing agencies, health professionals, support services and treatment facilities on a federal, state, and local level. List of Directories: http://www.nlm.nih.gov/medlineplus/directories.html

2. **Behavioral and Mental Health**:
   Provided by the Substance Abuse & Mental Health Service Administration U.S. Department of Health and Human Services. Includes treatment facility locators, state mental health agencies, and other support resources.

   a.) **Substance Use Disorder and/or Mental Health Treatment**:
   Provided by the Substance Abuse & Mental Health Service Administration U.S. Department of Health and Human Services. Includes treatment facility locators, state substance abuse agencies, and other support resources.
   Find Treatment: https://findtreatment.samhsa.gov/

   b.) **Find a Support Group or Local Program for Mental Health or Substance Use**:
   Provided by the Substance Abuse & Mental Health Service Administration U.S. Department of Health and Human Services. Includes treatment facility locators, state substance abuse agencies, and other support resources.

https://www.samhsa.gov/find-support/health-care-or-support/support-group-or-local-program

3. **Healthcare Access Difficulties**:
   a.) Provided by the National Association of Free & Charitable Clinics to increase healthcare access for the uninsured or those under financial hardship. Find a clinic: https://nafcclinics.org/find-clinic
   b.) Refer members to seek health care coverage under either Medicare https://www.cms.gov/Medicare/Medicare.html or the Affordable Care Act coverage under https://www.healthcare.gov/.
   c.) The Health Resources and Services Administration (HRSA) is an Agency within the U.S. Department of Health and Human Services which provides funds to Health Centers, hospitals, and other care facilities to help people get health care they can afford.
   https://www.hrsa.gov/get-health-care/index.html

4. **Age Related Social Support Needs**:
   Provided by the U.S. Administration on Aging to connect people to services for older adults and their families.
   Eldercare Locator: https://eldercare.acl.gov/Public/Resources/Index.aspx

5. **State Social Service Agencies:**
   Provided by USA.gov. This is a searchable list by state that includes links to state and local agencies providing family, child, and adult social, health and human resources services.
   https://www.usa.gov/state-social-services
   a) The Administration for Children & Families (ACF), a division of the Department of Health & Human Services, promotes the economic and social well-being of families, children, individuals and communities through a range of programs. ACF's programs serve a wide variety of groups, including individuals and families with low income, refugees, Native Americans, and many others. http://www.acf.hhs.gov/
6. **Resources for the promotion of healthy lifestyles and disease and injury prevention**:
   HRSA helps to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. https://www.hrsa.gov/get-health-care/index.html

7. **Legal and Housing Assistance Resources:**
   Legal services offices, also called legal aid offices, employ staff lawyers to provide no cost or partially subsidized legal help to clients.
   Crime victims: http://www.justice.gov/actioncenter/victim.html

Housing: http://portal.hud.gov/hudportal/HUD?src=/topics/rental_assistance

8. **Food Assistance Programs**:
   Nutrition.gov provides easy access to vetted food and nutrition information from across the federal government. It serves as a gateway to reliable information on nutrition, healthy eating, physical activity, and food safety for consumers. https://www.nutrition.gov/topics/food-security-and-access/food-assistance-programs

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