

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

4 **Date of Implementation:** **September 18, 2014**

6 **Product:** **Specialty**

9 **GUIDELINES**

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

14 The purpose of the guideline is to promote evidence-based practices that produce higher
 15 quality clinical outcomes by optimizing quality of care and services to members. This
 16 includes integration of member treatment plans with referrals to applicable community
 17 services. Specifically, community support referrals enable practitioners to enhance the
 18 management of members' chronic diseases and co-morbidities with individually targeted
 19 treatment plans. A set of guidelines addressing the assessment, identification, and referral
 20 for members who may be in need of social and support services and practitioner resources
 21 are included herein.

23 **BACKGROUND**

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

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

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

3
4 Community and social support services may include: family, child, and traditional social
5 services; member counseling and advocacy groups; information services to help members’
6 families cope with health conditions; social and rehabilitative support; resources to obtain
7 health insurance coverage; and other health and human services to enhance the healthcare
8 service delivered.

9
10 These community services typically include financial assistance in the form of partially
11 subsidized or free services for those in need of financial support. This aspect of assistance
12 is particularly important because financial distress can lead to harmful behaviors with
13 potential deleterious health effects. Zullig et al. (2013) carried out a study to determine the
14 effects of financial distress on medication adherence among cancer patients ($n=164$). The
15 results indicated that 45% of the participants reported cost related medication non-
16 adherence. Furthermore, the non-adherent patients were more likely to ask their
17 practitioner for a less expensive medicine than originally prescribed, to reduce spending
18 on basics such as food and clothing to pay for medicine, to purchase an over-the-counter
19 product to replace more costly prescription medicine, and to borrow money or use credit
20 to pay for medicine as coping strategies. Social support referral within the clinical setting
21 can help to reduce the occurrence of these financial and adherence barriers and similar
22 scenarios.

23 24 **Community Support Needs Assessment and Referral**

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

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

1 **Financial Needs Assessment**

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

8
 9 **Behavioral or Social Issues Assessment**

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

- 13 • *Unhealthy Alcohol/Substance Use Screening and Intervention (CPG 137 – S)*
- 14 • *Behavioral Health Awareness (CPG 168 – S)*
- 15 • *Chronic Pain Management: Resiliency as a Clinical Tool (CPG 170 – S)*
- 16 • *Health Behavioral Assessment (CPG 164 – S)*
- 17 • *Psychosocial Factors in Pain Management (CPG 169 – S)*
- 18 • *Tobacco Cessation Counseling (CPG 138 – S)*

19
 20 The member should be referred to an appropriate health care professional for management
 21 of any conditions that are outside of the scope, specialty, and expertise of the practitioner
 22 (refer to the Practitioner Resources for referral recommendations). As appropriate, co-
 23 management with another health care professional may be an option after referral.

24
 25 **PRACTITIONER SCOPE AND TRAINING**

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

31
 32 It is best practice for the practitioner to appropriately render services to a member only if
 33 they are trained, equally skilled, and adequately competent to deliver a service compared
 34 to others trained to perform the same procedure. If the service would be most competently
 35 delivered by another health care practitioner who has more skill and training, it would be
 36 best practice to refer the member to the more expert practitioner.

37
 38 Best practice can be defined as a clinical, scientific, or professional technique, method, or
 39 process that is typically evidence-based and consensus driven and is recognized by a
 40 majority of professionals in a particular field as more effective at delivering a particular
 41 outcome than any other practice (Joint Commission International Accreditation Standards
 42 for Hospitals, 2020).

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

9 **Practitioner Resources**

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

17
 18 The following resource list of community and social supports may be used by practitioners
 19 and members as a reference point for locating community-based service organizations:

20
 21 **1. MedlinePlus**, a service of the U.S. National Library of Medicine (NLM) National
 22 Institutes of Health NIH, is a comprehensive resource which provides a list of links
 23 to directories and locator tools to find health information, professional
 24 organizations, governing agencies, health professionals, support services and
 25 treatment facilities on a federal, state, and local level. List of Directories:
 26 <http://www.nlm.nih.gov/medlineplus/directories.html>

28 **2. Behavioral and Mental Health:**

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

32 **a.) Substance Use Disorder and/or Mental Health Treatment:**

33 Provided by the Substance Abuse & Mental Health Service Administration U.S.
 34 Department of Health and Human Services. Includes treatment facility locators,
 35 state substance abuse agencies, and other support resources.

36 Find Treatment: <https://findtreatment.samhsa.gov/>

1 **b.) Find a Support Group or Local Program for Mental Health or Substance**
 2 **Use:**

3 Provided by the Substance Abuse & Mental Health Service Administration U.S.
 4 Department of Health and Human Services. Includes treatment facility locators,
 5 state substance abuse agencies, and other support resources.

6 [https://www.samhsa.gov/find-support/health-care-or-support/support-group-](https://www.samhsa.gov/find-support/health-care-or-support/support-group-or-local-program)
 7 [or-local-program](https://www.samhsa.gov/find-support/health-care-or-support/support-group-or-local-program)

8

9 **3. Healthcare Access Difficulties:**

10 a.) Provided by the National Association of Free & Charitable Clinics to increase
 11 healthcare access for the uninsured or those under financial hardship. Find a
 12 clinic: <https://nafclinics.org/find-clinic>

13 b.) Refer members to seek health care coverage under either Medicare
 14 <https://www.cms.gov/Medicare/Medicare.html> or the Affordable Care Act
 15 coverage under <https://www.healthcare.gov/> .

16 c.) The Health Resources and Services Administration (HRSA) is an Agency
 17 within the U.S. Department of Health and Human Services which provides
 18 funds to Health Centers, hospitals, and other care facilities to help people get
 19 health care they can afford.

20 <https://www.hrsa.gov/get-health-care/index.html>

21

22 **4. Age Related Social Support Needs:**

23 Provided by the U.S. Administration on Aging to connect people to services for
 24 older adults and their families.

25 Eldercare Locator: <https://eldercare.acl.gov/Public/Resources/Index.aspx>

26

27 **5. State Social Service Agencies:**

28 Provided by USA.gov. This is a searchable list by state that includes links to state
 29 and local agencies providing family, child, and adult social, health and human
 30 resources services.

31 <https://www.usa.gov/state-social-services>

32 a) The Administration for Children & Families (ACF), a division of the
 33 Department of Health & Human Services, promotes the economic and social
 34 well-being of families, children, individuals and communities through a range
 35 of programs. ACF's programs serve a wide variety of groups, including
 36 individuals and families with low income, refugees, Native Americans, and
 37 many others. <http://www.acf.hhs.gov/>

1 **6. Resources for the promotion of healthy lifestyles and disease and injury**
 2 **prevention:**

3 HRSA helps to protect and improve the health of communities through education,
 4 promotion of healthy lifestyles, and research for disease and injury prevention.
 5 <https://www.hrsa.gov/get-health-care/index.html>

7 **7. Legal and Housing Assistance Resources:**

8 Legal services offices, also called legal aid offices, employ staff lawyers to provide
 9 no cost or partially subsidized legal help to clients.

10 Crime victims: <http://www.justice.gov/actioncenter/victim.html>

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

13 **8. Food Assistance Programs:**

14 Nutrition.gov provides easy access to vetted food and nutrition information from
 15 across the federal government. It serves as a gateway to reliable information on
 16 nutrition, healthy eating, physical activity, and food safety for consumers.

17 [https://www.nutrition.gov/topics/food-security-and-access/food-assistance-](https://www.nutrition.gov/topics/food-security-and-access/food-assistance-programs)
 18 [programs](https://www.nutrition.gov/topics/food-security-and-access/food-assistance-programs)

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