Reaching Patients Beyond the Hospital Walls: A Pediatric Hospitalist’s Perspective

As a pediatric hospitalist, I treat patients admitted to the hospital with everything from acute asthma attacks to “failure to thrive” (FTT) to new diagnoses of leukemia. I do everything I can to guide parents through difficult times and get children well enough to go home. I often worry about what happens to these children when they leave the hospital. Where children live, grow, and their family’s social circumstances often have a greater impact on their health than any medical intervention. Second-hand smoke exposure, for example, could lead to recurrent asthma attacks soon after discharge. Weight gain in a hospitalized patient with FTT could be reversed if there is unaddressed food insecurity in the home. Childhood adversity related to social circumstances creates toxic stress and has been associated with increased risk of medical and psychosocial difficulty into adulthood. Recognizing the importance of social determinants of health (SDH), the American Academy of Pediatrics recommends screening for SDH risk factors during outpatient visits. However, the reality is most community pediatricians do not have the time or resources to implement routine screening and we are neglecting one of the most fundamental and long-lasting elements of child health.

Dr. Claire Bocchini and I agreed that we had an opportunity and a responsibility to expand SDH screening efforts to the hospital setting. While many SDH screening tools exist, we worked with Dr. Arvin Garg, a SDH researcher, to translate his work on WE CARE from the outpatient to inpatient setting. We aim to demonstrate the long-term benefits of time spent prioritizing SDH work and contribute to expansion of SDH screening across a variety of settings.

Mothers enrolled in our study complete a comprehensive SDH screening tool and receive resources based on their identified needs. This work allows us to assess the scope of SDH needs in caregivers of children admitted to the hospitalist service. In addition to having the time and infrastructure to respond to caregiver needs, these efforts have important health implications. One mother struggling to meet the medical demands of caring for

Special points of interest

- Where children live, grow, and family social circumstances often have a greater impact on health than medical interventions
- Toxic stress is associated with an increased risk of medical and psychosocial difficulty into adulthood
- Most community pediatricians do not have the time or resources to implement routine screening
- Building capacity for SDH screening and referrals is fundamental to providing comprehensive care for children
- Addressing SDH will improve population health because children’s well being is often impacted most by what happens beyond the hospital walls.
About The Center for Child Health Policy and Advocacy

The Center for Child Health Policy and Advocacy serves as a catalyst to impact legislative and regulatory action on the behalf of vulnerable children at local, state, and national levels. We strive to deliver innovative, multi-disciplinary, and solutions-oriented approaches to child health.

“... Intervention alone was not enough to ensure an improved health outcome but is a crucial first step ...”

her child with chronic conditions endorsed signs of depression. Prior to hospitalization, she had multiple “no show” appointments and was having a hard time coping. These underlying issues, not disclosed to the medical team, directly jeopardized her child’s ability to remain healthy outside the hospital. A social worker assessed the mother and child’s safety and set up a mental health appointment for the mother who was incredibly grateful for the support. This intervention alone was not enough to ensure an improved health outcome in that child, but was a crucial first step towards improving his life course.

Building capacity for SDH screening and referrals is fundamental to providing comprehensive care for children and there are many implications of SDH on policy work. The Center for Medicare and Medicaid (CMS) State Innovation Model (SIM) initiative has engaged states in population health improvement plans focused on addressing SDH. SIM project tracks are designed to identify beneficiaries’ health-related social needs, match beneficiaries with community service providers, and align clinical and community service providers. While preliminary data from this work will be valuable in shaping policies, CMS payment policies prioritizing SDH are needed now. Aligning payment priorities to support SDH work across all health care settings will facilitate routine screening in medical practices, strengthen medical provider and community partnerships, and lead to increased data on the impact of SDH interventions on health outcomes. This current investment is needed in order to realize future cost-savings. Ultimately, addressing SDH will improve population health because children’s well being is often impacted most by what happens beyond the hospital walls.