

Health Care Quality and the Social Determinants of Health

The concept of Patient Centered Care (PCC) which is one of the healthcare quality domains identified by the Institute of Medicine (IOM) has gained wide recognition but its application still remains somewhat vague. The central theme behind PCC is the notion that care should be organized around the patient's needs, preferences, and values and patients should participate in decision making¹. One of the methods of PCC application championed by the Institute for Healthcare Improvement (IHI) is the recommendation to ask patients "What matters to you?" rather than "What is the matter?"

Let us consider posing this question to two hypothetical patients admitted to a hospital-Melvin and Mildred.

Melvin is 57, has a 9th grade education, he is in between odd jobs, shuttles between his ex-wife and his elderly mother's house for lodging. He has poorly controlled diabetes, hypertension and coronary vascular disease, does not recall all the medications he is supposed to be on and he smokes. This is his third admission to the hospital for cellulitis (skin infection). In the hospital, he has no visitors and his interaction with his physicians is limited.

Mildred is 73, has hypertension and Chronic Myeloid Leukemia, admitted with a broken hip. She is a retired accountant, widowed, lives in her own home, has a son who is a college professor, and a daughter who is a Registered Nurse and her Medical Power of Attorney. She has 4 grandkids to whom she is very attached, drinks a glass of wine every night, no tobacco, goes to a bridge club once a week, enjoys gardening and traveling. Throughout her hospital stay her family remain actively involved in treatment and discharge planning and frequently meet with the clinical team for updates.

If the hospital team were to ask Mildred what mattered to her most she might say keeping her independence. She may elect a conservative medical management with a goal to live in an Assisted Living facility upon hospital discharge. Whatever her choice, she and her family likely have the health literacy and the social capital to be true partners with the healthcare team. They can participate in a

shared decision regarding her treatment options and discharge planning that is aligned with what matters most to Mildred.

Melvin lives in a different world from Mildred. He is one of thousands of socially disenfranchised patients that go through the medical system repeatedly without finding lasting solutions to their ill-health. Melvin has poor health literacy, poor social connection, poor social capital, inadequate housing, and poor medical adherence- all of which contribute to his need for repeated hospital admissions and poor health outcome. I wonder how Melvin would respond to the “What matters to you?” question? One has to wonder how, if at all, the PCC’s core principle of designing care around patients’ needs can materialize in this case.

In 2012, the World Health Organization (WHO)’s Commission on Social Determinants of Health had a front page title that asked a poignant question: “*Why treat people without changing what makes them sick*”? The reality is that the healthcare system is not fully engaged in addressing the Social Determinants of Health (SDH), which are believed to impact up to 75% of health². In the hospital, we expend enormous efforts and money preventing falls, Deep Venous Thromboses (DVT), hospital acquired infections etc but patients like Melvin are discharged from hospitals daily to a life that perpetuates their ill-health. Available community based resources such as homeless shelters and medication assistance programs are often poorly funded and loosely organized to provide effective solution. When patients like Melvin repeatedly return to our hospitals or clinics we label them “non-compliant” and conclude indiscriminately that they didn’t take personal responsibilities for their health. Physicians limited success in establishing effective therapeutic relationship with patients like Melvin makes them cynical and often they project their resentment back on these very patients. Each time patients like Melvin are admitted they get patched up in the hospital and sent out hoping that whatever safety net there may exist out there will catch them this time. The absurdity of this is obvious but most of us choose to work in a health system that has failed to “heal” many in the hopes of touching even a few.

Logic dictates that safety and quality improvement efforts without addressing SDH that thwart these efforts will ultimately be ineffective for the socially disenfranchised. This should concern all of us.

The question “What matters to you” is the ultimate patient-centered question we could ask any patient. The answer to the question will in many cases call our profession back to its roots- to be patient advocates for social justice.

References:

1. Institute of Medicine (IOM). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.
2. Tarlov, A.R., Public Policy Frameworks for Improving Population Health. Annals of the New York Academy of Sciences, 1999. 896(SOCIOECONOMIC STATUS AND HEALTH IN INDUSTRIAL NATIONS: SOCIAL, PSYCHOLOGICAL, AND BIOLOGICAL PATHWAYS): p. 281-293.