



Integrating Social Care in Healthcare Approaches – A Scoping Review and Cost-Benefit Analysis

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Background

The mission of the University of Houston’s newly founded Tilman J. Fertitta Family College of Medicine College of Medicine (TJFFCOM) is to improve healthcare outcomes by preventing and mitigating causes of poor health, rather than simply treating it. This approach involves addressing social determinants of health at the community or health system level. A critical component of accomplishing this goal is reviewing the literature to determine the optimal method to promote health. While the importance of social determinants of health has been stressed by prior research, work is just beginning on integrating these determinants into medical care. A prerequisite to doing so is ensuring the cost-effectiveness of such interventions.

Objective: The primary goal of this research is to conduct a scoping review of the literature focusing on the cost-benefit of “upstream” social care interventions designed to prevent “downstream” disease and healthcare costs.

Research Question: This scoping review aims to fulfill that need by addressing the research question, “How does the integration of social care-based into medical care impact downstream healthcare costs?”

Definitions:

- Social Care Intervention: Interventions that integrate approaches addressing health-related social risk factors with healthcare.¹
- Cost Reduction: A reduction in expenses paid by insurance companies, healthcare providers, or patients.
- Social Determinants of Health: Conditions in the environments in which people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Methodology

In this study, we developed a scoping review protocol using the Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews (PRISMA-ScR). Specifically, the protocol includes the eligibility criteria we utilized to screen articles, the databases we selected to search, and the search concepts and synonyms developed. The construction of the search strategy was an iterative process, where the broad concepts were developed first to encompass topics related to the research question. Next, each of the concepts were broken down into search terms and synonyms. Finally, these terms were validated through test searches in the databases EconLit, WebofScience, and PubMed, and were mapped to MeSH language for PubMed. This protocol was registered with the Open Science Framework on January 20, 2023.

Limitations of Methodology

- This search is limited to research published in the past 10 years and does not include a review of gray literature and does not include risk of bias or other assessment of the results produced during the search.
- Due to the language limitations of the research team, only research written in English or with English-translated abstracts is reviewed. The authors are aware that this introduces the potential for bias.
- The results of this scoping review will only be as up to date as the time the search is run.

Methodology

Eligibility Criteria:

- Research published in the last 10 years
- Research discussing the integration of social care interventions in health care in an effort to reduce costs.
- Only research written in English or with English-translated abstracts were reviewed.
- Gray literature, defined as literature that is non-conventional, in either print or electronic format, not managed by commercial publication and can include reports, preprints, government documents, market research, policy documents, and white papers, among other things, was also excluded.³

Databases Selected for Search:

- EconLit - An academic literature abstracting database service focusing on literature in the field of economics, including health economics.⁴
- WebofScience - An access platform which provides access to multiple databases that provide academic reference and citation data from scientific journals.⁵
- PubMed – A search engine accessing the MEDLINE database of references and abstracts on life sciences and biomedical topics.⁶

Search Strategy Construction

Concept 1: Social Care-Based Interventions

Terms: “social care” OR “social care interventions” OR “social needs care” OR “social care integration” OR “integration of social care” OR “integrated social and healthcare service” OR “integrated care” OR “community resources” OR “health-social care” OR “health-related social risk factors” OR “social care infrastructure” OR “social services needs” OR “upstream social conditions” OR “Health-related social needs” OR “social determinants of health” OR “socioeconomic need” OR “socioeconomic needs” OR “social need” OR “social factors” OR “social health maintenance organization” OR “social HMO”

Concept 2: Health Care

Terms: healthcare OR “health care” OR “health outcomes” OR medicine OR “health policy” OR “health care delivery” OR “delivery of health care” OR “healthcare delivery” OR “delivery of healthcare” OR “health services” OR “health systems” OR health OR “medical care” OR “healthcare approaches” OR “health care approaches” OR “service delivery”

Concept 3: Reducing Medical Costs

Terms: “cost savings” OR “delivery of health care” OR “health care delivery” “health care costs” OR “cost-benefit analysis” OR “cost-benefit” OR “net savings” OR “net costs” OR “social care financing” OR “health care financing” OR “healthcare financing” OR “health care spending” OR “healthcare spending” OR “cost reduction” OR “medical expenses” OR “service utilization” OR “cost-effectiveness” OR cost OR costs OR “pooled budgets” OR “health financing” OR “cost-effective analysis” OR “allocative efficiency”

Preliminary Results and Discussion

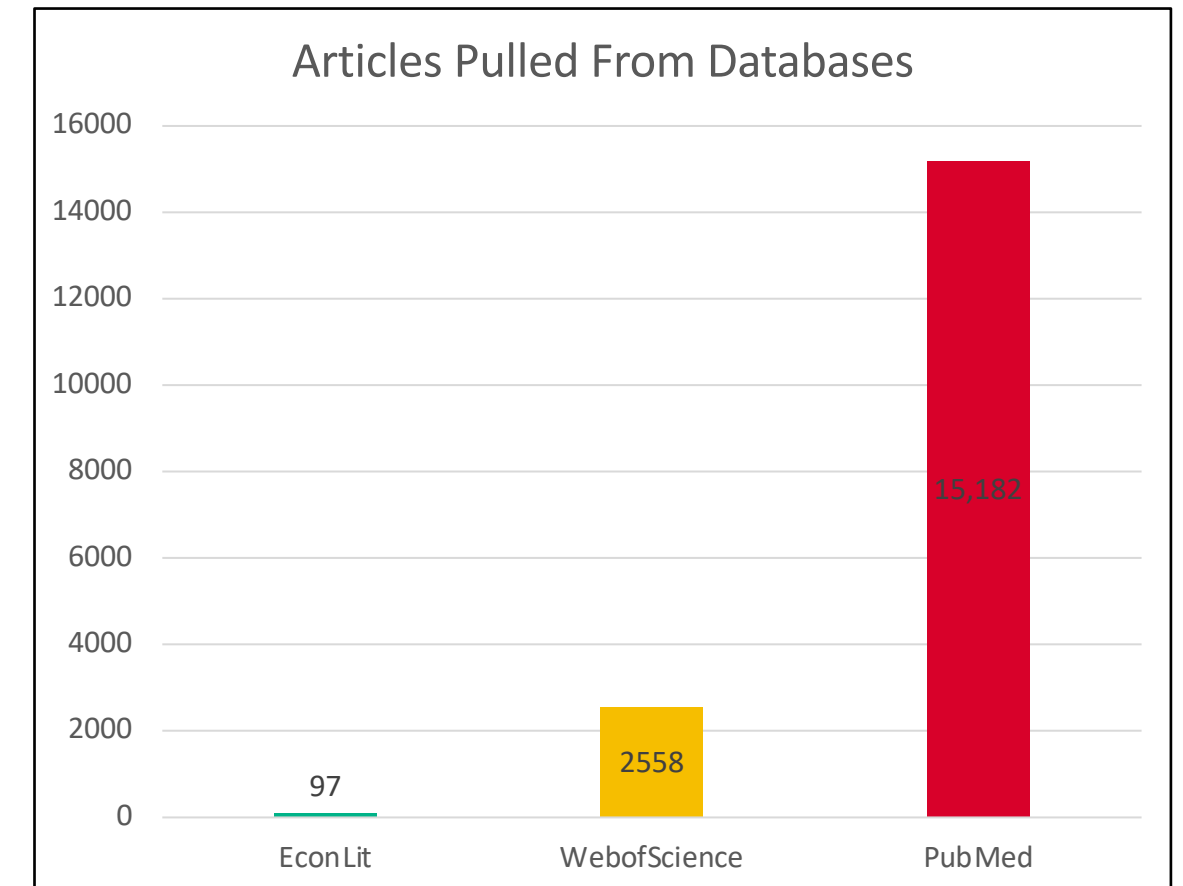


Figure 1: Number of articles pulled from each academic database from test searches. WebofScience search is restricted to abstracts including search terms.

Currently, results are in a preliminary stage, with the formal search not yet being conducted. The figure above highlights the number of articles pulled from test searches which have been done in order to gauge approximately how many articles will be pulled before they must be filtered. The number from EconLit and WebofScience are appropriate, but the search parameters must be tweaked for PubMed, as too many articles are being pulled. Additionally, it should be noted that articles may be present across multiple databases, so the total number of 17,837 articles likely include duplicates.

Next Steps

The immediate next steps are to finalize the search strategy, conduct the formal search and pull the articles from all three databases. Along with restricting the PubMed parameters, another final check to be done is ensuring that specific “marker articles” are being pulled in the test searches.

Following this step, the process of filtering the articles pulled will begin. This process will involve removal of duplicates through a reference manager and manual title and abstract screening.

After the articles are filtered for relevancy, the cost-benefit analysis can begin. This will be a qualitative analysis based on the findings from the pulled papers and reasoning of our three authors.

References

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