Using a Social Determinants of Health (SDOH) Approach in the Provision of Palliative Care

2017 Canadian Hospice Palliative Care Association Conference

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No Potential Conflict of Interest to Declare

We do not currently have an affiliation
(financial or otherwise)
with a commercial entity.

Objectives

1. Identify how SDOH impact the delivery of palliative care service in underserved populations

2. Review the barriers and potential bias inherent in the existing design of palliative care services

3. Build capacity among clinicians to identify and address key SDOH issues in palliative care delivery through the review of a newly developed tool

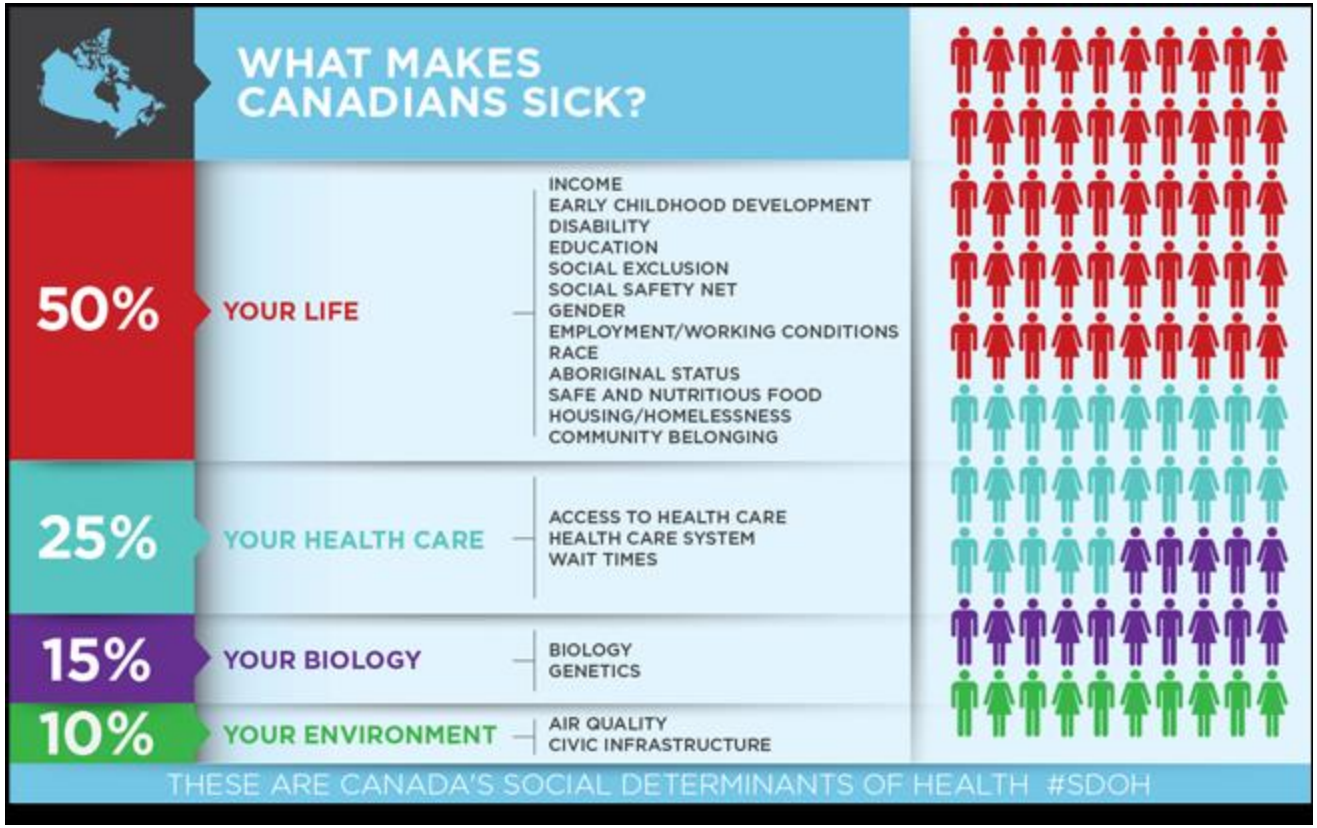
Our common interest

How to we optimize the provision of palliative care to those most vulnerable?

Introductions

- Who is in the room?
  - Name
  - Profession
  - Organization
  - Location (City/Country)
  - Experience with SDOH issues

What makes us sick?



https://www.cma.ca/En/Pages/health-equity.aspx

People are finally learning about the SDOH

Renewed interest in the “upstreamist” movements

What do we know of those made vulnerable by unmet SDOH at the end of life?

What does a patient who is likely to get access to timely and good quality PC look like?

How would you describe them?

SES Impact (Socio-Economic Status)

Top 5 Income Studies

- We conducted a literature search
- Found a shortage of good evidence on the topic of the impact that SDOH have on PC
- The studies that do exist focus on socio–economic status (SES)

Original Article

PALLIATIVE MEDICINE

Palliative Medicine
24(4) 403–409
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sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/0269216309354032
pmj.sagepub.com
SAGE

Exploring differences in referrals to a hospice at home service in two socio-economically distinct areas of Manchester, UK

Malcolm Campbell *School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK*
Gunn Grande *School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK*
Charlotte Wilson *School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK*
Ann-Louise Caress *School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK*
Dai Roberts *St Ann's Hospice, Manchester, UK*

- Quantitative, retrospective cohort study
  - P:
    - Analysis of secondary data from UK National Census Data 2001, NW Cancer Intelligence Service (2004) and hospice at home referral data (2004-2006)
  - I:
    - Referral rates to hospice at Home Palliative Care services
  - C:
    - Comparison of two distinct SES areas (Salford, Trafford), which feature identical Palliative Care services (St Ann's)
  - O:
    - Though cancer incidence and mortality is higher in low SES districts, referral rates to hospice & home care were lower in low SES Trafford (4.5, SD 1.67) vs Salford (6.27, SD 1.67)
    - Differences in referral rates were significantly associated with all SES variables except for:
      - age 60-74 years old
      - 75+ years old
      - ethnically white
      - % of patients aged 16-74 with secondary level qualifications
      - % of privately rented households

SUMMARY OF FINDINGS

- SES factors, not cancer mortality or service provision, predicts referrals to hospice at home
- Inequalities of referral were strongly correlated to global deprivation and discrete deprivation indicators at the population level

Acta Oncologica, 2013; 52: 1062–1066

informa
healthcare

ORIGINAL ARTICLE: ACTA ONCOLOGICA JUBILEE ARTICLE

Treatment decisions and discontinuation of palliative chemotherapy near the end-of-life, in relation to socioeconomic variables

MARGARETA RANDÉN[1,2], MARIA HELDE-FRANKLING[3], SARA RUNESDOTTER[2] & PETER STRANG[1,2]

[1]*Karolinska Institute, Department of Oncology-Pathology, Stockholm, Sweden,* [2]*Stockholms Sjukhem Foundation, Research and Development Department, Stockholm, Sweden and* [3]*Department of Oncology, Karolinska Hospital, Stockholm, Sweden*

- Retrospective chart review
  - P:
    - Deceased patients with disseminated cancer and recorded in death in 2009, N=346
  - I:
    - Assessment of charts in relation to demographic and clinical variables and documented treatment decisions
  - C:
    - Comparison of socioeconomic variables vs Palliative Chemotherapy treatment decisions
  - O:
    - Palliative Chemotherapy offered in 54% of cases (only 73% considered eligible for 1st or 2nd-line)
    - 32% received Palliative Chemotherapy in last month of life
    - Variables associated with higher probability of treatment & closer to death:
      - younger patients, ($p=0.002$), those with young children ($P<0.001$)
    - Variables associated with higher probability of treatment:
      - high education level ($p=0.001$), living with a partner ($p=0.001$), female gender ($p=0.023$), ethnicity of non-European origin ($p=0.031$)

SUMMARY OF FINDINGS

- Socio-economic variables associated with more treatment being offered including: patient being a younger age, level of education, presence of children and/or partner, gender, and ethnicity play an important role in treatment decisions

The Impact of Socioeconomic Status on Survival After Cancer in the United States

Findings From the National Program of Cancer Registries Patterns of Care Study

Tim E. Byers, MD, MPH[1]
Holly J. Wolf, PhD, MSPH[2]
Katrina R. Bauer, MS[3]
Susan Bolick-Aldrich, MAPH, CTR[4]
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Maria J. Schymura, PhD[8]
Tiefu Shen, MD, PhD[9]
Scott Van Heest, MS[10]
Xiang Yin, MD[1]
for the Patterns of Care Study Group

© 2008 American Cancer Society
DOI 10.1002/cncr.23567
Published online 25 June 2008 in Wiley InterScience (www.interscience.wiley.com).

- Retrospective study
  - P:
    - 4844 F: Breast CA, 4332 M: Prostate CA, 4422 M&F Colorectal CA, diagnosed in 7 US states in 1997
  - I:
    - SES factors on disease, treatment and survival
  - C:
    - Comparison of disease stage, treatment and 5-year mortality rates vs income, education via census data
  - O:
    - For all 3 CA's, low SES associated with:
      - more advanced disease stage
      - less aggressive treatments
    - For all 3 cancer sites, low SES was a much stronger predictor of mortality among individuals aged <65 years and among individuals from racial/ethnic minority groups.

SUMMARY OF FINDINGS

- Low SES is a risk factor for all-cause mortality after diagnosis of cancer, largely because of a later-stage diagnosis & less aggressive treatment
- SES is an underlying factor in cancer disparities

Original Article

Economic Impact of Advanced Pediatric Cancer on Families

Kira Bona, MD, MPH, Veronica Dussel, MD, MPH, Liliana Orellana, PhD, Tammy Kang, MD, MSCE, Russ Geyer, MD, Chris Feudtner, MD, PhD, MPH, and Joanne Wolfe, MD, MPH

Department of Medicine (K.B., J.W.), Boston Children's Hospital; Department of Pediatric Hematology/Oncology (K.B., J.W.) and Department of Psychosocial Oncology and Palliative Care (V.D., J.W.), Dana-Farber Cancer Institute; and Harvard Medical School (K.B., J.W.), Boston, Massachusetts; Institute for Clinical Effectiveness and Health Policy (V.D.), Buenos Aires, and Institute of Calculus (L.O.), School of Sciences, University of Buenos Aires, Buenos Aires, Argentina; The Children's Hospital of Philadelphia (T.K., C.F.), Philadelphia, Pennsylvania; and Division of Pediatric Hematology/Oncology (R.G.), Seattle Children's Hospital; Fred Hutchinson Cancer Research Center (R.G.), and University of Washington (R.G.), Seattle, Washington, DC, USA

- Cross-sectional survey
  - P:
    - 86 parents of children with cancer
  - I:
    - Economic impact on families with children with advanced cancer
  - C:
    - none
  - O:
    - parental work disruptions, 94%
    - one parent quit job in family, 42%
    - described child's advanced cancer as financial hardship, 27%
    - substantial work disruptions for families in 'poverty', 100%
    - previously non-poor families that became 'poor', 15%

SUMMARY OF FINDINGS

- Economic impact of pediatric advanced cancer on families is significant at all income levels
- Poorer families suffer disproportionate losses

ORIGINAL INVESTIGATION

Association of Hospice Patients' Income and Care Level With Place of Death

Joshua S. Barclay, MD; Maragatha Kuchibhatla, PhD; James A. Tulsky, MD; Kimberly S. Johnson, MD

- Retrospective study
  - P:
    - Hospice patients admitted to routine care in a private residence from Jan 1 1999 to Dec 31 2003
      - N=61 063
    - for-profit hospice provider; VITAS healthcare, operating 26 programs in 8 US states
  - I:
    - Examine relationship between income and transfer from home before death & interaction between income and level of hospice care as a predictor of transfer from home in patients admitted to routein home hospice care
  - C:
    - Transfer vs non-transferred patients
  - O:
    - 22.61% transferred from home to another location (eg inpatient hospice or nursing home) with hospice care before death; patients transferred had:
      - lower mean median household income ($p<0.001$)
      - less likely to receive continuous care ($p<0.001$)
    - for patients not receiving continuous care, odds of transfer from home before death increased with decreasing median annual household incomes

SUMMARY OF FINDINGS

- patients with limited resources may be less likely to die at home
- especially if not able to access needed support beyond what is available with routine hospice care

OVERVIEW:
SES & Access to Palliative Care

- Positive correlations to access

higher education level
higher income
higher social class

- Negative association to access

Being a male
Unmarried
living alone
>75 or >85 years old

- Lower SES results in

Poorer families of pediatric cancer patients suffer disproportionate loses
Later diagnosis
Receive less aggressive treatments
Reduces chance of dying at home

Ontario Data
Impact of Income on Palliative Care Services

Focus on equity

Palliative care patients living in the poorest neighborhoods in Ontario were least likely to get a home visit from a doctor (29.4 versus 40.2%)

Health Quality Ontario: Palliative Care at the EOL (2016)

PC Patients living in the poorest neighborhoods in Ontario are more likely to have more unplanned visits to the ED (65.4 vs 59.8%)

Health Quality Ontario: Palliative Care at the EOL (2016)

PC Patients living in the poorest neighborhoods in Ontario are more like to get admitted to hospital in their last 30 days of life (64.5 vs 58.9%)

Health Quality Ontario: Palliative Care at the EOL (2016)

PC Patients living in the poorest neighborhoods were more likely to die in hospital than those in the richest (68.5 vs 61.5%)

Health Quality Ontario: Palliative Care at the EOL (2016)

CONCLUSION:
Great impact on the overall <u>quality of palliative care services</u>……

Health Quality Ontario: Palliative Care at the EOL (2016)

State of the Union

The good news from a patient-centered and hospital occupancy/health system cost perspective:

- Patients receiving palliative home care reduced their likelihood of dying in a hospital by 50%

Health Quality Ontario: Palliative Care at the EOL (2016)

Key findings on care at the end of life in Ontario

Overall Performance Data

Of all Ontarian's that died (2014-2015)

-57% received some PC services

-48% began PC in their last month

-65% died in hospital

-26% spent more that half of that last month in hospital

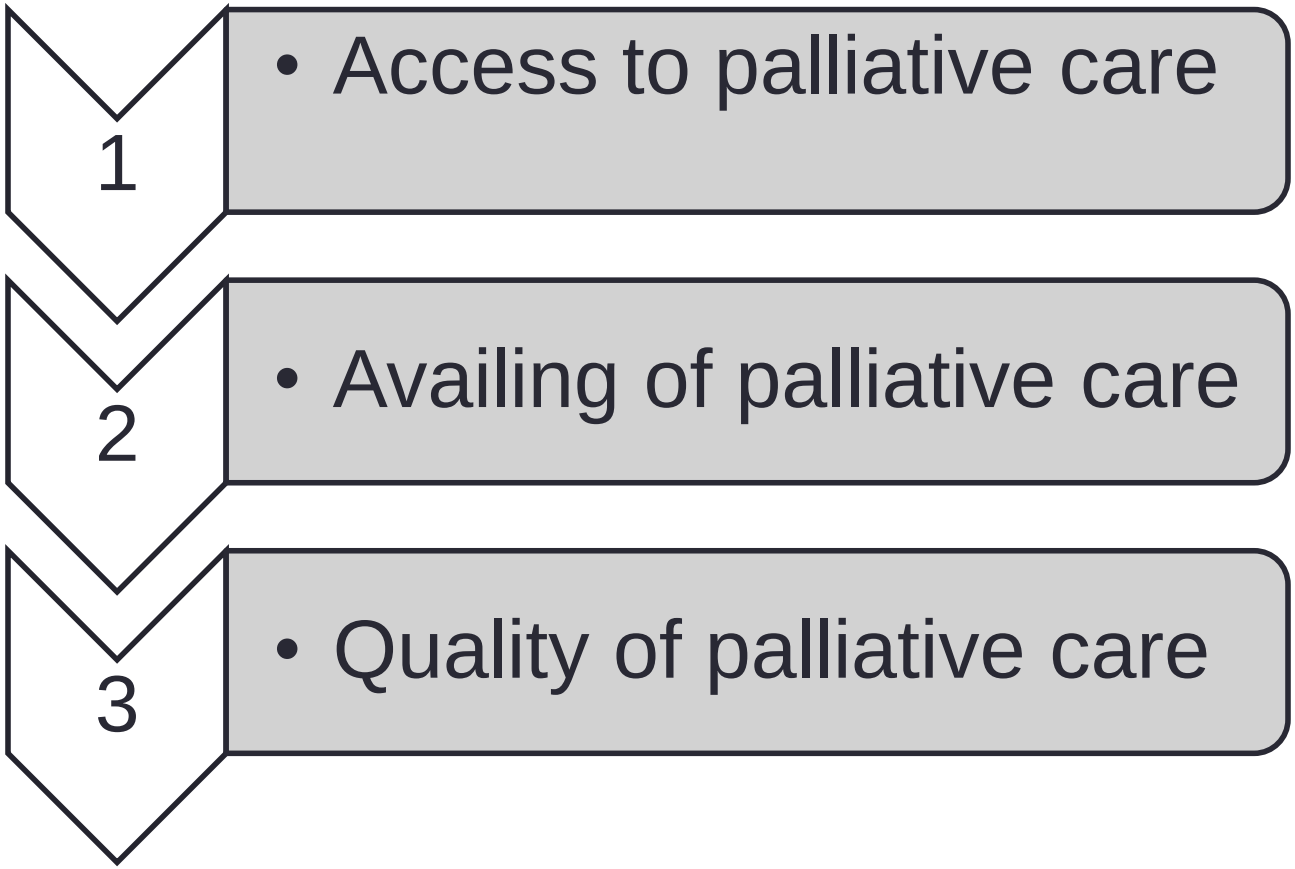
-63% had unplanned ED visit in last month

-43% received a home PC service

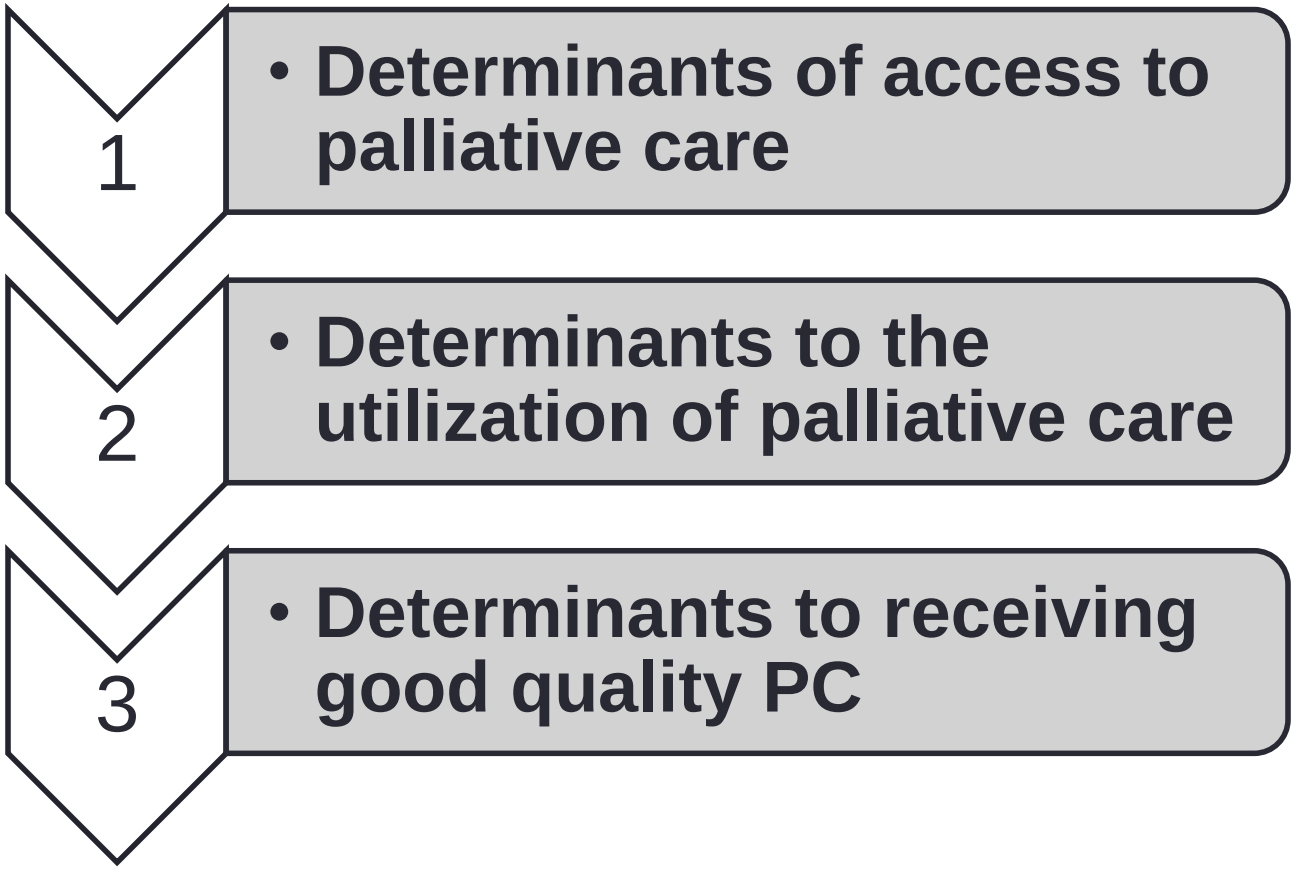
-35% received a home visit from an MD in last month

Health Quality Ontario: Palliative Care at the EOL (2016)

3 Essential Perspectives



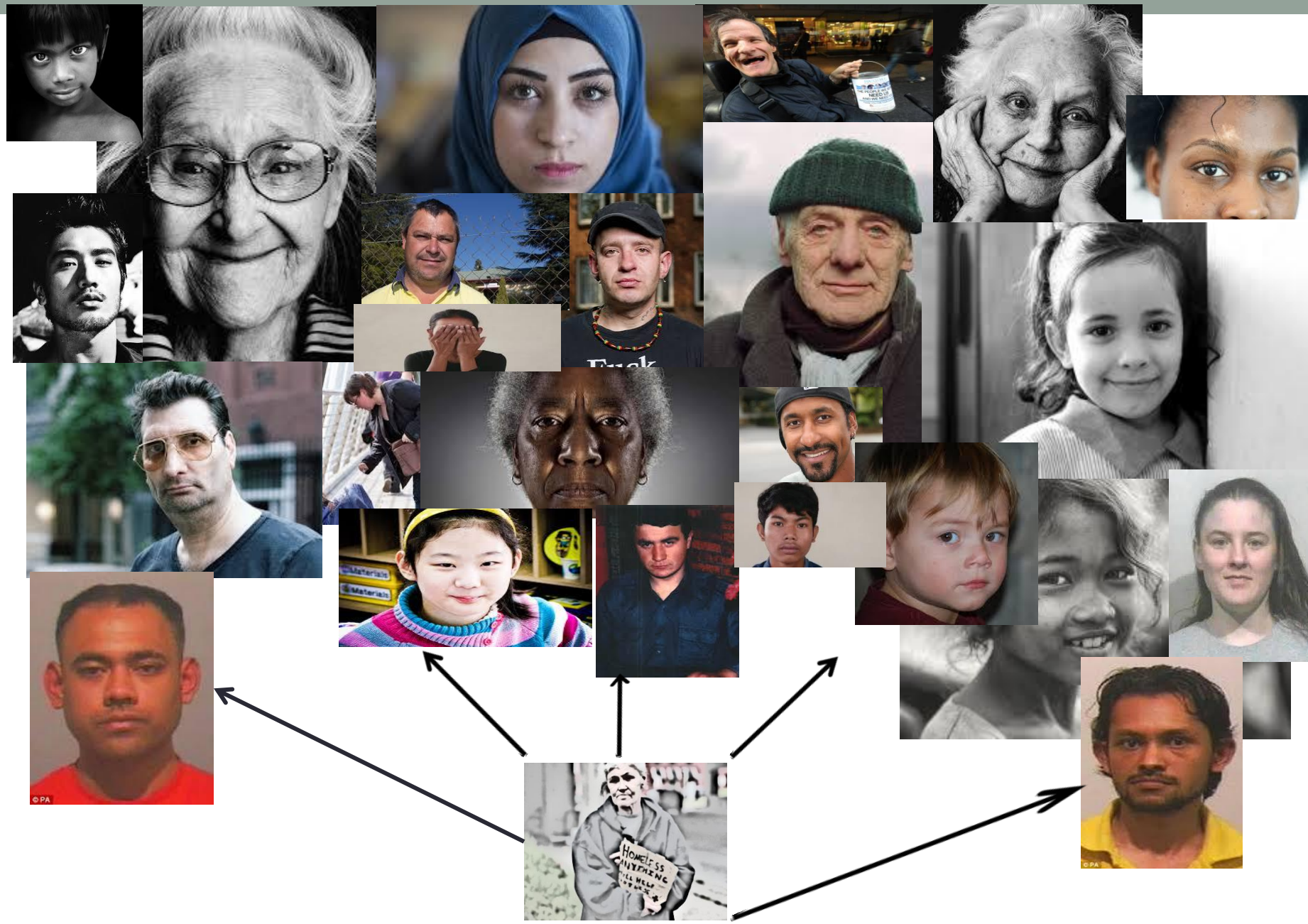
Or Restated……


1
• Determinants of access to palliative care
2
• Determinants to the utilization of palliative care
3
• Determinants to receiving good quality PC

What prevents us from accessing/using and receiving good quality palliative care from the perspective of SDOH?

1. Income and Income Distribution
2. Education
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. Food Insecurity
7. Housing
8. Social Exclusion
9. Social Safety Network
10. Health Services
11. Aboriginal Status
12. Gender
13. Race
14. Disability

Blinded by what we don't see!


HOMELESS
ANYTHING

For every one homeless person you see in Canada

23 others are vulnerably housed and struggle on a daily basis to meet their basic needs

Def. vulnerably housed- low to moderate income families who spend >50% of their income o rent

https://www.theglobeandmail.com/opinion/canadas-hidden-emergency-the-vulnerably-housed/article1314757/?arc404=true

What do we see?

What do we believe?

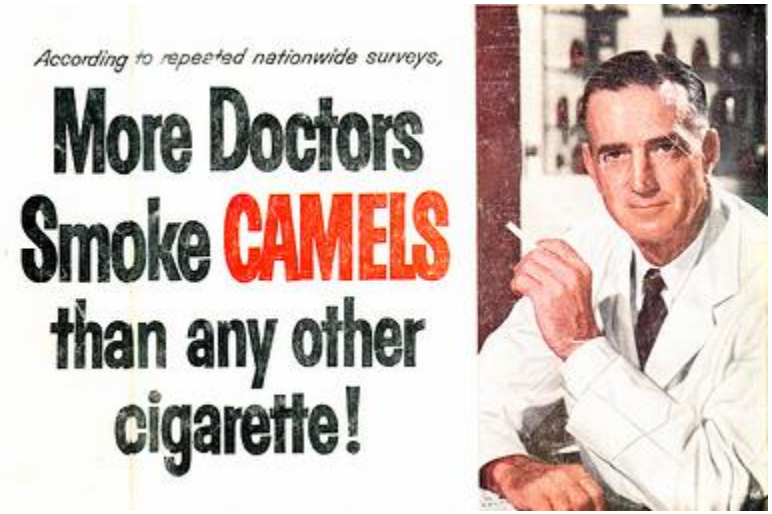
Our attitudes will shape how we act in relation to others.

?Could my attitudes towards the patient be based on something to do with my own experiences, anxieties, fears?

Self-reflection needs to be part of our training

Stienstra D, Chochinov HM. Palliative care for vulnerable populations. Palliative and Supportive Care. Feb 2012; 10(1): 37-42.

Attitudes change over time ……..



Then **Now**

A comparator of the 5 top causes of Death

Canada (2011)		Homeless Men (2000)	
		Chronic Liver	15%
Cancer	30%	Cancer	13 %
Heart Disease	20%	Heart disease	12
Cerebrovascular Disease	6%	Cerebrovascular Disease	8%
Respiratory Disease	5		
		AIDS	4
Accidents	4%		

Age Range	Mortality Rate Ratios for men using homeless shelter in Toronto to men in the city's general population
18-24	8.3
24-44	3.7
45-64	2.3

The mean age of men in homeless shelter is 36.1 years

Hwang, SW Mortality among men using homeless shelters in Toronto, ON. JAMA. 2000; 283: 2157-2157

P.E.A.C.H. (an example)

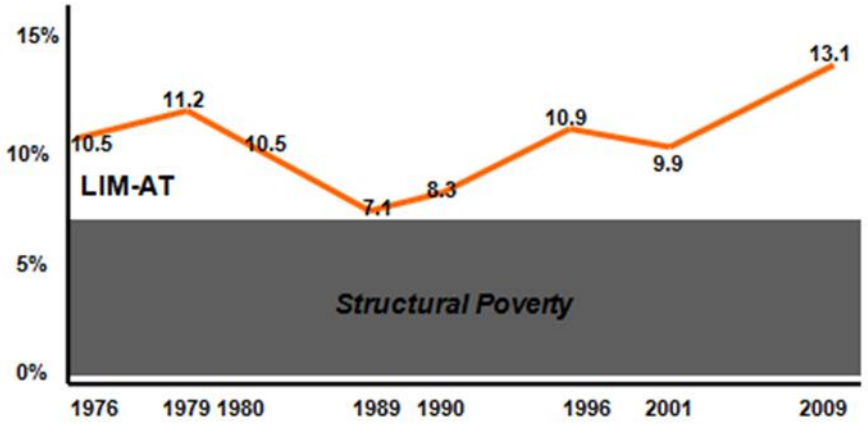
- Palliative Education And Care for the Homeless
  - A program of Inner City Health Associates & St Michael's Hospital
  - Mobile
  - Street & Shelter-based
  - Interdisciplinary, Intensive Case Management & integration with'home care'
  - Compassionate community

Poverty in Ontario refers to people living in Ontario deprived of or facing serious challenges in meeting basic needs such shelter, food, clothing and other essential needs.

Two theories of poverty:

1) Poverty is individual - people are in poverty because they are lazy, uneducated, ignorant, or otherwise inferior in some manner.

1) Poverty is structural-people are in poverty because they find themselves in holes in the economic system that deliver them inadequate income.



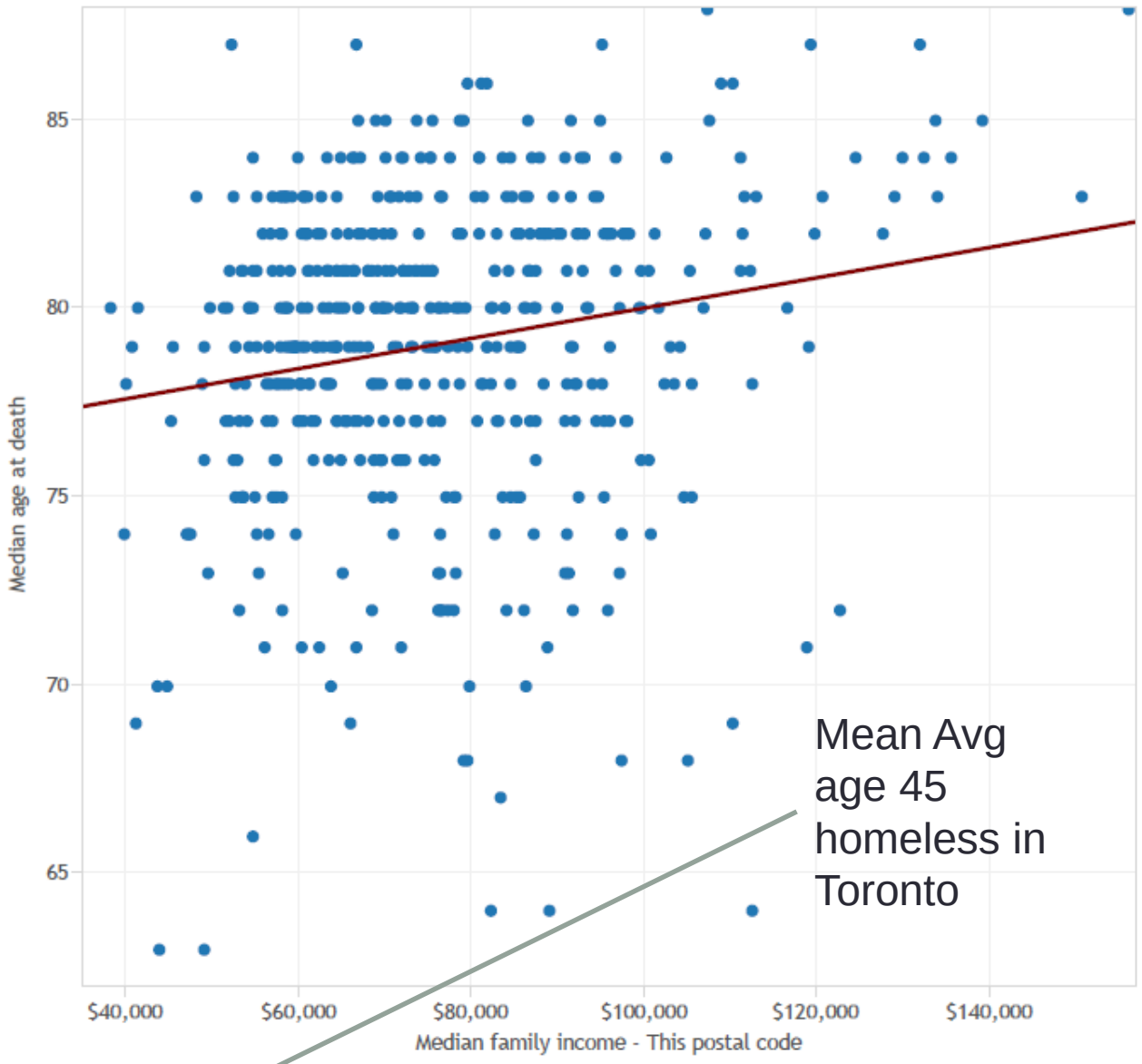
Example of structural poverty

Social Assistance Recipients

	Poverty Line	Annual Income 2011	Basic Income Gap
Ontario Works (OW)			
Single Adult	$19,930	$621 x 12 = $7,452	$12,478
Lone parent with one child (under 6 yr)	$28,185	$1,455.15 x 12 = $17,461.80	$10,723
Ontario Disability Support Program (ODSP)			
Single Adult	$19,930	$1,086 x 12 = $13,032	$6,898

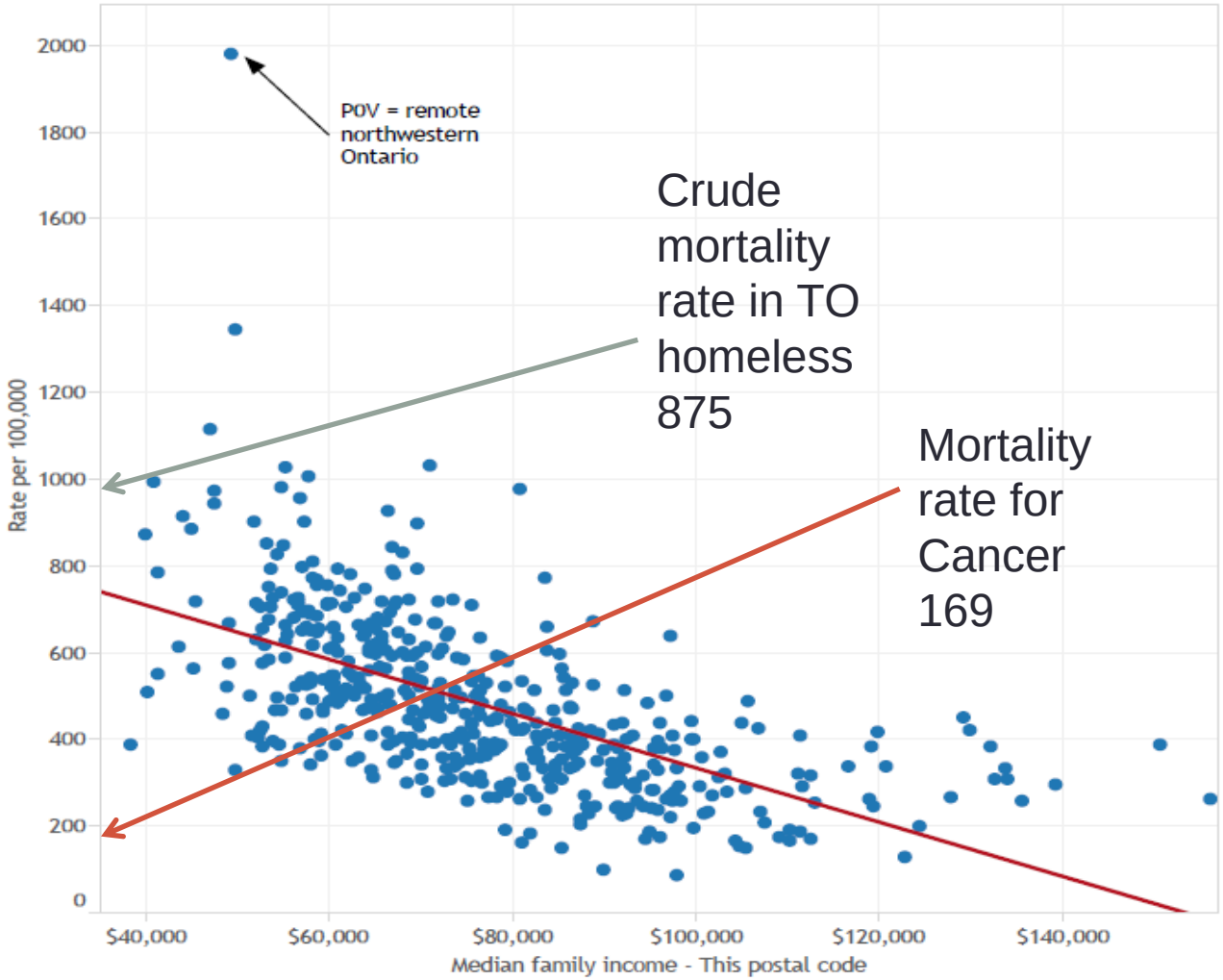
Updated March 2014
Total benefit income for those who depend on Ontario Works (OW) and the Ontario Disability Support Program (ODSP) locks nearly 895,000 Ontarians into deep poverty.

http://www.povertyfreeontario.ca/poverty-in-ontario/status-of-poverty-in-ontario



MEDIAN AGE AT DEATH, 2004-12, WITH MEDIAN FAMILY INCOME | SOURCES: STATISTICS CANADA AND THE ONTARIO REGISTRAR-GENERAL

Mean Avg age 45 homeless in Toronto



DEATHS UNDER 50, 2004-12, AS AS PROPORTION OF POPULATION UNDER 50, WITH MEDIAN FAMILY INCOME | SOURCES: STATISTICS CANADA AND THE ONTARIO REGISTRAR-GENERAL

http://www.conferenceboard.ca/hcp/details/health/mortality-cancer.aspx

Societal Cost of home-based palliative care…… $25000/month

- $17,500/month(time cost) lost wages and leisure time
- $6,400/month Health care systems cost
- $700/month out-of-pocket expenses
- $170 3rd party insurer cost

Palliat Med. 2010 Jul;24(5):523-32. doi: 10.1177/0269216310364877. Epub 2010 Mar 26.
Cost variations in ambulatory and home-based palliative care.
Guerriere DN1, Zagorski B, Fassbender K, Masucci L, Librach L, Coyte PC.

2008 $CDN

UNPACKING VULNERABILITY

- We often think about vulnerability as a label, as a way of defining a group- the homeless, senior with dementia. This is not incorrect but we need to dig deeper and ask the question: Vulnerable to what?

- Once we do that we can better understand vulnerability as a universal human condition and one that is experienced differently based on a number of factors.

- What factors in one's experience might be able to change the degree of vulnerability one might experience in say Palliative Care?

Risk Chain Model to assess vulnerability

Asada Y. Vulnerability in palliative care: an application and extension of the risk chain model. Progress in Palliative Care. 2010; 18(2): 72-78

Risk Chain Model to assess vulnerability

Abusive parents

?

Physical/ Emotional trauma

Asada Y. Vulnerability in palliative care: an application and extension of the risk chain model. Progress in Palliative Care. 2010; 18(2): 72-78

Risk Chain Model to assess vulnerability

Abusive parents

Child welfare programs

Reduction in Physical/ Emotional trauma

Asada Y. Vulnerability in palliative care: an application and extension of the risk chain model. Progress in Palliative Care. 2010; 18(2): 72-78

Risk Chain Model to assess vulnerability

Gender
Unmarried
living alone
>75 or >85 years old
Lower education level
Low income
Low social class

?

Little to no access to PC

Asada Y. Vulnerability in palliative care: an application and extension of the risk chain model. Progress in Palliative Care. 2010; 18(2): 72-78

Created vulnerability

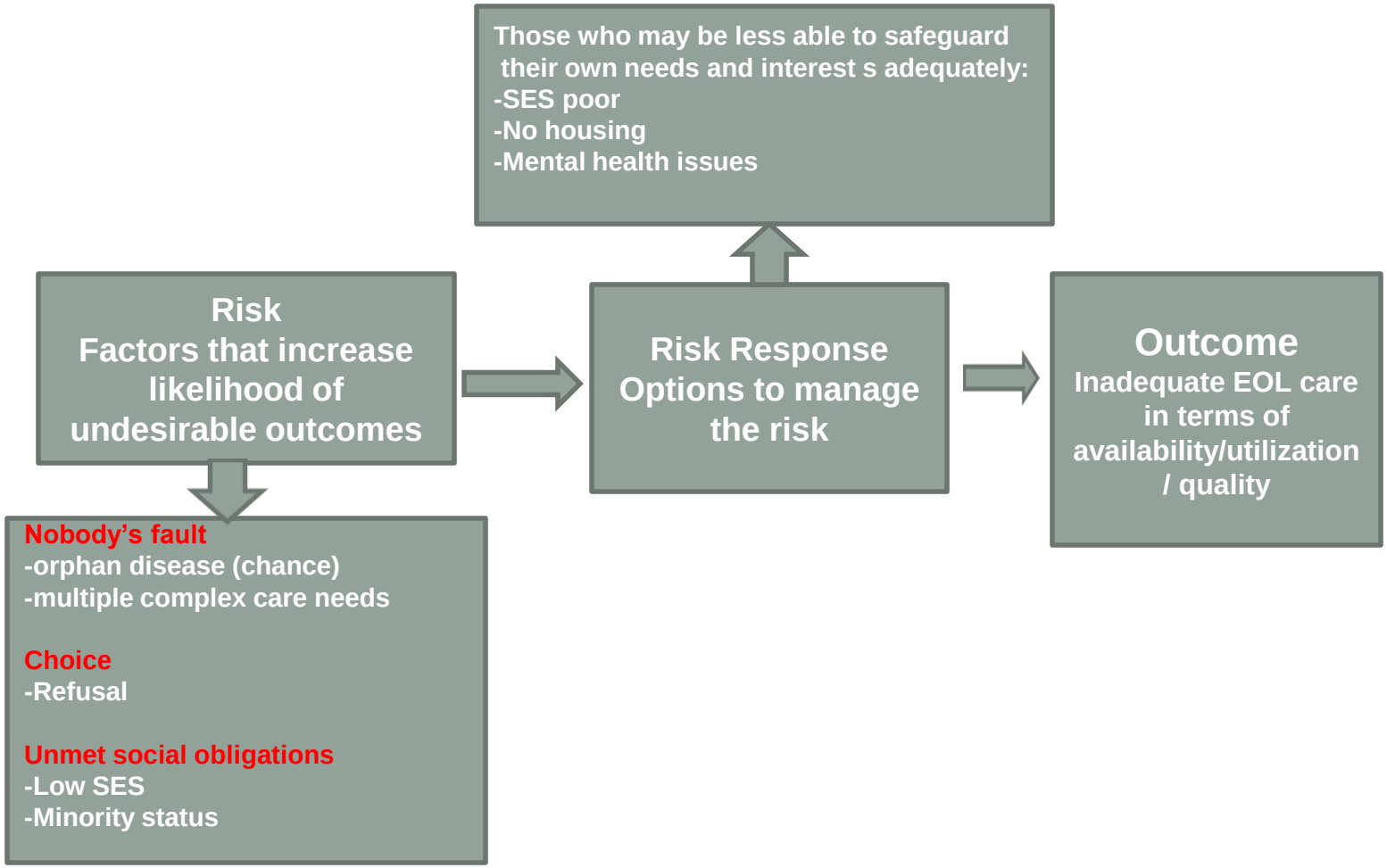
Vulnerable groups

Vulnerable individuals

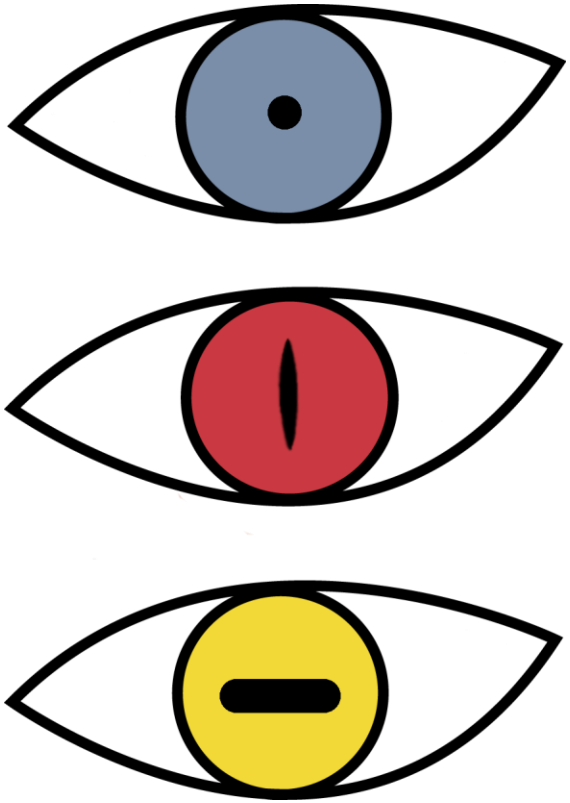
Made to feel vulnerable

Are people dying vulnerable….
Just because they are dying?

Risk Chain Model to assess vulnerability

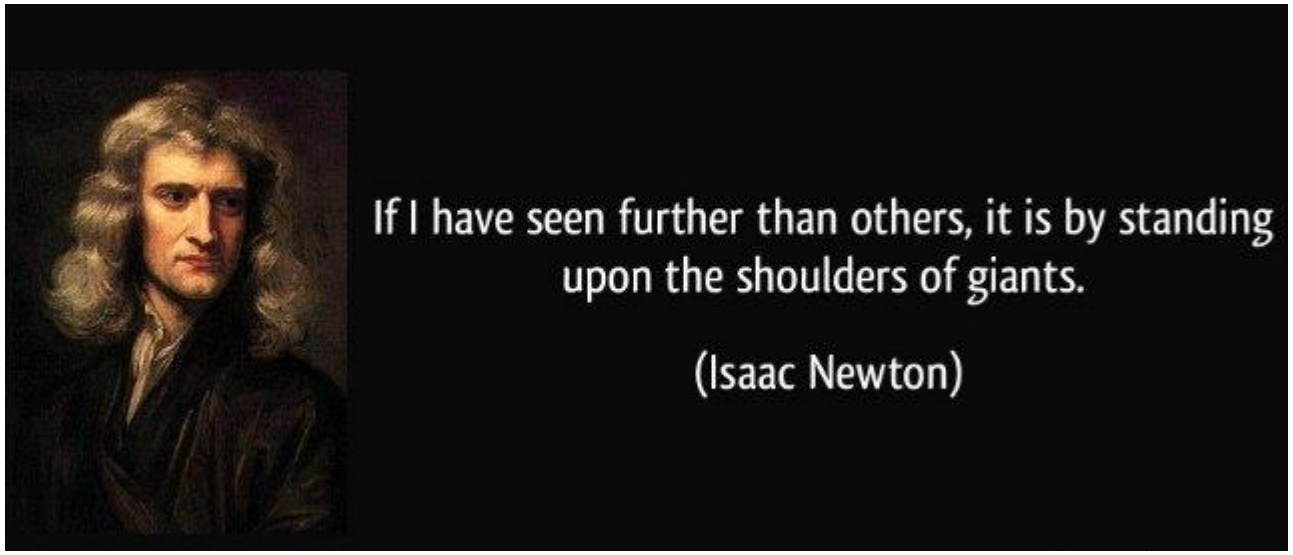


Asada Y. Vulnerability in palliative care: an application and extension of the risk chain model. Progress in Palliative Care. 2010; 18(2): 72-78



Ask your patient & connect them With resource

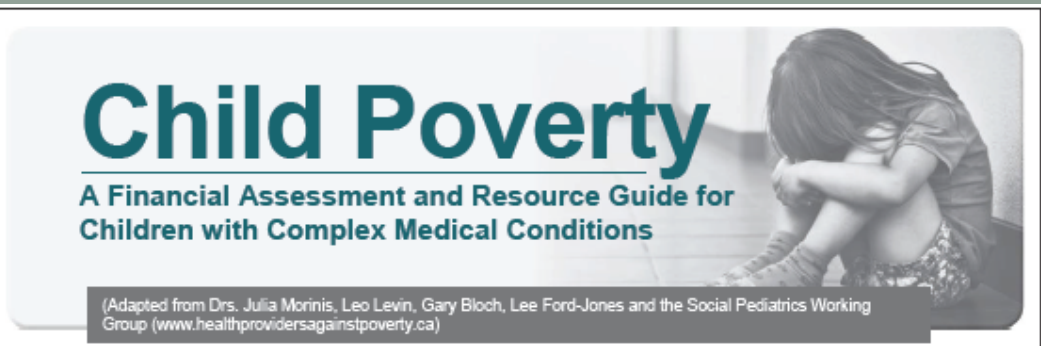
Others working on this issue



Paediatric palliative care and the social determinants of health: Mitigating the impact of urban poverty on children with life-limiting illnesses

Laura Beaune, Julia Morinis, Adam Rapoport, Gary Bloch, Leo Levin,Lee Ford-Jones, MD,Lee Ann Chapman,Randi Zlotnik Shaul, Stanley Ing, and Krysta Andrews

Paediatr Child Health. 2013 Apr; 18(4): 181–183.



Poverty and pediatric palliative care: what can we do?

Beaune L, Leavens A, Muskat B, Ford-Jones L, Rapoport A, Zlotnik Shaul R, Morinis J, Chapman LA.

J Soc Work End Life Palliat Care. 2014;10(2):170-85

Resources, Continued

6. Safe place to live - continued

Toronto Community Housing Corporation -Affordable housing help • 416-981-5500
http://www.torontohousing.ca/

Housing Connections, Toronto
Special Priority Housing • 416-981-6111

7. Do you have enough help caring for your child at home?

Compassionate Care Benefit
Employment Insurance Benefit
1-800-206-7218 (TTY: 1-800-529-3742)

Employment Insurance Benefit for Parents of Critically Ill Children (expected to be available June 2013)

Community Care Access Centres (CCAC)
Home nursing visits, care coordinator, social workers, physiotherapists, personal support workers www.ccac-ont.ca • 310-CCAC (310-2222)

Special Services at Home (SSAH)
Ministry of Community and Social Services
Toronto Regional Office
416 325 0500

ACSD Assistance for Children with Severe Disabilities - includes respite care
http://www.respiteservices.com/Toronto
416 322 6317 ext.1 (416 322 7877 ext. 280)

Hospice Toronto – Volunteer Hospice Palliative Care support
www.hospicetoronto.ca • 416-364-1666

Tammy Latner Center for Palliative Care
Visiting palliative care physicians to families in the City of Toronto
www.tlcpc.org • 416-586-4800 ext. 7884

Bereavement and Grief Support
The Unforgettables Fund
Funds that support funerals and burials

Children's Wish Foundation – Provide children living with high-risk, life threatening illnesses with the opportunity to fulfill a wish
905-831-9474 • 1-800-267-9474
www.childrenswish.ca

This brochure is adapted from original work by Health Providers Against Poverty
www.healthprovidersagainstpoverty.ca

THE HOSPITAL FOR SICK CHILDREN
555 UNIVERSITY AVENUE
TORONTO, ONTARIO
M5G 1X8

FAMILY FINANCIAL SUPPORT

A Resource Guide for Children with Complex Medical Conditions

Parents of children with complex medical conditions have told us they struggle with finances.

There are resources in this guide that may help with some of the challenges. You may find that only some of the resources apply to you. If you are having a hard time figuring out how to apply for these supports, please ask.

Experiences of Parents

Families tell us that caring for a very ill child can mean extra financial stress. Families often tell us:

- They have trouble making ends meet.
- They sometimes have trouble feeding their family.
- They have trouble paying for medications.
- Are not aware of benefits they are eligible for.
- They have legal or immigration challenges.
- They do not have a safe place to live.
- They do not have enough help caring for their child or children.

What can be done?

- Provincial and Federal benefits
- Do your taxes
- Explore other programs
- Please read on to find out about resources in the area.

"Families tell us that caring for a very ill child can mean extra financial stress."

Resources

1. Do you have trouble making ends meet?
The Provincial and Federal Government offer benefit programs that can help:
www.canadabenefits.gc.ca
www.ontario.ca/BenefitsDirectory
Ontario Disability Support Program
www.mcss.gov.on.ca/en/mcss/programs/social/odsp/
Ontario Works
www.mcss.gov.on.ca/en/mcss/programs/social/ow

Getting help doing your taxes can save you money and help you access programs and benefits:
Community Income Tax Clinics
1-800-959-8281 •

2. Do you have trouble feeding your family?
Daily Food Bank
416-203-0050 • www.dailybread.ca
School aged children www.breakfastclubscanada.org
FoodLink HotLine – food program listing
416-397-6555 • www.foodshare.net

3. Do you have trouble paying for medications?
Ontario Drug Benefit Program
Financial assistance for households that spend a large portion of its income on prescribed drugs
416-314-5518 • 1-800-268-1154
www.drugcoverage.ca

4. Do you receive the child tax benefit?
Canada Child Tax Benefit • Help with costs of raising children •
Universal child care benefit and children's special allowances • Child Care Support
1-800-387-1193

Ontario Trillium Benefit • 1-856 668-8297

5. Do you have legal or immigrations challenges?
Multicultural Health and Community Services
416-324-8677 www.accessalliance.ca

Community Legal Education Ontario (CLEO)
Legal Help. www.cleo.on.ca

Legal Aid Ontario – Legal help
416-979-1446 • 1-800-668-8258
www.legalaid.on.ca

OCASI-Settlement – Immigration help
416-322-4950 • www.settlement.org

6. Do you have a safe place to live?
Assaulted Women's helpline
416-863-0511

Domestic violence against women
416-323-9140 • www.schliferclinic.com

Toronto Homeless Services
www.toronto.ca/housing

Emergency Shelters 1-877-338-3398
www.toronto.ca/housing

"ITHELLPS" Tool

From office tools to community supports: The need for infrastructure to address the social determinants of health in paediatric practice.

Fazalullasha F, Taras J, Morinis J, Levin L, Karmali K, Neilson B, Muskat B, Bloch G, Chan K, McDonald M, Makin S, Ford-Jones EL.

Paediatr Child Health. 2014 Apr;19(4):195-9.

Social history domains for exploration using the 'ITHELLPS' mnemonic to address basic needs

Domain/area	Examples of questions
Income	
General	Do you ever have trouble making ends meet?
Food income	Within the past 12 months did you worry whether your food would run out before you got money to buy more? Within the past 12 months did the food you buy last and did you have money to get more?
Transportation	
Public transportation	Do you have trouble paying for public transportation?
Long distance travels	Are you able to access basic needs from your home (ie, food, health services, job, school) in manageable time?
Housing	
Housing	Is your housing ever a problem for you?
Utilities	Do you ever have trouble paying your electric/heat/telephone bill?
Education	
Appropriate education placement	How is your child doing in school? Is he/she getting the help to learn what he/she needs? Are you able to speak to the teacher and go to parent-teacher meetings? Does your child use the breakfast programs, have after-school programs at the school?
Early childhood program	Do you go to the Early Years/Best Start Child and Family Centers? Does your child go to other preschool, or other early childhood activities?
Legal status	
Immigration	Do you have questions about your immigration status? Do you need help accessing benefits or services for your family?
Literacy	
Child literacy	Do you read to your child or tell stories around pictures in the book every night? Singing and speaking with your child as much as possible is really good too – are you able to do that?
Parent literacy	How happy are you with how you read?
Personal safety	
Domestic violence	Have you ever taken out a restraining order?
General safety	Do you feel safe in your relationship? Do you feel safe in your home? In your neighbourhood?
Support	
Personal	Do you have a close network of supportive family and friends?
Support services	Are you aware of social programs available to you? Do you use them?

Centre for Effective Practice

- Focus: clinical care gaps in primary acre
- NFP: close gaps by developing relevant, evidence-based interventions
- Identify barriers to optimal practice & produce practical solutions
- Relevant regardless of clinical setting, training or background

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Our proposed pilot study

Look at 2 palliative care clinics: 1 at a Regional Cancer Centre and the other at a large community hospital seeing all palliative referrals

Invite all new patients (PPS>40) to fill in a basic questionnaire to explore a set of specific SDOH and have their PC physician review this with them.

Make referral to Social Work as needed

Assess impact of interventions and impact on the physician-patient relationship

Social Determinants of Health

Palliative Care Intake Assessment

Your Name: _____

Your wellbeing and health rely on more than just the treatments and medicine we can provide. Food, transportation, money, a safe home setting, and understanding all aspects of your care are important things we want to discuss with you as we may be able to help and advocate to reduce inequities that may exist.

Please take a few moments to consider each of the following statements and think about how they impact you at this time.

Filling out this form is completely voluntary, or if you'd rather wait to talk with a member of the health care team about this before filling it out please let us know.

Although we are asking you about these issues at your first visit, we understand situations can change and if they do, please talk to us.

Thank you,

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I have trouble paying my bills on a monthly basis	1	2	3	4	5
I have trouble paying for my medicines	1	2	3	4	5
I have concerns about my current housing situation	1	2	3	4	5
I worry about/ have trouble paying for the kind of food I want to eat	1	2	3	4	5
I find it difficult to get to my medical appointments	1	2	3	4	5
I find it difficult to understand some of the medical information I am given	1	2	3	4	5

Patient Survey

Physician Review

Social Determinants of Health

Secondary Assessment/ Data Collection

Patient Name: _____
Date: _____
PC Physician: _____

Review patient assessment and address any area where 1, 2 or 3 is circled

SDOH	Points to review
Money	Employment status/ Income sources/ What areas of life does lack of finances effect the most.
Drug/Medicine	Do they have a drug plan? What gets reimbursed, what doesn't?
Housing	Rent/Own? Why is this vulnerable to you? What about when you are weaker?
Food	Location/Finance…. How easy is it for you to feed yourself and family? Is access to healthy food an option
Transportation	Drive or Public Transport? Travel time?
Health Literacy	ESL/Hearing/Need for interpreter?

Assessment Outcome

- ☐ Refer to Social Work _____
- ☐ Revisit with Patient on_____
- ☐ No action Required

Questions and Discussion

- What are your thoughts on the proposed tool?
- Anything we ar
- Anything we be

Please Complete the Evaluation Form