

Medical Treatment VS SDOH

A False Dichotomy?

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Let's Examine

- **What is Medical Treatment?**
- **What are the Social Determinants of Health?**
- **Do they impact each other? How?**
- **Should we do anything about it? When and Why?**
- **Downsides/Upsides**
- **Think globally, act locally**

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Medical Treatment VS SDOH

- **Are they related?**
- **SDOH always present**
- **Medical Treatment and SDOH reflect practice and patient population variability.**
- **SDOH concerns may only arise when lacking**

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One Way To Think of Medical Treatment & SDOH

- **Medical Treatment Plan as blueprint & directions**
- **Social Determinants of Health as toolbox**
- **We send the patient out to do a job**
- **The patient needs both directions and tools**

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Medical Treatment: It's What We Do

- **We evaluate patients**
- **We make a diagnostic and/or treatment plan**
- **It's the blueprint and directions of our recommendations**
- **It's up to patients to follow our recommendations and referrals**

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SDOH: The Other Stuff Impacting Care

- **Factors which affect one's health**

“conditions in the places where people live, learn, work, and play; affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH).”

- – CDC website on SDOH

SDOH Drill Down

- **Individual behavior**
- **Social environment**
- **Physical environment**
- **Health services access**

--CDC website on SDOH

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SDOH Specific Examples

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SDOH Specific Examples

Money for medications?

Transportation to the pharmacy?

Know what to expect/how to get to the subspecialty referral?

Have a phone to receive calls and make appointments?

Understand the plan and your directions?

Housed in a safe, secure spot to take care of themselves?

Have a payer for services?

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Medical Treatment-- We Know SDOH-- It's Icky

Medical Treatment:

straightforward, our bailiwick, we're trained for it

Social Determinants of Health:

complicated, messy and outside our traditional area

*****We doctors don't typically have SDOH concerns*****

So Why Care About SDOH?

SDOH impacts patient ability to carry out a medical treatment plan

SDOH can mean the difference between good and bad outcomes, eg care for a wound, taking meds, transportation

Effectively addressing SDOH impacts the care we provide

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It's the right thing to do

Impact of Medical Treatment & SDOH on Each Other

- **Medical Treatment plan does not exist in isolation**
- **Addressing SDOH in a patient as part of the treatment plan consistent with the biopsychosocial approach**

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Medical Treatment Necessary; SDOH Makes It Sufficient

SDOH presence or lack can make or break Medical Treatment

To be effective, Medical Treatment must therefore take SDOH into consideration

Failure to address SDOH potentially leads to more cost & care

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Should We Address SDOH?

Depends on

- **The Doctor-Patient relationship**
- **Does our patient need the treatment plan?**
- **What's your philosophy of care?**
- **What does our oath mean?**

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The Doctor-Patient Relationship– A Good Place to Start

- The fundamental relationship in medical care
- The foundation of the medical treatment plan
- Defined by our oath
- Identifies specific duties we owe our patients

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Duties of the Doctor-Patient Relationship

- **When does it begin?**
- **How far does it go?**
- **Cautions regarding it**
- **Malpractice and Ethical concerns**

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What is Our Duty To Patients?

Once a patient, our duty rises to a new level.

What is that new level?

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Our Duty Now Extends Further

If a treatment plan can't be carried out, what good is it?

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Can The Patient Implement & Execute The Treatment Plan?

Understand the plan

\$ for Rx's, copays

Get to pharmacy, clinicians & services

Stable, secure place for self-care, nutritious food

Phone for f/u, referrals, RTC & questions

Identify competing interests

Philosophy of Care

**I Treat My Patients No Differently Than How I
Would Have Myself, My Own Family & Loved
Ones Treated**

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Nobody Cares What You Know Until They Know That You Care-- TR

- I trust my doctor
- I will follow my doctor's recommendations
- I know/understand the treatment plan
- I have the resources to carry out the plan
- I know the red flags and what to do
- I know when to come back
- I know what to do if I have any questions

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Good Care ROI

Reinforces the Doctor-Patient Relationship

Obstacles to care appropriately addressed

- **Patients more likely to be adherent to the treatment plan**
- **More likely to return**

Better outcomes sooner

Short term increased effort for long term gains

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What Can I Do? I'm Just a Doctor

Develop medical treatment plan

Recognize treatment plan may not be sufficient

Identify obstacles to treatment

Direct patients to resources to overcome obstacles

Does my organization have the resources for additional care?

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How SDOH Fits In

SDOH has always existed

Not new to those who see patients who are homeless/low SES

AAFP & IHI, other tools

- **Great for research**
- **Overwhelming on an individual basis**
- **Requires staff**
- **Not geared to individual care**

But It's Not My Job!

Actually, it is

What's the point of the treatment plan if the patient can't implement and execute it?

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Dr. Lyon's Good Care Inventory

- Do you understand what is going on with you?
- Do you understand what I recommend and why?
- Do you have everything you need to do what I recommend?
- Anything preventing you from doing what I recommend?
- Do you know the danger signs if things don't work out?
- Do you know when to come back?
- Do you have any questions?

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Does the Tool Help Identify SDOH Obstacles?

Good care demonstrates that medical treatment and SDOH are NOT dichotomous.

They are different, both necessary, neither sufficient

They reflect the biopsychosocial perspective

Do You Believe In Outcomes?

Some physicians think patients can't, won't and don't change, those doctors not interested in outcomes

My Perspective: If I did not believe patients could change, I could not be a doctor

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I'm Afraid of Getting Enmeshed

A reasonable concern

Be clear on what want to achieve

Be clear on what your limits are

Know what resources your organization has

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Cautions

NEVER promise

Do what you can that is reasonable

Maintain professional boundaries

Don't try to address everything

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Next Steps

Start asking your patients about SDOH

Share ideas with other clinicians

What SDOH resources your organization has

Find out how to refer to those resources

Follow up to see if those resources were used

Did they make a difference for your patients?

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Medical Treatment vs SDOH: A False Dichotomy!

- **Some patients have obstacles to care**
- **They can and do interfere with the treatment plan**
- **We can only identify obstacles if we ask**
- **Once identified, we can bring resources to bear**
- **We have a simple tool to help us identify SDOH obstacles and good care**

Why Are We Doctors?

We come to this profession to help others

We identify problems, create solutions, overcome obstacles

To Identify and overcome SDOH obstacles creates a treatment plan that is both necessary AND sufficient

Consistent with our Duty to Patients

We feel good making a positive difference in others' lives

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Additional Thoughts

Identify SDOH consistently, whether present or absent

How to track SDOH through EHR use

Measure outcomes differences

Workflows, information flows compatible with care

Seamless capture and use of information

Tools and resources to address identified needs

Questions/Discussion

Thank you for the opportunity to discuss this important topic

Anyone interested in quality improvement data capture, use, implementation, workflows and information flows and EHR use, please contact me:

**Lawrence Lyon, MD
llyonmd@gmail.com**