

Integrating medical and social care

December 14 2021



Credit: Unsplash/CC0 Public Domain

Neither poverty and its influence on health nor financial toxicity from medical bills are new 21st century phenomenon.

Yet as a nation, the many facets of the U.S. still do not agree on the "appropriate boundary between medical and [social care](#) or between family and societal responsibility," writes Regenstrief Institute Research Scientist and Indiana University School of Medicine Professor of

Medicine Christopher M. Callahan, M.D., in an invited commentary in *JAMA Internal Medicine*.

What is more challenging than ever before, he notes in the commentary, is "the increasing fragmentation of medical and social care; the siloed access to services; the complexity of navigating local, state, and federal social programs while also navigating third-party payers; and the growing number of patients in need."

In 2019 the National Academies of Science, Engineering, and Medicine published a framework for integrating social care into the delivery of healthcare which shifts the focus of care toward a greater balance between individual-based efforts and community-based efforts. Dr. Callahan reports that while, at present, few health systems are engineered for such a shift, [health systems](#) nationwide are beginning to invest in the infrastructure to support modification. According to Dr. Callahan these modifications include screening for social determinants, greater support for financial counseling, greater training in antiracism and cultural sensitivity, referral and linkage with state and federal support programs, workforce and workflow enhancements to facilitate integration of social care, and partnership with [local community](#)-based organizations.

While philanthropy currently supports investments nationwide in integrating social care into delivery of healthcare, Dr. Callahan says that to "make these shifts [to a greater balance between individual and community initiatives] sustainable, they must be accompanied by innovative financing and community partnership models that reach outside the walls of medical care." He concludes that these new models, integrating [medical care](#) and social care, must be tested in real-world settings among diverse populations to demonstrate their value. Given the potential outcome on [health](#) disparities, he calls for pragmatic research funded with the same level of enthusiasm as the common biomedical

research.

Dr. Callahan has 25 years of experience in studying clinical interventions and new models of care designed to improve outcomes for older adult.

More information: Christopher M. Callahan, Moving Toward Fully Blended Collaborative Care, *JAMA Internal Medicine* (2021). [DOI: 10.1001/jamainternmed.2021.4993](https://doi.org/10.1001/jamainternmed.2021.4993)

Provided by Regenstrief Institute

Citation: Integrating medical and social care (2021, December 14) retrieved 5 May 2024 from <https://medicalxpress.com/news/2021-12-medical-social.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.