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Integrating social context into comprehensive shared care plans: A scoping review

Suzanne S. Sullivan, MBA, RN, CHPN[a,*], Francine Mistretta, BSN, RN[a], Sabrina Casucci, PhD, MBA[b], Sharon Hewner, PhD, RN[a]

[a] School of Nursing, University at Buffalo, The State University of New York, Buffalo, NY

[b] Department of Industrial and Systems Engineering, University at Buffalo, The State University of New York, Amherst, NY

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ABSTRACT

Background: Failure to address social determinants of health (SDH) may contribute to the problem of readmissions in high-risk individuals. Comprehensive shared care plans (CSCP) may improve care continuity and health outcomes by communicating SDH risk factors across settings.

Purpose: The purpose of this study to evaluate the state of knowledge for integrating SDH into a CSCP. Our scoping review of the literature considered 13,886 articles, of which seven met inclusion criteria.

Results: Identified themes were: integrate health and social sectors; interoperability; standardizing ontologies and interventions; process implementation; professional tribalism; and patient centeredness.

Discussion: There is an emerging interest in bridging the gap between health and social service sectors. Standardized ontologies and theoretical definitions need to be developed to facilitate communication, indexing, and data retrieval.

Conclusions: We identified a gap in the literature that indicates that foundational work will be required to guide the development of a CSCP that includes SDH that can be shared across settings. The lack of studies published in the United States suggests that this is a critical area for future research and funding.

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Introduction

In 2016, representatives from the U.S. Department of Health and Human Services outlined a vision for the future of multidisciplinary shared care planning, recognizing that poor individual health outcomes may evolve from social inequities; thereby, cascading into public socioeconomic burdens (Baker et al., 2016). The proposed comprehensive shared care plan (CSCP) aims to use health information technology (HIT) to align key stakeholders via the interoperable exchange of meaningful, timely, and actionable patient care information that can be shared between providers and settings. Perhaps most importantly, the national vision for a CSCP is one that is holistic, places the individual at the center of care, and includes information about community-based needs and services over time (Baker et al., 2016). Social determinants of health (SDH), defined as the conditions in which a person is born,

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* *Corresponding author:* Suzanne S. Sullivan, School of Nursing, University at Buffalo, The State University of New York, 3435 Main Street, 101 Wende Hall, Buffalo, NY 14214-8013.

E-mail address: suzanney@buffalo.edu (S.S. Sullivan).

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lives, grows, works, and ages, include factors such as socioeconomic status, neighborhood environment, and education (World Health Organization, 2016). Thus, unmet social needs have the potential to influence the overall wellness of individuals and their communities.

For instance, there is a wide body of literature that indicates that those individuals living with low socioeconomic status have more chronic illness, receive less preventative care, and die earlier than more advantaged income groups (Chen, Weider, Konopka, & Danis, 2014). Recognizing that HIT may facilitate the collection of SDH information to improve practice and policy, Chen et al. (2014) recommended routinely assessing and recording socioeconomic status into the electronic health record. Prioritizing a comprehensive approach to health care that includes routine screening and early identification of the entirety of an individual's social context would enable the multidisciplinary team to incorporate tailored interventions into the CSCP, thereby synchronizing care and ideally improving overall individual and population-level health outcomes.

The importance of social determinants in keeping people healthy is not a new topic. Within the social sciences, seminal work by Evans and Stoddard in their book, *Why are some people healthy and others not?* (Evans, Barer, & Marmor, 1994), clearly articulates that health was not something that was produced by the health care system but that the context of people's lives played a significant role in how healthy they are. This concept has been reinforced by decades of research on health disparities. Although the health care system acknowledges this impact at the population level, it rarely becomes an important part of the interprofessional conversation about how to manage an individual's chronic illness. An example of how this work influenced nurse anthropologists is in a model that examined the impact of social factors on the health of frail elders in cultural communities in the rural United States and Philippines (Hewner, 2001).

Recent calls to include SDH into routine health assessments and to incorporate deficits in social factors as part of a plan of care that moves with the individual across health care settings have been proposed. The assumption is that this is a practice that is well accepted and that all we need to do is figure out how to add this information to an interprofessional care plan as discrete data so that it can be incorporated in all health care settings. The authors observed that although SDH and care planning have been discussed in the literature for decades, it is not clear that a body of evidence exists that demonstrates how to best incorporate SDH into multidisciplinary care planning at the practice level.

Method

The purpose of this scoping review is to rapidly evaluate the current state of knowledge of including information about social factors that affect health and recovery into a multidisciplinary care plan and to identify where there may be gaps in the literature to guide future research priorities. Our first step was to look for the evidence to support the assumption that health professionals know how to incorporate SDH into a care plan as people transition between settings. The method include five stages (a) identifying the research question, (b) identifying relevant studies, (c) study selection, (d) charting the data, and (e) collating, summarizing, and reporting the results (Arksey & O'Malley, 2005).

Stage 1: Identifying the Research Question

Our choice to use a scoping review was guided by the research question: What is the state of the science of incorporating SDH into a CSCP for individuals at risk for hospitalization?

Stage 2: Identifying Relevant Studies

S.H. and S.S.S. worked closely with a health sciences librarian to identify keywords and develop a rigorous search strategy for this scoping review (Table 1). Identifying appropriate search terms was challenging because of the fact that the term social determinants of health was not explicitly indexed as a Medical Subject Heading term until 2014 (National Library of Medicine (PubMed), 2016). Moreover, there is no consensus on the definition of shared care planning (Gu et al., 2015). To address this issue, we elected to cast a broad net and seek studies that focused on care planning in a general sense. We assumed that evidence of incorporating SDH information into the CSCP would become evident as we conducted our review.

An a priori protocol of inclusion and exclusion criteria was created to guide the identification of relevant studies. The following inclusion criteria were established: *Population*: Adults 18 years and older who were at risk for hospitalization. *Intervention*: Any study that incorporated SDH information into a

Table 1 – Search Strategy Key Terms

Longitudinal care planning
"LCP"
Shared care plans
Personalized care plans
Patient care planning
Continuity of patient care
Cooperative behaviour
Interdisciplinary communication
Patient care team
Meaningful use
Patient-centered care
Organization and administration
Health information exchange
Delivery of health care
System integration
Coordinated care
Multidisciplinary