

# SDOH: Building the Case

## Why SDOH?

Insights from socioeconomic data can be used to:



### Predict Risk

Medical care determines only **20%** of overall health while social, economic, and environmental factors determine **50%** of overall health<sup>1</sup>



### Identify barriers to care & proactively engage at-risk patients<sup>2</sup>

- Access to transportation
- Health literacy
- Neighborhood safety
- Social isolation



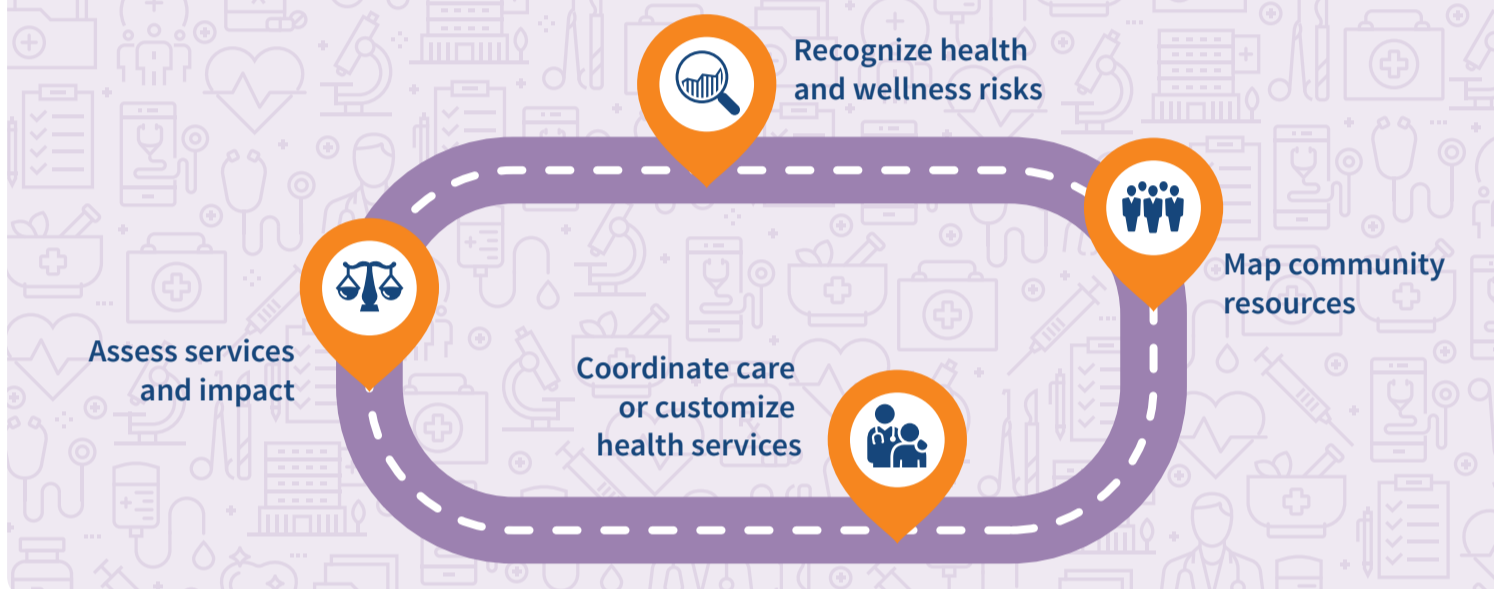
### Reduce costs & improve health outcomes

**25¢** of every healthcare dollar is spent on the treatment of diseases or disabilities that result from potentially changeable behavior if barriers to care were addressed<sup>3</sup>



## Where can SDOH data make a difference?

Identify meaningful points within the care journey



## What health outcomes most need to be addressed using SDOH?

Quantify the size of the problem to be addressed and select specific health outcomes to improve



### Medication Adherence

Non-adherence costs the healthcare system **\$300 billion** and is responsible for **125,000** deaths annually<sup>4</sup>



### Hospital Readmissions

**1 in 5** Medicare patients are readmitted to the hospital within 30 days accounting for more than **\$17 billion** in avoidable expenditures annually<sup>5</sup>

## How to make a big impact?

Focus activities on areas that contribute to significant health improvement and/or reduced costs to the healthcare system

### Medication Adherence

- Social support from family, friends and organizations improves medication adherence rates<sup>6</sup>
- Enrolling patients in financial assistance programs can improve adherence for patients with inflammatory conditions by **7%**<sup>7</sup>



### Hospital Readmissions

- Educating patients about post-hospital care (and having them teach back) can reduce readmission by **30%**<sup>8</sup>
- Following up by phone with patients post-discharge can reduce readmissions by **23%**; providing reliable phone access can improve the contact rate<sup>9</sup>
- Arranging for rides to/from follow up doctor appointments within 7 days of discharge can reduce readmissions by **4%**<sup>10</sup>



To learn more about LexisNexis® socioeconomic health solutions, call 866.396.7703 or visit [risk.lexisnexis.com/healthcare](http://risk.lexisnexis.com/healthcare).

Sources:

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