unisanté
Centre universitaire
de médecine générale
et santé publique · Lausanne

Vulnerable populations in Switzerland: addressing social determinants of health for advancing equity

Professor Patrick Bodenmann
Chair of medicine for vulnerable populations, University of Lausanne (UNIL)
Department of Vulnerabilities and Social Medicine (Unisanté)

WHO Strategic Meeting on Social Determinants of Health
Geneva,13th September 2019

UNIL | Université de Lausanne

SWISS HOSPITALS FOR EQUITY
Ensuring quality care for all

Presentation

- Center for Primary Care and Public Health (Unisanté), Lausanne
  - Department of Vulnerabilities and Social Medicine

- University of Lausanne (UNIL)
  - Chair of medicine for vulnerable populations

- “I’m in the field with hands on”

Agenda

- Vulnerabilities, social determinants of health and equity

- Frequent users of the emergency department
- Syrian refugee families

- Food for thought

Agenda

- Vulnerabilities, social determinants of health and equity

- Frequent users of the emergency department
- Syrian refugee families

- Food for thought

Vulnerabilities

Zagorac I. *Journal of Health Care for the Poor and Underserved,* 2016
Hurst S. *Bioethics,* 2008
Vannotti M. Le métier de médecin, 2006
Benaroyo L. Ethique et responsabilité en médecine, 2006

Vulnerabilities and social determinants of health

MEDICAL VULNERABILITY

Somatic

Mental

At risk behaviors

Disabilities

+

SOCIAL VULNERABILITY

Material deprivation

Poor health literacy

Forced migration

Minority

CLINICAL VULNERABILITY

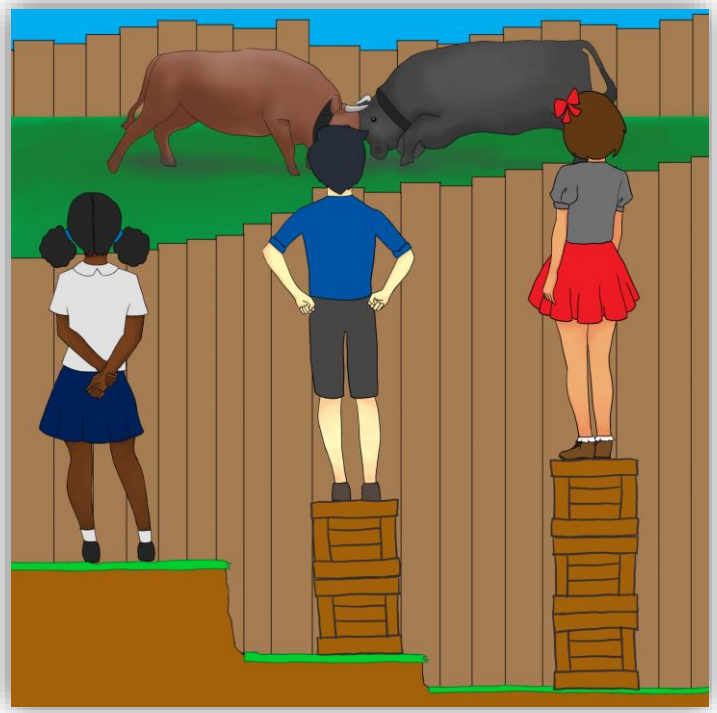
Poor quality of care

(access, prevention, diagnostic, orientation)

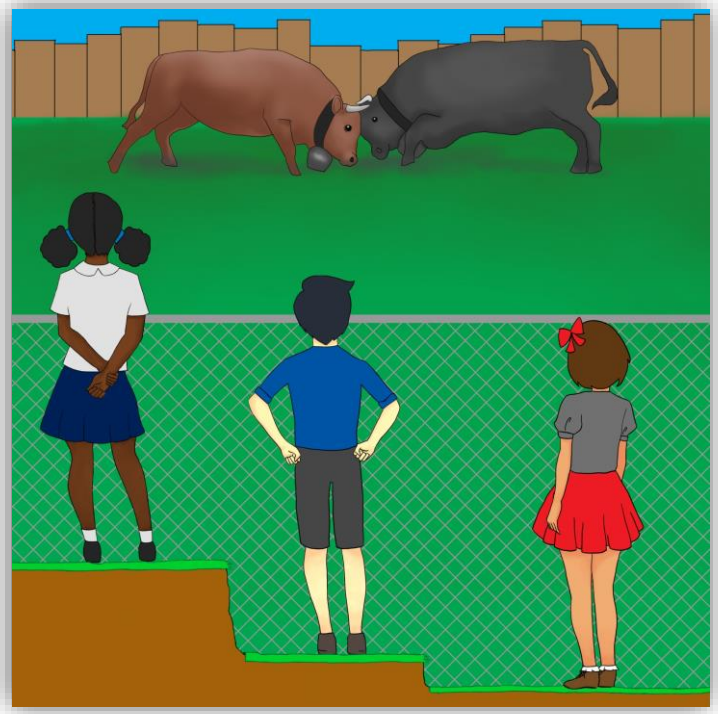
Vu et coll. Médecine sociale et pratique clinique: quand la précarité précède la pauvreté, p 37-48.
Bodenmann P, Jackson Y, Vu F, Wolff H. Vulnérabilités, équité et santé. *RMS* Editions, 2018

Vunerabilities, social determinants of health and equities

Clinical Equity



Structural Equity



Agenda

- Vulnerabilities, social determinants of health and equity

- Frequent users of the emergency department
- Syrian refugee families

- Food for thought

Frequent Users of Emergency Department (FUED)

FUED: what we know and should know

- **FUED**
  - ≥ 5 visits / year
- **Disproportionally high number of ED consultations**
  - 4%-8% patients → 21-28% consultations → 4% /12%
- **FUED: vulnerable population**
  - Cumulative vulnerabilities → social, medical -mental health, at risk behaviors-, stereotypes, mortality
- **Case Management Intervention**
  - Redirecting and reorienting FUEDs to services within the hospital and community-based settings
- **Implementation**

Althaus et al., 2011; Bieler et al., 2012; Bodenmann et al., 2015; Vu el., 2015; Baggio S et al., 2015; Griffin J et al.; 2016; Bodenmann et al., 2017; Iglesias et al., 2018; Moschetti et al., 2018; Grazioli V et al., 2019; Chastonnay et al., in process.

Case Management Intervention (CMI)

Team: 4 nurses and 1 intern (interdisciplinarity)

→ Besides standard healthcare, the CM included:

- ✓ **Counselling**
- ✓ **Social support and assistance**
- ✓ **Orientation to specialized healthcare**; **coordination in healthcare**

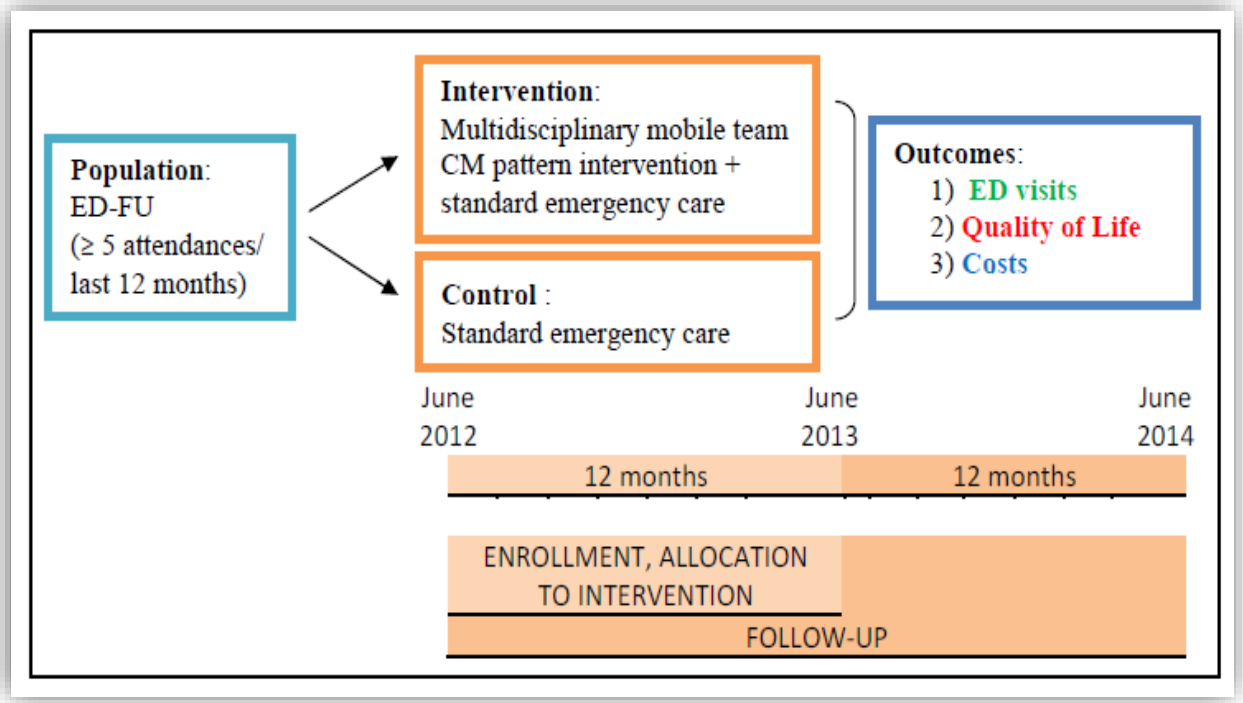
Bodenmann et al. Characterizing the vulnerability of frequent emergency department users by applying a conceptual framework: a controlled cross-sectional study. *Journal for Equity in Health*, 2015

Grid of 5 domains of vulnerability

Somatic determinants	Mental health state	Behavioral determinants	Social determinants	Healthcare use
☐ Severe acute or chronic disease	☐ Psychiatric polimorbidity	☐ Substance abuse / active addiction	☐ Complex or difficult family situation	☐ Frequent user
☐ Somatic polimorbidity	☐ Mood disorder	☐ Risky sexual behavior	☐ Social isolation or exclusion	☐ Multiple caregivers
☐ Complex drug treatment	☐ Anxiety disorder	☐ Issues related to contraception or abortion	☐ Complex or difficult financial situation	☐ No outpatient primary care physician
☐ Inadequate treatment or follow up adhesion	☐ Psychotic disorder	☐ Physical or psychological violence	☐ No or inadequate housing	☐ Difficulties in the relation with caregivers
☐ Pregnancy and neonatal period	☐ Personality disorder	☐ Risk or threatening situation for a child	☐ No or insufficient insurance	
☐ Restricted mobility / physical disabilities	☐ Somatoform disorder		☐ Difficulties or absence from work / school / social activities	
	☐ Posttraumatic stress disorder		☐ Precarious residence status	
	☐ Dementia		☐ Difficulties of communication / language barrier	
	☐ Psychological development disorder			

Bodenmann et al. Characterizing the vulnerability of frequent emergency department users by applying a conceptual framework: a controlled cross-sectional study. *Journal for Equity in Health*, 2015

Randomized controlled trial



Funding:
FNS : 32003B_135762

FNSNF
Schweizerischer Nationalfonds zur Förderung
der wissenschaftlichen Forschung
Fonds national suisse de la recherche scientifique
Swiss National Science Foundation
Fondo nazionale svizzeroper la ricerca scientifica

Results

Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial

Patrick Bodenmann, MD, MSc[1], Venetia-Sofia Velonaki, PhD[2], Judith L. Griffin, MD[1], Stéphanie Baggio, PhD[3], Katia Iglesias, PhD[4,5], Karine Moschetti, PhD[5,6,7], Ornella Ruggeri, Psych D[8], Bernard Burnand, MD MPH[5], Jean-Blaise Wasserfallen, MD MPP[6], Francis Vu, MD[1], Joelle Schupbach, RN[1], Olivier Hugli, MD MPH[9], and Jean-Bernard Daeppen, MD[10]

J Gen Intern Med
DOI: 10.1007/s11606-016-3789-9

Published online: 11 July 2016

Quality of Life Research (2018) 27:503–513
https://doi.org/10.1007/s11136-017-1739-6

Using case management in a universal health coverage system to improve quality of life of frequent Emergency Department users: a randomized controlled trial

Katia Iglesias[1,2] · Stéphanie Baggio[3] · Karine Moschetti[4,5,6] · Jean-Blaise Wasserfallen[7] · Olivier Hugli[8] · Jean-Bernard Daeppen[9] · Bernard Burnand[4] · Patrick Bodenmann[10]

Accepted: 8 November 2017 / Published online: 29 November 2017

RESEARCH ARTICLE

Health care costs of case management for frequent users of the emergency department: Hospital and insurance perspectives

Karine Moschetti[1,2,3]*, Katia Iglesias[4], Stéphanie Baggio[5], Venetia Velonaki[6], Olivier Hugli[7], Bernard Burnand[1], Jean-Bernard Daeppen[8], Jean-Blaise Wasserfallen[2], Patrick Bodenmann[9]

PLOS ONE | https://doi.org/10.1371/journal.pone.0199691 September 24, 2018

Funding:
FNS : 32003B_135762

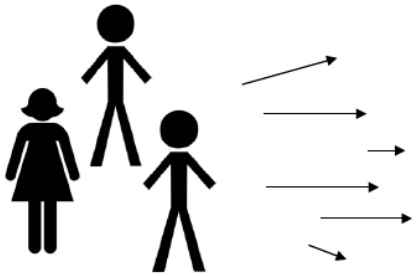
FNSNF
Schweizerischer Nationalfonds zur Förderung der wissenschaftlichen Forschung
Fonds national suisse de la recherche scientifique
Swiss National Science Foundation
Fondo nazionale svizzeroper la ricerca scientifica

Implementing a **Ca**se –**M**anagement intervention for frequent users of the emergency department (FU-ED): a multicenter study in Switzerland

Prof P Bodenmann, PhD V Grazioli, PhD student M Kasztura, Profs O Hugli, JB Daeppen, J Griffin, Dr J Moullin

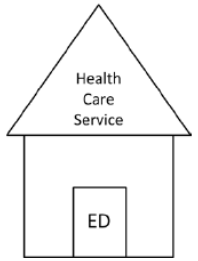
74 PNR Système de santé Programme national de recherche

(PNR 74, 407440_167341)

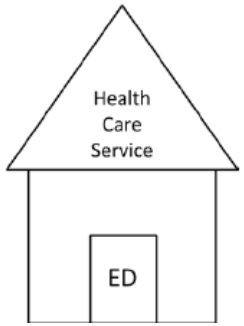


Frequent users of the Emergency Department =

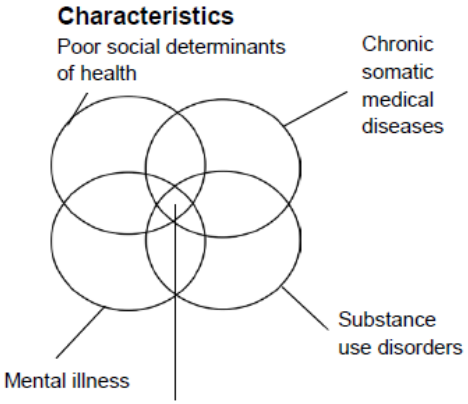
High utilizers of other health care services (e.g. primary care, specialty care)



Lausanne



Case-management intervention in all the french speaking Switzerland ED



Objectives:

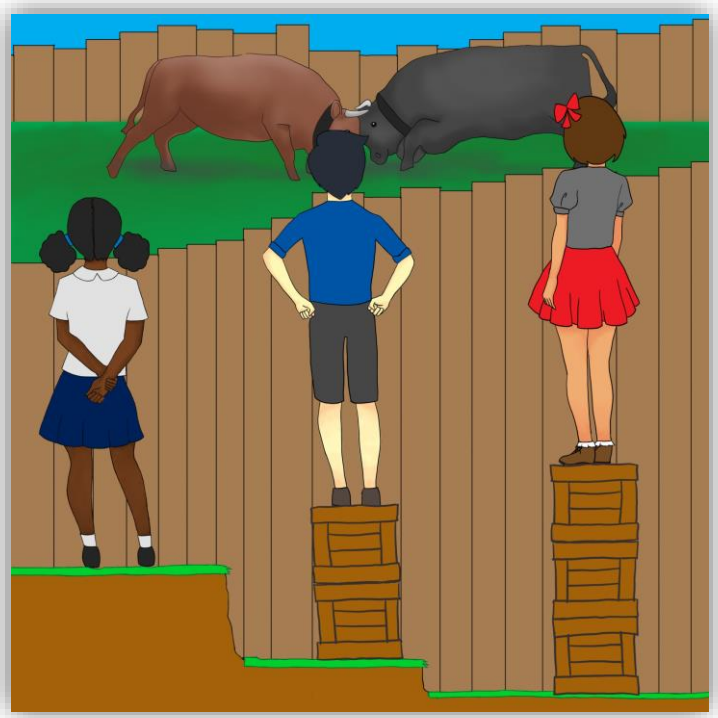
- to **develop and disseminate** a practical Case Management Intervention for Frequent Emergency Department Users to several hospitals in the French-speaking region of Switzerland
- to **study the process of implementation** of the Case Management Intervention
- to **study the impact** of a Case Management Intervention on health services outcomes (ED use, health care reorientation, quality of life and costs)

Methodology:

PHASE	IMPLEMENTATION OUTCOMES	HEALTH SERVICE OUTCOMES	RESEARCH TOOLS	METHODOLOGY
I. Development Phase	• None	• None	• Not applicable	• Not applicable
II. Exploration Phase	• Level of awareness • Level of adoption	• Not applicable	• Stages of implementation completion scale	• Descriptive statistics
III. Preparation Phase	• Facilitators & Barriers	• Not applicable	• Survey	• Qualitative - coding of open-ended questions
IV. Operation (Implementation) Phase	• Facilitators & Barriers • Fidelity of Implementation • Reach of Implementation	• ED Utilization • Health care re-orientation • Quality of life • Cost	• Survey • Fidelity of CM checklist • Data collection forms	
V. Sustainability (Continuation) Phase	• Reach of Implementation	• ED Utilization • Health care re-orientation • Quality of life • Cost	• Data collection forms • NoMAD	• Qualitative focus groups with each site (?)

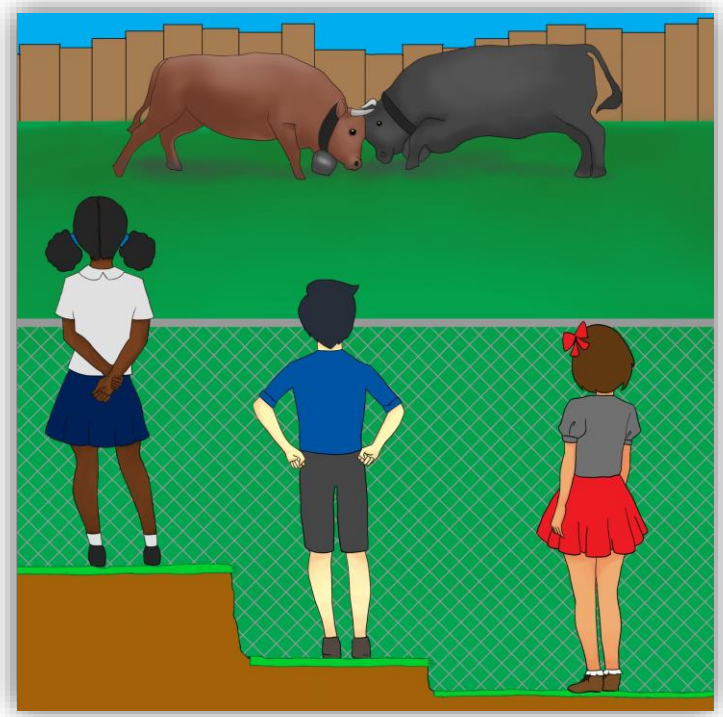
Adressing SDH for advancing equity

Clinical Equity



- teaching (SDH)
- grid of 5 domains of vulnerability (including SDH)
- case management

Structural Equity



- implementation in the regional and national EDs
- shared model at the international level

Agenda

- Vulnerabilities, social determinants of health and equity
- Frequent users of the emergency department
- Syrian refugee families
- Food for thought

Human Migration,
a Nature special issue 2017
www.nature.com

https://www.thelancet.com/commissions/migration-health

Specific needs of Syrian refugee families

Specific needs of Syrian refugee families: context

Background

- Swiss resettlement program for vulnerable Syrian families

Goal

- Understand the specific needs and document the medical development of Syrian families through their migration process in Switzerland- Vaud

El Ghaziri N, Blaser J, Darwiche J, Suris JC, Sanchis J, Marion-Veyron R, Spini D, Bodenmann P.
Protocol of a longitudinal study on the specific needs of Syrian refugee families in Switzerland. Submitted

Specific needs of Syrian refugee families: methodology

Population

- 15 resettlement families / 15 non-resettlement families

Data collection (semi-structured interviews)

T1	T2	T3
Upon arrival	After 6 months	After 12 months

Questionnaires

- For both parents and children > 8 years old
- Family functioning (FAD, DAS, A-FPRQ, Parentification Inventory)
- Mental and physical health (MINI, ASSSIST, Sf-12, Sf-10)
- Feeling of support (MSPSS)
- Feeling of belongingness to groups

Specific needs of Syrian refugee families: preliminary results

- Resettlement parents seem to show better health outcomes (physically and psychologically)

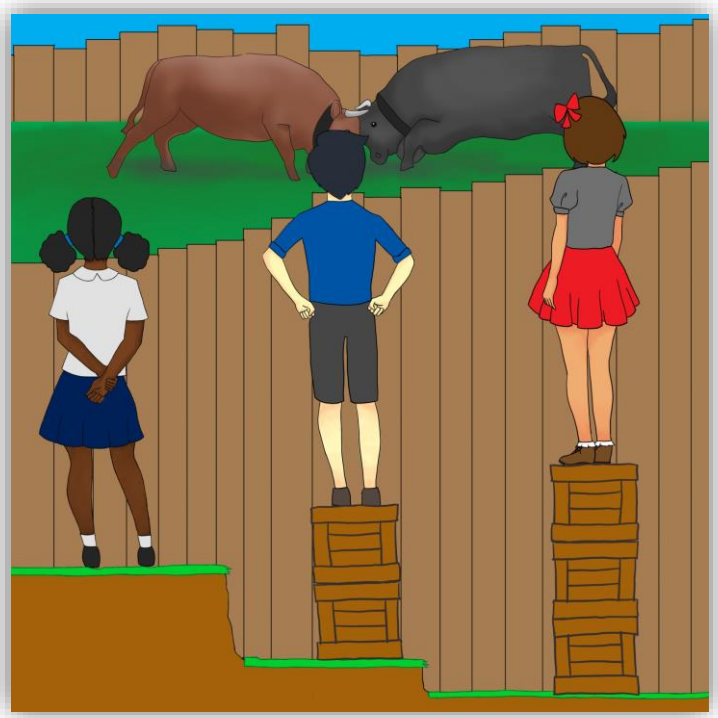
Sf-12

Physical health			Mental health		
Reset. Fam. T1	Reset. Fam. T2	Non-Reset. Fam T2	Reset. Fam. T1	Reset. Fam. T2	Non-Reset. Fam T2
M= 43.74 Sd= 9.51	M= 45.01 Sd= 10.66	M= 40.64 Sd= 6.68	M= 55.12 Sd= 6.88	M= 50.88 Sd= 11.83	M= 42.11 Sd= 13.32

- Marital satisfaction and positive family functioning are associated with better health outcomes (for both res. and non-res. parents)
- All children seem to report good outcomes (school being a great integration gateway). However, resettlement children seem to do a little better.

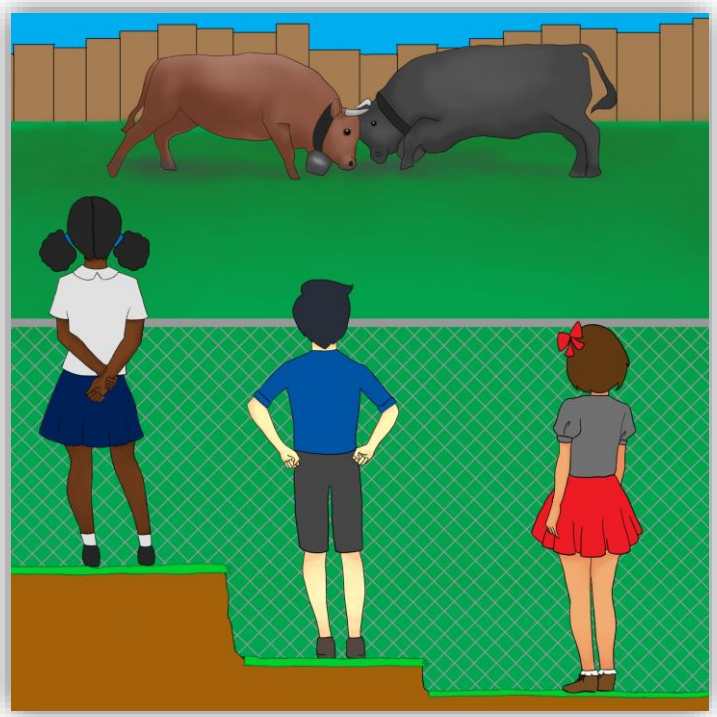
Adressing SDH for advancing equity

Clinical Equity



- a new model of consultation: the family approach
- interdisciplinary approach

Structural Equity



- resettlement process: protective
- health policy: maintain the family is key

Agenda

- Vulnerabilities, social determinants of health and equity

- Frequent users of the emergency department
- Syrian refugee families

- Food for thought

Adressing SDH for advancing equity

Primary Care Physician Stress Driven by Social and Financial Needs of Complex Patients

Jonathan Z. Weiner, MD, MPH, Jodi K. McCloskey, MPH, Connie S. Uratsu, MSN, PHN, and Richard W. Grant, MD, MPH

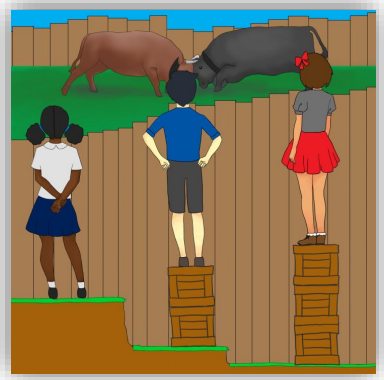
J Gen Intern Med 34(6):818–9
DOI: 10.1007/s11606-018-4815-x

Screening for Housing Instability: Providers' Reflections on Addressing a Social Determinant of Health

Manik Chhabra, MD[1], Anneliese E. Sorrentino, MSS, MFT[2], Meagan Cusack, MSc[2], Melissa E. Dichter, PhD[2,3], Ann Elizabeth Montgomery, PhD[4,5,6], and Gala True, PhD[7,8]

J Gen Intern Med 34(7):1213–9
DOI: 10.1007/s11606-019-04895-x

Clinical Equity



Structural Equity

Teaching the Social Determinants of Health in Undergraduate Medical Education: a Scoping Review

Ashti Doobay-Persaud, MD[1,2], Mark D. Adler, MD[3,4], Tami R. Bartell, MPH[5], Natalie E. Sheneman[2], Mayra D. Martinez[2], Karen A. Mangold, MD, MEd[3,4], Patricia Smith, MLIS[6], and Karen M. Sheehan, MD, MPH[3]

J Gen Intern Med 34(5):720–30
DOI: 10.1007/s11606-019-04876-0

VIEWPOINT

Screening for Social Determinants of Health
The Known and Unknown

Karina W. Davidson, PhD, MASc
Northwell Health, Long Island, New York; and Donald and Barbara Zucker School of Medicine at Hofstra University, Long Island, New York.

Thomas McGinn, MD, MPH
Northwell Health, Long Island, New York; and Donald and Barbara Zucker School of Medicine at Hofstra University, Long Island, New York.

JAMA Published online August 29, 2019

SHARE **SGIM *Forum***
JULY 2019 V42, NO.7

PRESIDENT'S COLUMN

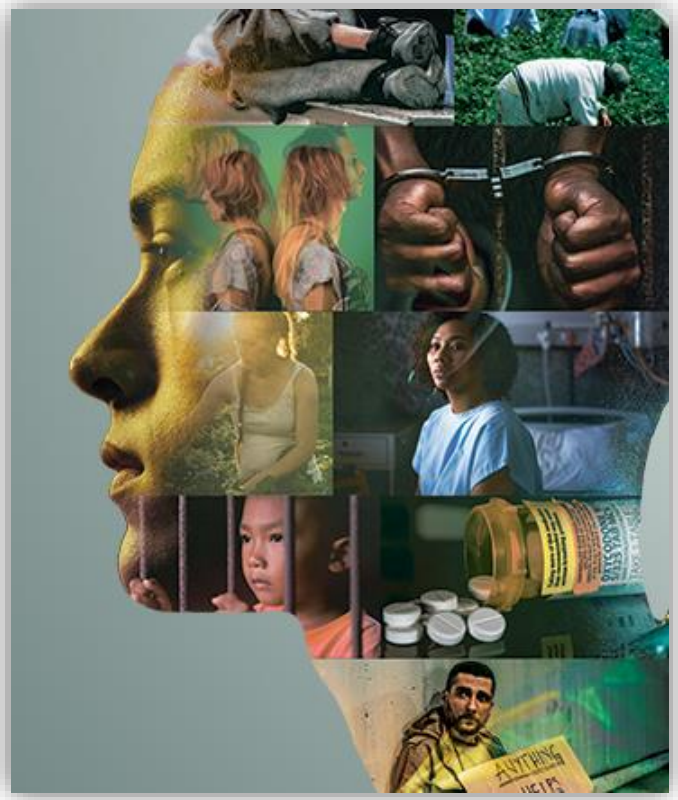
UNDERSTANDING CONTEXT: SCREENING FOR THE SOCIAL DETERMINANTS OF HEALTH

Karen DeSalvo, MD, President, SGIM

The Lausanne Equity Interdisciplinary Hub

- Prof Patrick Bodenmann and
  Prof Joan Marti (economist)
- Prof Vincent Barras (historian)
- Prof Dario Spini (sociologist)
- Prof Nicolas Senn (family medicine)
- Prof Philip Larkin (nurse)
- Dr Stéphanie Pin (public health- Vaud)
- Mr Serge Houmard (Swiss office of public health)
- Miss Erika Placella (Swiss Agency for
  Developpment and Cooperation)

- Véronique Grazioli, PhD
- Nahema El Ghaziri, PhD
- Miriam Kasztura, PhD student
- Kevin Morisod, PhD student



Case Studies in Social Medicine:

SEEING PATIENTS THROUGH A SOCIAL LENS

Exploring social medicine concepts and their clinical implications.

The NEW ENGLAND JOURNAL of MEDICINE

Thank you for your attention

patrick.bodenmann@unisante.ch