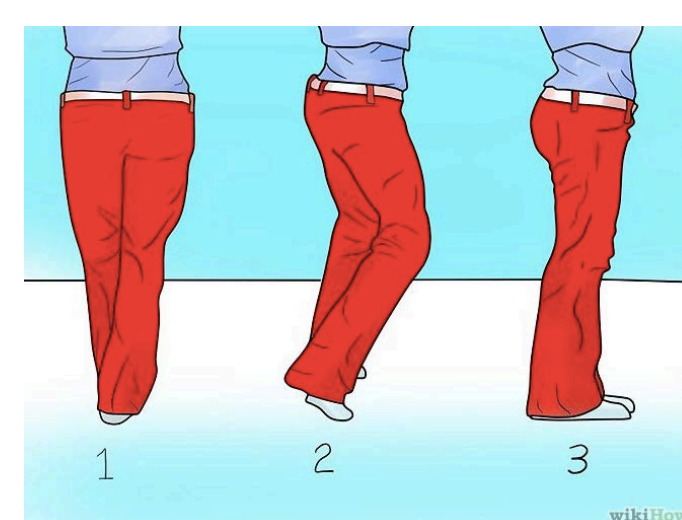## Problem Statement

Despite a surge of interest within the health care sector around interventions in clinical settings that address patients' social and economic risk factors, major gaps in evidence make it difficult to replicate and scale these initiatives.

Discovery

Round 1. Early Discovery Interviews: Explored whether problem could be related to gaps in health information technology around SDH

Interviewee Group	Key Learnings
Health care providers (RN, MD) and medical coders (n=10)	• Not using social coding currently because there are no incentives for their use • 6 weren't aware social codes (e.g. ICD-10 z-codes) existed
Researchers (n=20)	• 20/20 interested in knowing more about how social codes are used currently
Health care administrators (n=5)	• One was aware that ICD-10 z-codes existed • All noted that social coding systems were unlikely to be a game changer without better incentives and protocols for use

Round 1 first led to "The Big Pivot"
…and then to Round 2….

Round 2. Late Discovery Interviews: Explored broader knowledge and capacity barriers to incorporating SDH into clinical care delivery

Interviewee Group	Key Learnings
Health sector administrators (CEOs, COOs, Medical Directors, Presidents, Vice-Presidents) (n=35)	• >90% noted that SDH are increasingly relevant to population health initiatives • All expressed interest in having more effectiveness data available on SDH interventions as they make decisions about implementation • Need more implementation science on tools/metrics/workforce & how to pay for interventions
Researchers (n=30) (25 of these were in context of small/large group meeting designed to engage all participants in active dialogue about research needs in this field)	• All would like to see more collaboration across research groups (formats: webinars, WIPs, meetings, and shared meeting presentations) • 2 of 3 small groups described need for shared metrics around both SDH and outcomes measures for specific populations

Goals and Objectives

Goal:
Increase the capacity of the health care system to implement and sustain the most effective strategies to care for low income populations by catalyzing and disseminating high quality research on how to identify and address patients' social needs in the context of clinical care.
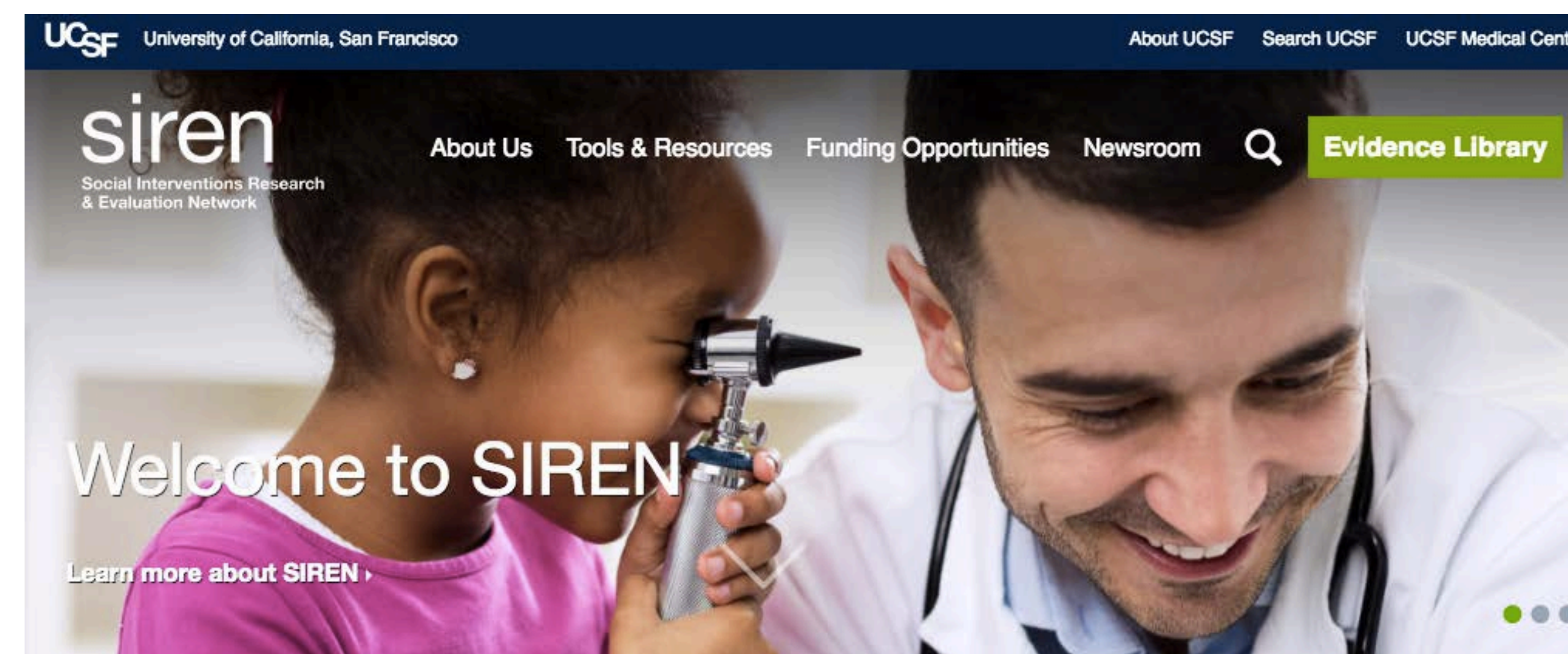
Outcome-oriented Objective:
More health care system leaders will report having and applying evidence to inform implementation decisions around social prescribing intervention programs.

Project S.M.A.R.T. Goals
- Launch evidence library/website (goal: >50 users/day)
- Develop social prescribing research webinar series (goal: 4 webinars/year)
- Provide consultation services (goal:15/year)
- Fund Innovation Grants focused on ROI/cost effectiveness

Results

SIREN Dissemination Tools

- Website statistics: 70 unique users/day
- Newsletters distributed monthly since launch to 600 users/month with 25% open rate
- Four works-in-progress webinars for researchers completed
- Consultation services launched and over 10 consultations completed in <4 months

SIREN Innovation Grants Program

- Call for Proposals announced
- 60 Letters of Intent submitted
- 31 applications received
- $450,000 awarded to support high quality studies of ROI around social prescribing

Lessons Learned

Lessons Learned
- Majority of people are on or behind the SDH wave, not in front of it--this project needed strategies to speak to all of them
- In early project phase, I needed to learn more about tools to support capacity-building. Simultaneously the field itself incubated and evolved to be ready for what we could provide
- Building network depends on close allies, early wins, and collaboration opportunities (e.g. joint publications)

Next Steps
- Build a National Advisory Committee with industry, community, and researcher stakeholders to reach a broader audience
- Develop a shared research agenda for the field that incorporates priorities of diverse implementation stakeholders
- Create researcher working groups to focus on collaborative, blockbuster research most relevant to field
- Shift from SIREN operation grants to (potentially) more sustainable research grants infrastructure
- Conduct interviews with key stakeholders to measure program impacts of SIREN on researcher capacity and health sector leader decision-making.

Mission Model Canvas

Key Partners 🔗	Key Activities ✔	Value Propositions 🎁	Buy-in & Support ❤	Beneficiaries 🐟
Researchers studying SDH in clinical settings for research capacity and dissemination; membership dues **Philanthropists/foundations/government agencies** for funding, contacts, and dissemination support. **Early health care SDH program adopters** to improve research opportunities, consultation opportunities; may also contribute to revenue streams via consultation services.	• SIREN website launched by 5/1/2017 • 4-5 Innovation Grants supported through 2019 • 10-20 consultations provided/year • 4 works in progress sessions/year • 2 academic publications/year • 1 national researcher's meeting/year • 2 issue briefs/year on social prescribing domains	**Facilitate research & findings dissemination for researchers** ▪ Increase accessibility of existing research (develop Evidence Library) ▪ Fund innovation grants (5 in year one) ▪ Develop shared conceptual model & tools ▪ Sponsor collaboration opportunities (webinars, collaborative writing) ▪ Provide access to community of research experts	**Acquisition** Website Publications National meetings of other groups Referrals from other field leaders **Retention** Advisory group roles WIPs/presentations Research & publication collaborations Newsletters/blogs on new research SIREN meetings Credibility from high profile pres/pubs	**Researchers** ▪ New to this field ▪ Already well known/expert ▪ Specific expertise in related field ▪ Some may originally be competitors or saboteurs **Health systems/government agencies** (CEOs, CMOs, clinical directors, program leads, researchers) ▪ Early/mid/late adopters have different needs—maybe interested in research or in applying research findings
	Key Resources 👤 UCSF/Academic affiliation for brand Staff capacity and expertise to conduct research Partners with expertise & national stature to conduct & disseminate work Funding	**Help health sector leaders and NGO bridge organizations better access and interpret social prescribing research and implementation tools** ▪ Provide research consultation services ▪ Create accessible summaries of existing evidence (3 issue briefs/yr) ▪ Facilitate connections to experienced researchers **Help Foundations target funding to fill evidence gaps in this field**	**Deployment** 🚚 • Website (with evidence library) • Social media presence (Twitter/LinkedIn/Medium) • SIREN listserv • Researcher networks (both SIREN itself and Patient-based Research Networks)	**NGOs bridge organizations** (CEOs, program managers) ▪ Can be saboteurs/competitors until niches developed **Foundations** (program officers) ▪ Often influencers/funders but also consumers of knowledge

Mission Budget/Cost 💰	Mission Achievement/Impact Factors 🏔
Faculty and staff 150,000/year Collaborative research projects 50,000/year Program activities (meetings, website development/maintenance, internal research, issue briefs, webinars 500,000/year <u>Grants program 225,000/year</u> Total budget 2.65M/3 years	Improve quantity, quality, and accessibility of evidence to inform implementation and sustainability of social prescribing initiatives. If project is successful, the health sector will have evidence needed to make more informed choices about how to implement and sustain the most effective and feasible social and economic interventions.