Implementing a Social Determinants of Health Screening Program

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Objectives

- Understand the components of screening for social determinants of health in an ambulatory adult population
- Learn how the NowPow platform can be leveraged to provide community resources to patients in need
- Understand the challenges involved in social determinants screening and learn strategies to ensure success

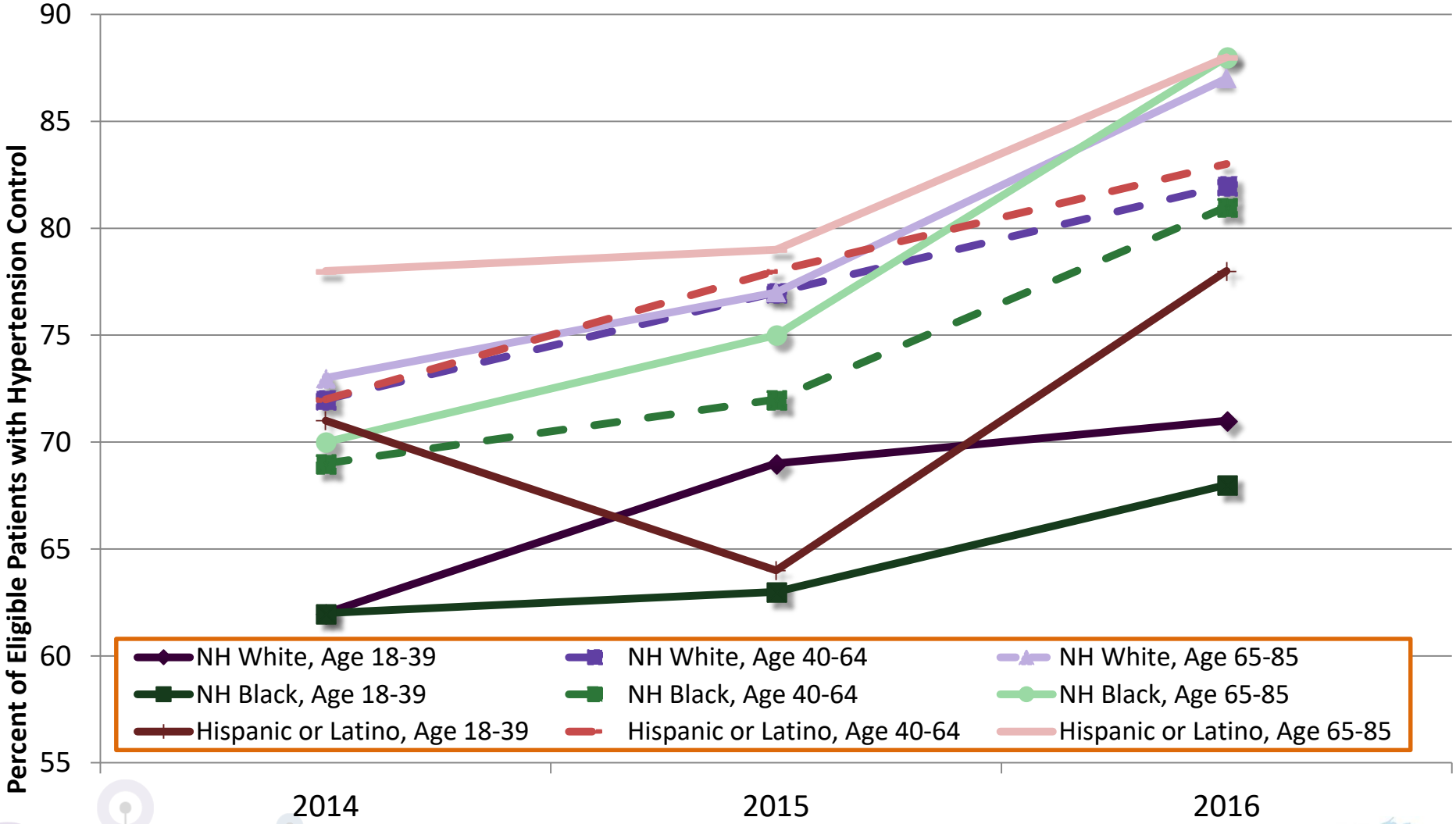
Background

- Most healthcare systems recognize and invest in quality improvement initiatives, and it is important that SDoH be considered part of that work

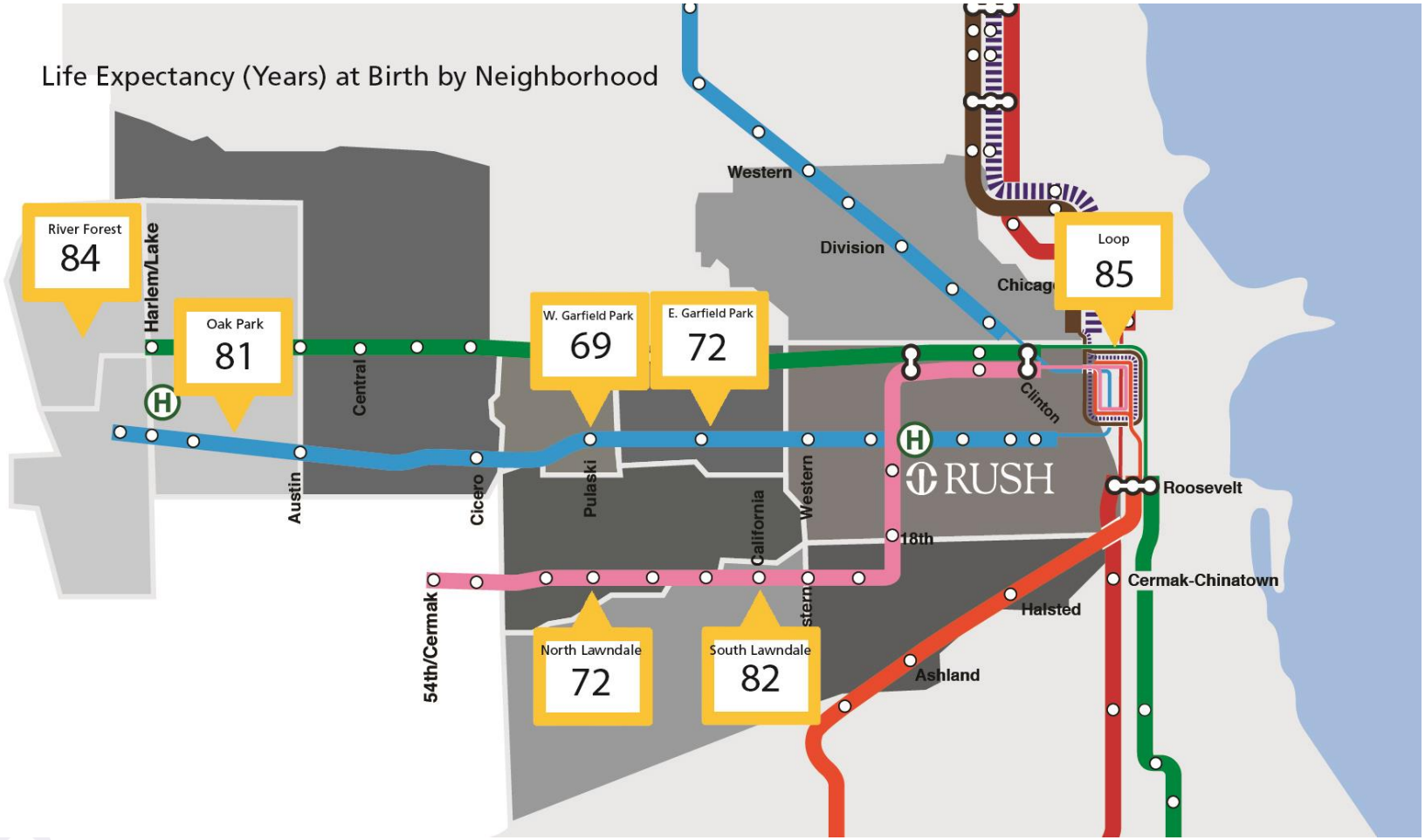
- Data is extremely important in working in this space
  - Cannot correct behaviors or trends if we are unaware of them
  - Implicit bias and institutional racism are deeply rooted
  - Important that we de-personalize findings and focus on quality of care

- Include gender, race, insurance status with quality dashboards / statistics

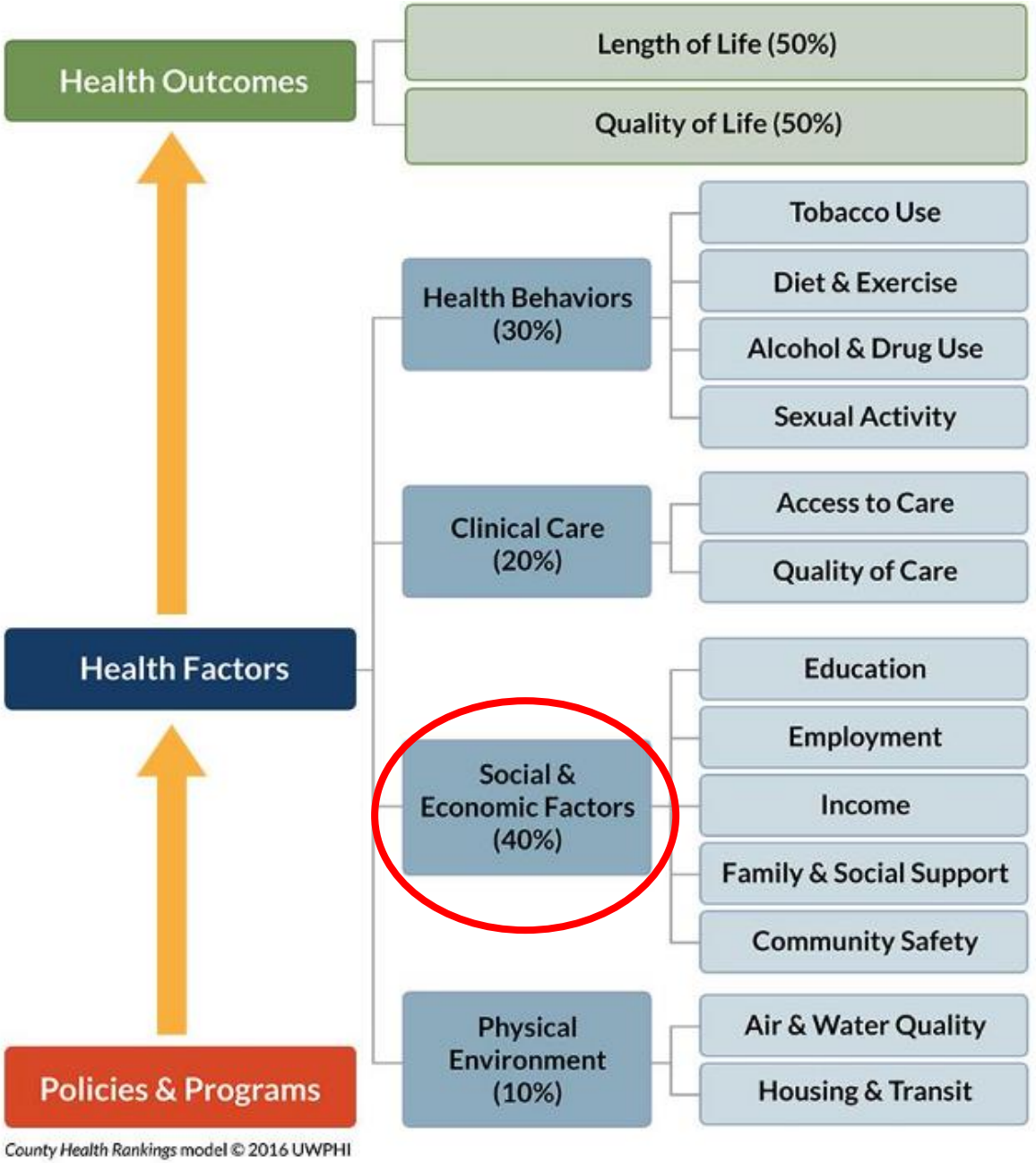
Sample Data – Hypertension Control



Neighborhoods between Rush University Medical Center and Rush Oak Park have some of the **highest levels of economic hardship, lowest life expectancy** and **highest unemployment rates in the region**



Social Determinants of Health 101 for Health Care: Five Plus Five



Magnan, S. 2017. Social determinants of health 101 for health care: five plus five. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five.

VALUE-BASED CARE NEWS

80% of Payers Aim to Address Social Determinants of Health

Payers are focusing on addressing the social determinants of health, expanding value-based reimbursement, and improving consumer engagement in the near future.

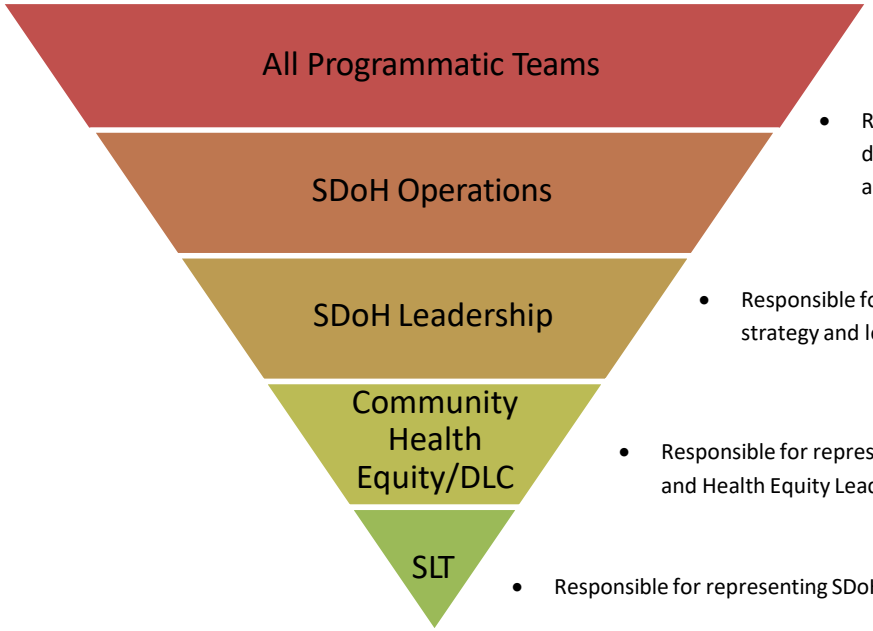
Newsletter Signup

- [x] Health Payer (Weekly)
- [ ] EHR and Meaningful Use (Twice Weekly)
- [ ] Health Analytics (Twice Weekly)
- [ ] Revenue Cycle (Twice Weekly)
- [ ] Patient Engagement (Weekly)
- [ ] mHealth & Telehealth (Weekly)
- [ ] Health IT Security (Twice Weekly)

"Social determinants of health have taken center stage in recent health policy discussions because of the growing focus on global payment, accountable care organizations, and other initiatives focusing on improving population health."

- Yale Global Health Leadership Institute

Infrastructure



- Responsible for day-to-day SDoH operations and implementation
- Responsible for overarching SDoH strategy and leadership
- Responsible for representing SDoH to Diversity and Health Equity Leadership
- Responsible for representing SDoH to Senior Leader team

Infrastructure

- Essential that plans align with existing strategic priorities / focus areas
- Identify clinical areas of need and implement SDoH screening as one of many tools aimed at improving performance
- Ensure a clinical and operational leader for this work as it will be considered an added burden at the outset
- After a pilot has taken place, there the return on investment will become more apparent

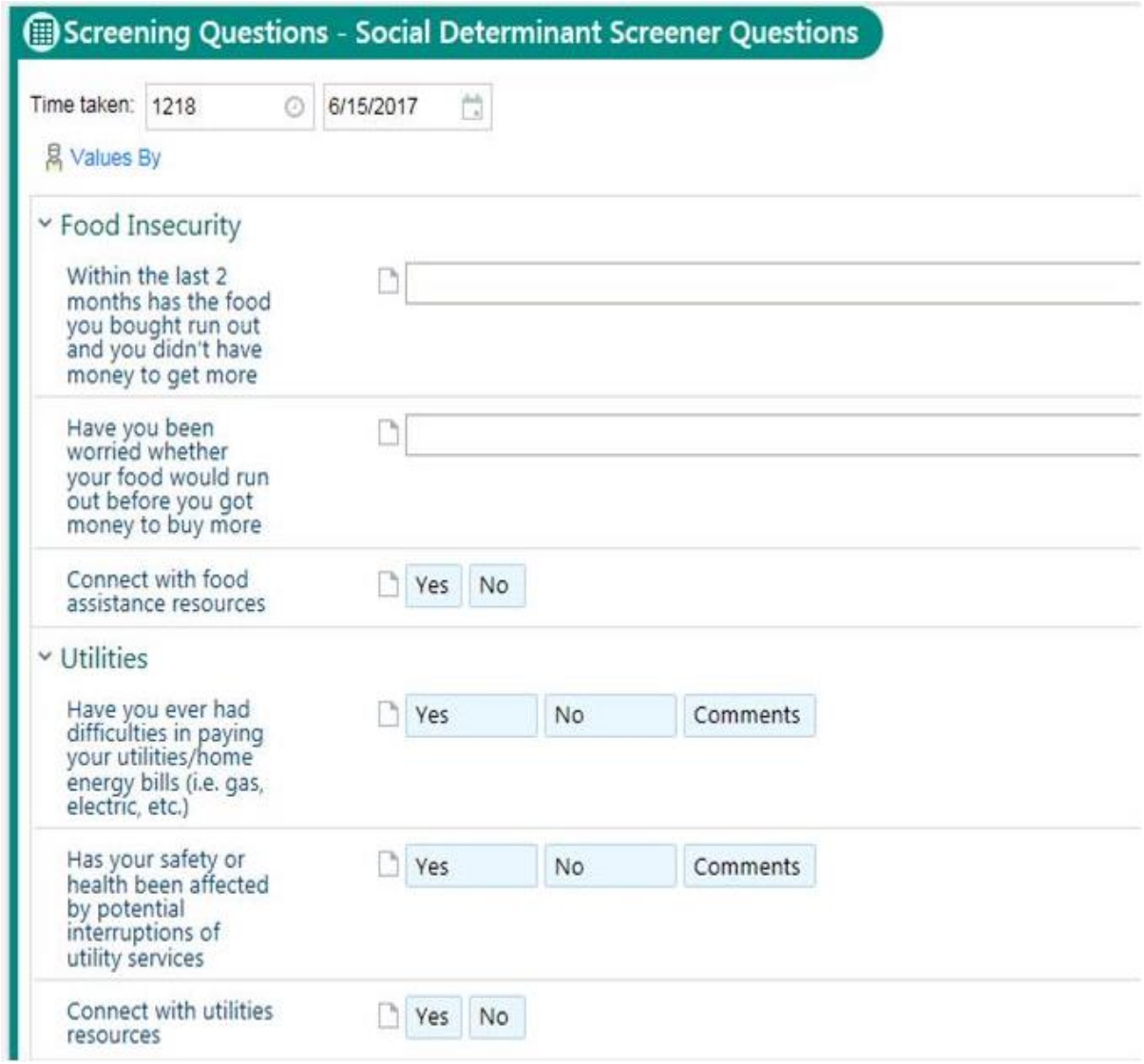
Rush partnered with the leadership of West Side ConnectED collaborative to implement a Social Determinant of Health Screening Tool

Rush's brief social determinant screening tool asks patients about:

- Housing
- Transportation
- Food Security
- Utilities
- Primary Care / Insurance

Screening Tool

Section	Question Text
Primary Care	Do you have a doctor (primary care physician) or nurse that you see regularly? Yes No Decline to answer
Insurance	Do you have health insurance or a medical card? Yes No Decline to answer
Food Insecurity	Are you worried that your food will run out before you have money to buy more? Yes No Decline to answer
Food Insecurity	In the last twelve months, have you run out of food that you bought and didn't have money to get more? Yes No Decline to answer
Utilities	In the last two months, have you had difficulty paying your electric, gas or water bill? Yes No Decline to answer
Transportation	Do you have a hard time finding transportation to and from your medical appointments? Yes No Decline to answer
Housing Instability	Do you currently have a place to stay/live? Yes No Decline to answer
Housing Instability	In the next two months, will you have a place to stay/live? Yes No Decline to answer


Screening Questions - Social Determinant Screener Questions
Time taken: 1218 6/15/2017
Values By
Food Insecurity
Within the last 2 months has the food you bought run out and you didn't have money to get more
Have you been worried whether your food would run out before you got money to buy more
Connect with food assistance resources
Yes
No
Utilities
Have you ever had difficulties in paying your utilities/home energy bills (i.e. gas, electric, etc.)
Yes
No
Comments
Has your safety or health been affected by potential interruptions of utility services
Yes
No
Comments
Connect with utilities resources
Yes
No

Workflow

1. SDoH Screening records on flowsheet (Epic organization)

2. Patient demographics guide referral information:
    - Patient's address or zip code
    - Problem List
    - Flowsheet responses indicating need

3. NowPow recommendations made available

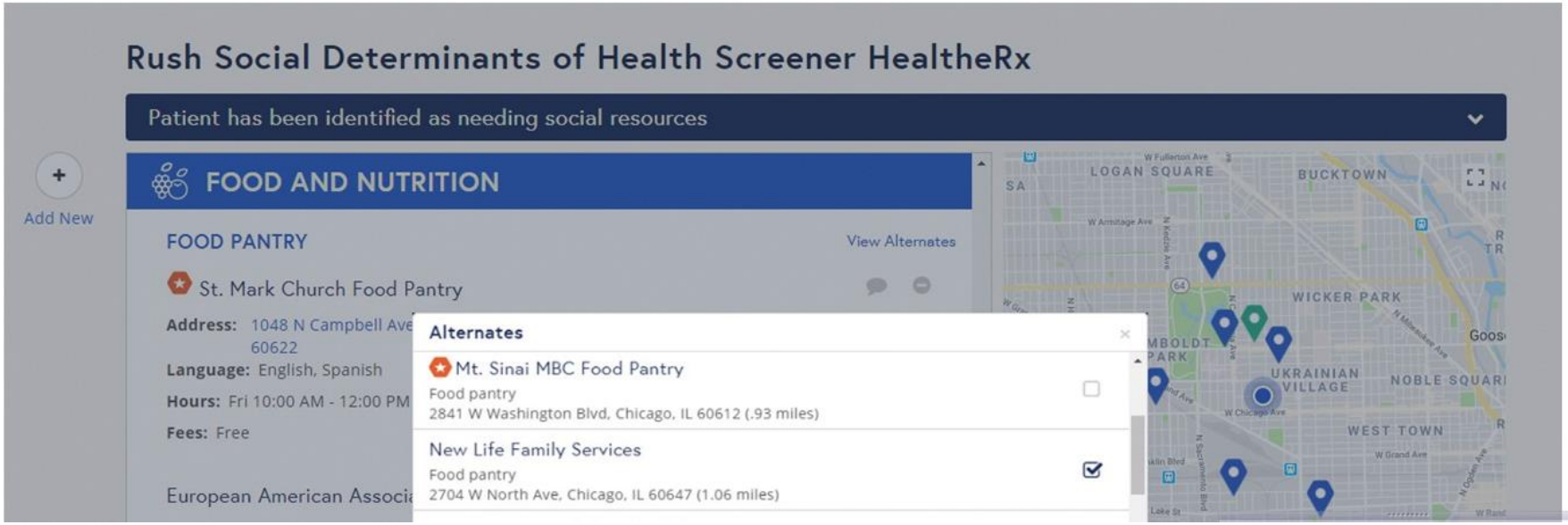
4. Resources saved and filed to record as social work note type
    - Patient is provided resources in after-visit summary
    - Resources / contact information available through patient portal as well

Screening Opportunities

- Beyond primary care screening, other centralized opportunities for screening and intervention exist:

1. Scheduling appointment with access center / patient navigator
2. Outreach following missed appointments
3. Patients enrolled in disease-specific panels that include care management
4. Via iPad or mobile device at check-in or during wait (lobby, exam room)
5. Medical student participation in screening (in-person or by phone)

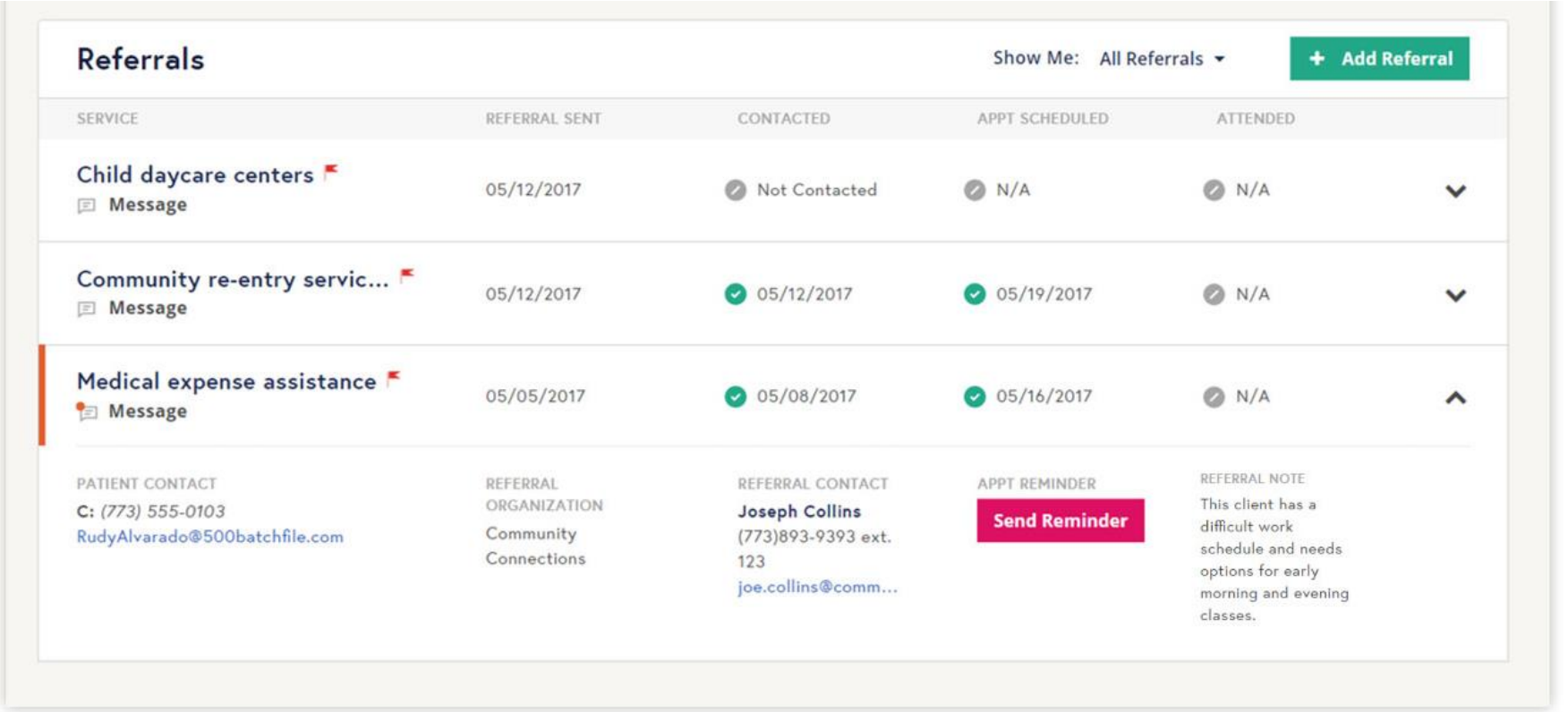
NOWPOW



http://www.nowpow.com/

Great Lakes PTN

NOWPOW


Referrals
Show Me: All Referrals
+ Add Referral
SERVICE
REFERRAL SENT
CONTACTED
APPT SCHEDULED
ATTENDED
Child daycare centers
Message
05/12/2017
Not Contacted
N/A
N/A
Community re-entry servic...
Message
05/12/2017
05/12/2017
05/19/2017
N/A
Medical expense assistance
Message
05/05/2017
05/08/2017
05/16/2017
N/A
PATIENT CONTACT
C: (773) 555-0103
RudyAlvarado@500batchfile.com
REFERRAL ORGANIZATION
Community Connections
REFERRAL CONTACT
Joseph Collins
(773)893-9393 ext. 123
joe.collins@comm...
APPT REMINDER
Send Reminder
REFERRAL NOTE
This client has a difficult work schedule and needs options for early morning and evening classes.

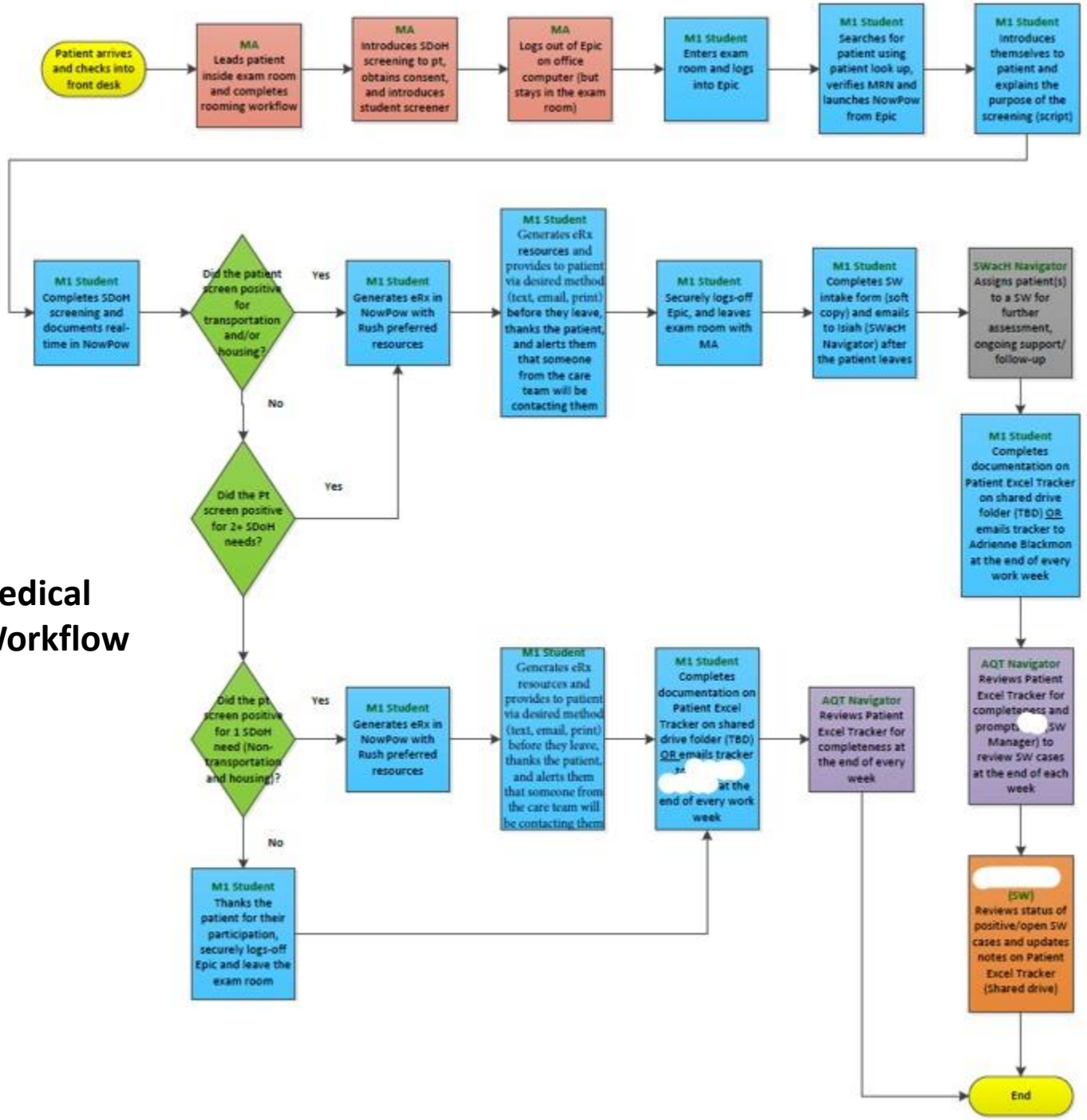
Plan-Do-Study-Act

- PDSA completed to understand workflow in primary care settings across different providers / practice styles

- Initial 50 patients screened:
  - Average 3 minutes per screening (before or after visit)
  - 33% screened positive for one or more need
  - Food insecurity was most frequent need (25% of screened patients)

- Among patients with (+) SDoH needs:
  - 65% were on hypertension registry
  - 30% were on CAD registry
  - 30% fell in highest quartile cost (internal charges) for Rush system

1st year Medical Student Workflow



Testimonials

"I don't need any of those resources and I am an exception because Rush is a teaching hospital, it's nice to have questions like these."

"I am very grateful for screening, I have only $3 dollars in my bank account after paying bills."

"I love it, not only because I have a need, but also because my background is in behavioral health and I think Rush is doing well to service patients in this way."

Challenges

- Multiple challenges that continue today:

1. Clinician engagement (“not in scope of my care”)
2. Support staff burn-out ---> “not my job” and/or “not enough time”
3. Requires social work engagement for greater SDoH needs ($$ investment)
4. Operational challenges ---> “where and when and what’s the ROI”
5. Closing the loop on referrals requires personnel to follow cases if not fully integrated with EHR
6. Preferred social work resources may not be part of NowPow

Challenges (yes, there are more)

1. Some screenings took a very long time

2. A lot of down-time between patients (i.e. patient navigator doing screenings)

2. Interpreter sometimes needed for screenings

3. Patient preference to answer sensitive questions with doctor only

4. Adequate training for all staff participating in screening

You won't know if you don't ask!