

Social Determinants: Assessment, Coding, Reporting and Closing the Loop with Referrals

Temple Health presentation for Southeast Region PCMH Learning
Network - April 20, 2021

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Today's presentation will cover:

- Brief Overview- Evolution of SDOH Assessment
- Coverage of Domains
- Completion and Documentation of Screenings
- Coding and Reporting Assessment Outcomes
- Resources and Referrals

Brief History- Evolution of SDOH Assessment

**Dec 2017; initial
planning for
standardized
approach**

**March 2019;
assessment live for
use across Temple
Health**

**January 2021;
added question
about Internet
Access**

**Sep 2018; first pilot
site begins
screening**

**January 2020; all
primary care sites
trained and using
screening tool**

Other Notes

1. Assessment mostly uses validated screening questions (Custom question for Internet Access, specific housing issues)
2. Questions are found in History section of EPIC

Coverage of SDOH Domains

Domains Currently Covered



Housing
Instability



Food
Insecurity



Transportation
Needs



Utility Needs



Access to
Internet



Health Literacy

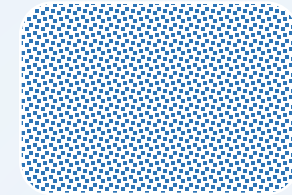


Health Related
Financial Strain

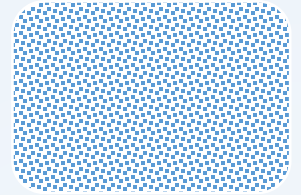


Interpersonal
Safety

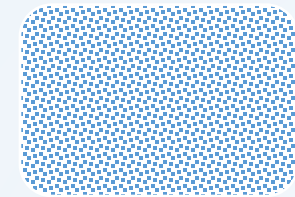
Domains Not Yet Covered



Employment



Childcare



Clothing

Completion and Documentation of Screenings

Ideal State

- Screening completed at least 1x per year for all patients
- Patient able to complete screening prior to visit via patient portal

Current State

- Screening completed in 2020 for about 33% of visits
- Questions asked and responses recorded during rooming process

Plans to Improve

- Expanded appt types where screening is expected
- Added to pre-visit prep- on paper and through EPIC
- Eventually make screening available through MyTempleHealth



Coding & Reporting Assessment Outcomes

✓ The Social Determinants of Health screening suggests food insecurity. Please add to the problem list.

Food Insecurity

Add Problem Do Not Add Lack of adequate food and safe drinking water [Edit details](#) (Share with patient)

Acknowledge Reason

I am not the appropriate provider N/A to the patient

Example of ICD-10 Pop Up Alert

Ideal State

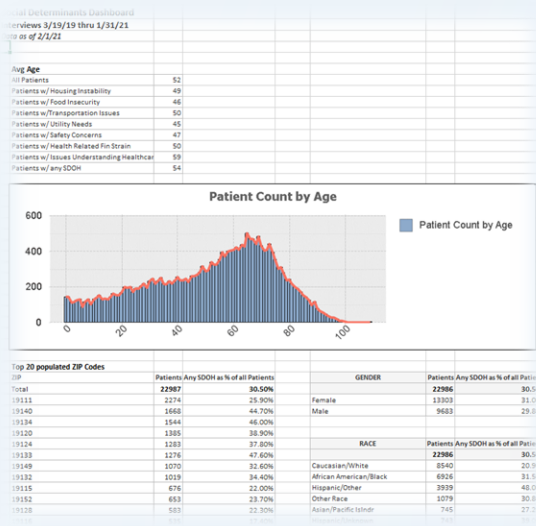
- G9919 and G9920 codes auto-added based on screening
- Providers add ICD-10 codes any time an issue is found
- Robust reporting based on data collected

Current State

- G9919 and G9920 codes auto-added based on screening ✓
- Popup suggests ICD-10 code; most providers decline
- Robust reporting based on data collected ✓

Plans to Improve

- More communication about why the popup exists
- Education about how to change the language for ICD descriptions



Example of SDOH Dashboard

Resources and Referrals

Ideal State

- Network of community organizations equipped with capacity and resources
- Bi-directional referral platform embedded into EPIC
- Seamless process to connect patients with resources

Current State

- Internal database of community organizations embedded into EPIC (≈ 100)
- Information added to a patient's After Visit Summary
- Referrals made to Community Health Worker team and Nurse Navigators

Plans to Improve

- Partner with Aunt Bertha as referral platform
- Make a larger effort to connect and partner with community organizations

After Visit Summary Selected to print

Your Updated Medication List as of August 8, 2020 11:59 PM
You have not been prescribed any medications.

Continuing Care



Community Resources

Benefits Data Trust/BenePhilly Centers

Address: 1500 Market Street Suite 2800, PHILADELPHIA PA 19102

Phone: 800-528-9594

Languages: English, Spanish

Hours of Operation

Sun	—
Mon	9:00 AM - 5:00 PM
Tue	9:00 AM - 5:00 PM
Wed	9:00 AM - 5:00 PM
Thu	9:00 AM - 5:00 PM
Fri	9:00 AM - 5:00 PM
Sat	—

[Temple Health General Community Resource Guide](#)

Below are resources that we, at Temple, have found and which offer help to patients in our community. These are intended to be used by you as the patient to take action. Some programs have requirements. Temple does not control the requirements.

Name	Address and/or Phone	Description
	Food Services	

Example of After Visit Summary

Future Considerations

- Ability to partner with community organizations
- What does partnership with Aunt Bertha look like?
- How will the RISE PA platform affect the work that has been done so far? Future work?
- Additions and changes to PCMH, MCO, state requirements

Summary- TPI and SDOH

Biggest Pain Points

- Closing loop on referrals
- Need to partner better with community organizations

Recent Wins

- Screening process in place for all primary care sites
- Automated use of G codes
- Improved process to add resources to AVS

Opportunities

- Better use of technology
 - Referral Platform
 - Patient Portal
- RISE PA platform?