

**HealthChoices PCMH Learning Network**

**Northeastern PA**

**Thursday, April 27**

**8:30 a.m. to 10:30 a.m.**

**Register Here:** <https://us06web.zoom.us/meeting/register/tZwud-qqrTovHtDWoZf7084J43zK1BE2AOGj#/registration>

**Learning Objectives:**

* Describe what the Physical Health MCOs are observing based on the SDOH screening data they are receiving from PCMHs and how the MCOs are using this data.
* Discuss PCMHs’ progress towards achieving their SDOH screening objectives and the feedback they have received from patients, staff, and providers to continuously improve SDOH screening and follow-up processes.
* Describe PCMHs’ successful tactics for breaking through common challenges related to coding and reporting SDOH screenings, using data and quality improvement methods to reach SMART objectives for SDOH screening, and educating patients and providers about SDOH.

**Agenda:**

1. 8:30 a.m. to 8:40 a.m. – **Welcome and Introduction** – Robert Ferguson, MPH, Chief Policy Officer, Pittsburgh Regional Health Initiative
   1. Provide an update on PA Navigate (<https://healthshareexchange.org/pa-navigate/>)
   2. Review the [HEDIS ECDS Social Needs Screening measure](https://www.ncqa.org/blog/social-need-new-hedis-measure-uses-electronic-data-to-look-at-screening-intervention/) and how this relates to the SDOH screening and follow-up expectations of the HealthChoices PCMH Program
2. 8:40 a.m. to 9:40 a.m. – **PCMHs and MCOs report out on SDOH screening, coding, and follow-up processes** – Facilitated by Pauline Taylor, CQIA, Program Specialist, Pittsburgh Regional Health Initiative
   1. Physical Health MCOs report out on:
      1. What SDOH data are you receiving from the PCMH practices? Are you getting Z codes and G codes? Just one or the other? Or are you getting these data in any other way?
      2. How is your MCO using the SDOH data it receives? Are they going into risk algorithms? Informing programs?
      3. What types of SDOH needs are the PCMH practices reporting?
      4. What SDOH data is your MCO getting through your own outreach to members? Are you looping practices in on the data that you are collecting?
      5. What are the main needs that the PCMH and the MCO data show?
      6. What are the rates of screening that you are seeing in the PCMH practices?
   2. PCMHs report out on:
      1. What % of patients have been screened for SDOH by quarter or month, and what is your SMART objective?
      2. How is your PCMH using the SDOH screening data to care for patients (e.g., risk stratification, care management outreach, etc.)?
      3. What feedback have you received from patients about the SDOH screening, documentation and follow-up process?
      4. What feedback have you received from providers/staff about the SDOH screening, documentation and follow-up process?
      5. What questions do you have for your peers to inform your own SDOH work and breakthrough common challenges related to SDOH coding/reporting, using data to reach SMART objectives via QI, and educating patients and providers?
         1. (note: learn about your PCMHs’ related SDOH processes and experiences prior to the session, and ask your peers your questions during the “Best Practices” part of the session)
3. 9:40 a.m. to 10:25 a.m. – **SDOH Screening Best Practice Presentations**
   1. Inviting Geisinger and River Valley Health to present best practices for:
      1. Coding and reporting processes for SODH Screening (12 min.)
      2. Using data on SDOH screening and outcomes to reach SMART objectives (12 min.)
      3. Increasing provider and staff buy-in about the important and rationale for SDOH screening and comfort levels among patients (12 min.)
   2. Q&A (10 min.)
4. 10:25 a.m. to 10:30 a.m. – **Wrap Up and Next Steps** – Pauline Taylor, CQIA, Program Specialist, Pittsburgh Regional Health Initiative