

Social Determinants of Health

AT EAST LIBERTY FAMILY HEALTH CARE
CENTER



East Liberty Family Health Care Center

A CHRISTIAN MINISTRY OF
WHOLE PERSON HEALTH CARE

In The Beginning....

ELFHCC BEGAN THEIR SDOH JOURNEY IN 2019 BY:

- **Hiring staff that specialized in several of the identified SDOH barriers.**
- **Researching existing SDOH questionnaires.**
- **Introducing the SDOH concept to ELFHCC Providers.**

The Launch – September 9, 2019

THE PLAN:

- ▶ **ELFHCC launched the SDOH pilot at the Lincoln Lemington office.**
- ▶ **ELFHCC Medical Providers administered the Prapare SDOH screening tool during patient visits.**
- ▶ **Patients presenting for the following visit types were administered the questionnaire: New patients and annual exams (adult only)**

CHALLENGES:

- ▶ **Providers indicated that the questionnaire was too time consuming to complete during a medical visit.**

THE RESULTS:

- ▶ **The pilot place placed on hold after a few weeks in order to work through the identified challenges.**

The Re-launch – November 11, 2019

THE PLAN:

- ▶ ELFHCC re-launched the SDOH pilot at the Lincoln Lemington office.
- ▶ The questionnaire was placed on the Kiosk for the pt. to complete during check in process.
- ▶ The rooming staff would pull the completed questionnaire into the visit progress note so the provider could speak with the pt regarding the results and make a referral to the Social service department.

CHALLENGES:

- ▶ Issues occurred when trying to have the questionnaire triggered for two different visit types.
- ▶ The EHR was unable to accommodate the questionnaire being translated into Spanish there Spanish speaking patients were not able to complete the screening tool.
- ▶ Rooming staff were forgetting to pull the questionnaire into the progress note.
- ▶ The EHR was not triggering a billing code for negative SDOH screens.
- ▶ Patients were not completing the questionnaire in its entirety and often stopped after the 3rd question.

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If at first you don't succeed, try,
try again....

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And then there was COVID

March 2020

- ▶ During the pandemic, ELFHCC stopped utilizing the kiosks for patient check-in.
- ▶ Patients had to begin using paper copies of the SDOH tool.

CHALLENGES

- ▶ Pts were resistant to completing the paper assessment. After some discussion, pts report that the tool looked like a “government Document”.
- ▶ Pts also reported that the document was “difficult to understand”.

May 2020

- ▶ Created a SDOH tool that utilized more easily understood language.
- ▶ Placed the form on ELFHCC Letterhead.

CHALLENGES:

- ▶ The questionnaires had to be collected by nursing staff and placed in a designated spot.
- ▶ Patients would forget to hand it to staff.
- ▶ The results had to be hand entered into the EHR which was time consuming.
- ▶ There was no mechanism to attach it to the visit so therefore a billing code could not be attached.

And try again

June 2020

- ▶ Created a short SDOH assessment tool because we were still receiving feedback that the tool was too lengthy.
- ▶ Translated the tool into Spanish and Portuguese so that those populations were given a voice to express their needs.

CHALLENGES:

- ▶ The process of hand entering the assessments into the chart was becoming increasingly more time consuming. More staff education led to more completed assessments which led to more questionnaires needing to be transferred into the EHR.

Current Process

- ▶ A 3 questionnaire is on the Kiosk and is completed when a patient checks in for their appt.
 - ▶ If the pt does not complete it at the kiosk the nursing staff can pull in the questionnaire and ask the questions.
- ▶ The provider discusses the answers with the pt during the visit.
 - ▶ If the screen is positive and IF the pt is willing to accept help then the pt is given the orange BH/SS card and instructed to call.
 - ▶ Direct immediately referrals and warm hand offs occur for pts identifying an SUD need or a safety concern.
- ▶ The pt. contacts the Social Service Counselor and the full assessment is administered verbally utilizing language that is more easily understood.
- ▶ The Social Service Counselor follows up with the pt. at 3, 6, 9 and 12 month intervals.

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The Keys to success

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ELFHCC STAFF

- ▶ Consistently attended monthly department meetings to discuss the SDOH program.
- ▶ Monitored which staff members were performing the steps in the process well and applauded their efforts. Engaged in retraining with individuals that struggled to understand the process or importance.
- ▶ Consistently requested feedback and suggestions from all staff.
 - ▶ When a staff member made a valid point or suggestion – it was publicly acknowledged and applauded
- ▶ Made SDOH reports readily available to all ELFHCC staff members so they could understand the impact of their efforts.
- ▶ Shared success stories of patients utilizing their own words! This was a very powerful tool!
- ▶ Illustrated the value in empowering people and not enabling.

ELFHCC Patients

- ▶ Listened when the pts indicated that the language in the SDOH tool was difficult to understand and made changes.
- ▶ Made changes when pts indicated that the questionnaire was too long.
- ▶ Empower pts instead of enabling.