Social Determinants of Health Work at Mount Sinai St. Luke's

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### **SDH: Internal Medicine Residency Curriculum**

### **Ambulatory Rotation**

 Art and Practice Sessions (PGY1) – using GNYHA curricular materials; longitudinal small group sessions focused on equitable patient-centered care topics (e.g. LEP/health literacy, SDH/ health disparities, cultural competency, motivational interviewing)

### **Primary Care Track**

- GNYHA CBO Immersion training collaboration: partnering with City Health Works to understand the role of the health coach in improving health outcomes for patients.
- DANY Grant activities: immersive two week block focused on understanding the health needs and delivery of services for the West Harlem population. Trainees will engage in hotspotting activities, mental health integration, visiting public housing to understand environmental contributors to health, home visits, understanding the role of CBO-health system partnerships
- Longitudinal projects- focusing on one aspect of community health related to residents' patient population(s)

### **SDH Screening Pilot: Tool Development**

| Nov 2016   | Nov 2016 - June<br>2017  | Sept 2017   | Aug 2017  |
|--|--|---|---|
| 1. SDH<br>Workgroup<br>charged with<br>developing SDH<br>Tool for pilot by<br>MS PPS | 2. SDH<br>Workgroup<br>vetted existing<br>SDH tools and<br>interviewed tool<br>authors   | 3. MS PPS<br>SDH tool<br>and CMS<br>AHCS tool<br>selected | 4. MSSL<br>customized<br>PPS<br>recommended<br>tool for pilot<br>groups |
| Partners<br>Mount<br>Sinai<br>Performing<br>Provider<br>System                       | Tools Reviewed<br>Health Leads<br>PRAPARE<br>CMS Accountable Health<br>Communities Screen<br>(AHCS)<br>Mount Sinai Health<br>Partners Comprehensive<br>Assessment<br>Hunger Vital Sign |   | Mount<br>Sinai<br>St. Luke's  |

### **SDH Screening Pilot: Workflow**

- October 2017
- Screen conducted interview style on paper screening tool
- Screeners are social workers or social work interns
- Screening locations:
  - Outpatient: OB/GYN and sickle cell disease
  - Inpatient: trauma and sickle cell disease
  - Emergency Department: sickle cell disease
- Positive screens result in resources being provided, often by use of NowPow

|      | SDH Domain     | Question   | Patient<br>Response | Final<br>Assessment | Notes     |
|------|----------------|--|---------------------|---------------------|-----------|
| 1 Fo | Food           |  | Yes                 | Yes                 |           |
|      | ~              | Do you/your immediate family currently have access to      | O No                | D No                |           |
|      | 0              | enough food each day?                                      | Urgent              | Urgent              |           |
| 2    | Housing        |  | Q Yes               | Q Yes               |           |
| -    | ~ ~            | Do you/your immediate family currently have a safe         |                     |                     |           |
|      | â              | place to live each day?                                    | Urgent              | Urgent              |           |
| 3    | Income         | Are you/your immediate family able to afford your basic    | Q Yes               | Q Yes               |           |
| -    |                | needs most or all of the time? Examples: food, housing,    |                     |                     |           |
|      | \$             | telephone, electric/gas, medications, etc.                 | Urgent              | Urgent              |           |
| 4    | Literacy       | Are you/someone in your immediate family able to read      | Q Yes               | Q Yes               |           |
| - I  | e e            | and understand health care/other important                 |                     |                     |           |
|      | 0              | information in your preferred language?                    | Urgent              | Urgent              |           |
| _    | ]              | information in your preferred language?                    | -                   | -                   |           |
| 5    | Social         | Do you have someone whom you trust and to whom you         | Yes                 | Q Yes               |           |
|      | ුදුදු          | can go with personal difficulties?                         | No No               | No No               |           |
| _    | ]              | • •  | Urgent              | Urgent              |           |
| 6    | Safety         | Do you feel safe? (Not currently being harmed or not       | Yes                 | Yes                 |           |
|      | 25             | concerned of being harmed in any way by someone in         | No                  | No                  |           |
|      |                | your life.) Ex: emotionally, financially, physically, etc. | Urgent              | Urgent              |           |
| 7    | Legal          | Do you need legal assistance? Examples: child and family   | Yes                 | Yes                 |           |
|      | <u></u>        | services, immigration, housing discrimination, domestic    | No                  | No                  |           |
|      | -1-            | issues, etc.   | Urgent              | Urgent              |           |
| 8    | Transportation | Do you have access to transportation to get where you      | Yes                 | Yes                 |           |
|      |                | need on a daily basis? Examples: medical appointments,     | No                  | No                  |           |
|      | <u> </u>       | work, school, etc.   | Urgent              | Urgent              |           |
| 9    | Healthcare     | De una have a science and include the thetas have          | Yes                 | Yes                 |           |
|      |                | Do you have a primary medical doctor that you have         | No                  | No                  |           |
|      | 100            | visited in the past six months?                            | Urgent              | Urgent              |           |
| 10   | Medication     |  | Q Yes               | Ves                 |           |
|      | -              | Do you have any problems filling prescribed                |                     |                     |           |
|      | <b>e%</b>      | medications?   | Urgent              | Urgent              |           |
| 11   | Mental Health  |  | Q Yes               | Q Yes               |           |
|      | and the second | Do you feel hopeless or anxious?                           |                     |                     |           |
|      |                | bo you reentopeless of anxious:                            | Urgent              | Urgent              |           |
| 12   | Substance Use  |  | Q Yes               |                     |           |
| **   |                | Has alcohol or drug use led to health, social, legal, or   | I Yes               | U Yes               |           |
|      | 4              | financial problems for you?                                |                     |                     |           |
|      |                |  | Urgent              | Urgent              |           |
| 13   | Consent        | Would you like help with any of the discussed topics?      | Would life          |                     |           |
|      | ?              |  | Declined            | help                |           |
|      |                | Do we have permission to share your information with       | Yes                 |                     |           |
|      |                | community organizations that may be able to help you?      | No                  |                     |           |
| 14   | Other          | Is there any other need we have not discussed that you     | C Yes               |                     |           |
|      |                | would like assistance with? (If so, please specify to the  |                     |                     |           |
| _    | ~              | right).  |                     |                     |           |
|      | If patient has | primary or secondary diagnosis of sickle cell disease      | , please ask        | the following       | question: |
| 15   | Healthcare     | Do you need help scheduling follow-up with a sickle        | □ Yes               | Q Yes               |           |
|      |                | cell specialist?   |                     |                     |           |
|      | and a          | conspectande:  | Urgent              | Urgent              |           |
|      | 7              |  | a orgent            | - orgent            |           |

### **SD Pilot: Referral of positive screens**

Positive screens reviewed, assessed and NowPow resource list provided



Screening results documented and results uploaded

| reens  |                               | Honzing                         |
|--|-------------------------------|---------------------------------|
|  | Childcare and Parenting       | Immigrant Support               |
|  | Dental and Vision             | Legal                           |
|  | Education                     | Long-term Services and Supports |
|  | Emergency and Crisis Help     | Medical and Healthcare          |
|  | Employment                    | Mental Health                   |
|  | Exercise and Physical Fitness | Mobile Care Services            |
|  | Family Planning and Pregnancy | Safety and Prevention           |
|  | Financial Assistance          | Seniors                         |
|  | Food and Nutrition            | Substance Use Treatment         |
|  | Goods                         | Technology                      |
| reate New HealtheRx Healthcare Supplies and Medicine |                               | Transportation                  |
| Enter an address                                     | ٩                             |                                 |
|  |                               |                                 |
|  | Q<br>o create your eRx        |                                 |
|  |                               |                                 |
| Choose how t   | o create your eRx             |                                 |

SERVICE CATEGORIES

Centers

Home Maintenance

Hotlines

Housing

## **SDH Screening Pilot: preliminary findings**

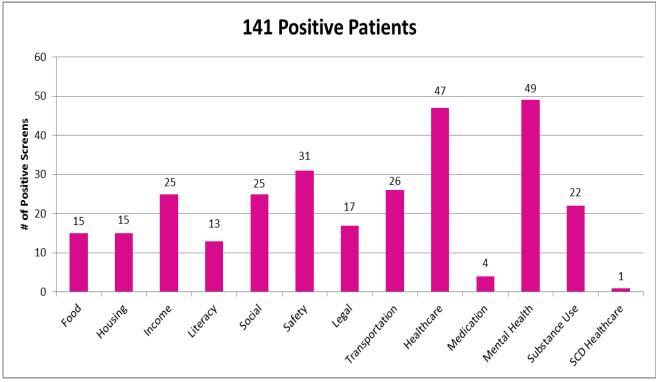
Total screens: 269

#### 52% positivity rate

#### Top domains:

- 1. Mental health concerns (22%)
- Access/connection to primary care (17%)
- 3. Emotional, financial, or physical safety (12%)

**74%** of positive patients screen for 1-2 needs



Data as of April 6, 2018

Note: the denominator of the mental health question is smaller than the healthcare question, but a higher percentage of patients reported mental health concerns

### **Staff Experience with SDH Screening**

- Screening helps to engage patients to report psychosocial stressors
  - Screenings offer patients a safe space to address concerns that may not have been discovered or addressed otherwise
- Utilizing social work/ clinical skills is essential as a follow-up to positive screens
- Even patients who deny resources and referrals may need supportive counseling
- Screener experience and input is essential to refining the process
  - Leveraging existing workflows is crucial to adoption
- EMR integration is an intensive, but worthwhile, endeavor so care team can see screening results

## **SDH Screening: from Pilot to Practice**

- Integrate screening tool into EMR
  - Exploring pilot for patient-facing app
- Q4 2018: Begin expanding to other services across MSSL
- Link positive screens to ICD 10 codes to quantify/standardize data

### **Taking SDH Digital: EMR Integration**

- Building SDH screening workflows into the EMR is key to move from pilot to widespread adoption
- Reducing question duplication for patient and providers in hospital
  - Reviewing screens and assessments completed by other disciplines e.g. nursing, nutrition, physical therapy, care management, to eliminate overlap
  - Working with IT to autopopulate fields of other forms if already answered
  - Ideal state: SDH snapshot in patient record of social needs reported from various screens and assessments
- Aiming to reduce question duplication for patients in other settings where they might receive care (e.g. FQHCs, SNFs)

# **Taking SDH Digital: Z Codes**

| Domain   | Screening Question   | Possible Z Code   |
|----------|--|---|
| Food     | Do you/your immediate family currently have access to enough food each day?  | Z59.4- Lack of adequate food and safe drinking water  |
| Housing  | Do you/your immediate family currently have a safe place to live each day?   | Z59: Problems related to housing<br>and economic circumstances<br>Z59.0- Homelessness<br>Z59.1- Inadequate housing                          |
| Income   | Are you/your immediate family able to afford your basic needs most or all of the time?   | Z56: Problems related to<br>employment and unemployment<br>Z59.6- Low income<br>Z59.7- Insufficient social insurance<br>and welfare support |
| Literacy | Are you/someone in your immediate family able to read<br>and understand health care/other important information in<br>your preferred language? | Z55: Problems related to education and literacy   |
| Social   | Do you have someone whom you trust and to whom you can go with personal difficulties?  | Z63.9- Problem related to primary support group, unspecified  |
| Legal    | Do you need legal assistance?  | Z65.3- Problems related to other legal circumstances  |

### **Taking SDH Digital: Z Codes**

| Domain         | Screening Question   | Possible Z Code  |
|----------------|--|------------------|
| Safety         | Do you feel safe?  | No precise match |
| Transportation | Do you have access to transportation to get where you need on a daily basis?         | No precise match |
| Healthcare     | Do you have a primary medical doctor that you have visited in the past six months?   | No precise match |
| Medication     | Do you have any problems filling prescribed medications?                             | No precise match |
| Mental Health  | Do you feel hopeless or anxious?   | No precise match |
| Substance Use  | Has alcohol or drug use led to health, social, legal, or financial problems for you? | No precise match |
| SCD Healthcare | Do you need help scheduling follow-up with a sickle cell specialist?                 | No precise match |

# **Thank you**

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