Health-Related Social Needs (HRSN)

Session 2: Training Providers and Educating Patients
October 11, 2023

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Health Equity Leads

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- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

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Healthcentric Advisors:
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Qlarant:
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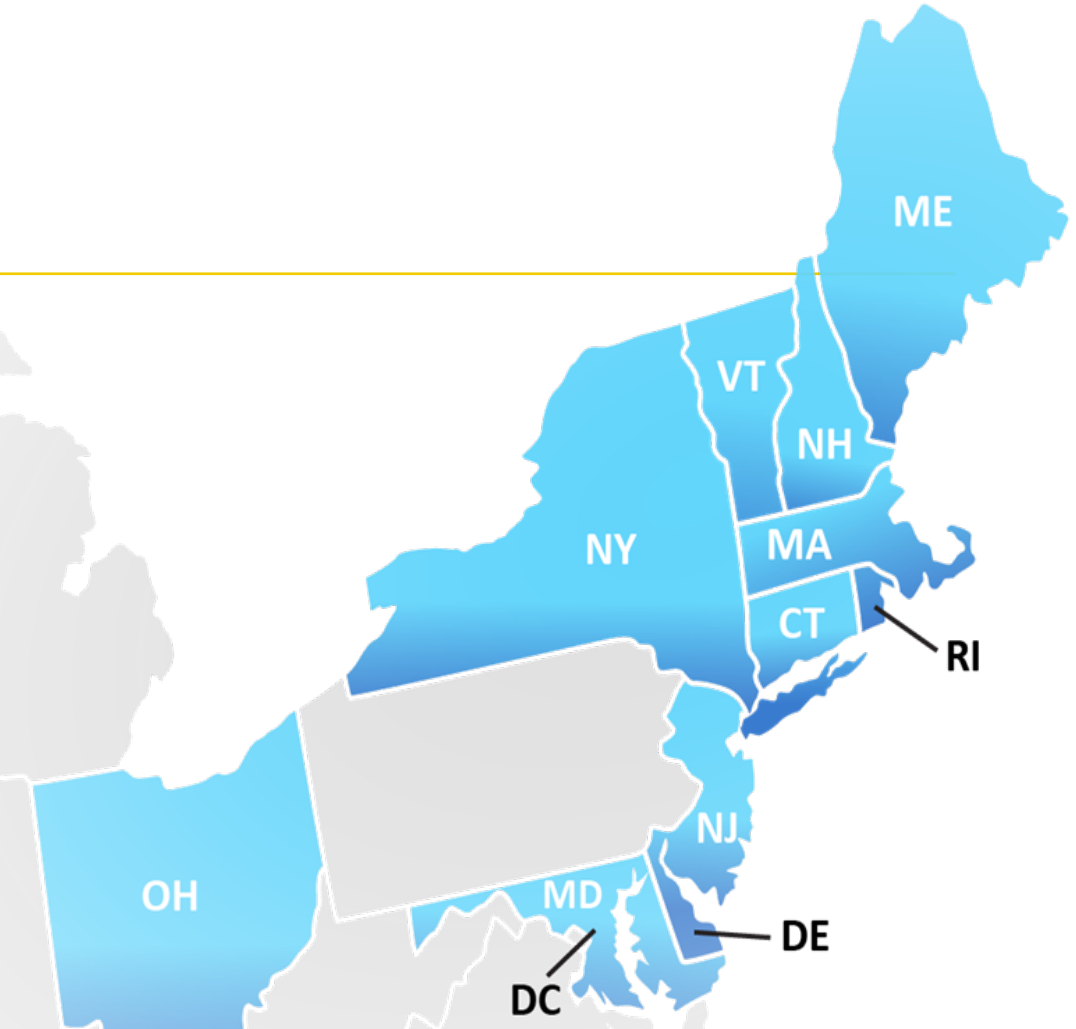

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20% of the nation's Medicare FFS beneficiaries

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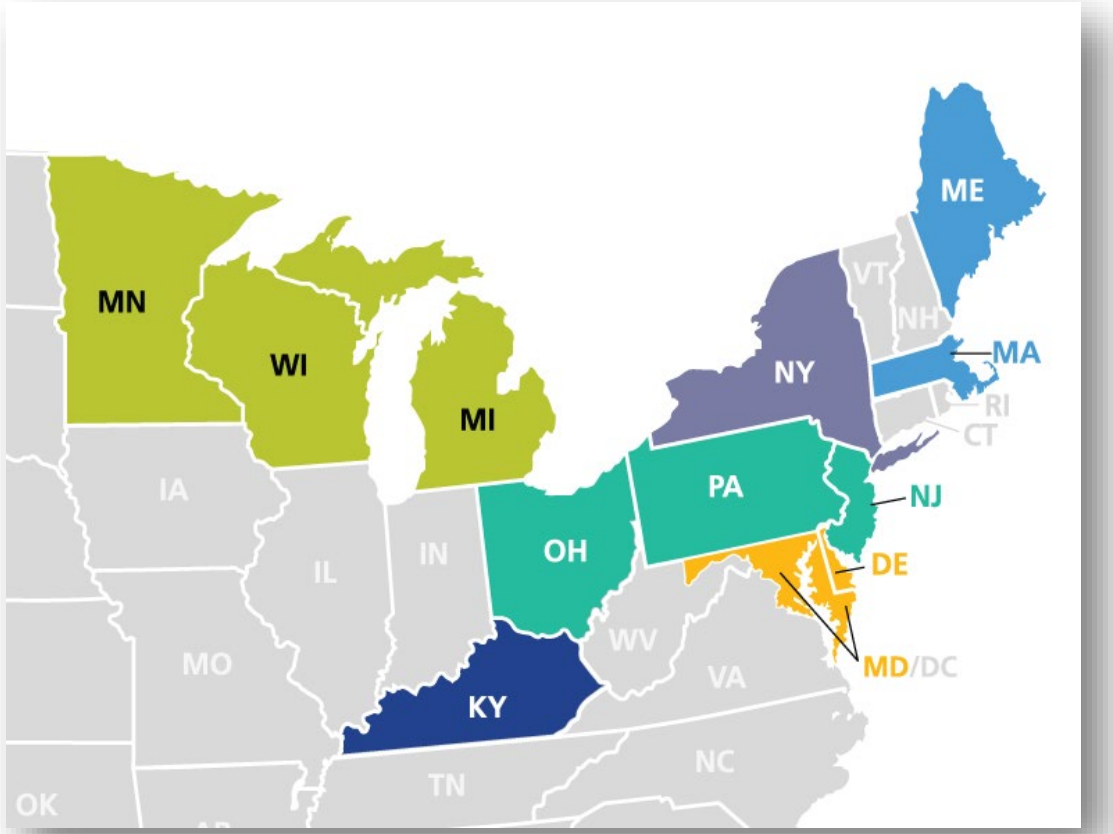
- A federally funded Medicare Hospital Quality Improvement Contractor (HQIC) in 12 states
- IPRO collaborates with several organizations to reach hospitals.

- IPRO
- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

American Institutes for Research (AIR)

QSource Health Equity Subject Matter Experts



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Today's Session Objectives

- Share best practices on training providers and educating patients
- Discuss strategies that are working
- Learn from your peers: a conversation with Joshua Gregoire

Introductions

Share your **name**, **title**, **organization** and response to:

What is your favorite candy/chocolate to either eat or give out?

HSRN Series

Date	Time	Topic
9/13/2023	12:00 – 12:45 PM ET	Reviewing HRSN and the HRSN Measure
10/11/2023	12:00 – 12:45 PM ET	Training Providers and Staff to Screen for HRSN and Educating Patients
11/8/2023	12:00 – 12:45 PM ET	Incorporating Screening Tools into the Workflow
12/13/2023	12:00 – 12:45 PM ET	Using Z-Codes to Capture HRSN
1/10/2024	12:00 – 12:45 PM ET	Connecting with CBOs to Close the Referral Loop
2/14/2024	12:00 – 12:45 PM ET	Involving Patients, Families, and Communities to Help Improve HRSN Screening and Referrals

To Register:
https://ipro.webex.com/webappng/sites/ipro/webinar/webinarSeries/register/6bb8cc607cd74404b38127444d16962d

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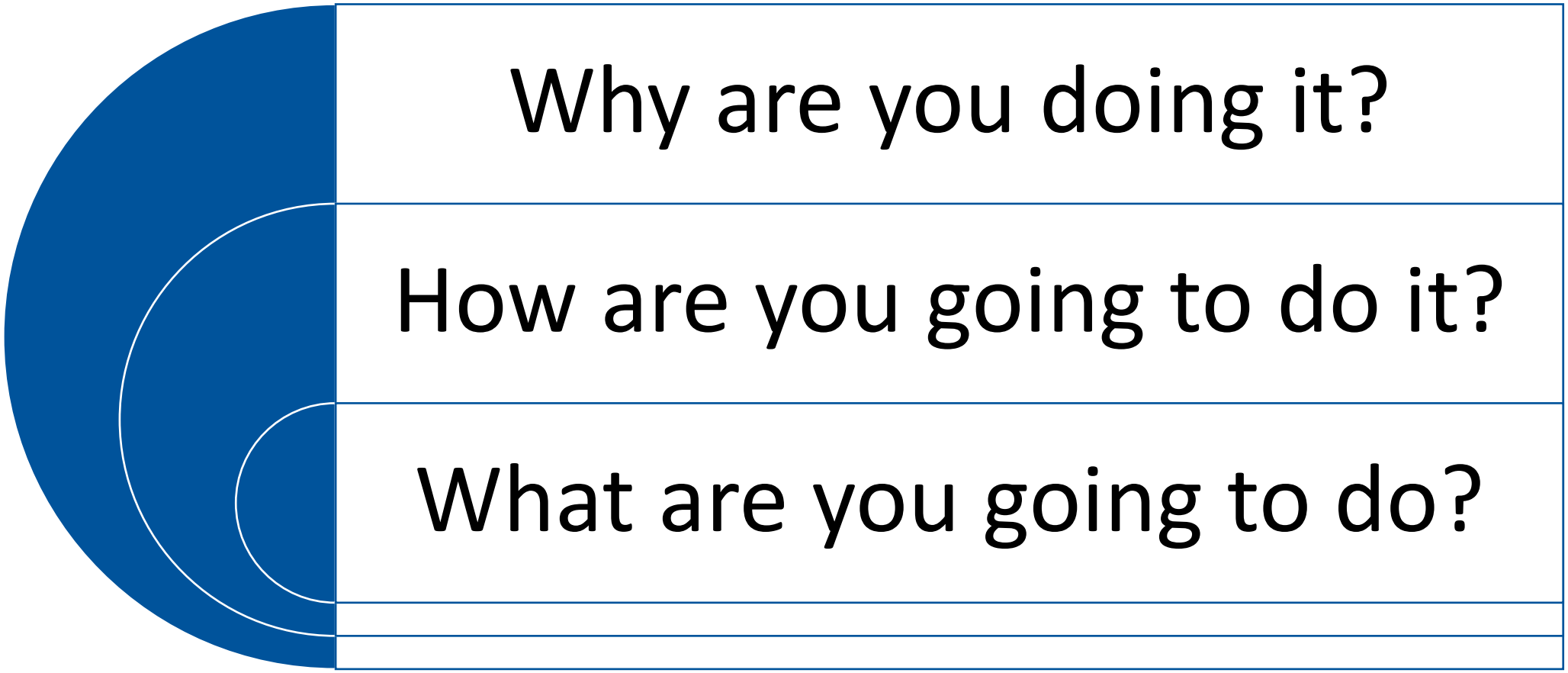
Address the Why, How, What?



Communicate the Why

Henry Ford, "Why We Ask,"
https://www.henryford.com/about/diversity/why-we-ask

University Health, Social Determinants of Health,
https://www.universityhealthkc.org/patients-visitors/guest-services/patient-and-family-engagement/social-determinants-of-health/

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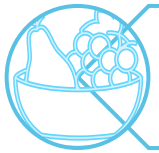
Develop a Knowledge Base and Offer Additional Opportunities to Dive Deeper

Health-related social needs

Housing

- At risk of being behind on housing payment, multiple moves, or eviction
- Living in a place not meant for human habitation



Food

- Limited/uncertain access to adequate food

Utilities

- Limited/uncertain access to home utilities e.g., water, electricity

Transportation

- Inability to move from place to place in a safe and timely manner

Safety

- Concern about safety or violence from family/friends

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Consider Skills That Might Be Needed

- Motivational Interviewing
- Empathetic Inquiry
- Trauma-Informed Care
- Culturally and Linguistically Appropriate Care

Define Roles for Your Team and Identify Champions

Define the Process and Make it Available and Understandable

Who is screening the patients?	When does the screening occur?	When are the results reviewed?	How are the results discussed?	How are resources provided?	How is the social need recorded?	How is the referral loop closed?
• Medical assistants • Community health workers • Patient navigators • Social workers • Nurses • Clinicians	• Electronically prior to the visit • Paper during the rooming process	• Review electronic responses pre-visit • Review in between rooming and clinician entering the room • Review during the rooming process	• Clinician and patient discuss during visit • Social worker is connected to patient after clinician discussion	• Provide resource handout • Warm handoff to social work • Referral via the electronic medical record to community-based organization	• Clinician enters in data in the provider notes or history • Social work enters in additional information • Billing office associates the visit with a Z code	• Community-based organization updates via electronic medical record • Social work follows-up with patient via phone call

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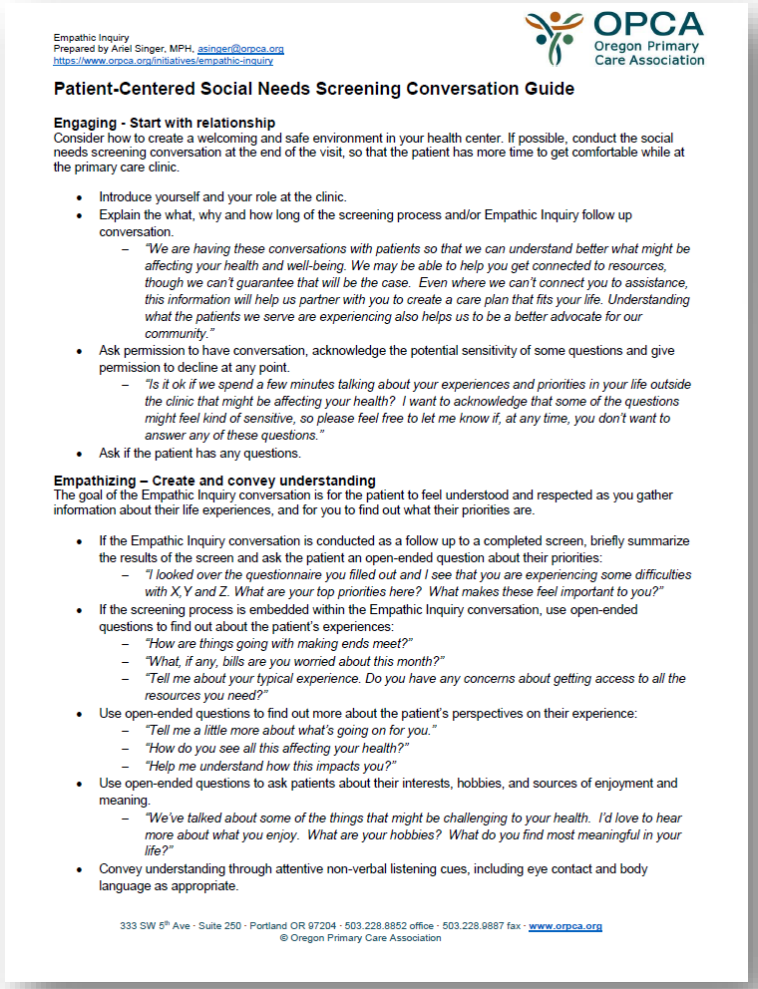
Use Standardized Resources and Tools



Empathic Inquiry
Prepared by Ariel Singer, MPH, asinger@orpca.org
https://www.orpca.org/initiatives/empathic-inquiry

OPCA Oregon Primary Care Association

Patient-Centered Social Needs Screening Conversation Guide

Engaging - Start with relationship
Consider how to create a welcoming and safe environment in your health center. If possible, conduct the social needs screening conversation at the end of the visit, so that the patient has more time to get comfortable while at the primary care clinic.

- Introduce yourself and your role at the clinic.
- Explain the what, why and how long of the screening process and/or Empathic Inquiry follow up conversation.
  - *"We are having these conversations with patients so that we can understand better what might be affecting your health and well-being. We may be able to help you get connected to resources, though we can't guarantee that will be the case. Even where we can't connect you to assistance, this information will help us partner with you to create a care plan that fits your life. Understanding what the patients we serve are experiencing also helps us to be a better advocate for our community."*
- Ask permission to have conversation, acknowledge the potential sensitivity of some questions and give permission to decline at any point.
  - *"Is it ok if we spend a few minutes talking about your experiences and priorities in your life outside the clinic that might be affecting your health? I want to acknowledge that some of the questions might feel kind of sensitive, so please feel free to let me know if, at any time, you don't want to answer any of these questions."*
- Ask if the patient has any questions.

Empathizing – Create and convey understanding
The goal of the Empathic Inquiry conversation is for the patient to feel understood and respected as you gather information about their life experiences, and for you to find out what their priorities are.

- If the Empathic Inquiry conversation is conducted as a follow up to a completed screen, briefly summarize the results of the screen and ask the patient an open-ended question about their priorities:
  - *"I looked over the questionnaire you filled out and I see that you are experiencing some difficulties with X,Y and Z. What are your top priorities here? What makes these feel important to you?"*
- If the screening process is embedded within the Empathic Inquiry conversation, use open-ended questions to find out about the patient's experiences:
  - *"How are things going with making ends meet?"*
  - *"What, if any, bills are you worried about this month?"*
  - *"Tell me about your typical experience. Do you have any concerns about getting access to all the resources you need?"*
- Use open-ended questions to find out more about the patient's perspectives on their experience:
  - *"Tell me a little more about what's going on for you."*
  - *"How do you see all this affecting your health?"*
  - *"Help me understand how this impacts you?"*
- Use open-ended questions to ask patients about their interests, hobbies, and sources of enjoyment and meaning.
  - *"We've talked about some of the things that might be challenging to your health. I'd love to hear more about what you enjoy. What are your hobbies? What do you find most meaningful in your life?"*
- Convey understanding through attentive non-verbal listening cues, including eye contact and body language as appropriate.

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"We are having these conversations with patients so that we can understand better what might be affecting your health and well-being. We may be able to help you get connected to resources, though we can't guarantee that will be the case. Even where we can't connect you to assistance, this information will help us partner with you to create a care plan that fits your life. Understanding what the patients we serve are experiencing also helps us to be a better advocate for our community."

Oregon Primary Care Association, "Empathic Inquiry," accessed September 26, 2023, https://orpca.org/empathic-inqu
The Physicians Foundation, "Let's Take 5 to Address Drivers of Health," accessed September 26, 2023 https://physiciansfoundation.org/take-five/

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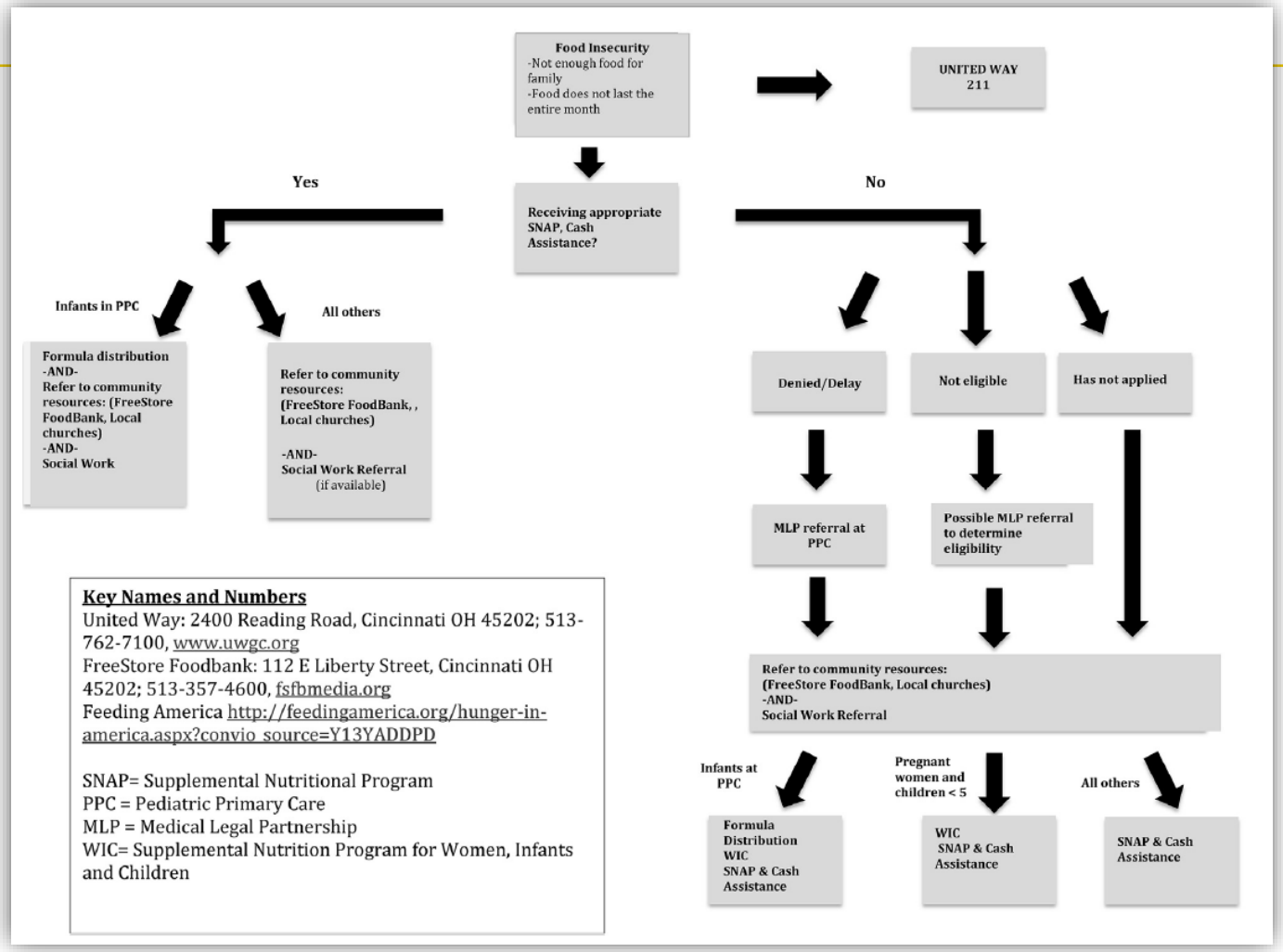
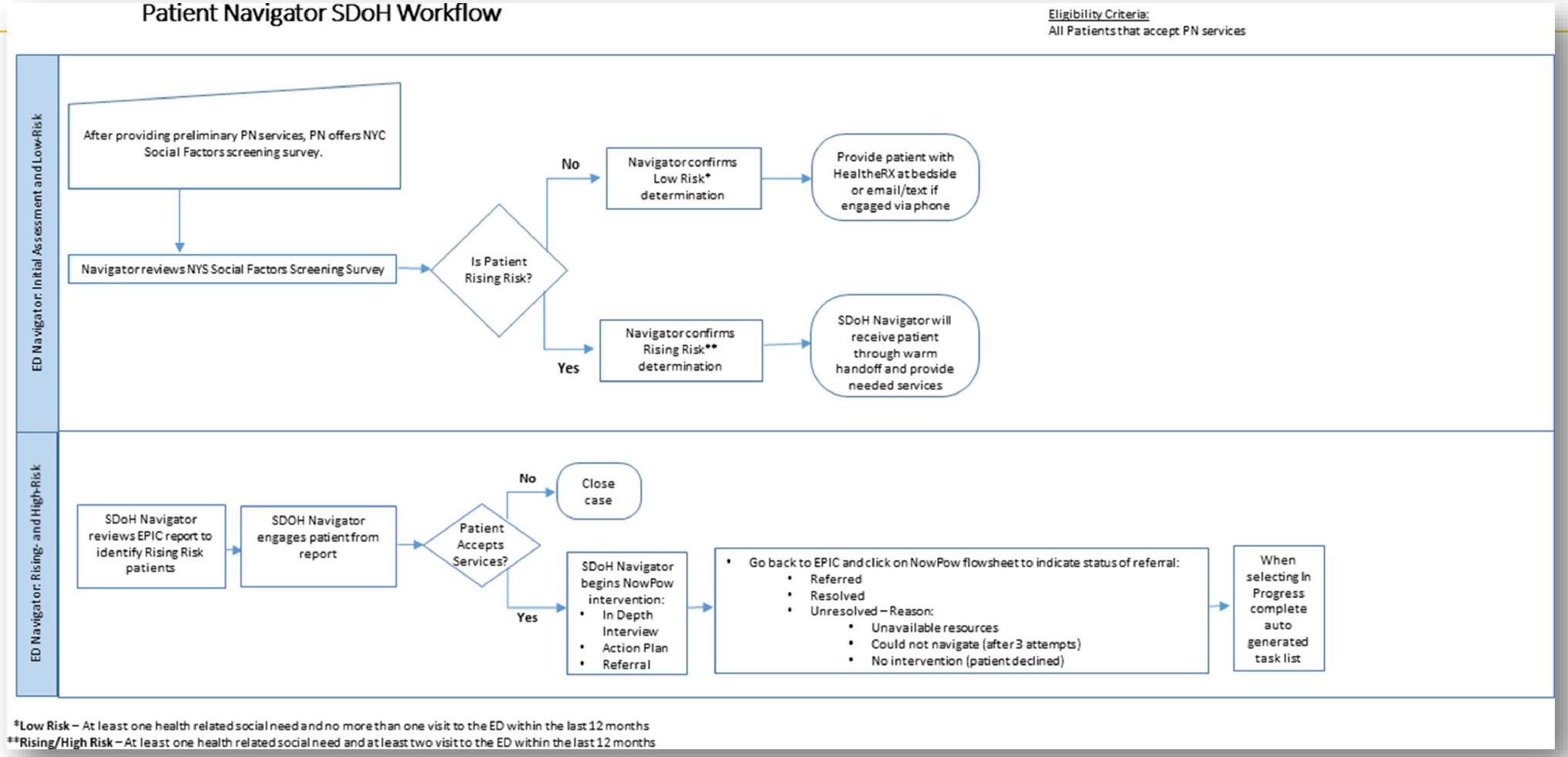
Example: Video Vignettes + Social Resource Flow Chart



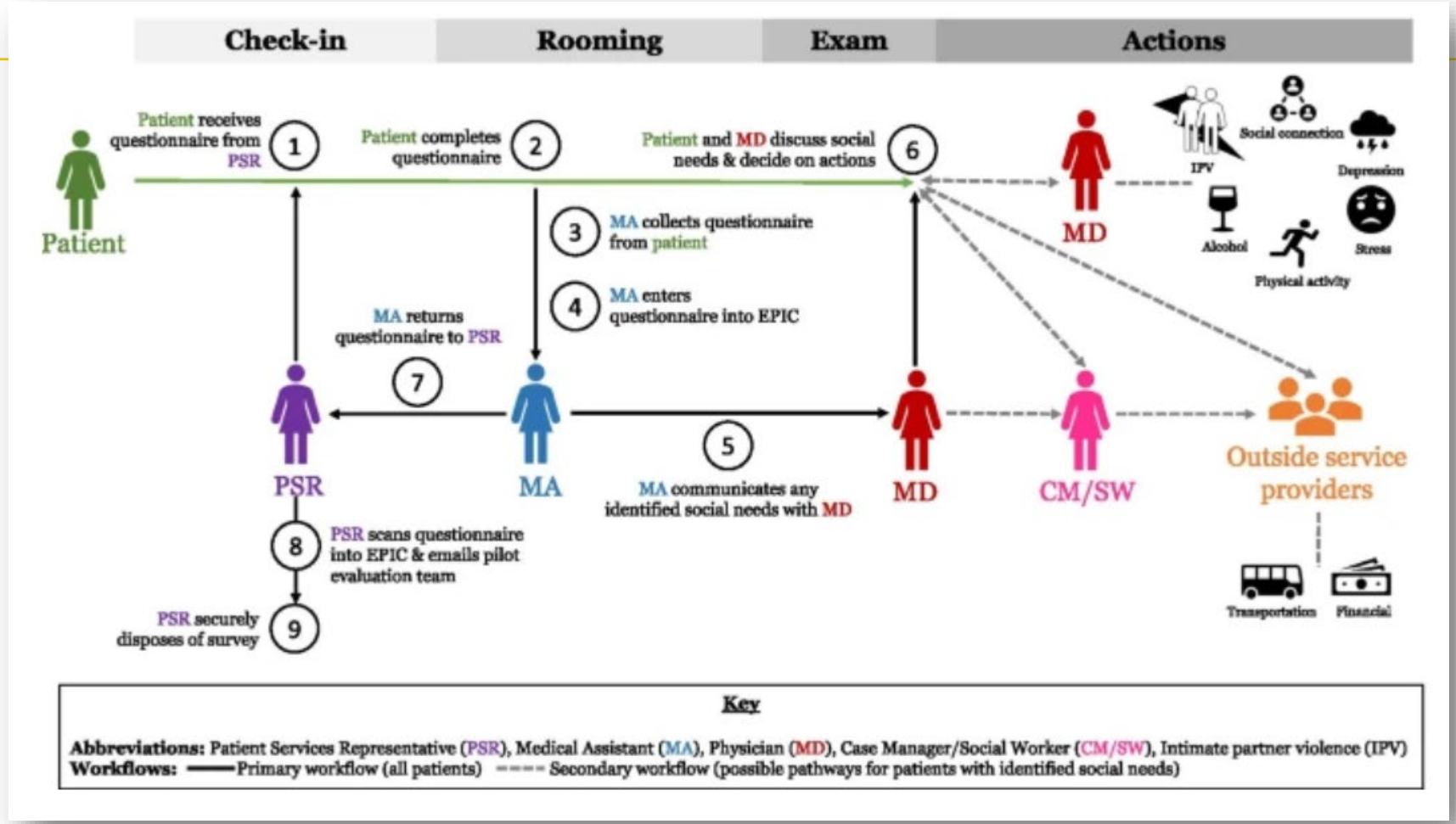
Klein, Melissa D., Alicia M. Alcamo, Andrew F. Beck, Jennifer K. O'Toole, Daniel McLinden, Adrienne Henize, and Robert S. Kahn. "Can a video curriculum on the social determinants of health affect residents' practice and families' perceptions of care?." *Academic pediatrics* 14, no. 2 (2014): 159-166.

Example: SDOH Playbook and Intranet Site



Peretz, Patricia, Amelia Shapiro, Luisa Santos, Koma Ogaye, Emme Deland, Peter Steel, Dodi Meyer, and Julia Iyasere. "Social Determinants of Health Screening and Management: Lessons at a Large, Urban Academic Health System." *The Joint Commission Journal on Quality and Patient Safety* 49, no. 6-7 (2023): 328-332.

Example: Workflow Incorporated Into Training All Staff



Berkowitz, R.L., Bui, L., Shen, Z. *et al.* Evaluation of a social determinants of health screening questionnaire and workflow pilot within an adult ambulatory clinic. *BMC Fam Pract* **22**, 256 (2021). https://doi.org/10.1186/s12875-021-01598-3

Discussion: What is Working?

Share Your Patient Stories

https://www.youtube.com/watch?v=NKZW14urrK4

Boston Medical Center, "Addressing Social Determinants of Health: Yvonne's Story," https://www.youtube.com/watch?v=NKZW14urrK4&ab_channel=BostonMedicalCenter

A Conversation with Joshua Gregoire

Joshua J. Gregoire, MS, MPH, RN, LSSBB, NEA-BC *(He/him)*
Assistant Vice President, Quality & Performance Improvement & VMG Clinical Operations
Valley Health System

Health Equity SMEs

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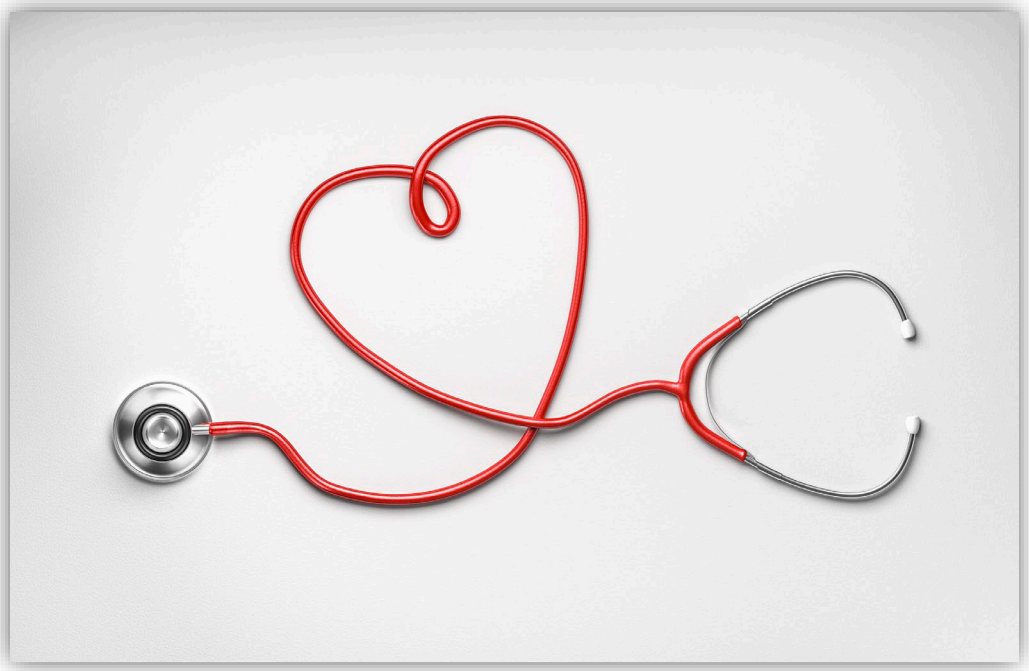
Thank You

Thank you for your continued partnership and commitment to health equity.



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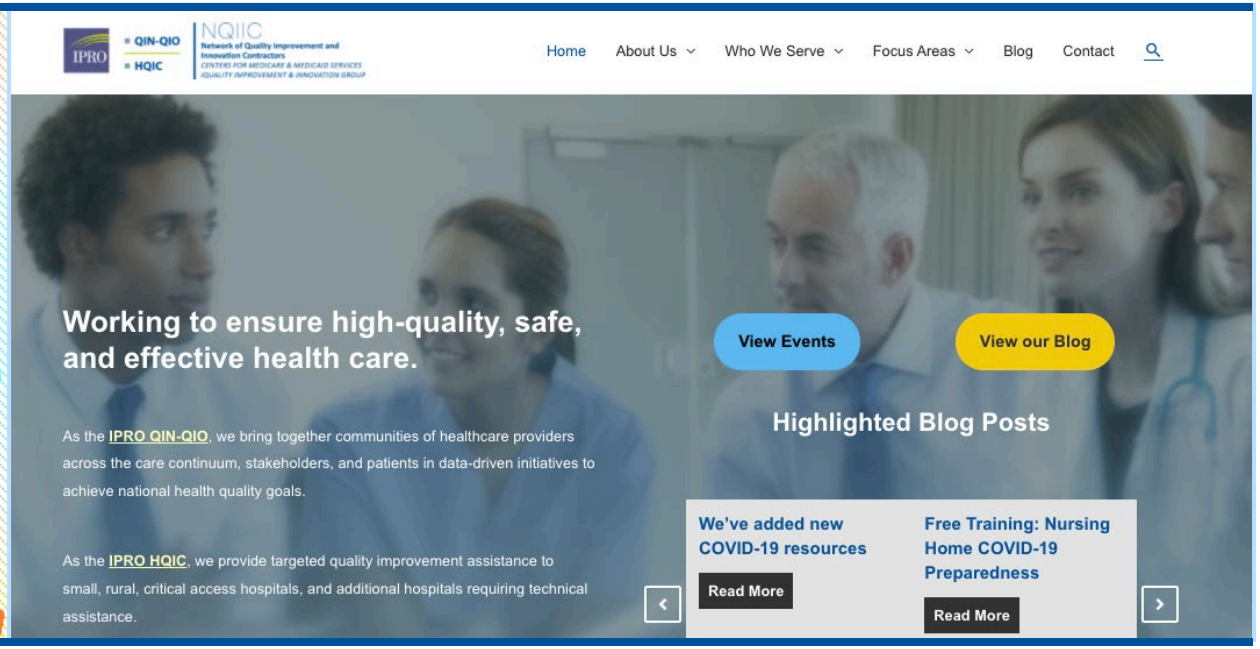

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