Health-Related Social Needs (HRSN)

Session 6: Involving Patients, Families, and Communities
February 14, 2024

Pooja Kothari, RN, MPH
Laura Benzel, MS, BS, CSSGB
Health Equity Leads

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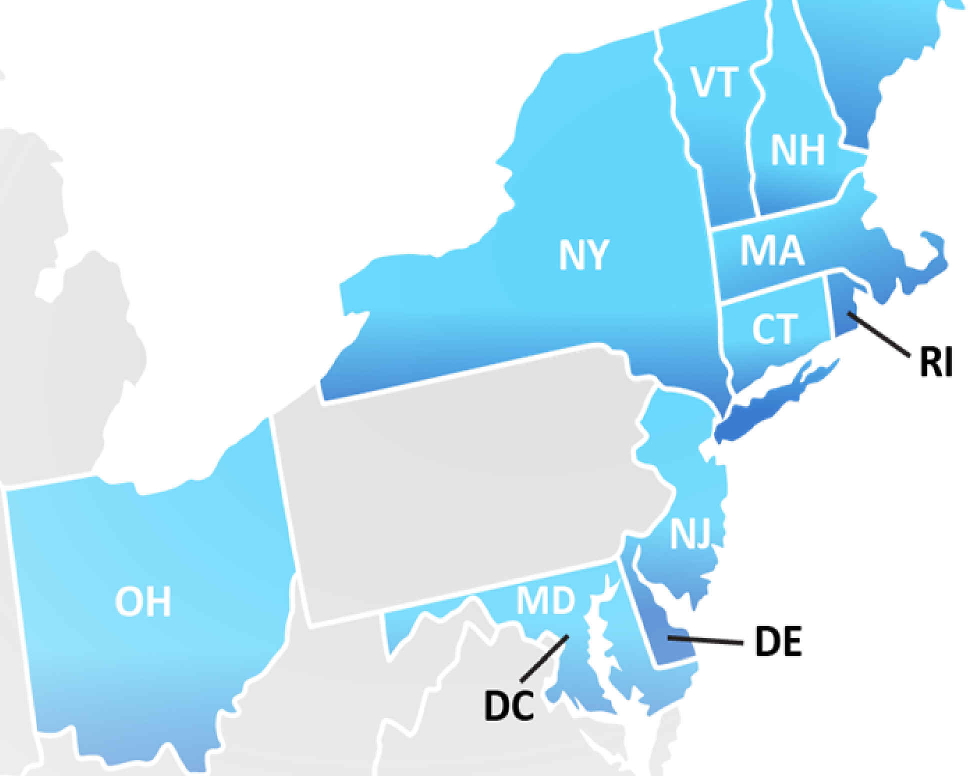

The IPRO QIN-QIO

- 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

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

The IPRO HQIC

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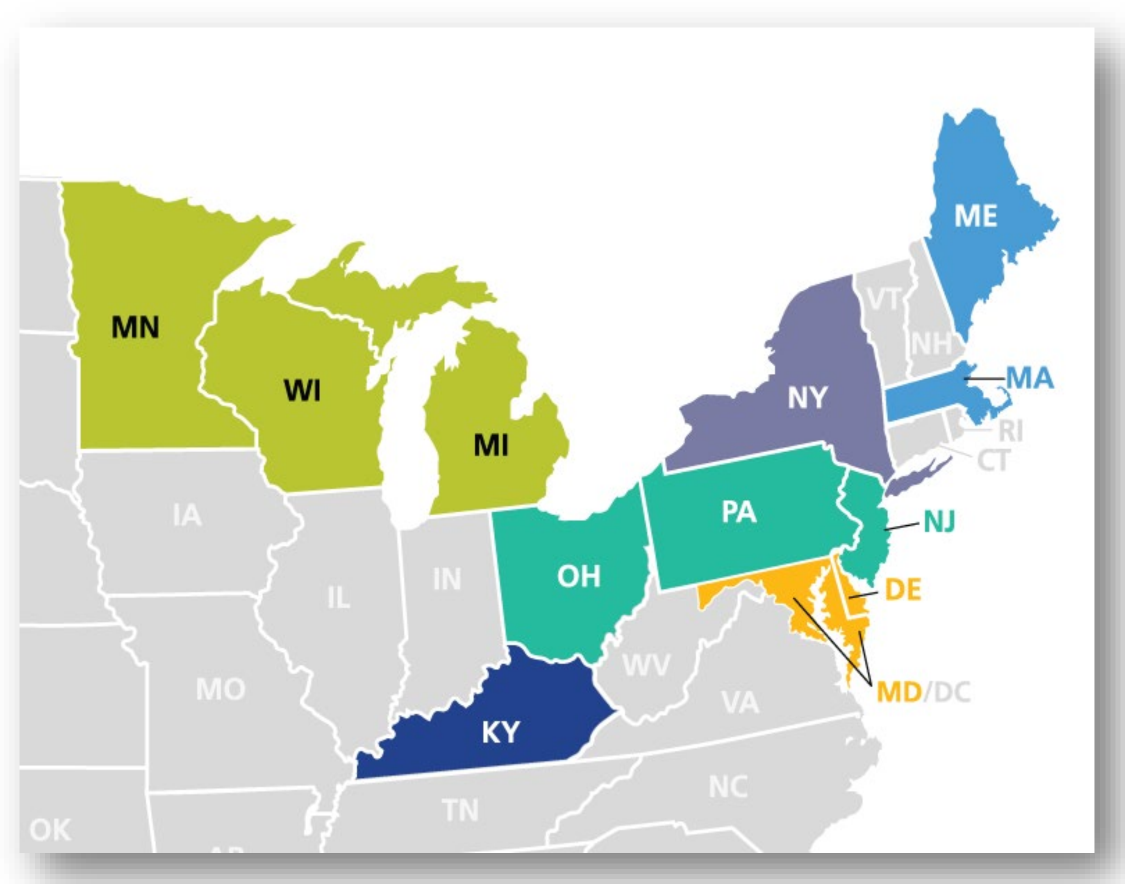
- A federally funded Medicare Hospital Quality Improvement
  Contractor (HQIC) in 12 states
- IPRO collaborates with several organizations to reach hospitals.

- 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



Today's Session Objectives

- Learn from our Patient and Family Engagement SME: Ashley Pantaleao, PhD, AIR

- Learn from your peers: a conversation with Julia Harbuck-Valley, RN, BSN, Leader of Quality, Scheurer Health

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Introductions

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

Describe a strategy your organization uses to engage your patients, families, and communities

HSRN Series

Date	Time	Topic
9/13/2023	12:00 – 12:45 PM ET	Reviewing HRSN & 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 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

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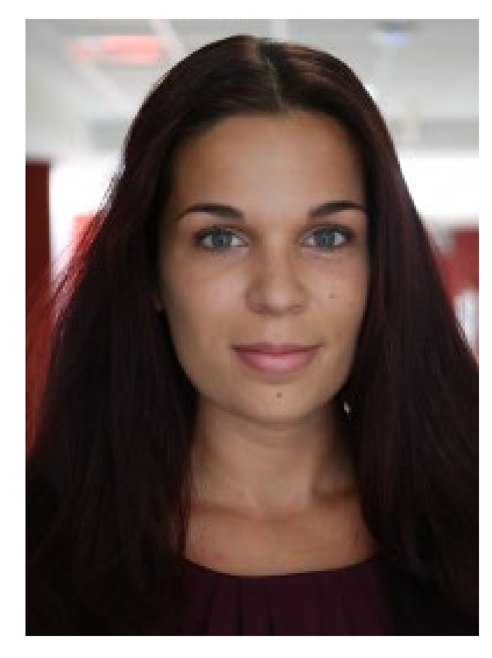
Introduction to the AIR Team



Ashley Pantaleao, PhD
Project Staff and Researcher

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Engaging Patients and Families as Partners in Improving Hospital Quality and Safety

PFE in hospital settings takes two forms. . .

Direct Care: The Active Patient and Family Care Partner

Patients and designated family members to serve as active partners in safe, quality care

Policies and Procedures: Patient and Family Advisors

Patient and family advisors individually or in a committee to apply their own experiences and perspectives to create patient-centered strategies, policies, or procedures that improve the quality and safety of care

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Raising the Issue: Diverse Patient Partners

- How can a community of diverse cultural backgrounds help us improve quality and safety?
- Who are the unheard voices in our community that need to be represented among our advisors?
- What challenges do we have in engaging patients and families from these populations?

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REaL and SDOH Data Collection

- Identify existing data sources about your patient population and community (e.g., Census)
- Use self-reporting methods to collect patient race, ethnicity, and language (REaL) and social determinants of health (SDOH) data
  - Paper, electronic kiosks or tablets, and verbal discussion
  - Refine race and ethnicity category descriptions to help individuals self-identify their appropriate category by themselves
- Train staff with a focus to collect REaL data for at least 95% of patients

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Connect with Your Hospital's Community

- Identify **organizations and cultural spokespersons** who can partner with you to better understand the needs of underrepresented patients and families
- Identify **community events** to attend and/or share information about becoming an advisor
  - Highlight that your hospital is looking for diverse perspectives to represent the community

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Connecting PFE and Health Equity

Including ALL patients and families as equal partners in their care and as advisors

Equitable PFE means that hospitals:

- Consider the needs, perspectives, interests, values, and beliefs of all patients and families, including those from disparate populations in the community
- Modify PFE best practices to ensure engagement with all patients and families
- Implement actions that reflect on what matters most to all patients

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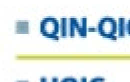
A Conversation with Julia Harbuck-Valley

Julia Harbuck-Valley RN, BSN
Leader of Quality, Scheurer Health



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Multidimensional Approach to Improve Health Equity

Julia Harbuck Valley BSN, RN
Leader of Quality
harbuck-valleyj@scheurer.org

Scheurer Health

- 5 Star Critical Access Hospital
  - 25 Bed Acute Care
  - 5 Bed ER
  - Ambulatory Surgery
- 5 Rural Health Clinics
- 7 Specialty Care Clinics
- Residential Living
- EMS
- Walk-In Care
- Fast Care
- Fitness
- Better Health, Better Life
- Stay Involved in Community

The Community

- Huron County, 2,137 square miles
- 30,894 Residents
- 56% Adults
- 26% Sr. Citizen
- 96% Caucasian, 3% Hispanic
- Average household income $62,296, less than the MI Average of $80,803
- 43-57 miles to nearest tertiary care facility (stroke, trauma center)

Community Wellness

CHNA 2022

School Programs			Community Events									Other
5210	Girls on the Run	Moving Forward	Sun Safety	Bicycle Safety	First Aid	Stop the Bleed	Health Finances	Local Healthcare	Careers	Nutrition	BP Screening	

Community Wellness – School

- No Cost
- Healthy Lifestyle Choices
  - Screen Time
  - Physical Activity
  - Diet Choices
  - Water Intake
- Importance in Repetition
- Engagement of Parents

Community Wellness – Events

- No Cost
- Safety
    - First Aid
    - Bicycle Helmets
    - Stop the Bleed
- Informative
    - Dietician
- Resourceful
    - Financial
    - Local Health Needs
    - Careers

Community Wellness – Other

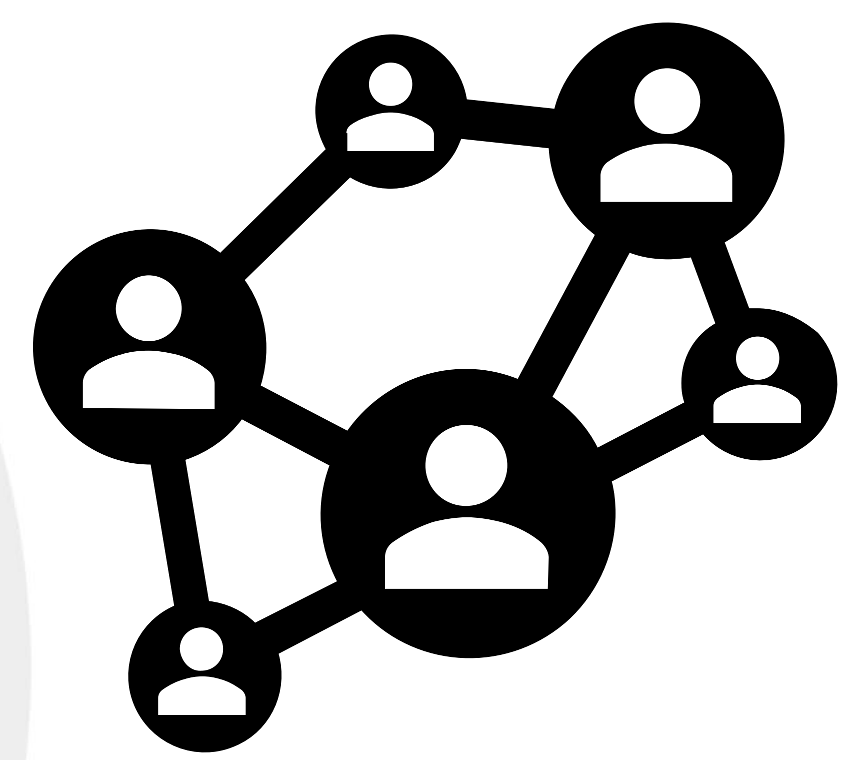
- Fitness Center
- Community Fitness Classes
- Sr. Living Fitness
- Community Conversations
- First Aid
- CPR
- Babysitter Training

Community Partnership

- External Collaboration
- Variety of Workgroups
- Improve Regional Health Issues
  - Variety of Work Groups
  - Understand Data
  - Prioritize Needs
  - Strategic Plan
- Education/Career Development

Combining Resources

- Health Equity Committee
  - Outpatient Care Coordinator(s)
  - Outpatient Social Worker(s)
  - Inpatient Social Worker(s)
  - Leadership
  - Patient Experience Team Facilitator
  - Patient Family Advisory Counsel Lead
  - School Nurse(s)
  - Community Wellness

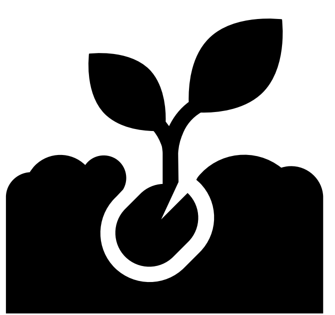


Outcomes

- Review of Data Trends
- Discussion of Experiences
- Exploration of Needs
- Sharing of Resources

Future

- Improved Networking
- Enhance Collaboration
- Reassessment of Data Collection
- Explore New Partnerships



Questions?

New Resource: Screening for Social Drivers of Health

Inpatient Quality Reporting Program: Screening for Social Drivers of Health

The Centers for Medicare & Medicaid Services' (CMS) Screening for Social Drivers of Health measure assesses whether a hospital implements screening for five health-related social needs for all patients who are 18 years or older at time of admission:

- food insecurity
- housing instability
- transportation needs
- utility difficulties
- interpersonal safety.

Screening patients for health-related social needs is important because unmet social needs can create barriers to high-quality care and contribute to poor health outcomes.

Hospitals participating in the Inpatient Quality Reporting (IQR) Program are required to submit data for this measure annually, beginning in calendar year 2024.

To support hospitals in meeting this measure, IPRO has released new resources for each of the five health-related social needs:

Food Insecurity | Housing Instability | Transportation Barriers | Utility Difficulties | Interpersonal Safety

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Energy/Utility Insecurity: A Guide to Screening and Connecting Patients to Support Services

A Guide to Screening for Transportation Barriers

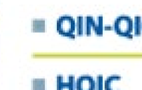
Interpersonal Safety: A Guide to Screening and Connecting Patients to Support Services

Resource Link:
https://drive.google.com/file/d/1lYA6Q9BQiIHA6hdRh-z27O1dcYknK3At/view

New Series: Join Us for Collaborating for Equity!

IPRO Short Sessions: Collaborating for Equity 12:00 – 12:30 PM ET The fourth Wednesday of the month	
February 28, 2024	Establishing an Organizational Commitment to Health Equity
March 27, 2024	Building a Strategic Health Equity Plan
April 24, 2024	Using the Principles of CLAS to Advance Health Equity
May 22, 2024	Providing Equitable Care to Individuals with Disabilities
June 26, 2024	Providing Affirming Care for LGBTQ+ Individuals
July 24, 2024	Building Community Connections to Address Unmet Social Needs

Registration Link:
https://ipro.webex.com/webappng/sites/ipro/webinar/webinarSeries/register/9444268305774528b44a628e75a96c3e



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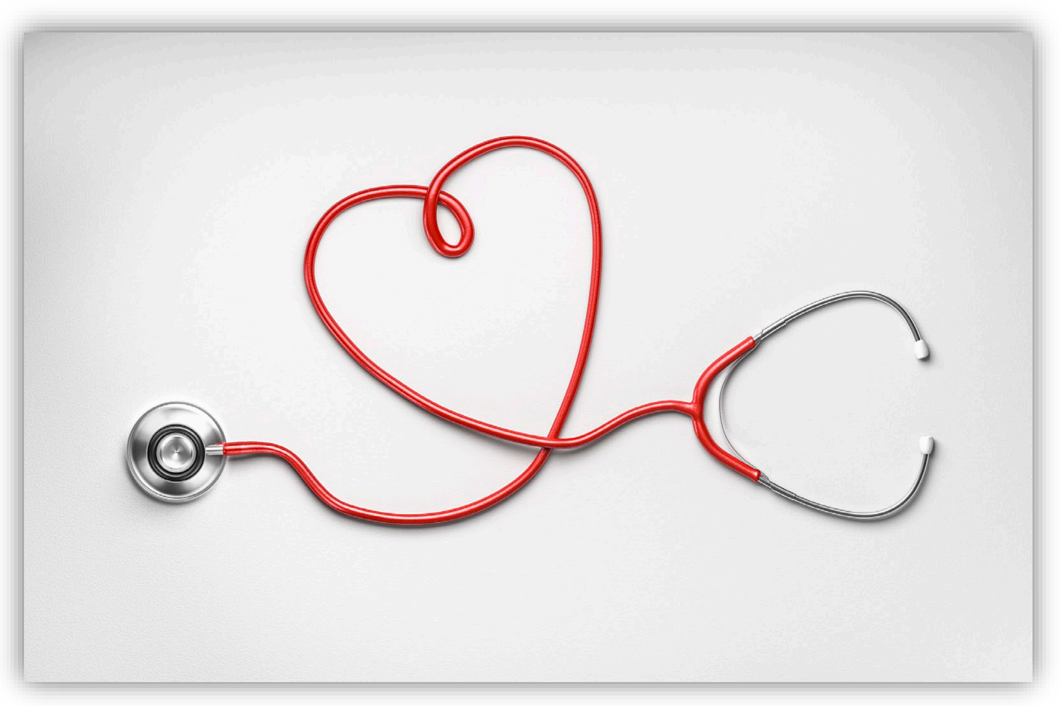
Thank You

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



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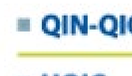

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