wintershealthcare

Improving Screening Rates for Social Determinants of Health

2017 Symposium on the Future of Complex Care
Gallery of Promising Practices

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PROMISING PRACTICE OVERVIEW

WHF participated in the California PRAPARE pilot in 2017. The *Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences* (PRAPARE) is a questionnaire on 13 core domains of social determinants of health. Data collection took place over an 8 month period, and was administered by our health coaches either before or after the patient's clinical visit.

WHF's baseline screening rate for SDOH was 16% for the first three months of the collection period. After an evaluation and experimentation period, the screening rate improved significantly to 72% for the remainder of the project. WHF has made targeted efforts to improve provider and patient utility, educate staff and patients, and tailor materials to the patient community.

AIM

Improve the screening rate for the social determinants of health for the adult patient population (18 years or older).

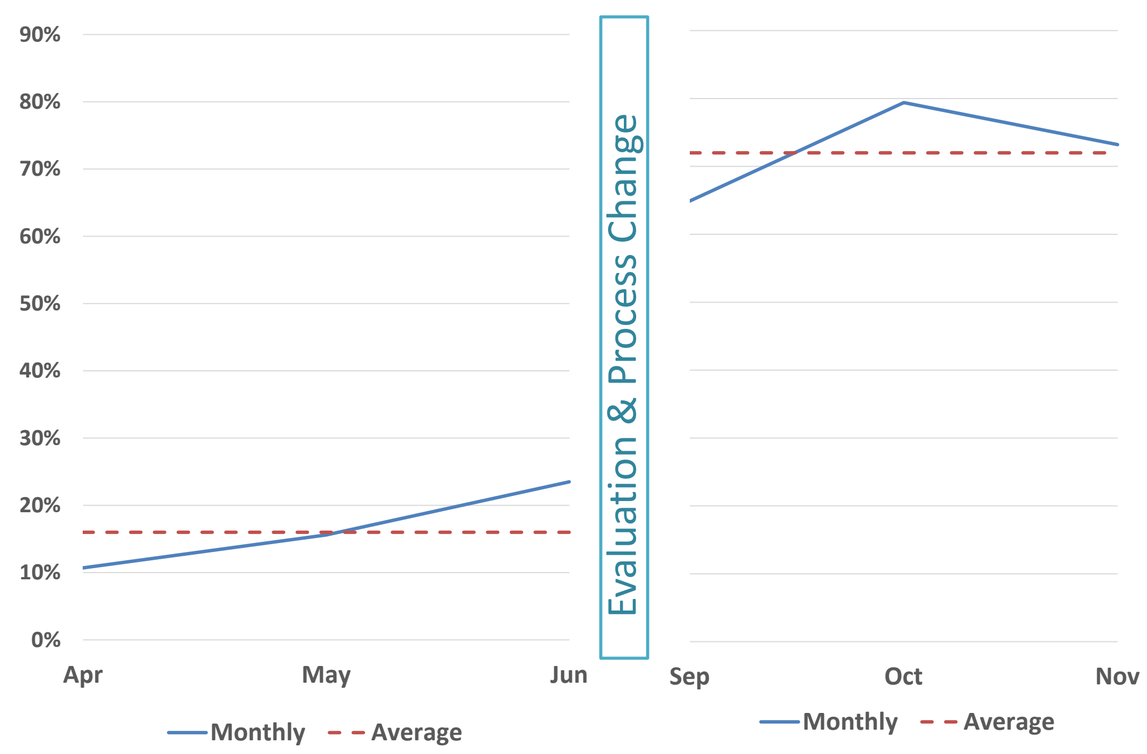
MEASURES

SDOH Screening Rate: The percent of adult patients with an office visit and a completed SDOH screening during the measurement period

Denominator:
- 18 years or older
- At least one office visit during the measurement period

Numerator:
- Patients with documented completion of a SDOH screening during their office visit

SDOH Screening Rate over Project Period:



ACTIONS TAKEN

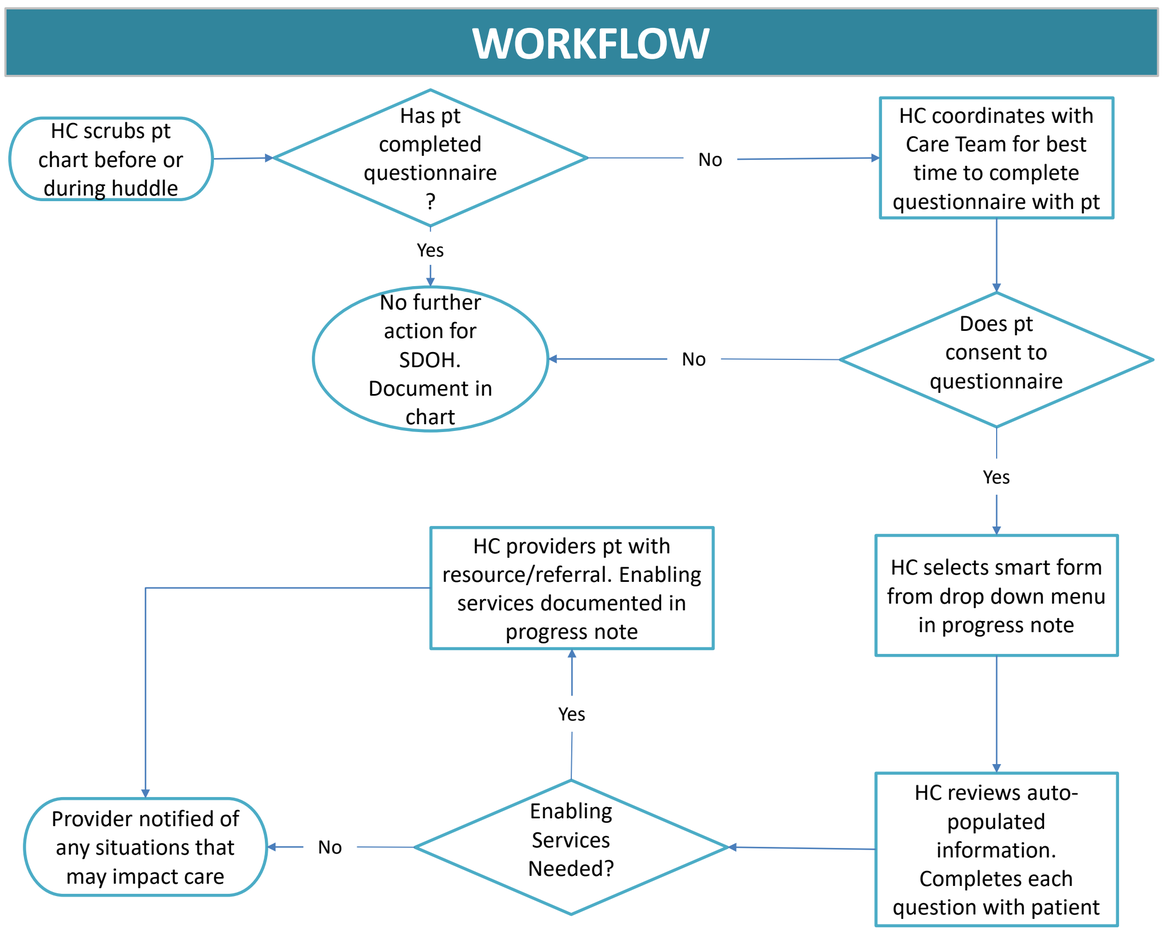
Education:
- Trained health coaches to educate patients about why SDOH information was being asked
- Educated care teams about importance of SDOH. Guided care teams to see where SDOH could overlap with work they were already doing

Provider Utility:
- Integrated a "debrief" with the provider as part of the intervention: after SDOH data is collected, health coach briefly reports out any factors that may affect patient's care

Patient Utility:
- Reached out to local partners to improve quality of resource list/referrals

Tailored Material:
- Incorporated patient feedback to improve resource list, and make culturally relevant translations of PRAPARE form.

WORKFLOW



RESULTS TO DATE

The screening rate for SDOH has improved from 16% (April – June) to 72% (Sept – Nov)

LESSONS LEARNED

Where the start of the project was defined by more structured workflows and canned materials, the later period benefited from responsiveness and sensitivity to patient and care team needs. During the evaluation period we began acting on concerns and recommendations, giving care teams increased flexibility around screenings while underlining the importance to collecting SDOH data. Improving buy-in from staff members (health coaches, providers, MAs) was a critical step to making meaningful changes that improved both the clinical and patient utility from collecting SDOH information. Having candid conversations with providers and support staff, showing them completed assessments and how this information could improve care and address patient needs was another important part in demonstrating the usefulness of collecting SDOH data.