

**♥**accesshealth

PATIENT CENTERED
APPROACHES
FOR COLLECTING
NMDOH DATA

Palak Jalan COO, AccessHealth

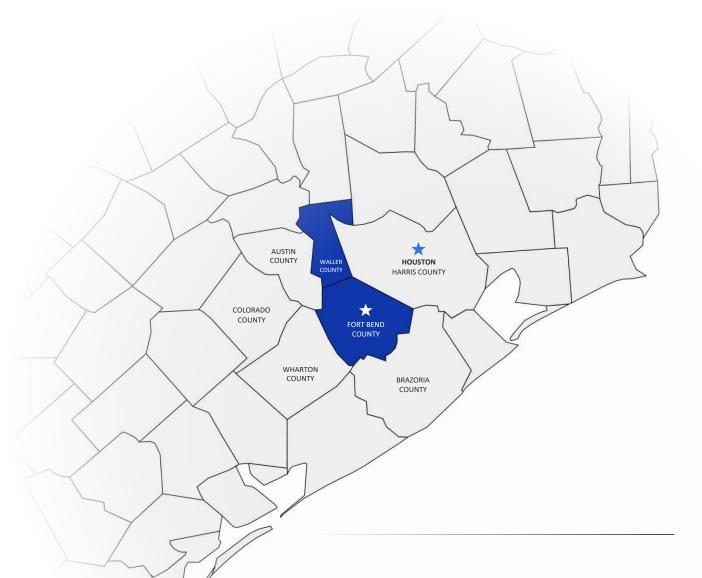


## ABOUT OUR **SERVICE AREAS**

#### FORT BEND & WALLER COUNTIES

- → Some of the **Fastest Growing** Counties in the U.S.
- → Some of the **Healthiest** Counties in Texas
- → Population of 889,146 in Fort Bend County
- → Population of 59,781 in Waller County
- → 38% of Fort Bend County, and 49% of Waller County is either in Poverty or considered the "low-income working population"
- → Fort Bend is one of the Most Diverse Counties in the U.S.

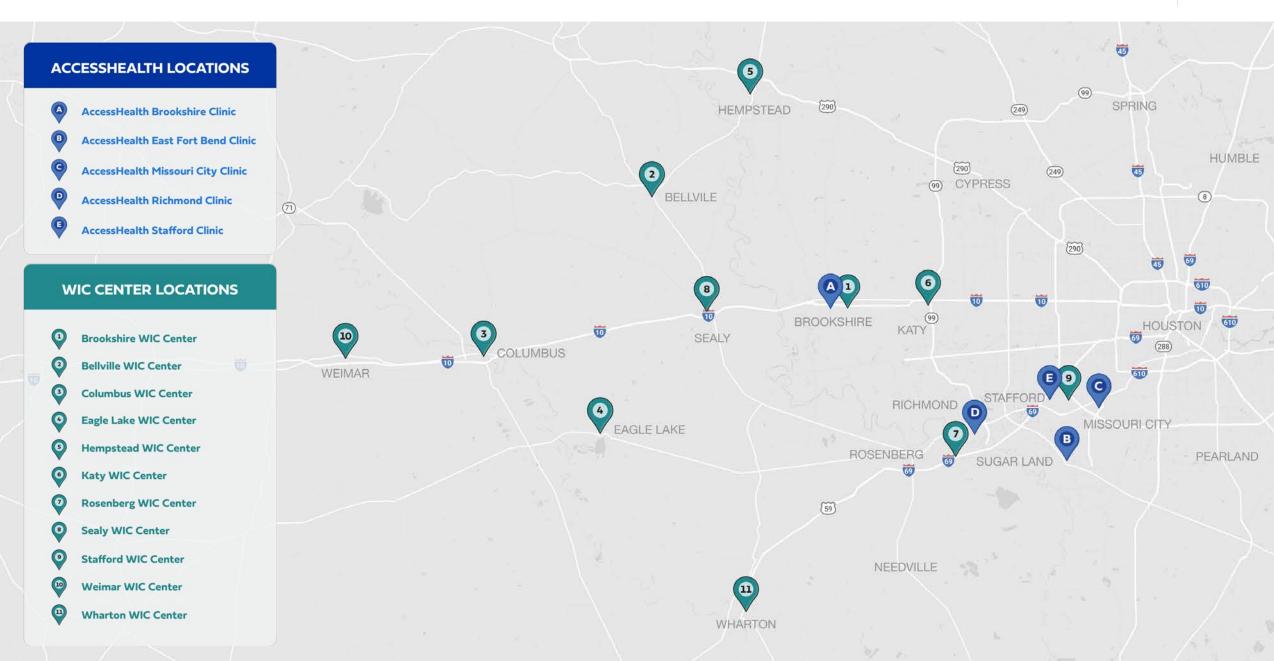
Sources: https://www.census.gov/quickfacts/fortbendcountytexas, https://www.census.gov/quickfacts/wallercountytexas & https://www.unitedforalice.org/texas

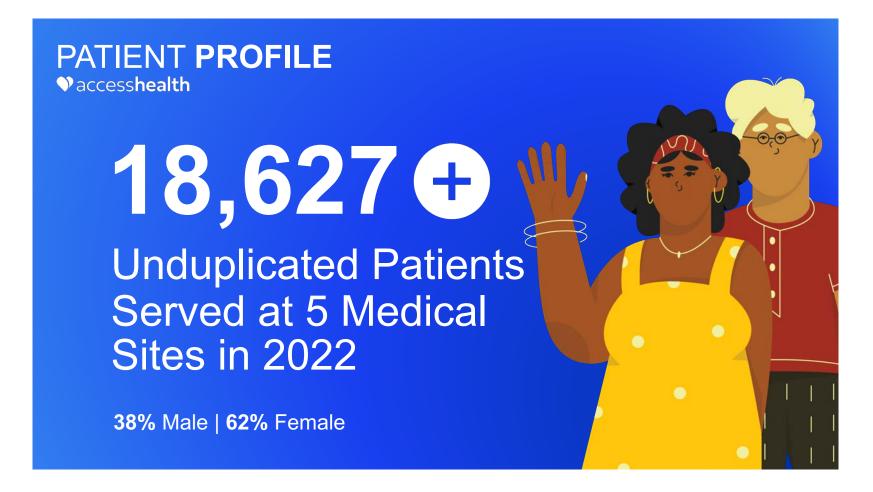


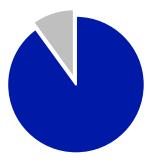


## **OUR LOCATIONS**









92% of Patients are Minorities



98% of Patients in 2022 had Household Incomes at or Below 200% of the Federal Poverty Level











## WHAT ARE SDOH/NMDOH

Social Determinants of Health are the non-medical factors that affect a wide range of health risks and health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (CDC).

#### Also referred to as:

- Non-Medical Drivers of Health (NMDoH)
- Social Drivers of Health (SDOH)









## FACTORS AFFECTING HEALTH OUTCOMES

#### **Clinical Care**

- → Access to Care
- → Quality of Care

\$3.5 Trillion

#### **Physical Environment**

- → Air & Water Quality
- → Housing & Transit

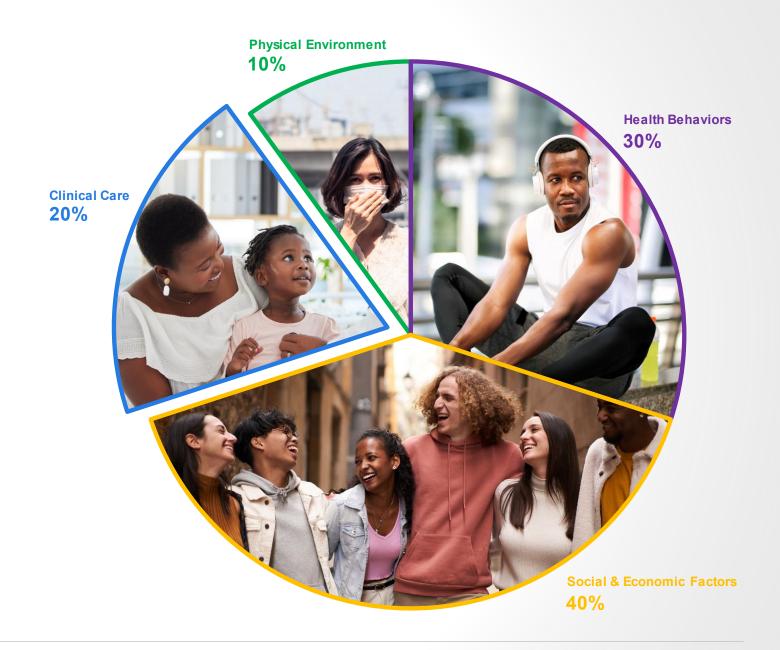
#### **Health Behaviors**

- → Tobacco Use
- → Diet & Exercise
- → Alcohol & Drug Use
- → Sexual Activity

#### **Social & Economic Factors**

- → Education
- → Employment
- → Income
- → Family & Social Support
- → Community Safety

\$81 Billion





## **CURRENT SOCIAL & MEDICAL NEEDS SURVEY**

#### **€** TRANSPORTATION FOOD ACCESSHEALTH SOCIAL & MEDICAL NEEDS SURVEY For Office Use Only We care about you and your family. Your answers about the factors affecting your health will help us Name: 9. In the past 3 months, did you worry that your food would run out 12. In the past 3 months, has a lack of transportation kept you from connect you to partnerships in our community. Please ask us if you have any questions associated Patient #: before you got money to buy more? getting to medical appointments, meetings, work, or from getting with this survey. Kindly respond to questions that apply to YOU as an adult (21+) or as a parent. Opt Out : □Yes things you need for daily living? □Yes Relationship to patient 10. In the past 3 months, did the food you bought run out (CHECK ALL THAT APPLY) □No □ Self □Parent ☐ Family Relative Other Primary Caretaker before you got money to buy more? Yes, it has kept me from medical appointments and/or getting medications EDUCATION AND EMPLOYMENT **CURRENT BENEFITS** 11. Would you be interested in receiving additional food ☐ Yes, it has kept me from non-medical appointments. 1. What is the highest level of school that you have finished, either 4. Please check all the benefits your household receives. resources? (CHECK ALL BOXES THAT APPLY) meetings, or getting things that I need in the U.S. or in another country? (Choose one) (CHECK ALL THAT APPLY) Yes, I would like help signing up for SNAP (Food Stamps) Yes, it has kept me from getting to work Less than high school degree □SSI (Supplemental Yes, I would like to be connected to local food pantries □No ☐ High school diploma or GED □ Medicare Security Income) ΠNo □ College or Graduate degree ☐ TANF (Temporary) ☐ Child support Assistance to Needy □ Pension/social security 2. Do you want help with school or training? LEGAL NEEDS **HEALTH ACCESS & COMMUNICATION** Families) ☐Social Security disability □ Technical/ Vocational Training ☐ CHIP (Children's ☐SNAP (Food stamps/ □ GED 13. Would you be interested in getting help with any legal matters 15. Do you ever need help reading or understanding health Health Insurance Pro Special Supplemental □ESL □ Community College such as traffic tickets, housing issues, benefits assistance, domesinformation? (During your visit with the provider, your Nutrition) 3. What is your current work situation? (Choose one) tic or quardianship issues? after-visit summary, behavior plans, or prescription □WIC (Women, Infants, ☐ Fort Bend County ☐ Unemployed and □ Full-time iob and Children Program) Indigent Care Program information?) □Maybe □No looking for work □ Part-time or temporary ☐ Premium Tax Credits for □Yes □No □ Unemployed but not job but looking for full-14. If ves. what issues would you like to discuss? Health Insurance looking for work time job (CHECK ALL THAT APPLY) COMMUNITY SAFETY ☐ Part-time or temporary job □ Special needs education □ Traffic tickets and/ 16. Do you feel physically and emotionally safe in your community? or other minor violations ☐ Guardianship issues HOUSING and UTILITIES □Yes □No □ Domestic/relationship ☐ Keeping employment 5. What is your housing situation today? (Choose one) 6. If you have housing, do you have any of these problems with issues ☐ School discipline your housing situation? (CHECK ALL THAT APPLY) ☐ I have stable housing WE CARE ABOUT YOU ☐ Housing/tenant issues ☐ Workplace safety □ I do not have stable housing (staying with others ☐ None/not applicable ☐ Unreliable utilities (e.g. ☐ Immigration such as relatives or friends, in a hotel or shelter) ☐ Bugs (e.g. roaches) or electricity, gas, heat 18. If any of your needs are urgent, would you like a member of our I do not have stable housing (living outside on the street, (citizenship/naturalization) often turned off) rodents team to contact you for assistance? on a beach, in a car, or in a park) ☐ General cleanliness ☐ Medical condition that RESOURCES 7. In the past 3 months, has the utility company shut off makes it difficult to live □ Crime or safety issues 19. If answer yes to question 18, what is a good time to your service for not paying your bills? □ Landlord disputes in the current house 17. If Who would you trust to get advice or information from? contact you? ☐ Threat of eviction ☐ Worry about losing □ Yes □ Church Pastor or Religious □ Elected Official ☐ Mold or dampness your housing (cannot □ Early morning 7-9am ☐ Afternoon 2-5pm 8. In the past 3 months, did you worry about clothing for you FigureheadGED ☐Sport Celebrities □ Overcrowding afford rent or mortgage) ☐ Mid morning 9am-12pm □ Evening 5-8pm or your family for work, school, etc.? ☐ Your Doctor ☐ Entertainment Celebrities □ Lead paint □Other: ☐ Lunch 12-2pm ☐ Yes □No



## SDOH **SCREENING TIMELINE**

#### June 2019

FoodR<sub>x</sub>
 launched



#### January 2020

 Comprehensive clinic-developed social risk screening tool launched



#### All of **2022**

 Ongoing implementation of the SDOH survey



#### 2018





#### August **2019**

 A pre-existing new EHR embedded tool



- Screening for Food Insecurity using USDA 2 question screener
- SNAP and food pantry connection begins



#### All of 2021 and more

COVID 19



#### September 2020

- UberHealth pilot begins
- Comprehensive tool implemented fully with a phased approach



#### So far **2023**

- Re-evaluating process workflows
- Working to make survey more patient centric

2023



## SCREENER STEPS

#### **Overview**



1

Front desk offers screener to patient



2

Patient fills out screener



3

Nurses or Medical
Assistants enter
screener info into
EHR before being
seen by the provider



Provider speaks with patient about needs/services

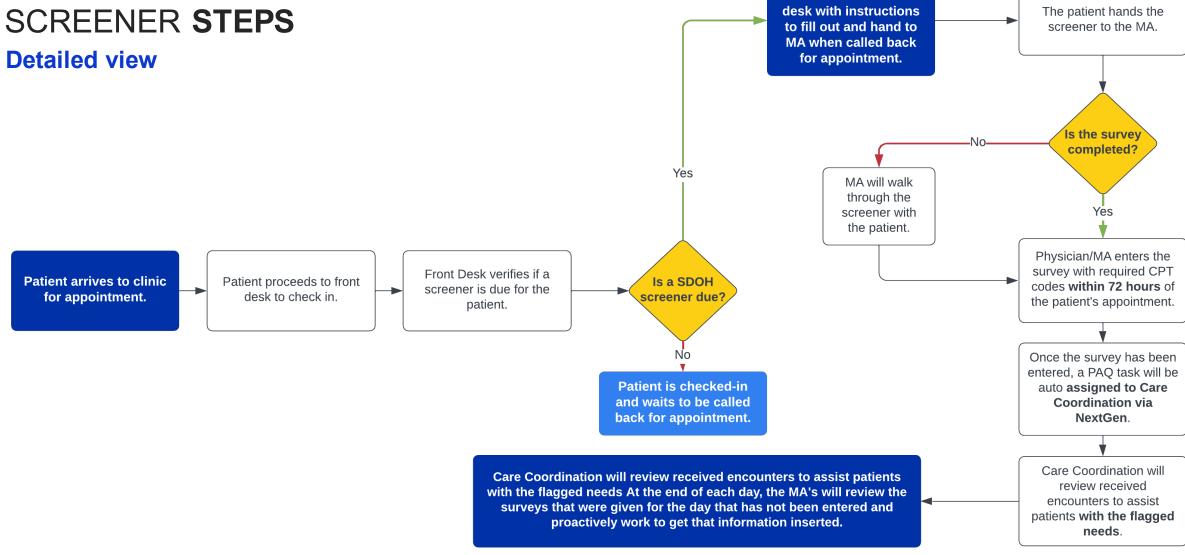


5

Care Coordination/Health Navigator will be notified of patient needs/services for further outreach



# **Detailed view**



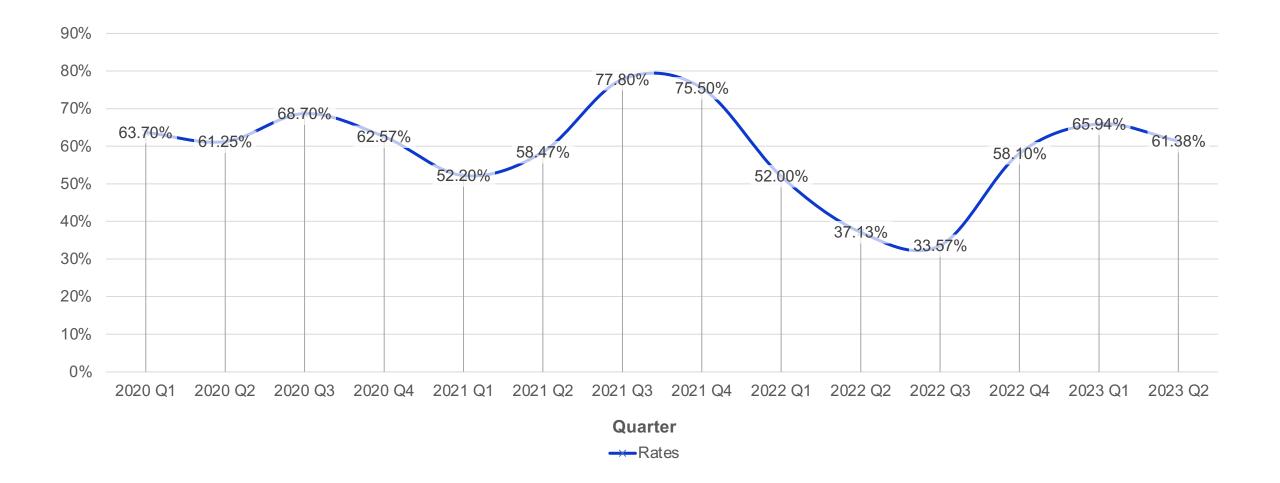
Patient receives the screener from front



## SCREENING RATES OVER TIME

## **Screening Rates By Quarter**

• accesshealth





## WHY WHAT HOW CQI

ACCESSHEALTH APPROACH

## **Address Population Needs**

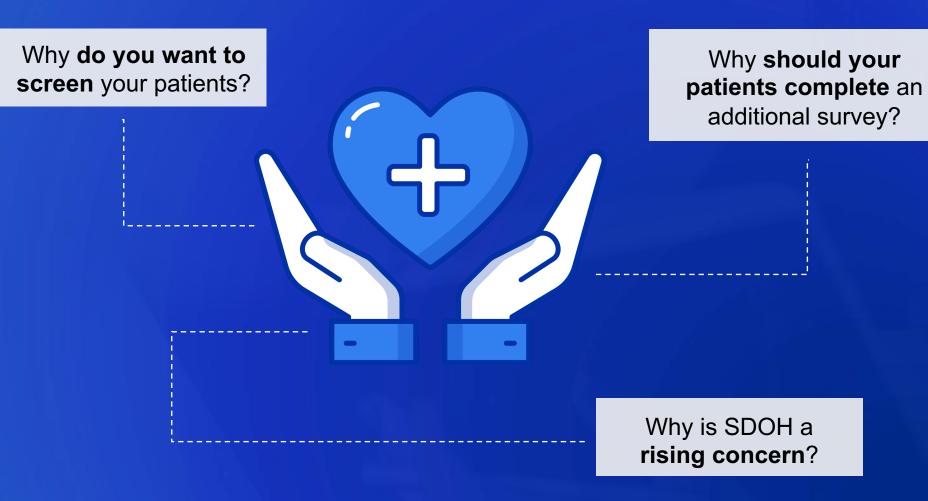
At the heart of AccessHealth's mission and vision is a commitment to enhancing health beyond clinical care by addressing both individual and community-level social and economic determinants of health.





## **DISCUSSING YOUR WHY**

WHY WHAT HOW CQI





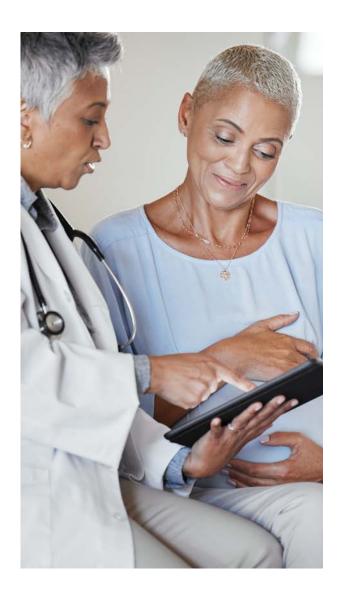
## WHY WHAT HOW CQI

#### ACCESSHEALTH APPROACH

While existing tools exist such as PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) from the National Association of Community Health Centers (NACHC) or the AHC-HRSN (Accountable Health Communities' Health-Related Social Needs Screening Tool) from the Centers for Medicare and Medicaid Services (CMS)

# AccessHealth is electing to use a custom in-house screener. Utilizing a custom screener allows us to:

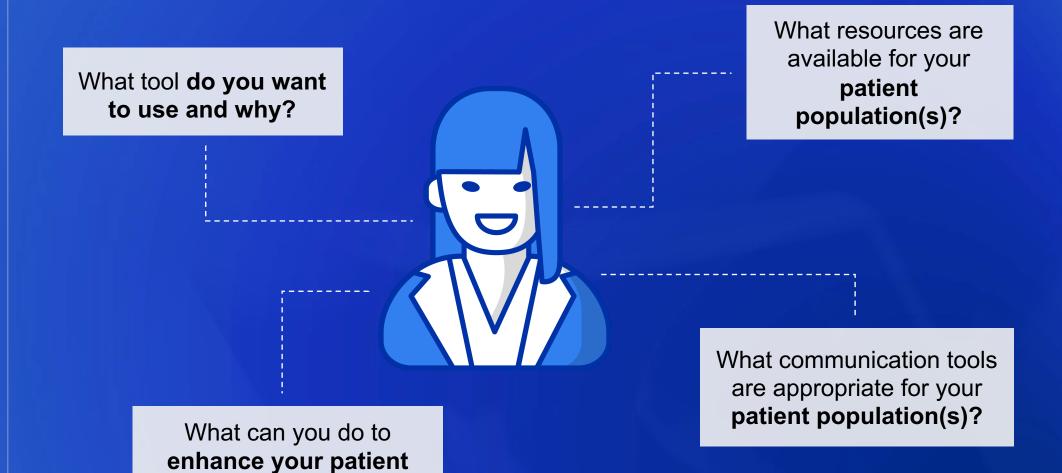
- Tailor our questions to our patient population
- Utilize communication methods that best suits our patient population
- Connect our patients to the most appropriate resources within the community
- Patient and staff feedback
- Address literacy and comprehension barriers





## **DISCUSSING YOUR WHAT**

WHY WHAT HOW CQI



experience?



#### ACCESSHEALTH APPROACH

# AccessHealth considered two workflow integration approaches for the implementation of the Social Needs Survey

Modifying the Existing Food Insecurity Workflow	Splitting Steps Between Front Desk & Clinical Teams
Front Desk is responsible for completing all steps of the process	The responsibility is split between the front desk and clinical staff
Provider cannot review the screener directly in EHR	The provider can view data in EHR once the clinical staff has entered it or review the paper form

It was found that splitting the responsibilities yielded the better implementation experience





## **DISCUSSING YOUR HOW**

WHY WHAT **HOW** CQI How do you integrate patient feedback to decide the appropriate **implementation** approach?

How do you support patients filling out the survey?

How do you **integrate different teams** within the
SDOH process?

How do ensure visibility and integration?



## WHY WHAT HOW CQI

AccessHealth experienced many successes and challenges with implementation and was also able to identify areas of improvement to enhance our patient and staff experience.

Successes	Areas of Improvement	Challenges	Steps to Improve
Staff and Leadership buy-In	Resources for improving the process	Staffing and turnover	Reiterate the purpose behind the survey and working more closely with each team from all
Scale Audits			sites
	Modifications and EMR	Including in orientation and onboarding	
Potter understanding of	ttor understanding of Asknowledging stoff "wine"		
Better understanding of clinical workflows  Acknowledging staff "wins" to improve morale	Patient concerns about data privacy	Educating our staff on key patient talking points	
Adjustments to screener that include Spanish translation	Creating additional value from the screening process	Patient concerns about the end goal and/or how will they be helped	Highlighting patient success stories



## **THANK YOU**

Palak Jalan, Chief Operations Officer <a href="mailto:pjalan@myaccesshealth.org">pjalan@myaccesshealth.org</a> www.linkedin.com/in/palakjalan



