Reducing Health Care Disparities: Social & Behavioral Determinants of Health

Shelina D. Foderingham, MPH MSW
Director of Practice Improvement
National Council for Behavioral Health
Please feel free to ask questions!

• Opening Your Line
  1. Make sure “Telephone” is the option selected
  2. Dial your Access Code
  3. Enter your two-digit Audio PIN (unique to you!)
     • Didn’t work? Try putting “#” on either side of the PIN
  • Your line will be muted
  • Have a question? Please type in the chat box
  • At the end of the webinar, we will unmute your lines and there will be an opportunity for questions
# Change Package

| Family and Patient-Centered Care Design | 1.1 Patient and family engagement  
1.3 Population management  
1.4 Practice as a community partner  
1.5 Organized, evidence-based care |
|----------------------------------------|--------------------------------------------------------------------------------|
| Continuous, Data-Driven Quality Improvement | 2.1 Engaged and committed leadership  
2.2 Quality improvement strategy supporting a culture of quality and safety  
2.3 Transparent measurement and monitoring |
| Sustainable Business Operations | 3.3 Capability to analyze and document value |
Addressing social and behavioral determinants of health is a primary approach to achieving health equity. Practices will learn about the social determinants of health and the link to health care disparities. Participants will learn about the domains that will be incorporated into the Meaningful Use Project plans to capture data pointing to the social determinants of health. Participants will contribute to a dialogue about how to set goals and begin to measure reductions in healthcare disparities.
Learning Objectives

• At the end of this session, enrolled organizations will be able to:
  • Identify social and behavioral determinants of health
  • Identify social, psychological, and behavioral data points that point to the social determinants of health
  • Set quality improvement goals to reduce health care disparities
What Are Social and Behavioral Determinants of Health?
What are Determinants of Health and How Are They Related to Social Determinants of Health?

http://www.cdc.gov/nchhstp/socialdeterminants/faq.html
Social and Behavioral Determinants of Health

**Early childhood**
Educational attainment
Employment
Food security
Access to health care
Housing status
Discrimination and social support

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Why is Addressing Social Determinants of Health Important?
Collection and Utilizing Social Determinants of Health Data: Why It’s Important

“The use of standard measures offers the opportunity to efficiently identify conditions that may modify diagnoses and treatment plans and renders the information usable by various systems for various purposes.”

Collection and Utilizing Social Determinants of Health Data: Efforts to Standardize Data Collection

• IOM convened a committee of social scientists, clinicians and informatics experts to recommend ways of incorporating measures of social and behavioral determinants of health into EHRs and ways of overcoming barriers to doing so

• Priority was placed on standard measures with the greatest clinical usefulness and feasibility for capture in the clinical workflow

• IOM made recommendations of measures to include in MU Stage 3

### Social and Behavioral Domains and Measures.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Measure</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race or ethnic group</td>
<td>1. What is your race?</td>
<td>At entry</td>
</tr>
<tr>
<td></td>
<td>2. Are you of Hispanic, Latino, or Spanish origin?</td>
<td></td>
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<tr>
<td>Education</td>
<td>1. What is the highest level of school you have completed?</td>
<td>At entry</td>
</tr>
<tr>
<td></td>
<td>2. What is the highest degree you earned?</td>
<td></td>
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<tr>
<td>Financial-resource strain</td>
<td>How hard is it for you to pay for the very basics like food, housing,</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>medical care, and heat?</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>Stress means a situation in which a person feels tense, restless,</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>anxious, or anxious; or is unable to sleep at night because his or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>her mind is troubled all the time. Do you feel this kind of stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>these days?</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>Over the past 2 weeks, how often have you been bothered by</td>
<td>Screen and follow up</td>
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<tr>
<td></td>
<td>1. Little interest or pleasure in doing things?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Feeling down, depressed, or hopeless?</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>1. On average, how many days per week do you engage in moderate to</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>strenuous exercise (like walking fast, running, jogging, dancing,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>swimming, biking, or other activities that cause a light or heavy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>sweat)?</td>
<td></td>
</tr>
<tr>
<td>Tobacco use</td>
<td>1. Have you smoked at least 100 cigarettes in your entire life?</td>
<td>Screen and follow up</td>
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<tr>
<td></td>
<td>if yes:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Do you now smoke cigarettes every day, some days, or not at all?</td>
<td></td>
</tr>
<tr>
<td>Alcohol use</td>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>2. How many standard drinks containing alcohol do you have on a typical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>day?</td>
<td></td>
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<tr>
<td></td>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td></td>
</tr>
<tr>
<td>Social connection/isolation</td>
<td>1. In a typical week, how many times do you talk on the telephone</td>
<td>Screen and follow up</td>
</tr>
<tr>
<td></td>
<td>with family, friends, or neighbors?</td>
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<td></td>
<td>2. How often do you get together with friends or relatives?</td>
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<td></td>
<td>3. How often do you attend church or religious services?</td>
<td></td>
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<tr>
<td></td>
<td>4. How often do you attend meetings of the clubs or organizations you</td>
<td></td>
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<tr>
<td></td>
<td>belong to?</td>
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<tr>
<td>Intimate-partner violence</td>
<td>1. Within the last year, have you been humiliated or emotionally</td>
<td>Screen and follow up</td>
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<tr>
<td></td>
<td>abused in other ways by your partner or ex-partner?</td>
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<td></td>
<td>2. Within the last year, have you been afraid of your partner or ex-</td>
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<tr>
<td></td>
<td>partner?</td>
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<td></td>
<td>3. Within the last year, have you been raped or forced to have any</td>
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<td></td>
<td>kind of sexual activity by your partner or ex-partner?</td>
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<td></td>
<td>4. Within the last year, have you been kicked, hit, slapped, or</td>
<td></td>
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<tr>
<td></td>
<td>otherwise physically hurt by your partner or ex-partner?</td>
<td></td>
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<tr>
<td>Residential address</td>
<td>What is your current address?</td>
<td>Verify at every visit</td>
</tr>
<tr>
<td>Census-tract median income</td>
<td>Geocoded</td>
<td>Update on address</td>
</tr>
</tbody>
</table>

* Wording is taken from existing measures; standard response categories are available. Psychometric testing of the full panel, including ordering and wording, has not yet been conducted.  
† This domain is already widely included in clinical practice.
Opportunities

1st: It can permit greater precision in diagnoses and improve treatment

2nd: This approach can facilitate more effective shared decision making

3rd: The measures can help clinicians to identify risk factors such as depression and tobacco use

4th: The information can prompt the clinical team to refer a patient to a public health department or a community agency that helps to address problems such as financial strain or intimate-partner violence

5th: Information on social and behavioral factors can expand health systems’ capacity to tailor services to their population’s needs

6th: Use of these measures can broaden the patient context available to researchers for EHRs, which would store standard measures of social conditions and behavioral risk alongside conventional clinical. Lab, and imaging data

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Barriers to collecting this data?

• Culture change
  • Obtaining information on social and behavioral determinants requires additional time and attention
  • Greater challenges arise in using the resulting information to improve patient health outcomes
  • Any new diagnostic technology or mode of therapy creates added demands and necessitates changes in practice

• Staff education and training
  • Addressing social and behavioral determinants may require reconsideration of clinical workflows
    • Who should discuss sensitive issues with the patient?
    • What interventions are feasible?
Implement strategies to collect and utilize social and behavioral determinants of health

KEEP CALM AND STRATEGIZE
Where do we go from here?
Thank you!

www.CareTransitionsNetwork.org
CareTransitions@TheNationalCouncil.org

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Hosted by the Care Transitions Network
Tuesday, June 28, 2016
9am-1pm
Cherkasky Auditorium
111 E. 210th Street, Bronx, NY 10467

During this event you will have access to:
Lessons learned and discussion on one provider’s experience with Full-Risk Contracts
How data available through the Care Transitions Network will help your transition
Action planning to prepare your practice for VBPs

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