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Social Determinants of Health Part 2:
Integrated Care Screening Tools & Implementation Considerations

Thursday, March 17th, 2022

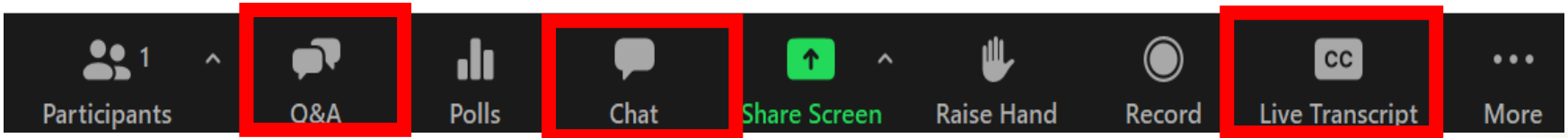
2-3pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Treatment Provider
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Learning Objectives

After this webinar, participants will be able to:

- **Understand** the rationale for screening patients for social risks and social supports in integrated health care settings.
- **Acknowledge** implementation considerations for integrating social care into the delivery of general health, mental health and substance use treatment settings.
- **Explore** and identify appropriate screening tools for integrating social care into the delivery of general health, mental health and substance use treatment settings.

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Introductions

Emilia Demarchis, M.D., M.A.S., *Assistant Professor, Family & Community Medicine,* University of California San Francisco

Matthew Goldman, M.D., M.S., *Medical Director*, Comprehensive Crisis Services & Hope SF Community Wellness Program, San Francisco Department of Public Health

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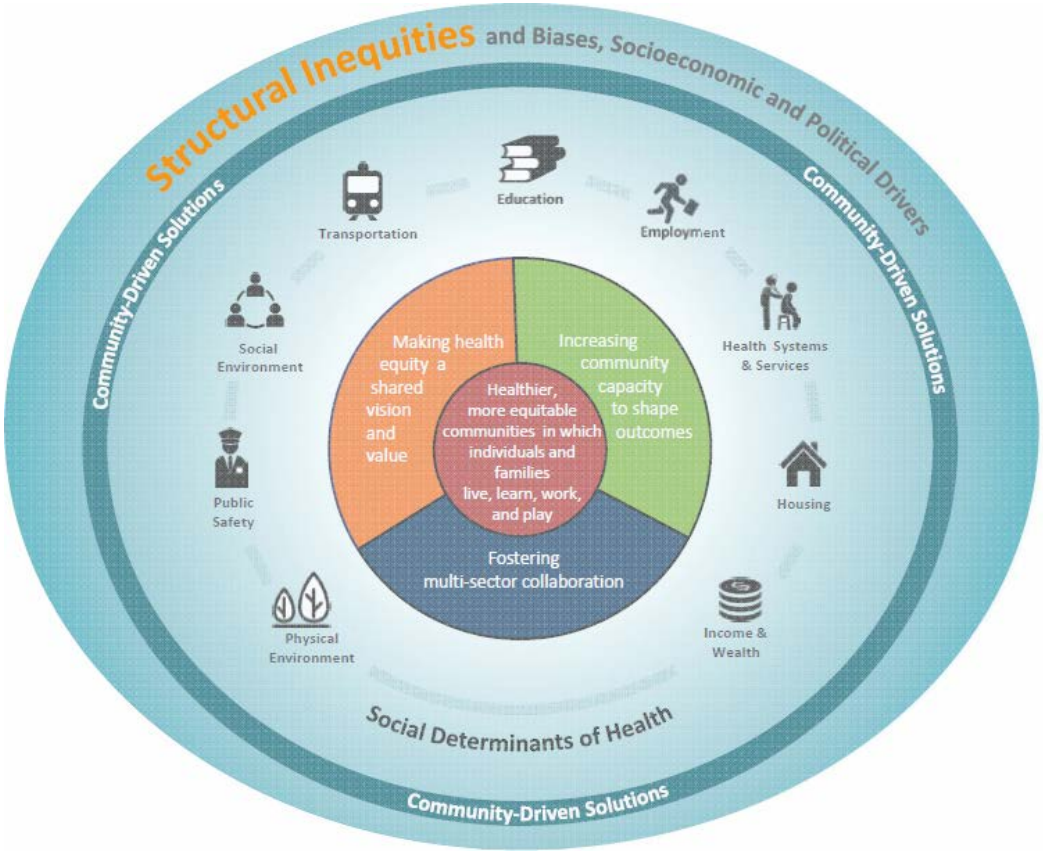
Why integrate with social services & supports?



Source: Jones, CP 2002, National Academies of Sciences, Engineering, and Medicine. 2017

Health inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports.**

Partnerships between integrated health care organizations and social services organizations are a strategy to address health inequities.

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Social Service Linkages Are Part of General Health Integration (GHI)

The GHI Framework defines 8 domains to advance GHI in BH specialty settings.

Effective integrated care involves addressing the key social determinants of health, along with general health conditions.

Domain 7 focuses on steps for **fostering effective linkages** to housing, vocational and supportive social services, community organizations and other resources, and promotes incorporating social determinants into care plans.

Source: Advancing Integration of General Health in Behavioral Health Settings: A Continuum-Based Framework. 2020.

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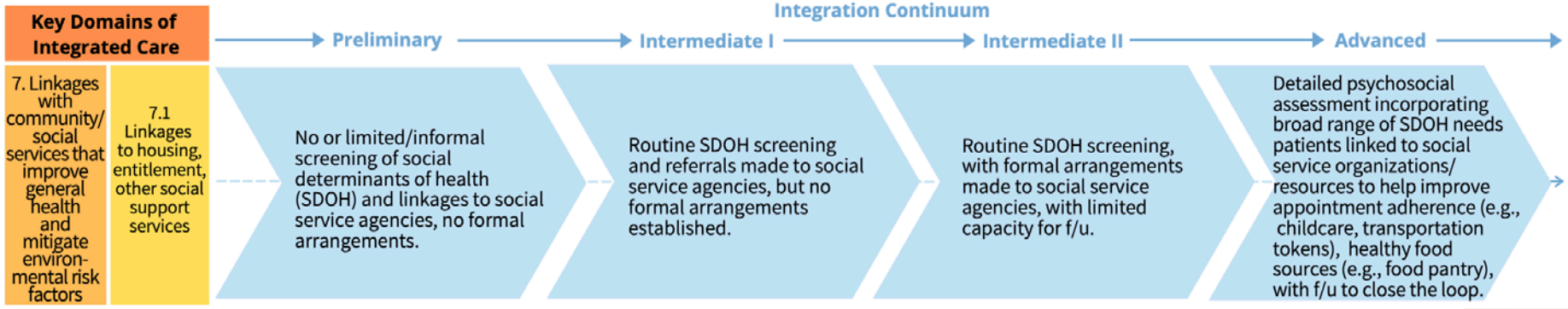
Key Domain 7:
Linkages with Community & Social Services

Subdomain 7.1: *Linkages to housing, entitlement, other social support services*



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Social Risk Screening in Behavioral Health settings

Implementation and Sustainability

- Facilitate coordination and integration with social service partners
- Data to inform service needs
- Opportunities for reimbursement using screening tools

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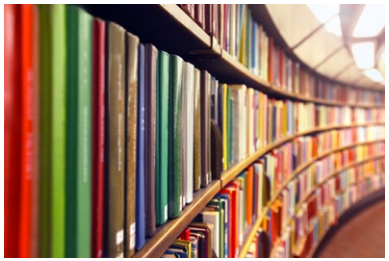
SIREN's mission is to catalyze and disseminate high quality research that advances health care sector efforts to improve health equity by addressing social risks.

Activities include:

Catalyzing and conducting high quality research



Collecting & disseminating research findings

Providing evaluation, research & analytics consultation services

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF

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Policy Push for Social Risk Screening in Health Care

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accountable Health Communities

Poverty and Child Health in the United States

COUNCIL ON COMMUNITY PEDIATRICS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

The EveryONE Project™

Advancing health equity in every community

NAM

Annals of Internal Medicine

POSITION PAPER

Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

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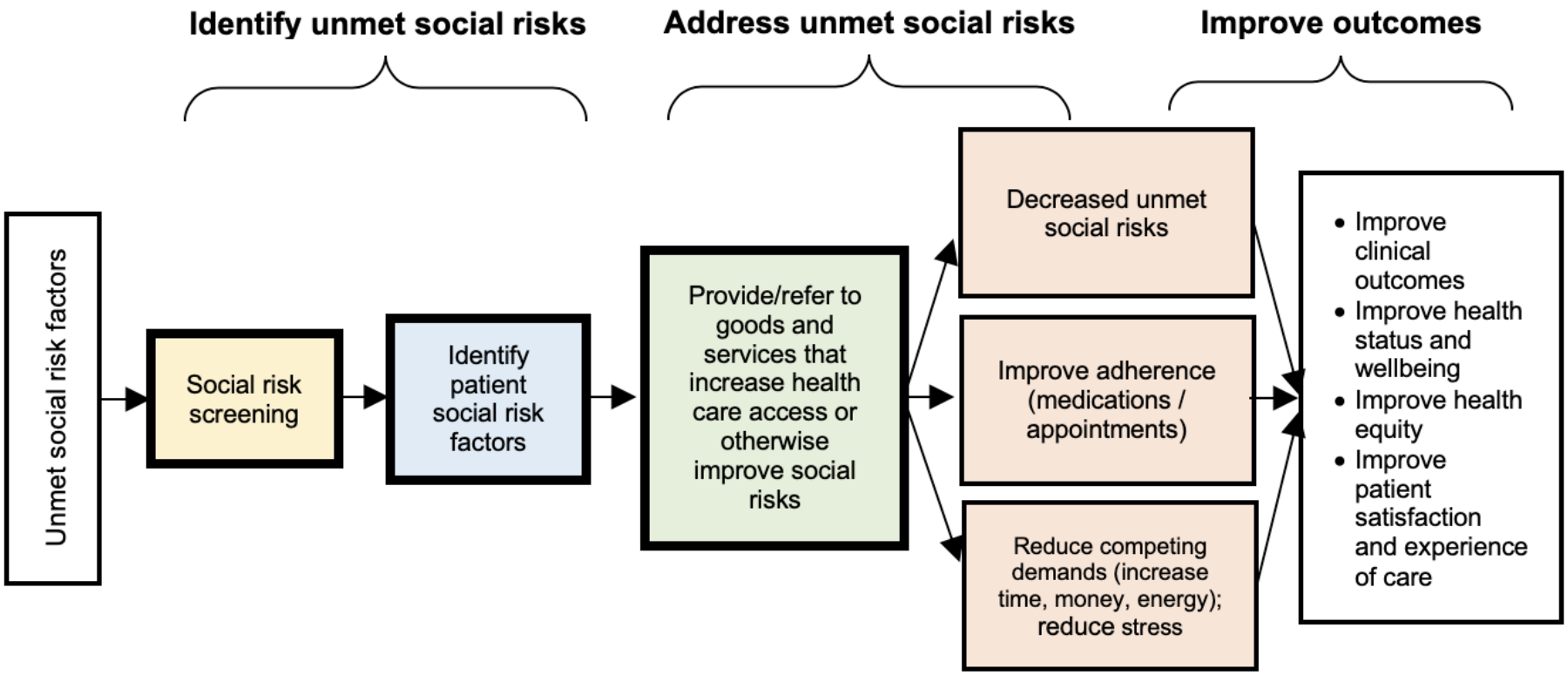
OASIS Conceptual Model



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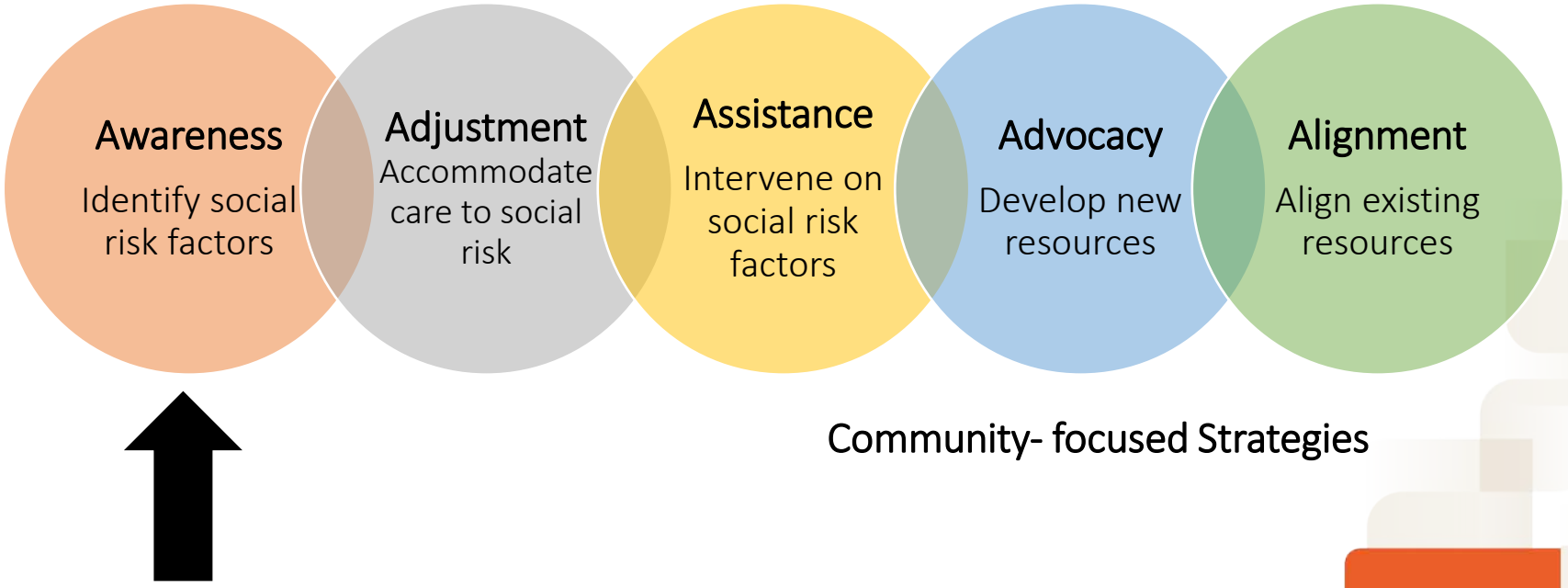
NASEM Committee: The 5 A's

The National Academies of Sciences, Engineering & Medicine

Patient-focused Strategies



Community- focused Strategies

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Systematic Data Collection

Social & economic risk screening tool	Recommended Social and Behavioral Domains and Measures for Electronic Health Records	PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences	CMS Accountable Health Communities Screening Tool
Total # of questions	24	21	10
Housing		☐	☐
Food		☐	☐
Clothing		☐	
Utilities (phone, gas, electric)		☐	☐
Medicine/health care		☐	
Child care		☐	
Transportation		☐	☐
Neighborhood safety		☐	
Interpersonal violence/safety	☐	☐	☐
Physical Activity	☐		
Social connections/isolation	☐	☐	
Stress	☐	☐	

Screening Tools

- No tool reported following 8 steps of gold standard measure development
- 15/21 reported modifying existing tools

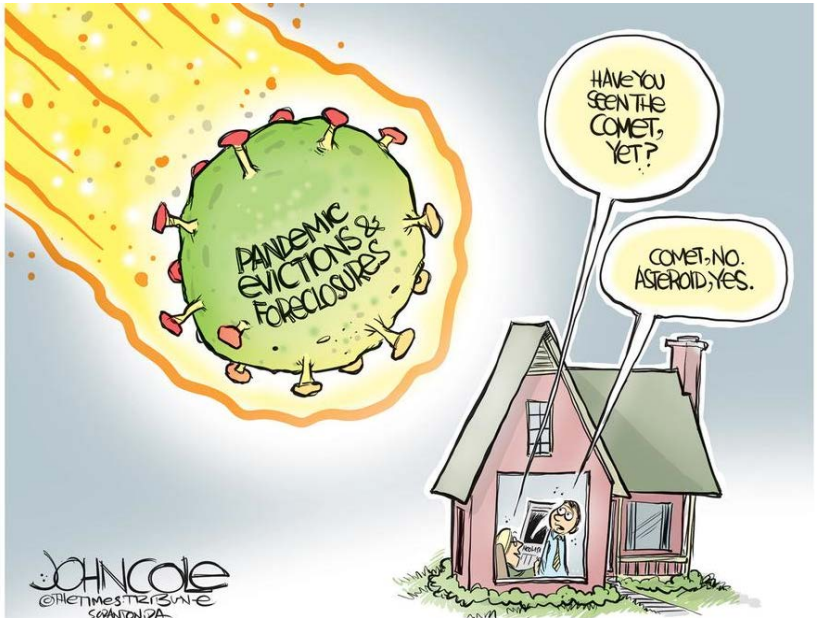
Food Insecurity

Within the past 12 months we worried whether our food would run out before we got money to buy more.

Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Housing Stability and Quality

- Wide variation
- No gold standard screening tool or even universally accepted definition for housing-related social risks



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Housing Stability

AHC	PRAPARE	CHW Housing Vital Sign
What is your housing situation today? • I have a steady place to live; • I have a place to live today, but I am worried about losing it in the future; • I do not have a steady place to live [I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park]	**How many family members, including yourself, do you currently live with?** • # response • I choose not to answer this question	**In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?** • Yes • No
Think about the place you live. Do you have problems with any of the following? [Check all that apply]. • Pests such as bugs, ants, or mice, • Mold, • Lead paint or pipes, • Lack of heat, • Oven or stove not working, • Smoke detectors missing or not working, • Water leaks, • None of the above	**What is your housing situation today?** • I have housing • I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park) • I choose not to answer this question	**In the past 12 months, how many times have you moved where you were living?** • # of moves
	Are you worried about losing your housing? • Yes • No • I choose not to answer this question	**At any time in the past, were you homeless or living in shelter [including now]?** • Yes • No

Transportation

AHC	PRAPARE
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? • Yes • No	Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. • Yes, it has kept me from medical appointments or from getting my medications • Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need • No, I choose not to answer this question

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Income

AHC (supplemental question)	PRAPARE
How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is… • Very hard • Somewhat hard • Not hard at all	During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits. • Free text • I choose not to answer this question
	In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Check all that apply. • Yes/No for: Food; Utilities; Medicine or any health care (Medical, Dental, Mental Health, Vision); Phone; Clothing; Child Care; Other (please write):____ • I choose not to answer this question

Social Isolation

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AHC (supplemental question)	PRAPARE
If for any reason you need help with day-to-day activities such as bathing, preparing meals, shopping, caring for children or dependents, managing finances, etc., do you get the help you need? • I don't need any help • I get all the help I need • I could use a little more help • I need a lot more help	How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings) • Less than once a • 1 or 2 times a week • 3 to 5 times a week • 5 or more times a • I choose not to answer this question
How often do you feel lonely or isolated from those around you? • Never • Rarely • Sometimes • Often • Always	

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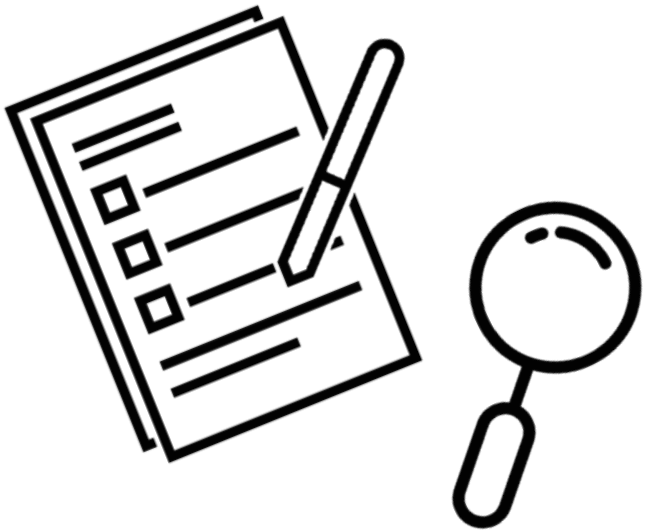
Research on Screening



- Patient/staff/provider perceptions
- Implementation

Health Care Team Perspectives

Concerns:

- Stigmatization, discrimination; impact on relationships
- Time and workflow disruption
- “Check list” screening
- Ability to respond / follow up

Source: Quiñones-Rivera A, et al. Provider impacts of socioeconomic risk screening and referral programs: A scoping review.

Health Care Team Perspectives

- Recognition of role of social risk factors on patient health outcomes
- Screening can improve health care team-patient relationships and improve clinician understanding of patients' conditions
- With training / education, support for screening grows

Source: Quiñones-Rivera A, et al. Provider impacts of socioeconomic risk screening and referral programs: A scoping review.

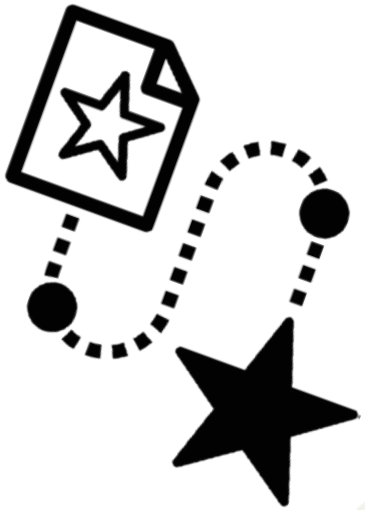
Patient Perspectives

- Concerns regarding stigmatization, discrimination
- Relevance to care
- Importance of patient-centered care
- Recognition of limitations of health care system to resolve risks

Source: De Marchis EH, et al. 2019. AJPM; Byhoff E, et al. 2019. AJPM; Behoff E, et al. 2020. J Immigr Minor Health; Emengo, et al. 2020. PLoS One; Hamity, et al. 2018. Perm J.

Implementation

- Importance of education and training
  - Empathic inquiry training
- No clear modality preference across settings
- Integrate into current workflows
- Adaptability and responsiveness



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Effectiveness & Implementation Research

Effectiveness Research	Implementation Research
Social health	Workforce
Physical/mental health	Funding
Health care utilization and costs	Technology

Source: Fichtenberg, Alley, Mistry. Improving social needs intervention research: Key questions for advancing the field. AJPM. Dec 2019.

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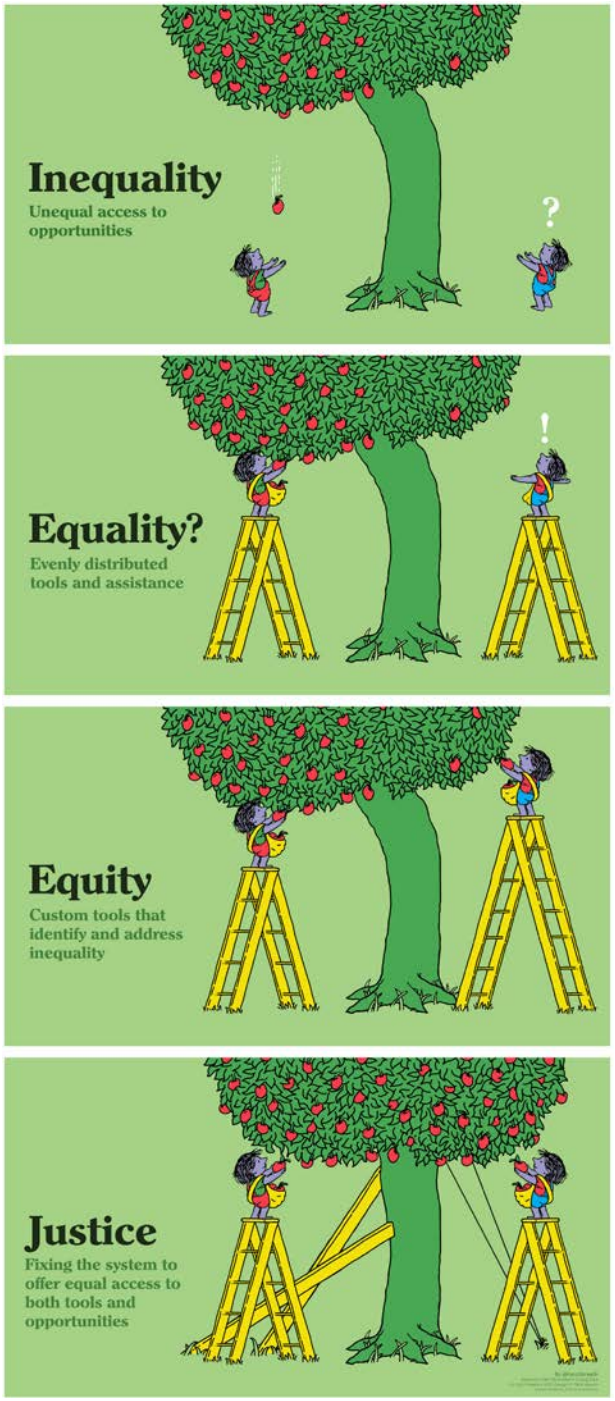
Social Care Practice Example

Social care practice example	Related medical ethics questions
Screening for food security at every clinic visit (Awareness)	Could screening exacerbate perceived or actual discrimination?
Changing medications based on affordability (Adjustment)	Are all treatments equally efficacious? Are families aware of benefits and drawbacks of different treatment options and giving opportunity to elect less expensive medications?

Avoiding Unintended Consequences

- Standardize process
- Monitor process metrics: who is getting screened, what is the follow up?
- Assess impact of screening/interventions on equity
- Payment and delivery system reforms
- Regulate use of data



Source: Bleacher H, et al. 2019. Fam Pract Manag; Fiori K, et al. 2019. J Prim Care community Health; Greenwood-Ericksen M, et al. 2021. Ann Fam Med. Drake C, et al. 2021. BMC Health Serv Res

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Recommendations

- **Engage** stakeholders across settings from the beginning
- **Think critically** about what you are trying to screen for – what is the end goal of identification?
- **Communicate** with on-the ground teams around their concerns and resource needs –what is their screening capacity?
- **Talk to staff** in health settings about their experiences with screening
- **Use existing tools**, when possible, to promote consistency and comparability
- **Review and share data** with an equity lens: internal and external population health management

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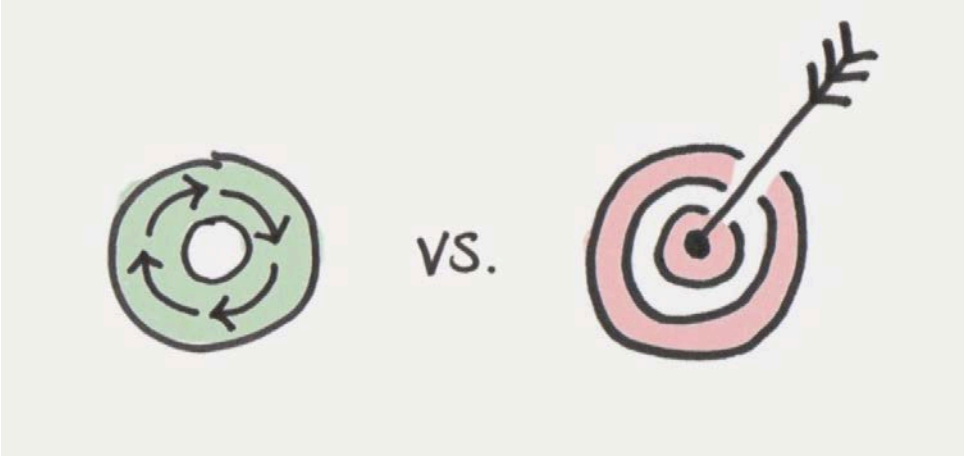
NASEM Committee Recommendations



GOAL 1: DESIGN HEALTH CARE DELIVERY TO INTEGRATE SOCIAL CARE INTO HEALTH CARE.

NASEM Committee Recommendations: The How

GOAL 2: BUILD A WORKFORCE TO INTEGRATE SOCIAL CARE INTO HEALTH CARE DELIVERY.

GOAL 3: DEVELOP A DIGITAL INFRASTRUCTURE THAT IS INTEROPERABLE BETWEEN HEALTH CARE AND SOCIAL CARE ORGANIZATIONS.

GOAL 4: FINANCE THE INTEGRATION OF HEALTH CARE AND SOCIAL CARE.

Acknowledgements & More

Questions/Comments?
Contact: emilia.demarchis@ucsf.edu
@emiliademarchis

Slide Contribution Acknowledgement: Laura Gottlieb, M.D., M.P.H.

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Coffee & Science

Hot topics in Social and Health Care Integration

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Questions?

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Tools & Resources

- Center of Excellence for Integration Health Solutions (CoE-IHS)
- General Health Integration Framework Issue Brief
  - Utilizing an Evidence-based Framework to Advance Integration of General Health in Mental Health and Substance Use Treatment Settings – Blog post
  - Mid-Year Findings One Pager
- High-Functioning Team-Based Care Toolkit
- Organizational Assessment Toolkit for Primary & Behavioral Health Care Integration (OATI)
- Quick Start Guide to Behavioral Health Integration for Safety-Net Primary Care Providers
- Social Interventions Research & Evaluation Network (siren)
- Collaborative Care for Low-income Patients
- NEW Children & Adolescents Social Determinants of Health Learning Collaboratives – School Based Health Alliance – Application deadline is April 6, 2022

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NEW Children & Adolescents Social Determinants of Health Learning Collaboratives

SDOH Screening Start-up Learning Collaborative

The School-Based Health Alliance is excited to offer a peer-learning opportunity for SBHCs interested in bringing SDOH screening into their health centers. Join your peers to learn about the benefits of SDOH screening and how to create and implement a sustainable screening practice to advance child & adolescent health.

Through this learning collaborative, you'll learn to:

- Identify evidence-based screening tools to detect the social needs and strengths of children & adolescents
- Maximize school and community partnerships to address SDOH needs
- Use best practices in SDOH care coordination and follow-up in school settings

SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

SESSION TIME:
Tuesdays, 1-3PM EST

SESSION DATES:
April 26
May 3, 17, 31
June 14

Cost: FREE!!

Who Should Apply?
School-Based Health Administrators, Providers, and Staff, including CHWs and Promotores

APPLY NOW

APPLICATIONS CLOSE:
WEDNESDAY, APRIL 6

Questions? Contact
Seleena Moore
smooreesbh4all.org

SDOH Care Improvement Learning Collaborative

SESSION TIME:
Wednesdays, 1-3PM EST

SESSION DATES:
April 27
May 4, 18
June 1, 15

Cost: FREE!!

Who Should Apply?
Health Center Administrators, Providers, and Staff, including CHWs and Promotores

APPLY NOW

APPLICATIONS CLOSE:
WEDNESDAY, APRIL 6

Questions? Contact
Shameka Davis
sdavisesbh4all.org

The School-Based Health Alliance is excited to offer a peer-learning opportunity for health centers interested in enhancing their SDOH screening for children and adolescents. Join your peers to learn about improving your SDOH care to advance child & adolescent health.

Through this learning collaborative, you'll learn:

- Best practices for expanding SDOH screening to include children & adolescents
- How to develop and maximize school & community partnerships to address SDOH needs
- Sustainable business practices for SDOH screening

SCHOOL-BASED HEALTH ALLIANCE
The National Voice for School-Based Health Care

The application deadline is April 6, 2022
Visit https://bit.ly/SDOHLCs for more information

Upcoming CoE Events:

CoE-IHS Office Hour: Breaking Down Health Literacy, Cultural and Linguistic Barriers in Integrated Care Settings

Register for office hour on March 31, 2-3pm ET

CoE-IHS Office Hour: Addressing Workforce Challenges through Integrated Care

Register for office hour on April 7, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

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Thank You

Questions?

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