
FHCQ | Social Needs and Health Equity Steering Committee

Social Needs Interventions Workgroup

June 20th, 2023 | 3:00 – 4:00 p.m.

Virtual

MEMBERS PRESENT

Abigail Berube, MPH, Washington State
Hospital Association

Janice Tufte, PCORI West Ambassador/
Hassanah Consulting

Jessica Beach, Molina Healthcare

Phyllis Cavens, MD, Child and Adolescent Clinic

Shelby Kantner, MPH, Community Health Plan
of Washington

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Foundation for Health Care Quality

Karie Nicholas, MSc, Foundation for Health Care Quality

WELCOME

Nick Locke, Bree Collaborative, welcomed the group to the Social Needs Interventions workgroup, an ad-hoc workgroup of the Social Needs and Health Equity Steering Committee. Members briefly introduced themselves and reviewed the May minutes.

DISCUSSION: COMMENTS ON RECOMMENDATIONS

Mr. Locke shared the progress of the workgroup's outreach to commenters. Unfortunately the workgroup has not received many comments due to the quick turnaround time. Instead, Mr. Locke presented some topics that had come up in recent presentations from early June.

- Community Information Exchange:
 - The FHCQ has received several comments about how to use CIEs, wondering if there are any standards or single CIEs that can be used.
 - Members discussed the process of still learning about how to use CIEs effectively. Currently CIEs have many limitations in that they are sometimes too region specific and limited in finding local resources for rural areas or other specific regions.
 - Assessment of other players in the region for alignment can be difficult, but may be necessary.
 - Additionally, we should recommend increasing org capacity and workflows to incorporate CIEs into existing structures. CIEs will still require investment to be useful.
 - Future collaboration and ongoing workgroups on community information exchanges will likely be necessary to improve alignment and capacity.
- Screening without the capacity to intervene:
 - We have a “chicken and egg” conundrum with screening. Many do not want to screen without the capacity to intervene, yet intervening is hard to build without evidence for need. Additionally, patient need does not go away if we don't ask.
 - We may want to connect with an ethics person about how to move forward. One workgroup member has a potential contact.
 - Laura Gottlieb at SIREN has some articles on this topic related to “scale up responsibly”
- Community-Based Organization Capacity:
 - There have been many articles written about how lack of capacity in CBOs prevents interventions from being successful. How can we address this more?
 - Address wrap-around supports such as case management and referral management.

- Prevention/early intervention can prevent inpatient care and save dollars. Suggest billing for SDOH screening and follow-up resources.
- The largest impact will be policy. Some hospitals have health funds for community benefit improvement services. Many have already earmarked these funds, but we can still add as a recommendation.
- Additional comments:
 - Protecting Staff: add recommendations about earning a living wage for all staff members and ensuring equitable hiring practices and equal opportunities to jobs in organizations.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke shared the workgroup's next steps. This is the final workgroup meeting. The Steering Committee will review final drafts on June 26th before moving to implementation. Members are invited to join the Steering Committee for implementation efforts.

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