

FHCQ | Social Needs and Health Equity Steering Committee

Social Needs Screening Workgroup

May 17th, 2023 | 2:00 – 3:00 p.m.

Virtual

MEMBERS PRESENT

Patricia Gepert, Washington Association for Community Health
Shelby Kantner, Community Health Plan
of Washington

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative
Karie Nicholas, MSc, Bree Collaborative
Emily Robson, DNP, RN, Foundation for Health Care Quality

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Social Needs Screening workgroup. Workgroup members briefly introduced themselves and reviewed April minutes.

DISCUSS: DRAFT RECOMMENDATIONS

Mr. Locke shared the workgroup's draft workflows and walked through the document for final changes before June. Between May and June the workgroup will conduct subject-matter expert outreach. Members discussed the draft document.

- Planning:
 - Members discussed more clarity under how to engage with patients. Not just to determine community needs, but also to:
 - Ask about workflow priorities (where to screen, who conducts screening, who conducts follow-up)
 - About community priorities to be aware of (certain to community health needs assessments)
 - To develop buy-in from patients/clients about why screening is being conducted.
 - The planning process is iterative, feedback should be sought from staff and patients/clients at multiple stages in the process.
- Tools and Domains:
 - The name was clarified to “screening tools and domains”
 - Members discussed moral hazard of screening. What should be done if no follow-up resources are available?
 - We should encourage spaces to develop programs to meet social need, but screening should occur either way, as it can help with advocacy efforts, improve data driven quality improvement, and lead to more tailored care plans for patients. We should make a statement about how to communicate the screening process with patients/clients so they are not left wondering about follow-up.
- Administration and Workflow:
 - Members discussed resources beyond existing case studies. Are there any decision aids that can be easily distributed? No members had current examples to share.

- Instead, peer-learning collaboratives and other discussion spaces may help spread best practices and support clinics developing new screening workflows.
- Responses:
 - Recording responses and communicating responses may be collapsed to one section.
 - Recording responses recommendations should be clear about moving toward interoperable, electronic health data systems, but recognize that many clinics do not yet have this capacity.
 - At all times, data collection should be standardized, but it may take long-term plans to develop interoperable data systems.

DISCUSS: SUBJECT MATTER EXPERT OUTREACH

Mr. Locke invited suggestions for subject matter experts to provide feedback on the recommendations before our June meeting. Members suggested:

- NACHC
- Other community health centers with existing screening programs.

Mr. Locke will follow-up with members for the outreach process.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke thanked everyone for attending and summarized next steps. At the next meeting the workgroup will review subject matter expert comments. Mr. Locke invited final comments, shared a link to a social need and health equity implementation survey, and closed the meeting. The workgroup's next meeting will be held June 21st, 2023.