
FHCQ | Social Needs and Health Equity Steering Committee

Social Needs Screening Workgroup

July 20th, 2022 | 2:00 – 3:00 p.m.

Virtual

MEMBERS PRESENT

Patricia Gepert, Washington Association for
Community Health

Tashau Asefaw, Community Health Plan of
Washington

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

Emily Robson, DNP, RN, Foundation for Health Care Quality

WELCOME

Nick Locke, Bree Collaborative, welcomed everyone to the Social Needs Screening workgroup. Members introduced themselves and their current work with social needs.

- Tashau Asefaw described CHPW's current work collecting enrollees' social need information and following up through their social drivers of health program.
- Patricia Gepert described the Washington Association for Community Health's previous learning collaborative on social determinants for community health centers and their current work to develop an SDOH learning network.

DISCUSS: SOCIAL NEED SCREENING THEMES

Mr. Locke shared the social need screening discussion worksheet which included several key topics the workgroup wanted to discuss. Topics included: social need screening tools, screening workflows, building trust, communicating social need data, adjusting screening workflows for priority populations, scaling up interventions, and providing sustainable funding. Workgroup members discussed several key issues with social need screening workflows.

- Screening Tools:
 - Most community Health Centers (CHCs) are currently using PRAPARE, or at least adopting PRAPARE for local needs, including making it shorter.
 - Health plans include social need screening questions as part of enrollment questionnaires.
 - Screening questions should be added to intake questions or existing workflows for clinics or other sites as opposed to adding an additional workflows.
- Screening Workflows:
 - Different clinics and plans use a mixture of self-administered screening tools or in-person staff-facilitated screening tools.
 - While self-administered tools may be quicker and lead to less perceived stigma, workgroup members agree that in-person screening would be better for building trust with patients, eliciting more information than just what is included on the screening questionnaire, and allows for better follow-up.
 - While both self-administer and staff-administered workflows may be possible, the key is to avoid asking people the same questions twice, as this leads to frustration.
 - Another helpful workflow addition is a "pre-screening" question that asks if patients want help with social needs (in an accessible format) prior to running through a specific SDOH screener. There are some concerns about missing patients who need help in this format, but it could cut down on screening time.

- Staffing Concerns
 - In-person or staff-administered screening tools may not be feasible due to staffing or workforce concerns about burnout. It is important to adapt workflows based on organization needs and staff.
 - Running a PDSA after initial implementation can help identify pain points and adapt to local needs.
- Data and Communication:
 - While z-codes and other Gravity Project standard codes are a best practice, many clinics and plans are not currently collecting social need information in this format.
 - Internally- most organizations are still trying to get data up and going to share internally.
 - Plans have a bit of an advantage collecting structured and unstructured data, but have not participated in much external sharing at this point.
 - Clinics are trying to close the loop and share information with staff, especially providers who may incorporate social need information in their care plans.
 - One big barrier has been EHR capabilities. Many clinics have needed to change their EHR service in order to run social need interventions.
- Other big topics that the workgroup discussed included training staff for collecting social need information in processes like motivational interviewing or empathic inquiry.

PUBLIC COMMENT AND GOOD OF THE ORDER

As the workgroup came to a close, Mr. Locke shared the Steering Committee plans for a shared social need and health equity implementation plan and how the screening workgroup could contribute to that implementation guide. Future topics will include how to plan for social need screening workflows and how to overcome common barriers using existing resources. Mr. Locke invited final comments, then thanked everyone for attending. The workgroup's next meeting will be held on Wednesday, November 16th from 3:00 – 4:00 PM.