
FHCQ | Social Needs and Health Equity Steering Committee

Social Needs Interventions Workgroup

July 17th, 2022 | 8:00 – 9:00 a.m.

Virtual

MEMBERS PRESENT

Janice Tufte, Patient Advocate

Karma Kreizenbeck, HICOR Fred Hutch

Kate McLean, MD, MPH Quilted Health

Rachel Briegel, MSW, Community Health Plan of
Washington (for Tashau Asefaw)

Phyllis Cavens, MD, Child and Adolescent Clinic
of Longview and Vancouver

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

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 introduced themselves and their current work with addressing social needs in a healthcare setting.

As several new members were present, the group did not vote to approve minutes.

REVIEW: CHARTER AND SCOPE

Mr. Locke shared the priorities for social needs screening that the group had discussed in June and opened up conversation on new goals or priorities.

- Overall, new workgroup members approved the existing goals, especially the specific call to action.
- The goal of developing partnerships/aligning with existing organizations can be clarified. Our goal is to create seamless referral guidance and opportunities for improved communication
- When considering interventions – patient choice is key. How one intervention is delivered (e.g. via phone vs. in-person) may work for one patient, but not another.
- A key goal should include connecting interventions to health outcomes through evaluation.
- We should consider CIEs that are currently operating, like UniteUs
 - UniteUs is currently up and working in some regions, but lacks resources in others.

DISCUSSION: DELIVERABLES AND NEXT STEPS

Mr. Locke shared the document on current deliverables and requested input on what would be useful for individual organizations and the state overall. Workgroup members discussed:

- Determining what resources are available by region:
 - This could be useful for community health centers and other clinics in resource-poor areas. We may also want to draw on resources from the Act Center for developing intervention workflows and Laura Gottlieb.
- Comparing and Contrasting Systems/Interventions:
 - It may be useful to compare Medicaid interventions vs. commercial insurance.
 - It may be possible to take lessons learned for sustainable funding by organization type/reimbursement model.

- Example of Kaiser Permanente developing interventions using funding from their “community benefit” mandate and the Group Health Foundation.
 - Example of CHPW and the community-health worker program which is region-based.
- Developing communication guidelines to define roles and responsibilities should define roles and responsibilities for different organization, and include payment mechanisms.
 - We will probably not endorse a single CIE, but we can partner with the HCA on their CIE process.

Workgroup members discussed potential next steps.

- First step: defining current available interventions (types of CIEs, types of community health worker/peer-support programs).
 - Consider Pathways from the DOH and ACHs
 - Also look to other organizations like IHS, SIREN, HCA, VA, schools, etc.
- As we try to define available resources by region, we may be able to draw data from workgroup member organizations.

PUBLIC COMMENT AND GOOD OF THE ORDER

Mr. Locke invited final comments, then thanked everyone for attending. The workgroup will plan on meeting every third Tuesday, with the next meeting to be held on Tuesday, August 16th from 3:00 – 4:00 PM.