
FHCQ | Social Needs and Health Equity Steering Committee

Social Needs Screening Workgroup

June 15th, 2022 | 2:00 – 3:00 p.m.

Virtual

MEMBERS PRESENT

Erin Darrah, Molina Healthcare

Taurmini Fentress, Neighborcare Health

STAFF AND MEMBERS OF THE PUBLIC

Nick Locke, MPH, Bree Collaborative

WELCOME

Nick Locke, Bree Collaborative, welcomed the group to the first meeting of the Social Needs Screening 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.

DISCUSS: WORKGROUP PRIORITIES AND DELIVERABLES

Mr. Locke shared the priorities for social needs screening that had been identified by the steering committee. Workgroup members were invited to provide comments and suggest additional priority areas.

- Workgroup members affirmed existing goals related to workflows, adopting a screening tool, and considering how to communicate screening results with the care team.
- Members also suggested other goals that highlight the need to use screening as an intervention to build trust with patients and avoid adding provider burden.
 - Screening tools should be considered a clinical intervention and be used to build trust, not alienate patients.
 - Screening tools for social needs can be integrated with other medical tools like the PHQ-9
 - Social needs screening **MUST** be connected to interventions. This workgroup will need to communicate with the social needs intervention workgroup.

Mr. Locke also invited comments on what would be useful as a final deliverable from the workgroup. Members discussed useful best practices that could guide future work.

- Best practice recommendations for how to conduct screening, especially in the context of regulations or requirements from the HCA or NCQA
- Making the case for screening to front-line staff that is mindful of the importance of secondary trauma and paperwork burden
- Connect the screening tool to other interventions
- Current barriers include the lack of social service resources (especially for housing), human resources for providing resources and closing the loop, and buy-in from front-line staff

DISCUSSION: ADDITIONAL OUTREACH AND RESOURCES

Based on the discussion for priorities and deliverables, Mr. Locke asked workgroup members who else should be invited to the table. Further outreach will be conducted to:

- WA DOH and ACHs to learn more about their current care connection hubs
- Quality Improvement/Implementation managers
- Patient Advocates
- Front-line staff: clinicians and social workers

- Community information exchanges – FindHelp etc
- Community Based Organizations, especially for youth

Following the recommendations for initial outreach, Mr. Locke shared the workgroup’s next steps. Mr. Locke will work with workgroup members to conduct outreach to new potential partners. Mr. Locke will also draft a document detailing the deliverables and priorities discussed at this meeting, for review as a launching point for our next conversation.

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 Wednesday, with the next meeting to be held on Wednesday, July 20th from 2:00 – 3:00 PM.

DRAFT