Bree Collaborative | Social Determinants and Health Disparities Workgroup
December 17th, 2020 | 8:00 – 9:30 a.m.
Virtual

MEMBERS PRESENT

Phyllis Cavens, MD, Medical Director, Child and Adolescent Clinic, Vancouver
Alison Bradywood, DNP, MPH, RN, NEA-BC, Senior Director, Clinical Quality & Practice, Virginia Mason
Yogini Kulkarni-Sharma, AVP, Health Plan Quality Improvement at Molina Healthcare
Ashley Lile, Director of Training & Technical Assistance, Washington Association for Community Health
Laurie Bergman, Quality Integration/Population Health/Cm Manager, Confluence Health
Kevin Conefrey, Vice Present, HR & Corporate Services, First Choice Health
Jessica Martinson, Director of Continuing Professional Development, Washington State Medical Association
Janice Tufte, Patient Partner, PCORI, AcademyHealth
Zandy Harlin, MPH, RN-BC, Quality Program Manager, Population Health, Kaiser Permanente
Laurel Lee, VP Network Management, Molina Healthcare
Wes Luckey, Deputy Director, Greater Columbia Accountable Community of Health
Karie Nicholas, GC, MA, Epidemiologist, Washington Association for Community Health
Michael Garrett, Principal, Mercer
Abigail Berube, Director, Safety and Quality Washington State Hospital Association
Thomas Green, MD, Orthopedic Surgeon

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Amy Etzel, Bree Collaborative
Nick Locke, MPH, Bree Collaborative
Julie Stroud, MD, MMM, CPE, Chief Medical Officer, Optum Care Network
Rachel Madding, School Mental Health Program Manager, Highline Public Schools
Cynthia Harris, Family Planning Program Manager, Washington Department of Health
Lauren Noble, Marketing Manager, Greater Columbia Accountable Community of Health
Kate Wells, Director, Wellness and Community Health Strategy, Pacific Source
Kate McLean, Director, Clinical Programs, Quilted Health
Toni Sarge, Public Affairs Manager, WestSide Baby
Rick Hourigan, Market Medical Executive, Cigna Insurance
Siobhan Brown, Senior Analyst, Health Systems Innovation, Community Health Plan of Washington

INTRODUCTIONS AND APPROVAL OF MINUTES

Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

Motion: Approval of November 19th Minutes
Outcome: Passed with unanimous support.

GENERAL DISCUSSION

Nick Locke, MPH, Bree Collaborative, led the group in a discussion and review of the group's charter draft.

- Mr. Locke reviewed the additions that were made last time to the Purpose section and the Duties and Functions section.
- Members commented on the need for process and outcomes metrics.

- An attendee mentioned the need for health information technologies to close loops on referrals. There may be a need for a meeting dedicated to health information technology.
- Members commented on the duty of this group to inform law makers in Washington of the steps that the state should take regarding SDoH.
    - An extension of this would be encouraging the state to think about ways for SDoH data to be aggregated for resource planning at the city and state levels.
- Mr. Locke summarized that there are a few more bullets to add to the charter on how we use the SDoH data that is gathered to further the health of communities as a whole.
- Mr. Locke reviewed the list of the members for the group.

PRESENTATIONS: WASHINTON ASSOCIATION FOR COMMUNITY HEALTH BY ASHLEY LILE AND KARIE NICHOLAS, GC, MA; KAISER PERMANENTE BY ZANDY HARLIN, MPH, RN-BC; VIRGINIA MASON BY ALISON BRADYWOOD, DNP, MPH, RN, NEA-BC

The group transitioned to a series of three presentations on how various organizations are working on SDoH. The group began with a presentation from Ashley Lile, Director of Training & Technical Assistance, Washington Association for Community Health, and Karie Nicholas, GC, MA, Epidemiologist, Washington Association for Community Health, on how their organization is conducting its SDoH work.

- Ms. Lile reviewed the history of the Association's SDoH work. They created two pilot SDoH screening programs at two respective health centers using PRAPARE and NextGen EHR.
    - The first pilot was with one physician: they wanted to see how long it would take to get through the PRAPARE screening and did not have a centralized referral database. This pilot screened 20 patients with a 10-minute average for screening and offered warm hand-offs. A high proportion of patients felt that the screening was appropriate and would help their needs.
    - The second pilot was a larger group. They tested having the SDoH screening tool in their EHR and included a pre-implementation test phase in their EHR to find errors before trying to run the screening tool with their patient population.
    - Both community health centers doing pilots reported out the results to their communities and partnered with Kaiser to a build social needs learning collaborative.
- Ms. Nicholas spoke about challenges, barriers, and lessons learned from the pilots.
    - For both health centers, barriers were around workflow. Pre-screener is a good opportunity to cut down on time and workload.
    - Another barrier was IT and getting PRAPARE into the EHR.
    - Last challenge was figuring out the who, what, where, why, when of asking these questions in a compassionate and empathetic way that helps patients to give answers.
- An attendee asked the presenters if anyone tried to let patients use self-administration for their screening: the Association did not try this, but other community health centers tried this with mixed reviews (trouble around health-literacy and literacy in general).

Zandy Harlin, MPH, RN-BC, Quality Program Manager, Population Health, Kaiser Permanente presented on Kaiser's SDoH work.

- Kaiser has Community Resource Specialists to address the social needs of patients as they are receiving care. Kaiser has social history screenings happening in a variety of settings and in a variety of ways.
- They have a brief 2 question screening built into EPIC. The tool of choice for screening is the YCLS (Your Current Life Situation).
    - This is not a proactive screener—usually administered once someone has a referral to a community resource specialist.
- Ms. Harlin reviewed the plan for SDoH screening in the coming year; they are planning to build a regular social health screening reminder into their EHR.
    - A positive screen with urgent need would lead to a referral to a community resource specialist. A positive but non-urgent need still connects the patient to resources.

- Ms. Harlin reviewed the different domains that Kaiser screens for in its SDoH screening.

Alison Bradywood, DNP, MPH, RN, NEA-BC, Senior Director, Clinical Quality & Practice, Virginia Mason, presented on Virginia Mason's work using the Core 5 screening tool.

- Ms. Bradywood emphasized the difference between short prescreening and in-depth screening: both are appropriate in different circumstances.
- Virginia Mason had a pre-screening pilot project but came up against barriers. The staff's own reluctance to administer the survey proved to be a larger barrier than the patients' desire to avoid taking a social situation survey.
- Ms. Bradywood reviewed a screening roadmap: the tool picked needs to be simple and reliable, screen all patients, apply current resources, and integrate into the EHR. Everyone should be screening with a prescreening tool.
- She advocated for simple, reliable questions in screening: we need to standardize questions so that information is interoperable across different sites and systems.
- Best practice: many articles recommend self-report for prescreening. Virginia Mason is giving a simple paper tool (for self-report) that is getting a lot of info out of patients. Barriers were staff reluctance to asking questions and the availability of referrals.
    - Virginia Mason has an SDoH toolkit that helps staff feel prepared to ask questions and have answers when patients respond with their own questions.

Mr. Locke opened the floor for questions in response to these presentations and asked the group to think about some high-level standards that should be implemented at clinics.

- A member asked Ms. Harlin about the training and background of Kaiser's community resource specialists. Their background and job requirements are left relatively open—Kaiser wants people who have experience in the community that they are serving and the ability to engage with members from that community.
- Ms. Harlin asked the group if anyone had experience with SDoH screening being integrated into virtual care and telehealth.
    - This is a big question, and some patients do not have access to the internet.
        - Broadband and internet access should be considered as SDoH categories and are a barrier to screening and care in general.
    - Ms. Harlin added that Kaiser has had a hard time responding to digital access needs because it is hard to identify patients with access needs.
    - Kaiser has tools to help patients with digital access, but access has not been a social needs screening question.
- Ms. Bradywood said that a cross-sectoral approach to addressing SDoH is the most effective way to proceed.
    - The group should think about non-healthcare entities, such as schools, that could help with internet access or meeting other social services needs.

CLOSING COMMENTS

Ms. Weir thanked all for attending. The meeting adjourned.