

Social Determinants of Health: screening to systems change

Theresa A. Soriano
Mount Sinai St. Luke's

About Mount Sinai St. Luke's

- ▶ Principal healthcare provider for the diverse communities of West Harlem and Morningside Heights
 - ▶ 14,000 inpatient discharges
 - ▶ 160,000 outpatient clinic visits
 - ▶ 90,000 ED visits
 - ▶ Level II Trauma Center
- ▶ Majority Medicaid, Medicare, and uninsured patients



Mount Sinai PPS Tool











- ▶ **Stakeholders:** Dept. of Social Work at two hospital systems; care management agencies; home care agency; FQHCs
- ▶ **Objective:** Develop SDH Tool to be used across a variety of settings by staff with a wide range of direct practice

MS PPS Social Determinants of Health (SDH) Screening Tool

Updated 9.13.17

Screening Tool Introduction: <Content that screener should share with the patient to introduce tool. To be developed.>

Patient Name: _____ CIN Identification #: _____
 DOB: _____ Address: _____
 Contact Phone Numbers: _____ Emergency Contact Name: _____
 Best Time to Reach Patient: _____ Emergency Contact Address: _____
 Mon AM Mon PM Thurs AM Thurs PM Emergency Contact Phone Number: _____
 Tues AM Tues PM Fri AM Fri PM
 Wed AM Wed PM Other (specify): _____

	SDH Domain	Question		Comments
1	Food/Nutrition 	Do you/your family currently have access to enough food each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Housing 	Do you/your family currently have a safe place to live each day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Income 	Are you/your family able to afford your basic needs: food, housing, telephone, electric/gas, medications most or all of the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Literacy 	Are you/someone in your family able to read and understand health care/other important information in your preferred language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Transportation 	Do you have access to transportation to get where you need on a daily basis (medical appointments, work, school)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Safety 	Do you feel safe: emotionally, financially, physically? (not currently being harmed or not concerned of being harmed in any way by someone in your life.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Health Care 	Do you currently have a doctor (Medical or Behavioral) that you have visited in the past six months??	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Other 	Is there any other basic need we have not discussed and you need assistance with? (If so, please specify in comment section).		
9		If "no" to any of the above topics, would you like help?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10		Are any of your needs urgent? (You/your family don't have a place to sleep tonight? You/your family doesn't have the medications needed? You/your family don't have access to food to eat today?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Screener Name: _____ Date of Screening: _____

Screener Title: _____

Screener Organization: _____

Patient Referred for Screening by: _____

Screener Referred Patient to: <Determine Protocol> _____ (Obtained permission to share for referral via signature?)

SDH Workflow

Positive screens reviewed documented



Resource list generated from NowPow

SERVICE CATEGORIES	
Centers	Home Maintenance
Childcare and Parenting	Hotlines
Dental and Vision	Housing
Education	Immigrant Support
Emergency and Crisis Help	Legal
Employment	Long-term Services and Supports
Exercise and Physical Fitness	Medical and Healthcare
Family Planning and Pregnancy	Mental Health
Financial Assistance	Mobile Care Services
Food and Nutrition	Safety and Prevention
Goods	Seniors
Healthcare Supplies and Medicine	Substance Use Treatment
	Technology
	Transportation

Create New HealthRx

Location

Enter an address



Choose how to create your eRx

SERVICE CATEGORIES



e.g. Food and Nutrition, Housing, Mental Health, Transportation

or

CONDITIONS



e.g. Asthma, Diabetes, Homelessness, Substance Abuse

Next Steps

- ▶ Expand screening
- ▶ Leverage technology
- ▶ Community collaboration: local to state
- ▶ Culture change

Z codes

Domain	Screening Question	Possible Z Code
Food	Do you/your immediate family currently have access to enough food each day?	Z59.4- Lack of adequate food and safe drinking water
Housing	Do you/your immediate family currently have a safe place to live each day?	Z59: Problems related to housing and economic circumstances Z59.0- Homelessness Z59.1- Inadequate housing
Income	Are you/your immediate family able to afford your basic needs most or all of the time?	Z56: Problems related to employment and unemployment Z59.6- Low income Z59.7- Insufficient social insurance and welfare support
Literacy	Are you/someone in your immediate family able to read and understand health care/other important information in your preferred language?	Z55: Problems related to education and literacy
Social	Do you have someone whom you trust and to whom you can go with personal difficulties?	Z63.9- Problem related to primary support group, unspecified
Legal	Do you need legal assistance?	Z65.3- Problems related to other legal circumstances

Domain	Screening Question	Possible Z Code
Safety	Do you feel safe?	No precise match
Transportation	Do you have access to transportation to get where you need on a daily basis?	No precise match
Healthcare	Do you have a primary medical doctor that you have visited in the past six months?	No precise match
Medication	Do you have any problems filling prescribed medications?	No precise match
Mental Health	Do you feel hopeless or anxious?	No precise match
Substance Use	Has alcohol or drug use led to health, social, legal, or financial problems for you?	No precise match
SCD Healthcare	Do you need help scheduling follow-up with a sickle cell specialist?	No precise match

Screening Tool Creation

Screening Tool Creation

Nov 2016

Nov 2016 - June 2017

Aug 2017

Sept 2017

1. SDH Workgroup charged with developing SDH Tool for pilot by MS PPS Partners

2. SDH Workgroup vetted existing SDH tools and interviewed tool authors

3. MS PPS SDH tool and CMS AHCS tool selected

4. MSSL customized PPS recommended tool for pilot groups



Tools Reviewed
Health Leads
PRAPARE
CMS Accountable Health Communities Screen (AHCS)
Mount Sinai Health Partners Comprehensive Assessment
Hunger Vital Sign

