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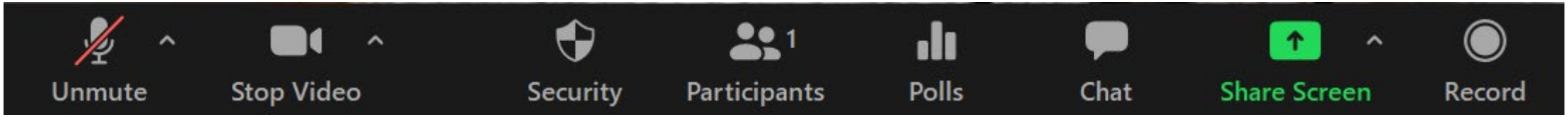
SDOH & Telehealth: A Shared Journey for Patients and Care Teams

Molly Volk, Angelea Brown, Lulu González

August 14, 2024

Zoom Tips



Muted on Entry

You are muted on entry.

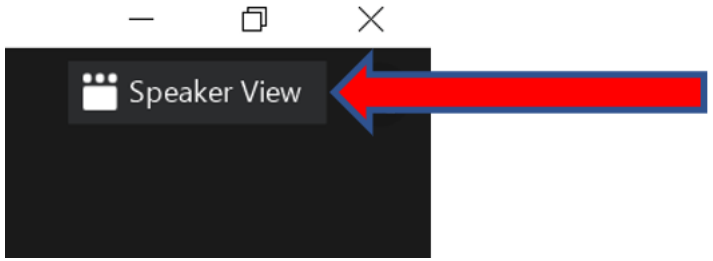
Open the Chat & Q&A

Please open the chat and use it liberally; we want to hear from you!

Send comments and feedback to **“Everyone”**

Session Recording

We are recording today’s session to capture LIVE responses. The recording will be made public.



Speaker View vs Gallery View

At the top right of your screen you can change the video panel to just show the main speaker, or to gallery view to see the speaker and other participants, depending on your preference.

Before We Get Started

Today's session is purely for informational purposes.

CTRC does not provide legal advice. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned in this session.

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About CTRC

Established in 2006, the California Telehealth Resource Center (CTRC) exists to share **unbiased, no-cost digital health resources and consultative support services** with providers and patients located across all 58 California counties and beyond. As part of a collaboration of 12 regional and 2 national Telehealth Resource Centers, CTRC is **committed to implementing digital health programs for rural and underserved communities.**

CTRC became part of OCHIN in 2017 and serves as OCHIN's dedicated digital health consulting arm. CTRC is also part of a coast-to-coast, federally designated consortium that includes two national and 12 regional telehealth resource centers (TRCs). Our knowledgeable CTRC team teaches others to employ innovative technologies in ways that **enhance connected care and advance health equity**. CTRC insights reflect OCHIN's 22 years of practice-based solutions expertise.

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Meet your speakers

Molly Volk

Angelea Brown

Lourdes “Lulu” González

SDOH and Telehealth

A Shared Journey for Patients and Care Teams

Presented by

Molly Volk, MHS, PCMH CCE

Angelea Brown, MPH

Lourdes Gonzalez, MPH

Aug 14, 2024

Agenda

- Overview
- Screening for SDOH using Telehealth
- The Patient Journey
- Resources
- Wrap up

About OCHIN - A national network dedicated to advancing equity

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Technology

6 Million +
active patients across

2,500
health care delivery sites with

25,000
providers in

49
states with

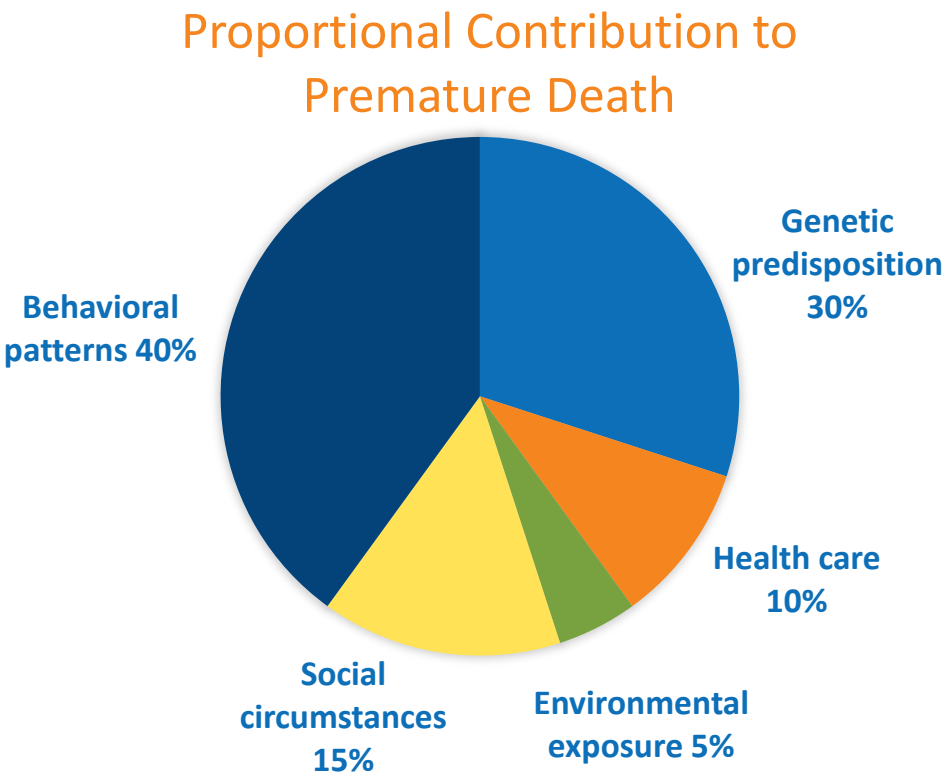
3 Million +
SDOH screenings documented in the EHR

Research

Support Services

- Federally Qualified Health Centers
- Critical Access Hospitals and Rural Health Clinics
- School-based Clinics
- Correctional Facilities
- Behavioral Health Providers
- Dental Clinics
- Public Health Departments
- HIV/AIDS Care Organizations

Social Determinants/Drivers of Health (SDOH)



McGinnis et al. The case for more active policy attention to health promotion. Health Affairs. 2002;21(2):78-93.

- A.K.A.: Health Related Social Needs (HRSN), Social Needs, Social Risks
- Nonmedical factors influencing health *(Braveman et al 2011)*
- Health starts long before illness, in our homes, schools, workplaces, neighborhoods, and communities *(RWJ, Healthy People 2020)*

Reasons to Collect and Integrate SDOH Data

Provide users with point of care **context about patients' lives** and situations and the opportunity to work upstream to affect health

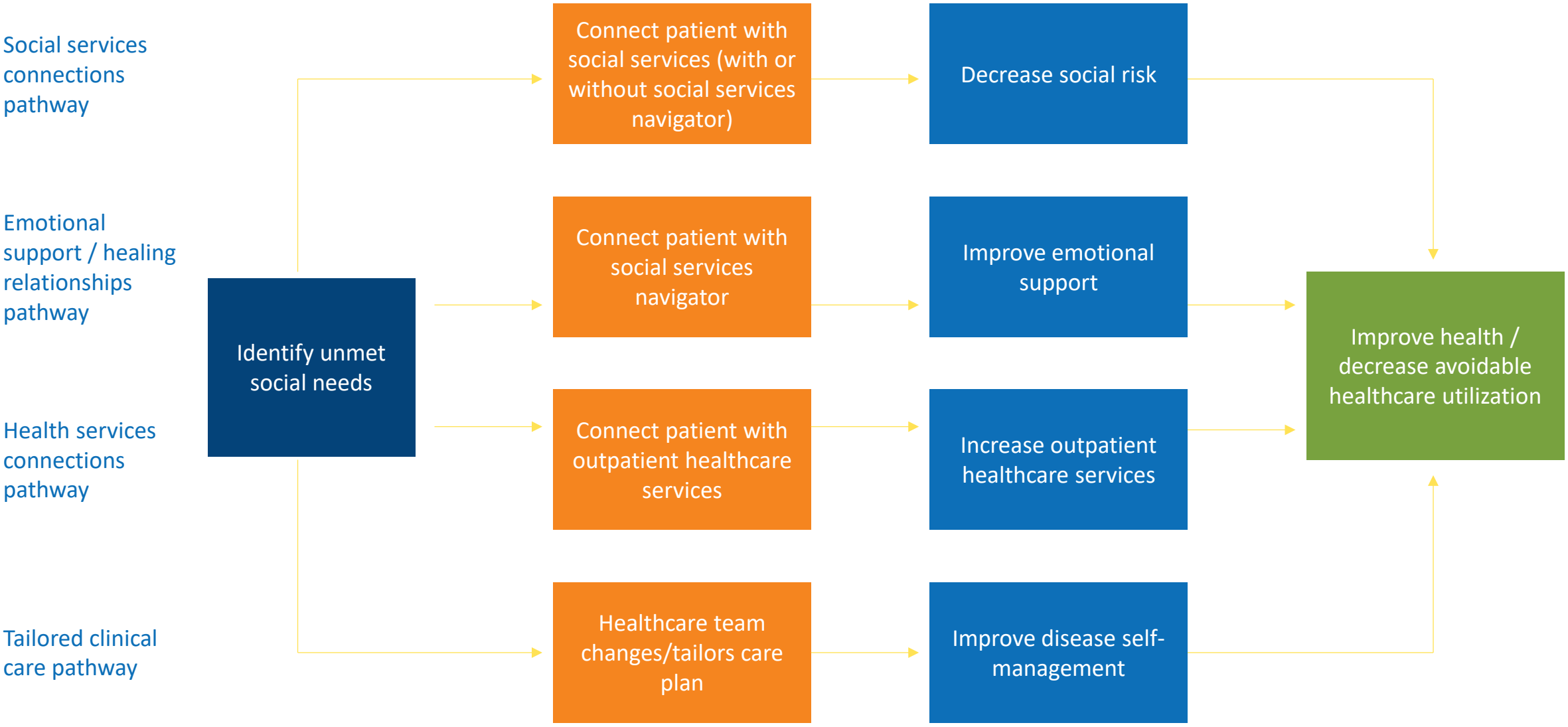
Population health management - high leverage activities for **targeted subpopulations**

Understanding areas of **need in the clinic and the community** for policy, advocacy, and resource allocation

Risk stratification and payment adjustment – more **complex patients** require more resources

See NASEM (2019): Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health: https://nap.nationalacademies.org/read/25467/chapter/4

A Comprehensive Conceptual Model for Social Care Interventions



Source: Revising the Logic Model Behind Health Care's Social Care Investments

Collecting HRSN Data

Screening everyone could reduce bias and improve overall health

Ensure data collection is structured, standardized, and systematically collected

What **tool** will you use to screen for Health-Related Social Needs (HRSNs)?

- PRAPARE, AHC, etc.

Who will do the screening, **how** often, and **when**?

- i.e. MAs, during a telehealth visit, annually, etc.

How will you **train** staff?

- Empathic Inquiry, Collaborative Screening, etc.

What will you do with the **results**?

- Connect patients with resources, tailor care, share community-level data with partners, etc.

How will you work with **community-based organizations** (CBOs)?

- Build relationships, make referrals, utilize an SSRL, etc.

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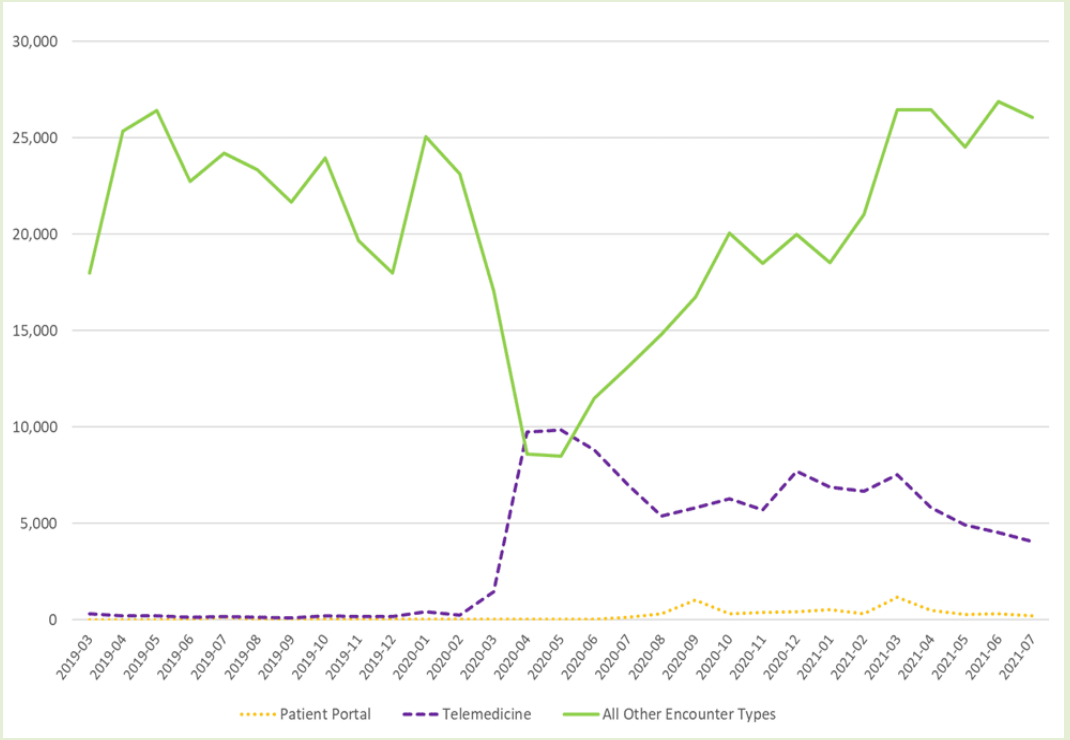
Screening through telehealth

Learning from the Shift to Virtual Care

During the pandemic, there was a substantial **decline in overall SDOH screening** activity captured in the EHR

However, this was partially offset by a rapid **increase in the proportion of SDOH screens being conducted in telehealth visits**.

By late 2020, **SDOH screening volumes were back up**, but telehealth visits continued to account for roughly 15-20% of monthly SDOH screenings.



Source: Learning from the Shift to Virtual Care

Benefits of Screening Through Telehealth

- Broader Reach
- Enhanced Privacy and Comfort
- Reduced Transportation Barriers
- Timely Intervention
    - *Study shows telehealth-based outreach efforts may reduce emergency room visits*
- Ease of Use
- All in One Data Collection
- Multidisciplinary Collaboration

Considerations of Screening Through Telehealth

- May exclude patients with limited access to internet or cellular data plans from participating
  - *Consider other workflows in addition to telehealth*
- It can be difficult to establish a trusting relationship via Telehealth, especially for new patients
  - *Devote additional efforts to maintain the same level of communication and empathy through telehealth*
- Patients may fear they are being judged during the screening process
  - *Explain motivation behind screening to help ease fear and discomfort*
- Patients may perceive telehealth appointments as less private
  - *Assure patients that the telehealth visit is secure and will not appear online.*

Best Practices for Patient Engagement with Telehealth

Setting the stage

- Become familiar with the equipment and technology
- Assess the patient's familiarity with telehealth and provide orientation as needed

Your video presence

- Eye contact
- Appropriate lighting
- Neutral backgrounds

Webside Manner

- This interpersonal aspect of patient care has a proven impact on patient outcomes.
- Subtle facial expressions and verbal cues can influence the relationship.
- Standards of care, professionalism, and ethics are identical for virtual care and in-person visits.

Remember the fundamentals

- Ask patients about their goals, preferences, and priorities at the start
- Practice active listening
- Employe shared decision making

Reimbursement

- Telehealth Expansion Act of 2023 made pandemic-era CARES Act telehealth rules permanent
    - *Removes many cross-state restrictions for telehealth services*
- Reimbursement codes for SDOH screening and action included in CY 2024 MPFS
- Learn More About Payment and Regulatory Policy here.
- American Telemedicine Association SDOH Toolkit
    - *Collection of calculators, tools, and composite geographic disparities metrics*

Improving the Collection of SDOH Data with Z Codes

The journey to better outcomes and a pathway for payment

Collect SDOH Data

Document SDOH Data

Map SDOH Data to Z Codes

Use SDOH Z Code Data

Report SDOH Z Code Data Findings

IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes (cms.gov)
USING Z CODES (cms.gov) | NYS SDOH Workgroup Coding Guidance 2020.pdf (chcanys.org)

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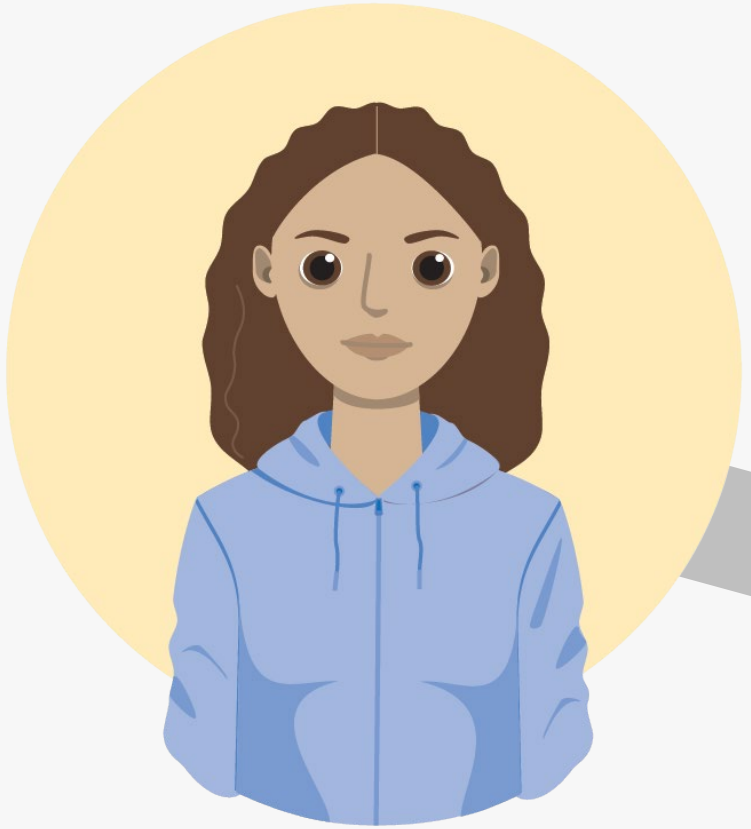
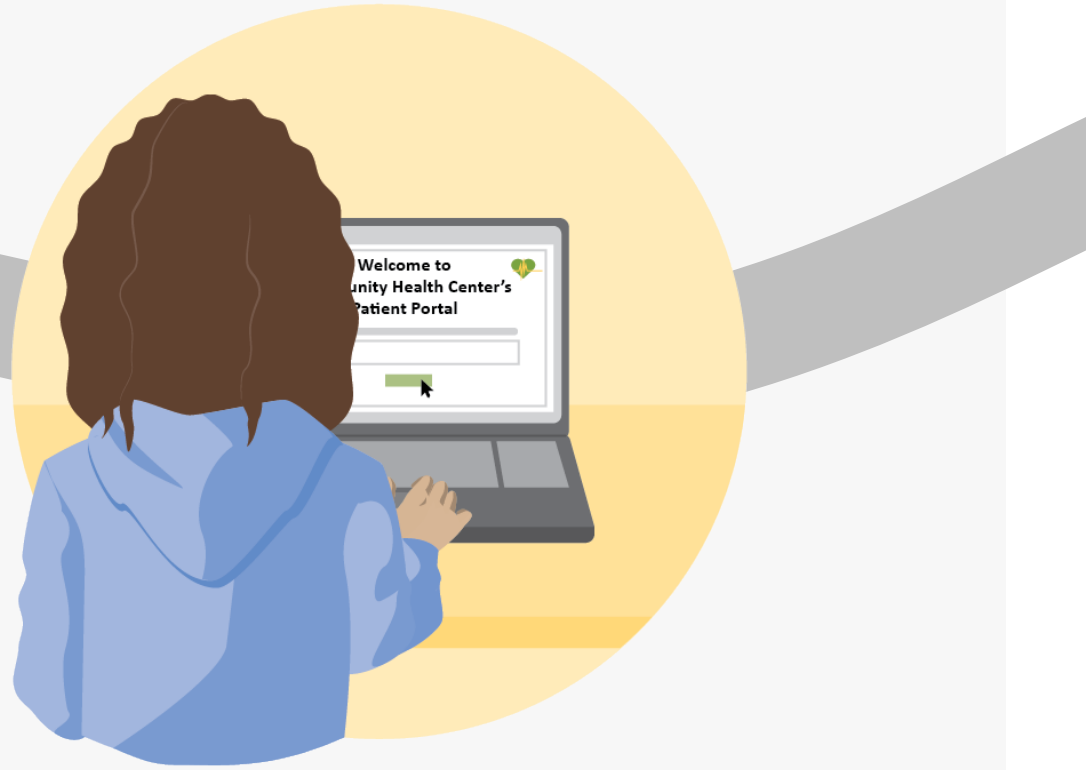
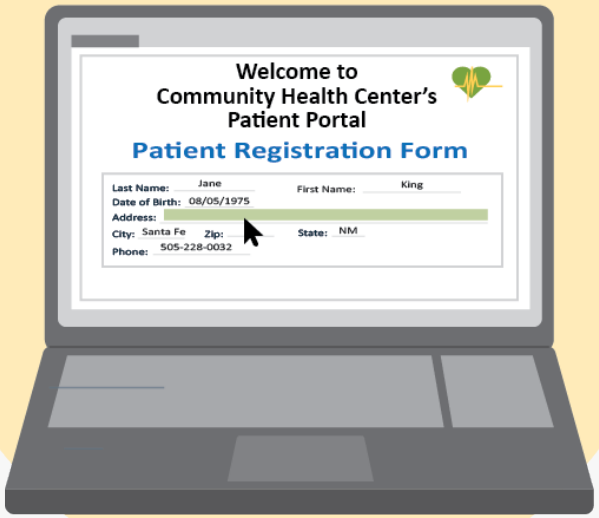
The Patient and Provider SDOH journey



Meet Jane.
Jane is currently houseless and has a persistent cough. She has a telehealth appointment.

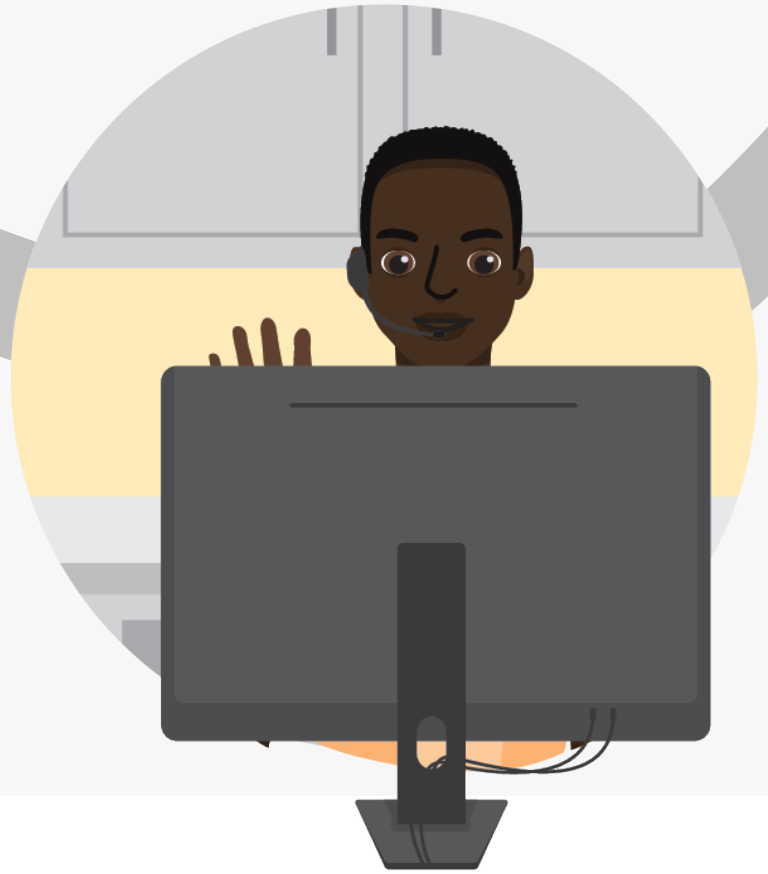
Jane gets ready for her telehealth appointment at the shelter.





Jane logs in to her visit through the patient portal.

The Medical Assistant, David, joins the visit ahead of Jane's provider.



David screens Jane for social needs using a patient-centered approach.

Jane’s provider, Dr. Cruz, joins and discusses Jane’s cough. Afterwards, she asks about connecting Jane with a community health worker named Luis.

Luis receives the internal referral. He looks for housing resources for Jane.

Luis finds a housing agency accepting new clients in their EHR's bidirectional social service resource locator.

Luis calls Jane to introduce himself, talk about her needs, and ask if she would like a referral.

The housing agency contacts Jane. She is placed on a waitlist for permanent housing.

A couple weeks later at Jane's follow-up visit, Dr, Cruz is thrilled to see Jane has received some good news.

Peer Discussion

Facilitated by Molly Volk

Discussion

- Does your health center screen for social determinants of health?
  - If so, do you screen during telehealth visits?
  - If not, would you consider screening during telehealth visits?
- What are the facilitators and/or barriers to screening during telehealth visits?
  - What do you hear from patients?
  - What do you hear from staff?
- What do you need to make your current workflow more efficient or to adopt a new workflow?

Summary

Takeaways

1) Adverse social determinants of health are health-harming contextual factors of patients' lives such as food, transportation, and housing instability.

2) Collecting information on these risks can help primary care teams understand and address how these factors impact their patients' health.

3) Screening for social determinants of health can be done at telehealth visits

4) Payers are embracing telehealth and digital tools to address SDOH, and infrastructure for reimbursement is coalescing.

5) Consider the "journey" of your patients and care teams as you craft your workflow to identify barriers and facilitators, run tests of change, and scale.

Resources

- Guide to Implementing Social Risk Screening and Referral-making
- Social Needs Referrals in Primary Care: An Implementation Toolkit
- American Telemedicine Association SDOH Toolkit
- Empathic Inquiry
- Patient-Centered Social Needs Screening Conversation Guide
- NCQA Co-Developing Cross-Sector Partnerships to Address Health-Related Social Needs Toolkit
- CTRC Telehealth Reimbursement Policies and Budgetary Resources

Thank **You**

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