HealthTech

Social Determinants of Health
Are you ready for screening?

April 13, 2024

Faith Jones, MSN, RN, NEA-BC
Director of Care Coordination and Lean Consulting

1

Objectives
Social Determinants of Health (SDOH)

Upon completion of the webinar, the participant will be able to:

1. Discuss the process and value of SDOH Training
2. Identify the benefits of screening for SDOH

2

Disclosures to Participants

Notice of Requirements for Successful Completion:

Learners must participate in the full activity and complete the evaluation in order to claim continuing education credit/hours.

Presenter has No - Conflicts of Interest/Financial Relationships Disclosures:

Faith Jones

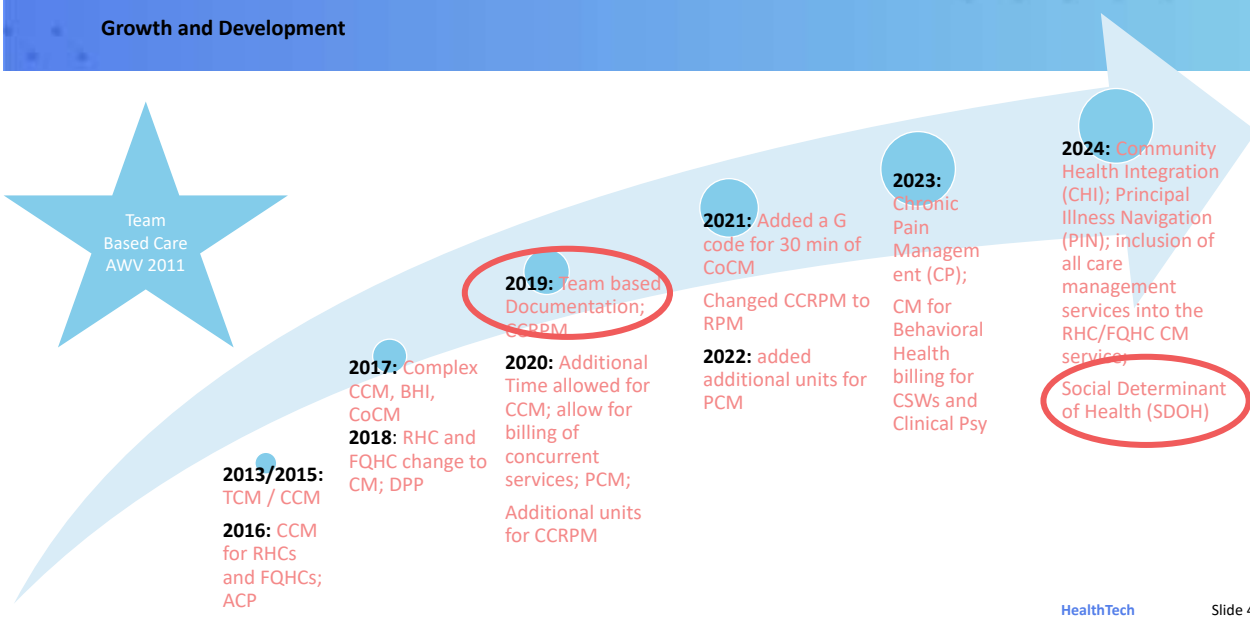
Disclosure of Relevant Financial Relationships and Mechanism to Identify and Mitigate Conflicts of Interest: No conflicts of interest

Non-Endorsement of Products: Accredited status does not imply endorsement by ADCES or Joint Accreditation of any commercial products displayed in conjunction with this educational activity

Off-label Use: None

Care Coordination

Growth and Development



Defining Social Determinants of Health

Who should do this work?

Social Determinants of Health are defined as:

"...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

-Healthy People 2030

Social Determinant of Health Background

CMS's comments in proposed rules

"There is increasing recognition within the health care system of the need to take SDOH into account when providing health care services, given that it is estimated that around 50 percent of an individual's health is directly related to SDOH. Healthy People 2030 define the broad groups of SDOH as: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context, which include factors like housing, food and nutrition access, and transportation needs."

CMS 2024 Proposed Rules page 206 of 1920
Scheduled for publication 8/7/2023

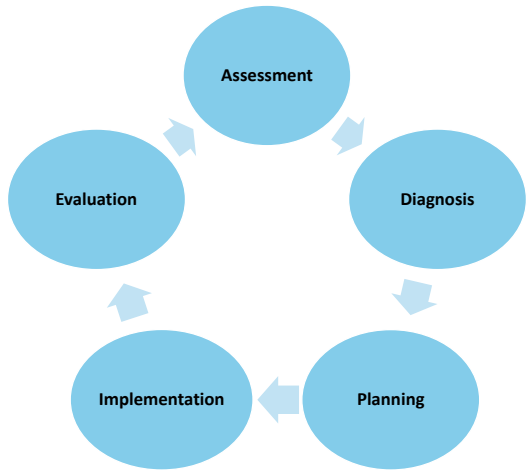
The Five Domains of SDoH

Effect Everyone

7

SDoH & the Nursing Process

Use a scientific model



8

SDOH Process

Assessment

Data Collection
-Anyone can collect data
-Face-to-face visits with provider
-During care coordination calls
-Screening tools
-Health risk assessment (HRA)
-Patient self reporting

Centers for Medicare & Medicaid Services. (2022). *Using z codes: The social determinants of health (SDOH) data journey to better outcomes.* https://www.cms.gov/files/document/zcodes-infographic.pdf

https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcQ2WaF0A6GCfFRlYeZ3iAjWh85P-LDW74HruniAlJOGBQ9vDOeZCrwLfRiRS79loQS3eC8&usqp=CAU

Data Collection

Who can collect SDOH data?

-Providers
-Nurses
-Clinicians
-Case Managers
-Social Workers
-Patient Navigators
-Community Health Workers

https://www.cms.gov/files/document/zcodes-infographic.pdf
https://www.myamericannurse.com/wp-content/uploads/2021/11/shutterstock_1318620359.jpg

Mapping general screening to specific

General vs Specific

General Screening → Specific Screening

Results of general responses may indicate need for more specific assessment

11


PRAPARE

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

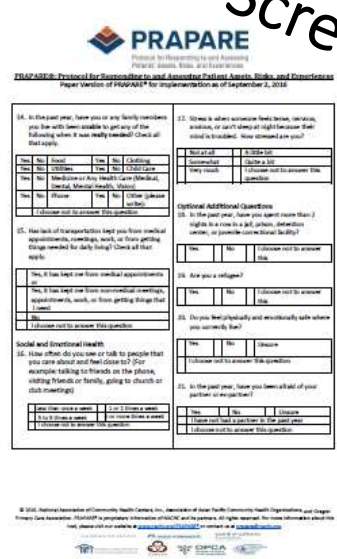
Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

Family & Home

Money & Resources

Screening Tool


PRAPARE

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE® for Implementation as of September 2, 2016

Social and Emotional Health

Optional Additional Questions

https://prapare.org/the-prapare-screening-tool/

12

Screening Versus Assessment

They are Different

https://ders-cms-prod-assets.s3.amazonaws.com/web/styles/banner_half_width/public/2020-07/Header_1.1_cropped.png?itok=StqCpXOd

Screening Defined

- Formal interviewing and/or testing process that identifies areas of a client's life that might need further examination" (NIH, n. d.).
- Process for evaluating the possible presence of a particular problem.
- Outcome is normally a simple yes or no.

https://www.ncbi.nlm.nih.gov/books/NBK144289/

https://www.aafp.org/content/dam/brand/aafp/pubs/fpm/issues/2018/0500/p7-uf1.jpg

Assessment Defined

- "In depth evaluation that confirms the presence of a problem, determines its severity and specifies treatment options for addressing the problem" (NIH, n. d.).
- Defines nature of the problem.
- Determines diagnosis and develops specific treatment.

https://communityhospitalcorp.com/wp-content/uploads/2020/03/iStock-1162629597.jpg

SDOH Process

Diagnosis

Data Documentation
-Document in patient's paper or electronic health record
-Problem or diagnosis list
-Patient or client history
-Provider notes

Additional SDOH data may be collected and retained

Centers for Medicare & Medicaid Services. (2022). *Using z codes: The social determinants of health (SDOH) data journey to better outcomes.* https://www.cms.gov/files/document/zcodes-infographic.pdf

https://www.nurse.com/blog/wp-content/uploads/2022/02/Community-health-nurse-GettyImages-1267603633-web.jpg

What is a Z code?

Ten Categories

Z55 – Problems related to education and literacy	**Z56 – Problems related to employment and unemployment**	**Z57 – Occupational exposure to risk factors**	**Z58 – Problems related to physical environment**
Z59 – Problems related to housing and economic circumstances	**Z60 – Problems related to social environment**	**Z62 – Problems related to upbringing**	**Z63 – Other problems related to primary support group, including family circumstances**
	Z64 – Problems related to certain psychosocial circumstances	**Z65 – Problems related to other psychosocial circumstances**	

https://www.cms.gov/files/document/zcodes-infographic.pdf

17

SDOH Process

Planning

Map Data to Z Codes

-Utilize ICD-10-CM official guidelines.
-Coding, billing, and EHR systems assist with identification of standardized codes.
-Information can be documented by any individual staff member.
-Must be in official record.

Centers for Medicare & Medicaid Services. (2022). *Using z codes: The social determinants of health (SDOH) data journey to better outcomes.* https://www.cms.gov/files/document/zcodes-infographic.pdf

https://zapproved.com/wp-content/uploads/2018/11/AdobeStock_236979857_edited.jpg

18

SDOH Process

Implementation

Data Analysis
Uses

-Identify social risk factors and unmet needs.
-Health care and services, follow-up, and discharge planning.
-Initiation of social services referrals.
-Referral tracking between providers and social services.

Centers for Medicare & Medicaid Services. (2022). *Using z codes: The social determinants of health (SDOH) data journey to better outcomes.* https://www.cms.gov/files/document/zcodes-infographic.pdf

SDOH Process

Evaluation

Report Data Findings

-Findings can be shared with providers. social services, health plans, and consumer boards.
-Can be used to identify opportunities to advance health equity.

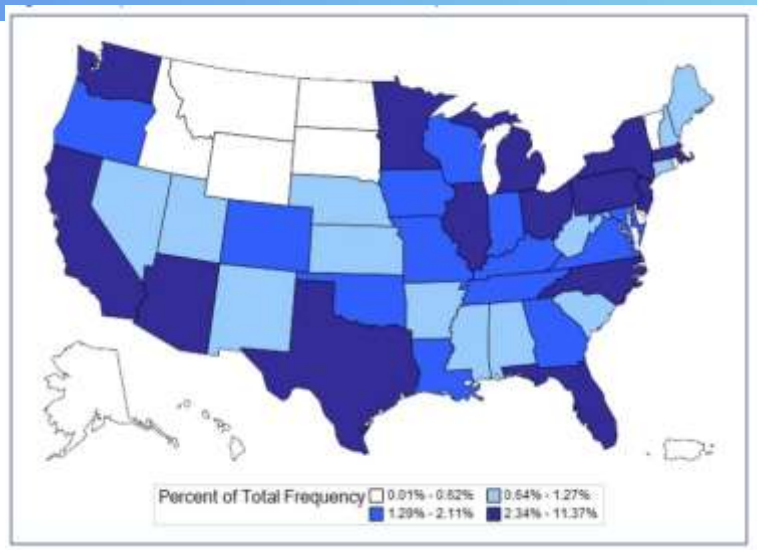
Centers for Medicare & Medicaid Services. (2022). *Using z codes: The social determinants of health (SDOH) data journey to better outcomes.* https://www.cms.gov/files/document/zcodes-infographic.pdf

https://www.data4impactproject.org/wp-content/uploads/2020/02/Homepage-1.jpg

Claims Based Data

This is not new

Proportion of Medicare FFS Z Code Claims by State, 2019

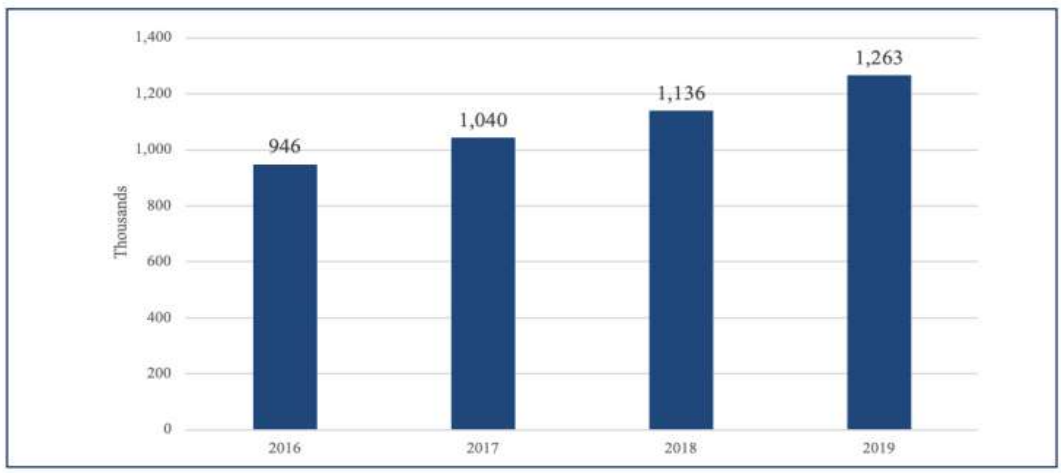


https://www.cms.gov/files/document/z-codes-data-highlight.pdf

21

Overall

Figure 1. Change in Total Number of Z Code Claims, 2016 to 2019.



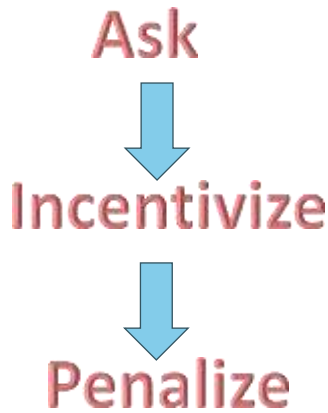
The total number of Z code claims was 945,755 in 2016, 1,039,790 in 2017, and 1,135,642 in 2018.

In 2019, there were 1,262,563 Z code claims, representing 0.11% of all FFS claims that year (N=1,124,319,144) and an increase of 95,852 (9.2%) from 2018 and an increase of 189,887 (20.1%) from 2016.

22

Progressive Model

What is Different?



23

Questions?

24

Thank you.

HealthTech

www.health-tech.us | faith.jones@health-tech.us

Slide 25

25