



The importance of role and setting in health system social determinants of health screening results

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Background

- With recent regulations requiring health systems to conduct social determinants of health (SDOH) screening among patients, more information is needed on screening best practices.

Objective

- Analyze differences in SDOH screening rates by screener role and setting at Henry Ford Health based in Detroit, Michigan.



SDOH Screening Questionnaire



HEALTHCARE

Does your physical or mental health keep you from doing things you need or want to do? (work, school, take care of yourself)

Yes No ▾ 📄



Have you needed to see a provider but could not because of cost?

Yes No ▾ 📄



FOOD INSECURITY

Have you or a family member you live with been unable to get food when it was needed in the last year?

Yes No ▾ 📄



HOUSING & SHELTER

Do you need help with housing?

Yes No ▾ 📄



Are you homeless or worried that you might be in the future?

Yes No ▾ 📄



FINANCIAL RESOURCE STRAIN

Do you have trouble paying for your utility bills (gas, electricity, phone)?

Yes No ▾ 📄



FAMILY CARE

Do you need help finding or paying for care for loved ones? For example, child care or day care for an older adult.

Yes No ▾ 📄



TRANSPORTATION

Do you have trouble finding or paying for transportation?

Yes No ▾ 📄



LITERACY

Do you ever need help reading important papers?

Yes No ▾ 📄



Do you have any legal concerns at this time?

Yes No ▾ 📄



EMPLOYMENT & INCOME

Do you need help finding a job, better job or steady source of income?

Yes No ▾ 📄



EDUCATION

Do you think more education could be helpful for you?

Yes No ▾ 📄



SOCIAL CONNECTIONS

Do you struggle to get together with friends or family on a regular basis?

Yes No ▾ 📄



SAFETY

Are you afraid you might be hurt in your living environment?

Yes No Unable to obtain ▾ 📄



GENERAL

Would you like assistance with any of these needs?

Yes No ▾ 📄

Methods

- A report of all 2023 SDOH screening data was generated and analyzed
 - **Data Fields:** ScreeningsAtEncounter_RowNumber PatientDurableKey PatientKey PrimaryMrn FirstName LastName BirthDate EncounterKey EncounterDate FlowsheetTakenInstant TakenByEmployeeDurableKey TakenByEmployeeName TakenByEmployeeJobTitle DocumentationSource SDOHCompletedViaMyChart SocialResponse SocialYesResponse HomelessResponse HomelessYesResponse HealthResponse HealthYesResponse HealthcareCostResponse HealthcareCostYesResponse FoodResponse FoodYesResponse IncomeEmploymentResponse IncomeEmploymentYesResponse HousingResponse HousingYesResponse UtilitiesResponse UtilitiesYesResponse CareAssistanceResponse CareAssistanceYesResponse EducationResponse EducationYesResponse LegalResponse LegalYesResponse SafetyResponse SafetyYesResponse ReadingResponse ReadingYesResponse TransportationResponse TransportationYesResponse AssistanceWithNeedsResponse AssistanceWithNeedsYesResponse PrimaryCareProviderDurableKey PatientPcp PcpNpi PcpTitle ScreeningAdministeredByPcp Race PatientHomeZip PatientHomeCity PatientSex PatientDOB EncounterType PrimaryDiagnosisKey Diagnosis DepartmentName ServiceAreaEpicId
- Informational interviews & participant observation (April-May 2024)
 - 3 Medical Assistants
 - 2 Community Health Workers
 - 1 Embedded Case Manager

SDOH Screening Data Overview

1,066,651 SDOH screenings were conducted in 2023

All SDOH Screenings (2023)					
Category	Q1	Q2	Q3	Q4	2023 TOTAL
# Total Screenings	246,668	269,535	277,889	272,559	1,066,651
# Screenings with Identified Need	22,954	33,839	34,965	32,211	123,969
# Screenings with Identified Need <u>and</u> Wanted Assistance	5,263	6,056	7,227	6,845	25,391

Main Takeaways:

- Out of all screenings in 2023, 11.6% of screens indicated 1+ SDOH need
- Of those, 20.5% of screens also wanted assistance for their SDOH need(s)

Who conducted SDOH screens in 2023?

- **240 unique job titles conducted 1+ SDOH screens**

- 175 job titles conducted 5+ screens
- 101 job titles conducted 100+ screens
- 38 job titles conducted 1,000+ screens

- **4,278 individual people conducted 1+ SDOH screens**

- 3,032 people conducted 5+ screens
- 1,273 people conducted 100+ screens
- 249 people conducted 1,000+ screens
 - Top person conducted 6,474 screens

Selected job titles:

Medical Assistant
Case Manager
RN – Ambulatory
Eye Care Assistant
Emergency Room Technical Assistant
Diabetes Care & Education Specialist
Family Practitioner
Contact Center Advocate
Community Health Worker
Respiratory Therapy Assistant
Genetics Counselor – Certified
Research Recruitment Coordinator
Athletic Trainer
Radiographer
Housekeeper
Dental Assistant
Concierge Coordinator

Selected roles & success in SDOH screens

Screening Completed By	# SDOH Screenings Conducted	% of Total Screenings	% with Identified Need	% Wants Assistance with Need
ALL	1,066,651	100%	11.6%	20.5%
Medical Assistant	540,625	50.7%	4.3%	18.5%
MyChart (Self-Reported Online)	370,916	34.8%	15.6%	17.7%
Case Manager	41,885	3.9%	74.3%	67.1%
Community Health Worker	1,284	0.1%	78.7%	40.9%
Mobile Integrated Health Paramedic	712	0.1%	70.6%	22.9%

Medical Assistant (MA) Shadowing



MAs within Primary Care clinics currently only ask **Food Security** and **Safety** questions



MAs aren't always confident to answer subsequent patient questions



High MA turnover rates reduce the impact of previously provided training



Insights on why patients express need and then say "No" to wanting assistance

Community Health Worker (CHW) Shadowing



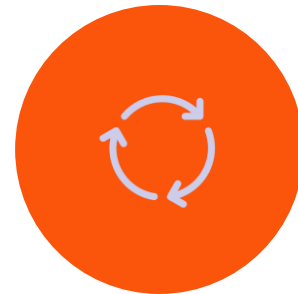
SDOH screen is conducted like a conversation with the patient



CHWs have their own list of trusted CBOs and contacts



Focus on empowering patient to reach out to CBOs, but assist as needed



Ensure follow-up to close loop as best as possible with detailed next step

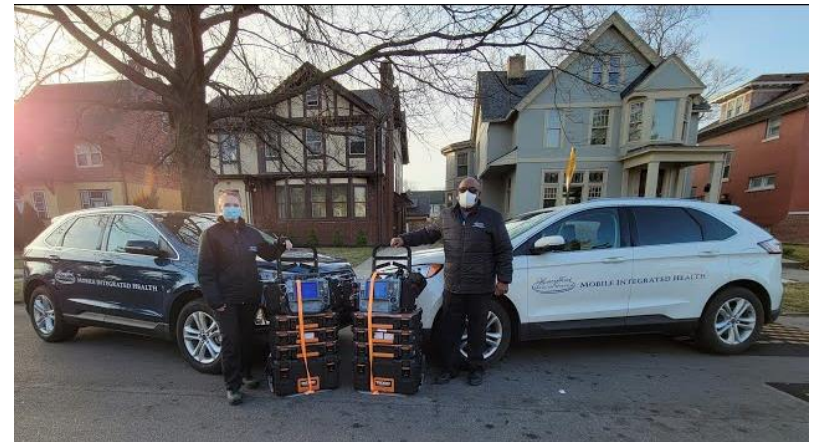
Staff Highlight: Rob Barron, Mobile Integrated Health Paramedic

- *"Sometimes you have to see it."*
 - Bare kitchen cupboards
 - Noticing a patient glance down the hall when asked about safety
- Empathy principles: mimic body language; eye contact; listen
- Explains to patient why he is asking SDOH questions
- Can ask all SDOH questions from memory; rephrases some
- Establish a bond as a friend, not just as a healthcare worker
 - Visiting a patient on his day off to bring them flavored water packs to support hydration and an aquarium for their turtle
- Always asks *"Is there anything I can do to make you more comfortable before I go?"* – includes making breakfast



Conclusions

- Roles that traditionally better establish trust with patients (i.e. CHWs, CMs) are well placed to obtain honest answers regarding needs
 - However, staffing resources are limited
- Patients are also more likely to reveal needs when they are in a comfortable setting or when they self-report via MyChart
 - MIH screens occur in patients' homes
 - Address inequities in digital access and technology literacy
- Training in empathic inquiry would benefit MAs to obtain more accurate screens
 - *See SIREN poster #23*

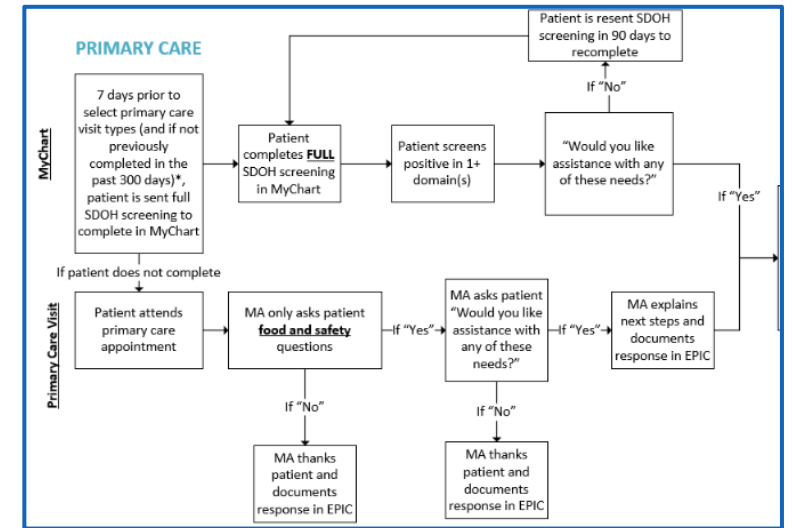


Future Directions

Henry Ford Health's SDOH Council has set a 2025 goal:

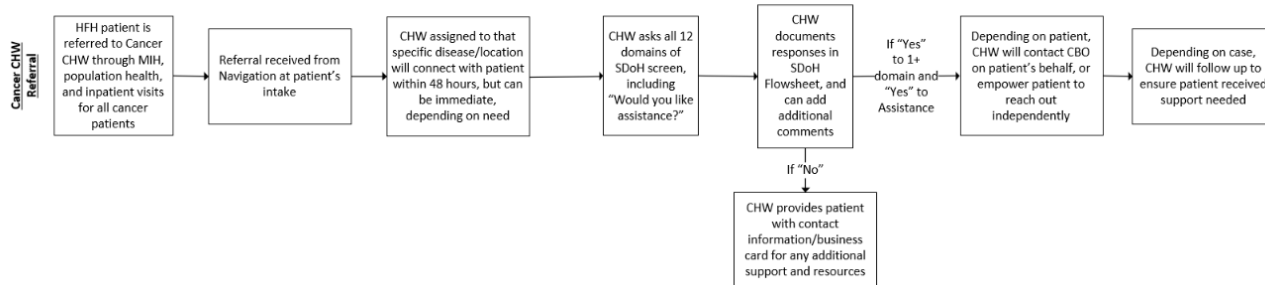
"By December 31, 2025, Henry Ford Health will institute a system-wide policy with standards around SDOH screening and referral interventions."

We will incorporate these lessons around the importance of role and setting into this policy.



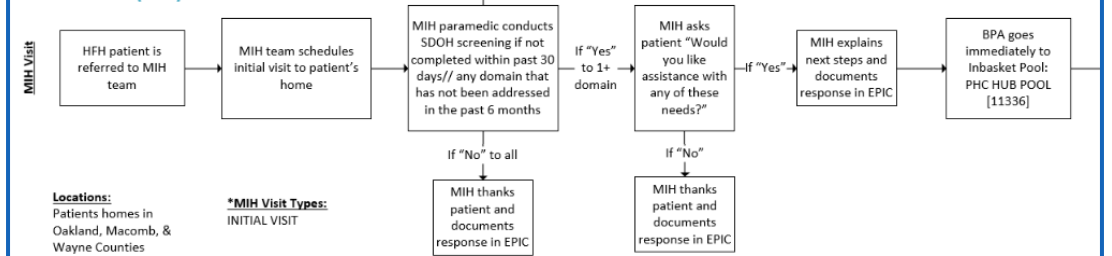
SDOH SCREENING WORKFLOWS AT HFH

CANCER CHW



SDOH SCREENING WORKFLOWS AT HFH

MOBILE INTEGRATED HEALTH (MIH)



Thank you!

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Appendix

HENRY FORD HEALTH[®]

SIREN Poster #23

BACKGROUND

- April 2021:** Michigan-based Henry Ford Health (HFH) initiated screening patients for food security (FS) every 300 days into the clinical workflow for Medical Assistants (MAs) across all primary care clinics
- June 2021:** Initial analysis of data showed that MAs were not consistently screening patients for food security
- August-September 2021:** The team developed and conducted a short survey to ask MAs about their screening experience. Results indicated:
 - MAs did not understand the process after patients identified as food insecure
 - MAs felt uncomfortable asking patients sensitive questions
 - MAs felt patients were uncomfortable answering honestly about needs

OBJECTIVES

- Improve screening rates and results for social determinant of health (SDOH) needs, specifically food security, among patients across all Henry Ford Health primary care clinics
- Design and implement a training with the goal of giving staff the communication skills required to appropriately assess patients' social needs
 - Provide staff with tools to enhance the patient care experience by using empathy when assessing patients' social needs
 - Equip staff with information to comfortably answer patients' questions about why the health system is asking about their social needs
 - Give staff a better understanding of the process following a positive screen for food insecurity

METHODS

- The team developed and implemented an Empathic Inquiry (EI) training curriculum for MAs, inclusive of:
 - Adapted existing EI curriculum (based off Elevation Health Partners) to 30-minutes for MAs
 - Piloted the curriculum for feedback and revisions
 - Trained 6 facilitators who would lead training implementation
 - Created a pre- and post-training survey to obtain feedback and assess participant knowledge
 - Worked with Nurse Leaders to schedule training sessions

7 Principles of Empathic Inquiry

- E** Engage anytime
- M** Make reasons clear
- PA** Patient-centered
- T** Trauma & stigma
- H** Handoff care & close loops
- I** I will practice self-care
- C** Compassion

RESULTS

- From **January-May 2022**, 43 trainings were held with 380+ staff across primary care
- 203 pre-surveys and 109 post-surveys were analyzed:
 - The majority found the training to be helpful (*Figure 1*)
 - 98.4% knew the definition of empathy at baseline
 - At baseline 76.6% correctly defined implicit bias rising to 89.1% in the post-survey
 - Participants described a variety of new learnings (*Table 1*)
- Correct FS screening rates improved:
 - At baseline in December 2021, 19% of patients who were eligible to be screened were not; this dropped to 13% by the end of the EI trainings in May 2022 (*Figure 2*)

Figure 1. Post-Survey Feedback on the EI Training

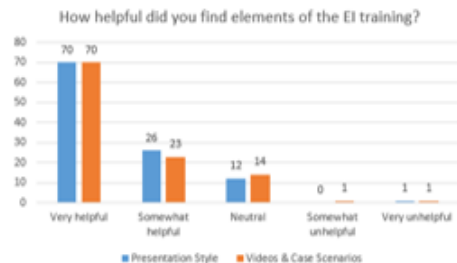
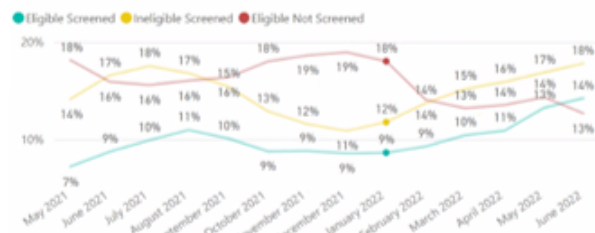


Table 1. Key Themes and Participant Responses to Describe Something New Learned from the Training.

Key Themes	Participant Responses
Increased knowledge on the process of Social Determinant of Health screening at Henry Ford Health	<ul style="list-style-type: none"> "Why we are asking the food need question." "Now I finally know what happens after the patient answers yes to both questions and that there is an outreach system in place." "Step process for what happens if social need is found, who and when patient is contacted. This I found to be helpful so I could tell the patient what to expect." "How to better phrase the question for asking if they need help with food." "Ways to ask politely if a patient needs any food assistance. Listen carefully and let them know there will be a solution and I will help in any way possible. I will let them know the resources and programs we provide and get them that help."
Increased knowledge of the definition of empathy (N=4) and understanding the difference between empathy and sympathy (N=9)	<ul style="list-style-type: none"> "The meaning of empathy." "Technical definition of empathy." "Better understanding of what Empathy is and how to apply the tools presented." "The difference between empathy and sympathy because for so long I thought they meant the same thing." "Expressing empathy is powerful, it can build patient trust." "Apply empathy [in] daily situations." "To put myself in the patients' shoes."
How to show and practice empathy	<ul style="list-style-type: none"> "Treat patients as I would like to be treated, with the utmost respect, and show them compassion." "To really stop and listen fully to the patient [and] not rush through the questions." "How important it is to listen and understand patient needs."
Importance of listening skills	<ul style="list-style-type: none"> "Be careful of our biases when caring for a diverse group of people." "No. Enhanced what was already there." "Social needs affect physical and mental health."
Knowledge of implicit bias	<ul style="list-style-type: none"> "Some people are ashamed/proud to talk about themselves."
Nothing or Not Applicable (N=25)	
Other learnings	

Figure 2. FS Screening Rates May 2021 – June 2022



NEXT STEPS

- The team is taking lessons learned from this quality improvement experience to improve the EI training
- New regulations require hospitals to screen and intervene on social needs of patients in 5 domains (food, housing, transportation, utilities, and safety)
 - This training will be updated and repeated across primary care in 2024-2025
- Screenings of patients eligible to be screened improved throughout the duration of the training; however, future work needs to optimize training frequency for continuous improvement
 - HFH's internal SDOH Council is exploring the best ways to ensure this training content is delivered in an ongoing and sustainable way
 - I.e., during MA onboarding for new hires and via the continuing education portal

CONCLUSIONS

- Empathy is a critical skill for healthcare providers screening patients for social needs
- EI training helped many participants better understand and feel more comfortable with the FS screening process
- Participants who personally experienced food insecurity or other social needs (n=32) tended to respond they were more comfortable asking patients about social needs, likely due to drawing on their own personal experiences to relate to patients more empathically
- Leadership support – especially engagement of Nurse Managers – is critical to ensure time is dedicated for MAs to participate in EI training and to support ongoing monitoring of correct SDOH screening rates in clinics
- There is potential for significant impact by scaling and spreading EI training across clinical delivery

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