Social Determinants of Health – Screening and Referral Quality Incentive Metric Policy & Protocol

State(s):	LOB(s):
☐ Idaho ☐ Montana ☒ Oregon ☐ Washington ☐ Other:	☐ Commercial ☐ Medicare ☒ Medicaid ☐ PSA

Government Policy

The purpose of this policy is to outline procedures related to the *Social Determinants of Health (SDOH): Social Needs Screening and Referral* Quality Incentive Measure (QIM) specification requirements. More specifically, this policy illustrates the approach to screening and placing referrals for members of PacificSource Community Solutions (PCS) Coordinated Care Organizations' (CCO) social needs in the domains of food insecurity, housing insecurity, and transportation (non-medical).

These policies and protocols will ensure that social needs screening and referral processes are implemented in an equitable and trauma-informed manner, including foundational data-sharing across organizations, to positively impact health outcomes. Any portion of these policies and protocols may be adopted by other organizations and are recommended as they reflect feedback from CCO members and meet the OHA-required considerations for screening and referral.

Procedure Summary

This policy outlines how each CCO will:

- Collaborate with its members on processes to ensure their voices are reflected in the approach to screening and referrals for unmet social needs.
- Provide training and resources for CCO staff and partners.
- Use race, ethnicity, language, and disability (REALD) data to help understand and respond to members' needs in a culturally responsive way.
- Refer members who screen positive for needs in any of the three domains to services to address their identified needs.
- Seek to limit over-screening of CCO members and minimize the re-traumatization of members.
- Implement a suggested workflow for screening and referring members to SDOH services.

This summary is reflective of the requirements for the 2025 QIM Measurement Year. This policy will be modified based on future requirements upon its annual review.

Member Input and Feedback

Each CCO will solicit input from its members on processes and policies via listening sessions and discussions at a Community Advisory Council (CAC) meeting and/or a survey of CAC members. The respective CCOs will do so by discussing and soliciting input on approaches to the key elements of the SDOH QIM, specifically:

- Processes for screening members' unmet social needs,

- Processes for conducting and monitoring referrals to available community resources, and
- Sharing members' information and data, including REALD data, to improve care and services, including the prevention of over-screening.

Member input will be incorporated into this document's procedures in an iterative manner, at least on an annual basis.

Training for CCO Staff and Partners

The following outlines how PCS will conduct training for its CCO staff and the training resources available for partners so that they have access to best practices for assessing members' unmet social needs.

CCO Staff Training

Any staff who conducting screenings with CCO members will complete the following training courses as part of onboarding and ongoing annually:

- Foundations of Trauma Informed Care
- Motivational Interviewing, Empathic Inquiry, and Patient Engagement
- Unconscious Bias
- Workplace Diversity, Equity, and Inclusion in Action
- Becoming a Diversity, Equity, and Inclusion (DEI) Ally and Agent for change

Contracted Provider and Community Partner Training

It is strongly recommended that non-CCO staff conducting screenings are trained to appropriately engage with CCO members. The following training courses are available to contracted providers and community partners for free (creation of a login may be required):

Motivational Interviewing and Patient Engagement

- Boost Oregon's Motivational Interviewing webpage
- Western Region Public Health Training Center Motivational Interviewing Course
- PacificSource-offered training via Absorb[1]:
    - Motivational Interviewing: Building a Skillset for Patient Engagement
    - Challenging Patient Encounters: MI Can Help

Trauma Informed Care

- Trauma Informed Oregon's Courses and Training webpage
- PacificSource-offered training via Absorb:
    - Foundations of Trauma Informed Care

Empathic inquiry

- Oregon Primary Care Association (OPCA)'s Empathic Inquiry webpage
- Empathetic Inquiry: Screening Patients for Social Factors in a Patient-centered Way (Password: OregonAHC201819)
- Empathic Inquiry in Clinic Settings

Cultural Responsiveness and Implicit Bias

- Health Literacy and Cultural Considerations (Password: OregonAHC201819)
- PacificSource-offered training via Absorb:
    - Cultural Responsivity and Implicit Bias (OHA Approved Course)
    - Culturally Responsive Care with Latinx
    - Health Literacy Matters (language access)
    - Working with Interpreters (language access, and Universal ADA)

[1] Access to PacificSource-offered training is available to community partners via the Absorb platform. A new account can be created by going to https://PacificSource.myabsorb.com?KeyName=MotivationalInterviewing.

- How to Identify and Stop Using Ableist Language
- Working with the Queer Community in Primary Care
- Culturally & Linguistically Appropriate Service (CLAS) Standards

Screening for Social Determinants of Health Needs

- Screening for Housing and Utilities Insecurity (Password: OregonAHC201819)
- Screening for Food Insecurity (Password: OregonAHC201819)
- Screening for Transportation Needs in AHC Site (Password: OregonAHC201819)

This policy will be distributed to contracted providers and community-based organizations at least annually and can be accessed at any time via the PacificSource Clinical Policies and Practice Guidelines.

Utilization of REALD Data

Population level

To the extent PCS has REALD data available for its members, it will work with its own Data Analytics and Health Equity teams to analyze and interpret separately all elements of the REALD data (race and ethnicity, language, and disability). Additionally, PCS will mask REALD demographics with low member counts to ensure members' Personally Identifiable Information (PII) and Protected Health Information (PHI) is safeguarded in all external data-sharing. PCS will use findings from this analysis to prioritize funding, outreach, and support (including formal agreements) with community-based organizations and provider partners to support screening and service delivery. PCS will assess the availability of translated screening tools relative to languages spoken by CCO members to make recommendations for screening tools that align with language needs.

Member level

During the screening process, members will be asked to identify their preferred language and will be offered the screening in that language. If the screening tool utilized provides translated versions, these must be used. If screening questions are not available in a member's preferred language, an interpreter, proficiency-tested provider (for health care settings) or fluent speaker (for community settings) must engage with the member to support them in completing the screening and referral process.

Screeners will ask members how they want their REALD information to be used for any referrals. This could include working to match with culturally-specific organizations, services provided in specific languages, or those specifically for people with disabilities, and whether they want this information shared, as examples. The availability of services matching a member's needs and desired characteristics of service provider may be limited in some communities. Screeners will discuss what is available with members, and that they may or may not be able to match REALD information with a service provider that meets the members' preferences.

Referring Members to Services

When a member screens positive for one or more unmet needs across the three domains, they will be asked if they are interested in receiving a referral for any of the areas identified. If they decline, then no referrals would be made. If the member is interested, and with their permission, within 15 calendar days their information must be shared with social services that could reasonably address the identified need. Information about the organization receiving the referral should be shared with the member. A member may also opt to receive information about available resources, including contact details and service descriptions, without placing a referral. Referrals should consider the 'Member level' information under the 'Utilization of REALD Data' above.

Prevention of Over-Screening

Using the assessment of available resources and gap areas, CCO staff will analyze factors that might lead to over-screening and develop strategies to mitigate the risk of harm. The "Workflow to Screen and Refer Members to SDOH Services" outlines best practices for CCO staff and partners to follow when beginning the screening

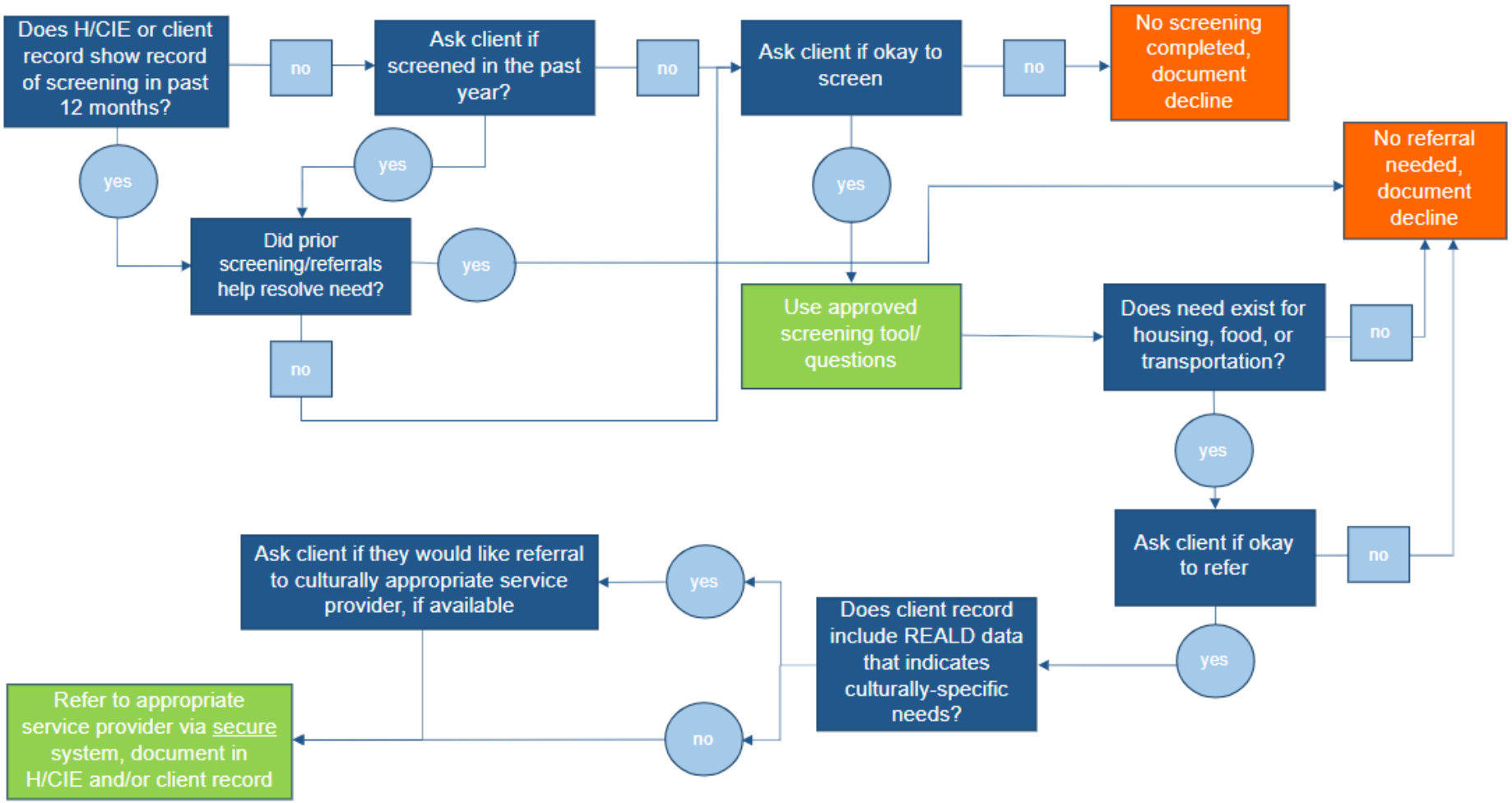
process with members. In addition to the process outlined in the protocol, the following may be taken into consideration in the screening and referral approach:

- Review all existing available sources of screening information including internal records as well as health and community information exchanges (H/CIEs) for prior social needs screening data.
- Members should be asked about screening at least every 12 months, though there may be situations when more frequent screening is appropriate depending on the member's circumstances, level of stability, expressed interest in support or identifying needs.
- Consider the appropriateness of screening for domains where a member is accessing services, for example, for food insecurity when someone is accessing food resources, or housing insecurity at a homelessness program.

Workflow to Screen and Refer Members to SDOH Services

Refer to the following page for workflow details.

PROTOCOL TO SCREEN AND REFER MEMBERS TO SDOH SERVICES



Desired Outcome

The goal of this work is to ensure that each member has access to safe and adequate housing, healthy food, and transportation to both medical and non-medical needs. Addressing these social needs is likely to increase positive health outcomes of members overall. By working collaboratively to bring together system partners (including physical, behavioral, and dental health providers, as well as community-based organizations) the CCO intends to develop a “no wrong door” approach to identifying social needs. This approach will support members who show up in various settings to be screened and then connected with needed support, regardless of their entry point into the system. Additionally, this work is intended to ensure there are adequate resources to meet the needs of members who have a positive screening. The CCO continues to work to understand what resources are available to meet members’ needs, and where possible, engages in efforts to address gaps in resources.