



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

State(s): <input type="checkbox"/> Idaho <input type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington <input type="checkbox"/> Other:	LOB(s): <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> PSA
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Government Policy

Purpose:

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

These protocols will ensure social needs screening and referral processes are implemented in an equitable and trauma-informed manner, including foundational data sharing across organizations, in order to positively impact health outcomes.

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;
- Conduct training for its CCO staff and partners so they may have access to written protocols and best practices for assessing members' unmet social needs;
- Use disaggregated race, ethnicity, language, and disability (REALD) data to help understand and respond to members' needs in a culturally responsive way; and
- Establish, implement, and maintain processes to prevent over-screening.

This summary is reflective of requirements for the 2023 QIM measurement year. This policy will be modified based on future-year requirements upon its annual review.

Establishment of Screening Practices

The following outlines how each CCO will collaborate with its members on processes to ensure that their voices are reflected in the approach to screening and referrals for unmet social needs.

Each CCO will solicit input from its members on processes and policies by way of a conversation/listening session at a Community Advisory Council (CAC) meeting. The respective CCOs will do so by discussing and getting 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 race, ethnicity, language, and disability (REALD) data, to improve care and services, including the prevention of over-screening.

Input from the session will be incorporated into this document's procedures in an iterative manner, at least on an annual basis.

Screening Practices Procedure: Training for CCO Staff and Partners

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

Participants

PCS will train CCO staff (e.g., clinicians, member support specialists), as well as offer the training to contractors, in-network providers, and community-based organization (CBO) partners conducting social needs screening.

Format and Materials

Annual training will be offered in the region both in a webinar format and as a self-paced session. Additional written materials containing protocols that reflect best practices for assessing members' unmet social needs, utilization of REALD data, and mitigating over-screening will be provided to all partners during and after the webinar, as well as posted online on the PCS site. Each CCO will also offer additional technical assistance on screening and referral to its partners.

Training topics

Topics addressed will include patient engagement; empathic inquiry and motivational interviewing; trauma-informed practices; cultural responsiveness and equitable practices; sharing members' information and data to improve care and services, including methods to mitigate over-screening and use of secure systems for data storage and sharing; and appropriate follow-up to ask the member if any prior screenings and referrals helped resolve the need. Additionally, the training will promote the use of disaggregated REALD data to address disparities in social needs as well as during screenings (see next section for more details). The training will also make clear that members may decline to be screened or to accept referrals. Please see section titled *Best Practices for Social Determinants Health Screenings* for training resources, located toward the end of this document.

Screening & Referrals Practices Procedure: Utilization of REALD Data

The following outlines how PCS and each CCO will use disaggregated REALD data to help understand and respond to members' needs in a culturally responsive way.

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). Disaggregated data will be used to inform training as well as social needs screening and referral practices for and by CCO staff and partners; e.g., data will inform specific approaches to working with members using culturally and linguistically appropriate services (CLAS) standards as well as how to address disparities in social needs. The training will also encourage the development of relationships with culturally specific CBOs and other resources to meet members' needs.

When working with members, screeners will ask members about how they prefer their REALD information is used for any referrals. Because culturally appropriate services for an indicated social need may not be available in a given community, screeners should inform members that they may or may not be able to match REALD information with a service provider in order to mitigate feelings of isolation.

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.

This information will be distributed via the training and materials for CCO staff and partners as mentioned in the section above.

Screening Practices Protocol: Prevention of Over-Screening

The following outlines how PCS and each CCO will establish, implement, and maintain processes to prevent over-screening.

Using the asset map of organizations that address social needs, CCO staff will analyze factors that might lead to over-screening and develop strategies to mitigate risk of harm. Based on its analysis and best practices, PCS will write a protocol for CCO staff and partners to follow when beginning the screening process with members/patients/clients. The protocol will include:

- Beginning all social needs screening processes by asking if the member/patient/client has recently been asked about their social needs,
- How to conduct an exploration of health and community information exchanges (H/CIEs) that house (prior) social needs screening data,
- Appropriate ways to ask the member if prior screenings and assistance helped resolve the need, and
- A suggested frequency for re-screening (e.g., annually).

This protocol will be part of the staff and provider training and related training materials (see Training section above); it is also included in the *Best Practices for Social Determinants Health Screenings* beginning on the next page.

Best Practices for Social Determinants of Health Screenings

Motivational Interviewing

- Boost Oregon’s Motivational Interviewing webpage: <https://www.boostoregon.org/motivational-interviewing>
- PacificSource-offered training via Absorb (learning management system):
Motivational Interviewing: Building a Skillset for Patient Engagement:
<https://PacificSource.myabsorb.com?KeyName=MotivationalInterviewing>

Trauma Informed Care

- Trauma Informed Oregon’s Courses and Trainings webpage:
<https://traumainformedoregon.org/resources/training/tio-courses-and-trainings/>
- PacificSource-offered training via Absorb:
Foundations of Trauma Informed Care:
<https://PacificSource.myabsorb.com?KeyName=TraumaInformed>

Empathetic inquiry

- Oregon Primary Care Association (OPCA)’s Empathic Inquiry webpage: <https://orpc.org/empathic-inquiry/>

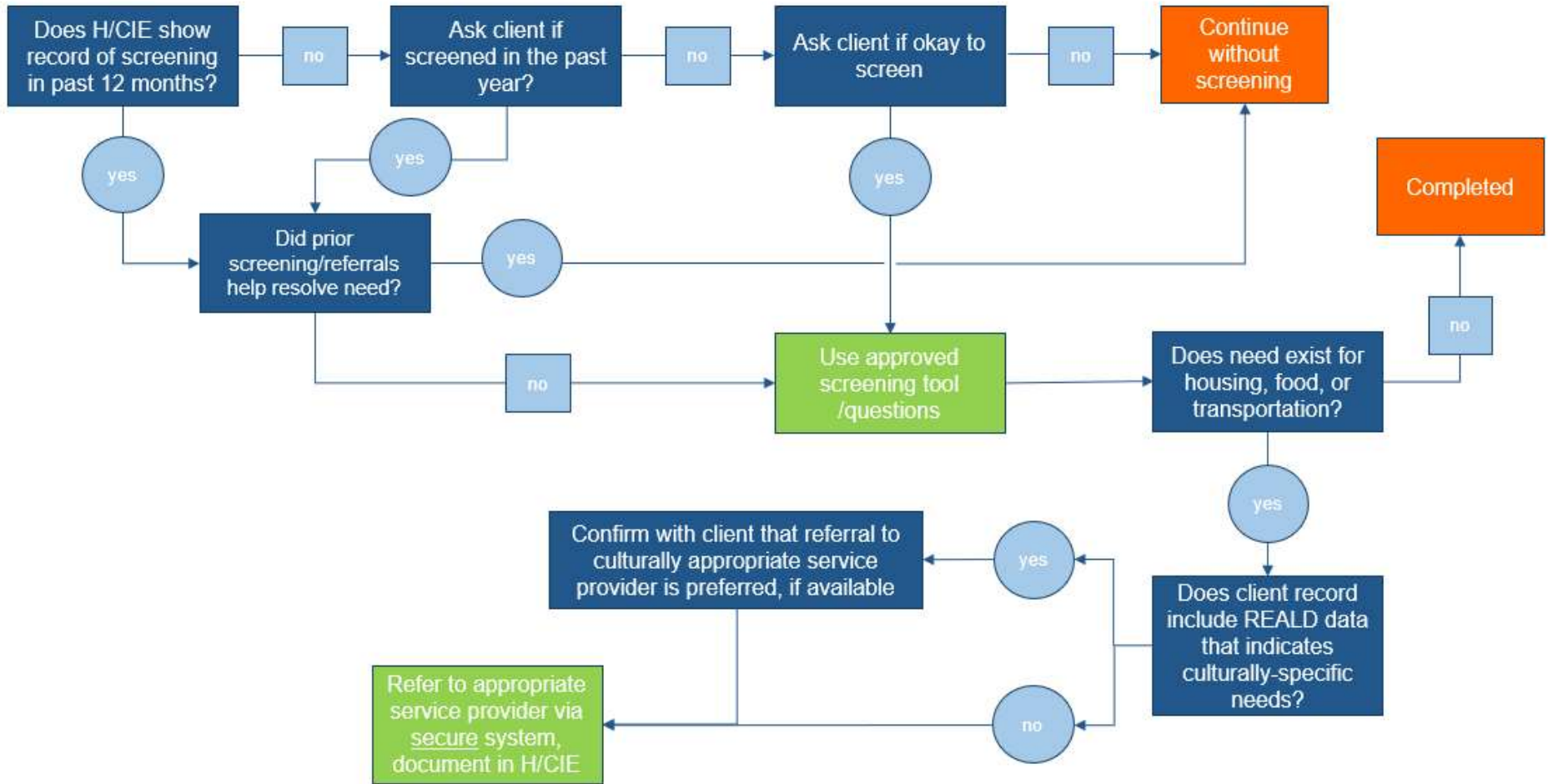
Cultural responsiveness

- PacificSource-offered trainings via Absorb:
Working with Interpreters (language access): <https://PacificSource.myabsorb.com?KeyName=Language>
Culturally Responsive Care for Latinx: <https://PacificSource.myabsorb.com?KeyName=Cultural>
Health Literacy Matters (language access): <https://PacificSource.myabsorb.com?KeyName=Literacy>

Mitigation of Overscreening for Social Needs

- See workflow on the following page.

PROTOCOL TO MITIGATE OVERSCREENING FOR SOCIAL NEEDS USING A HEALTH/COMMUNITY INFORMATION EXCHANGE PLATFORM



Effective: 12/1/2023

Next review: 4/30/2024