Screening for Health Related Social Needs In Primary Care

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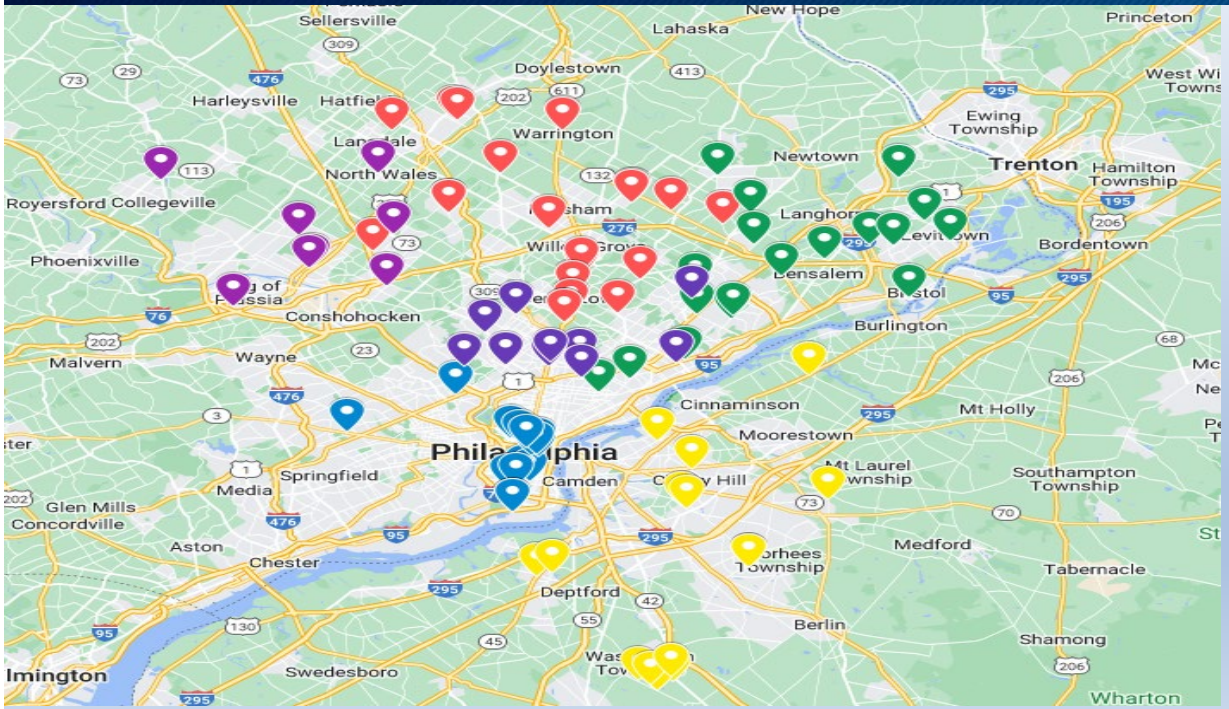
Jefferson Health
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Jefferson Primary Care

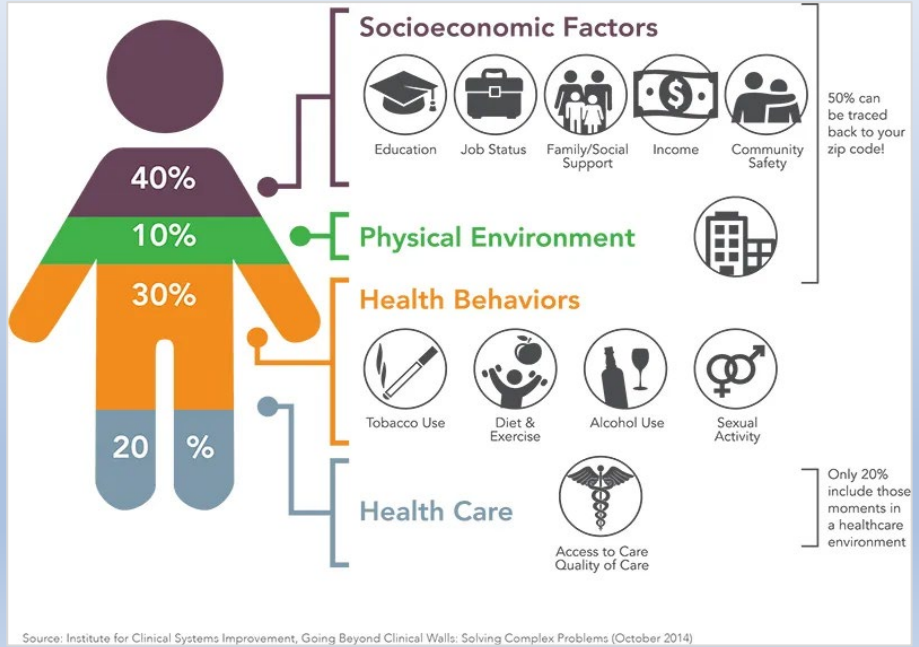
Primary Care Geographic Footprint



Red: Abington
Yellow: New Jersey
Blue: Center City
Green: Northeast
Dark Purple: ECHA
Light Purple: EPM

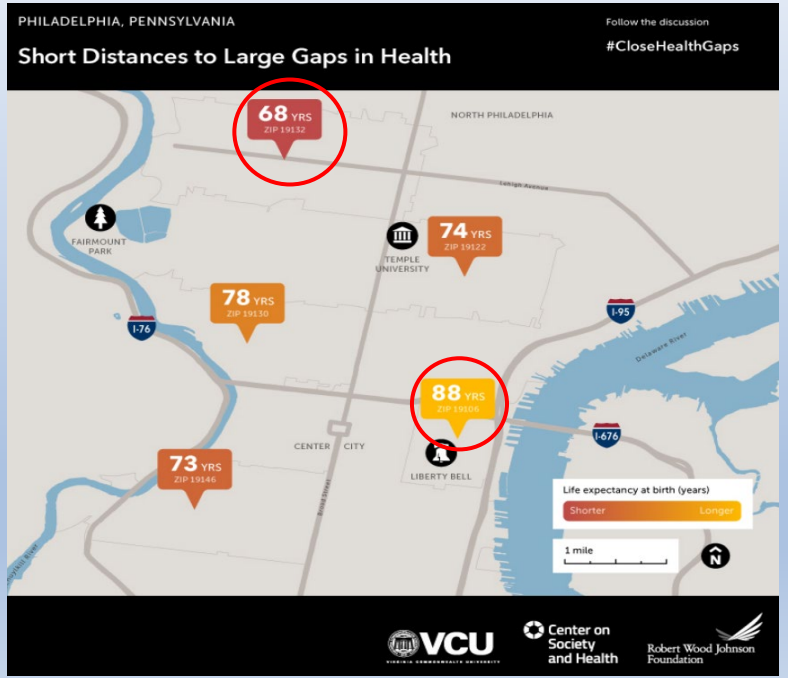
Health Related Socioeconomic Factors

Socioeconomic factors and physical environment can account for **50%** of a patient's health outcomes



Social Determinants of Health - Philadelphia

Children born less than 5 miles apart in Philadelphia have a 20-year difference in life expectancy all due to SDOH



WHY Screen for Health Related Social Needs in Primary Care?

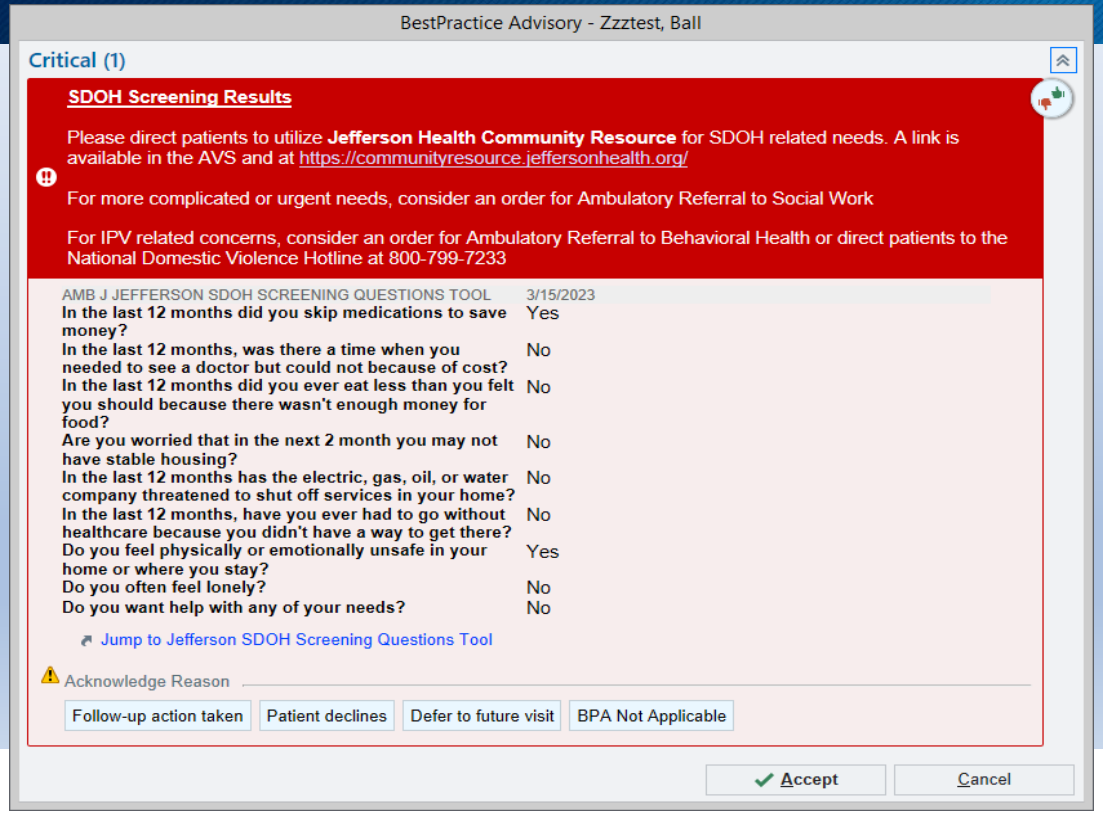
Empathy	• Understand our patients better • Build better relationships with our patients *even if there are not resources to help their specific needs*
Interventions	• Help address individual patient social needs • Improve individual patient outcomes
Regulatory	• Government/payers are requiring us to do so • Value based payment incentives
Data	• Collect data to identify our population's needs • Advocate and prioritize resources that promote health equity

Jefferson Health HRSN Screening Questions

Domain	Questions	Response Options
Financial	In the last 12 months did you skip medications to save money?	Yes No Unable/Decline to Answer
Financial	In the last 12 months, was there a time when you needed to see a doctor but could not because of cost?	
Food	In the last 12 months did you ever eat less than you felt you should because there wasn't enough money for food?	
Housing	Are you worried that in the next 2 month you may not have stable housing?	
Utilities	In the last 12months has the electric, gas, oil, or water company threatened to shut off services in your home?	
Transportation	In the last 12 months, have you ever had to go without healthcare because you didn't have a way to get there?	
Violence/Safety	Are you concerned about your physical or emotional safety in your home or where you currently stay?	
Social Connection	Do you often feel lonely?	
One or more positive responses	Do you want help with any of your needs?	Yes or No
If yes to do you want help	Are any of your needs urgent?	Yes or No

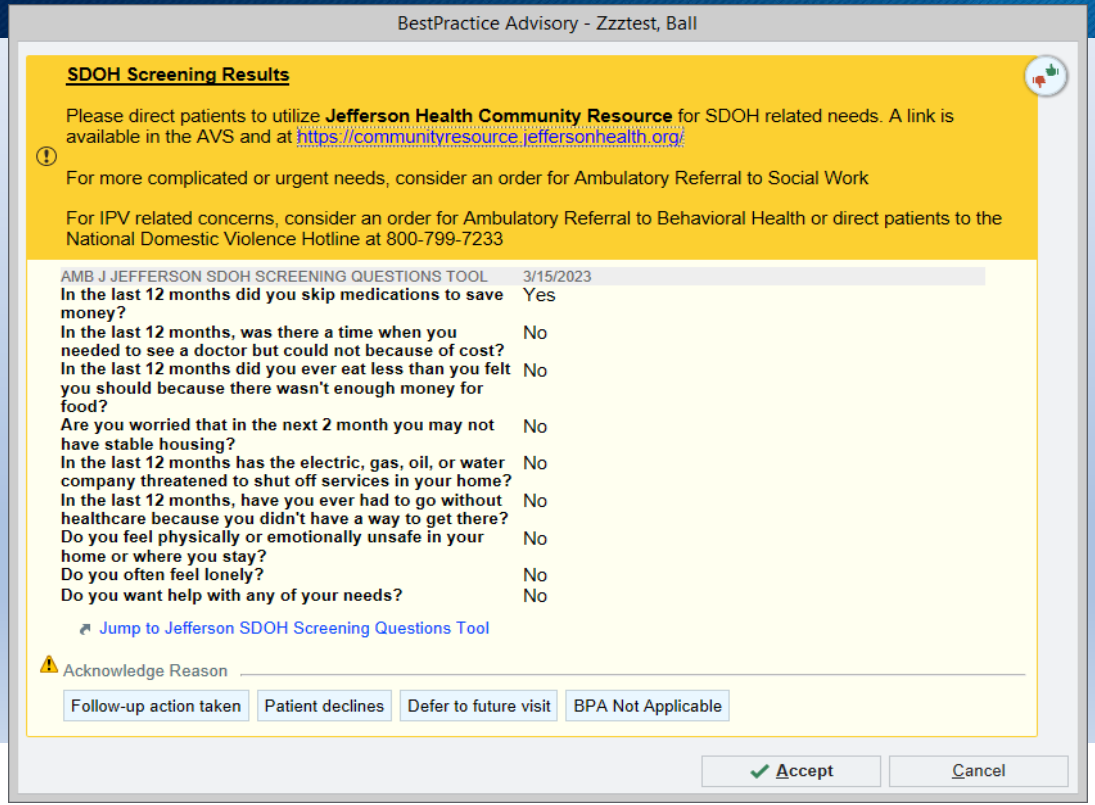
Provider Workflow for Screening

Red Alert = Yes to Safety/Violence, Housing or any Urgent needs



Provider Workflow for Screening

Yellow alert = Yes to any other questions



Referrals for Positive Screen Patients

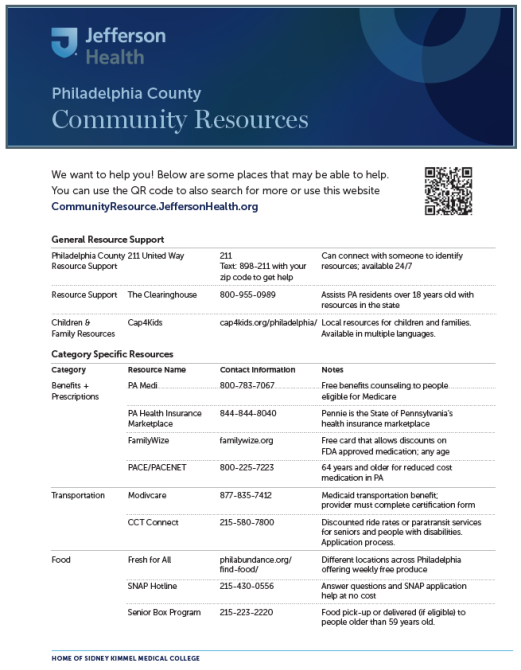
Jefferson Einstein: 51% of positive screenings wanted help

Jefferson EPIC: 31.2% of positive screenings wanted help

All positive screens –

- Jefferson Health Community Resource
  - A link & QR is available in the AVS and at https://communityresource.jeffersonhealth.org/
- Referral to Practice Community Health Worker
- Ambulatory Referral to Social Work
  - For complex/urgent needs, violence/safety/housing

Community Resource Handout by County



Jefferson Health

Philadelphia County

Community Resources

We want to help you! Below are some places that may be able to help. You can use the QR code to also search for more or use this website CommunityResource.JeffersonHealth.org

General Resource Support

Philadelphia County 211 United Way Resource Support		211 Text: 898-211 with your zip code to get help	Can connect with someone to identify resources; available 24/7
Resource Support	The Clearinghouse	800-955-0989	Assists PA residents over 18 years old with resources in the state
Children & Family Resources	Cap4Kids	cap4kids.org/philadelphia/	Local resources for children and families. Available in multiple languages.

Category Specific Resources

Category	Resource Name	Contact Information	Notes
Benefits + Prescriptions	PA Medi	800-783-7067	Free benefits counseling to people eligible for Medicare
	PA Health Insurance Marketplace	844-844-8040	Pennie is the State of Pennsylvania's health insurance marketplace
	FamilyWize	familywize.org	Free card that allows discounts on FDA approved medication; any age
	PACE/PACENET	800-225-7223	64 years and older for reduced cost medication in PA
Transportation	Modivcare	877-835-7412	Medicaid transportation benefit; provider must complete certification form
	CCT Connect	215-580-7800	Discounted ride rates or paratransit services for seniors and people with disabilities. Application process.
Food	Fresh for All	philabundance.org/find-food/	Different locations across Philadelphia offering weekly free produce
	SNAP Hotline	215-430-0556	Answer questions and SNAP application help at no cost
	Senior Box Program	215-223-2220	Food pick-up or delivered (if eligible) to people older than 59 years old.

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Philadelphia County

Community Resources

Category Specific Resources

Category	Resource Name	Contact Information	Notes
Utilities	BenePhilly	833-373-5868	Different locations across the city to receive help with food, utilities, healthcare and more
	UESF	215-972-5170	Help with utility bills facing shut-off. Must have bills to submit
Housing + Shelter	Office of Homeless Services	215-686-7177	Help for housing. Return calls can be expected to take 5-10 business days
	Housing Services	215-427-0350	Housing counseling and assistance for utilities, in-person or by phone
	Homeless Outreach Hotline	215-232-1984 – 24/7	Hotline for homelessness resources
IPV (Domestic Violence)	Domestic Violence Program Hotline	866-723-3014 – 24/7	Multiple languages
	SEAMAAC Safe Families	215-602-0550	Supports Asian community members around family and partner violence
Social Connection	PCA Senior Centers	215-765-9040	Multiple locations throughout the city. For people 60 years +
	Peer to Peer Support Groups	610-226-7972	Support groups for adults wanting to connect with others who have shared experiences

Jefferson Health

CS 23-1680

11 Counties
17 Languages

Resources Available for Training/Handouts

- Power Point Presentation
  - Recording
- SDOH Playbook
- Flyer & Banner in offices
- Questionnaires in 17 languages
- Community Resources Handouts
- Practice Transformation Coaches
  - Office Staff Training
- Interpersonal Violence/Safety Training
  - Providers and Staff

Social Work Barriers- 90 Days

SW Barriers & Interventions

← App Information

Contact Date
Range: 6/1/2023 - 8/31/2023

Select date

Encounter Car...
Episode Type
Episode Region
Episode Division
Episode Depar...
Case Status
Case Type
Encounter Div...
Care Coordina...

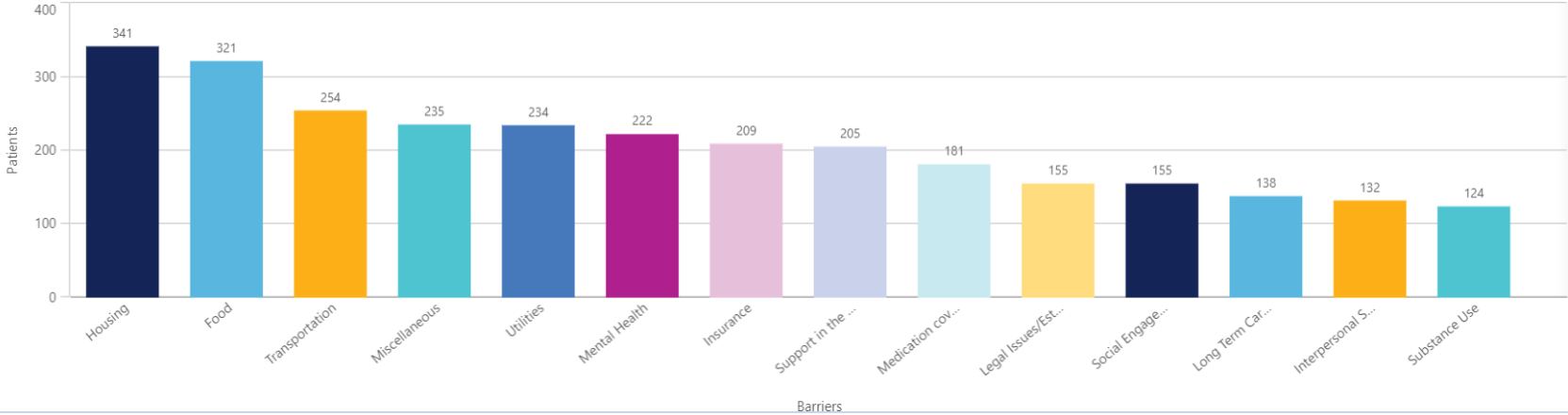
Average Number of Barriers SW
4.32

Patients w/ Barrier(s) SW
705

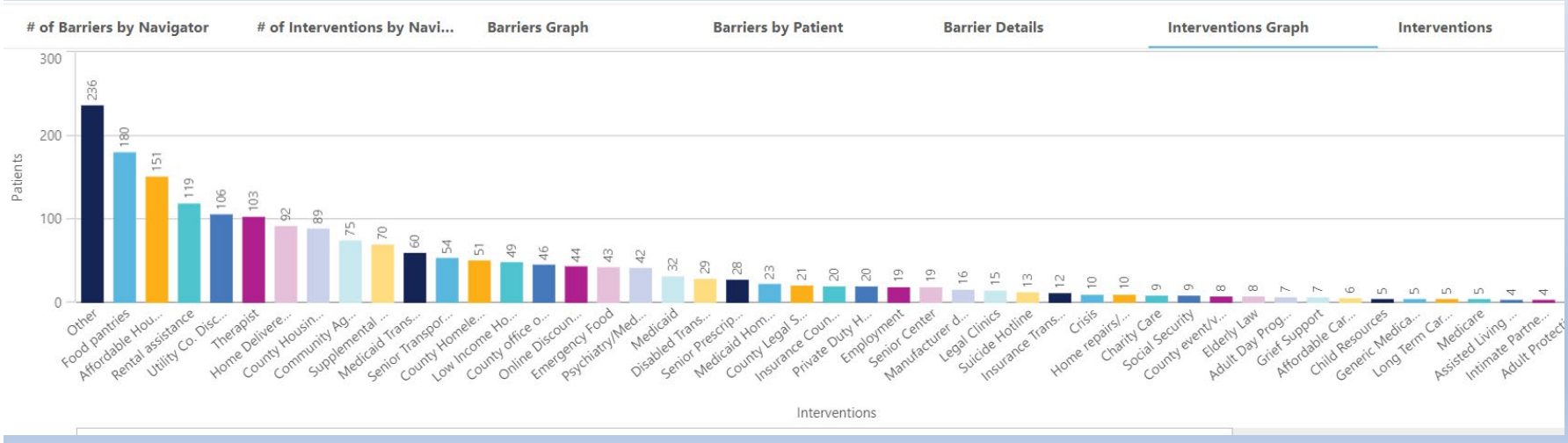
Average Number of Interventions SW
3.03

Patients w/ Intervention(s) SW
699

# of Barriers by Navigator | # of Interventions by Navi... | Barriers Graph | Barriers by Patient | Barrier Details | Interventions Graph | Interventions

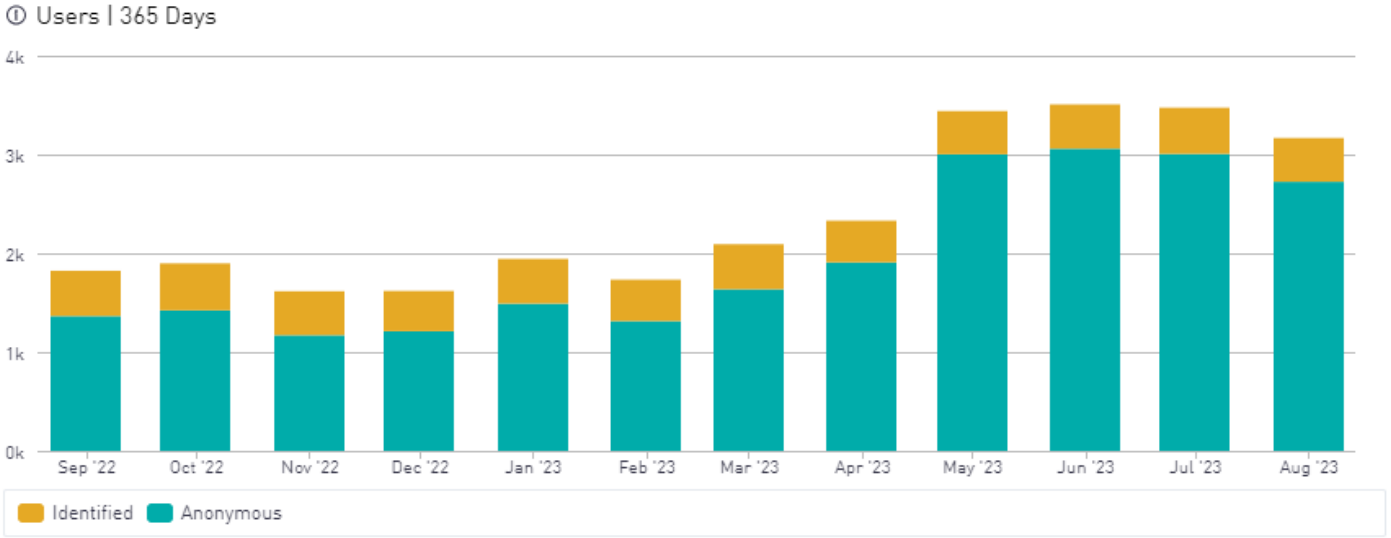


Social Work Interventions – 90 Days



Find Help Resource Users- 1 year

FILTERS (2) ▾ Aggregation Monthly DateRange 365 Days



2,954

Distinct Identified Users

21,833

Distinct Anonymous Users

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