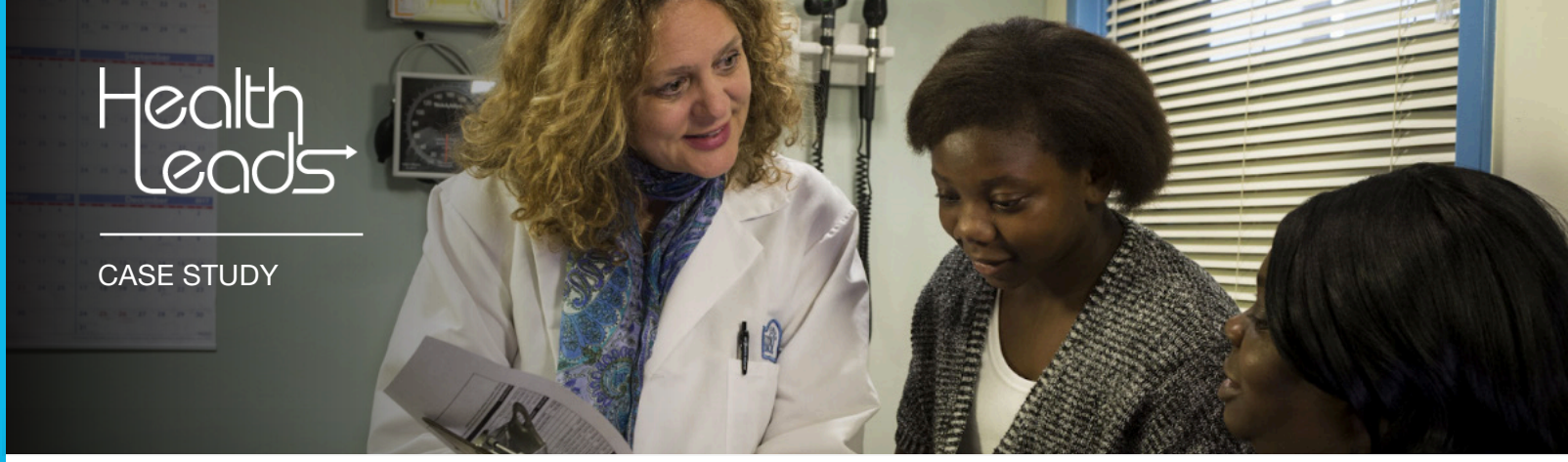

Health Leads

CASE STUDY

INTRODUCING A SOCIAL NEEDS SCREEN

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

Health Leads

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Social Needs Screening

A social needs screen was first administered in Arkansas Children's Hospital in 2015. The screening tool identified needs related to food insecurity, housing insecurity and special education. From April 2016 through December 2017, there were 25,817 patients screened at the Circle of Friends Clinic – about 76% of total visits. Working with a limited budget, the scope and the social need domains were selected based on existing relationships with resource providers, patient/family need, staff capacity, and resource availability in the community.

The screening tool was recently expanded to also identify health insurance and adult literacy needs. Adding these questions to the screening tool was critical for gaining buy-in from clinical champions. Through the first 21 months of the program, more than half of those screened (54%) provided positive consent to participate and completed the screener. Of those who consented, 44% had at least one social need. Incorporating feedback from clinic staff and providers in a meaningful way has been critical for its success and sustainability.

Social Needs Intervention at Arkansas Children's

Aim: To build an infrastructure that leads to measurable improvements in patient health outcomes by addressing the social determinants of health.

Scope of Service: Two primary care locations and a remote specialty practice. Each location is screening for the same social need domains for the purposes of streamlining data collection and evaluation.

Top Social Needs: Food resources, adult education needs, housing resources, health insurance coverage

Workforce: Nursing team-driven workforce model. The Patient Centered Medical Home (PCMH) social workers and two bachelor of social work (BSW) students provide on-going clinic and patient support. The Medical-Legal Partnership (MLP) staff and social workers help with training, quality improvement and intervention design in the clinic.

Technology: Planning to integrate social health data into patient records during 2018 EPIC optimization period.

Funding: Operational dollars through Community Benefit funding supports social needs screening. MLP funded by the department budget for the Child Advocacy and Public Health Department at Arkansas Children's Hospital, donors and contracts.

Measurement: Core data collected on screening, referrals and financial benefits shared monthly by the MLP. The EPIC optimization will plan to integrate social needs data collection to track measures related to the impact of social needs interventions, such as emergency department utilization rates.

The Arkansas Children's Hospital team recently expanded screening for social needs to an additional primary care location and a remote specialty practice, with another primary care location soon to be added. Each location is screening for the same social need domains for the purposes of streamlining data collection and evaluation. As screening expands to more practice locations,

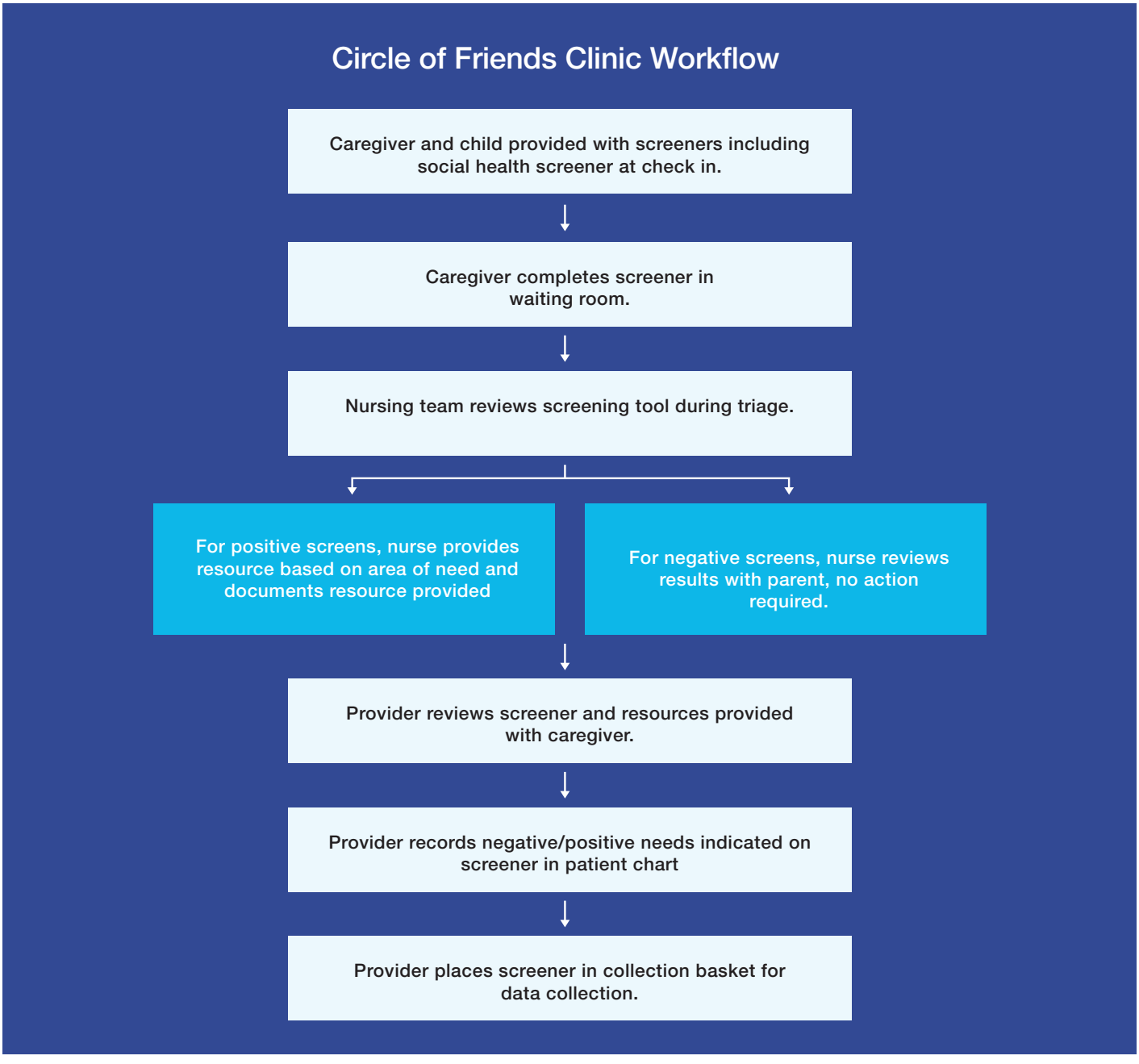
Social Needs Team and Workflow

In the Circle of Friends Clinic, the social needs screen is nurse-driven. The front desk Patient Information Assistants hand out the screener at check-in, the nurses review the screener at triage and take any necessary intervention steps (involving social workers as necessary), and the physicians make a note in the medical record. See diagram below:

Arkansas Children's Hospital By The Numbers

In FY2017:

- 363,000 visits
- 460 physicians and 95 residents
- 336 licensed beds
- 64% ARKids First (Medicaid/CHIP) enrollment



If a family screens positive for **food insecurity**, they may be referred to the financial counselor's office for assistance applying for SNAP or WIC. They may be given resources about food pantries in their area, how to apply for assistance, and farmer's markets that take SNAP. They may also be given a bag of groceries on site.

If a family screens positive for **housing insecurity**, they may be referred to the Medical-Legal Partnership (MLP) for assistance with eviction and/or unsafe housing conditions. They might also be given self-help information on Landlord/Tenant Rights, Eviction Processes, a list of local homeless shelters by county, or connection with a home stabilization program.

If a family screens positive for a child's **unmet education needs**, they are referred to the MLP for help with school-related accommodations. Parent education resources are available for learning English as a second language or GED classes.

If a family screens positive for **Medicaid coverage**, they may be referred to a financial counselor or directly to the MLP. Assistance can be provided to address issues with their Medicaid ID or to provide application support. Through the MLP, families are screened for additional social needs, including insurance, social security benefits, unemployment benefits, barriers to employment, family stability and safety, transition planning, and consumer issues.

Additional Staff Support

The Patient Centered Medical Home (PCMH) social workers, along with two bachelor of social work (BSW) students, provide on-going clinic and patient support. The MLP and social workers help with training, quality improvement and intervention design in the clinic.

In July of 2016, an MLP coordinator with a background in population health was hired to support data analysis. Arkansas Children's has also utilized an as-needed hourly employee to enter data from the paper screeners into an Excel database monthly.

Change Management, and Overcoming Barriers to Success

Include All Levels of Staff in Design, Implementation, and Improvement

Arkansas Children's learned valuable change management lessons from prior tests that informed their approach to implementing their intervention to screen patients for social needs and connect them to resources. **There had been three previous attempts to implement these processes by the MLP, the Social Work Department and Medical Residents. These attempts failed because the clinic staff tasked with adopting new workflows did not see the initiative as a collaboration – instead it was viewed as just one more thing to do.** As a result, the clinic frequently experienced poor follow-through and a lack of support with the implementation of new initiatives.

For the latest pilot, social workers engaged nursing and clinic staff from the beginning to inform the design of the intervention. In the end, the nursing team decided that the screening workflow would not be successful unless it was nurse-driven. The nursing team identified who would be responsible for reviewing the screener and at what stage the intake could take place to optimize clinic flow.

To further address staff concerns and support this new workflow, quality improvement groups included the perspectives of clinic staff. A PCMH social worker or MLP attorney was available in the clinic at all times during the first two months of the screening process. It was important that staff at all levels were engaged in implementing these new workflows and that barriers were addressed in real-time. Front desk staff, for example, identified a need for more clipboards and pens. While this need seems small, it was essential to their role in the process, and they were given more materials. Being responsive to requests and feedback helped to gain buy-in from staff.

Using Data to Gain and Sustain Buy-in

Once the clinic started to screen for social needs, food insecurity was identified as patients' highest need. Circle of Friends Clinic had to call on their food pantry partner to quickly increase the amount of food they were receiving per week. As more screening, referral and patient experience data became available, it was used to educate staff on the impact of the social needs intervention and to shift perceptions about the needs of the families served. For example, patient survey data was cross-compared with county-level data on food insecurity to demonstrate a similar prevalence of need in the broader community. Over time, conversations about food insecurity changed. Standardizing a screening process removed assumptions about patients' needs and provided a shared context for the importance of social interventions. The look of relief on families' faces motivated nurses to continue this work and to fully grasp its impact.

As clinic staff realized the impact this work was having on patients, they were even more motivated to integrate these processes into care and to spread the intervention to additional locations.

Community Partnerships

The Natural Wonders Partnership Council (NWPC) is a coalition of diverse organizations that has been in existence for over a decade to collaborate to improve the health of children in Arkansas. This coalition is convened by Arkansas Children's Hospital and utilizes their Community Health Needs Assessment (CHNA) as a guiding foundation for the coalition's agenda.[1]

Arkansas Children's Hospital's efforts to screen patients for social needs and connect them to resources have greatly benefitted from the coalition. The NWPC has supported Arkansas Children's in maintaining strong relationships with community resource providers at multiple levels from leadership to front line staff. These relationships have helped facilitate successful resource connections that allow each partner to focus on their "core business." As the intervention spreads to additional sites and communities, the NWPC supports Arkansas Children's in establishing new relationships with community providers to strengthen their screening and referral efforts.

Funding

Arkansas Children's Hospital contributes operational dollars through Community Benefit funding to support social determinants of health screening. In 2016, the Natural Wonders Partnership Council Innovation Fund (hospital operational dollars) funded efforts to improve coordination of MLP services in communities around the state, including expanding screening for social determinants of health beyond one clinic in the hospital to pilot in four clinics across Arkansas.

There is no separate budget for the MLP: it is included in the department budget for the Child Advocacy and Public Health Department at Arkansas Children's Hospital and funded partially by donors and contracts. The MLP is also funded by Walmart, the National Center for Medical-Legal Partnerships and Legal Aid of Arkansas. To diversify funding sources and serve more patient-clients, the MLP is committed to expanding its Pro Bono attorney program to all corners of the state.

It is expected that funding for addressing social needs for patients will be a combination of operational, philanthropic and grant award dollars in the future.

Reporting on Social Needs Progress

As part of the contract with the National Center for Medical-Legal Partnerships, the Arkansas Children's Hospital MLP submits data on screening for social needs, referrals to the MLP, and financial benefit achieved for the patient-clients monthly. Quarterly, the Arkansas Children's Hospital MLP submits data on specific issues referred to the MLP, and what the outcomes of those cases were. The National Center for Medical-Legal Partnerships is also conducting qualitative interviews with staff and patients.

The Child Advocacy and Public Health team, in partnership with the PCMH team, is establishing a strong measurement infrastructure to demonstrate the outcomes of their social needs intervention. The teams are currently exploring how to integrate social health data to their new (as of November 2017) electronic medical record, EPIC. During the 2018 EPIC optimization period, the team plans to integrate data collection directly into the patient record. With data integrated, the hospital would like to measure the impact of their social needs intervention on emergency department utilization rates across patient populations with specific diagnoses. For example, they want to evaluate how emergency department utilization among patients with asthma who received legal services for housing issues is impacted as a result of the program. Additionally, the social health data would be used to support improvement in quality scores tied to the value-based payment infrastructure, including access to well-child visits, asthmatic prescriptions being filled, and attendance at follow-up visits. Lastly, the team is exploring the social needs screener's impact on patient satisfaction measures.

[1] Natural Wonders Partnership. (2017). 2017-2019 Action Plan. Retrieved from: http://www.archildrens.org/media/file/82089%20Natural%20Wonders%20Action%20Plan.pdf.

Success Factors

- Standardizing screening shifted clinic staff awareness and perceptions about patients' experiences
- Engaged staff at all levels around this new clinical workflow and addressed barriers in real-time
- Provided constant support in clinic during first few months of the pilot
- Direct feedback loop established with clinic staff through frequent meetings and setting specific timelines and deadlines for feedback
- Utilized existing staff meeting times with Residents and clinic staff to address questions, troubleshoot barriers and engage staff around social health data

Challenges

- Lack of buy-in from key stakeholders for original pilots; the team realized that this needed to be a nurse-driven initiative for it to be successful
- Attorney turnover for the Medical Legal Partnership; internal conversations are underway about solutions to address this
- Limitations of the old electronic medical record made it challenging to evaluate the value of the intervention and demonstrate outcomes, though the new record system provides considerable opportunity for improvement

Looking Ahead

Arkansas Children's primarily focused their intervention in primary care, because roughly 80 percent of patients seen are on Medicaid and that is the only department where a shared savings opportunity exists. However, the team is currently looking at how addressing social needs can support a broader clinically integrated network that hopes to take on shared savings contracts for providers across Arkansas.

In addition, the hospital is looking to expand their social needs intervention to other departments where there is strong evidence that health conditions are impacted by social factors. For example, they hope to collaborate with providers who specialize in asthma and allergies because the combination of food allergies and food insecurity has been identified as an issue for families. In addition, Arkansas Children's is partnering with Children's Health Watch to collect social needs data among patients presenting in the emergency department to start building the case for integrating the intervention there.

About Health Leads

Health Leads is a non-profit social enterprise that envisions a healthcare system that addresses all patients' essential resource needs as a standard part of quality care. For more than 20 years, Health Leads has worked with leading healthcare organizations to create sustainable, high-impact and cost-effective social needs interventions that connect patients to the community-based resources they need to be healthy-from food to transportation to healthcare benefits.

Health Leads is committed to sharing its tools and expertise to improve the health and well-being of patients-and to accelerating the leadership, best practices, incentives and research required to change what "counts" as healthcare.

Contact Us

To see how Health Leads can partner with your organization to help develop a social needs program, call us at (617) 391-3633 or email **info@healthleadsusa.org**

Learn more at **healthleadsusa.org**

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