

The Patient Advisory Council and Social Determinants of Health Screening

OHSU Family Medicine at Richmond

OHSU Family Medicine at Richmond Quick Facts:

- Federally Qualified Health Center in Portland, Oregon
- Over 15,000 patients use Richmond as their primary care medical home, with an average of 209 patient visits per day.
- Approximately 55% of our population falls under the Federal Poverty Level.
- 68% of our population has Medicare, Medicaid, or is uninsured.

Our Model: The Patient Advisory Council

- The Council meets every two months
- Members serve 2 year terms with opportunity to re-apply with no maximum term
- Patient advisors represent many diverse experiences, cultures, and backgrounds
- Discussions range from routine SDH and Trauma Informed Care topics to monthly presentations from staff on specific projects they seek patient feedback on

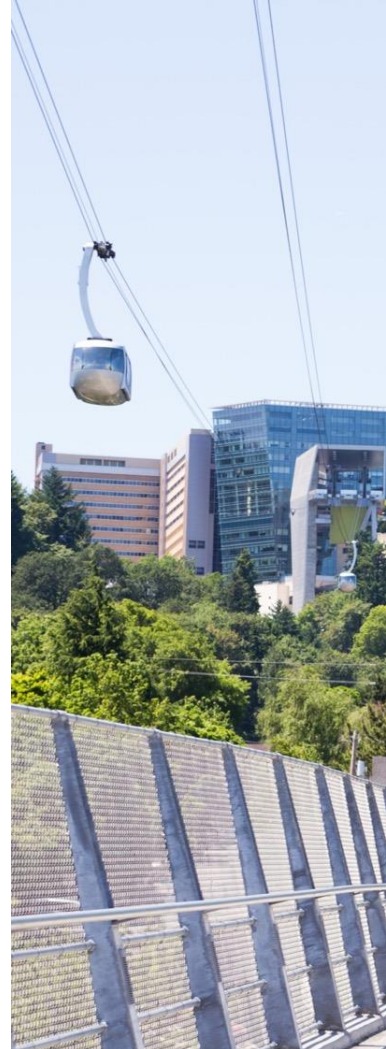
SDH and the Patient Advisory Council: An Example of Our Process

In September of 2018 we began to design a workflow with the assistance of our SDH Coordinator, Behavioral Health Supervisor, Resource Specialist, and newly hired Community Health Workers (CHW). With knowledge of previous attempts at SDH screening within our clinic that were unsuccessful, we used this information to develop a process that adapted a pre-screening form utilized in the Empathic Inquiry Learning Collaborative from the Oregon Primary Care Association (OPCA).

Throughout the development of this program, we involved the Patient Advisory Council in multiple steps from the workflow, impact on medical assistants, and editing the pre-screening document. Over the course of six months our PAC was an integral to the process of finalizing this screening document and workflow. They provided feedback that confirmed our suspicions, contradicted our assumptions, and highlighted concerns we had not considered.

Highlights from the PAC Meetings:

- PAC members mentioned that we do not need to explicitly state what SDH are and why they are important; they shared that they have understood this for a long time and the medical system is behind on understanding the impact of SDH.
- Icons: Our team was concerned about the translatability of icons across cultures, but one PAC member stated "If this didn't have icons on it, it wouldn't draw me in at all – I wouldn't even want to do this form!"
- Intersection of Trauma Informed Care, Health Literacy, and SDH: Many members recognize potentially triggering icons and provided further guidance about more trauma informed and easily understood examples (i.e. relationship safety, money, language, medicine).



Contact:

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Finalizing a SDH Screener: Informed by the OHSU Richmond Patient Advisory Council

OPCA Pre-screener: OHSU Richmond adapted this document

Draft 1#: SDH Screener at OHSU Richmond

Patient Support Questionnaire

Patient Initials: _____
Date of Service: _____

Health starts – long before illness – in our homes, schools, and jobs. The more we know about you the better health care we can provide. We want to support your health and wellness.

Please circle the areas you would like assistance with. We cannot guarantee assistance in all areas, but will do our best to respond to your priorities.

I am having a hard time getting access to and/or paying for:

HOUSING 	UTILITIES (electricity, phone, heat, etc.) 	FOOD 	PHYSICAL SAFETY 	MENTAL HEALTH
TRANSPORTATION 		HEALTH INSURANCE 		LEGAL ASSISTANCE
EMPLOYMENT 		SOCIAL SUPPORT 		
MATERIAL GOODS (clothing, furniture, diapers, etc.) 	HEALTH SUPPLIES (glasses, medicine, etc.) 	EDUCATION 	CHILD CARE 	SOCIAL SUPPORT

Would you like to be contacted by a member of our health care team about this survey?
 Yes No

If yes, please share the best way to contact you (phone number, email, or address).

Patient Needs Questionnaire

Patient label

Health starts where we live, in our schools, and in our neighborhoods. There are many things that may affect your health. The more we know about you, the better care we can provide.

We cannot help with every need, but we can connect you with someone that can help.

How can we contact you?
 I need help today
 Phone _____ (Call or Text) MyChart
 Do not contact me about this form

What concerns do you have?

<input type="checkbox"/> Paying for utilities (electricity, heat, phone, etc.)	<input type="checkbox"/> Mental health
<input type="checkbox"/> Food	<input type="checkbox"/> Vision (eye) care
<input type="checkbox"/> Housing needs	<input type="checkbox"/> Dental (tooth) care
<input type="checkbox"/> Transportation	<input type="checkbox"/> Drugs and alcohol
<input type="checkbox"/> Language	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Clothing	<input type="checkbox"/> Employment
<input type="checkbox"/> Medicine	<input type="checkbox"/> Reading and writing
<input type="checkbox"/> Education	<input type="checkbox"/> Legal
<input type="checkbox"/> Kids and babies	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Social connection	<input type="checkbox"/> Money
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Relationship safety

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Final Draft: After multiple PAC reviews

Draft #2: After initial PAC Review

Patient Support Survey

Patient label

There are many things that may affect your health. The more we know about you, the better care we can provide.

We cannot help with every need, but we can connect you with someone that can help.

How can we contact you?
 I would like to talk to someone about this today
 Phone _____ (Call or Text) MyChart
 Do not contact me about this form

What concerns do you have?

<input type="checkbox"/> Utilities	<input type="checkbox"/> Mental health
<input type="checkbox"/> Food	<input type="checkbox"/> Vision (eye) care
<input type="checkbox"/> Housing needs	<input type="checkbox"/> Dental (tooth) care
<input type="checkbox"/> Transportation	<input type="checkbox"/> Hearing
<input type="checkbox"/> Language	<input type="checkbox"/> Drugs and alcohol
<input type="checkbox"/> Clothing	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Medicine	<input type="checkbox"/> Employment / disability
<input type="checkbox"/> Education	<input type="checkbox"/> Legal
<input type="checkbox"/> Kids and babies	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Social connection	<input type="checkbox"/> Money
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Relationship safety

I prefer not to do this survey today.



Patient Support Survey

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