

# ASPIRE RURAL HEALTH SYSTEM

*Aspire for a healthier future.*

**Social Determinants of Health**

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# SOCIAL DETERMINANTS OF HEALTH

What are Social Determinants of Health?

- Non-medical factors that affect health outcomes
  - Socioeconomic status and geographic location
- Include the following conditions
  - Born, live, learn, work, play, worship, and age

# SDOH 5 DOMAINS



# WHY?

- Enhance health equity
- Improve conditions in people's environments
- Increased quality-of-life outcomes and risks
- Health People 2030 “Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.”

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- 3 Critical Access Hospitals (CAH)
  - Hills and Dales Healthcare
  - Marlette Regional Hospital
  - Deckerville Community Hospital
- 13 Rural Health Clinics (Family Practice, Internal Medicine, & Pediatrics)
  - Brown City, Caro, Cass City, Deckerville, Kingston, Marlette, Mayville, Port Sanilac, Ugly
- Traditional Fee-for-Service Clinics
  - Bad Axe, North Branch, Deckerville
- Specialty Clinics
  - General Surgery, Urology, Cardiology, Podiatry, ENT, Neurology, Orthopedics, Oncology, Pain Management, Pulmonology, Wound Care, Ophthalmology, GYN, & Vascular

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- Electronic Health Record
  - Epic – Covenant Healthcare, Saginaw (Affiliate)
- SDoH Screening
  - Sent out prior to visit
  - Medical Assistant enters the information into flowsheet
- SDoH Screening Flowsheet
  - Annual Well Visit
  - All Ages
    - Birth to 2
    - 3-10
    - 11-17
    - 18 and over

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## Adult (18+ Years) SDoH Screening Questions

Patient Name or MRN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name of Person Completing Form: \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_ Contact #: \_\_\_\_\_

If you have difficulty with the English language or need assistance completing this form, please inform the front office staff. They will be more than happy to assist. Please check the box or write your answers to the questions below.

<b>Physical Activity</b>
On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)? <input type="checkbox"/> 0 days <input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days <input type="checkbox"/> 6 days <input type="checkbox"/> 7 days <input type="checkbox"/> Decline
On average, how many minutes do you engage in exercise at this level? <input type="checkbox"/> 0 min <input type="checkbox"/> 10 min <input type="checkbox"/> 20 min <input type="checkbox"/> 30 min <input type="checkbox"/> 40 min <input type="checkbox"/> 50 min <input type="checkbox"/> 60 min <input type="checkbox"/> 70 min <input type="checkbox"/> 80 min <input type="checkbox"/> 90 min <input type="checkbox"/> 100 min <input type="checkbox"/> 110 min <input type="checkbox"/> 120 min <input type="checkbox"/> 130 min <input type="checkbox"/> 140 min <input type="checkbox"/> 150+ min <input type="checkbox"/> Decline
<b>Financial Resource Strain</b>
How hard is it for you to pay for the very basics like food, housing, medical care, and heating? <input type="checkbox"/> Very hard <input type="checkbox"/> Hard <input type="checkbox"/> Somewhat hard <input type="checkbox"/> Not very hard <input type="checkbox"/> Not hard at all <input type="checkbox"/> Decline
<b>Housing Stability</b>
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
In the last 12 months, how many places have you lived? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
<b>Transportation Needs</b>
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
<b>Food Insecurity</b>
Within the past 12 months, you worried that your food would run out before you got the money to buy more: <input type="checkbox"/> Never true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Often true <input type="checkbox"/> Decline
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more: <input type="checkbox"/> Never true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Often true <input type="checkbox"/> Decline
<b>Utilities</b>
In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already shut off <input type="checkbox"/> Decline
<b>Stress</b>
Do you feel stress (tense, restless, nervous, anxious, or unable to sleep at night because your mind is troubled all the time)? <input type="checkbox"/> Not at all <input type="checkbox"/> Only a little <input type="checkbox"/> To some extent <input type="checkbox"/> Rather much <input type="checkbox"/> Very much <input type="checkbox"/> Decline
<b>Social Connections</b>
In a typical week, how many times do you talk on the phone with family, friends, or neighbors? <input type="checkbox"/> Never <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Three times a week <input type="checkbox"/> More than three times a week <input type="checkbox"/> Decline
How often do you get together with friends or relatives? <input type="checkbox"/> Never <input type="checkbox"/> Once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Three times a week <input type="checkbox"/> More than three times a week <input type="checkbox"/> Decline
How often do you attend church or religious services? <input type="checkbox"/> Never <input type="checkbox"/> 1-4 times per year <input type="checkbox"/> More than 4 times per year <input type="checkbox"/> Decline
Do you belong to any clubs or organizations, such as church groups, unions, fraternal or athletic groups, or school groups? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline
*** Please continue to the back of this page. Thank you. ***

Please check your answers in the boxes provided or write your answer in the questions below.	
<b>Social Connections (Continued)</b>	
How often do you attend meetings of the clubs or organizations you belong to? <input type="checkbox"/> Never <input type="checkbox"/> 1-4 times per year <input type="checkbox"/> More than 4 times per year <input type="checkbox"/> Decline	
Are you: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Living with a partner <input type="checkbox"/> Decline	
<b>Intimate Partner Violence</b>	
Within the last year, have you been afraid of your partner or ex-partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline	
<b>Alcohol Use</b>	
How often do you have a drink containing alcohol? <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 4 or more times per week <input type="checkbox"/> Decline	
How many drinks containing alcohol do you have on a typical day when you are drinking? <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10 or more <input type="checkbox"/> Decline	
How often do you have six or more on one occasion? <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/> Decline	
<b>Other</b>	
Would you like to receive assistance with any of these needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of your needs urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Accordion
  Expanded
  View All

Cass City Family P...  
10/17/2023  
1105

Search (Alt+Comma)

**Physical Activity**

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?	3 days
On average, how many minutes do you engage in exercise at this level?	30 min

**Financial Resource Strain**

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	Somewhat hard
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**Housing Stability**

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	No
In the last 12 months, how many places have you lived?	1
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	No

**Transportation Needs**

In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No
In the past 12 months, has lack of transportation kept you from meetings, work, or from getting things needed for daily living?	Yes

**Food Insecurity**

Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Often true
Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Often true

**Utilities**

In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	
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**Stress**

Do you feel stress - tense, restless, nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - thes...	Very much
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**Social Connections**

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?	Once a week
How often do you get together with friends or relatives?	Never
How often do you attend church or religious services?	Never
Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?	No
How often do you attend meetings of the clubs or organizations you belong to?	Never
Are you married, widowed, divorced, separated, never married, or living with a partner?	Divorced

**Intimate Partner Violence**

Within the last year, have you been afraid of your partner or ex-partner?	No
Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	No
Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	No
Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	No

**Alcohol Use**

Q1: How often do you have a drink containing alcohol?	Never
Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?	Patient does no...
Q3: How often do you have six or more drinks on one occasion?	Never

**OTHER**

Would you like to receive assistance with any of these needs?	No
Are any of your needs urgent?	No





# ASPIRE RURAL HEALTH SYSTEM

## Social Determinants of Health


Social Determinants of Health (SDoH) are social and environmental factors that affect patients' health status. By tracking patients' SDoH, your organization can provide clinicians with a more complete patient story to help them intervene with patients who are at risk of negative health outcomes. For example, a clinician might connect a patient who lacks access to food with a local food pantry.

SDoH data can help clinicians improve patients' health by:

- Tailoring clinical recommendations for individual patients.
- Facilitating referrals to community services.
- Understanding additional factors that affect treatment adherence and health outcomes.

## Try It Out – Rooming Activity


1. Open the **SDOH (Social Determinants of Health)** section.
2. Working from the top Domain on down:
  - a. Review and **enter** the appropriate **answers** from the paper form if completed by the patient and/or guardian at check in for their scheduled appointment. **Close** the section.
  - b. If SDoH Assessment was completed by patient during MyChart eCheck-in, review answers with patient and/or parent/guardian and if appropriate, edit answer(s). Click **File**.

 Clinicians can use documentation flowsheets to document every SDOH domain **besides** Tobacco Use, which is documented in the History activity.

## Try It Out – Storyboard

1. Hover over the **Social Determinants** section in the Storyboard to see when each domain last changed.



 Because social and environmental factors affect patients' health status at different ages, there are different SDoH measures for infants, children, adolescents, and adults.

2. To document patient responses to it, click the **Domain blue hyperlink** and the specific questions for the domain will open. The wheel will update according to responses.


3. The domains will only show in the Storyboard if they meet one of the following:
  - Gray Domain has never been completed
  - Yellow Domain is medium risk
  - Red Domain is high risk



## Try It Out – SDOH Wheel

1. Open the **SnapShot** activity tab.
2. Click the **SnapShot** wrench and select the **Add or Remove** buttons from **Toolbar**.
3. In the Report field, click the **Plan of Care** and select **Plan of Care (Longitudinal Plan of Care – Happy Together)**.
4. Click the **Plan of Care** report.
5. The **Social Determinants of Health** wheel will display.
6. **Hover your mouse** over the **Domain** to display the most recent responses to questions for a domain at a glance.
7. To document patient responses to it, click the **Domain hyperlink** and the specific questions for domain will open. The wheel will update according to responses.



 The SDOH Wheel will not display for the Adolescent patient (age 12-17) because there are more than 12 domains. The display will be in table format.

# ASPIRE RURAL HEALTH SYSTEM

## IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes



### What Are Z Codes?

- SDOH-related Z codes range from ICD-10-CM categories Z55-Z65 and are used to document SDOH data (e.g., housing, food insecurity, lack of transportation)
- Z codes refer to factors influencing health status or reasons for contact with health services that are not classifiable elsewhere as diseases, injuries, or external causes



### Using Z Codes for SDOH

- SDOH information can be collected before, during, or after a health care encounter through structured health risk assessments and screening tools
- These codes should be assigned only when the documentation specifies that the patient has an associated problem or risk factor that influences the patient's health
- Coding professionals may utilize documentation of social information from social workers, community health workers, case managers, or nurses, if their documentation is included in the official medical record



### What Are SDOH & Why Collect Them?

- SDOH are the conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>1</sup>
- The World Health Organization (WHO) estimates that SDOH accounts for **30-55% of health outcomes**<sup>2</sup>



Collecting SDOH can improve equity in health care delivery and research by:

- Empowering providers to identify and address health disparities (e.g., care coordination and referrals)
- Supporting quality measurement
- Supporting planning and implementation of social needs interventions
- Identifying community and population needs
- Monitoring SDOH intervention effectiveness for patient outcomes
- Utilizing data to advocate for updating and creating new policies



### ICD-10-CM Z Codes Update

- New SDOH Z codes may become effective each April 1 and October 1. New codes are announced prior to their effective date on [CDC website](#).
- Use the CDC National Center for Health Statistics [ICD-10-CM Browser tool](#) to search for all the current Z codes.
- Join the public process for SDOH code development and approval through the [ICD-10-CM Coordination and Maintenance Committee](#)



[VIEW JOURNEY MAP](#)

<sup>1</sup> Healthy People 2030 <sup>2</sup> World Health Organization

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## IMPROVING THE COLLECTION OF Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

### Exhibit 1. Recent SDOH Z Code Categories and New Codes

#### Z55 – Problems related to education and literacy

- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
- NEW** • Z55.6 – Problems related to health literacy

#### Z56 – Problems related to employment and unemployment

#### Z57 – Occupational exposure to risk factors

#### Z58 – Problems related to physical environment (Added, Oct. 1, 2021)

- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
- NEW** • Z58.8 – Other problems related to physical environment
- NEW** • Z58.81 – Basic services unavailable in physical environment
- NEW** • Z58.89 – Other problems related to physical environment

#### Z59 – Problems related to housing and economic circumstances

- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)
- NEW** • Z59.10 – Inadequate housing, unspecified
- NEW** • Z59.11 – Inadequate housing environmental temperature
- NEW** • Z59.12 – Inadequate housing utilities
- NEW** • Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)
    - Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
    - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)

- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

#### Z60 – Problems related to social environment

#### Z62 – Problems related to upbringing

- Z62.2 – Upbringing away from parents
- NEW** • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
- NEW** • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
  - NEW** • Z62.814 – Personal history of child financial abuse
  - NEW** • Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
  - NEW** • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
  - NEW** • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
  - NEW** • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

#### Z63 – Other problems related to primary support group, including family circumstances

#### Z64 – Problems related to certain psychosocial circumstance

#### Z65 – Problems related to other psychosocial circumstances

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- Positive vs Negative Screening
  - Is patient interested in receiving help?
- Care Coordinator Referral
  - WQ
  - Community Resource List

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- How?
  - Patient Centered-Medical Home Clinics
    - BCBSM Initiative

## Social Determinance of Health (SDoH)

- PCMH purposes, capability 10.5, a paper SDoH form can be completed by the patient
- NEW (CQ) Initiative...Practice units (PU) can earn a maximum of 5% VBR by screening BCBSM Commercial PPO and MAPPO patients and capturing screening results. This can be completed in one of two ways; PU is included in date file submitted to MiHIN (Epic offices/Hoover) or PU bills SDoH diagnosis codes (Z codes, billable codes in the Z55-Z65 range).
- Non-Epic users will need work with their EHR vendor to create a file to submit.
- To be eligible for the uplift at least one provider attributed to the PU bills SDoH diagnosis codes for 2% of BCBSM patients with a claim for a wellness visit between 1/1/2022 and 6/30/2022. (SM)

- Why?
  - Success Stories

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- Cass City Family Practice
  - RHC, 3 full-time providers, 1 physician and 2 APPs
  - 2023: 1,200 pts; roughly 8,500 office visits
- 73 yr old female
  - Food insecurity
  - Did not qualify for assistance due to income
  - Food Banks

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- 52 year old female
  - Living in a tent
  - Human Development Commission
  - Resides in an Apartment

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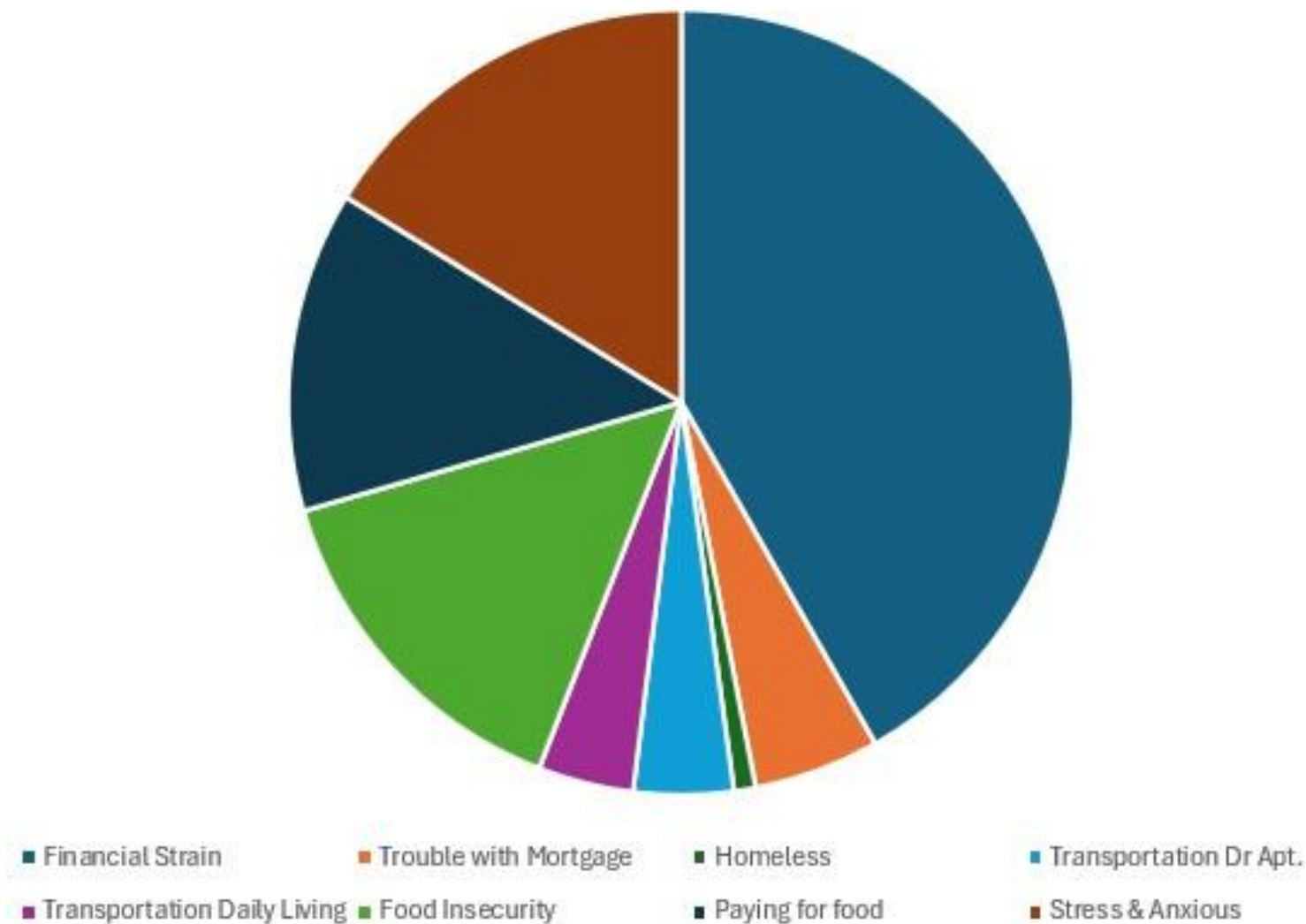
- Staff Pushback?
  - Yes, initially – forms are lengthy, takes longer to room patient
- Patient Pushback?
  - Yes
    - Some patients felt the government wanted to much information about them
  - Now?
    - Patients have the right to decline
    - Transparency



# ASPIRE RURAL HEALTH SYSTEM

- Cass City Family Practice 2023 Results : Financial Strain, Stress & Anxiety

Positives on Social Determinants of Health "SDoH" Questions



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## Citations

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 06.07.2024, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Centers for Disease Control and Prevention. (2024, January 17). *Social Determinants of Health (SDOH)*. Centers for Disease Control and Prevention. <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>