Aligning for Social and Health Needs in the Community

Susan Fuehrer, MetroHealth Responses to Participant Questions

Participant Questions

Community Needs Assessments and Screening Tools

- What tools do you use to address community needs? What is the role of the community health needs assessment in this work? How does the needs assessment play a role in hotspotting or identifying geographic inequities or health needs?
    - The Center for Health Affairs, local hospital association, leads the community needs assessment in Cleveland and all health systems participate facilitating the identification and action for addressing inequities and health needs. It is a terrific collaborative effort and led to community-wide with CMS' Accountable Health Communities and soon to be implemented Collaborative Approach to Public Goods Investments (CAPGI) both led by United Way.
- What types of screening tools do your organizations use?
    - The MetroHealth system uses Epic's foundation SDOH screening questions supplemented with tailored questions such as digital connectivity and quality of housing. We also screen for ACEs. Some patients also are screened using CMS' Accountable Health Communities screening tool which has some overlap; but, the two tools are not exactly the same.
- How have you integrated screening for social needs into the workflow during patient visits?
    - The MetroHealth System starts with screening via MyChart a week or so prior to the face to face or telehealth visit. Our care coordinators and care navigators also screen our most vulnerable patients over the phone. We started piloting screening in the outpatient clinics just prior to COVID. It was put on hold but we recently we have started it again using medical assistants.

Community Information Sharing, Referral Management, and Population Health Tools

- Do you provide a community information system for the participating community-based organizations to share data, to coordinate services, and to manage referrals?
    - Cleveland convened a community-wide committing including healthcare systems, FQHCs, CBOs, United Way and other interested parties to evaluate electronic, closed-loop referral systems. There are many great systems available and technology is advancing at a rapid pace. Three important features for The MetroHealth System were: 1) availability of master patient index which creates one file for every "patient" for the entire community. 2) No cost for CBOs. 3) Robust reporting analytics and integration with the EHR for management as well as evaluation and research.
- Have you been able to connect electronic health records to records from community providers, organizations, other key stakeholders to address SDOH?
    - The vendor The MetroHealth System selected, Unite Us, offers an electronic platform to share important information among key community stakeholders working to address SDOH to supplement the HIE among health systems. We just implemented Unite Us and we will see over the coming weeks how easily we can share information in accordance with privacy policies.
- How have you addressed privacy concerns in sharing data with community-based organizations?

- The MetroHealth System obtains consent for all referrals shared with community-based organizations.
- Does your organization use a population health management technology system?
  - The MetroHealth System has a robust Population Health Innovation Institute with "in-house" technology and to date, has not joined with population health management technology system.

Services

- How do you determine who is eligible for any of your initiatives or social needs services?
  - The MetroHealth System is an essential public health system and we strive to help anyone in need.
- How has your use of community benefit dollars changed with an increased focus on social needs (e.g., move from health fairs to housing, food insecurity efforts, etc)
  - The MetroHealth System examples include:
    - Establishing a high school in our hospital.
    - Committing to reduce the digital divide by convening partners and providing affordable, high speed internet to 1,000 households in our community.
    - Constructing an Economic Opportunity Center that will house an education Access Center in partnership with Cuyahoga Community College, as well as community organizations to address housing, legal, and other needs.
    - Building affordable housing in the neighborhood.

Evaluation and Impact

- What metrics are you all measuring to track progress? How did you choose those metrics and how long does it take to make noticeable impact?
  - The Institute for H.O.P.E.™ at The MetroHealth System collaborates with clinicians, sociologists and other researchers to safeguard data drives our work. Metrics vary and often include HEDIS and other common clinical metrics. For interventions, like addressing the digital divide, we are working with researchers to determine impact not exclusively on health outcomes but on improved financial wellness, education and social connection.