

Substance Use Disorder and Social Determinants of Health

Operations



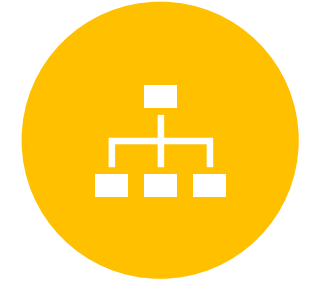
Action Period SCR Operations



DETERMINE SCR TEAM:



WHO WILL BE IN
ATTENDANCE FOR THE
TEAM MEETINGS ?



LOGISTICS OF TEAM
MEETINGS REPORTING
FORMAT (SBAR OR OTHER)



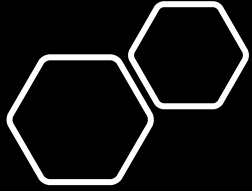
TEAM DECISION ON ORDER
OF PATIENT REVIEW IE
INITIAL TO FOLLOW-UP



FREQUENCY



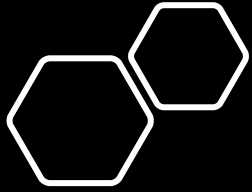
BILLING AND
DOCUMENTATION



Social Determinants of Health and Correlation with Substance Use Disorder

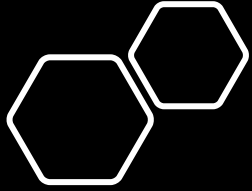
Adverse health consequences of:

- Low socioeconomic status
- Homelessness
- Incarceration among drug users



Socioeconomic Status (SES) A Fundamental Cause of Disease

- Affects other social factors, such as access to resources or discrimination
- Rates of morbidity and mortality decrease directly and proportionately with each increase in level of income or education
- Evidence shows an association between occupational status and heart disease mortality educational status and disease prevalence, and income and all causes of mortality

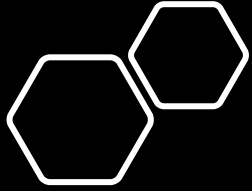


Socio- Economic Status Factors

Factors that may affect access to health care include minority status, low educational attainment

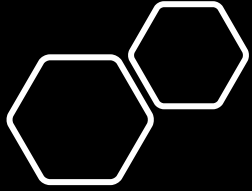
And Injection drug use, have been shown to contribute to differences in health status among people with HIV

- Factors such as poor access to risk-reduction, information and differences in quality of information received may play a role in stratifying health risk within groups of Injection Drug Users (IDU's)
- IDUs do not receive appropriate preventive care, have limited access to medical care, and frequently receive substandard medical care.



Homelessness

- IDUs make up a significant proportion of the homeless in the United States
- Homelessness likely influences the well-being of IDUs
- Homeless people are poor; tend to practice few, if any, risk-reduction behaviors; and tend to engage in high-risk behaviors
- Mental illness, high among the homeless
- Homelessness also limits users' access to appropriate drug treatment
- Homeless IDUs are not likely to have medical insurance



Incarceration

- The number of inmates in the U.S. correctional system has increased from less than 500,000 in 1980 to roughly 1.9 million in 1999
- Inmates are overwhelmingly ethnic minorities (54% are African American or Hispanic)
- The high increase in the jail and prison population is partly due to a nationwide public policy of mandatory sentencing for drug offenders

Incarceration Challenges

- Prisons can benefit inmates by offering access to diagnosis and treatment, but they concentrate people, which heightens risk behavior and thus the transmission of infectious diseases
- The common cycle of incarceration release and reentry particularly among people of lower SES, increases morbidity and mortality for incarcerated drug users
- Limited availability of primary prevention resources (such as condoms and bleach), poor medical screening at admission, and limited ongoing mental health services are barriers to public health interventions
- One study showed a high likelihood of drug related death immediately after prison release

Opioid Crisis: No Easy Fix to Its Social and Economic Determinants

- The accepted wisdom about the US overdose crisis singles out prescribing as the causative vector
- Overreliance on opioid medications is emblematic of a health care system that incentivizes quick, simplistic answers to complex physical and mental health needs.
- We trace the crisis' trajectory through the intertwined use of opioid analgesics, heroin, and fentanyl analogs, and we urge engaging the structural determinants lens to address this formidable public health emergency

PRAPARE SDOH Tool

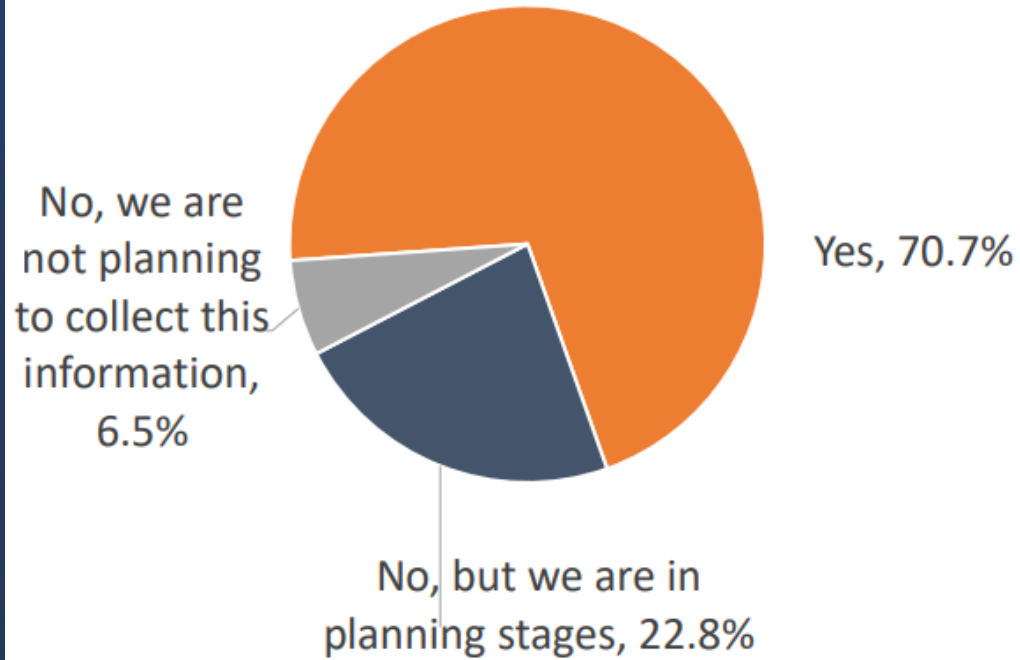
PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences
 Paper Version of PRAPARE for Implementation As of September 2, 2016

Personal Characteristics			
1. Are you Hispanic or Latino?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	
2. Which race(s) are you? Check all that apply.			
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American		
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native		
Other (please write):			
<input type="checkbox"/> I choose not to answer this question			
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	
7. What is your housing situation today?			
<input type="checkbox"/> I have housing			
<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)			
<input type="checkbox"/> I choose not to answer this question			
8. Are you worried about losing your housing?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question	
9. What address do you live at?			
Street: _____			
City, State, Zipcode: _____			
Money & Resources			
10. What is the highest level of school that you have finished?			
<input type="checkbox"/> Less than high		<input type="checkbox"/> High school diploma or	

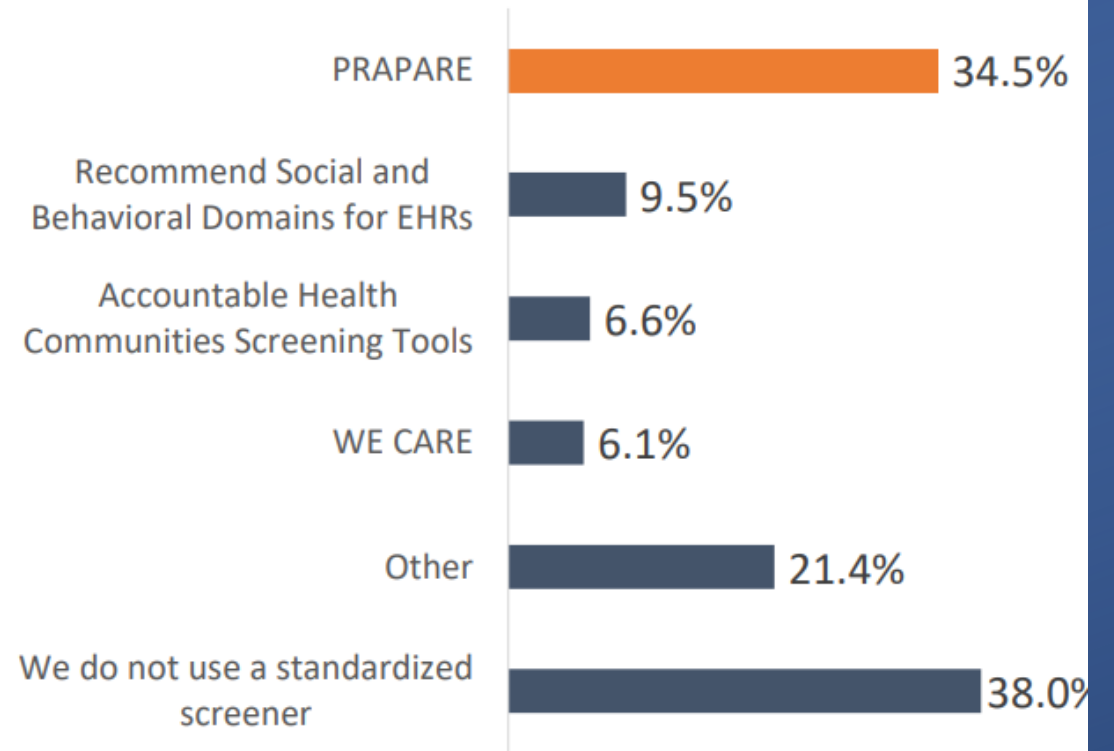
- Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences

National SDOH Screening 2019

Does your health center collect data on individual patients social risk factors, outside of the data reportable in the UDS?



Which standardized screener(s) for social risk factors, if any, do you use?



Why use PRAPARE to Collect SDOH?

- **STANDARDIZED and WIDELY USED**
 - Measures Linked with standardized codes (ICD-10, LOINC, SNOMED)
 - Dominant SDOH risk screening tool used by health centers and Medicaid managed care organizations
- **EVIDENCE-BASED and STAKEHOLDER-DRIVEN**
 - Developed and tested by health centers
- **FREE EHR Templates**
- **FREE PRAPARE Implementation and Action Toolkit**
 - Accompanying resources, best practices, & lessons learned to guide users on PRAPARE implementation
- **WORKFLOW AGNOSTIC**
 - Can fit within existing workflows and be combined with other tools/data in a variety of settings
- **PATIENT-CENTERED and ACTIONABLE**
 - Meant to facilitate conversations and build relationships with patients
 - Standardize the need rather than the question

Value-Add Opportunities to Leverage PRAPARE Data

Delivery System Transformation Activities (VBP, Shared Savings, etc.)

Payment Reform Efforts

Payers Interested in Social Determinants Data Collection (e.g., Medicaid, private, etc.)

PCMH and QI Initiatives

Data Sharing and Aggregation Opportunities (e.g., HIE, CIE, etc.)

State Foundation Interests in Social Determinants or Related Topics (Opioids, etc.)

Community Health Worker Initiatives

Quality Incentives that Reward for Social Determinant Data Collection



EHR Templates

FREE EHR Templates Available:

- ✓ NextGen*
- ✓ eClinicalWorks
- ✓ athenaPractice (formerly GE Centricity*)
- ✓ Epic
- ✓ Cerner*
- ✓ Greenway Intergy
- ✓ Athena

Available for FREE after signing
EULA at www.nachc.org/prapare

* Automatically map to ICD-10 Z codes so you can easily add relevant Z codes to problem or diagnostic list

• In Development:

- ✓ Allscripts
- ✓ Meditech



70% of all health centers



Current 7 + New EHRs =
85-95% of all health centers

Recorded demos of each PRAPARE EHR
template available at
www.nachc.org/prapare

PREPARE SoDOH
- SUD



AWARENESS AND CORRELATION
OF SCREENING AND SUD

SoDOH Screening Workflows

When is screening happening in the clinics?

Who completes the screening?
Familiarity, comfort level, and training for those screening?

What happens when there is a positive response? (Who acts on it)?



Action Period

Identify the Status of SoDOH screening and SUD screening in the clinic

Review the workflow creation or refining current status to include SUD and SoDOH.





Questions and Updates

Sharing progress with the Share Point site

PRAPARE electronic integration for electronic medical record.

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Next presentation:

- April 16: 10 am to 12 noon
- Topic: Psychiatric Comorbidities in Buprenorphine Management
- Presenter: Dr. Edward Jouney