From: <u>Matthew Mitchell</u>
To: <u>Metrics Questions</u>

Subject: Public Comment on the SDOH measure development

Date: Thursday, February 11, 2021 12:50:54 PM

Think twice before clicking on links or opening attachments. This email came from outside our organization and might not be safe. If you are not expecting an attachment, contact the sender before opening it.

I was member of the SDOH measure concept workgroup as well as a member of the screening tools subcommittee. In addition to the final report, I want to emphasize a two issues that came up in workgroup discussions:

Implementation

While the goal of having painting a state-wide picture of social needs among OHP members is important, it is equally important that attention is paid to on-the-ground implementation of social needs screenings. In particular, information about social needs is relevant to healthcare providers, population health coordinators, and social service staff throughout the care continuum, so robust information sharing processes and technologies are essential. It is not sufficient for CCOs to screen their members for social needs and do nothing more than report the data to OHA. Accurate, up-to-date social needs information should be available in all care settings (including community-based social service organizations). Additionally, robust information sharing will help prevent the potential trauma of unnecessary re-screening.

Measurement

Measuring social needs in a way that enables aggregation requires some degree of standardization. However, standardization is in tension with real-world implementation. There are numerous screening tools (both standardized and home-grown) in use throughout Oregon. The way these tools ask about social needs in the three recommended domains (food insecurity, housing insecurity, and transportation) is not entirely consistent. Despite the difficulty that these inconsistencies present to aggregating the data, leveraging tools and processes that already exist is preferable to insisting on a high-degree of standardization. In this way, I recommend that concerns about measurement take a backseat to issues of implementation.

It was a pleasure participating in the workgroup, and I hope that OHA moves forward with the SDOH measure concept we are recommending.

Best.

Matthew Mitchell
Data Analytics Manager
Central City Concern
11 NW 5th Ave. Portland. OR 97209

Pronouns: he/him/his

www.centralcityconcern.org

Visit our <u>blog</u>
Like us on <u>Facebook</u>
Follow us on <u>Twitter</u>
Follow us on <u>Instagram</u>
View new videos on our <u>YouTube</u> channel.
To sign up for the CCC e-newsletter, click <u>here</u>

The information contained in this message may be legally privileged and confidential and is intended only for the use of the designated recipient. Any review, dissemination, distribution, or copying of this message by anyone other than the intended recipient is prohibited. If the reader has received this communication in error, please notify the sender of this message and destroy the original message. Central City Concern recognizes that encrypted e-mail is insecure and does not guarantee confidentiality. The confidentiality of replies to this message cannot be guaranteed unless the replies are encrypted.

If this email contains information related to the diagnosis, referral, and/or treatment of substance dependence or abuse: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.