
Follow-Up Friday: Community Information Exchange (CIE) & Other Platforms

June 23, 2023

Social Determinants of Health (SDOH): Social Needs Screening & Referral Measure Technical Assistance



ORPRN
*Oregon Rural Practice-Based
Research Network*



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Welcome and Introductions

In the Zoom chat, please introduce yourself with the following:

- Your name & pronouns
- CCO
- What do you love most about this time of year?

★ Please include your CCO in your Zoom Name.

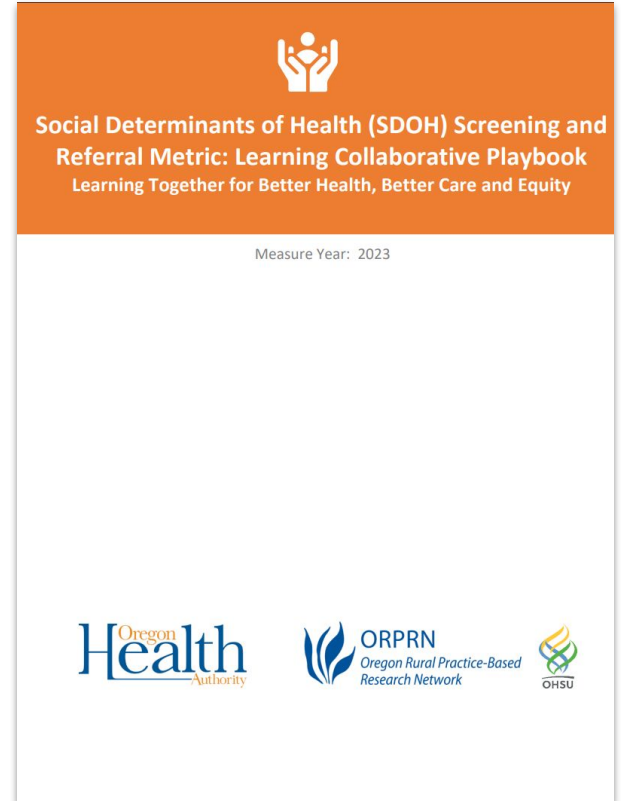
Follow-Up Friday Introduction

- An opportunity to share progress and processes with colleagues
- Address questions and learn from one another
- Everyone is in different places with this measure – the goal is to meet each other where we are and offer ideas and support to move forward

CCO Learning Collaborative (LC) Playbook

- The LC Playbook is an *optional* tool that can be utilized to:
 - Work through each component of the Measure Year 2023 must-pass elements
 - Identify current achievements & potential barriers
 - Strategize & problem-solve internally

★ [CCO LC Playbook Spotlight: Infrastructure \(CIE\) Worksheet](#)



Frequently-Asked Questions (FAQ) Release

- Oregon Health Authority (OHA) & Oregon-Rural Practice-Based Research Network (ORPRN) have gathered questions from CCOs & partners regarding the SDOH Screening & Referral Metric
- **The Frequently-Asked Questions (FAQ) document** address questions related to SDOH Screening & Referral Metric must-pass elements

★ [SDOH Screening & Referral Metric FAQ](#)

The thumbnail shows the cover of a document titled "SDOH Screening & Referral Metric Guide for CCOs". The cover features the Oregon Health Authority logo in the top left corner. The title is in a green header bar. Below the title, it says "Updated April 2023". The main heading is "SDOH Screening & Referral Metric FREQUENTLY ASKED QUESTIONS". There are two columns of text: "Background" and "Definitions". The "Definitions" column includes "Social Determinants of Health (SDOH)", "Social Determinants of Equity", and "Health-Related Social Needs (HRSN)". At the bottom, there is a note about the purpose of the FAQ and contact information for questions.

Oregon Health Authority **SDOH Screening & Referral Metric Guide for CCOs**
Updated April 2023

SDOH Screening & Referral Metric FREQUENTLY ASKED QUESTIONS

Background

In 2015 Oregon started exploring the possibility of an incentive measure focused on social determinants of health (SDOH) by developing a clinic-level food insecurity screening measure, which was considered but not adopted by the Metrics & Scoring Committee (MSC). In 2018 the Oregon Health Policy Board identified recommendations for the next coordinated care organization (Coordinated Care Organization) contract or Coordinated Care Organization 2.0. Per direction from the Governor those recommendations included a specific focus on addressing SDOH and health equity.

In 2018, with support from community-based organizations, the measurement governing bodies — the Metrics & Scoring Committee (MSC) and the Health Plan Quality Metrics Committee (HPQMC) — revisited the idea of a broader, plan level SDOH measure that would include, but not be limited to, food insecurity. The MSC requested that the Oregon Health Authority develop a measure concept that includes social needs screening completion and reporting of data, and possibly referral data. In response to these requests and priorities, Oregon Health Authority started the process of developing a broader social needs screening measure concept in 2019 and convened a public work group in 2020 which led to a screening measure pilot program in 2021. The measure passed in 2022. CCOs began measure implementation in January of 2023.¹

The purpose of this FAQ is to address questions related to SDOH Screening & Referral Metric must-pass elements and describe how CCOs might implement the measure. Additional guidance and technical assistance can be found on [OHA's SDOH Incentive Metric webpage](#).²

This FAQ will be updated as additional questions are addressed. Please email questions to Metrics.Questions@odhsopa.oregon.gov.

Definitions

Social Determinants of Health (SDOH): The social, economic and environmental conditions in which people are born, grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities.

Social Determinants of Equity: Systemic or structural factors that shape the distribution of the social determinants of health in communities.

Health-Related Social Needs (HRSN): An individual's social and economic barriers to health, such as housing instability or food insecurity.

TA Recap: CCO Use of CIE



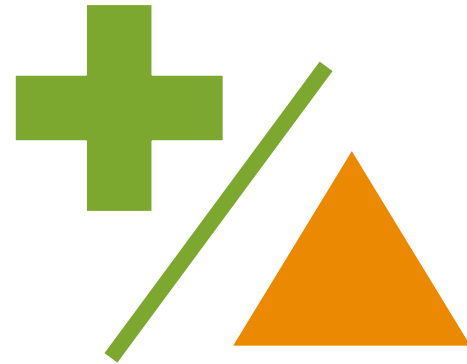
Themes

- **Leveraging CIE to meet metric elements & support related efforts**
 - Referrals being made & rejected
 - CIE collection of REALD data to meet OHA reporting requirements
- **Addressing barriers to CBO engagement**
 - Highlight benefits of CIE use to CBO partners
 - Provide ongoing technical assistance for CIE adoption
- **Utilizing CIE from screeners' perspective**
 - Implementing CIE into screening workflows

CIE Roundtable Discussion

Overall TA Feedback – Plus & Delta

- **Webinars/Learning Collaboratives/Follow-Up Fridays**
 - Screening Practices
 - Referral Practices & Resources
 - Data Collection & Sharing
 - CIE & Other Platforms
- ★ **CCO LC Playbook**



Next Steps

- [Review the Infrastructure \(CIE\) Spotlight Worksheet in the LC Playbook.](#)
- Review past TA event recordings on the OHA Transformation Center Website - [SDOH Screening and Referral Metric](#)

Upcoming Technical Assistance (TA) Opportunities

- Continued 1:1 TA support
- TA needs assessment: Part 2
- Future collective learning opportunities
- Contact **Claire Londagin** (londagin@ohsu.edu) for one-on-one TA