Learning Collaborative (LC) 2: Protocols & Practices to Prevent Over-Screening

November 13, 2023

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

Oregon Health Authority

Welcome & Introductions

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

- Your name & pronouns
- CCO
- What are you hoping to learn from today's Learning Collaborative?

★ **Please include your CCO in your Zoom name**

Learning Collaborative Goals

- Provide venue for shared learning
- Identify and share promising approaches to metric implementation
- Discuss barriers and strategies for overcoming barriers
- Identify individual technical assistance (TA) needs

★ **We encourage you to have your cameras on if possible, especially in the breakout groups**

LC 2: Today's Topics & Goals

Today's Topics:

- Metric requirements around over-screening prevention
- Social health integration into population health strategy
- CCO Panel: strategies, protocols, practices to prevent over-screening
- Breakout discussion

Today's Goals

- CCOs understand best practices on social need screening frequency
- CCOs share strategies on how to approach over-screening prevention

Metric Specifications: Over-Screening & Frequency

Element 8 – Establish Written Protocols to Prevent Over Screening

Intent: CCOs establish, implement and maintain processes to prevent over-screening. Over-screening, may occur if a member is asked to complete screening processes multiple times and in multiple settings in a relatively short period, such as several months.

Examples of activities meeting this element: The CCO uses its data about where members are screened, works with partners to identify situations when members are most likely to be over-screened, and develops strategies to avoid potential harm. The strategies are reflected in protocols that are distributed to the CCO's partners. **Strategies might include:**

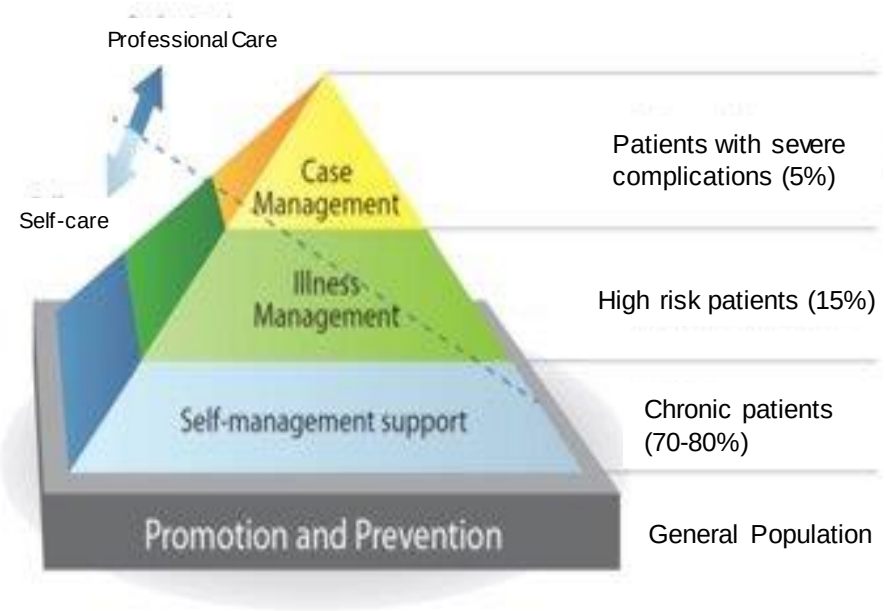
- **Technology:** Use of data sharing to check CCO members' social needs screening history prior to conducting a new screening
- **Processes:** Screening at the household level if, for example, a parent or guardian answering the screening questions indicates that the answers are applicable to multiple children in the household
- **Training resources:** Empathic inquiry or other motivational interviewing techniques to determine members' comfort level and history with being screened for unmet social needs

Poll

Social Health Integration into Population Health Strategy

Could a population health management approach to screening practices help ensure the appropriate screening frequency while supporting the Triple/Quadruple Aim?

Population Health Management: The concept of gathering data and insights about population health and well-being across multiple care and service settings, with a view to identifying the main health and social needs of the community and adapting services accordingly. (Deloitte Centre for Health Solutions, 2019)



Source: Kaiser Permanente, adapted

Check-In

What does population health segmentation have to do with over-screening?

- Members with complex health and social needs requiring case management
- Illness management: preventing relapse or readmission
- Members with certain chronic disease concerns are vulnerable to inadequate food, housing and transportation
- Annual screenings for general population – opportunity and appropriateness for more scaled approaches?

Other Considerations: Patient Preferences

Other factors to consider may include:

- Cultural preferences
- Age and generational preferences
- Geographic differences
- Health & social complexity
- Pediatric screening
- Community input from sources like community advisory councils

Discussion Kickoff

Meg Wills, Care Oregon

Jessica Weber, Trillium CCO

Breakout – Practices to Prevent Over-Screening

You will be randomly assigned a breakout room. In your breakout rooms, you will have **20** minutes to discuss:

- Considering what you learned today, how is your CCO approaching over-screening, and how does population health segmentation strategy fit into that?

★ **Please designate one colleague from your breakout group to take notes & share at least 1 takeaway with the large group**

Share Out & Group Discussion

Next Steps

★ September FAQ Release

★ Transportation Guidance Document – Coming Soon!

Upcoming Metric TA Opportunities

- **Office Hour –** REALD data use, systems, & policies
  - December 13, 2023, 10 a.m. PST – Registration Link
- **Café Connect** – Payment Arrangements for Social Need Screening & Referral
  - January 23, 2024, 1 p.m. PST – Registration Link
- Contact **Claire Londagin** (londagin@ohsu.edu) for **1:1 TA**

Measure Contacts

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2023 – 2024 SDOH Metric TA Structure

Café Connect Event Series

Audience: CCOs, CBOs, & clinical providers

- Hear from experts in the field
- Opportunity for CCOs, CBOs, and providers to engage in dialogue

Upcoming Topic: (Jan 23)
Payment Arrangements for Social Need Screening & Referral
– **Register Here**

Bi-Monthly Office Hours

Audience: CCO Measure Leads

- Talk through questions with TA providers and other CCOs
- Structured resources on a specific topic area

Upcoming Topic: (Dec 13)
REALD data use, systems, & policies– **Register Here**

Learning Collaboratives (LCs)

Audience: CCO Measure Leads

- Share strategies and learn from one another
- Topics will center high priority needs and metric must-pass elements

Upcoming Topic: (Feb 29)
Social Needs Screening Training & Resources
– **Register Here**

Individualized Technical Assistance

- One-on-one technical assistance is available to all CCO staff responsible for metric implementation
- Support tailored to the needs of individual CCOs
- Contact **Claire Londagin** (londagin@ohsu.edu) for individualized TA