SDOH IMPACT IN CANCER CARE

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Memorial Healthcare System

AGENDA

MEMORIAL HEALTHCARE SYSTEM | WHO WE ARE

Memorial Healthcare System

Our Mission:
Heal the body, mind and spirit of those we touch

Located in South Florida, Memorial Healthcare System is the fourth largest public, not-for-profit, safety net healthcare system in the nation, and includes:

6	11	2	1	1	16,000+	340+	1,800+
Hospitals	Primary Care Practices	Urgent Care Centers	24/7 Emergency Care Center	Nursing Home	Employees	Employed Physicians	Voluntary Medical Staff Physicians

Memorial also has affiliations with: ***Home Health, Hospice, Private Duty***

COMMITMENT TO HEALTH EQUITY

At Memorial, we are committed to addressing systemic, institutional health inequities so that our patients receive equitable care, and every patient can “attain their full health potential.”

Moving Your Health Forward »

Memorial's Mission:
Heal the body, mind and spirit of those we touch.

Memorial Value-Based Care

SOCIAL DETERMINANTS OF HEALTH

30% Health Behaviors

- Tobacco - Sexual Activity
- Alcohol - Diet/Exercise

40% Social Factors

- Education - Family/Social Support
- Employment - Community Safety
- Income

20% Clinical Care

- Medical & Clinical Interventions

10% Environment

- Air & Water Quality
- Housing & Transit

- Good medical care alone is not sufficient for ensuring better health outcomes
- SDoH are influenced by policies, systems & environments
- Healthcare systems must adopt a new culture that values SDoH
- Collaboration with community partners
- Listening and understanding the needs of the communities we support

NATIONAL MANDATES

The Joint Commission

New Requirements to Reduce Health Care Disparities Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs.

CMS

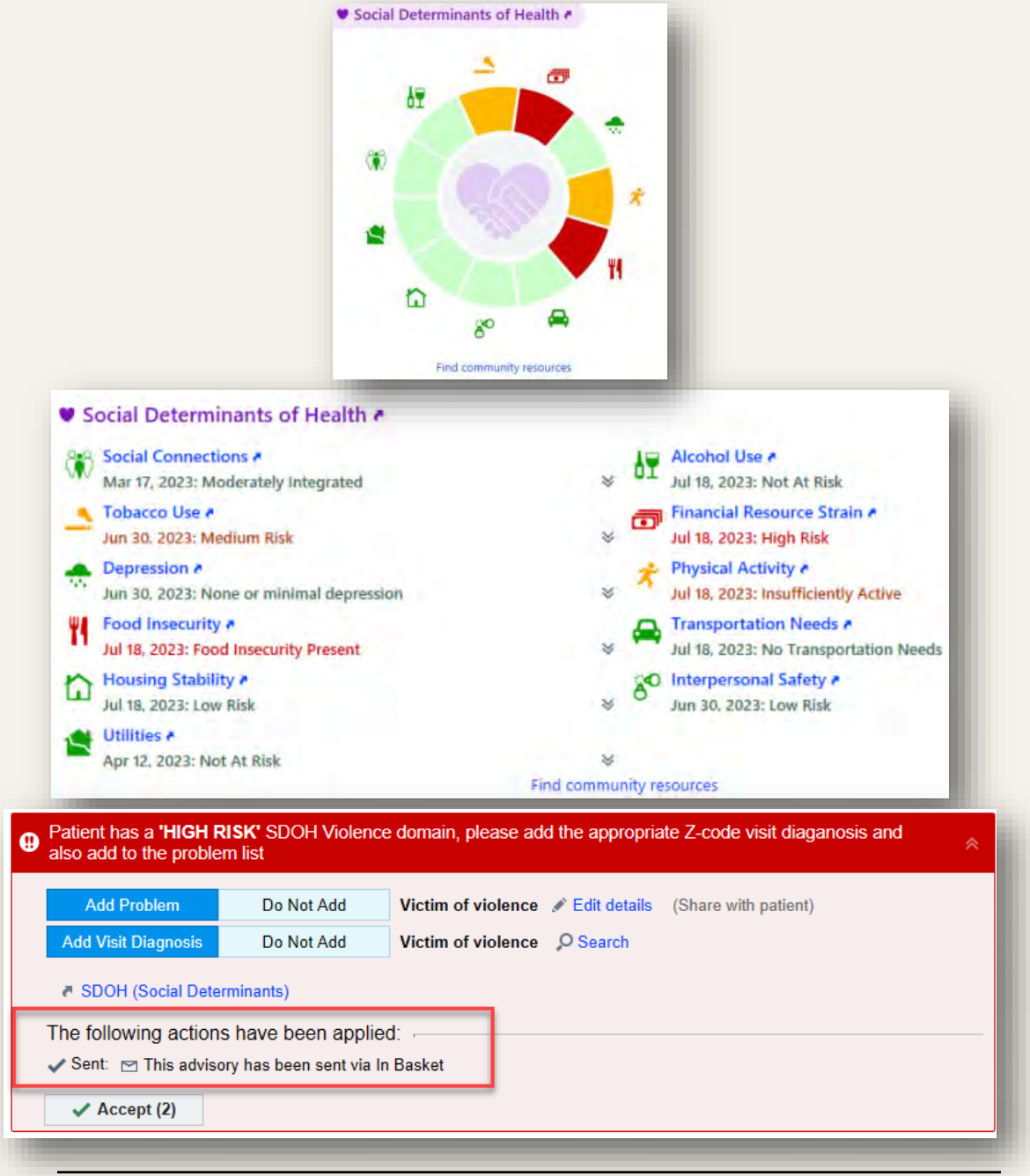
Hospital Commitment to Health Equity – beginning CY 2023 reporting period – attestation based structural measure that assesses a hospitals commitment to health equity: data collection, data analysis, equity is a strategic priority, QI, leadership engagement – must be "yes" to all in the domain to receive a point. Hospitals will need to determine if they can attest to each domain.

SDOH JOURNEY

From Technology to Wellness

SDOH JOURNEY

- 2018 - Established SDoH technology infrastructure
- 2018 - Standardized Adult SDoH Assessments
- 2019 - Developed SDoH data analytics
- 2019 - Commitment to SDoH assessments & follow-up in Population Health, Oncology & Primary Care
- 2020 – Integrated FindHelp.org – resource library
- 2021 – Started submitting SDoH Z Codes via claims
- 2021 - Standardized Pediatric SDoH Assessments
- 2021 – Commitment to Health Equity – hired a Chief DEI Officer
- 2022 – Developed Health Equity Diversity & Inclusion Council
- 2023 – Developed Memorial SDoH Standard Practice
- 2023 – Created an SDoH Hub



MAKING SDOH A STANDARD PRACTICE

- SDOH standard practice provides staff with the **proper procedure** for the collection of SDOH data, as well as the **workflows** on how to connect patients with **community resources**.
- Selecting the SDOH domains in the standard practice and setting up workflows is key to adoption:
  - Alcohol
  - Depression
  - Food Insecurity
  - Housing Stability
  - Interpersonal Safety
  - Physical Activity
  - Social Connections
  - Tobacco
  - Transportation
  - Utilities

SDOH FOLLOW UP

- SDoH assessments that screen positive should result in an immediate intervention
- Less complex referrals are handled by the department social workers
- All interventions should have a follow-up
- Is the patient/family satisfied with their care?
- Did the interventions provide the desired support?

SDOH Hub

- Complex SDOH needs are referred to the SDoH Hub in Community Services (e.g., Housing, financial support)
- Patients receive timely interventions from social workers/case managers via home visits
- Patients can be referred to local community resources

CONNECTING PATIENTS WITH RESOURCES

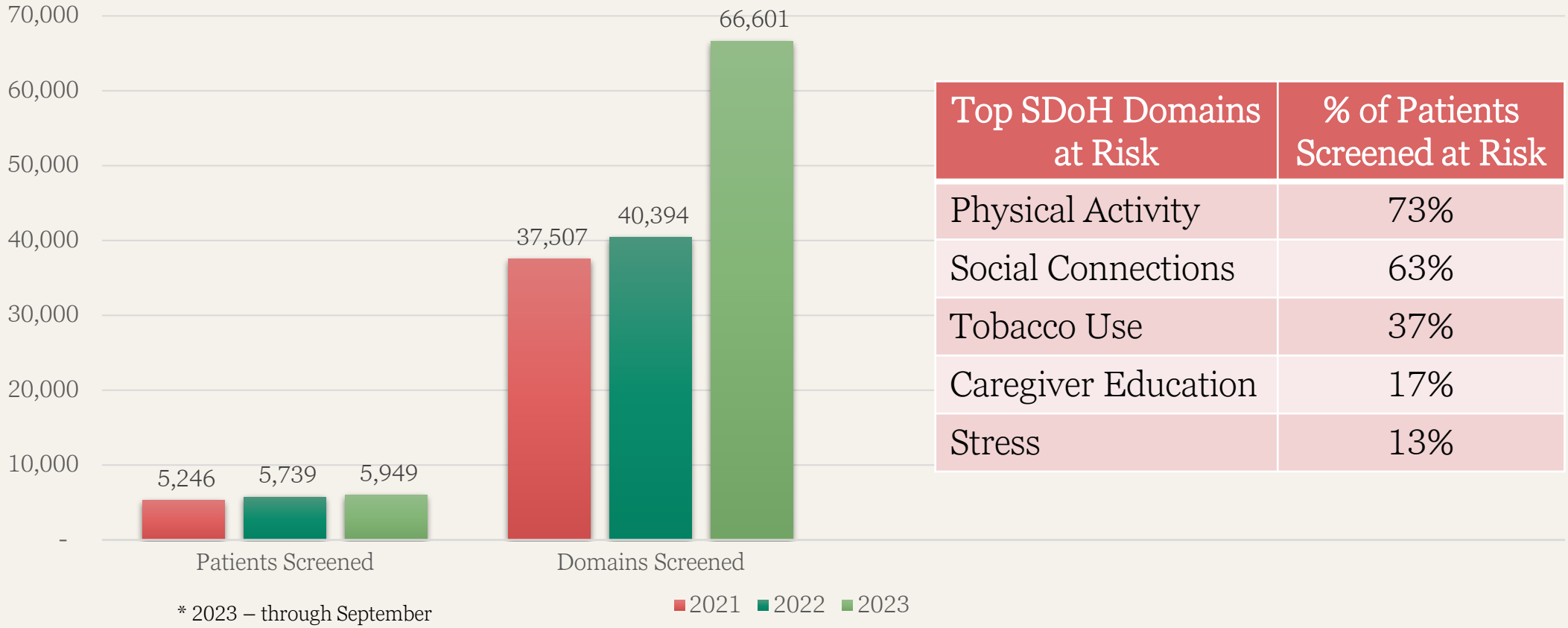
- Consider connecting with FindHelp or UniteUs or another vendor that will connect you to community resources in your EHR – this is for the *Non-emergent needs*
- For alcohol, depression or social connections, consider a referral to social work or Outpatient Behavioral Health services
- SDOH Hub

With FindHelp.org, the "**Find Community Resources**" link will identify resources located near patients.

DATA ANALYTICS

Measuring Interventions

MEMORIAL CANCER INSTITUTE PATIENTS SCREENED



* 2023 – through September

Top SDoH Domains at Risk	% of Patients Screened at Risk
Physical Activity	73%
Social Connections	63%
Tobacco Use	37%
Caregiver Education	17%
Stress	13%

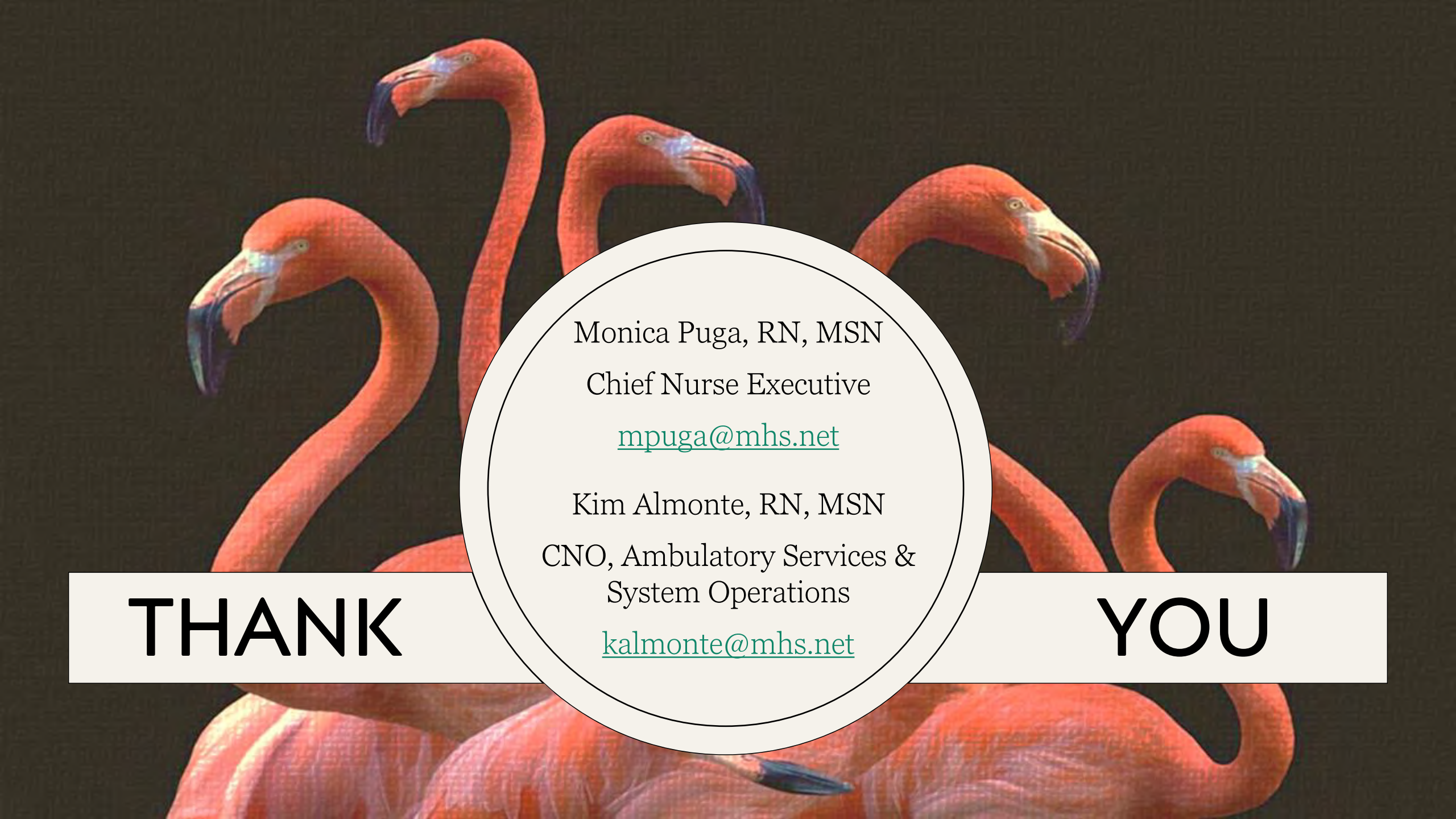
AREAS OF FOCUS

RESULTS

- Continue building a trusting relationship with patients/families
- Increased patient & family satisfaction
- Reduction of avoidable ED visits
- Reduction of avoidable re-admissions
- Increased submissions of SDoH Z codes to payers

WHAT'S NEXT

- Collaborate with CMS to measure SDoH Risk
- Expand Standard of Practice to include SDoH assessments at all points of care – Acute & Ambulatory
- Increase education & awareness of importance of SDoH
- Tie interventions to outcome metrics



THANK YOU

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