National Resource Center

FOR PATIENT/FAMILY-CENTERED MEDICAL HOME

Social Determinants of Health (SDoH) Screening for Children and Youth with Special Health Care Needs (CYSHCN)

Action Learning Collaborative (ALC)

Between October 2019 through May 2020, the National Resource Center for Patient/Family-Centered Medical Home (NRC-PFMCH) implemented a virtual ALC quality improvement project that addressed SDoH screening, referral, and follow up for CYSHCN and their families. Four state teams were recruited for the project; each comprised a state Title V Maternal and Child Health / CYSHCN director, a representative from the local American Academy of Pediatrics (AAP) chapter, a Medicaid representative, a family partner, and a pediatrician.

Overall ALC Results

- Patients screened for SDoH improved from 3% to 55%
- Discussion of screening results with families improved from 3% to 61%
- Referrals to community resources for positive screens improved from 13% to 70%
- Identified family strengths and protective factors improved from • 41% to 66%
- Access to patient/family-centered care increased from 70% to 79%

Acknowledgemen

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A Systemic Approach to Implementing Social Determinants of Health Screening

Jamie Jones, MPH

Partnerships Utilized for SDoH Screening, Referral, and Follow-Up

State AAP Chapter

State AAP chapters are a great way to connect with pediatricians in the state to discuss the importance of SDoH screening as part of well child visits for CYSHCN and family-centered care. One participating ALC state's AAP chapter served as the lead for the project, building on a very strong medical home program led by the chapter. By tracking SDoH screenings at a small rural clinic and very large urban practice, the team found a wide variation in types of referrals for urban versus rural families.

Medicaid

Medicaid plays a critical role for families of CYSHCN to ensure children receive all required critical care. One participating team used the ALC to collect data to show the importance of SDoH screening, referral, and follow up for families of CYSHCN during well-child visits in order to build the partnership between Title V and Medicaid, and to advocate for policy shifts and increased funding to support SDoH efforts.

Family-to-Family Health Information Center (F2F HIC)

The family is the center of the medical home model of care. One team partnered closely with their state's F2F HIC to serve as the main referral site for families with positive screens. Though the team found this model would not be sustainable when scaling up SDoH screening and referral efforts in the state, the F2F HIC is an important partner and great resource for Title V when developing state-wide procedures for SDoH screening and referrals, in addition to gaining knowledge on resources available for families throughout the state to address positive SDoH screens.

Community Organizations

• Without a referral source for positive SDoH screens, the screening process does not serve families of CYSHCN. One participating team determined the state's regional care coordination program to be the best conduit between families with positive screens and connecting to resources in the community. By working with regional care coordinators, families were connected to resources to address their specific needs and the care coordinator was able to document the screening, referral, and follow-up in the electronic medical record. Documentation emerged as a key pain point for SDoH screening, referral, and follow up.



American Academy of Pediatrics

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Collaboration Strategies for Title V and Medicaid

Connect and Engage with Families

• Title V's strong partnerships with families make them a valuable resource to Medicaid to help share challenges and opportunities that families of CYSHCN face related to SDoH. Title V programs can also connect parent partners and family organizations to Medicaid to contribute to conversations surrounding SDoH.

Share Data

Title V may have access to data sources from their programs that Medicaid may find helpful in identifying CYSHCN who may benefit from SDoH screenings.

Communicate and Disseminate Information

Title V is a great partner to spread the word about the importance and benefits of SDoH screenings to families, pediatricians and other providers and Medicaid health plans.



For more information on SDoH:

National Resource Center for Patient/Family-Centered Medical Home: www.medicalhomeinfo.org



