



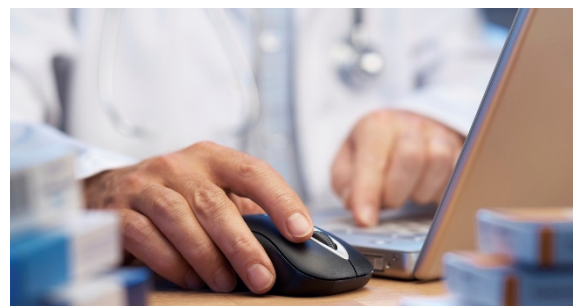
## Workflow Modifications: Actions Your Practice Can Take to Improve Social Determinants of Health Assessment

As an active participant in our Hypertension, Diabetes and Cholesterol project, Quality Insights is requesting that your practice **implement at least ONE workflow improvement related to social determinants of health (SDOH) assessment.**

Quality Insights is available to support your workflow modification efforts – **at NO COST to your practice.** Please contact your Quality Insights Practice Transformation Specialist if any of the below workflow modifications and/or training opportunities are of interest to your practice.

### Electronic Health Record (EHR) Actions

- Assess your EHR's capability of running reports based on clinical quality measures. Determine ability to report at race and ethnicity levels.
- Explore your EHR's ability to integrate with the PRAPARE SDOH assessment tool.
- Develop and implement structured data fields to track referrals to community resources and ensure feedback is received.



## Protocol & Workflow Actions

- Collect race, ethnicity, and preferred language data from your patients.
- Identify other SDOH measures to help identify your patients' social needs, such as housing status and stability, neighborhood safety, income, educational attainment, transportation needs, and employment.
- Consider assessing social and emotional health measures such as social support and stress.
- Determine implementation plan for SDOH assessment, including staff roles and training, team communication, data collection and analysis.
- Build workflows to connect patients with resources and follow up.
- Develop external partnerships to enable warm hand-offs where possible.

## Practice & Clinical Solutions

- Initiate use of the PRAPARE tool as a standardized patient social assessment tool consisting of a set of national core measures as well as a process for addressing SDOH at both the patient and population levels.
- Utilize ICD-10 Z codes to link SDOH to diagnoses/problem lists.
- Build capacity to refer patients to social resources. Start with state-specific resources linked in the learning module.

## Patient Education Actions

- Plan and implement communications with your patients to help them understand why they are being asked about social determinants of health and ways in which they can benefit from the assessment.
- Survey patients to follow up and get feedback about their experiences with referrals

**Please contact your Quality Insights Practice Transformation Specialist if you need assistance with implementing any of these workflow modifications.**