Implementation of Social Determinants of Health in Electronic Health Records

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EHRA HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION The HIMSS Electronic Health Record (EHR) Association is a trade association of 29 EHR companies who serve vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology.



29 Members

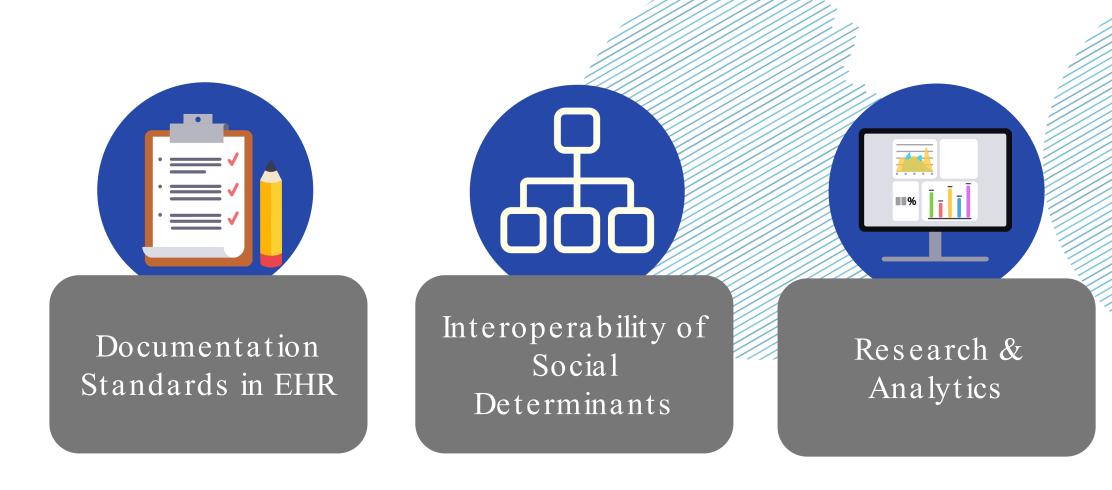




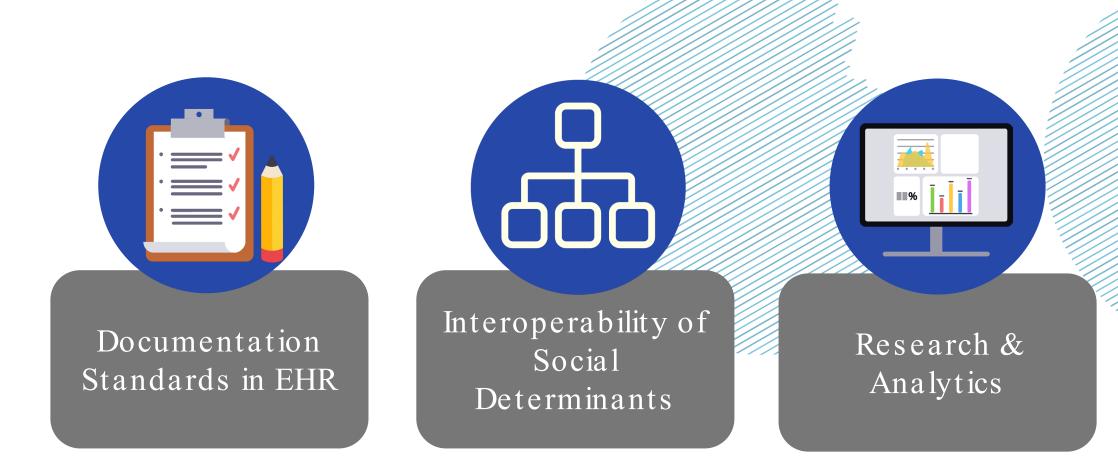
SDoHand Health Equity Task Force at EHRA

- SDoH and Health Equity Task Force was created to identify, prioritize, and address the barriers to delivering more equitable, socially informed care, focusing primarily on those barriers that an EHR is best positioned to address.
- The EHR Association and its members are committed to exploring the ways in which technology can be used to address disparities in the healthcare system more effectively.











Documenting Social Determinants in the EHR

Increase in number of organizations documenting & addressing social determinants due to increased awareness and policies



Commonly documented elements are Assessments and Interventions



Documented in all care settings and by many roles: Physicians, nurses, care managers, social workers and more





Additional time needed during clinical visits to complete screenings and plan interventions

How Technology Can Help

- □ Integrate in existing clinical workflows to minimize additional burden
- □ Make it accessible across care settings and promote timely interventions
- Encourage patients and families to self-report social determinants prior to their visit
- Use of AI to extract social determinant information from clinical notes





Different standards and policies informing domains that should be screened for the patients



Different Standards to Assess Social Domains

- CMS in its 2023 IPPS Rule, recommends the screening of five domains
- Healthy People 2030 lists five broad domains of risk
- The Future of Nursing 2020 -2030 lists 11 domains of risk
- The Gravity Project, to classify and encode a broad list, has 20 domains





Common Pain Points



Different standards and policies informing domains that should be screened for the patients

Recommendation

- Standardization of domains to screen across care settings
- Regulation should be feasible for implementation by small and big EHRs in a consistent way





Providers hesitate to screen if they don't know how to help patients that screen positive



SDoH Interventions



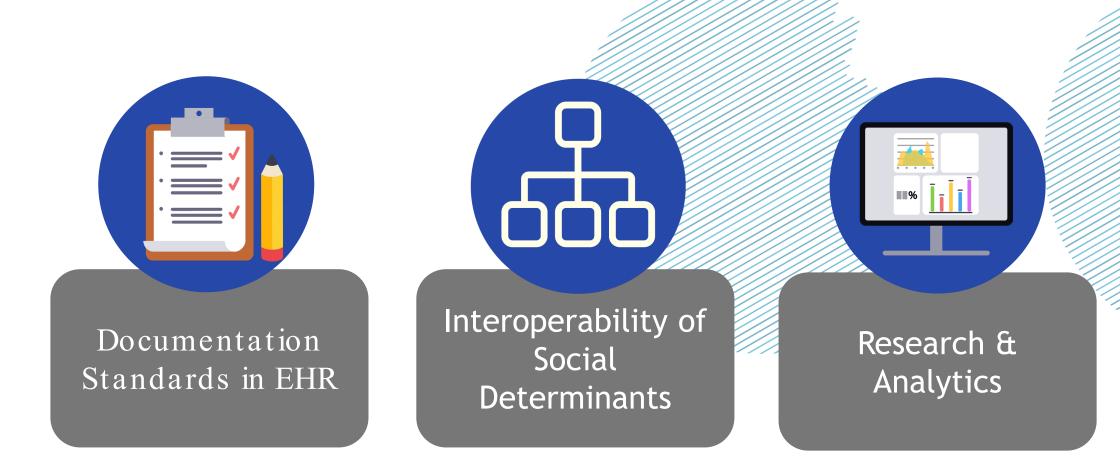


Providers hesitate to screen if they don't know how to help patients that screen positive

Recommendations

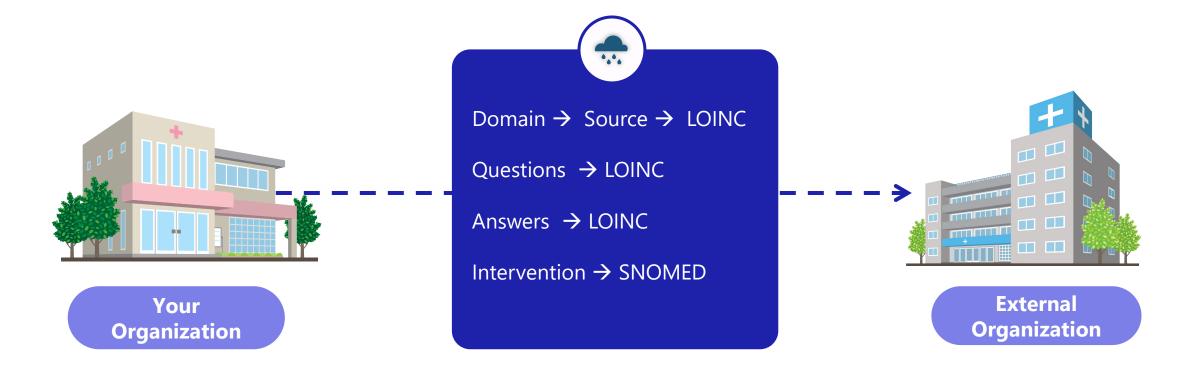
- □ Initiatives to fund and engage community partners on an ongoing basis
- □ Standard Taxonomy of services to define the interventions at the right level
- □ Standards for closed loop referrals with the community-based organizations







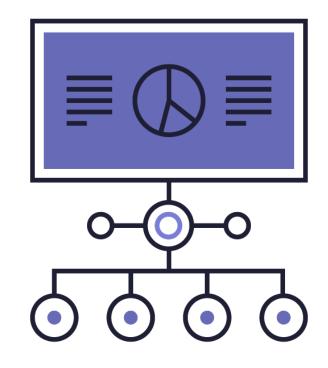
Terminology for SDoH Assessments





Barriers

- Regulatory programs at the national or state level might suggest using screeners for which LOINC codes do not exist yet
- Different verbiage across different screeners causes deviation from LOINC mappings
- Mapping of screeners to domains is not standardized





Recommendations for Interoperability



Standardized code set to represent domains

For example: Housing Insecurity [Z Code XXX]

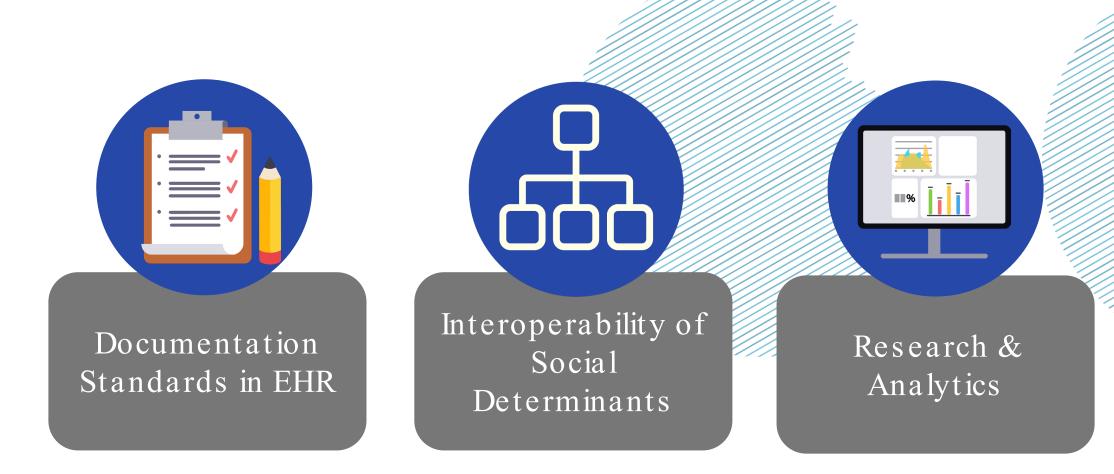


For each domain, standard way to represent domain risk For example: Housing Insecurity is present



Optional coded value indicating the method of instrument or assessment used For example: Housing Insecurity is present, assessed using PREPARE







Support for Analytics & Research

Feifan Liu, I ¹ University	People with Type 2 1 PhD ¹ , Huanmei Wu, PhD ² , Alper, ML y of Massachusetts Chan M	Diabetes: An Epic Omar Martinez, JD, M ³ , Ben S. Gerber, MD, 1 Iedical School, Worcest	IPH, MS ² , Bo Wang, PhD ¹ ,	Eric J.	AL
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Augment the depth of research with:

- Standardized SDoH Screening Data & Domain Risks
- Surfacing disparities with community level screening data

Analytics to Help with Strategic Initiatives

Surface screening rates and positivity rates to understand trends Are individuals reporting increased housing & transportation need?

> Understand the impact of social determinants on health outcomes How does a patients A1C change if they lack access to transportation?

Augment the research with data sets: Area Deprivation Index (ADI) & Social Vulnerability Index (SVI)

Identify the most vulnerable population by locating communities with both high (SVI) scores and reported food needs?

Stratify by Race, Ethnicity, Language etc. to promote equity Do African Americans have greater housing and transportation needs?



Thank You



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