

Implementation of Social Determinants of Health in Electronic Health Records

Prerana Laddha



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

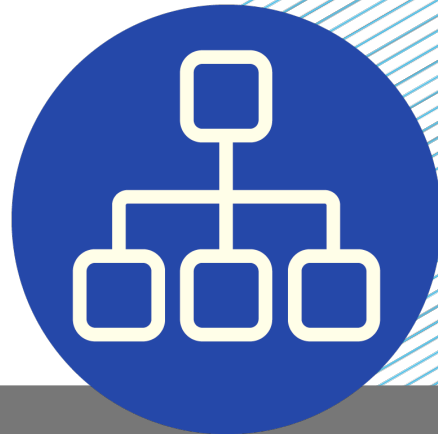


SDoH and Health Equity Task Force at EHRA

- 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.



Documentation
Standards in EHR



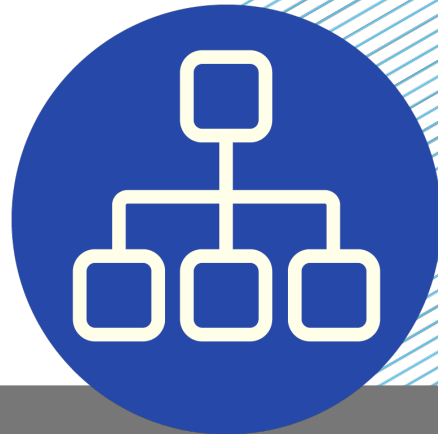
Interoperability of
Social
Determinants



Research &
Analytics



Documentation
Standards in EHR



Interoperability of
Social
Determinants



Research &
Analytics

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***

Common Challenges



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

Common Challenges



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

Common Challenges



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

SDoH Interventions

Provide Education Material



Connecting with Community Partners



Referral to Social Work



Create Care Plans



Common Challenges



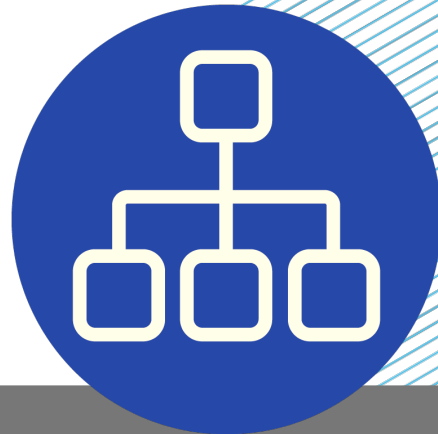
*Providers hesitate to screen if they **don't know how to help** patients that screen positive*

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



Documentation
Standards in EHR

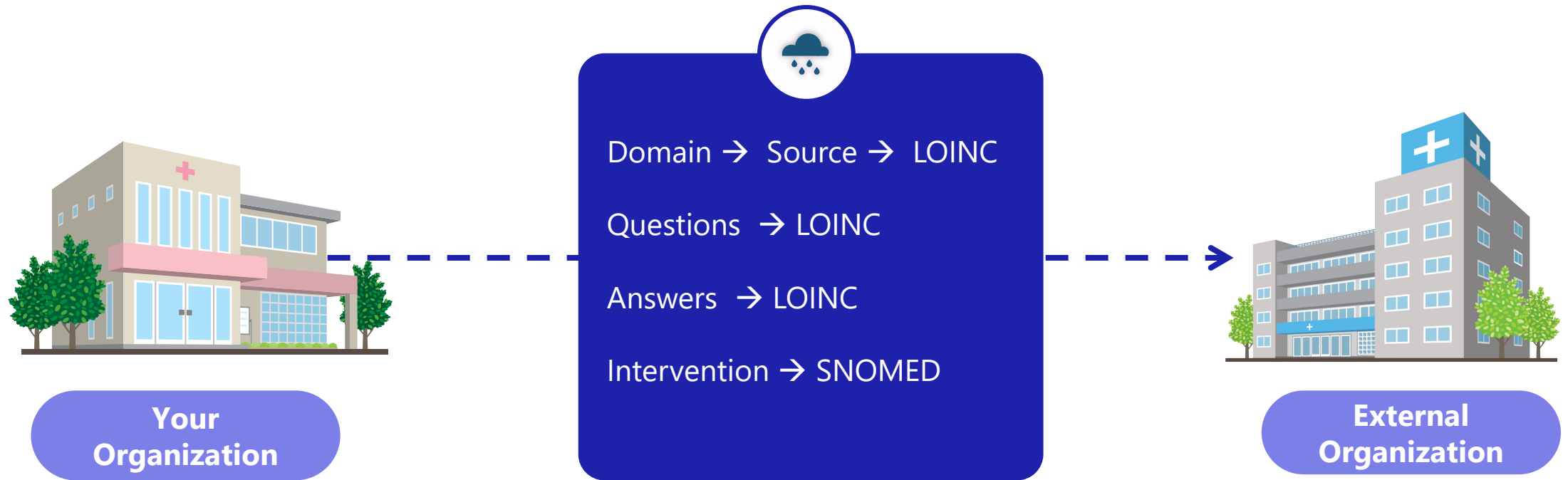


Interoperability of
Social
Determinants



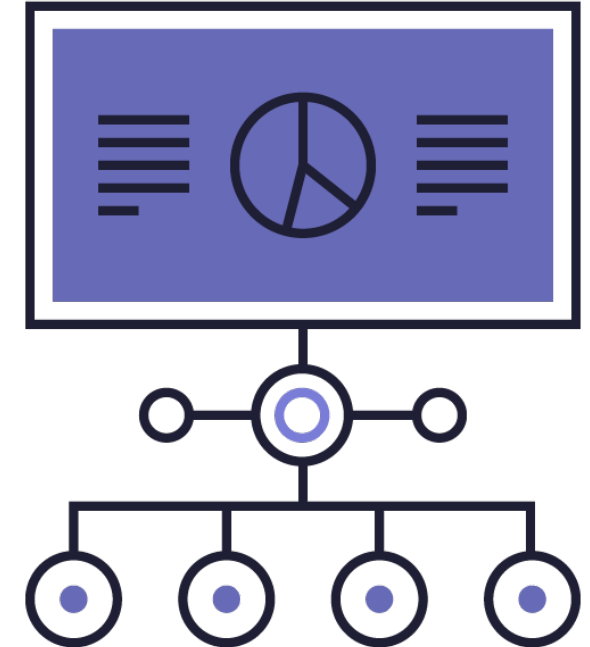
Research &
Analytics

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

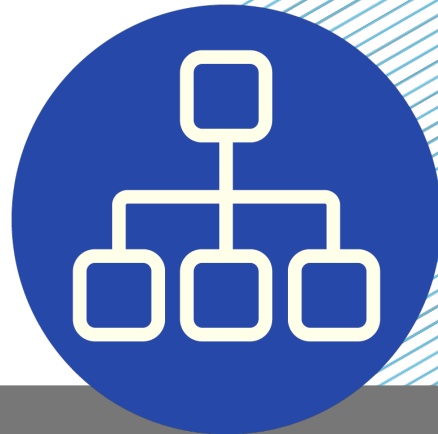


Optional coded value indicating the method of instrument or assessment used

For example: Housing Insecurity is present, assessed using PREPARE



Documentation
Standards in EHR



Interoperability of
Social
Determinants



Research &
Analytics

Support for Analytics & Research

Augment the depth of research with:

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

Racial, Ethnic and Socioeconomic Disparities in Acute Care Utilization among People with Type 2 Diabetes: An Epic Cosmos Analysis

Feifan Liu, PhD¹, Huanmei Wu, PhD², Omar Martinez, JD, MPH, MS², Bo Wang, PhD¹, Eric J. Alper, MD³, Ben S. Gerber, MD, MPH¹

¹University of Massachusetts Chan Medical School, Worcester, MA, USA; ²College of Public Health, Temple, Philadelphia, PA, USA; ³UMass Memorial Health, Worcester, MA, USA

Introduction

Type 2 diabetes (T2D) affects approximately 34 million people in the United States, with high mortality rates and high cost.¹ Investments in efforts to reduce socioeconomic disparities in acute care utilization, have demonstrated factors (e.g., the lack of insurance and other social determinants of health) that are associated with acute care utilization.

Methods

Cosmos is an Epic EHR data platform that identified 1 million patients with T2D between January 2015 and December 2019. The main study population was defined as patients with a diagnosis of T2D, a hospital admission, or a procedure code for acute care utilization.

Results

Among 6.0 million patients, 172,058 (2.8%) were identified as having T2D. We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

Early Racial and Ethnic Disparities in the Prescription of Nirmatrelvir for COVID-19

J Gen Intern Med 2023; DOI: 10.1007/s11666-023-02111-4 © The Author(s), under license to a commercial publisher. Medicine 2023

Oral nirmatrelvir reduced COVID-19 progression to severe disease in high-risk, unvaccinated patients 19 months after approval. In high-risk, unvaccinated patients, oral nirmatrelvir reduced progression to severe disease in high-risk, unvaccinated patients 19 months after approval. In high-risk, unvaccinated patients, oral nirmatrelvir reduced progression to severe disease in high-risk, unvaccinated patients 19 months after approval.

We queried data from a collaborative network of community hospitals and ambulatory-only clinics that were aggregated and analyzed using Epic Cosmos.

AUCTORES
Globalize your Research

Journal of Addiction Research and Adolescent Behaviour
Charles Emerman *

Open Access

Research Article

Covid-19 Immunization and Disease Burden for Patients with Alcohol Use Disorder Evaluation Through the Use of an Electronic Database

Cathrine Young, MD

Division of Addiction Medicine

*Corresponding Author

University, Cleveland

Received date: 10/10/2023

Citation: Cathrine Young, MD, et al. Covid-19 Immunization and Disease Burden for Patients with Alcohol Use Disorder Evaluation Through the Use of an Electronic Database. J Addict Res Behav. 2023;1(1):1-10.

Copyright: © 2023 Cathrine Young, MD, et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Published online: 10/10/2023

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

Check for updates

JAMA Network | Open

Racial and Ethnic Differences in Rates and Age of Diagnosis of Autism Spectrum Disorder

Hoangmai H. Pham, MD, MPH; Neil Sandberg, MS; Jeff Trinkl, MD; Johnston Thayer, MBA, RN

Introduction

Early diagnosis of autism spectrum disorder (ASD) is important for appropriate and timely clinical, educational, and behavioral interventions. However, racial and ethnic disparities in the rates and age of diagnosis of ASD have been reported. This cohort study assesses racial and ethnic differences in rates and age of diagnosis of ASD.

Methods

To assess racial and ethnic differences in rates and age of diagnosis of ASD, we reviewed data from the Autism and Neurodevelopmental Disorders (AND) study, a population-based cohort study of children born in 2000 in the United States.

Shorter Hospital Stays Associated with Patient Portal Use

Team A: Denise Rasmussen, BSN, RN; Kieran Gallagher, MPH; Annie Goldsmith, MS

Team B: Phil Lindemann; Eric Barkley

Last updated 18 November 2021 • Check for updates at [EHRN.org](https://www.ehronline.org)

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