

Patient-Centered Social Determinants of Health Screening Case Study in Success: Rogue Community Health

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There is a growing national consensus that screening and responding to the social determinants of health is essential to improving health and well-being for the most vulnerable and complex patients. To systematically respond to these social needs, we must ask patients potentially sensitive questions. To create stronger alliances with those we serve, we must ask these questions in a deeply respectful, empathic and trauma-informed way. In 2018, the Oregon Primary Care Association (OPCA) launched a pilot program to build capacity at community health centers for conducting social determinants of health (SDH) screenings using a patient-centered process and strengths-based conversation style.

In developing this pilot, stakeholder focus groups and interviews were conducted with patients, community health workers, operational and clinical leaders, and experts in trauma-informed care; stakeholder perspectives were summarized as a set of key recommendations for a patient-centered approach. With the goal of promoting partnership and patient engagement in discussing social needs, our method, *Empathic Inquiry*, synthesizes and applies these recommendations, along with the concepts and skills of motivational interviewing and trauma-informed care, to the process of screening for social determinants of health.

The OPCA [Empathic Inquiry Learning Collaborative](#) pilot took place from January to August of 2018; the program included face-to-face training workshops and web-based technical assistance and peer learning. This *Case Study in Success* highlights the experience of Rogue Community Health, the health center that had the greatest success in advancing systematic social determinants of health screening over the course of the program.

Rogue Community Health (RCH) is a Federally Qualified Health Center in the Rogue Valley of Southern Oregon, with the mission to “improve health, especially for the most vulnerable, by nurturing wellness in people and in our community.” RCH provides primary care, wellness, pharmacy, and behavioral and oral health services to over 10,000 patients annually. Over the course of the Empathic Inquiry Learning Collaborative, RCH succeeded in conducting 89 Empathic Inquiry screening conversations with completed patient experience surveys. To put this number in perspective, the average number of patient surveys returned by other health centers in the Learning Collaborative was 6. Although these numbers likely underestimate the total number of screening conversations at other clinics, it is clear that most organizations experienced much lower adoption of this approach. The RCH champion leading their social determinants of health screening implementation work is Genna Southworth, the Member Services Director. This case study was developed in collaboration with Genna, who generously shared her insights about the factors contributing to RCH’s success.

First and foremost, Genna emphasized the importance of organizational sponsorship. True organizational sponsorship, as she describes it, includes having leadership support, capacity on the team to do the work, and the means to generate buy-in from the other staff whose cooperation is critical. As the Member Services Director, Genna was able to provide daily leadership of implementation, and was also backed up in communicating the importance of SDH screening by the organization’s executive leaders, including the Chief Network Officer and Chief Executive Officer. This strategic alignment and

endorsement enabled her to confidently and effectively engage the other internal stakeholders whose support was essential to their success.

Genna was very purposeful about engaging key internal stakeholders, such as providers, medical assistants, and front desk staff, in addition to the team of community health workers (CHWs) who were working directly to conduct patient-centered SDH screenings. Although having dedicated staff whose work is focused on social care is a critical success factor for implementing SDH screening, CHWs must work in partnership with other members of the team to effectively reach patients.

In her efforts to facilitate engagement, Genna was able to provide an aligned message to staff that a focus on social determinants of health is the strategic direction of the organization, and this effort was an opportunity for them to contribute. Even though their goal was universal screening, Genna was very intentional about starting by identifying two primary care providers who she knew would be supportive of this endeavor. She sat down with them to describe the goals and intent of the SDH screening efforts, including the specific aim that embedding SDH screening would not add anything to their plates or affect provider workflow. The CHWs on the RCH team attested to the value of having someone in a leadership role recruit providers as champions, since the power differential within health system settings makes it difficult for a CHW to approach a provider with this kind of message.

Along with creating provider buy-in, Genna put a lot of emphasis on the importance of engaging other front-line staff. Genna was in the midst of taking a Lean Green Belt class at the same time that they were in the Empathic Inquiry Learning Collaborative, and used the skills and methods of improvement science to facilitate their implementation effort. She approached the front desk staff, who had a critical role in distributing SDH screening forms, with a process improvement message; she asked for their input in workflow design and went to them repeatedly for feedback. They were very careful about tracking the process measures on handing out the forms, and were able to follow up and do process improvement when the numbers were flagging. There was never the message, “if you missed the form, you’re in trouble.” Instead, they embedded the project within a culture of improvement.

By using quality improvement methods, the RCH team was able to understand their performance and identify the glitches in their process measures. For example, in one week where they saw a significant decrease in screening, Genna was able to follow up and determine that one of the front desk staff had just come back from maternity leave and hadn’t gotten up to speed on this new project. Once they corrected the training gap, the numbers improved. Because they were engaged in this collaborative effort to create improvements, the front desk staff started to ask for accountability data so they could understand and improve their own performance.

Genna and her team also worked with Rogue’s medical assistants on their role in the workflow. They learned that engaging the medical assistants was harder, because if the medical assistant was rooming someone or conducting other tasks for patient care when a positive screen came up, they often didn’t notice and were not able to help notify the community health workers. They learned by doing rapid cycle testing that because medical assistants’ existing tasks keep them very busy during patient visits, their workflow functions better if the medical assistants are not directly responsible for any part of the process.

The workflow that has worked best for them is for the front desk staff to hand the patient a one-page brief screening form with key social determinants of health domains. Patients are asked to circle the areas in which they are experiencing challenges, and to indicate whether they would like to receive follow up from a community health worker. The patient gives the form back to the front desk staff, who then sends an Instant Message to the CHWs. The team reported some experiences where the patient did not circle any

of the domains, but indicated they would like follow up. The CHWs theorize that these patients are not comfortable disclosing their challenges in writing, but are willing to share information about their circumstances in the context of a conversation with a supportive professional. If a patient then becomes engaged with the community health worker for ongoing assistance, the community health worker completes a full SDH screening with the patient using the [PRAPARE](#) tool.

RCH's goal was to distribute a brief screening form to all of the patients who had appointments with two designated providers from April to August of 2018. Those providers completed 1545 appointments and RCH received screening forms back from 65% of those patients (998 total). Positive screens comprised about 30% of the total number of screening forms returned (312 total), and Empathic Inquiry screening conversations took place with 28.5% of the patients who had a positive screen (89 total).

Although Rogue started with substantial organizational commitment to implementing systematic SDH screening, Genna describes the Empathic Inquiry Learning Collaborative as “a huge gift.” Genna used this training opportunity to support staff in moving from a more directive to a more partnership-based approach, as well as an opportunity to focus on and fine-tune their workflows. She says that the people who participated really see this approach to patient-centered care as one of those valuable skills where there is always more to learn. One of her big takeaways was that “it’s not something you learn overnight, it really is a whole mindset and a heart-set even before it is a skill set.”

Genna describes this project as the key to open the door to them rolling out SDH screening in a really big way. The combination of consistent leadership support and engagement, dedicated CHW staff, team collaboration, process improvement, and patient-centered communication training allowed them create a strong launch, and then to use the data they collected from the positive screens to demonstrate the need to expand SDH screening for their whole population.

RCH is now doing SDH screening with every patient, every time, in two of their clinics. It has become built into the workflow, and they are improving their success in creating handoffs from care teams to CHWs and are now doing 5-7 of these warm connections each day. Some of their opportunities for continuous improvement include enhancing team communication to support better coordination and connection between the CHWs and clinical care teams, creating mechanisms to support Empathic Inquiry fidelity and skill-building, and continuing to increase the number of same-day interactions between CHWs and patients following a positive screen.

The Oregon Primary Care Association (OPCA) is the non-profit membership association for Oregon's 32 Federally Qualified Health Centers. We believe that all people, in Oregon and beyond, should have the chance to lead their healthiest lives and have access to equitable health care. This network of innovative and committed community health centers delivers exceptional health care to over 400,000 Oregonians who may otherwise not have access to services. By helping our members apply pioneering approaches to health care delivery and system challenges, we're transforming primary care across our state — and even the nation. OPCA builds the capacity of community health centers, and we elevate their collective voice to protect and strengthen their essential role in improving the health of the patients and communities they serve.

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