MedStar Health

Knowledge and Compassion
Focused on You

Working with Government to Advance Social Determinants of Health:

Hospital Screening for Health-Related Social Needs

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Current Landscape

- Rapid adoption of screening
  - 2014 National Academies of Medicine “collection of SDOH data is necessary to empower providers to address health disparities and to support further research into the health effects of SDOH
  - JAMA Article (Fraze, Brewster, Lewis, 2019)
  - 24.4% (N = 739) of hospitals; 15.6% of outpatient practices (N=2,139) screening for food, housing, utility needs, transportation needs, violence
  - Z Codes Utilization Report Medicare (January 2020)
    - Out of 33.7 million Medicare beneficiaries, 1.4% had claims with a Z code

CMMI – Accountable Health Communities

CMMI grant awarded to city of Baltimore, administered by Baltimore City Health Department in partnership with Health Care Access Maryland, Baltimore City Hospital and Federally Qualified Health Centers

- Received $4.3M over 5 Years (CY 17-21)

Beginning Fall 2018, MedStar Baltimore City hospitals will:

- Screen Medicare and Medicaid beneficiaries for social determinants of health in three settings of care
  - Emergency Department, Labor & Delivery, and Inpatient Psychiatry
  - Using CMS developed screening tool
- For patients who screen positive
  - Refer high utilizing patients (2+ ED Visits) to an internal program or Health Care Access Maryland to be connected with care management and/or social services.
  - Provide summary of community resources to low utilizers

Guiding Principles to Adoption

- Embed tool within electronic health record
- Make information visible by provider
- Ensure staff are able to connect and link patient to resources
- Collaborative partnership with provider teams

Resources for Adoption

- Community Health Advocates
- Social Work and Case Management

MedStar Health Accountable Health Communities

Since Screening began in October 2018	Total
Health Care Access Maryland – Eligible for Navigation**	252
Health Care Access Maryland – Ineligible for Navigation**	169
MedStar Community Health Advocates*	593
Total	1014

**Two community health workers employed by HCAM screen patients for social needs. Eligibility to receive HCAM navigation services include: 2+ ED visits in past year, at least one social need, Medicare/Medicaid, and Baltimore City resident
*Data from MedStar Harbor Hospital, MedStar Good Samaritan Hospital, and MedStar Union Memorial Hospital

Top Identified Needs
1. Food Access
2. Transportation
3. Employment
4. Utilities
5. Housing

Top Housing Concerns:
1. Pests
2. Water leaks
3. Mold
4. Lack of heat

56% report food insecurity

48% report transportation barriers

28% report the need for employment/job assistances

16% report the need for utility assistance

15% worried of losing their home
11% do not have a steady place to live

77% report 2+ ED visits in last year

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Social Determinants of Health Addressing Social Needs through Partnership Development

Since launch in May 2017…through March 2019
21,800 Rides Across MedStar
Average 7 miles
Average cost $13.57

MedStar Baltimore City 12,862 rides or 90,034 miles or $174,537

Social Determinants of Health Addressing Social Needs through Partnership Development

When patient expresses need for food, MedStar Baltimore City Hospitals write a prescription for food in partnership with Hungry Harvest.

248 patients – 3,720 pounds of food preserved since October 2018

Prescription entails:

- Home delivery of fruits, greens, and vegetables for eight weeks
- Estimated 2-4 people for a total of 5 meals

You have been enrolled to receive a home delivery of fresh fruits, greens, and vegetables every other week for the next eight weeks.

Each delivery is estimated to serve two to four people for a total of five meals.

Your first expected delivery date is: _____

If you have any issues with your order, or you do not receive it, please contact:

_____.

Social Determinants of Health Addressing Social Needs through Partnership Development

- The Cure Violence/Safe Streets Model is a public health derived strategy aimed at reducing gun violence.
- The target populations are individuals at high risk of involvement in shootings and killings.
- Program employs three hospital violence responders to serve patients that have been victims and perpetrators of violence at three hospitals
- Reduce violence related to injury re-admissions, intervene in scenarios of retaliation, and support access to the wrap around services offered by MedStar and affiliates