CASE STUDY

Practice Workflows Drive Enhanced Screening for Social Determinants of Health

The Fenton Medical Center was challenged with how to integrate a social determinants of health (SDOH) screen into their busy practice.

The SDOH screen was required as part of the medical center's participation in a large payer's population health management initiative. The screening burdened staff with additional work without giving additional support, and many staff lacked knowledge of community resources to properly act on positive screen results.

CHALLENGES

- Staff were initially hesitant and opposed the use of SDOH screens, as they felt it was intrusive to the patient.
- Staff lacked knowledge about community resources to assist patients with positive SDOH screens.
- The additional screen was perceived as a burden to practice staff, and they were unsure how to incorporate it into their workflow process.

SOLUTION

The medical center engaged Medical Advantage to help incorporate the screening into their workflow and educate staff on how to follow-up with at-risk patients. Using its Practice Catalyst methodology, Medical Advantage's in-practice consultants assessed practice process and workflows, identified process gaps, developed an action plan, and implemented educational interventions. The educational interventions were conducted with both practice staff and leadership to gain support in implementing:

- A process for the gradual integration of the SDOH screening in practice workflow starting with small subsets of the patient population.
- Face-to-face meetings with practice staff and leadership to answer questions and troubleshoot issues.
- A customized approach based on staff size, workflow, and current staff responsibilities and expectations.

RESULTS

After two months of working with Medical Advantage, the medical center achieved the following:

- Successfully built a formal screening process to determine if a patient has any SDOH.
- Attained social screening and tracked Patient-Centered Medical Home (PCMH) capabilities.
- Improved quality and decreased healthcare costs.
- Improved patient, physician, and care manager relationships by encouraging patients to be forthcoming about SDOH needs.

Ultimately, the screening allowed the practice to be a more effective population health manager and improve clinical outcomes in payer quality programs.

For over 77 years, the medical center has cared for the Fenton community. In 2009, the center was designated as a Patient-Centered Medical Home and has been re-appointed each year due to the quality of care and performance standards achieved by taking care of their patients.

Specialties:
A multi-provider independent primary care practice that offers family practice medicine, pediatrics, internal medicine, gynecology, geriatric medicine, dermatology, preventative medicine, and chiropractic services.

Location
Fenton, Michigan

- 800-1,000 Patients screened
- 46% Medicaid population receiving care management interventions
- 88%↑ Improvement in blood pressure control
- 28%↑ Improvement in diabetes related A1c control
- 15%↓ Reduction in acute hospital admissions
- 20%↓ Reduction in all cause readmissions