



Workflow Modifications: Actions Your Practice Can Take to Address Social Determinants of Health (SDOH)

Providers and practices who are actively engaged in the [Delaware Diabetes and Heart Disease Prevention and Control Program](#) have the benefit of scheduling a no-cost workflow assessment (WFA) with a local Quality Insights Practice Transformation Specialists (PTS). WFAs are completed annually and designed to initiate a future state of processes that will move the needle on clinical quality improvement activities.

The following list of workflow modification options can be used to help reduce health disparities in your clinical setting. We encourage you to partner with your Quality Insights PTS to discuss scheduling a WFA and **implementing at least ONE of the recommendations listed below**. If you are not currently working with a PTS and would like assistance, please email [Ashley Biscardi](#) or call 1.800.642.8686, Ext. 137.

Using the Quality Insights' [Social Determinants of Health \(SDOH\) Practice Module](#) as a guide:

Electronic Health Record (EHR) Actions

	Assess your EHR's capability of running reports based on clinical quality measures. Determine ability to collect and report patient race, ethnicity, and preferred language data.
	Review and implement the PRAPARE tool or other SDOH EHR templates. Review available PRAPARE EHR templates in Chapter 4 of the PRAPARE Implementation and Action Toolkit , and view demo videos .

	Review Quality Insights' Quick Guide to Social Determinants of Health ICD-10 Codes as a starting point to evaluate and report ICD-10 Z codes to link SDOH and diagnoses/problem lists.
	Develop and implement structured data fields to track referrals to community resources and ensure feedback is received. If your practice is participating in the CMS Quality Payment Program (QPP), consider monitoring Clinical Quality Measure (CQM) <i>Closing the Referral Loop: Receipt of Specialist Report</i> (for EHR or registry collection and submission only).

Protocol & Workflow Actions

	Initiate a process for addressing SDOH at both patient and population levels.
	Develop external partnerships and refer patients to social resources. Start with state-based resources linked in the practice module (linked above).
	Utilizing Chapter 5 of the PRAPARE Implementation and Action Toolkit , build workflows at your practice to connect patients with resources and follow up.
	Determine an implementation plan for SDOH assessment, including staff roles and training, team communication, data collection and analysis, and referral to community resources.
	Utilize information in Chapter 10 of the PRAPARE Implementation and Action Toolkit to implement tracking of interventions and determine which are most effective for your patient population.

Practice & Clinical Solutions

	Partner with Quality Insights to identify patients with hypertension and Medicaid. Utilize Unite Delaware (Unite DE) to provide referrals to community support organizations.
	Use the electronic PRAPARE/EHR tool or implement a paper form to identify your patients' social needs, such as housing status and stability, neighborhood safety, income, educational attainment, transportation needs, and employment. Consider assessing social and emotional health measures such as Social Support and Stress, as well as Substance Use Disorder.
	Review Chapter 9 of the PRAPARE Implementation and Action Toolkit to learn more about how you can act on your SDOH data and think through possible services and interventions you can provide or build based on the needs in your patient population.
	Survey patients post-visit using AHRQ's Health Literacy Patient Survey to assess patients' perceptions regarding the organization's explanation of health information.
	For patients with limited English proficiency, assess use of translation services. Determine patient and provider satisfaction with services and investigate options such as Google Translate or MediBabble .
	Participate in Quality Insights' SDOH Academic Detailing course. <i>(Coming Soon)</i>

Patient Education Actions

	Plan and implement communications with your patients to help them understand why they are being asked about SDOH and ways in which they can benefit from the assessment.
	Survey and/or follow up with patients to get feedback about their experiences with referrals.



Have Questions? Need Help?

Contact your Quality Insights Practice Transformation Specialist for **NO-COST** implementation assistance for any of these workflow modifications.

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