

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

The Oregon Primary Care Association (OPCA) is the non-profit membership association for Oregon's 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. OPCA supports a network of innovative and committed community health centers that deliver exceptional health care to people 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.

There is a growing national consensus that screening and responding to social needs is essential to improving health and well-being for the most vulnerable and complex patients. To more systematically respond to 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, OPCA launched a pilot program to build capacity at health centers for conducting social needs screening in a patient-centered and therapeutic 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. Our approach, called *Empathic Inquiry*, synthesizes these recommendations, along with the concepts and methods of motivational interviewing and trauma-informed care, and applies these evidence-based practices to social needs screening to promote partnership, affirmation and patient engagement in discussing social needs.

The Empathic Inquiry Learning Collaborative 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 the community health center, Rogue Community Health, that had the greatest success in advancing systematic social needs 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, by far, in conducting the most Empathic Inquiry conversations. The RCH team submitted a total of 89 patient experience surveys, compared to an average of 6 for the other health centers that participated in the program. Since it is unlikely that 100% of patients returned a survey, these numbers likely underestimate the total number of conversations, but still provide a sense of the scale of Rogue's success.

The RCH champion leading their social needs screening implementation work was 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 in adopting Empathic Inquiry as an approach to conducting social needs screening.

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 for success. As the Member Services Director, Genna was able to provide daily leadership of implementation, and was also backed up in communicating the importance of this work 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 critical 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 social needs screenings. Although having dedicated staff, whose work is focused on social care is a critical success factor for implementing social needs 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 social needs screening efforts, including the specific aim that adding social needs 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 this implementation effort. She approached the front desk staff, who had a critical role in distributing social needs 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 around handing out the forms, and were able to follow up and do improvement work when the numbers were flagging. There was never the message, "if you missed the form, you're in trouble," but rather, kept the project embedded within a culture of improvement.

By using quality improvement methods, the RCH team was able to really 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 doing something else 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 will function better if the medical assistants are not directly responsible for any part of the process.

Although Rogue started with substantial organizational commitment to implementing systematic social needs 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 a valuable skill, 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 social needs 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 collated from the positive screens to demonstrate the need to expand social needs screening for their whole population.

RCH is now screening 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 CHW and are now doing 5-7 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 warm connections that happen while the patient is in the clinic.