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Achieving Total Health: Developing a Health System to Address Social Determinants of Health Needs

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What's going on?

Kaiser Permanente Northwest (KPNW) is committed to providing high quality, patient-centered care. As part of this commitment, KPNW has implemented efforts to identify and address the social determinants of health (SDH)—such as food insecurity, inadequate housing and financial hardship—that affect members' health. Nicole Friedman, MS, has championed this work in partnership with KPNW clinical and operation leaders and researchers from the KPNW Center for Health Research (CHR).

Why is this important?

Despite a wealth of evidence on the impact of SDH needs on health outcomes, health care systems lack the necessary tools and strategies to systematically identify and document these needs and track them over time within electronic health records (EHRs). Equipped with such documentation, health systems could develop population-based health care interventions.

What's being done?

At KPNW, non-clinical patient navigators have been embedded within primary care and emergency medicine departments to identify the SDH needs of members using a KP screening tool called Your Current Life Situation (YCLS). Responses to the YCLS are translated into ICD-10 social diagnostic codes (Z-codes) and entered into each members' EHR. This information is used by the patient navigator to help find and, when possible, provide resources to meet members SDH needs. In addition, KPNW has developed a community referral resource tool within the EHR that tracks referrals to local community agencies, as well as the outcome of the referral (e.g., whether the member contacted the agency).

Alongside these delivery system efforts, researchers at CHR are working to develop processes that will enable electronic extraction of SDH needs data from the EHR for use in clinical and translational research. By building extraction standardization and incorporating these novel data into the existing federated KP data infrastructure, this process has the potential to be implemented across KP regions and support widespread application in quality assurance, quality improvement, and research activities.

Through this clinical, operational, and research collaboration, KPNW is taking strides towards developing a health care system the is equipped with the tools and resources to: (1) identify and address SDH needs of its members; (2) use comprehensive EHR data that informs and improves the care delivery process; and (3) reduce the impact of SDH needs on its members' health and well-being.

What were some of the learnings?

We conducted baseline and 30-day follow-up surveys during the KPNW Financial Navigator Pilot. We found that members who received the financial navigator intervention (FN+) reported significantly higher improvements in satisfaction with their medical care (left panel) and satisfaction with medical cost assistance (right panel) at 30-day follow-up, compared to members at the comparison clinic (LVK).

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