GUIDE TO SOCIAL RISK SCREENING
AND REFERRAL-MAKING

STEP 4: ORIENT CLINIC STAFF TO YOUR CLINIC'S SOCIAL RISK PLAN

Created by teams at Kaiser Permanente Center for Health Research and OCHIN, 2021

Step 4: Orient Clinic Staff to Your Clinic's Social Risk Plan

Your next step is to let your clinic staff know about your Social Risk Plan, including intended workflows and how they will be rolled out, and how you will use EHR tools for social risk screening. This guide will help clinic leaders and Social Risk Champions conduct this training. It includes training slides that you can adapt for your clinic.

Step 4: FAQ for Orienting Staff to Screening & Making Referrals on Social Risk Plan, based on Other CHCs' Experiences

Q: Why collect social risk data if we can't refer patients to resources to address a given need?

- Social risks impact health, and may be considered in care decisions.
- Systematic social risk screening can provide new information about patients, and inform care planning.
- Social risk data can be used to assess needs in your community, and help clinic leaders advocate for resources, develop community partnerships, and target investments.
- Some clinics can use social risk data to adjust payment rates. Others link social risk data to reporting requirements.

Q: Which social risks should we screen for? Do we have to ask the whole questionnaire?

- There is no single or "right" way to do this; your clinic can choose which measures you want to screen for. The Step 2 documents walk you through your options.

Q: Do we need to ask the questions exactly as written?

- No. It is OK to customize the wording if that seems appropriate, or to weave the questions into a general conversation.

Q: How can staff avoid upsetting patients when we ask these potentially sensitive questions?

- Other clinics report that patients are rarely upset by social risk screening, and often appreciate being asked.
- Administer the questionnaire in a private area, if possible.
- Let the patient know that screening is universal (e.g., "We are asking all new patients these questions").
- Explain why social risk questions are being asked (e.g., "So we can connect you with resources"), and how it will be used.
- Consider sharing a PowerPoint presentation about social risk screening on your waiting room TV screen.

Q: How might social risk screening affect staff, or staff relationships with their patients?

- Some clinics say that social risk questions open the door to in-depth discussions about the patient's needs. This can help staff feel engaged, and support patient-centered care. (However, some staff may be upset by the amount of reported need, or if they cannot provide immediate help).
- Sometimes hearing about patients' social risks can be upsetting. Remind those conducting the screening to take care of themselves, and give them space to rest, take a break, or access counseling as needed.

Q: What do clinic staff need to know to support the adoption of social risk screening and related activities?

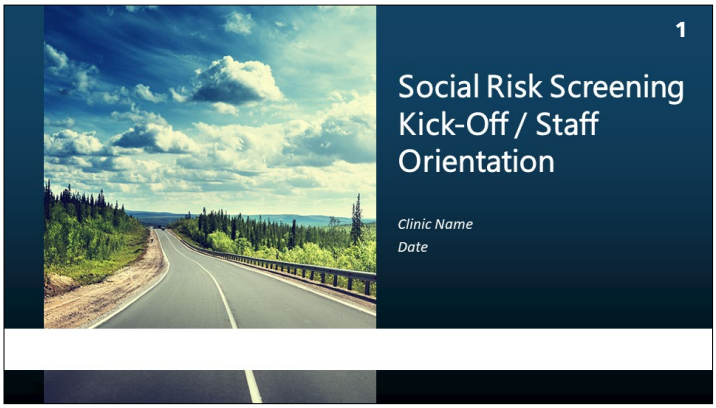
- Ensure that staff are comfortable asking the social risk questions.
- Ensure that staff know how to enter the social risk data in the EHR.
- Ensure that staff know how to follow up on positive social risk screening results - how to: acknowledge need, hand the patient off to a staff person who can help, make internal or external referrals, and / or give information about community resources.
- It is normal for staff to have many pre-implementation concerns about social risk screening / referral activities. Most of those concerns diminish with program participation.

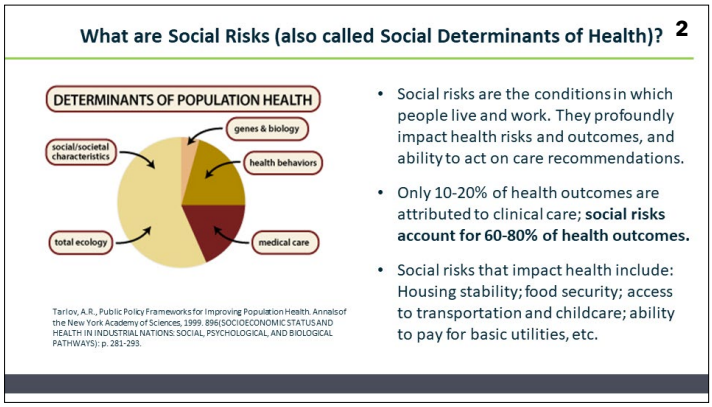
Tip: Use the social risk question about stress as an ice breaker.

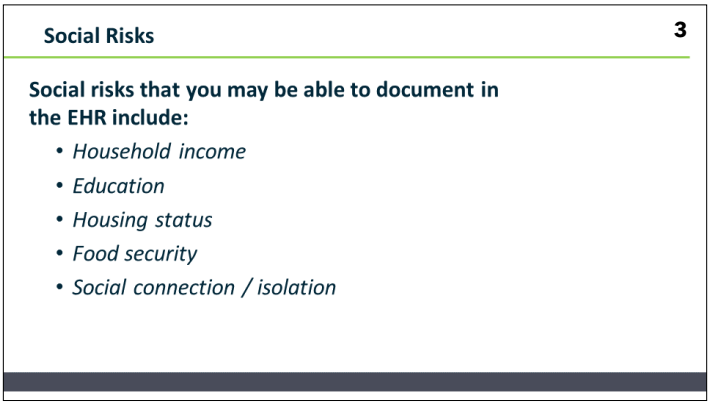
Tip: Conduct social risk screening in a way that supports relationship-building. See: Principles for Patient-Centered Approaches to Social Determinants of Health Screening.

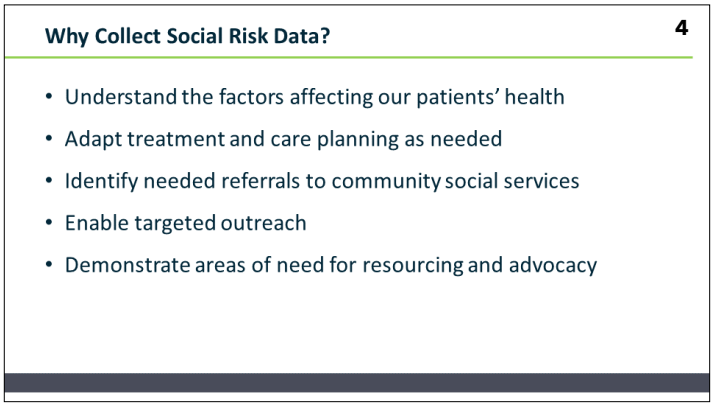
Step 4: Orientation Slide Deck

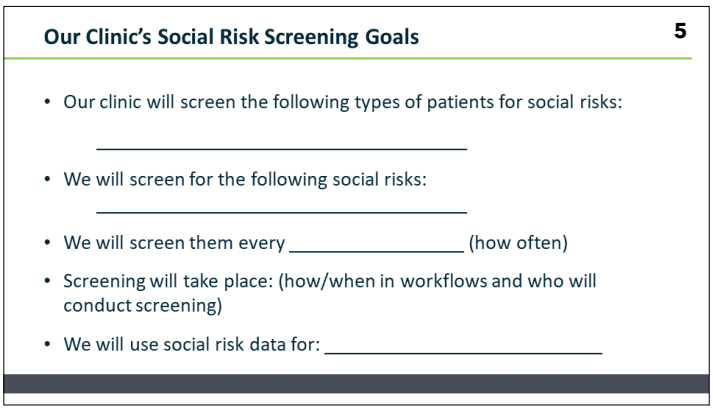
You can use this slide deck at an upcoming staff meeting to train your staff on social risk screening and referrals. Start by reviewing social risks, why your clinic is collecting social risk data and how the data will be used, and your clinic screening goals.

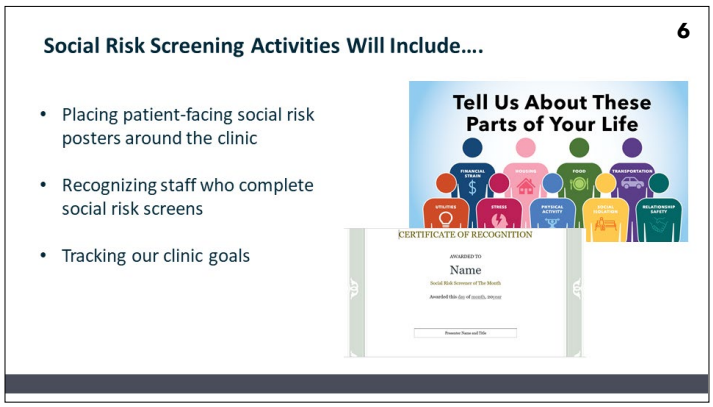












Step 4: Orientation Slide Deck

To Track Our Clinic Goals…

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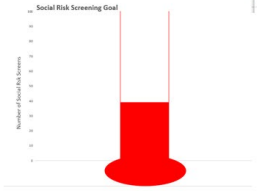
….we can use the Goals Thermometer

Goal (Total Number of Social Risk Screens)	100
Number of Social Risk Screens So Far	39

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Number of Social Risk Screens	5	4	4	6	5	7	8



DISCUSSION

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What are potential barriers to adopting social risk data collection at our clinic?

Examples:

- *Lack of staff time*
- *Concerns about asking sensitive social risk related questions*
- *Limited ability to act on patients' identified social needs*

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Step 4: Kick-Off Package

a. Tips for Engaging your Staff in Social Risk Screening and Referral-Making

When you're getting started with social risk screening / referrals:

Only you know how best to engage your staff, but these tips can help!

1. Bring in staff **early** in the process of planning your social risk screening / referral-making efforts!
2. Use the email template from Step 1 to inform staff of your social risk screening and referral-making efforts.
3. Have a **kick-off event** (in-person or virtually) as part of an existing all-staff meeting! At this meeting, you could:
    - Talk about why social risk screening is important for your patients, and how your clinic will use social risk data. To start that discussion, you could:
        - Use the Step 4 slide deck.
        - If in-person, write reasons why social risk screening is important on a whiteboard; ask staff to brainstorm other reasons, then write a star by reasons they find most relevant for your clinic. If meeting virtually, present reasons on a PowerPoint slide; ask staff to chat in reasons.
        - Show one of the **videos** listed on the next page.
        - Ask staff to talk about their experiences with patients' social risk needs. If they have concerns about social risk screening, discuss how to address them. Click here for tips on how to conduct social risk screening.
        - Ask for **volunteers** to help figure out your clinic's social risk-related **workflows** (at a follow-up meeting).

Once your social risk screening / referral efforts have begun:

1. Share monthly data on your screening rates – and the responses to those screenings – with your staff.
    - Show them at staff meetings, through emails, via webinar platforms, or by posting them in a central place.
2. **Recognize** the team or staff person who is doing the most screening!
    - Create a 'Social risk Screener of the Month' certificate and present it in a frame.
    - Ask these champions to share their tips for success with the whole clinic, at staff meetings.
3. Track your progress and celebrate successes! That could take the form of:
    - A **thermometer** on paper that you fill in every week to show progress towards your screening goal.
    - Weekly **huddles** to look at your screening rates for the last week, and to have staff share stories about social risk screening challenges and successes.
    - A **prize** to the team that does the most screening every month.

Step 4: Kick-Off Package

Below are resources that might be helpful when engaging your staff!

Videos on Social Risks

Health Leads

https://www.ted.com/talks/rebecca_onie_what_if_our_health_care_system_kept_us_healthy?language=en

https://www.youtube.com/watch?v=qykD-2AXKIU

Patient Facing Videos on Social Risks

https://www.youtube.com/watch?v=1iSuZngvCpY

https://www.youtube.com/playlist?list=PLpSTG5tnkLBWxj90NbpCFGqVSsXxMwFzA

Empathic enquiry—an approach to social needs screening

https://www.orpca.org/initiatives/empathic-inquiry

Tips from the National Association of Community Health Centers

PRAPARE Implementation and Action Toolkit. Available at:

http://www.nachc.org/wp-content/uploads/2019/04/NACHC_PRAPARE_Full-Toolkit.pdf

Step 4: Kick-Off Package

** HIGHLIGHTS FROM THE PRAPARE TOOLKIT MODIFIED FOR THIS GUIDE**

Why are we asking patients about their socioeconomic situation?

Emphasize: Collecting social risk data will help your clinic better understand your patients and their needs, to provide better care.

Explain: How social risk activities align with other work your organization is already doing (care management, enabling services, etc.).

Emphasize: This information will inform care, services, and community partnerships to improve your patients' health.

What if we do not have resources to address patients' needs?

Explain to your staff that you have to start somewhere; data collection is that first step.

Collecting social risk data will help you know which services you can provide in-house, and which community organizations you should partner with to provide needed services.

Example Message for the Patient:

" We would like to ask you some non-medical questions to better understand you as a person and any needs you may have. We want to make sure we provide the best care and services possible to meet your needs. This information will help us determine if we need to add new services or programs to better care for you.

This information will be kept private and secure. Only clinic staff will have access to this information. Your decision to answer or to refuse to answer will NOT impact your ability to receive care. This information can help us determine if you are eligible for benefits, programs, or services."

b. Social Risk Screening and Referral-Making Kick-Off Agenda

Consider using this agenda when introducing social risk screening and referral-making to your staff. You can find the agenda here.

Location:	Address or Room Number or Webinar Link
Date:	Date
Time:	Time
Facilitator:	Name(s)

Suggested Time	Topic	[Lead]
10 min	Why is social risk screening important for our patients?	[Lead]
20 min	Review step 4 slide deck	[Lead]
15 min	Clinic goals for social risk screening	[Lead]
15 min	Brainstorm workflows	[Lead]

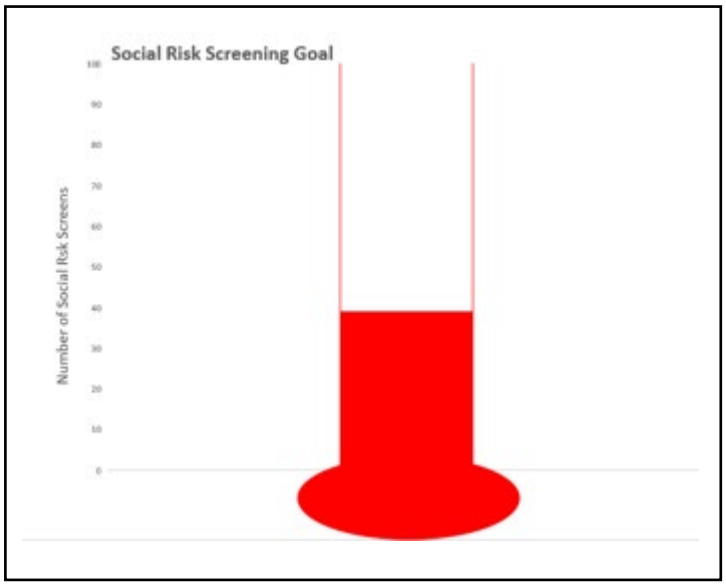
Additional information

Add additional instructions or comments here.

c. Goals Thermometer

Use the goals thermometer to track your clinic's social risk screening success.

You can find the goals thermometer here.



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The following printable items are on the next few pages:

d. Certificate of Recognition

This can be used to recognize the team or staff person who is doing the most screening. You can also find the Certificate of Recognition here.

e. Social Risk Screening Poster

Print and place this around your clinic to encourage social risk screening. Included are two slides—one has a plain white background and the other is in blue gradient. Depending on the circumstances, one might print better than the other. Also provided are an English and Spanish version of the poster. You can find a PowerPoint version of the poster here and a PDF version here.

Tip: Add your clinic logo to the certificate of recognition and social risk screening to personalize these materials!

Congratulations! You are ready to move on to Step 5: Roll Out and Iterate

CERTIFICATE OF RECOGNITION

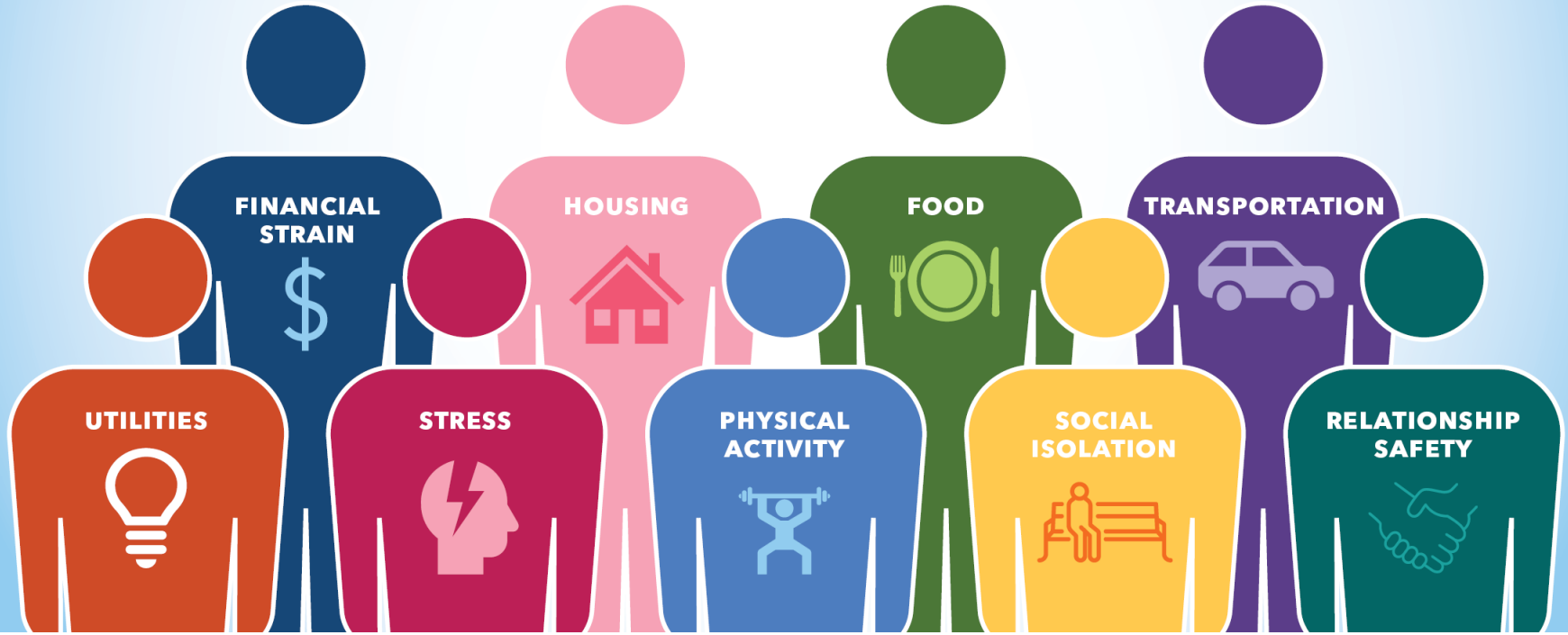
AWARDED TO

SOCIAL RISK SCREENER OF THE MONTH

Awarded this day,

Presenter name and Title

Tell Us About These Parts of Your Life



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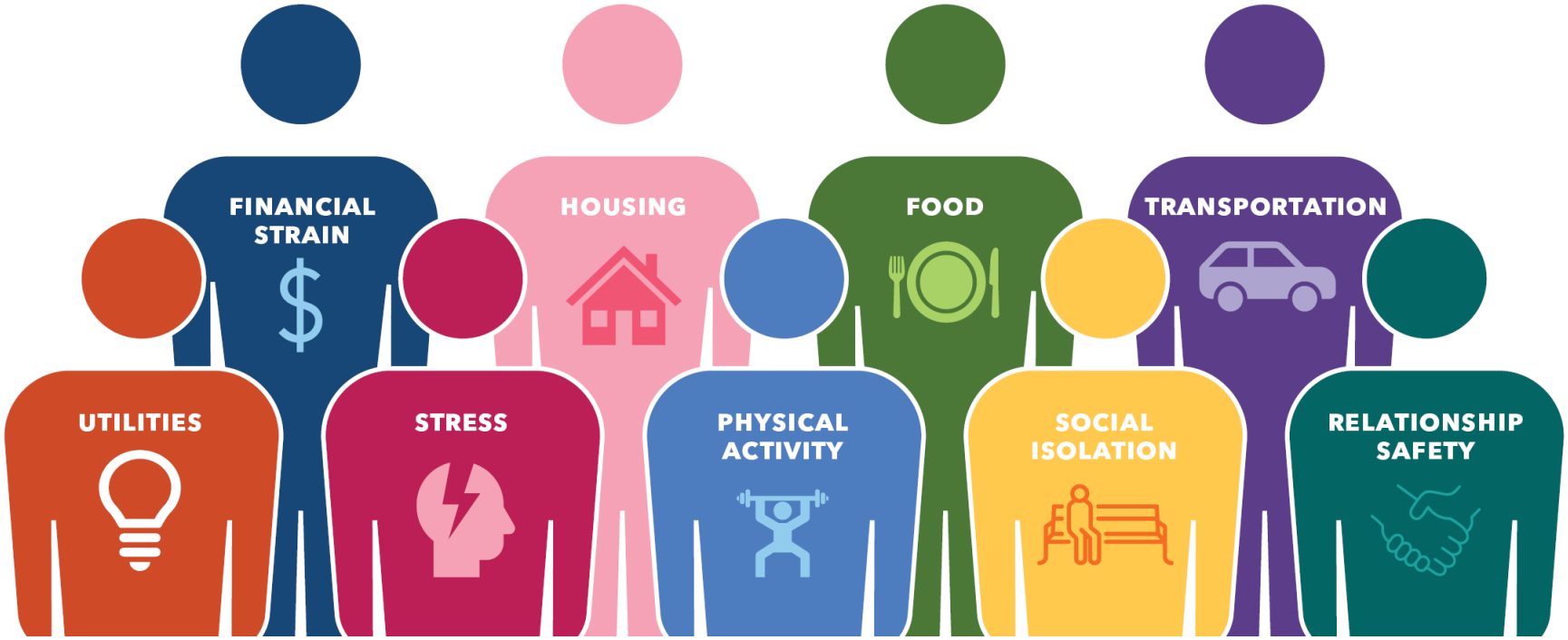

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