FAMILY HEALTH CENTERS AT NYU LANGONE

2019 Best Practices Forum

Social Determinants of Health

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Family Health Centers at NYU Langone

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Family Health Centers at NYU Langone

- Federally Qualified Health Center Network (Est. 1967)
  - Services & Programs Include
    - 8 Full time Primary Care Sites (Level 3 NCQA)
      - Dental clinics co-located at 5 sites
    - 48 School- Based Health/Dental Programs
      - 10 Primary Care, Mental Health, and Dental
      - 12 Primary Care, Mental Health
      - 25 Dental Only Clinics
    - 10-site Community Medicine Program serving 7,000 homeless New Yorkers
    - Community Programming Locations
      (i.e. Multiple Day Cares, Family Support Center, PRY)
    - Behavioral Health
    - Rehabilitation/ Physical Therapy
    - HIV Services
    - 340 B Drug Assistance Program
    - Teaching Health Center
    - Post-Doctoral Dental Residency Program

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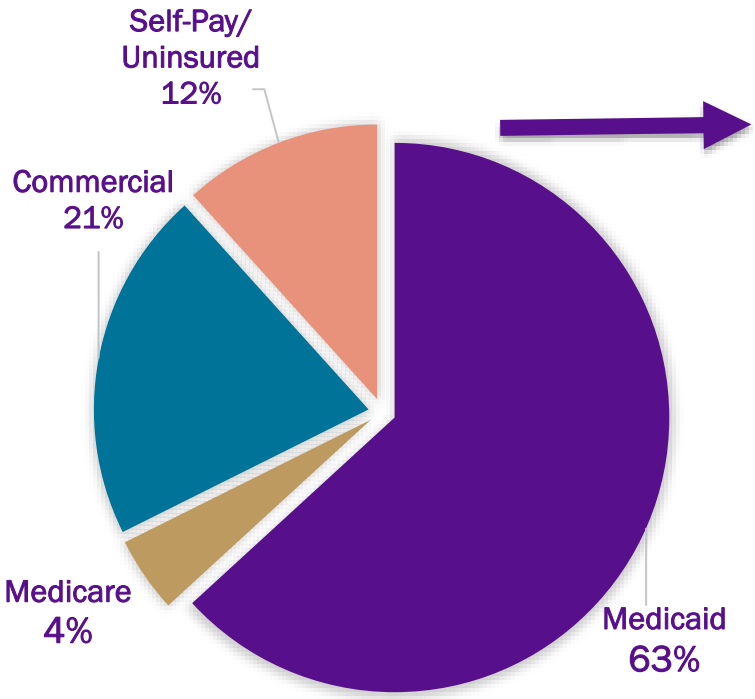
FHC Payor Mix



Sunset Park East has the highest percent of Medicaid beneficiaries of all New York City Neighborhood Tabulation Areas

More than 100,000 Medicaid beneficiaries reside in a Sunset Park zip code

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FHC Community Based Programs

- Continuous engagement with over 20,000 community residents through safety-net programming
  - Early childhood care and education
  - Youth development/after school programming
  - Community Development
  - Family support services
  - Services for older adults
- Oriented to needs of immigrant families from diverse origins: culturally competent, multilingual, multiple points of access, and free-of-charge

SNAP
ESL
Domestic Violence Programs
High School Equivalency/ GED
Medication Assistance Program
WIC
Housing Assistance
Career Counseling & Job Training
Nutritional Support
Immigration & Legal Support
Project SAFE
Neighborhood Centers
Early Childhood Centers
Reach Out & Read
Faith Health Partnership

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Z-codes as a mechanism to track SDOH

- No Current Incentive to use them
- What are current patterns of use
- What are they used for and why
- What is a useful mechanism to increase the submission of these codes

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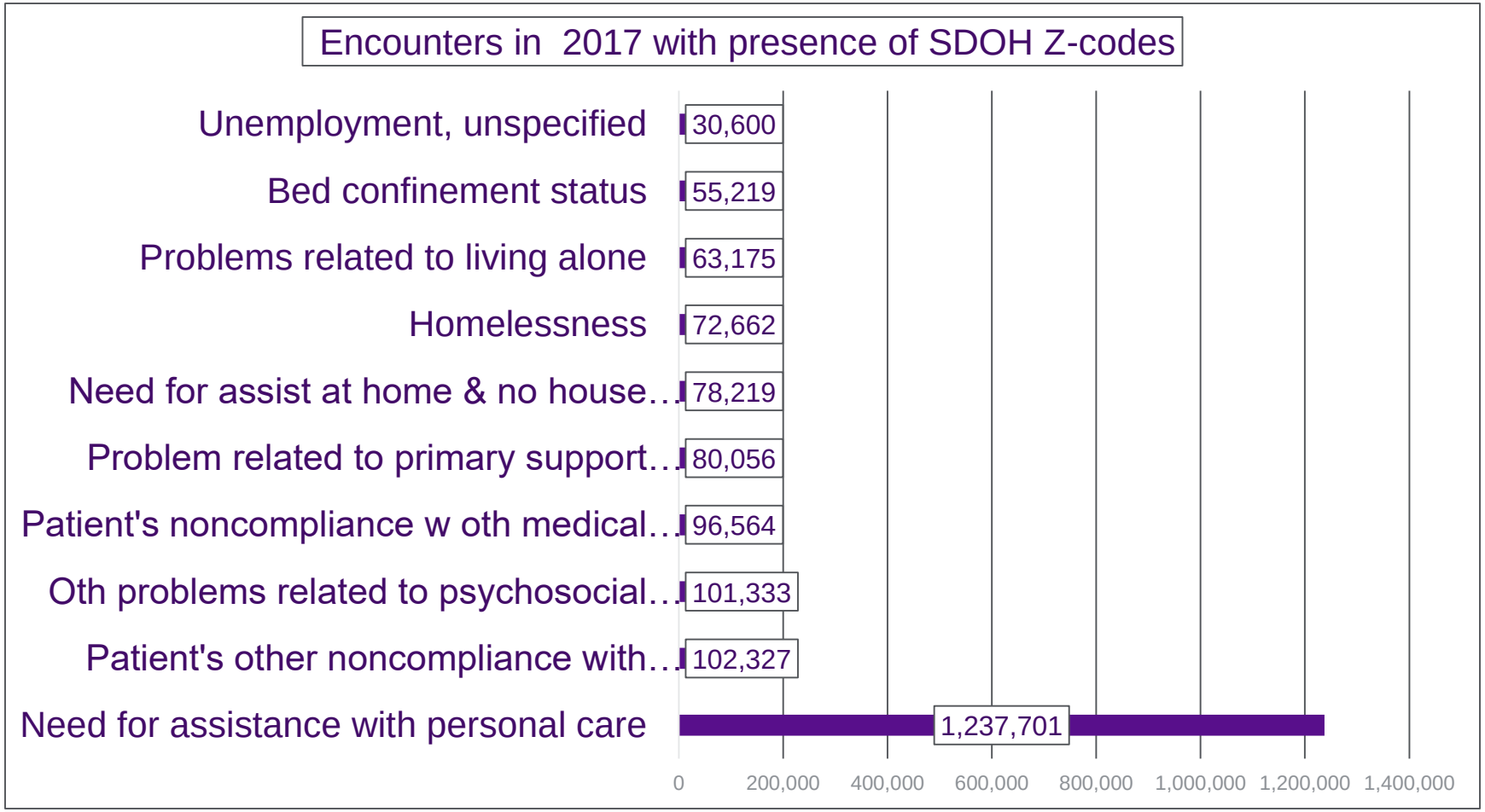
Medicaid Data Warehouse
Year 2017
Most Frequent SDOH Codes (ICD-10 only)



Situation

- Given the high prevalence of socioeconomic disparities within the patient population serviced at the Family Health Centers, we sought to leverage the electronic health record to identify Social Determinants of Health (SDH) and automate processes for social services referral and risk adjustment.
- Project goal is to create a workflow within the EHR where SDH can be identified through standardized screening and once identified an automated referral process as well as claim capture is created

No Variance in Z codes regarding the Population Screened

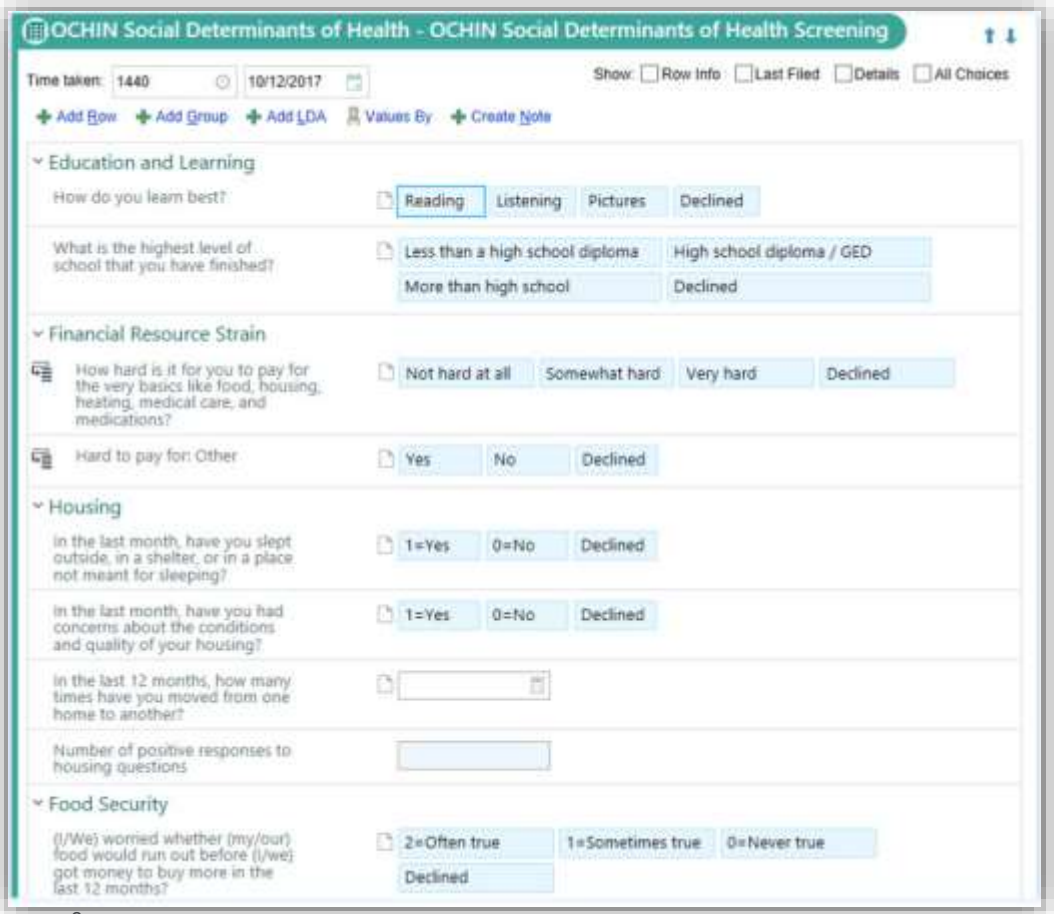
ICD Z Code Description	Initial Prenatal Number of Times Z codes used	% of Z codes used	New Patient Number of Times Z codes used	% of Z codes used
Z55.3 Underachievement in school	534	27%	136	23%
Z59.0 Homelessness	24	1%	15	3%
Z59.1 Inadequate housing	230	12%	68	12%
Z59.4 Lack of adequate food and safe drinking water	207	11%	59	10%
Z59.7 Insufficient social insurance and welfare support	175	9%	73	13%
Z63.8 Other specified problems related to primary support group	93	5%	35	6%
Z72.3 Lack of physical exercise	354	18%	97	17%
Z74.2 Need for assistance at home and no other household member able to render care	69	4%	12	2%
Z75.3 Unavailability and inaccessibility of health-care facilities	209	11%	80	14%
Z91.410 Personal history of adult physical and sexual abuse	55	3%	8	1%
Grand Total	**1950**		**583**	

NYU Langone Health

Background

A 10 question SDH (OCHIN) tool and Best Practice Advisory Alert was created in the presence of positive responses

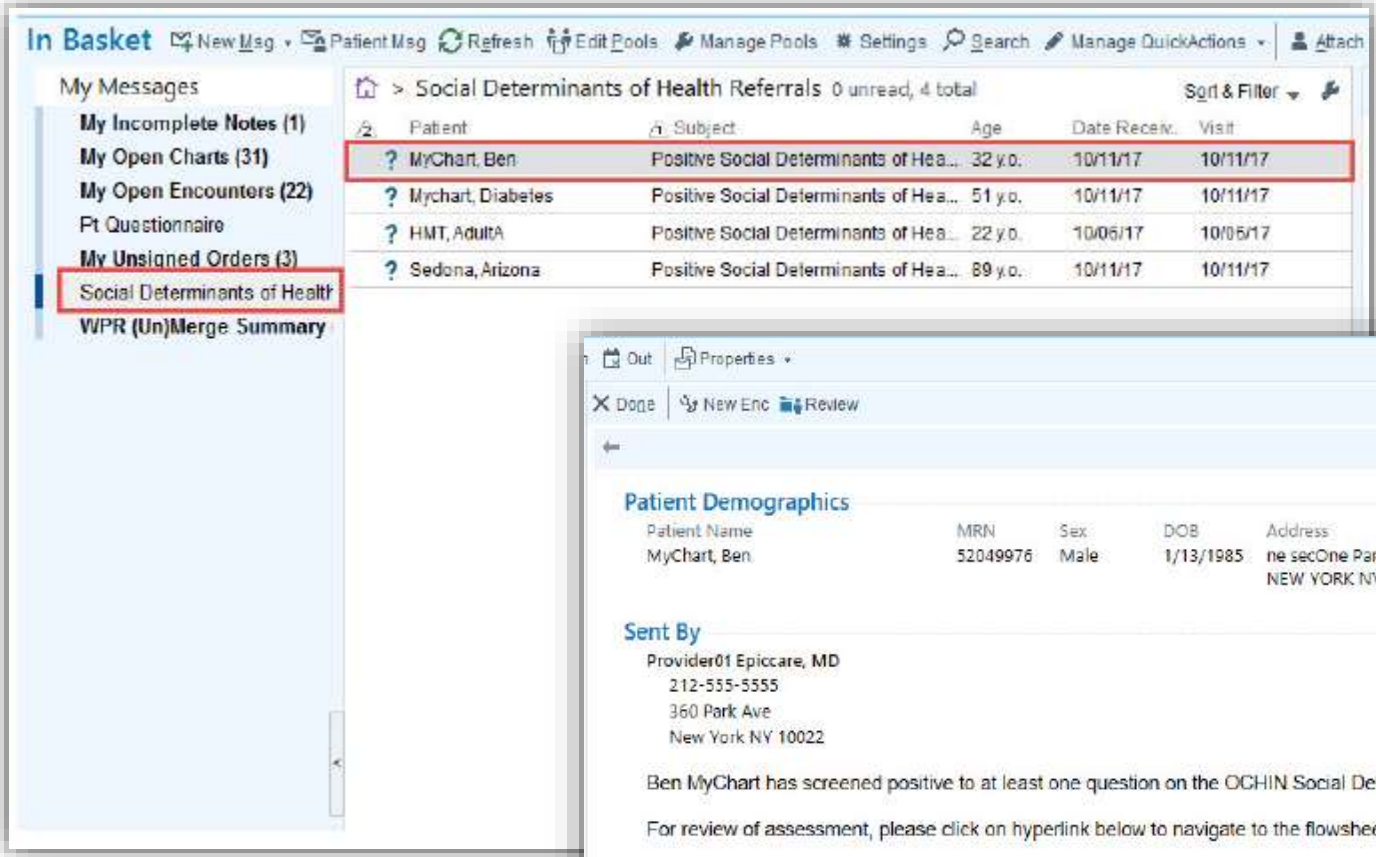
OCHIN tool embedded in EPIC

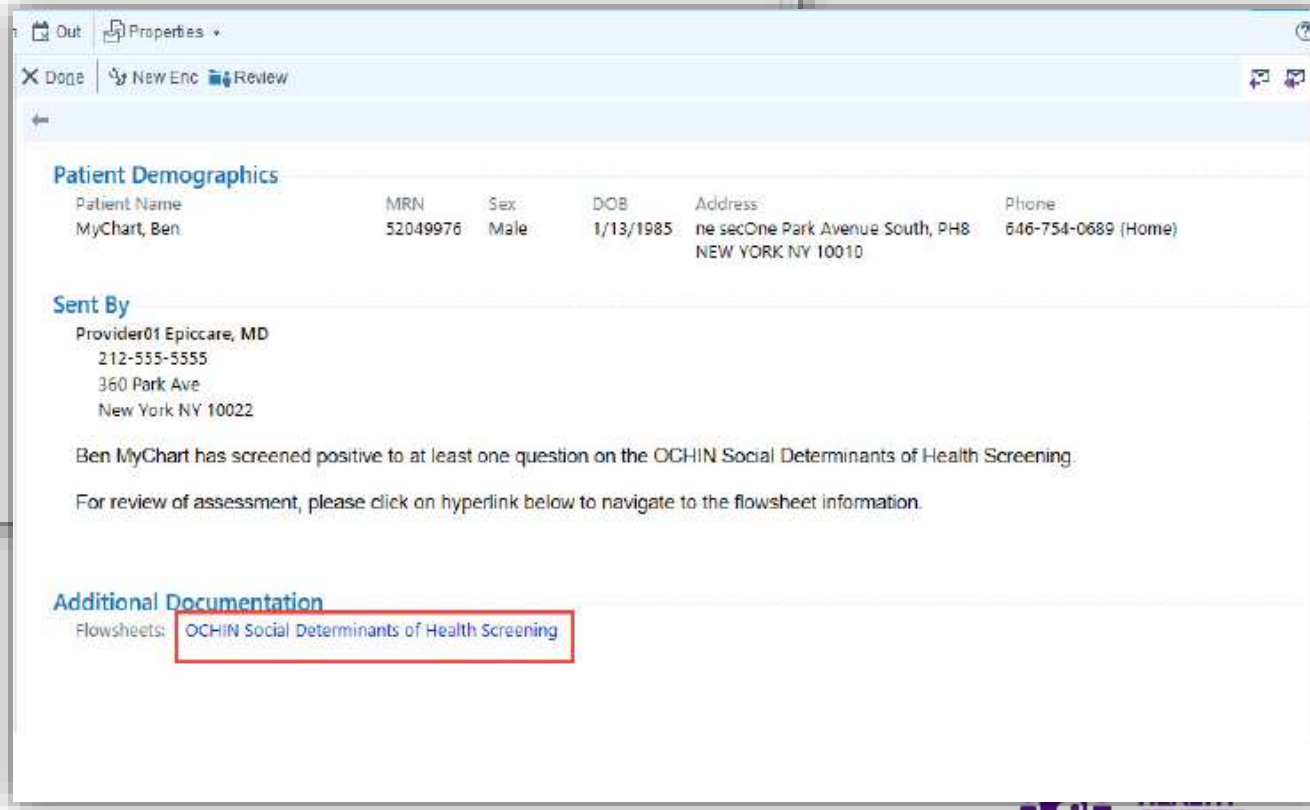


Best Practice Alert trigger SmartSet

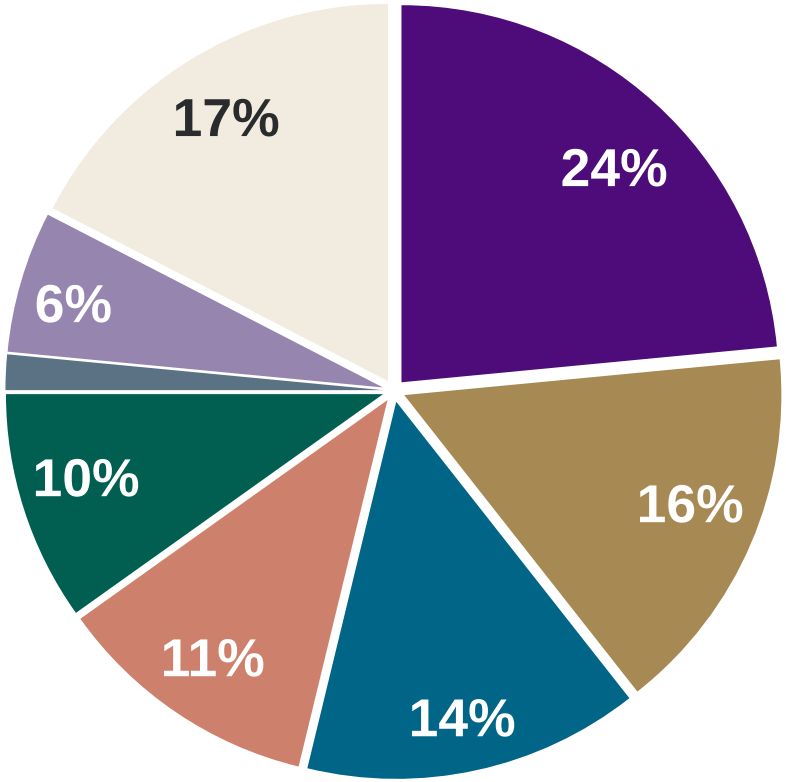
Order Set with ICD 10 Capture and Referral

In Basket Referral





Screen Positive Distribution for SDH



- Educational Underachievement
- Lack of Food
- Lack of Affordable Housing
- Lack of Access to Care
- Lack of Social Insurance
- History of Sexual and or Physical Abuse
- Inadequate Family Support
- Lack of Exercise*

*as defined as less than 150 minutes/ week of moderate strenuous activity

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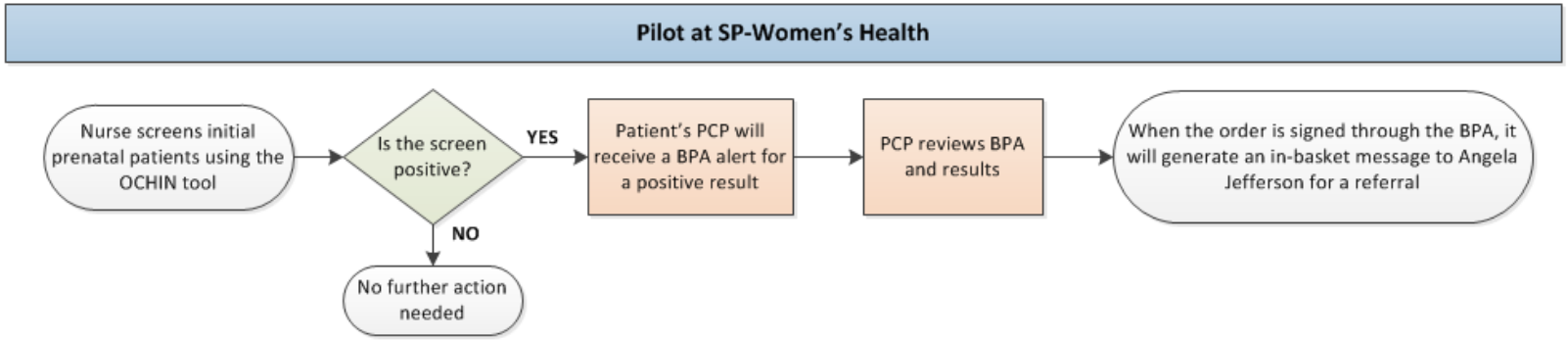
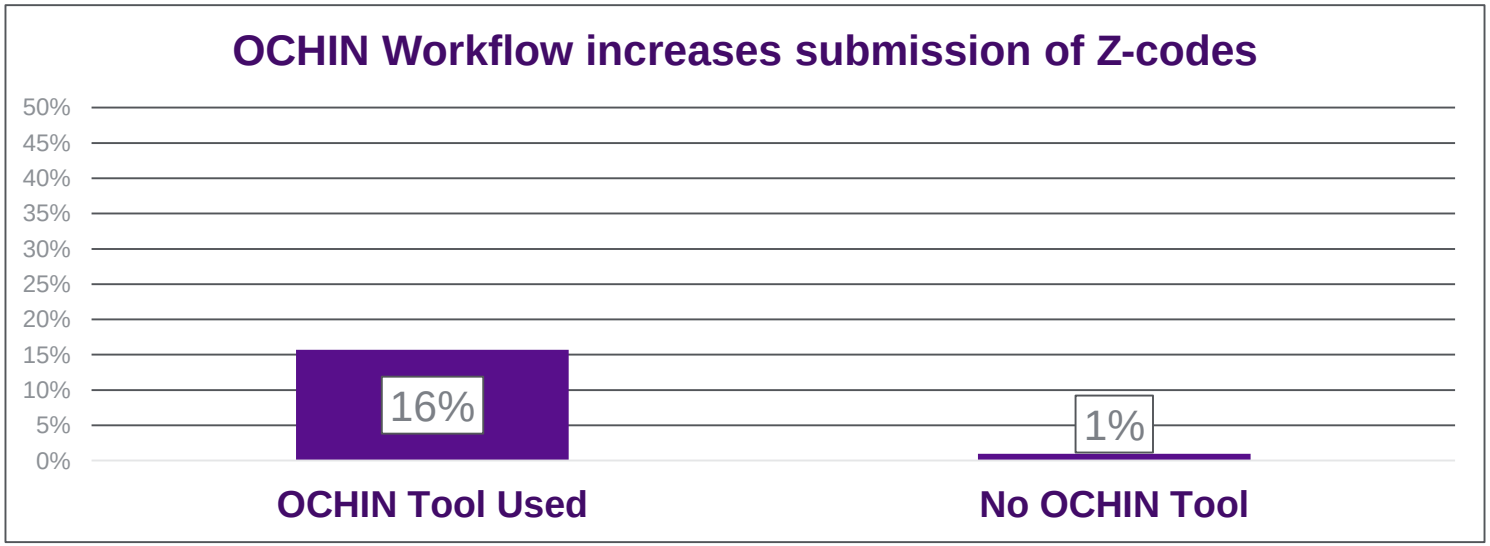
Workflow

- Staff at Women's Health Family Health Center received training on SDH by the Family Support Center Social Work and utilizing the OCHIN tool by MCIT staff



Sunset Park Family Health Center – Women's Health	Total Screened	Total Referred
Oct-17	27	4
Nov-17	82	15
Dec-17	79	11
Jan-18	82	15
Feb-18	73	11
Mar-18	65	4
Apr-18	78	7
May-18	101	10
Jun-18	46	5
Jul-18	69	12
Aug-18	91	15
Sep-18	69	13
Oct-18	35	6
Total	**897**	**60**



	OCHIN Tool Used	No OCHIN Tool Used
Z-code Submitted	141	2609
No Z-code Submitted	756	261480
Total	897	264089
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Recommendations

- Difficult lift to implement screening
- Provider value proposition is still outstanding
- Screening is about the intervention for positives
- Actual connection to resources still pending
- Cost factors still as yet undefined
- Churn management is an opportunity for limited groups (Homeless)

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Pediatric Social Determinants Research

Needs Screened For:

- Food Security
- Adult Education
- Child Supplies
- Childcare
- Housing Conditions
- Housing Stability
- Domestic Violence
- Benefits
- Legal
- Child Development

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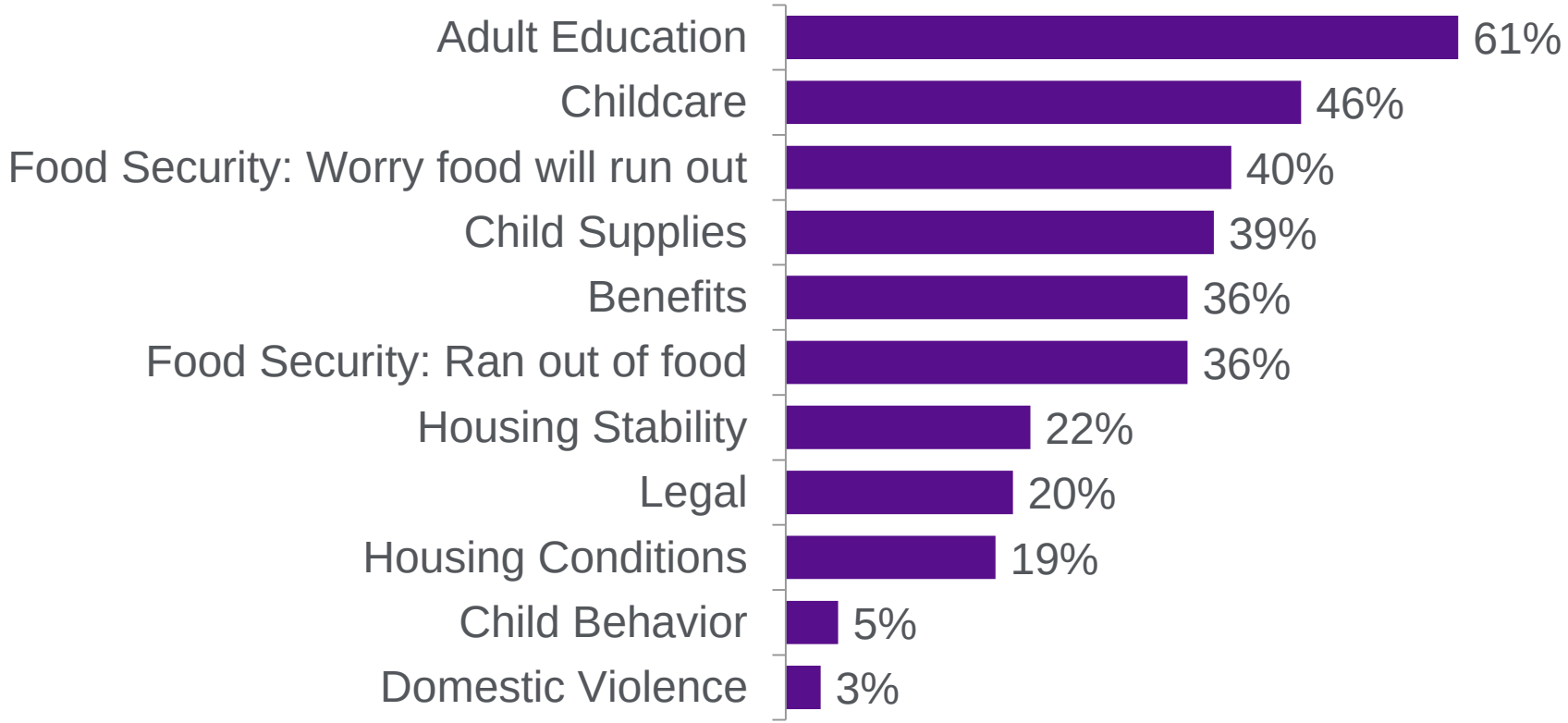
Case Study: Pediatric Families Social Needs Screenings

In January 2018, adult education, childcare, and food security were the top needs (127 families)

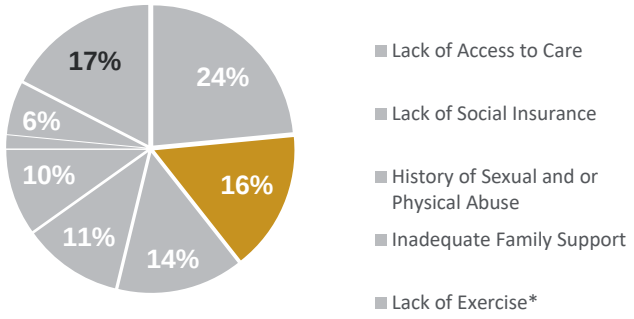


FOOD INSECURITY

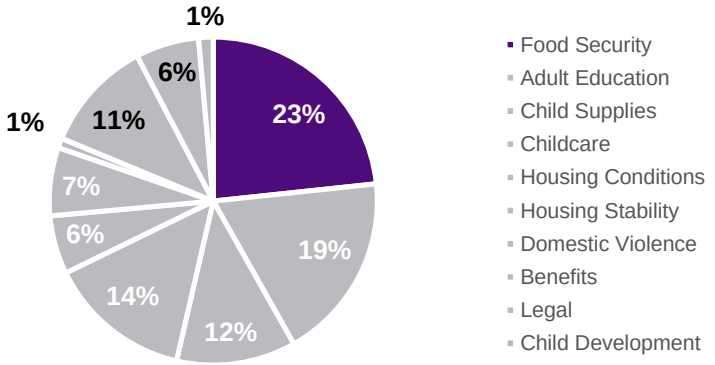
Social Needs Screenings reveal that Patients struggle with a Lack of Food

1 out of every 3 families screened > **Ran out of food in the past year and did not have money to buy more**

Adult Screens



Child Screens



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Food Insecurity and Health are Linked

Overview

- Food insecurity is detrimental to health and well-being.
- Can lead to poor health status, developmental risk, mental health problems, and poor educational outcomes.
- Food insecurity is especially problematic for children, as it can impact developmental growth, obesity, feeding practices and behavioral problems.
- Medical Providers play a critical 'first-responder' role to screen and identify patients who are at risk for food insecurity and connect them to programs to address food issues, before health outcomes deteriorate.

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The Challenge

Sunset Park has higher than average rates of food insecurity

- Sunset Park has been identified as a community with high food insecurity in need of additional resources by the NYC Food Assistance Collaborative
- Poverty rate is 29% - nearly three times higher than the NYC average.
- Over 80% of our FHC patients experience poverty.
- 1 in 3 families screened at FHC are food insecure (see next slide for details)

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IDENTIFYING & ADDRESSING FOOD INSECURITY AT A HEALTHCARE SITE

Infographic courtesy of: FeedingAmerica.org

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FHC at NYU Langone Response – Existing Interventions

- Universal SDOH screening for food insecurity
- On-site SNAP Enrollment and Outreach
- WIC (Women, Infant and Children) Supplemental Nutrition Program
- Emergency Food Voucher Program
- Family Support Center Food Pantry

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Single Stop SNAP Enrollment Initiative

In 2018, Single Stop USA, in collaboration with the Robin Hood Foundation, awarded the Family Health Centers at NYU Langone **a $200,000 annual grant for up to 5 years** to screen and enroll community members in Supplemental Nutrition Assistance Program, or SNAP, the federal government food stamp program.

ROBIN HOOD

Single Stop™

SNAP Supplemental Nutrition Assistance Program

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SNAP Enrollment Model

Screening for food insecurity and SNAP enrollment has been **integrated into intake processes** across six health center sites and multiple community based programs including WIC, Healthy Families, Adult Education and Workforce, and the Faith Health Partnership.

By strategically placing food insecurity screening and SNAP enrollment within the health center, a trusted community resource, we are **increasing access to benefits** and empowering community residents to improve their nutritional health.

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Single Stop SNAP Enrollment Impact

PROGRESS TO DATE:

- 1380 community residents screened
- 481 SNAP applications submitted
- The total drawdown of benefits so far is $991,547 (average of $2,916 per family per year)

WHO ARE WE HELPING:

The average household income of those that have been assisted is $16,478 with an average family size of 3.

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The Table Food Pantry

Launched in April 2019, The Table is meeting the need for emergency food services through a “client choice” model, conceptually similar to a grocery store. The Table is strategically co-located at the FHC’s Family Support Center, providing an opportunity to refer clients to the many social and health services available on-site well as through the broader Family Health Center network.

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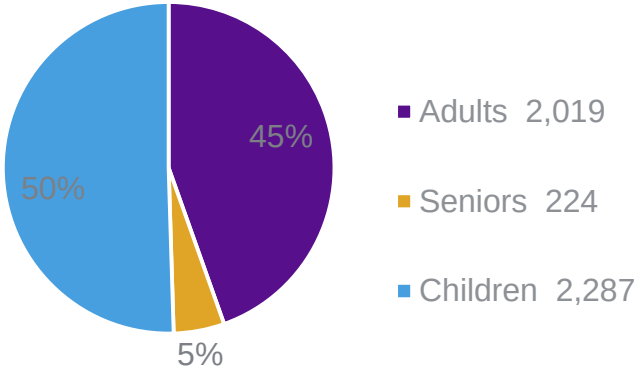
The Table Food Pantry Impact

PROGRESS TO DATE:

- Since the launch in April, the pantry has served a total of 4,530 people:



- A total food value of over $26,220 has been distributed since April.

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THANK YOU

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