



Social Risk Factors

A Roadmap to Incorporate Data by 2025

Community Webinar
March 22, 2023



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Health Plan Members



Medical Group Members



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Presenters



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Clinical Measure Developer



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Social Risk Factor Technical Advisory Group

Member	Organization	Type
Jill Coleman	Essentia	Provider
Macy Dotty	Cuyuna	Provider
Kate Hust, MD*	Hennepin Health Care	Provider
Stephanie Krieg*	Depart. of Human Services	Government
Bonnie LaPlante	MN Department of Health	Government
Rachael Lesch	CentraCare	Provider
Alisha Odhiambo*	BlueCross Blue Shield of MN	Health plan
Peggy Olson	Mayo	Provider
Sravani Vemireddy	MN Community Care	Provider
Mary Winter	PrimeWest	Health plan
* MARC Members		

THANK YOU!



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MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do



Multi-stakeholder
convening



Measure
developer



Data collection,
validation



Public
transparency

How MNCM data are used



Quality
improvement



Benchmarking



Value-based
payment



Reducing
disparities



Research
partnerships



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Today's Presentation



Project Background & Landscape



Social Risk Factor TAG
Exploration and Recommendations



Data Collection Methodology



Guiding Principles and Experiences



Audience Q&A



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Project Background & Landscape



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MNCM Strategic Priority

Strategic Priority	Key Activity/ Goal	Measures of Success
Prioritizing Health Equity Improvement by Embedding in All Areas of Work	Incorporate data on social risk factors into core activities	Engage stakeholders to identify priorities and data needs to support equity improvement.
		Engage health care industry stakeholders to review results of the landscape assessment on collection of social risk factor data, including more granular race and ethnicity data, to develop recommendations on priority focus areas for 2022-2025.
		Define technical requirements and produce a roadmap by the end of FY2022 outlining the steps needed to incorporate social risk factor data into MNCM core activities by 2025.

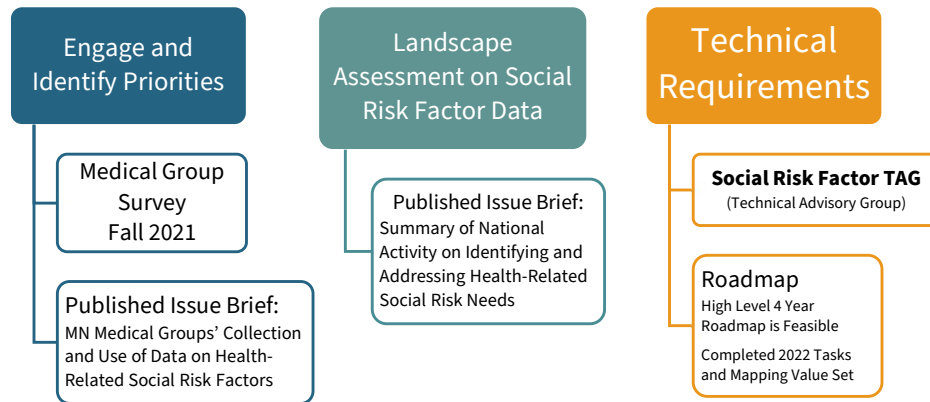


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Progress on Health Equity Measures of Success



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Social Risk Factor Project Goals

Data Standardization



Harmonization

- Address frustration & fragmentation with reliable cross mapping



Aggregation

- See the big picture
- Gain better understanding of the population



Enable Comparison

- Population characteristics influence outcomes



Evaluate Improvement

- Intervention strategies
- Equitable improvement over time



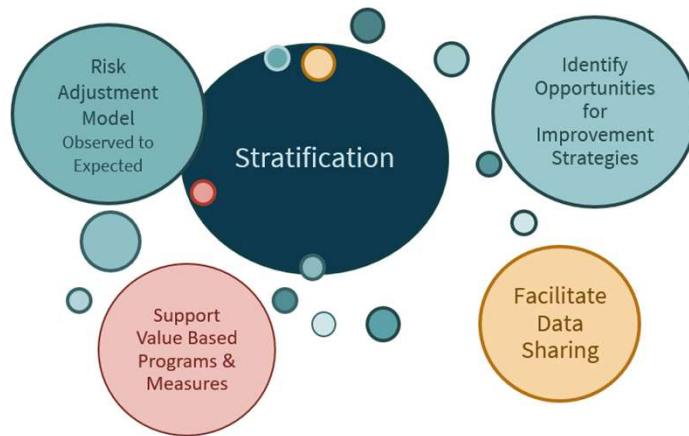
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Potential Uses of SRF Data

- Understand how risk factors affect outcomes (quality measures)
- Comparative information to identify “bright spots” and opportunities for improvement
- Potential use in risk adjustment of quality measures
- Potential use of MNCM data in value-based payment – incentives to close gaps



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National Landscape



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Social Risk Factors — Projects

- Substantial amount of activity on a national level

- Increased attention to disparities in economic and social circumstances in part due to covid-19 pandemic and the social unrest following the death of George Floyd

- SIREN SOCIAL INTERVENTIONS RESEARCH AND EVALUATION NETWORK

- Strives to improve health and health equity by advancing high quality research
- Screening tool comparisons
- State of the Science Report – “a thousand flowers blooming”



- Gravity Project

- Nationwide collaborative effort to develop consensus standards for coding data for social determinants of health (SDOH) in EMRs



- CMS Innovation (CMMI)

- All models now require to collect and report demographic data and as appropriate, data on social needs and SDOH



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Social Risk Factors — Measures

New in 2023

- Screening for Social Drivers of Health (QPP# 487)

- Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
- Physicians Foundation- MIPS CY 2023
 - Included in all specialty sets
 - does not require the use of a specific tool

- Social Need Screening and Interventions (SNS-E)

- The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive
 - NCQA HEDIS Electronic Clinical Data Collection (ECDS)
 - Screening requires specific tools (Gravity) and LOINC coded questions and responses must be recorded for numerator credit

FOCUS:

1. Food
2. Housing
3. Transportation
4. Utilities
5. Interpersonal Safety



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Social Risk Factors — Work in Progress

- Despite high interest and a clear need for action, much is still unknown about the best screening tools, screening strategies, and interventions
 - Systematic review of SRF tools found lacking validity and reliability
 - USPSTF more evidence needed to determine whether screening, identifying and addressing social risk factors improves health outcomes
- Movement towards standardization- but not entirely there yet
- Even with limitations, improving health equity by addressing “upstream” factors is a clear priority for stakeholders both in MN and nationally



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Local Landscape

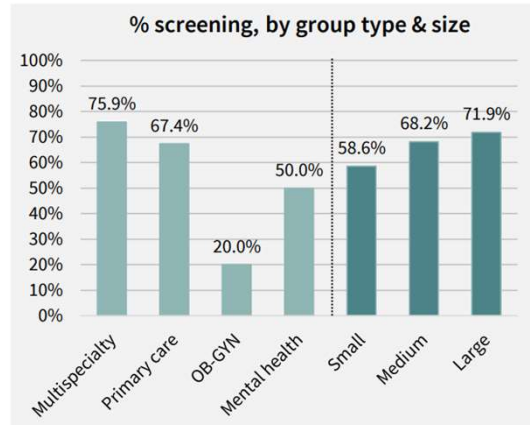
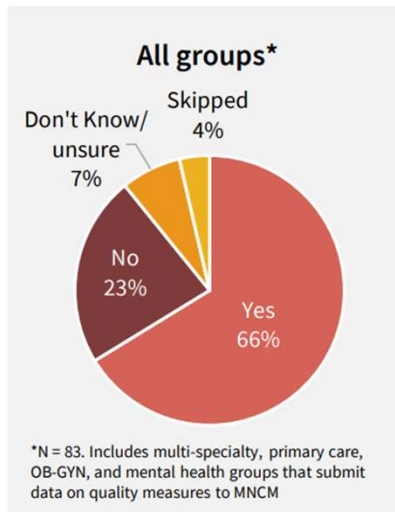
2021 MNCM Survey of Medical Groups



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Who is screening for health-related social risk factors?



83 Medical Groups • 933 clinic locations

66% already screening for SRF

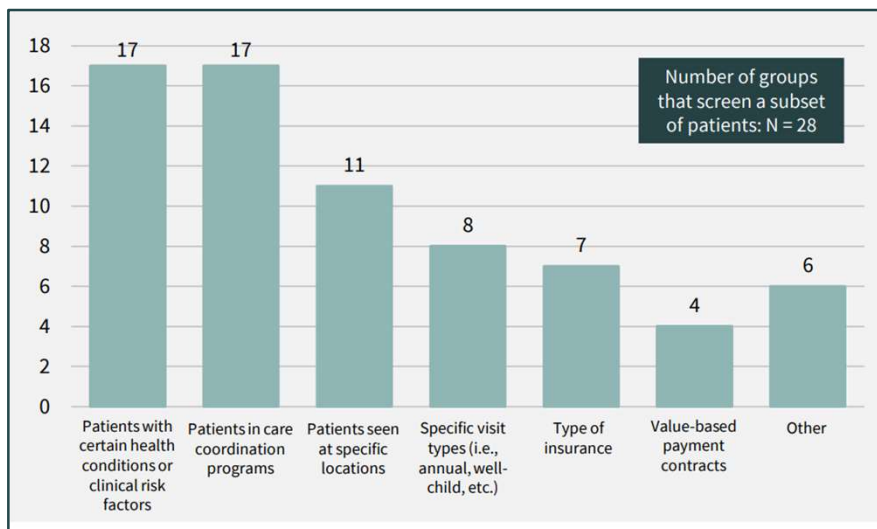


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What patients are being screened?



42%
of groups that
screen for
social risk
factors screen
all patients

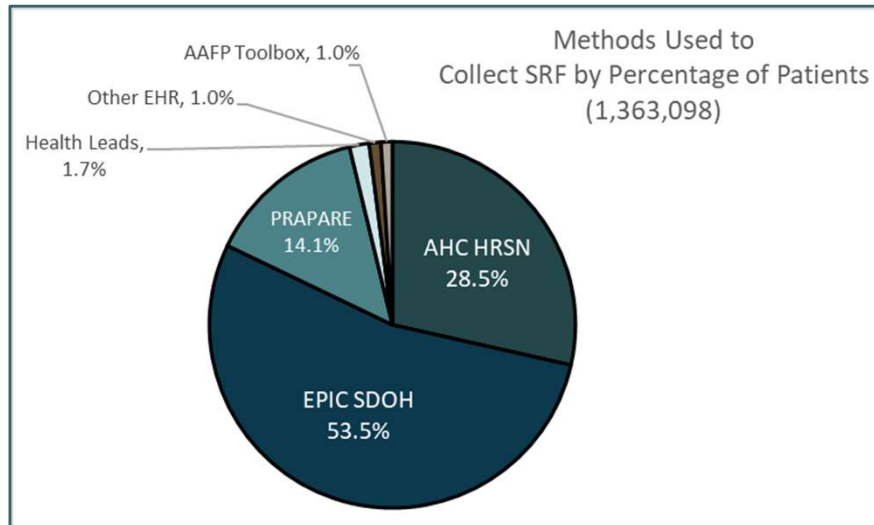


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What tools are being used to collect SRF data?

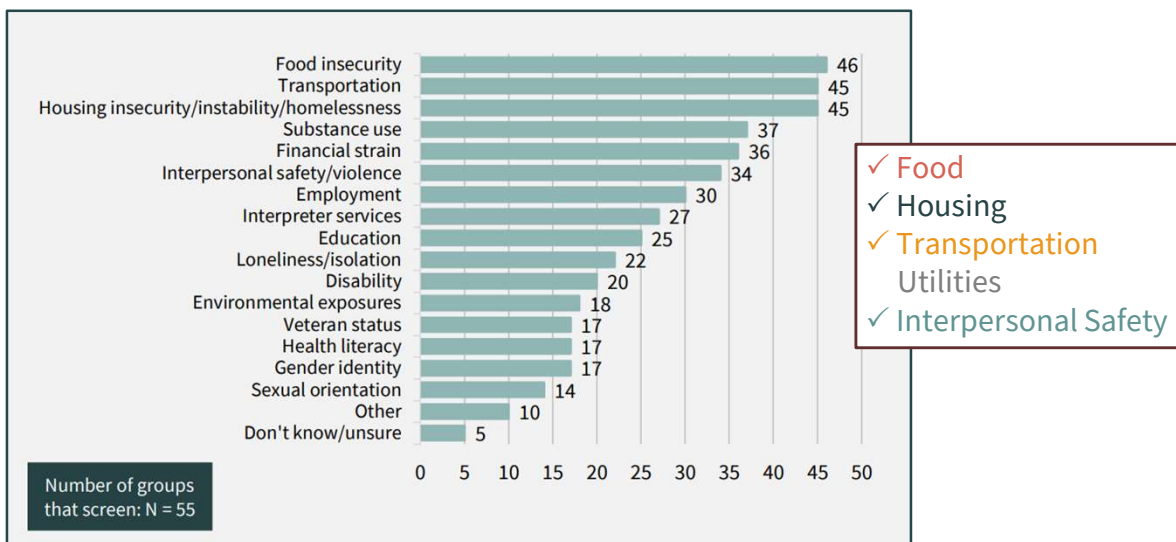


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What health-related social risk factors are being collected?



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Social Risk Factor TAG Exploration & Recommendations



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SRF TAG Workgroup Charter

Convened to provide **technical guidance** and input into the development of a roadmap **outlining the steps** MNCM will take to incorporate **social risk factor** data into MNCM core **data collection** activities by **2025**

- Gain understanding of technical considerations and the best practices for implementation
- Consider emerging national standards
- Determine what steps are necessary to prepare for the submission of SRF data



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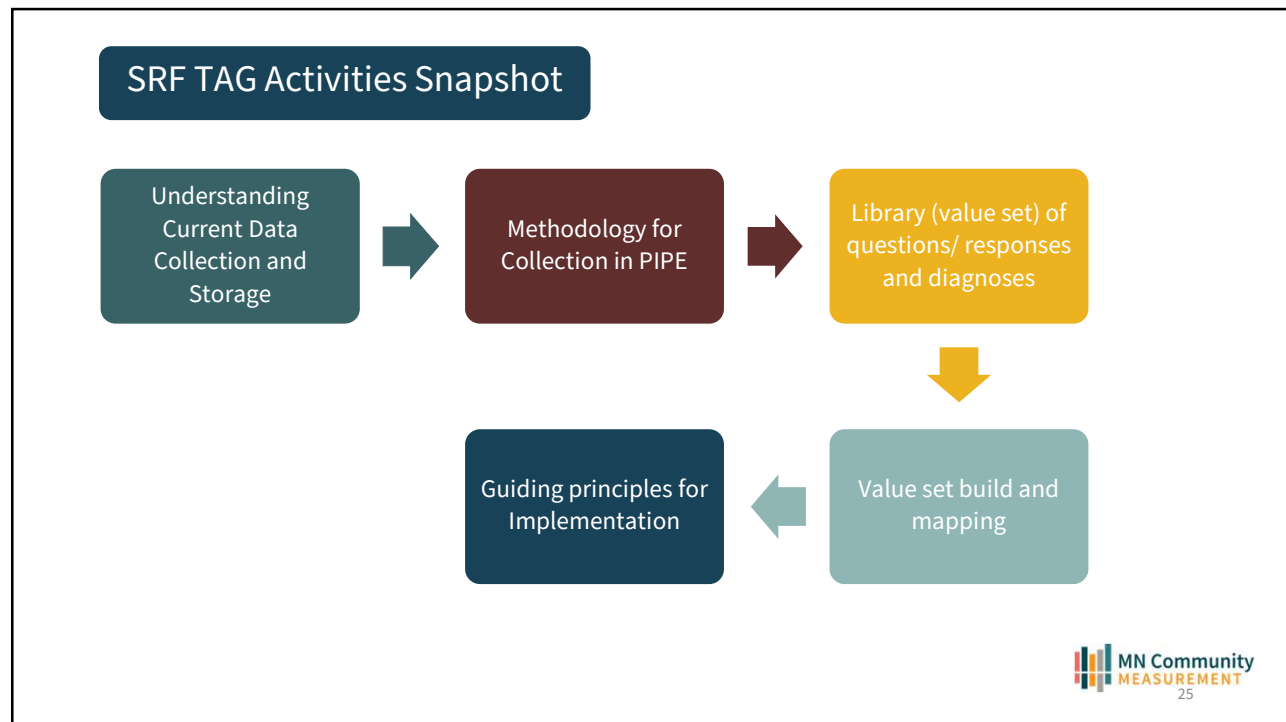
Social Risk Factors for Exploration

SRF Code	Social Risk Factor
1	Food Insecurity
2	Housing Instability
3	Transportation
4	Utility Assistance
5	Interpersonal Violence
6	Education
7	Financial Strain
8	Social Isolation
9	Substance Use *
10	Homelessness

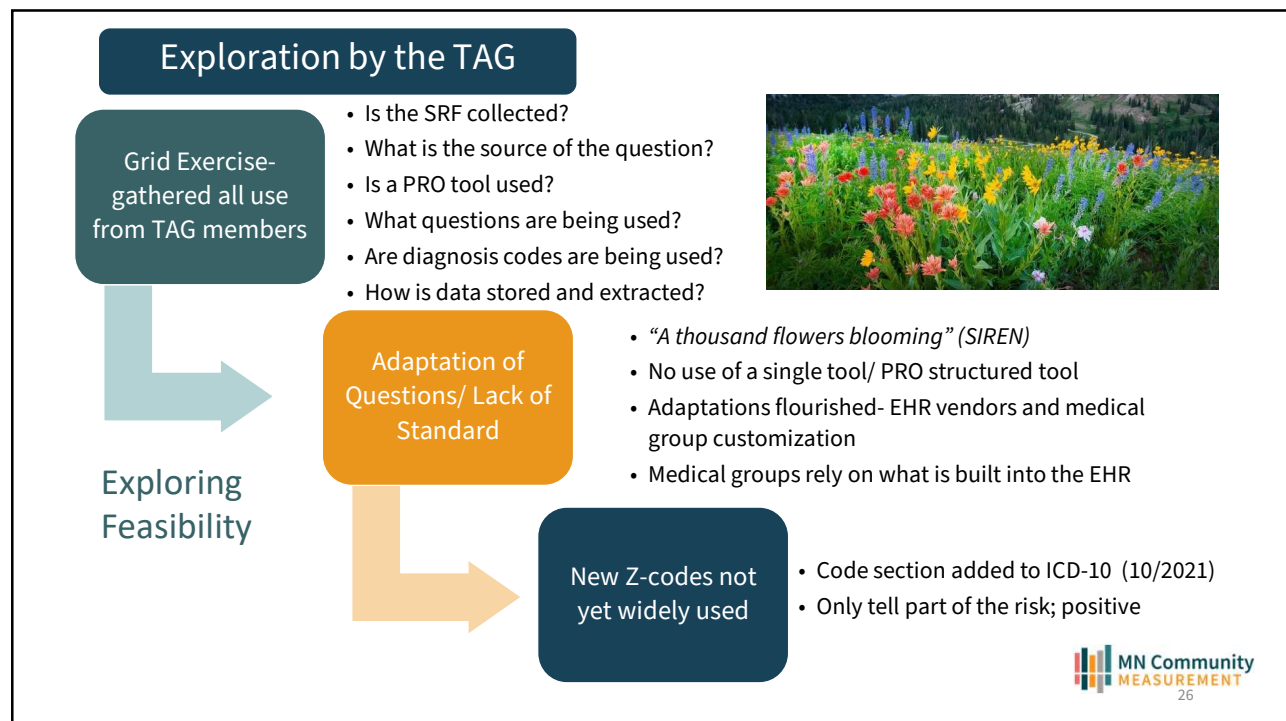
* pause for privacy evaluation

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Understanding Current Data Collection and Storage

What did we learn?

- Most groups are already collecting the 10 SRF variables
 - combination of questions (most common) and diagnoses (less common)
- Medical groups rely on questions built into the EHR by the vendor
 - can also customize questions ↑ variation
- Source of questions is somewhat `ala carte
 - no one using a single PRO tool
- Asked during the rooming process or pushed out by patient portal
- Health plans additionally survey members

Social Risk Factor	SRF TAG	MNCM Survey
Food insecurity	■ ■ ■ ■ ■	84%
Housing instability	■ ■ ■ ■ ■	82%
Homelessness	■ ■ ■	-
Transportation	■ ■ ■ ■ ■	82%
Utility assistance	■ ■ ■	-
Interpersonal violence	■ ■ ■ ■ ■	62%
Education	■ ■ ■	45%
Financial strain	■ ■ ■ ■ ■	65%
Social isolation	■ ■ ■ ■ ■	40%
Substance use *	■ ■ ■ ■ ■	67%

No real opportunity to standardize to one tool, one definition, or one set of questions

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Understanding Current Data Collection and Storage

Variability in Questions and Responses

Example of Social Risk Factor Questions/ Responses

Question	Responses	Mapping to SRF
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Sometimes true	Food Insecurity Positive
	Often true	Food Insecurity Positive
	Never true	Food Insecurity Negative
	Patient refused	Food Insecurity Patient Refused
Within the past 12 months, the food you bought just didn't last and you didn't have money to buy more.	Sometimes true	Food Insecurity Positive
	Often true	Food Insecurity Positive
	Never true	Food Insecurity Negative
	Patient refused	Food Insecurity Patient Refused
Do you worry your food will run out before you are able to buy more?	Yes	Food Insecurity Positive
	No	Food Insecurity Negative
In the last 30 days, did you ever eat less than you felt you should because you didn't have enough money for food?	Yes	Food Insecurity Positive
	No	Food Insecurity Negative

Example Related Diagnosis Codes

Diagnosis Description	Diagnosis Code	Mapping to SRF
Food insecurity	Z59.41	Food Insecurity Positive
Other specified lack of adequate food	Z59.48	Food Insecurity Positive

- Slight adaptations of questions and responses
Until EHR vendors standardize and add back-end LOINC coding
- All can be **reliably** mapped to a positive or negative SRF
- If a question cannot reliably capture the intent of the SRF
→ Do not use the question
 - ♦ marital status ≠ social isolation

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Understanding Current Data Collection and Storage

Storage and Extraction

- Stored as the raw text questions and responses but are in structured fields (flowsheets)
- Diagnoses captured on the patient's problem list or as an encounter diagnosis
 - Problem list can be sensitive especially when displayed to the patient
- No current use of LOINC coding for questions/ responses
 - Can built this capacity for future use

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Technical Decisions

Decision	Details
1. Allow for two methods of collecting SRF- Questions and Diagnosis	<ul style="list-style-type: none"> ▪ Question/ Response + Programmed Result ▪ Diagnoses on encounter or problem list
2. SRF collection encouraged but not a required field	<ul style="list-style-type: none"> ▪ Build capacity to collect all ten SRF data elements; fields are situational and not required
3. New Social History file created for PIPE to accept questions & responses	<ul style="list-style-type: none"> ▪ File accepts questions/ responses and result is programmed ▪ Build capacity to accept LOINC codes (future applicability)
4. Only use reliable single questions to determine SRF status	<ul style="list-style-type: none"> ▪ No multiple question response scoring ▪ Ok to rely on diagnosis codes if single questions not reliable
5. Build a library of acceptable questions and responses	<ul style="list-style-type: none"> ▪ Map question and response combinations to SRF status ▪ Have capacity to build/ modify/ add

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Data Collection Methodology



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Methodology for Collection in PIPE

Need a method for both questions & diagnoses

- Two steps needed; SRF found by either method can be used
- Need a new Social History file to accept data asked via questions



Identify and Store SRF Diagnoses

- Value set of applicable SRF diagnosis codes
- Positive values identified via programming and stored for use in reporting



Import SRF Question/Response

- Questions and responses contained in master value set; flexibility to add questions
- Programming to provide mapping results. Do not want to add burden by having provider map which would also be difficult to validate



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Methodology — Diagnosis

Two Step Process

1. Diagnoses
2. Questions and Responses

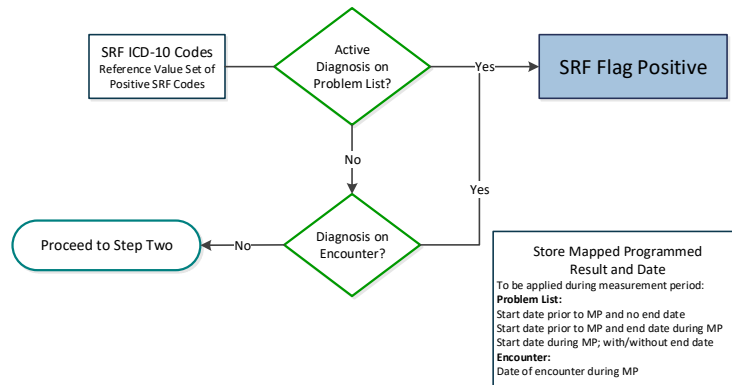
Step One:

Evaluate Problem List and Encounters

Methodology for Collection in PIPE

ICD-10 Diagnosis Codes

- Active on the problem list **OR**
- Diagnosis present on an encounter
- Only expressed as a positive SRF (presence = positive)
- Date of diagnosis occurs or is active during the measurement period



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Problem List File					
Element Order	Field Name	Details	Required or Situational	Format/Field Length	Error Causes
<ul style="list-style-type: none"> • Required: Data element required to be included in submission file. Blanks will cause upload errors. • Situational: Data element should be submitted if data applicable and available in a discrete field that can be queried. 					
1	Patient ID	<ul style="list-style-type: none"> • Unique patient identifier. • Identifier must be used consistently across all data files and all submissions. • DO NOT use SSN. • If identifiers must change between submissions, contact MNCM at support@mncm.org. 	R	String; up to 50 characters	Blank fields
2	Diagnosis Coding System	1 = ICD-10 2 = ICD-9 3 = SNOMED	R	Number; 1 digit	Blank fields Values outside allowable range
3	Diagnosis Code	All applicable characters, including decimals and trailing zeros, MUST be included	R	String; up to 50 characters	Blank fields
4	Start/Active Date		S	mm/dd/yyyy or m/d/yyyy	
5	End/Inactive Date		S	mm/dd/yyyy or m/d/yyyy	

Example Problem List Mapping

Patient ID	Diag CS	Diagnosis Code	Description	Start/Active Date	End/Inactive Date
a-001	1	E11.31	Type 2 diabetes mellitus with unspecified diabetic retinopathy	2/22/2011	
a-001	1	I10	Essential (primary) hypertension	5/07/2015	
a-001	1	J20.2	Acute bronchitis due to streptococcus	12/15/2021	1/09/2022
a-001	1	Z59.811	Housing instability, housed with risk of homelessness	6/17/2022	
b-002	1	C57.4	Malignant neoplasm of uterine adnexa, unspecified	3/22/2022	
b-002	1	D70.1	Agranulocytosis secondary to cancer chemotherapy	7/12/2022	8/21/2022
b-002	1	Z56.0	Unemployment, unspecified	9/4/2022	

Housing Instability Positive

Financial Strain Positive



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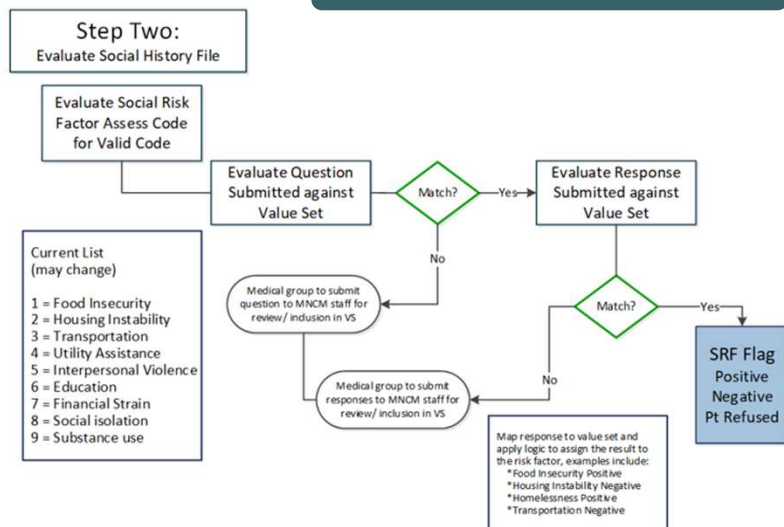
Social Risk Factor Questions

- New file for PIPE- Social History
- Method evaluates each single question and its response; each question/ response combination is a “row” in the file
- Date of assessment occurs during the measurement period
- Build a library (value set) of acceptable questions and associated responses
- Programming to identify/map and store SRF results (e.g., positive, negative, refused)
- Medical groups or plans can submit new SRF questions for consideration; add to library



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Methodology – Questions



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Social History File

Element Order	Field Name	Details	Required or Situational	Format/Field Length	Error Causes
1	Patient ID	<ul style="list-style-type: none"> Unique patient identifier. Identifier must be used consistently across all data files and all submissions. DO NOT use SSN. If identifiers must change between submissions, contact MNMCM at support@mncm.org. 	R	String; up to 50 characters	Blank fields
2	Date of Assessment	Enter the date that the social risk factor was assessed	R	mm/dd/yyyy or m/d/yyyy	
3	Social Risk Factor Assessed Code	Enter one of the following codes that indicates the social risk factor (SRF) that was assessed for the patient. Each code relates to an SRF question type as follows: 1 = Food Insecurity 2 = Housing Instability 3 = Transportation 4 = Utility Assistance 5 = Interpersonal Violence 6 = Education 7 = Financial Strain 8 = Social isolation 9 = Substance use 10 = Homelessness <i>(calculated, do not use this number)</i>	R	Number; 1-2 digits	Blank fields Values outside allowable range
4	Social Risk Factor Question	For each social risk factor assessed on the date of assessment, enter the exact question that was asked of the patient. A single social risk factor (SRF) may have multiple different questions, include all questions related to the SRF entry. Enter one row for each question/ response. (e.g., Within the past 12 months, you worried that your food would run out before you got the money to buy more.) Refer to the SRF value set for mapping of questions and responses	R	String	Question not contained in current library (value set)

Element Order	Field Name	Details	Required or Situational	Format/Field Length	Error Causes
5	Social Risk Factor Response	For each SRF question asked of the patient, enter the patient's response to that question. (e.g., Sometimes true, Often true, Never true or Patient Refused)	R	String	Response not contained in current library (value set)
6	LOINC Question Code	If available, enter the LOINC code for the question that was asked of the patient.	S	Example 88122-7	
7	LOINC Response Code	If available, enter the LOINC code for the response that was the patient provided.	S	Example LA28397-0	
8	Referral Date	Enter the date that a referral for services related to this positive SRF was made.	S	mm/dd/yyyy or m/d/yyyy	

1. Patient ID
2. Date of Assessment
3. Social Risk Factor Assessed Code
4. Social Risk Factor Question
5. Social Risk Factor Response
6. LOINC Question Code
7. LOINC Response Code
8. Referral Date



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Example File Layout* and Mapping of Results

Example Social History File

Patient ID	Date of Assessment	SRF Code	Social Risk Factor Question	Social Risk Factor Response	LOINC Question Code	LOINC Response Code	Referral Date	
a-001	6/17/2022	2	What is your living situation today?	I have a place to live today, but I am worried about losing it in the future	71802-3	LA31994-9	6/18/2022	Housing Instability Positive
a-001	6/17/2022	1	Do you worry your food will run out before you are able to buy more?	Yes			6/28/2022	Food Insecurity Positive
a-001	6/17/2022	5	Within the last year, have you been afraid of your partner or ex-partner?	No				Interpersonal Violence Negative
b-002	9/4/2022	3	Does lack of transportation keep you from medical appointments?	Yes			9/4/2022	Transportation Positive
b-002	9/4/2022	2	What is your living situation today?	I have a steady place to live	71802-3	LA31993-1		Housing Instability Negative
b-002	9/4/2022	4	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Already shut off			9/5/2022	Utility Assistance Positive



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* Completely fake data

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Example Social Isolation

Library of Questions and Diagnoses

Questions Selected for Social Isolation

SRF	F	Question	Response	Programming
Social Isolation	8	Do you often feel lonely or isolated from those around you?	Yes	Social Isolation Positive
Social Isolation	8	Do you often feel lonely or isolated from those around you?	No	Social Isolation Negative
Social Isolation	8	How often do you feel lonely or isolated from those around you?	Never	Social Isolation Negative
Social Isolation	8	How often do you feel lonely or isolated from those around you?	Rarely	Social Isolation Negative
Social Isolation	8	How often do you feel lonely or isolated from those around you?	Sometimes	Social Isolation Negative
Social Isolation	8	How often do you feel lonely or isolated from those around you?	Often	Social Isolation Positive
Social Isolation	8	How often do you feel lonely or isolated from those around you?	Always	Social Isolation Positive
Social Isolation	8	Do you feel you like you have a good support system for times when you might not feel well?	Yes	Social Isolation Negative
Social Isolation	8	Do you feel you like you have a good support system for times when you might not feel well?	No	Social Isolation Positive
Social Isolation	8	Do you live with others or near others that can help you during times when you might not feel well?	Yes	Social Isolation Negative
Social Isolation	8	Do you live with others or near others that can help you during times when you might not feel well?	No	Social Isolation Positive

Example of Questions Not Selected for Social Isolation

Are you married, widowed, divorced, separated, never married, or living with a partner?

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

Diagnosis Codes for Social Isolation

SRF	RF C	ICD-1	Description	Programming
Social Isolation	8	Z60.2	Problems related to living alone	Social Isolation Positive
Social Isolation	8	Z60.4	Social exclusion and rejection	Social Isolation Positive
Social Isolation	8	Z60.8	Other problems related to social environment	Social Isolation Positive
Social Isolation	8	Z60.9	Problem related to social environment, unspecified	Social Isolation Positive
Social Isolation	8	Z63.8	Other specified problems related to primary support group	Social Isolation Positive

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Status of Library

Code	SRF	Questions	Responses	Diagnoses
1	Food Insecurity	7	13	2
2	Housing Instability	5	16	8
3	Transportation	9	13	1
4	Utility Assistance	4	9	0
5	Interpersonal Violence	13	14	85
6	Education	0	0	7
7	Financial Strain	4	13	11
8	Social Isolation	4	7	5
9	Substance Use *	6	12	369
10	Homelessness	0	3	3
	* pause for privacy evaluation	52	100	491

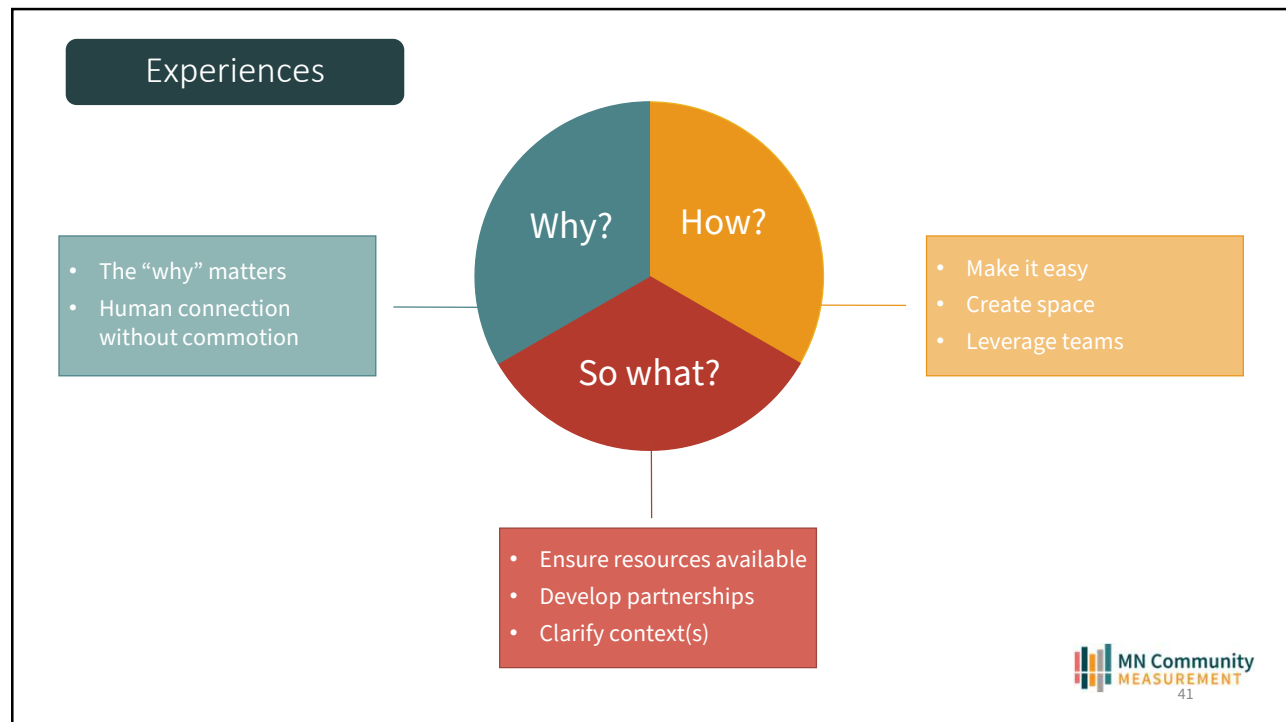
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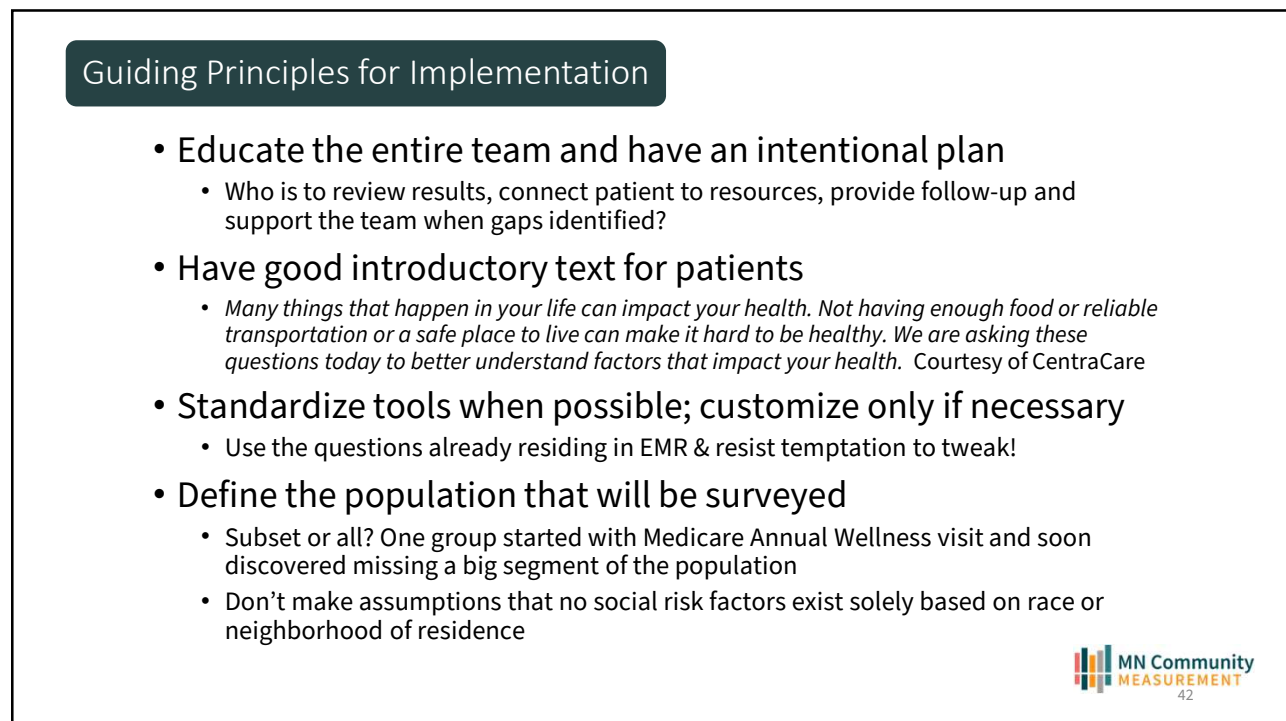
Experiences and Guiding Principles



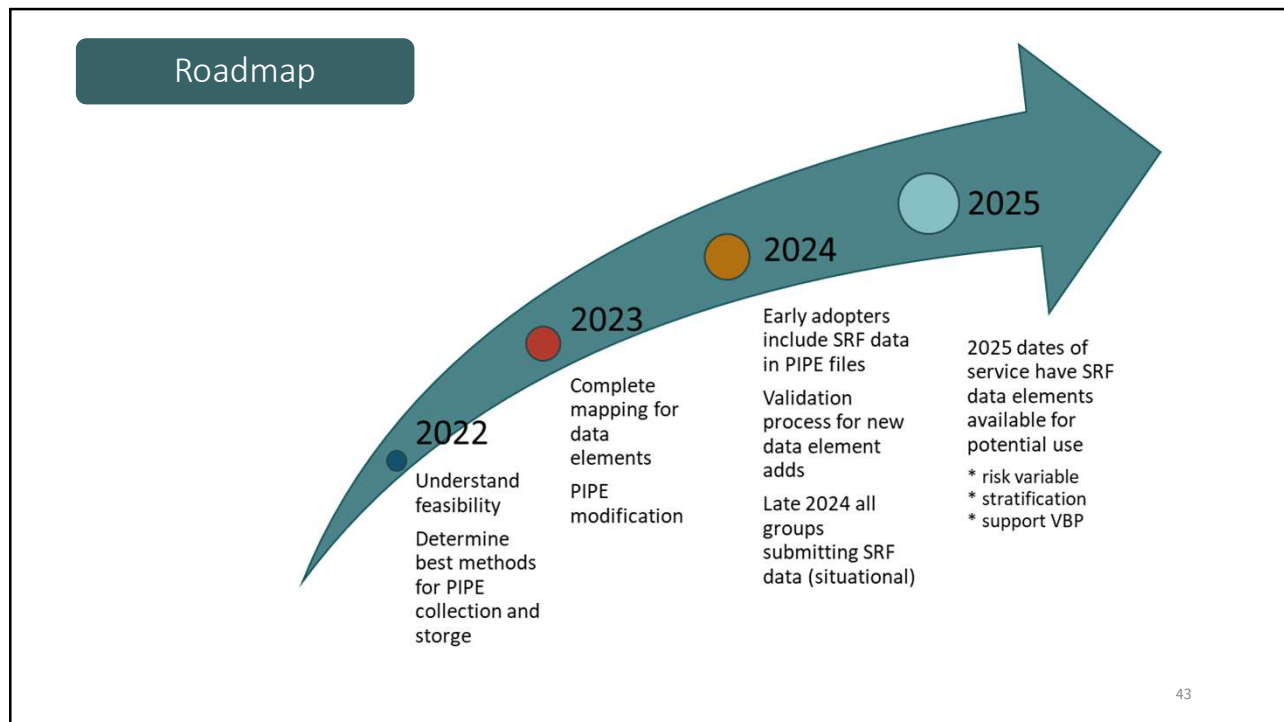
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Use the raise hand feature

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Join us for the MNCM Annual Conference

Wednesday, April 26, 2023

Crowne Plaza Minneapolis West — Plymouth, MN



Addressing Social Risk Factors to Improve Health Outcomes and Equity
Breakout — Deep Dive on Social Risk Factors Data Collection

Register at: <https://mncm.org/conference2023/>



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Please reach out to us at support@mncm.org with additional questions related to available data or how our data can support your work.



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