Quality Provider Program: Women's Health Social Determinants of Health (SDoH): Frequently Asked Questions

Q: What are "Social Determinants of Health"?

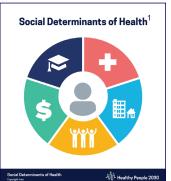
A: According to Healthy People 2030 (U.S. Department of Health and Human Services), "Social determinants of health (SDoH) are conditions in the environment in which people are born, grown, live, work, and age."¹ These

conditions can present significant barriers to the health and wellness of individuals and the communities with which they interact. The 5 Domains of SDoH are:

- 1. Economic Stability
- 2. Education Access and Quality
- 3. Health Care Access and Quality
- 4. Neighborhood and Build Environment
- 5. Social and Community Context

Q: Why does this measure matter?

A: Unmet social needs may impact an individual's ability to participate in their medical plan of care, contributing to poor outcomes. Addressing SDoH is a primary approach to eliminating health disparities and creating equitable care within your organization. Only addressing a person's immediate health concerns ignores underlying problems and creates disparity in health.² Looking past the initial concern can reveal behaviors and factors outside of a patient's control that lead to recurrent issues.



What is SelectHealth doing to help?

A: SelectHealth promotes SDoH through:

- <u>Care management services</u> that help members manage health conditions, such as diabetes. Members or providers can contact Care Management at **800-442-5305**.
- Wellness resources and information for our members.
- <u>Intermountain Health Financial Assistance</u>, which helps patients with bills from Intermountain Health[®] hospitals, clinics, and some healthcare providers. Individuals can apply for this help online, and those who are uninsured may qualify for other programs or discounts. To learn more, call the hospital or clinic where you receive care.

Q: What are best practices for this measure?

A: Best practices include:

- Regularly referencing the SelectHealth Quality Provider Program dashboard/clinic electronic medical record to identify patients eligible for an AWV
- Implementing an SDoH screening tool such as PRAPARE or Social Check into your EMR
- Educating clinicians and staff on the need to screen and your facility's process for screening
- Documenting SDoH needs using the ICD-10 Z codes listed in the Women's Health Meaures Booklet and adding them to claims you submit to us
- Referring members to community resources for your state (access the <u>211 Flyers</u> on our website for contact information)

References:

- 1. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2030 website. No publication date. https://health.gov/healthypeople/objectives-and-data/social-determinants-health. Accessed June 26, 2024.
- 2. Centers for Disease Control and Prevention (CDC). Social Determinants of Health. CDC Public Health Professionals Gateway website. No publication date. https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health-gateway/php/about/social-determinants-of-health.html. Accessed June 28, 2024.

