Capture the Complete Picture With Social Determinants of Health

A WEBINAR PRESENTED ON JANUARY 25TH, 2023

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Presented By



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Sherri brings more than 27 years of healthcare experience to her role as Chief Compliance Officer/Director of Operations at Infusion Health. She has been an in-home provider of skilled-nursing services as well as developing expertise in quality assurance, diagnosis coding, OASIS review, and regulatory compliance. Sherri further developed her home health expertise as a therapy manager, staff educator, quality metric analyst, and development expert. Her vast experience in home health has prepared her for her current role where she is responsible for staff development and compliance. Sherri travels and presents to state home care association meetings, national events, and on-site training. Other accomplishments include adjunct professor and developer of a college Home Health Coding Course. She has authored numerous articles and is frequently sought after for her expertise by publications such as Home Health Line, Diagnosis Coding Pro, and AAPC Home Care Weekly. In addition to these publications, she is one of the technical editors for the Home Care Clinical Specialist-Hospice (HCS-H) Certification Study Guide, 2023, Home Care Coding Specialist-Diagnosis (HCS-D) Certification Study Guide, 2023, Home Health ICD-10-CM Coding Answers, 2023, and Home Health ICD-10-CM Coding Companion, 2023. Sherri currently serves on the AHCC's Board of Medical Speciality Coding and Compliance Certification HCS-H and HCS-O Committees1

Learning Objectives

- At the completion of this educational activity, the learner will be able to:
 - Achieve compliance with proper use of SDoH codes for health literacy, race and transportation.
 - Avoid future audit scrutiny through transparency related to SDOH and documentation to back it up.
 - Maintain consistency between the SDoH codes and OASIS answers.
 - Determine areas in which your agency needs to improve to support patients with SDoH issues.
 - Identify resources and tools to promote a strong health-literate organization.

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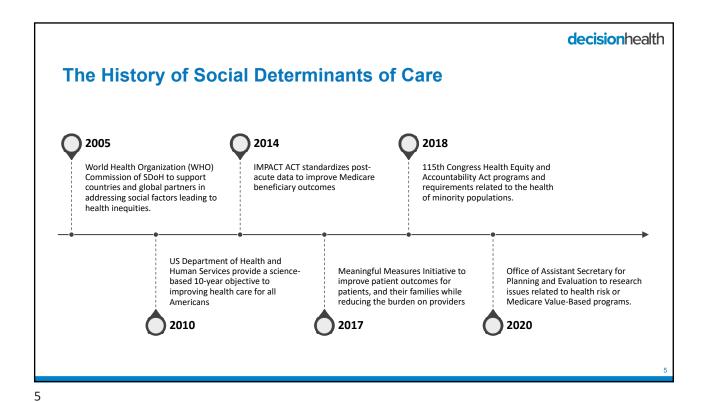
What Is a Social Determinant of Health (SDoH)?

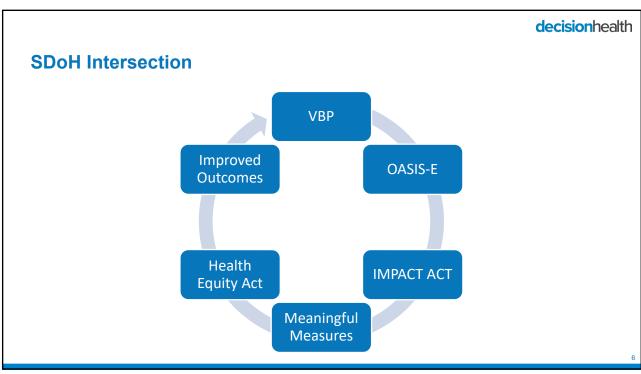
Social Determinants of Health



 Socioeconomic, cultural and environmental circumstances in which individuals live that impact their health.

Social Determinants of Health Coppright-free பிர்ட் Healthy People 2030





Assistant Secretary Reports to Congress

2016

- Patients with social risk factors had worse outcomes on many quality measures regardless of the physician or provider of care.
- Dual enrollment status most powerful predictor.
- Providers comprised of more patients with social risk factors had worse performance in quality even when accounted for.

2020

- Social risk information collection not standardized
- Dual enrollment is still most powerful predictor
- It is unclear when working on SDoH which interventions are effective and replicable and scalable.

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Promote Promote Promote more focused outcomes that are meaningful to patients, families and their providers. Identify Identify the big picture quality issues important to improving health care in communities and beyond. Deliver Deliver better care with smarter spending Minimize Minimize provider burden Promote Promote alignment across quality initiatives and programs

OASIS-E SDoH Items

Outcome and Assessment Information Set OASIS-E Manual



Effective January 1, 2023
Centers for Medicare and Medicaid Services

Race

Ethnicity

Preferred Language

Interpreter Services

Health Literacy

Transportation

Social Isolation

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Standardization of Guidance



Understanding the item-specific guidance will ensure accurate evaluation of SDoH globally.



Ask yourself which SDoH OASIS-E items can be answered by the proxy or caregiver? What do you do if patient refuses to answer a SDoH item?

Race and Ethnicity Significance

There exists a strong connection between health disparities and the social determinant of Race and Ethnicity.

OASIS-E will gather standardized information on both Race (A1010) and Ethnicity (A1005)



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A1005 Ethnicity

A1005. Ethr	sicity		
Are you of h	lispanic, Latino/a, or Spanish origin?		
↓ Check all that apply			
	A. No, not of Hispanic, Latino/a, or Spanish origin		
	B. Yes, Mexican, Mexican American, Chicano/a		
	C. Yes, Puerto Rican		
	D. Yes, Cuban		
	E. Yes, another Hispanic, Latino, or Spanish origin		
	X. Patient unable to respond		
	Y. Patient declines to respond		

<u>Note</u>

- If the patient is unable to answer significant others and family members may be asked.
- However, if the patient declines to answer then mark Y. No attempt to use other sources should be made.

A1005 Ethnicity Examples:

- A patient with severe dementia during SOC does not respond to questions regarding their ethnicity. The patient's spouse informs the nurse they are Mexican.
- Coding: A1005, Ethnicity would be coded as B- Yes, Mexican and X-Patient unable to respond.
- Rationale: If a patient is unable to respond and the proxy provides the response code both the proxy's answer and X to indicate the patient is unable to respond.
- Patient admitted following new colostomy and declines to respond regarding their ethnicity but wife states they are Cuban.
- Coding: A1005, Ethnicity would be coded Y- patient refuses to respond.
- Rationale: since patient declined to respond the wife's answer cannot be used. Only Y is coded to indicate patient declined to answer.

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Race

A1010. Ra	A1010. Race				
What is yo	ur race?				
↓ ci	neck all that apply				
	A. White	 Check all that apply 			
	B. Black or African American				
	C. American Indian or Alaska Native	 Enter categories that the 			
	D. Asian Indian	patient family or significant			
	E. Chinese	. , ,			
	F. Filipino	other identifies			
	G. Japanese	withUNLESS the patient			
	H. Korean	•			
	I. Vietnamese	declines to answer then no			
	J. Other Asian	other source can be used.			
	K. Native Hawaiian	other source can be used.			
	L. Guamanian or Chamorro				
	M. Samoan				
	N. Other Pacific Islander				
	X. Patient unable to respond				
	Y. Patient declines to respond				
	Z. None of the above				

A1010 Race Examples:

- Patient admitted following a TBI. During the SOC assessment, the patient is unable to respond. The patient's daughter states that the patient is Japanese and African American.
- Coding: A1010 would be coded as B-Black or African American and G- Japanese and X- patient unable to answer.
- Rationale: If a patient is unable to respond and the proxy provides the response code the proxy response and X to indicate the patient is unable to respond.
- Patient admitted with confusion related to recent infection and unable to respond as to which race they identify with. The proxy reports that none of the races apply to the patient.
- Coding: A1010 Race is coded X- unable to respond and Z- non of the above.
- Rationale: If the patient is unable to answer the proxy's input may be used. X is coded to capture the patient who is unable to respond and also Z to identify that none of the races listed are appropriate for this patient.

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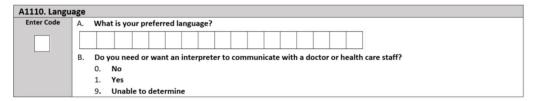
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Limited English Proficiency

- More than 64 million people in the United States speak a language other than English at home.
- Of these nearly 40 million have limited English proficiency (LEP)
- LEP is connected to worse patient care and poor health outcomes and readmission rates to the hospital.
- Unaddressed language barriers affect the ability to identify medical needs, understand clinical information, and understand discharge and treatment information.

A1100 Language



- Enter the patient preferred language that they primarily speak
- Ask if an interpreter is needed
- If the patient is unable to answer check with family or significant other. If none of these is available check the record.
- It is acceptable to have family members interpret if the patient is comfortable with that.
- American Sign Language (ASL) may be a preferred language.

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The Relevancy of Transportation as a SDoH

- Transportation barriers can affect access to needed health care, causing missed appointments, delayed care, and unfilled prescriptions negatively affecting health outcomes.
- Access to transportation is essential for the ongoing needs of the chronically ill patient.
- Standardized data collection from OASIS-E will facilitate the identification of needs and connection to the appropriate programs.

Transportation

A1250. Transportation (NACHC ®)			
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?			
↓ Check all that apply			
	A. Yes, it has kept me from medical appointments or from getting my medications		
	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need		
	C. No		
	X. Patient unable to respond		
	Y. Patient declines to respond		

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- In the past six months, did they need transportation for anything?
- May select more than one response.
- May use a proxy if the patient doesn't decline to answer.

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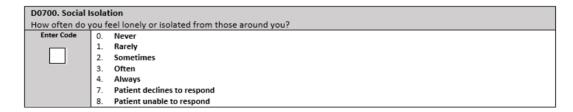
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Social Isolation

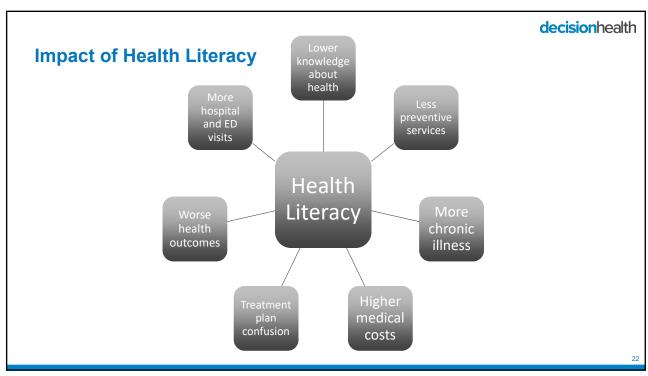
- Studies indicate that "belonging" whether to a family, friends, social organization, volunteer organization, church is related to longer life, better health.
- Social Isolation leads to:
 - Worse outcomes
 - Increased hospital readmissions
 - Increased medication non-compliance
 - Decreased quality of life
 - Increased mortality rate

Social Isolation D0700



- Social isolation may be perceived and not actual
- This item is self-reported and no other sources should be used to complete this item.
- Ask the patient "How often do you feel lonely or isolated from those around you?"

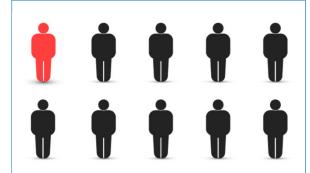
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Health Literacy

"Health Literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions."

National Academy of Science and Engineering and Medicare, 2015



9 out of 10 adults lack health literacy needed to manage their own care.

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Health Literacy, the Secret Ingredient

- If we adapt our organization to health literacy, what do we gain?
 - Better patient outcomes
 - Increased satisfaction
 - Return referrals and business
 - Increased OASIS improvement and scores
 - Increased patient safety
 - Lower hospitalization
 - Less agency resource
 - Increase revenue

SDoH and Agency Performance

- Scrutiny coming
- Three areas of SDoH domains under consideration
 - Domain 1
 - Attest to a strategic plan to address health equity
 - · Report community engagement with key activities
 - Show an agency attempt to solicit input from patients
 - Domain 2
 - · Training HHA board members. staff and leadership on health equity
 - · Attest to training and availability of resources for staff
 - Domain 3
 - HHA leaders and staff can improve health disparities
 - HHC attests to whether equity-focused factors are considered with hiring

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Request for Information

• CMS has requested input from agencies on how to incorporate and further incentivize SDoH performance in QRP and VBP.

Health Literacy Strategies - Key Agency Personnel

Administrators and Directors

Policymakers and patient advocates

- Mission
- P&P

- **Data Evaluation**
- **Education Programs**
- Access to health info
- Clinical pathways

Clinical Managers

Oversight of patient care, coordination of care, education of field staff



Nurses and Therapists

Use tools to provide patient care

- Unbiased
- Use of tool kits
- Effective communication

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Provide materials

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Checklist For Promote Health Literacy in Print Materials

https://www.cdc.gov/healthliteracy/ pdf/simply put.pdf

Appendix A: Checklist for Easy-to-Understand Print Materials

- ☐ Have you limited your messages to three to
- Have you limited your messages to three to four messages per document (or section)?
 Have you taken out information that is "nice to know" but not necessary?
 Is the most important information at the beginning of the document?
 Is it repeated at the end?
 Have you identified action steps or desired behaviors for your audience?

Text Appearance

- □ Does your document have lots of white space?
- □ Does your document have lots of white space?
 Are margins at least 12 inch?
 □ Is the print large enough (at least 12 points)?
 Does it have serifs?
 Have you used bold, italics, and text boxes to highlight information?
 □ Is text justified on the left only?
 □ Did you use columns with a line length of 40 to 50 characters of space.

- to 50 characters of space?

 Have you post-tested your materials?

- ☐ Is the cover attractive to your intended Is the cover attractive to your intended audience? Does it include your main message and show who the audience is?

 Are your visuals simple and instructive rather than decorative?

 Do visuals help explain the messages found in the text?

 Are your visuals placed near related text? Do

- the text?
 Are your visuals placed near related text? Do they include captions?

- ☐ If you read only the captions, would you learn
- the main points?

 Have you post-tested your materials?

Layout and Design

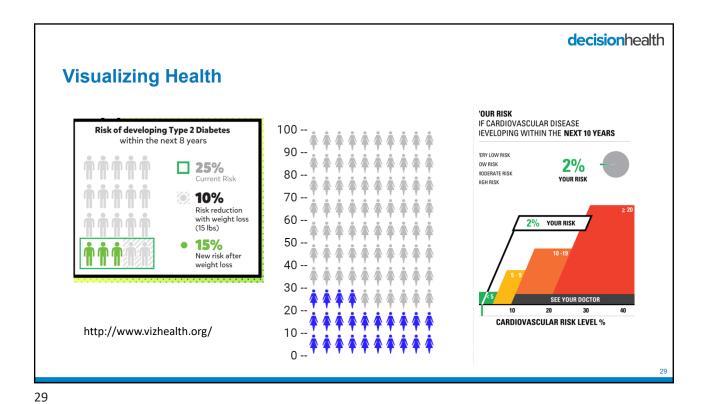
- | Is information presented in an order that is logical to your audience?
 | Is information chunked, using headings and subheadings? Do lists include bullets?
 | Have you climinated as much jargon and technical language as possible?
 | Is technical or scientific language explained?
 | Have you used concrete nouns, an active voice, and short words and sentences?
 | Is the style convergational?
- ☐ Is the style conversational?
 ☐ Have you post-tested your materials?

- Are the language and content culturally appropriate?
 Are the visuals culturally appropriate?
 Have you had the piece back translated?
 Is the translator fluent in the same linguistic strictures at the invested to defence?
- variation as the intended audience?

 Have you post-tested your materials?

Understandability

- □ Have you tested the complexity of the Have you tested the complexity of the language used in your material for comprehension?
 Have you pre-tested your materials with members of your intended audience?
 Have you post-tested your materials with members of your intended audience

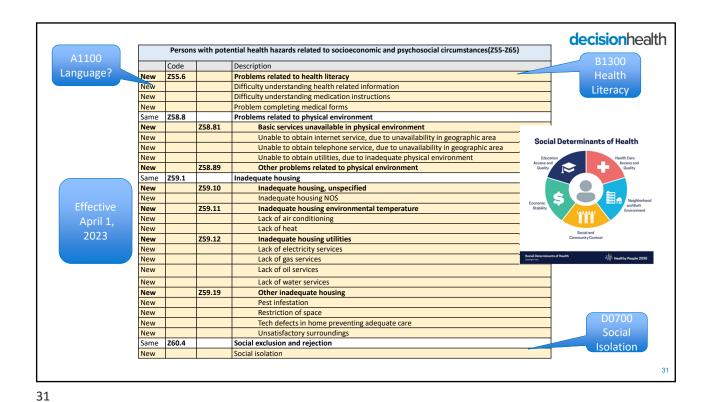


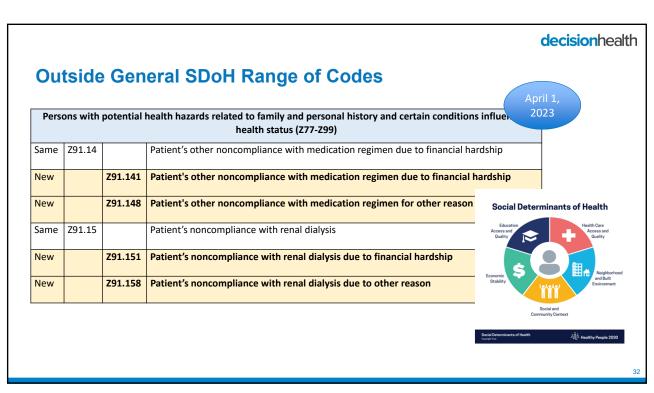
Health literate hand-outs

List of community organizations to assist with SDoH issues.

Checklist of common interview and assessment questions.

Checklist for documentation of health literacy and SDoH issues.





Analyze the Data

- Are you pulling dual enrollment data?
- Tracking functional status?
- Identifying patients with need deficiencies?
- Flagging advance age?



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Resources

- http://www.vizhealth.org/
- https://www.cdc.gov/healthliteracy/pdf/simply_put.pdf
- https://www.cms.gov/files/document/oasis-e-guidance-manual51622.pdf
- https://health.gov/healthypeople
- https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/April-1-2023-Update/

Questions & Answers



Sherri Parson RN, HCS-D, HCS-O, HCS-H, COS-C Chief Compliance Officer/Director of Operations Infusion Health Ypsilanti, MI

To Submit a Question: Go to the Q&A box located in the lower left area of your screen. Type your question in the lower text box, then press your "Enter" key.

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Please visit the materials download page for the CE information, which includes a list of the credits available, their expiration dates, and the link to the program evaluation.

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http://events.hcpro.com/materialspub.cgi?YHODA012523A

We kindly request that this link be forwarded to everyone in your group who attended the program.

This concludes today's program.

Be sure to register for our upcoming program:

How to Improve ED Use Ahead of HHVBP

March 21, 2023 at 1:00 p.m. ET

https://store.decisionhealth.com/improve-ed-use

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