SDOH at Maine’s CHCs
HC4ME 2018
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Definitions

- SDOH - Social Determinants of Health
- CHCs - Community Health Centers
- FQHCs - Federally Qualified Health Centers
- PRAPARE - Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences
- MPCA - Maine Primary Care Association
Topics I will cover today

- Background information on SDOH, PRAPARE, and CHCs
- History of this work with CHCs and MPCA
- Where we are now
- Where we are going next
Maine Community Health Centers

- Federally-funded, community-run, non-profit primary care practices
- In areas designated to be Medically Underserved Areas or serving a Medically Underserved Population (HRSA)
- Seek to improve quality and access to care
  - Federal standards mean they have to adhere to higher quality standards than non-FQHC primary care practices
- Serve everyone in their service area, regardless of insurance status or income level
  - Provide enabling services to support people to access care and maintain health
**SDOH at Maine’s CHCs**

- CHCs have traditionally worked to meet patient SDH needs
  - Part of the mission of the health center movement
- Staff on-board to support this effort at CHCs
  - Sliding fee scale
  - Transportation support
  - Prescription medication assistance
  - Linguistic support for patients
  - Referrals as needed to connect patients to resources that will support their health
- Not necessarily actively collected as a reportable item by CHCs
PRAPARE 101

- Recognizing that CHCs serve many people who can have a hard time meeting their SDOH needs, national partners developed the PRAPARE tool
- Documents SDH need using the approach of empathic inquiry/motivational interviewing by provider
- Work flows/implementation vary by site
PRAPARE pros and cons

- **Cons:**
  - Not a standardized way of asking questions
  - Relies on capacity of provider or solid work flows to get accurate answers from patients
  - It is another thing to be done in the primary care setting - and they are busy!

- **Pros:**
  - Many organizations are interested in documenting and addressing patient needs - this allows for a standardized RESPONSE of patient need
  - Not as much “checking boxes” and allows for conversation with patients versus a standard form
  - The potential of having standardized assessments of patient need could be hugely beneficial to create system changes
PRAPARE at Maine CHCs - Past

- April 2017 - MPCA Board of Directors agreed that collecting standardized info on three SDOH measures could support long-term goals to support CHC patients
  - Housing
  - Food security
  - Transportation

- May 2017 - MPCA was accepted into the PRAPARE Academy to learn more about PRAPARE and how to support Maine’s CHCs to implement this screening protocol
  - 4 health centers signed on to support this at the time
PRAPARE at Maine CHCs - Present

- 8 FQHCs are actively using or working to implement the PRAPARE screening protocol
- MPCA is providing 1:1 TA to support CHCs
  - Beginning use of PRAPARE
  - Expanding PRAPARE to more patient populations
  - Expanding PRAPARE to more sites
  - Supporting referral networks as needed
- MPCA is providing system-wide support to CHCs
  - Identifying systemic barriers that require an amplified and unified voice at the state level
PRAPARE at Maine CHCs - Future
Patients get care that is tailored to their specific contributing SDOH factors.

Lacking basic SDOH components can affect a patient’s ability to manage their chronic diseases...

...or even access services in the first place.
Statewide picture of CHC patient need
Systemic, collaborative approaches to improve SDOH barriers

- Transportation collaborative work
  - Moving Maine Design Team
  - Public Transit Advisory Council
- Would love to be involved in state-wide collaborative or coalition-style discussions to reduce access gaps for people lacking food security or housing
  - Contact me if:
    - You know of something I can join in with, or
    - You’d like to get some movement going on this front!
Thank You

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