

Social Determinants of Health (SDOH)

The patient's SDOH information can be documented and reviewed and community resources can be given using the steps in this tipsheet.

Document and Review Social Determinants of Health

You can review a patient's Social Determinants of Health (SDOH) from the Storyboard. There are eleven Epic SDOH domains:

- Alcohol Use
- Depression (or Postpartum Depression)
- Financial Resource Strain
- Food Insecurity
- Housing Stability
- Intimate Partner Violence
- Physical Activity
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs

Hover over the **Social Determinants** section to see when each domain last changed. Click any domain to review previous documentation or to make updates as the patient's SDOH changes.

Note: If the patient has completed their SDOH in MyChart, you'll see a  icon next to patient-entered responses in the sections.

Social Determinants: Concern present


Learning Needs: Learning Needs Incomplete

11/10 DOCUMENTATION

Height: 167.6 cm (66") >30 days (>99%)

Wt: 56.7 kg (125 lb) >5 days (>99%)

LAST 3YR

 No visits











 No results

CARE GAPS

- Hepatitis B Vaccines (1 of 3 -...
- IPV Vaccines (1 of 3 - 4-dose...
- Hepatitis A Vaccines (1 of 2 -...
- MMR Vaccines (1 of 2 - Stan...
- 6 more care gaps

PROBLEM LIST (0)

Social Determinants of Health

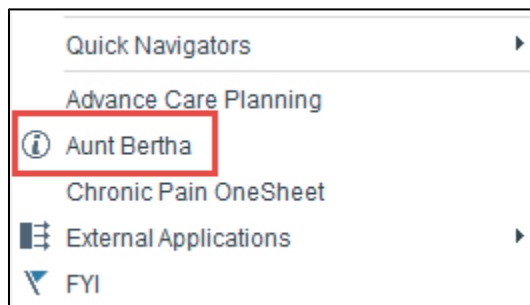
 Tobacco Use  NOV 10 2020 Medium Risk	 Alcohol Use  NOV 10 2020 Heavy Drinker
 Financial Resource Strain  NOV 10 2020 High Risk	 Food Insecurity  NOV 10 2020 Food Insecurity Present
 Transportation Needs  NOV 10 2020 Unmet Transportation Needs	 Physical Activity  NOV 10 2020 Insufficiently Active
 Stress  NOV 10 2020 Stress Concern Present	 Social Connections  NOV 10 2020 Moderately Isolated
 Intimate Partner Violence  NOV 10 2020 Not At Risk	 Depression  NOV 10 2020 Not at risk
 Housing Stability  NOV 10 2020 Low Risk	 Resources Needed  NOV 10 2020 NO



If you want to see the most recent responses to questions for a domain at a glance, hover over the domain on the **Longitudinal Plan of Care (LPOC)** report in **SnapShot**.

Find Community Resources for a Patient with Aunt Bertha

Because social determinants of health play a major role in a community's overall health and vitality, Eskenazi Health partnered with search engine Aunt Bertha, a platform that connects people seeking help with verified social care providers that serve them. This is yet another tool to connect patients to resources available in their neighborhood. When in an open encounter, click the **More** activities menu and towards the bottom click **Aunt Bertha**. This will open the **Aunt Bertha** tab to search for resources for the patient.



Read to the bottom of the tipsheet for information on how to document resources given.

Search in Aunt Bertha

Aunt Bertha's search begins with the patient's zip code. Location and accessibility are important considerations when finding programs to address patient's needs.

How can I find programs I need?

- **Search by zip code**
 - Programs include national, statewide, county, city and community programs
- **Category vs keyword search**
 - Category: Listings are displayed that are directly mapped to that tag
 - Keyword: Listings are displayed by the best match (exact match to program/provider name or words in description) followed by possible matches (one word in program/provider name or description)
- **Filters**
 - Filters narrow results to display more specific programs
 - *Personal*: dynamic, based on program results, can specify things like "veteran" or "senior"
 - *Program*: static, can specify open hours, cost, or language
 - *Eligibility*: household and income eligibility

Why can't I find the right programs?

- Check filters and spelling (for keyword searches)
- Try broadening the search (both for keywords/categories and zip code)
- Suggest a program not listed in the database!

Find More Specific Information for a Resource

Instead of simply providing links to organizations or services, Aunt Bertha's database provides all the information you need about individual programs. **Program Cards** show a consolidated view of relevant program information including the program name, provider name, tags for types of services provided and to whom, hours/location and more.

What information will I find on a Program Card?

- **Next Steps** - how to connect with a program
- **Description** - overview of the program
- **Hours & Location** - nearest three locations and hours of operation
- **My Notes** - leave reviews and notes for yourself or your fellow staff
 - Examples: back office phone numbers, names of internal admin staff, helpful tips for working with the organization
- **Suggest Change** - if program info is incorrect, submit a change here and the Aunt Bertha data team will review the program within two business days.

Share a Program with the Patient

Once you find a program, there are a couple ways to share it.

How can I share a program with a patient?

- **Share Programs**
 - Share the program via email or text message
 - Sends a link to the details page for a program
 - Messages come from Aunt Bertha. Your contact information is not shared.
- **More Info**
 - Shows program information in a printer-friendly page
 - Click **Print View** to print the resource
- **Translate**
 - Once in the **Print View**, click the **Select** Language drop down to choose the language for the patient

Refer a Patient to a Program

When you find a program that meets the needs, you can connect to the program by making a referral. Not only is this a quick and easy way to connect to the program, but you can also use this tool to review and update the status of a patient's referrals to give a full picture of how they are navigating the social system.

- **Note:** programs are listed on the platform with different next steps based on how the organization prefers to be contacted.
 - The button may say See Next Steps, Schedule, Apply, or others.
 - See all options and their explanation here: [Variations of the Connect button](#).
 - If an organization doesn't accept direct referrals, you can still Log a Referral to track that you shared a resource with a patient without sending a message to the community organization.

How can I connect a patient with a program?

- Click **Refer** on a program card and specify if you're filling out the referral for yourself or someone else.
- **Fill out the contact information**
 - Email address OR phone number is required

- If you've worked with the patient before, you can pull in their contact info on file instead of typing it out again
- Confirm consent
- **When you click send:**
 1. The person that you are sharing the resource with will receive an email or text with information about the program and next steps
 2. If the agency has an email address on file, they will receive a notification with the contact information of the person you are referring. Some agencies will also see these inquiries on their referrals dashboard if the program is actively participating in Aunt Bertha.

View Patient's Aunt Bertha History

Previous referrals can be found by clicking the patient's "profile" in the Aunt Bertha window.

How can I see which programs a patient is referred to?

- When you open their profile, you can view personal info and review/update navigation history.
- The **Navigation History** section of the seeker profile will list all referrals for the seeker.

How can I update the status of a referral for a patient?

- In the **Navigation History** section of the profile, you can update the status of a referral.
 - The organization must be actively participating on the Aunt Bertha platform to make this update.
- The status update history is also shown to track progress
 - Adding notes to the referral is possible for internal communication
 - These are internal only. The patient and organization will not see the notes.
- You can add an internal note to the profile overall (not specific to a referral) to add extra details about their needs or navigation history.

Add Notes for a Program

You have a lot of knowledge about the programs serving your community - who to contact, backline phone numbers, organizations that tend to run out of funding at the end of the month. You can add that information to the My Notes section and save it for later. Better yet, you and your team can share that information with each other, saving you time and sharing knowledge across the team.

How can I create notes?

- From the program card, click **My Notes**
- Type in your note
- Save that note as a personal note or share with your team **Eskenazi Health**

Who can see the notes if I share them?

- Only you or the people on the team you share with (your **role** in the platform) can see your notes.
- The program itself, and the general public will not be able to see your notes.

Favorite Commonly Used Resources

If you frequently search for the same resources in the same area, prioritize specific resources, or want to compile/share multiple resources at once, you can save your programs to Favorites Folders to reduce the amount of time spent searching.

How can I save my favorite programs?

- From a program card, add a program to an existing folder or create a new one

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- Can select a single program or multiple programs
- Find all folders under My Account > **Saved Favorites**
 - Folders can be shared, edited, and printed from this view.

How can I share resources within a folder?

- Send as an email- recipient will receive an email with links to each program in the folder
- Share with a link- recipient can access all programs in the folder (without being able to edit)
- Share with a group- folder can be shared with other members of your team or department. Group members can see the list of programs and also add/remove programs as needed

How to Suggest a Community Resource

The Aunt Bertha data team works hard to continually add new programs as well as keep programs on the database up to date.

How does the data work?

- Data is updated and added in two main ways
- **Aunt Bertha's data process:**
 - *Identify Programs:* we find programs using proprietary software, Suggest a Program by users, and client resource lists
 - *Upload programs:* experts in our platform taxonomy make calls to CBOs and organize data to be easily digestible for seekers
 - *Review programs:* we review programs at least every 6 months
 - *Update programs:* platform users can suggest changes and CBOs can take responsibility of their own program updates.
- **Suggest a Program link**
 - Search for the program first, then submit if it doesn't exist on the database
 - Programs submitted through Suggest a Program will be added within two business days
 - Can send the Aunt Bertha team a spreadsheet of programs if you have >10 programs to submit

Document SDOH Follow Up Given

The SDOHFOLLOWUP SmartPhrase can be used to document follow up for an area of risk. Within a note, type **.SDOHFOLLOWUP**, select the area addressed and then the follow up given.

[SDOH Follow Up:32071]

{Alcohol Use:32068}
{Depression:2103206808}
{Financial Resource Strain:2103206809}
{Food Insecurity:2103206805}
{Housing Stability:2103206802}
{Intimate Partner Violence:32076}
{Physical Activity:2103206806}

SDOH Follow Up:
{Food Insecurity:2103206805}

Aunt Bertha Referral/Handout
Clinic Handout
Direct Contact to Resource
Internal Referral: {Type of Referral:2103206905}
Other: ***

Continued on next page.

View Follow Up Given in Storyboard

The **Resources Needed** domain will show if a patient may need resources for an area of rising or high risk excluding tobacco use. It will show a **No** or **Yes** by comparing the areas of risk and active SDOH related referrals or past values selected from the SDOHFOLLOWUP SmartPhrase within a given timeframe*. Detailed information can then be found by clicking the hyperlink.



This will launch an **SDOH Follow Up** report that shows past and future appointment information, SDOH related referrals placed, the SDOH wheel and when resources were last documented using the SDOHFOLLOWUP SmartPhrase.

*The comparison timeframes are unique to each domain and are listed below.

- Alcohol Use: 90 days
- Depression: 365 days
- Financial Resource Strain: 365 days
- Food Insecurity: 90 days
- Housing Stability: 365 days
- Intimate Partner Violence: 30days
- Physical Activity: 30days
- Social Connections: 30days
- Stress: 90 days
- Transportation Needs: 60 days

View Follow Up Given in LPOC Report:

The **SDOH Resources from SDOHFOLLOWUP SmartPhrase** section below the SDOH wheel will show the last selections from the SmartPhrase within the last 365 days.

SDOH Resources from SDOHFOLLOWUP SmartPhrase (since 11/18/2019)		
	Value	Time
Food Insecurity	Internal Referral	11/17/2020 12:42 PM
	Fresh for You Market	11/17/2020 12:42 PM