

LEAD Attendings:

Adriana Matiz, MD



Professor of Pediatrics, Department of Pediatrics at CUIMC

Diane Thompson, MD



Assistant Professor- Weill Cornell Medicine

Chief-Department of Rehabilitation Medicine

New York-Presbyterian Brooklyn Methodist Hospital

Sponsor:

Julia Iyasere, MD, MBA

Executive Director, Dalio Center for Health Justice

Vice President, NewYork-Presbyterian

Assistant Professor of Medicine, CUIMC

Mentor:

Amelia A. Shapiro, MBA

Director, Community and Clinical Strategy and Program Development, Dalio Center for Health Justice

Project Title

NYP Enterprise-wide Inventory of Social Determinants of Health

Project Summary

Health outcomes and quality of life are impacted by the availability and access to social and economic resources, and support systems within people's homes, neighborhoods, communities, and workplace. These known social determinants of health (SDOH) need to be assessed to effectively address issues of health inequity, and introduce appropriate and effective interventions to narrow disparities. The goal of this LEAD project is to perform a comprehensive inventory of each of NYP's 10 campuses to understand the processes in place for collecting SDOH data and determine how this information is being used in order to standardize and establish effective interventions and initiatives.

Project Details

Social determinants of health (SDOH) are one of several stratification elements used to effectively measure health equity and appropriateness of services offered within the NYP-enterprise. In order to standardize the collection of SDOH data, an inventory of all primary care practices across the NYP enterprise was conducted. The specific practices within the NYP-enterprise evaluated included internal medicine, pediatrics, and obstetrics and gynecology. Information was gathered regarding the specific SDOH data being collected, the timing of data collection, the method of collection, and how that data is being used. We examined how technology was implemented both to screen for SDOH and to integrate into the local EMR. A further evaluation was done to determine the specific interventions and initiatives that were created because of the SDOH data that were collected (i.e. food insecurity assessed and referral to food pantries).

The primary modes of inventory assessment included interviews of the involved personnel via zoom, email, telephone interviews, and to a limited extent, evaluation of electronic medical records for evidence of SDOH data collection. Once collected, a comprehensive directory was created with the details of collected data. Comparisons were made of each site to better understand the details of their SDOH data collection method and initiatives. An attempt was also made to better understand the likely factors contributing to hospitals with well-established programs versus those that were not yet collecting SDOH data.

Preliminary data revealed that some sites did not collect SDOH data, with some personnel interviewed unaware of SDOH and their significance on a patient's health outcome. Other sites instituted programs in which SDOH data collection was integrated in the workflow with 'hard stops' created in the EMR to ensure the information was collected, staff champions were identified, employee buy-in was present, and technology was utilized to support social service referrals and follow up.

In summary, although it is known that SDOH data collection is integral to the identification of health needs and inequity, and contributes to the creation of effective health initiatives, our data suggested that there was a wide variation in SDOH screening across the NYP Enterprise. With these findings, our next steps for this LEAD project are to create a standardized method for SDOH screening and identify appropriate pilot sites for the application of best practices.