

CPC+ FAQ Sheet

Name: Addressing Patients' Social Needs

Date: July 13, 2017

[Link to Recording](#)

What?

- Improve patients' health by focusing on social needs
- Align with community resources available
- Begin a database of resources that can easily be referenced
- Build strong community relationships
- Improve on critical primary care functions
 - Risk stratification
 - Care coordination
 - Care planning
 - Patient satisfaction

Remember: Not every social determinant will align with the resources you have available. Focus on needs that have resources available within your community.

How?

- Select a population to screen (ex. High risk, chronic condition, insurance, zip code)
- Identify what is needed (ex. Food shortage, housing, transportation, buying medications, etc.)
- Gather community info
 - Staff input
 - Patient input
 - Insurance company
 - Community organizations
- Choose a screening tool (ex. Standardized tool, single question, etc.)
- Pilot your process for **2 weeks**

When?

- Start small!
- Develop the process and a small database of resources before clinic wide rollout
- Plan a project and assess after 2 weeks!
- PDSA
 - Plan-Which social determinants makes sense for your clinic?
 - Do-Choose your tool and start your project.
 - Study-What are patients' responses? Staff responses?
 - Act- begin screening more patients

Small or rural practice tip:

Small or rural practice tip: Don't forget that many insurance carriers will reimburse a patient for traveling to an appointment. Reach out to your insurance representatives to see if this is an option. This is a great resource for patients traveling long distances with a lack of public transportation.

