MASSACHUSETTS SEXUAL & REPRODUCTIVE HEALTH TRAINING CENTER

A Guide to the Social Determinants of Health (SDOH) Short Form Screening Tool

Massachusetts Department of Public Health Sexual and Reproductive Health Standards

In Massachusetts, the Department of Public Health Sexual and Reproductive Health Program (SRHP) outlines minimum standards for MDPH-funded Sexual and Reproductive Health (SRH) agencies. Clinical Service Standards 2.d - 2.h require these agencies to conduct assessment for:

- **2.d) history of intimate partner violence**, **sexual assault**, and **reproductive coercion**
- **2.e) social determinants of health** which have an impact on health outcomes, including **access to health care**, **transportation**, **food security**, **housing security**, **educational opportunity**, **type of employment**, and **social supports**.
- **2.f) mental health**.
- **2.g) substance use**.
- **2.h) source of primary care** if the health center is not the primary care provider.

Screening for tobacco use is also required (Clinical Service Standard 1.c), and screening for health literacy is considered a best practice, so it is included in this tool as well. This screening should be done for an initial visit, and with updates at least annually or more frequently, as indicated.

On the Massachusetts Sexual and Reproductive Health Training Center website you can find resources that explore what SDOH are in depth, including the SDOH Toolkit, an Editable Question Set, a Launch Email Template, SDOH Referrals List for clients, SDOH Trainings List for staff, and a SDOH Webinar to introduce how SDOH affect sexual and reproductive health.

Purpose of this tool

This tool was designed to assist SRH agencies in Massachusetts in meeting the SRHP standards for SDOH screening. While this tool is not the only way to meet the standards, it can be time- and resource-intensive to design a comprehensive SDOH screening tool. Thus, this tool was developed as an option for clinics to implement in part or in whole, depending on their needs and existing screening infrastructure. If a clinic decides to use this tool as designed, it will meet MDPH's standard for SDOH screening. This tool has not yet been validated. However, it is evidence-informed and uses the previously listed resources on the Massachusetts Sexual and Reproductive Health Training Center to offer one possibility to clinics who do not wish to go through the design process themselves.

Design process and pilot study methodology

This tool was designed using an evidence-informed process that involved identification of validated screening tools for SDOHs. When available, we used validated screening questions for all domains of SDOH required by the MDPH Clinical Service Standards. We adapted some validated screening questions for length, clarity, or inclusivity. When possible, a validated question was not altered or was revised as minimally as possible. For each SDOH required by MDPH standards, the following validated tools informed the questions included in this tool:

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- Source of primary care: The Adult Primary Care Assessment Tool
- Literacy: The BRIEF Health Literacy Screening Tool
- Tobacco use: U.S. Preventive Services Task Force tobacco use questions
- Alcohol use: SBIRT and Alcohol Screening Questionnaire (AUDIT)
- Substance use: SBIRT and DAST-10
- Mental Health: Patient Health Questionnaire (PHQ-2 and PHQ-9)
- Food and housing insecurity: American Academy of Pediatrics EveryONE Project
- Intimate partner violence/sexual assault: HARK
- Reproductive coercion: The Reproductive Coercion Scale

For some SDOHs, including for education and employment, validated tools were not available or not appropriate for the context of an SRH clinical encounter. In these situations, questions were developed based on expertise and have not yet been evaluated.

Once adapted, the tool was reviewed by a team of clinical and public health experts. To evaluate its usability and acceptability to clinic staff, three SRH agencies in Massachusetts participated in a pilot test of this tool in April 2023. Each clinic used the tool with their patients for a one-month period. Clinics were given the autonomy to decide how to use the tool including workflow for administering and scoring the tool, documenting results, and offering follow-up referrals. All staff members who would use the form in any capacity, including front desk staff, medical assistants, nurses, clinicians, and administrators, were trained on how to use the tool.

After the pilot period, staff involved were given the opportunity to provide feedback on the experience in the form of a survey and semi-structured interview that assess the acceptability, usability, and feasibility to implement the tool. This feedback was aggregated and edits were made to the tool based on staff's responses. The tool then went through a final round of expert review before being shared publicly.

Results

This tool was well-received by the clinic staff who piloted it. 100% of staff surveyed reported feeling comfortable using it, 100% considered it "very easy" or "somewhat easy" to integrate into their clinic's workflow, and 84% would like to continue using it in some capacity with their patients. Staff felt that the tool and screening process was "very beneficial to patients."

Suggestions for using the tool

The **survey** is a two-page (double-sided) form designed to be given to patients to complete themselves. It can be printed on a standard 8.5x11" piece of paper and does not require color printing. Patients could complete the form on paper in waiting rooms or it could be added to an EMR-integrated pre-visit electronic survey. The survey can also be administered by clinical staff (MA, RN, counselor) or clinician verbally during patient rooming or the clinical encounter.
The **scorer** is intended to be used by clinic staff to score the patient's answers and identify positive screens. Depending on the workflow your clinic determines to be most appropriate, a staff member such as a medical assistant may score the form and hand-off positive screens to a

clinician, or a clinician may score the form themselves. If the clinic decides to administer this form verbally to a patient, a staff member could use the scoring guide in real-time during their discussion with the patient to immediately identify positive screens.

Clinic-level decisions will need to be made about:

- How positive screens will be documented in the EMR.
- Who will provide referrals: clinicians-only, clinical staff and clinicians, check-out staff, etc.
- If needed, a hand-off process between a clinical staff member and clinician is required to ensure the clinician receives the patient's results to integrate into clinical care that day.

Before using this tool with patients, it is critical that your clinic has established referral pathways for all SDOHs you will be screening for. **It can cause more harm than good to screen for SDOH without the ability to follow-up on positive screens**. You may already refer patients to resources for some of these SDOHs, but there may be others that you have never screened and provided referrals for. Consider convening an interdisciplinary team to discuss appropriate follow-up and referrals. Think about the following questions when determining referrals:

- Do you have internal programs that could accommodate your patient's SDOH needs?
- Are there community-based organizations you can refer to?
- Is your staff adequately trained and equipped to provide referrals? Is there any additional training you may need on topics such as interpersonal violence or mental health?

Once you determine these referral pathways, you can include them on the editable SDOH scorer.

Implementation tips

Workflow

When thinking about the best workflow for your patient population and clinic schedule, consider:

- How will the form be administered to patients? On paper? Electronically? Verbally?
- What staff member will score the patient's form? Will one staff member score, follow-up and provider referrals, or will you choose a divided workflow?
- How will positive screens be documented?
- If you choose a divided workflow, how will positive screens be handed-off to the clinician?
- Who will follow-up on positive screens and offer referrals to patients?
- How will patients be given information about referrals? Will you include this information in an after visit summary? Will you provide paper hand-outs?

Possibilities for your workflow for SDOH screening include:

- The patient completes a paper survey during check-in and hands it to the medical assistant who rooms them. The medical assistant scores the form and documents positive screens in a note in the EMR, and offers necessary referrals. The clinician reviews and discusses positive screens.
- The patient completes the survey on a tablet prior to their visit or during check-in. A clinical staff member (medical assistant or RN) scores the survey and verbally hands-off

positive screens to the clinician. The clinician reviews and discusses positive screens and provides any necessary referrals with the patient.

- A clinical staff member completes the survey verbally with the patient while rooming them. The staff member scores the survey in real time with them and documents any positive screens on a note that is handed off to the clinician. The clinician discusses positive screens and provides any necessary referrals with the patient.

Documentation

It is important to document any positive screens and referrals offered to patients, even if patients decline a referral. Some practices may choose to bill for positive SDOH screens and any referrals provided. Resources are available with lists of ICD-10 codes pertaining to SDOH.[1,2,3]

Disposal

As you do with all documents containing PHI, you will want to establish a plan for disposal of any forms a patient completes. If you would like to keep a record of a patient's answers to the SDOH screening survey, you could scan their form into their chart and shred the form after the visit.

Referrals

Once you offer a referral to a patient and they accept, it is important to provide them with information about that resource or agency. You may find it helpful to create small referral cards that can be given to patients as they leave that contain the agency's contact information, or include this information in the after visit summary.

Sustainability

If your clinic has limited printing resources or you do not have the capability to print a new survey for every patient, you could consider laminating a few copies of the survey and scorer. Patients and staff could complete these forms using a dry-erase marker.

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[1] https://www.hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines/provider_communications/2021/PRUP135_ICD10-km.pdf
[2] https://www.orpca.org/files/OPCA%20SDH%20ICD%2010%20Z%20codes%204.27.18.pdf
3 https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf