

# Increasing Physician Awareness of Community Resources

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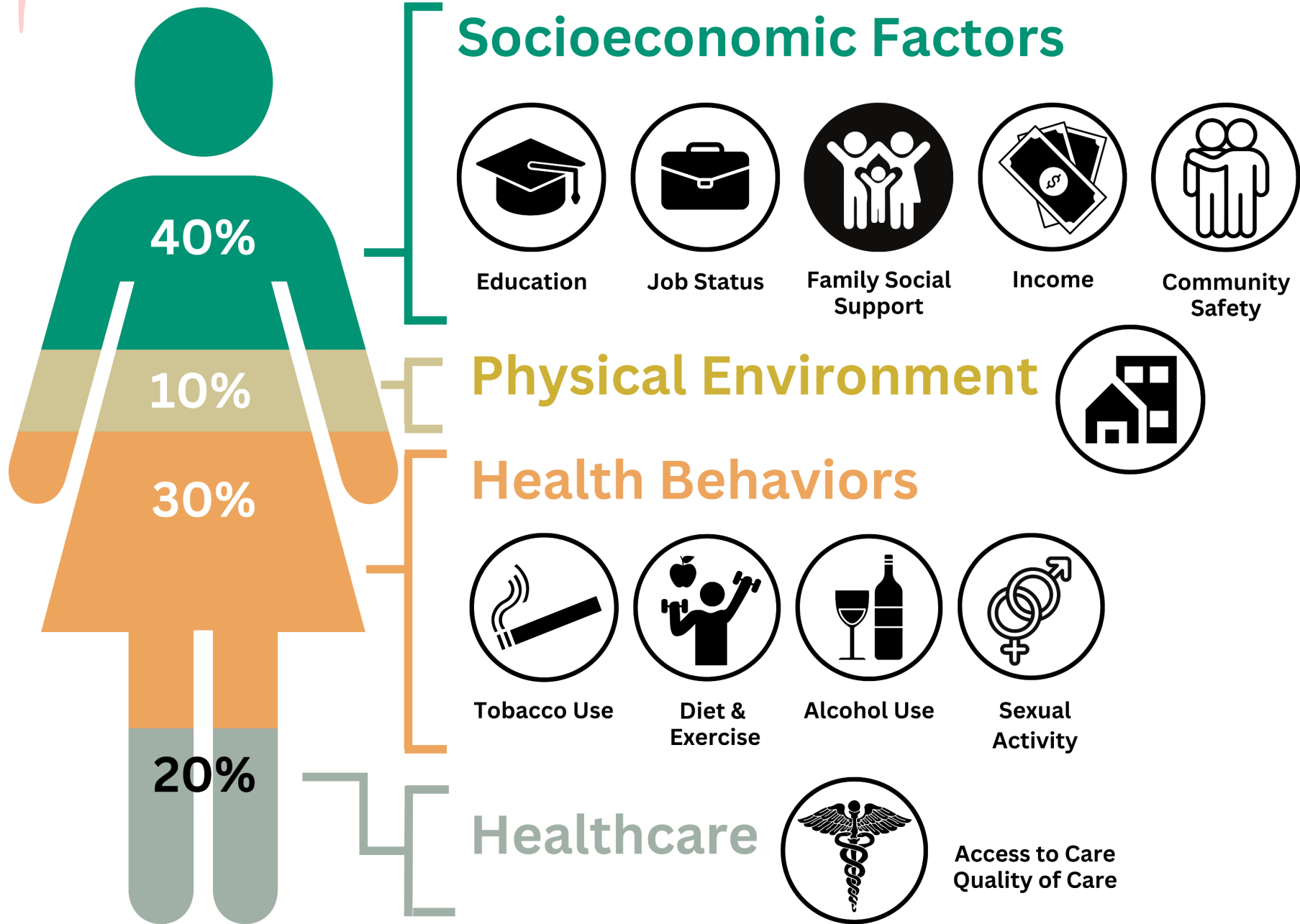
# FPQC Vision

All of Florida's mothers, infants & families will have the best health outcomes possible through receiving respectful, equitable, high quality, evidence-based perinatal care.



# What is Health?





# Social Determinants of Health

- Social factors drive the majority of health status
- United States has comparatively lacked the financial investment in social services
- Holistic approaches to rising maternal morbidity are required



**Primary Key Driver**

**Secondary Drivers**

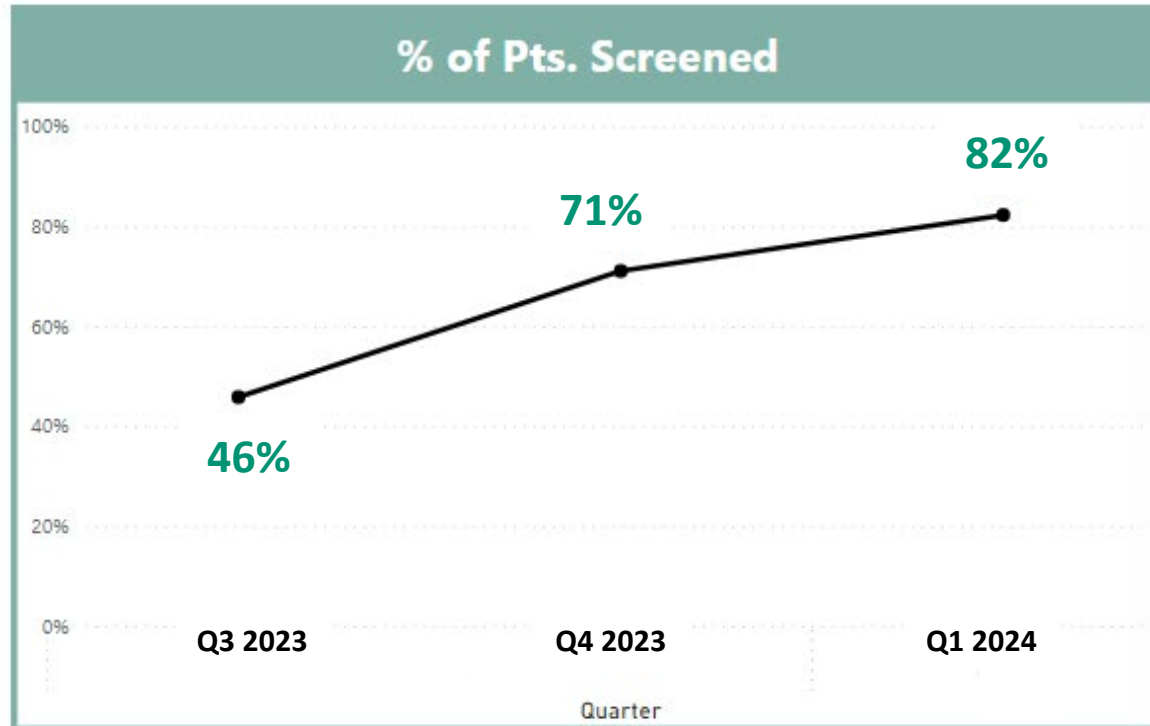
**Universal SDOH Screening and Linkage to Services/Resources**  
Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

Screen all mothers for SDOH using a standard process and format

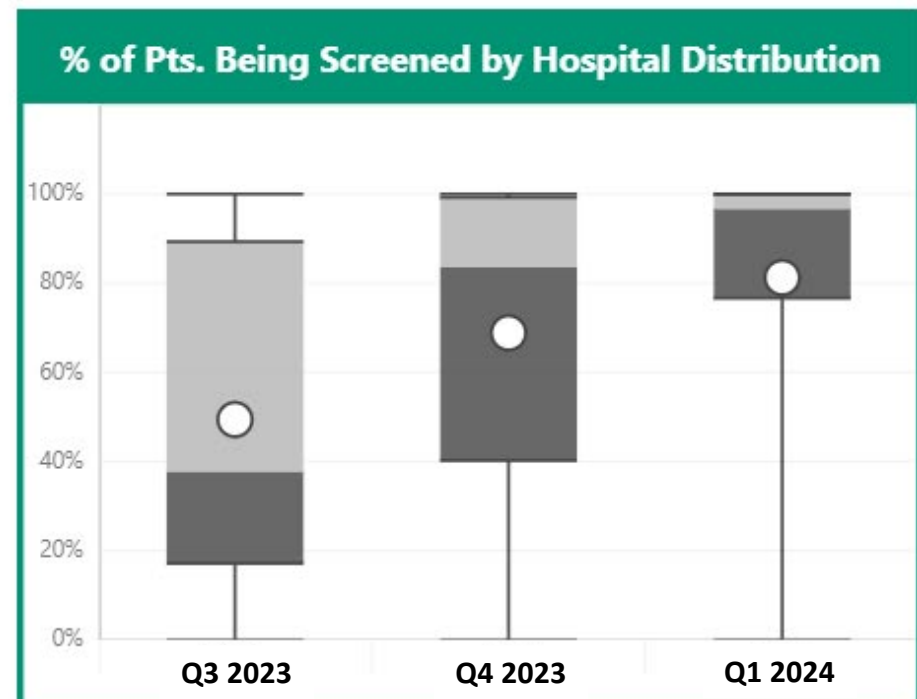
Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

*Respectful care is a universal component of every driver & activity*

# Universal SDOH Screening

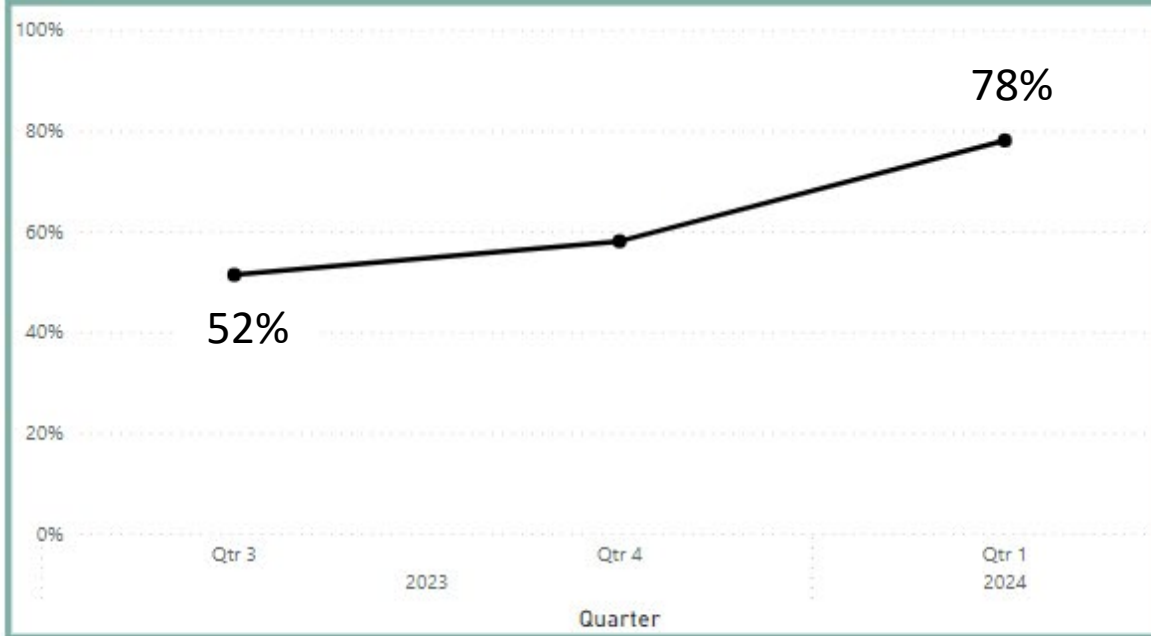


9% of all Screens have resulted in positive SDOH Screening

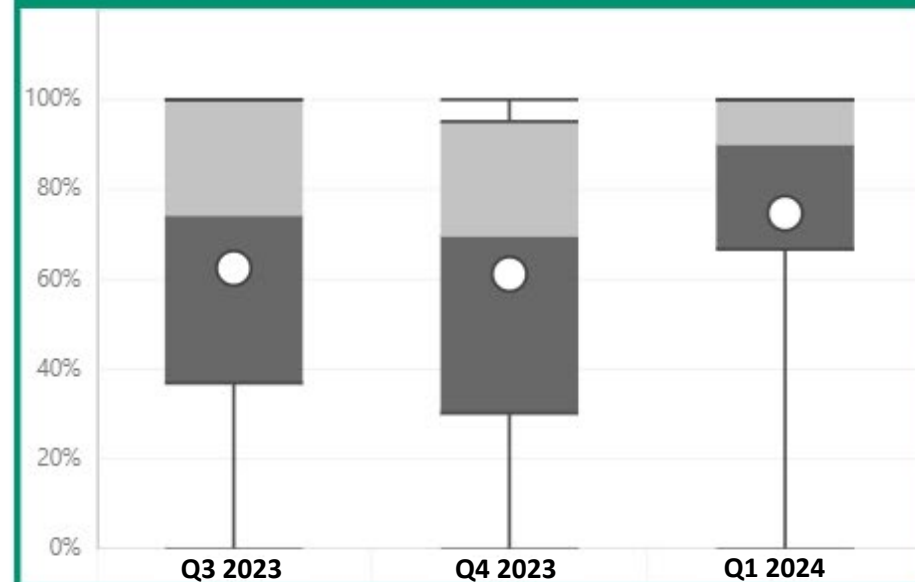


# Referrals to Appropriate Services

## % of Pts. Referred to Appropriate Services



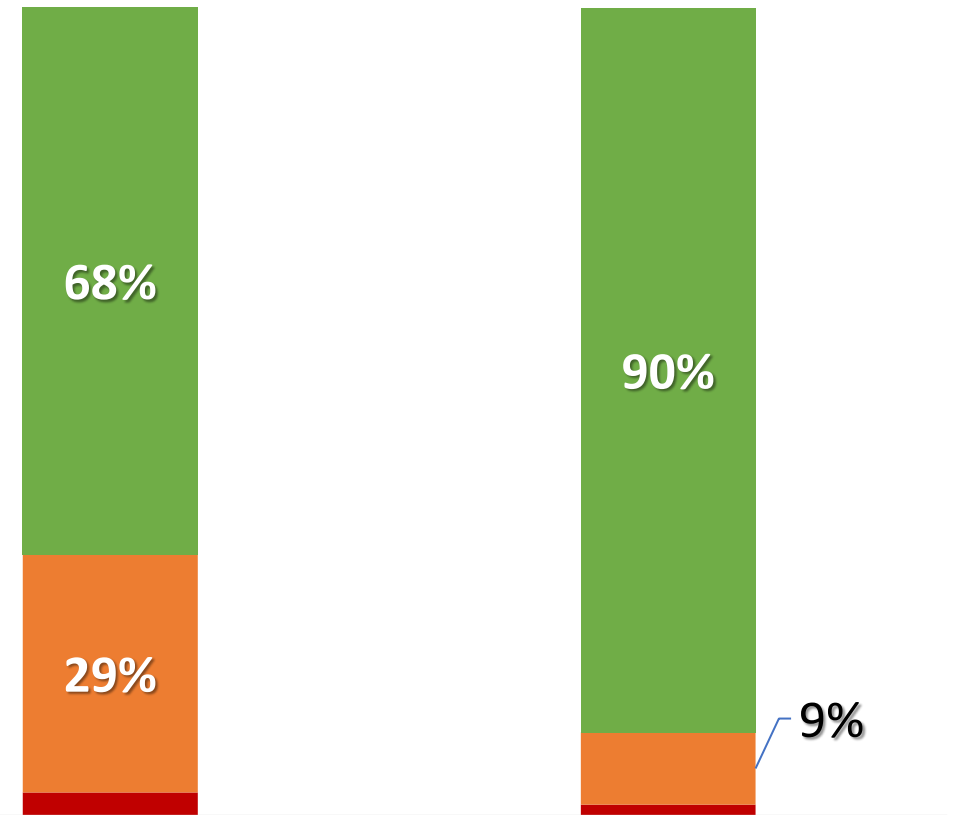
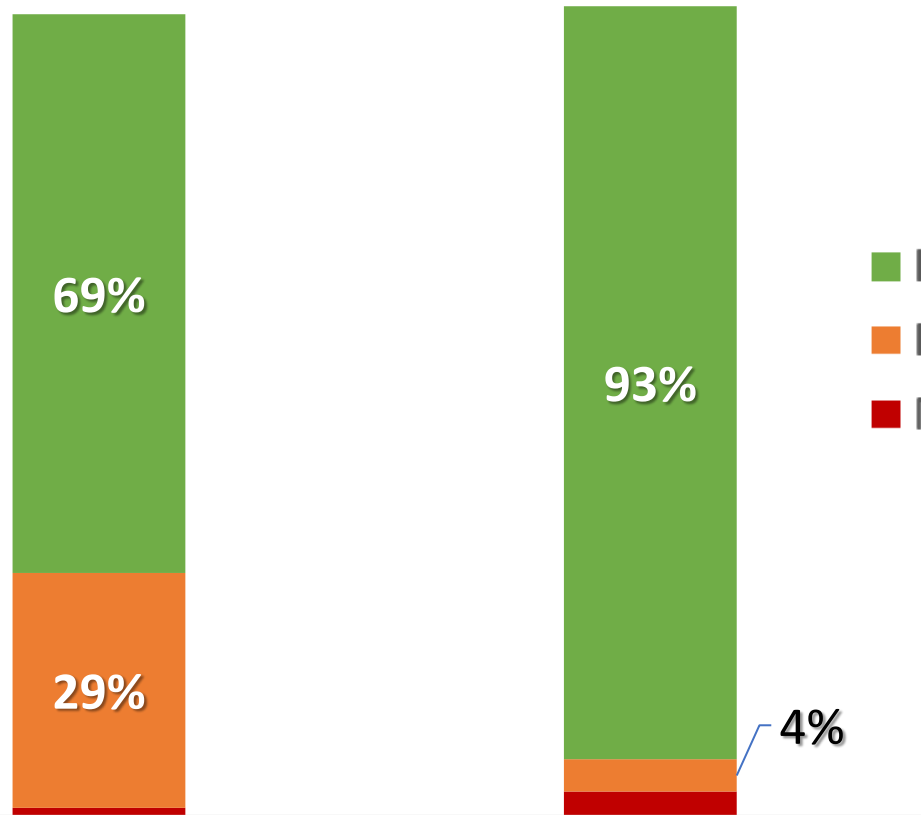
## % of Pts. Being Referred by Hospital Distribution





Implementing a protocol, process, or guideline for screening patients for SDOH during delivery admission

Implementing a protocol, process, or guideline for referring patients to available community resources and services



Baseline

Q1 2024

Baseline

Q1 2024

# Housing Insecurity Referral Rates

|                        |  |     |
|------------------------|--|-----|
| Food Insecurity        | # of Pos. Food Insecurity Screens        | 824 |
|                        | Referrals                                | 60% |
| Housing Insecurity     | # of Pos. Housing Insecurity Screens     | 522 |
|                        | Referrals                                | 24% |
| Interpersonal Violence | # of Pos. Interpersonal Violence Screens | 166 |
|                        | Referrals                                | 53% |
| Transportation Needs   | # of Pos. Transportation Needs Screens   | 511 |
|                        | Referrals                                | 58% |
| Utility Needs          | # of Pos. Utility Needs Screens          | 494 |
|                        | Referrals                                | 52% |
| Other Needs            | # of Pos. Other Needs Screens            | 986 |
|                        | Referrals                                | 59% |

Referrals to Housing Insecurity considerably lower than other Domains

# POLL

**What are your biggest challenges engaging physicians in SDOH screening and referral?**

# Constraints on Obstetricians and Midwives

- A significant shortage of maternity care providers in the US
- Limits providers' time and ability to address their patients' social needs

# Integrated Care

- Social workers, RNs, and other Care Coordinators are key team members to address these unmet needs
- Focus on care coordination strategies to address social drivers of health specifically

# SDOH Screening and Referrals

- Provide care services that are seen as an extension to the OB provider
- Improve visit and treatment plan adherence
- Connect patients to ancillary services that provide support between prenatal and hospital visits
- Facilitate Healthy Start screening and referrals

# FPQC MFC Primary Driver

## Universal SDOH Screening and Linkage to Services/Resources

- Screen all mothers for SDOH.
- Assist & refer mothers to help meet needs in a successful & respectful way working with community partners.





## Screening Items

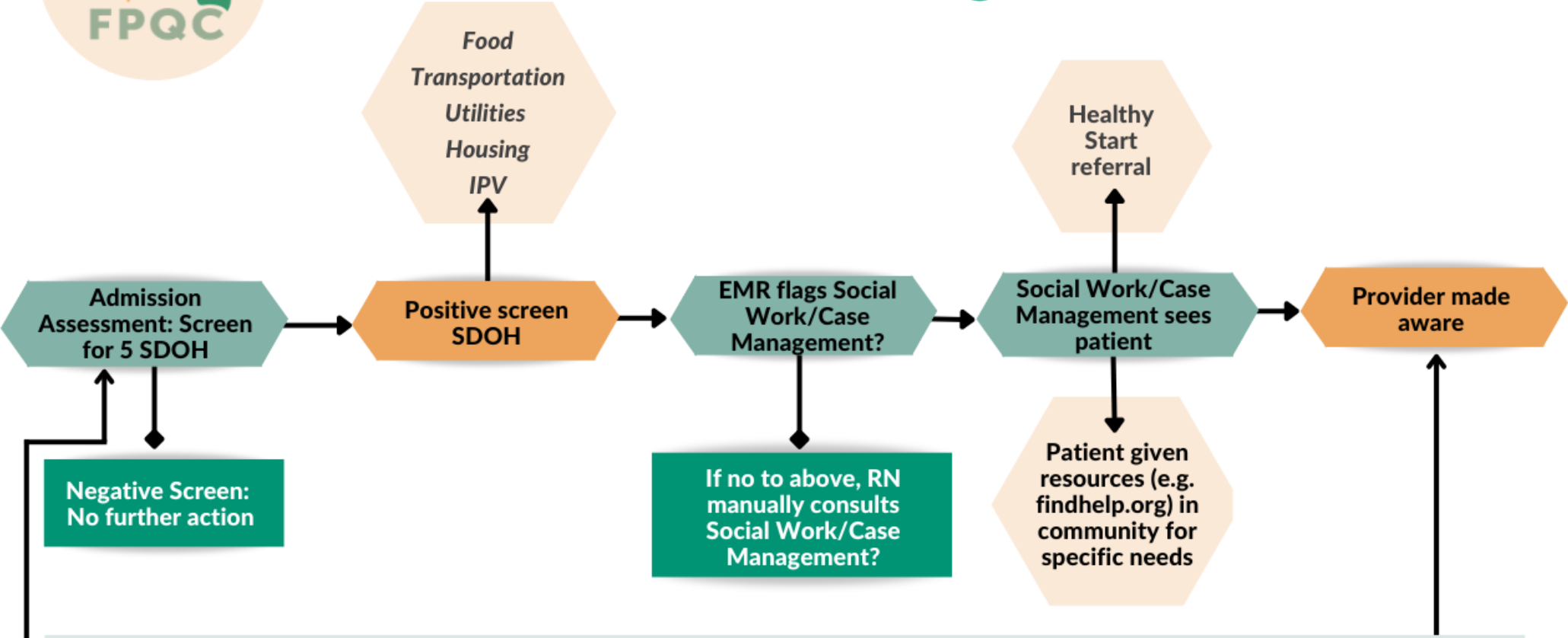
- Transportation
- Housing
- IPV
- Food
- Utilities



# Suggested Process for SDOH Screening

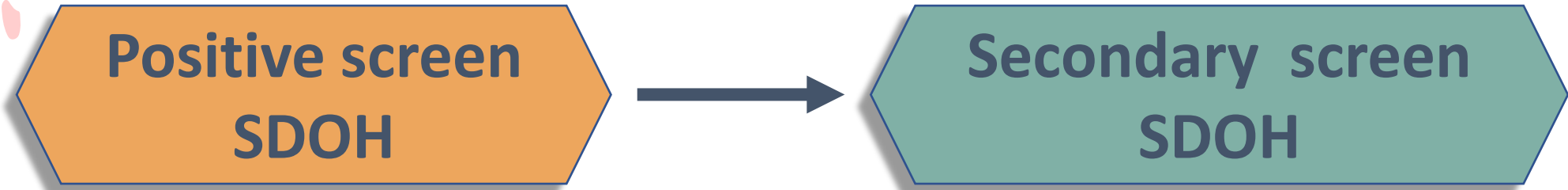


## Social Determinants of Health (SDOH) Screening & Referral



**\*\*Shared Decision-Making incorporated throughout SDOH Screening & Referral process**





- Suggested FPQC secondary screening questions
- Tailored specifically for new mothers
- Framed by the Maternal Advisory Group
- Designed for shared decision-making
- Should be asked privately
- Screening process should define who asks these

# Link Patients to Available Community Services

- Connect with Health Start Coalition
- Resource Directory for your community
- Review quarterly



# Linkages to Services & Resources Recommendations



**Others?**

# Shared Decision-Making Model





Step  
**1**

**S**eeking participation.



Step  
**2**

**H**elping you explore & compare treatment options.



Step  
**3**

**A**ssessing your values and preferences.



Step  
**4**

**R**eaching a decision with you.



Step  
**5**

**E**valuating your decision.

# Ask 3 Questions

There may be choices to make about your healthcare.  
Make sure you get the answers to these three questions:\*

What are my choices?

How do I get support to help me make a decision that is right for me?

What is good and bad about each choice?



Your healthcare team needs you to tell them what is important to you.  
**It's about shared decision making.**

# Putting it all together

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# Mother-Focused Care (MFC)

**Focus:** Assist hospitals and providers in transforming their culture and environment to respectfully serve all mothers and their families and helping them to meet their need

## Primary Drivers

## Secondary Drivers

**Aim:** By 12/2024, each hospital will:

1) Achieve a 20% increase from baseline in the % of patients with a positive SDOH screen who were referred to appropriate services

2) Have 80% of providers and nurses attend an RMC training~ since January 2023

~RMC training that includes topics defined by FPQC

### Data Insights

Learn about the mothers served: characteristics, risk factors, & outcomes across social determinants

### Respectful Maternity Care (RMC)

Learn, define, commit, and implement respectful care for mothers and learn over time how well they are performing

### Universal SDOH Screening and Linkage to Services/Resources

Screen all mothers for SDOH. Assist & refer mothers to help meet needs in a successful and respectful way working with community partners

### Family & Community Engagement in Hospital QI Work

Include family and community representatives in defining and implementing their hospital's QI initiative

Improve the collection of individual patient characteristics & SDOH

Use PQI and **Perinatal Outcomes** dashboard to identify **differences**. Share findings, and build ongoing plans to address identified gaps

Educate provider and staff about respectful maternity care and its components and strategies

Develop a hospital commitment with providers and staff support

Implement and use an ongoing respectful maternity care survey and other methods of maternal feedback to improve care

Screen all mothers for SDOH using a standard process and format

Link patients to available services and resources for identified SDOH using a community resource directory and other referrals

Educate hospital staff on processes for developing a mutually agreed-upon plan of care utilizing a shared decision-making model

Educate QI Team and leadership about family and community advisor involvement

Engage family and/or community advisors to provide ongoing input on QI efforts and care provision