The Bay Area Regional Help Desk Consortium: Cross Hospital Collaboration to Address Patient Needs
Outline

- Beginnings
- Social Determinants of Health
- Challenges in addressing Social Determinants of Health in a Clinical Setting
- Designing a Program
- Volunteer Projects
- BARHC Collaborations – Volunteer Recruitment and Training
- Future Directions & Lessons Learned
BEGINNINGS
Informally launched in Summer 2012 as a series of meetings of Bay Area physicians, social workers, public health advocates, lawyers, and students.

Goal to brainstorm strategies for developing clinic-based programs to screen for and address the social, legal, and economic resource needs of vulnerable patients.
Coming Together

- Over six months, the informal group’s enthusiasm for building resource intervention programs grew.

- Evolved into commitments across multiple safety-net institutions to collaborate to develop, pilot, and evaluate a cross-county project.
Who We Are

San Francisco General Hospital

HIGHLAND HOSPITAL
A member of Alameda Health System

University of California
San Francisco
Center for Health and Community

UCSF Benioff Children’s Hospital
Oakland

Bay Area Regional Help Desk Consortium
SOCIAL DETERMINANTS OF HEALTH
What Are Social Determinants of Health?
Social Determinants of Health

Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Percentage of Healthcare Spending

- Public Health: 90%
- Individual Health Care: 7%
- Admin. and Insurance: 3%
Cook et al, 2004

Surveys of 11,539 families with children up to 3 y/o
Children in food insecure households (21.4%):
- 2x as likely to be in fair or poor health
- 31% more likely to be hospitalized since birth

Dose-response between severity of food insecurity and fair/poor health
CHALLENGES IN ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN A CLINICAL SETTING

Bay Area Regional Help Desk Consortium
4 IN 5 physicians

surveyed (85%) say patients’ social needs are as important to address as their medical conditions. This is especially true for physicians (more than 9 in 10, or 95%) serving patients in low-income, urban communities.

Health Care’s Blind Side. RWJF. December 2011
4 IN 5 physicians surveyed (80%) are not confident in their capacity to address their patients’ social needs.
Barriers to Clinic-Based SDoH Interventions

- Lack of clinic resources:
  - Time
  - Clinic space
  - Social workers

- Lack of knowledge about available resources (community, federal, etc.)

- Inability to follow up on patient social needs

- Lack of data on what interventions impact health
DESIGNING A PROGRAM
SFGH Community to Clinic Linkage Program

COMMUNITY
- Homeless prenatal
- Good Samaritan
- Causa Justa
- MEDA
- Eviction Defense
- Collaborative etc

HOSPITAL
- Medical Legal Partnership
- Financial Fitness Clinic
- Social Work
- Eligibility/Jose Murillo

GOVERNMENT
- SNAP
- WIC
- Free and Reduced School Meals
- California Lifeline
- Community Assistance Program

CCLiP
Implementing Social Needs Screening

**Addressing Work-Flow Concerns:**
- Down-time screening (screen takes ~10 minutes total)
- Volunteers trained to leave when RN/MEA/MD enter room
- “Pop-off” rooms

**Addressing Sick Patient Concerns:**
- RNs identify patients that are inappropriate for screening

**Addressing Busy Provider Concerns:**
- On-site supervisor for volunteers
- Algorithms and tiered referral system
Designed for Optimal Clinic Flow

Patient Seeks Medical Care → Appt with Provider

Volunteer Conducts Screening During Downtime

Resource Connections Made

Urgent Needs Identified/Supervisor Involved

Volunteer Follows Up with Family by Phone
Tiered Resource Referrals

- **All eligible patients**
  - **Social needs screening**
  - **Volunteer intervention using desk resources and algorithms**

- **Patients with resource needs**
  - **Referral to Social Work and/or Medical Legal Partnership**

- **Patients with complex needs**
Social Needs Screening at SFGH

- Food insecurity
- Housing security, habitability
- Financial insecurity
- Unemployment/Job-related problems
- Access to primary care
- Insurance issues
- Mental health concerns
All eligible patients

Social needs screening

Patients with resource needs

Volunteer intervention using desk resources and algorithms

Patients with complex needs

Referral to Social Work and/or Medical Legal Partnership
Housing Concern

Unhealthy Housing (eg mold, dust, inadequate ventilation, excess trash, rodents, cockroaches, etc...)

- If unsuccessful or family has concerns about retaliation, have supervisor send MLP referral and have family call MLP lawyer Jia Min Cheng from Bay Area Legal Aid @ (415) 982-1300 x 6343

- If unsuccessful, help the family call the city to do a property inspection:
  * For structural violations call Dept of Building Inspection @ 415-558-6220
  • For code violations (public health hazards, nuisances, pests, and mold) call Dept of Public Health @ 415-252-3805
  AND help the family to call the Rent Board for advice @ 415-252-4602

- If unsuccessful or family has concerns about retaliation, have supervisor send MLP referral and have family call MLP lawyer Jia Min Cheng from Bay Area Legal Aid @ (415) 982-1300 x 6343

Problems with smoke exposure

In San Francisco, smoking is prohibited in enclosed common areas of multi-unit residences (eg lobbies, elevators, covered parking, laundry rooms, interior stairwells, etc...); prohibited within 10 ft of a door or window around the perimeter of an outdoor common area; and prohibited around or near the building entryway, exit, or operable doors or vents. There are no rules to enforce 2nd hand smoke that migrates from private units

- If there is a violation: Help the family complete a CCLiP tenant habitability letter and advise them to give the letter to their landlord asap.
  ALSO Complete a CCLiP provider template habitability letter with the family, print, sign, and instruct them to give this letter to their landlord 1-2 weeks after giving them the first letter.

- If there is no violation: Give smoke-free building conversion handout for family to give landlord

- If unsure whether there is a violation: Refer to SFGH MLP Monday 9am-5pm or Wednesday 1pm-5pm: Volunteer refer in-person to SFGH MLP. If unavailable, have supervisor send MLP referral and give family MLP contact info: Jia Min Cheng from Bay Area Legal Aid @ (415) 982-1300 x 6343

*** SFGH MLP attorney is Jia Min Cheng from Bay Area Legal Aid

*** If no success with the algorithm, try calling 2-1-1 for resource suggestions and search http://1deg.org/
Tiered Resource Referrals

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Volunteer Intervention & Follow-Up

Volunteers assist families with making resource connections—emphasis on warm handoffs.

All patients that undergo intervention have phone follow-up at 1-2 week intervals for up to four months.
VOLUNTEER PROJECTS
A Meaningful Volunteer Opportunity

BARHC Volunteers:

- Pre-health careers
- Pre social work careers
- Enthusiastic, smart
- Appreciate opportunity to work with patients and families (not just at a computer)
- Want to do more!
AMeaningful Volunteer Opportunity

- Volunteers working at SFGH over summer were paid a small stipend.
- Each worked additional hours on the desk and took on a project to improve:
  - Workflow
  - Resources
  - Patient Interactions
Volunteers could choose to explore an area of personal interest to them.

EARLY LITERACY – AGES 0-5

Early Literacy Mobile
Mobile library for children 0-5 years old and their caregivers. Must have a library card. See schedule at:
Mobile Outreach Services: (415) 557-4346

First 5 San Francisco
All four year old children in San Francisco county can have the costs for pre-school partially or completely covered by First 5 San Francisco.
http://www.first5sf.org
1390 Market Street, Suite 318
San Francisco, CA 94102
(415) 934-4849

Jamestown Community Center: Early Education
Weekly early education classes that focus on parent-child attachment, kindergarten preparedness, and stress the importance of reading to a child.
http://jamestownsf.org/programs.php?program=73
For more information about when this program is available, call: (415) 647-4709
3382 26th Street
San Francisco, CA 94110

San Francisco Public Library: Families for Literacy Project Read
Family workshops held one night a month for families of Project Read learners who care for children five and younger. Families get together to share children’s books and food, and discuss family literacy and parenting issues.

EDUCATION – AGES 5-18

After-School and Tutoring Programs

Volunteers could choose to explore an area of personal interest to them. Accessibility to Physical Activity
Interactive Google Mapping

https://mapsengine.google.com/map/viewer?authuser=0&authuser=0&hl=en&hl=en&mid=zWgRzitTbkyg.kfhA3ztB6YHo
BARHC COLLABORATION: VOLUNTEER TRAINING AND RECRUITMENT
BARHC Program Goals

- To promote the health of vulnerable families through addressing social needs.
- To develop and test tools that can be used throughout Bay Area clinical settings to address social determinants of health.
- To provide meaningful clinical opportunities to diverse student and community volunteers in the Bay Area.
Volunteer Recruitment

- Volunteers are recruited jointly from local colleges and community groups.

- All BARHC sites use a common FAQ:
  - [https://docs.google.com/document/d/1xPYKMCiLlcPYNCtv3VKCWrzjiqwg8uFBQgj4xEgTJpE/edit?usp=sharing](https://docs.google.com/document/d/1xPYKMCiLlcPYNCtv3VKCWrzjiqwg8uFBQgj4xEgTJpE/edit?usp=sharing)

- All BARHC sites use a common application:
  - [http://goo.gl/forms/sY0SoFL8UE](http://goo.gl/forms/sY0SoFL8UE)

- Once application closes, volunteers divided between sites for interviews.
Volunteer Training

Thus far, BARHC has trained 419 volunteers through five joint training sessions.
Volunteer Training

- New volunteers attend a 4-hour joint BARHC training session. Currently offered twice a year.
  - BARHC Training Guide
  - Help Desk Overview
  - Social Determinants
  - Cultural Humility
  - HIPAA

- Individual hospitals do an additional 4 hours of training on individual site protocols.
What’s the difference?

Cultural Competence

Cultural Responsiveness
Cultural Humility

- “Lifelong process of self-reflection and self-critique”
- Respectful partnership with patients and their families
- Respectful appreciation and attitude towards diverse lived experiences
FUTURE DIRECTIONS AND LESSONS LEARNED
Scaling Up: Consortium Roles

Current Roles:
- Support and sharing best practices
- Trouble shooting
- Website
- Volunteer recruitment
- Volunteer training

Possible Future Roles:
- Joint funding
- Joint administrative staff
- Better branding (through web, names, etc)
Scaling Up: Consortium Roles

- Joint Funding
  - Current staff has limited time to search for grants
  - Funders may require MOU between hospitals
  - Need place to house money once received

- Joint Staff
  - Need $ to pay staff
FUTURE DIRECTIONS

- Finalize BARHC MOU
- Creation of BARHC Toolkit to help other hospitals and clinics start a social needs screening program.
- Expansion of BARHC membership to other hospitals.
- Recruitment of volunteers from broader community.
- Find funding!
Lessons Learned

- Volunteers are excited to work directly with patients and families.
- A sense of program ownership and pride develops when volunteers are encouraged to be creative.
- Collaboration with clinic staff and leadership is key.
-Partnering with community and hospital resources is essential.
- Collaboration with other sites is invaluable.
References