

Houston Methodist

Social Determinants of Health Wheel FAQ

Commitment to Addressing Social Determinants of Health:

Houston Methodist established the Health Equity Steering Committee with the objective to uphold the Houston Methodist standard of unparalleled, personalized care and service through fair treatment, access and opportunity for health care and health improvement for all patients. The committee strives to identify and eliminate barriers to health optimization for all populations served, such as addressing social determinants of health. Houston Methodist aims to improve how the health care system collects this information through the utilization of Epic's Social Determinants of Health Wheel. The success of understanding the patient population is contingent upon all employees doing their part to increase utilization of this Epic feature, so Houston Methodist may begin the work of creating access to necessary resources that will help lead to better health outcomes for patients.

Q: What is Healthy Equity?

A: Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health (social determinants of health) such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.

Q: What are Social Determinants of Health (SDOH)?

A: Social determinants of health are the social and economic conditions in which people are born, live, work and play. Examples of social determinants of health can include, but are not limited to factors such as race, ethnicity, gender, sexual orientation and language which can all correlate to social determinants related to a person's ability to afford or access health care, healthy food, affordable housing, transportation and more. SDOH are often the underlying drivers of major health issues such as diabetes, obesity, depression and heart disease.

Q: What is the SDOH Wheel?

A: The SDOH Wheel is located within Epic and allows health care systems to document social, behavioral, and economic information on patients. The wheel is comprised of 12 domains which cover a variety of SDOH, such as housing status, social support and more. Within each domain is a set of screening questions designed to help clinical teams understand what social and economic factors may be impacting a patient outside of the health care setting which can have implications on a person's ability to adhere to a care plan.

Q: Where is the SDOH Wheel located in Epic?

A: The SDOH Wheel can be found in different locations within Epic. Most employees can find it under the **History** tab. However, it can also be located on the patient's **Storyboard**. Any Epic user with the ability to document within **History** can access the screening questions.

Social Determinants of Health



Q: What are the current 12 domains in the screening questions?

A: - Alcohol Use
- Depression
- Financial Resource Strain
- Food Insecurity
- Housing Stability
- Intimate Partner Violence
- Physical Activity
- Prescription Affordability (New)
- Postpartum Depression
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs

Q: Are we expected to address all 12 domains and ask all the screening questions?

A: No. This is a phased approach to better understand the state of the patient population. Therefore, Houston Methodist is initially prioritizing the identification of the following SDOH domains: Food Insecurity, Social Connections, Transportation Needs, Prescription Affordability, Depression, Alcohol and Tobacco Use.

Q: How does the SDOH Wheel get filled in?

A: Answering the screening questions based on the patient's response will automatically populate the SDOH Wheel. A person's risk level for a certain SDOH will appear in the Wheel and will also be illustrated by a small icon highlighted on the patient's **Storyboard**.

Q: Why is the SDOH link being added to the patients' Storyboards?

A: The link to the SDOH Wheel is being added to patients' **Storyboards** to allow easier access for clinical teams to see when a patient is high risk for a SDOH and to make it easier to document an identified SDOH when the information is disclosed by a patient.

Q: By adding the SDOH link to the Storyboard, what action as a physician do I need to take?

A: At this time, no additional action is being requested from the physician. Through the provider's standard workflow, if a patient discloses an SDOH impacting his/her ability to adhere to treatment, we encourage you to try to document it using the SDOH Wheel. However, Houston Methodist will also work to proactively capture this information within the patient population by utilizing **eCheck-in** and **MyChart**.

Q: My patient has been identified as being high risk for a social determinant of health. Now what?

A: As Houston Methodist learns more about the social and economic barriers within its patient population, it will help the health care system develop a strategic approach to addressing the identified challenges. There are some services currently available to assist patients with select SDOH, such as transportation or food insecurity, within limits. If your patient has an identified SDOH that has been unaddressed and you feel it's impacting their ability to adhere to their care or treatment plan, please email SDOH@houstonmethodist.org with the patient's MRN and the SDOH domain that you feel needs to be addressed.

Ambulatory and inpatient provider view:

Chart Review

Encounters | Notes | Labs | Imaging | Procedures | Cardiology | Medications | Media | Letters | Episodes | A

MRN: [redacted]
 CSN: [redacted]
 Language: English
 Code: Not on file (no ACP docs)
 Pain Agreement: Not on File
 NaRx Score : 370

CARE GAPS

- HEPATITIS C SCREENING
- BREAST CANCER SCREENING
- COLONOSCOPY SCREENING
- SHINGLES VACCINES (1 of 2)
- 3 more care gaps

PROBLEM LIST (6)

SOCIAL DETERMINANTS

Next Appt: [calendar icon] With [redacted]

Pharmacy: CVS/PHARMACY #7486
 - HOUSTON, TX - 6532 SAN FELIPE ROAD [7793]

Allergies

No Known Allergies

Problems

Enable clinical decision support by reconciling outside information

Respiratory	Noted	
Nasal obstruction	3 months ago	
Nasal valve collapse	3 months ago	
Nervous and Auditory		
Hip pain	2 years ago	🔄
Intervertebral disc disorders with radiculopathy, lumbosacral region	4 years ago	🔄
Biliary colic	4 years ago	🔄
Pain (finding)	Unknown	🔄
Joint pain of lower extremity	Unknown	🔄
Lumbar radiculopathy	4 years ago	🔄

Social Determinants of Health

Find community resources

Previously Recommended Community Resources

Expand All Collapse All

No previous recommendations

Other inpatient clinicians' view:

ADMIT TO INPT: 6/17/2015 (2725 D)
 Expected Discharge: 177 d ago
 No documented GMLOS
 Chest pain

UTILIZATION MANAGEMENT

Patient Class: Inpatient
 Financial Class: Self-Pay
 Next Review: Not scheduled
 Last Payer Comm: None sent

CONTINUED CARE AND SERVICES

Coordination not started

SOCIAL DETERMINANTS

Concern present

Pref. Pharm: External Outpatient Pharmacy
 Financial Assistance: None
 Patient Types: None

Social Determinants of Health

Tobacco Use	Dec 2 2022: Low Risk	Alcohol Use	Dec 2 2022: Heavy Drinker
Financial Resource Strain	Not on file	Food Insecurity	Not on file
Transportation Needs	Not on file	Physical Activity	Not on file
Stress	Not on file	Social Connections	Dec 2 2022: Socially Isolated
Intimate Partner Violence	Not on file	Depression	Oct 17 2022: At risk
Housing Stability	Not on file		

Find community resources