Bread of Healing Clinic's Development of a Business Case for Social Determinants Work

Bread of Healing Clinic (BOH) is a primary care medical home for the uninsured and underinsured in Milwaukee, Wisconsin. A free clinic that has operated for 20 years, Bread of Healing is well established in the community and serves over 2,000 patients each year. Bread of Healing decided to implement PRAPARE because it was a validated, comprehensive screening tool that allowed them to identify which social needs were prevalent in their community. Staff also appreciated that PRAPARE was a patient-centered tool meant to build relationships with patients as that fit with BOH's clinic culture.

Implementing PRAPARE in a Free Clinic

Bread of Healing began universal PRAPARE screening on all patients in 2016. Like most free clinics, Bread of Healing has a varied and transitional team of staff and volunteers. Given the anticipated varying levels of clinical and non-clinical needs of their patients, BOH decided to bring a Bachelor's Level Social Worker, Master's Level Social Worker, Community Health Worker, and a medical provider onto the PRAPARE team to be able to address both routine needs and highly complex patients.

At hire, staff were introduced to PRAPARE and familiarized with Bread of Healing's protocol of universal, face to face screening. PRAPARE is utilized as a conversation-starter going over a wide array of domains to identify needs that when resolved can improve overall health and wellness. Staff and student volunteers practiced asking questions with one another to smooth out question delivery. They then observed other team members screening patients before beginning to screen on their own.

Bread of Healing uses a platform to input and aggregate PRAPARE data and guide daily navigation work since they do not have an Electronic Health Record. BOH incorporates PRAPARE findings and lessons learned into staffing huddles and case reviews to update providers with varying schedules and to engage the entire care team to effectively care for the patients. A single advocate guides patients on how to use clinic and community resources to address needs identified by PRAPARE, which helps eliminate silos within a clinic featuring a financial advocate, insurance enroller, a referral coordinator, nurse case manager, and social worker. Complex patients, especially those with behavioral health needs or complex interactions with outside medical providers, are escalated to the Program Manager as necessary.

PRAPARE allowed Bread of Healing to prioritize the key socioeconomic needs of their population to help target limited resources and capacity. They are also working with a local data analytics group to map their patient population as well as their PRAPARE, ACE (Adverse Childhood Experience Survey), and PHQ-9 scores and clinical outcomes data to help BOH better understand the spatial distribution of socioeconomic and structural trends and the interplay between socioeconomic issues and clinical outcomes.

Implementation Findings and Results

Since implementing PRAPARE for universal screening in 2016, Bread of Healing has discovered the following:

<1% OF BOH'S PATIENTS DECLINED TO BE SCREENED AND DID NOT CONSIDER THE CONVERSATION AROUND SOCIOECONOMIC CIRCUMSTANCES TO BE OFFENSIVE OR ONEROUS.

4% OF BOH'S PATIENTS (THOUGH INSURED) WERE UNFAMILIAR WITH HOW TO ACCESS MEDICAL AND SOCIAL SERVICES AND HENCE NEEDED NAVIGATION ASSISTANCE.

60% OF BOH'S PATIENTS WERE MOTIVATED TO WORK ON A NEED.

20% OF BOH'S PATIENTS WERE ELIGIBLE FOR INSURANCE. THIS WAS PREVIOUSLY UNKNOWN TO BOH BUT AFTER DISCOVERING THIS, STAFF AT BOH WERE ABLE TO ASSIST PATIENTS COMPLETE THE NECESSARY STEPS TO ENROLL IN INSURANCE AND ATTEND AN INITIAL APPOINTMENT WITH A PRIMARY CARE PROVIDER IN A BILLING CLINIC. WHILE THIS LEARNING IS CRITICAL FOR A FREE CLINIC, IT IS ALSO HELPFUL FOR COMMUNITY HEALTH CENTERS AND OTHER ORGANIZATIONS TO SYSTEMATICALLY IDENTIFY AND ASSIST PATIENTS SO THAT THEY RECEIVE NEEDED CARE AND SO THAT THE HEALTH CARE ORGANIZATIONS CAN INCREASE REVENUE.

Responding to Needs

Given the dominant needs of their patient population revealed by PRAPARE, Bread of Healing decided to focus their available capacity to address the following needs:

- Insurance Enrollment
- Primary Care Set Up
- Care Coordination of Diagnostic and Speciality Care
- Food Resources
- Energy, Housing, and Environmental Issues

To address needs related to insurance, health care, and care coordination, Bread of Healing is doing the following:

Collaborating with a Medicaid HMO to identify and re-enroll patients.

Bread of Healing has been collaborating with a Medicaid HMO to identify patients that fall off of coverage and are in active treatment that could be referred to BOH for bridge care and possible re-connection with their HMO and previous providers if insurance can be re-instated.

Working with home care agencies to offer limited employer benefit insurance.

Bread of Healing has been working with home care agencies to offer limited employer benefit insurance to their part-time Personal Care Workers or Certified Nursing Assistants, who are patients of BOH because they have no insurance, to help with retaining staff and promoting good health.

Dedicating staff and volunteer efforts to help address medical bills.

The dedicated staff and volunteer efforts at Bread of Healing have helped address medical bills as it is confusing and time-consuming for patients to figure out what to do about their medical bills. Unpaid medical bills are often a large barrier to BOH's patients meeting their financial goals, such as renting a home or buying a car, so BOH is assisting patients to avoid medical charges in the first place by helping them navigate free or low-cost health care options and to resolve bills that are unavoidable.

Developing A Business Case for Social Determinants Work

Bread of Healing developed a cost calculator to determine both the amount of time and cost it takes to screen for social determinants and respond to needs identified. They identified which staff were involved in administering the PRAPARE assessment, which staff were involved in addressing socioeconomic needs identified, and which staff were involved in following-up with the patient and calculated their hourly rate and how much time they spent performing each activity as demonstrated in the tables below with hypothetical examples.

Cost Calculator for Administering PRAPARE

Staff	Hourly Rate of Staff (with fringe)	Hours Spent Administering PRAPARE	# of PRAPARE screens completed	Cost Per PRAPARE Screening = ((Hourly Rate of Staff) X (Hours Spent Administering PRAPARE)) / (# of PRAPARE Screens Completed)	Total Cost For PRAPARE Screening = (# of PRAPARE screens completed) X (Cost Per PRAPARE Screening)
CHW	$12.00/hour	25 hours	150 screens	= (($12/hr) X (25 hours)) / (150 screens) = $2.00 per PRAPARE screen when administered by CHW	= (150 PRAPARE screens) X ($2.00 per PRAPARE screen) = $300 overall for PRAPARE screening when administered by CHW
NP					
LSW					
Total					Clinic's Overall Total Costs for PRAPARE Screening = Sum of Rows Above Plus Any Administrative or Overhead Costs Necessary

Cost Calculator for Addressing SDOH Needs

Staff	Hourly Rate of Staff (with fringe)	Hours Spent Addressing SDOH Needs	# of Action Plans Completed to Address Needs	Cost For Addressing SDOH Needs = ((Hourly Rate of Staff) X (Hours Spent Addressing SDOH Needs)) / (# of Action Plans to Address Needs Completed)	Total Cost For Addressing SDOH Needs = (# of Action Plans Completed) X (Cost Per Action Plan)
CHW	$12.00/ hour	50 hours	150 action plans	= (($12/hr) X (50 hours)) / (150 action plans) = $4.00 per action plan when delivered by CHW	= (150 action plans) X ($4.00 per PRAPARE screen) = $600 overall for addressing SDOH needs when completed by CHW
NP					
LSW					
Total					Clinic's Overall Total Costs for Addressing SDOH Needs = Sum of Rows Above Plus Any Administrative or Overhead Costs Necessary

Cost Calculator for Following-Up on SDOH Needs					
Staff	Hourly Rate of Staff (with fringe)	Hours Spent Following-Up with Patients	# of Follow-Ups Completed	Cost For Following-Up = ((Hourly Rate of Staff) X (Hours Spent Following-Up)) / (# of Follow-Ups Completed)	Total Cost Following-Up = (# of Follow-Ups Completed) X (Cost Per Follow-Up)
CHW	$12.00/hour	18.75 hours	75 follow-ups	= (($12/hr) X (18.75 hours)) / (75 screens) = $3.00 per follow-up when completed by CHW)	= (75 follow-ups) X ($3.00 per PRAPARE screen) = $225 overall for following-up with patients when completed by CHW
NP					
LSW					
Total					Clinic's Overall Total Costs for Following-Up with Patients = Sum of Rows Above Plus Any Administrative or Overhead Costs Necessary

The cost calculator also allowed Bread of Healing to determine a rough cost of an individual PRAPARE screening, an individual patient action plan for addressing socioeconomic needs, and cost to follow-up with the patient. Through their work developing the cost calculator, Bread of Healing interestingly found that screening is only a small portion of the overall work of addressing social needs, taking only about 10 minutes; more time was spent addressing socioeconomic needs identified by PRAPARE and following-up with patients as needed. The calculator also allowed them to see which staff might be most effective in terms of time productivity as well as cost-effectiveness to do specific social determinant activities, although they acknowledge that skill sets, knowledge, and workload burden should be factored into assigning staff responsibilities as well.

Using this calculator, Bread of Healing could calculate their clinic's total cost to do social determinants work by adding the total costs for each activity of PRAPARE screening, addressing socioeconomic needs, and following-up with patients. For Bread of Healing, these time and cost calculations are important to informing future grant submissions as a free clinic. However, for health centers and other health care organizations, these cost estimates are pivotal to informing payment models as to what it takes to care for complex patients and their socioeconomic needs to advocate for different reimbursement arrangements.

Tips and Lessons Learned

Justify amount of time spent with patient.

While it is important to strategize patient-centered approaches for implementing social needs screening in workflow, it is likely that more staff time is actually spent responding to needs than screening itself. Therefore, it is important that that time also be factored into workflow and staff responsibilities. Being able to quantify how much (or how little) of staff time is spent with social needs screening helps with the business case while demonstrating the benefits and return on investment of addressing the socioeconomic needs of patients helps justify staff time spent helping the patient.

Tell your story by using qualitative data.

Quantitative data is not the end-all be-all to demonstrate return on investment. Qualitative data, such as storytelling, can also help make the connection between social needs screening and cost-savings and quality improvement by presenting individual and program successes.

Patient motivation is key to success.

Ask what the patient is motivated to work on or what they would like to prioritize and consider focusing on that area to have greater likelihood of success. When patients were able to address a need, BOH saw that success created momentum to tackle another task. Over time, BOH also saw patients who lost momentum, resurfaced, and used navigator guidance to get back on track. Bread of Healing learned to recognize these optimal moments and to celebrate patient accomplishments of their goals.

It is important to educate and train staff regularly.

To combat the challenges associated with staff/volunteer turnover, it is important to incorporate education and training on PRAPARE, patient-centered screening approaches, the clinic's particular workflow, and the community resource directory in staff orientation so that staff are aware of the tools, processes, and resources that can be used to help the patients address their socioeconomic needs.

Building and maintaining partnerships are essential.

Building and maintaining community partnerships with health systems, payers, social service agencies, and other community partners is essential in this work. Bread of Healing participated in a local Milwaukee Primary Care Navigation Workgroup with other key health system, community health center, and social service organizations to share lessons learned and to advance broader initiatives that benefit the community.

Next Steps

- Bread of Healing is interested in determining the best communication method to follow-up with patients, whether via text, email, phone, mail, or face to face conversations.
- Bread of Healing is also interested in learning how best to engage patients to promote their involvement in improving the health of the community, whether by spreading the word about affordable options for health care provided at health centers or free clinics, developing a patient mentor program, establishing a patient advisory group, and more.

For more information, contact: Beth Thorson, Director of Social Work Services, fc3socialworker@gmail.com