PREPARE YOUR PRACTICE FOR INTEGRATION

DESIGN YOUR SCREENING PROCESS

ESTABLISH A REFERRAL PROCESS

IMPLEMENT YOUR DOH SCREENING PROCESS

SUBMIT TO THE CMS MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)
To begin, select an existing, validated screening tool(s) for your practice and educate staff to ask these questions. Next, establish your data collection method for this process. To help standardize the DOH data that you collect, several EHR vendors have integrated various validated screening tools in their platforms, such as Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE®) screening tool. Also, keep in mind that there are DOH-related Z-codes that you may be able to input into your EHR that may help you to be reimbursed for your time and further establish the clinical complexity of your patients. See a list of these Z-codes here.

There are a lot of screening tools out there. Pitch the model that will work best for your practice. Here are some templates:

- **PRAPARE®’s Implementation and Action Toolkit**
  - Chapter 4, which begins on page 34, covers EHR systems that have PRAPARE implemented for digital collection.
  - Additionally, page 36 includes a link to an Excel data collection template for manual compilation.

- **Health Leads: Social Needs Screening Toolkit**

- **SIREN Social Needs Screening Tools Comparison Table (Pediatric Setting)**
ESTABLISH A REFERRAL PROCESS

For the referral process, it is essential for your team to know the resources that are available in your community to address the key five DOH areas. It is also critical to develop relationships with community organizations to enable referral. This process may include identifying a Community Health Manager/Worker who can help patients navigate and access community resources and social services.

As part of setting up referral workflows, select an existing referral platform or database to streamline this process for your practice and patients. These platforms or databases often include validated lists of community-based organizations and may also offer care management and data collection functionalities.

SIREN has developed a guide that explores the landscape of community resource referral platforms, including recommendations to implement a community resource referral platform.

IMPLEMENT YOUR DOH SCREENING PROCESS

As your team begins your implementation process, start small. Use your existing quality improvement processes for your DOH screening process. Be open and flexible to modifying your workflows.

A critical step in implementation is having empathetic conversations with patients to collect data, offer community resources and empower patients to address their needs. After assigning who from your team will be leading these conversations, they should start connecting with patients one-on-one. View our Let’s Take 5 Conversation Starter to prepare teams to have empathetic and empowering conversations with patients about DOH.

As your team begins your process to scale your screening, consider your patient population, your workflows, the capabilities of your technology and the capacity of your team, so you can make this a positive experience for your practice and patients. Be sure to refer to your process and outcomes measures established during the preparation stage to understand how your screening process is working and if your organization is ready to scale.

SUBMIT TO THE CMS MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

This is the first year that physicians have the option to report two DOH measures through quality payment. As an alternative to reporting six individual measures, practices, medical groups, hospitals and health systems may report DOH measures within one Specialty Measure Set.

The Physician Advocacy Institute (PAI) offers a MIPS Pathway resource that provides on general reporting mechanisms and the various specialty measure sets that you can submit.

CMS continues to improve DOH measurement and to evolve the submission process. Follow The Physicians Foundation to stay informed about our continued efforts around DOH reimbursement and to help eliminate burdens that many physicians face.