



Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION

**Hospital to Home Partnership
Program Learning Collaborative**
March 21, 2024 1:00pm-2:00pm



Agenda

HHPP Screening Tools – 40 Minutes

- AgeSpan and Mystic Valley Elder Services (MVES) Screening Tool
- West Mass Elder Care (WMEC) Screening Tool
- Overview of Free Online Screening Tools
- Questions

Next Steps – 10 Minutes

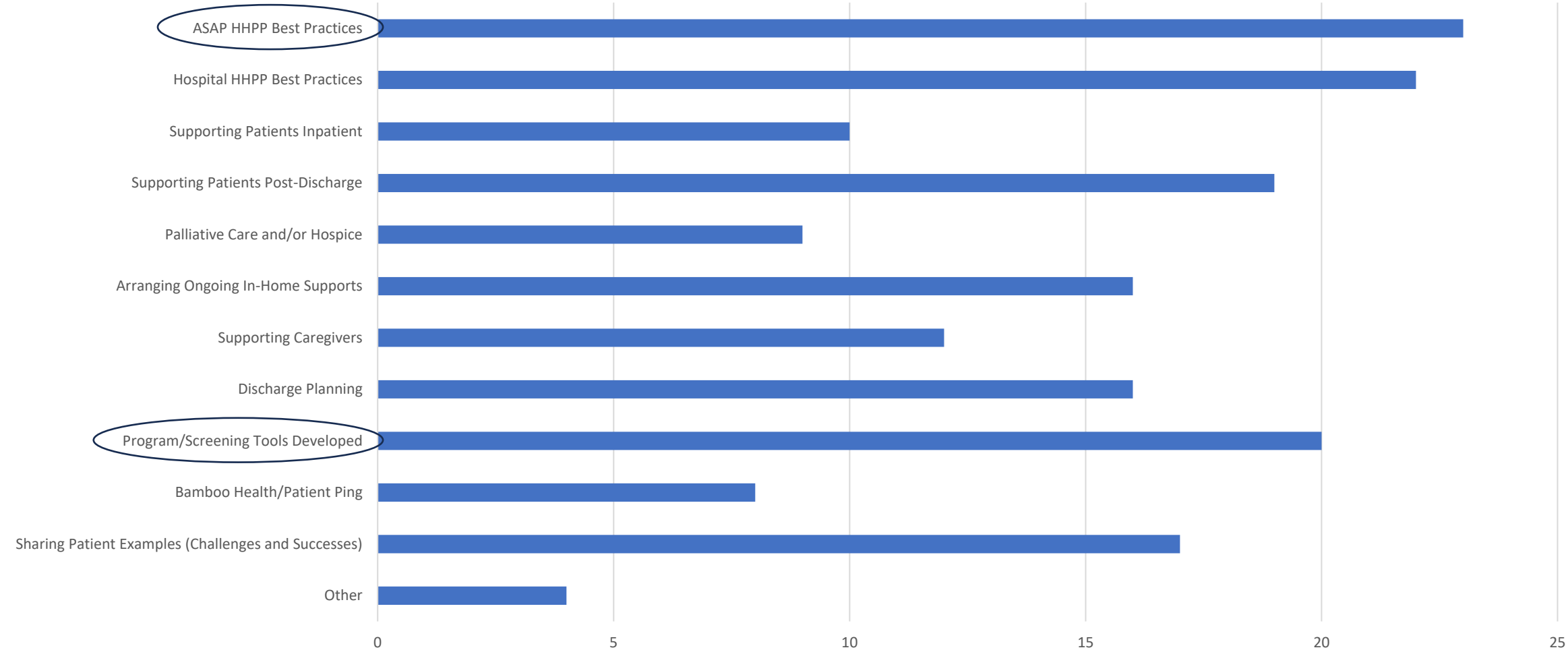
- Survey for Next Learning Collaborative
- Upcoming Schedule

*Appendix – Links to Online Resources for Screening and Assessment Tools



HHPP Learning Collaborative Survey Results

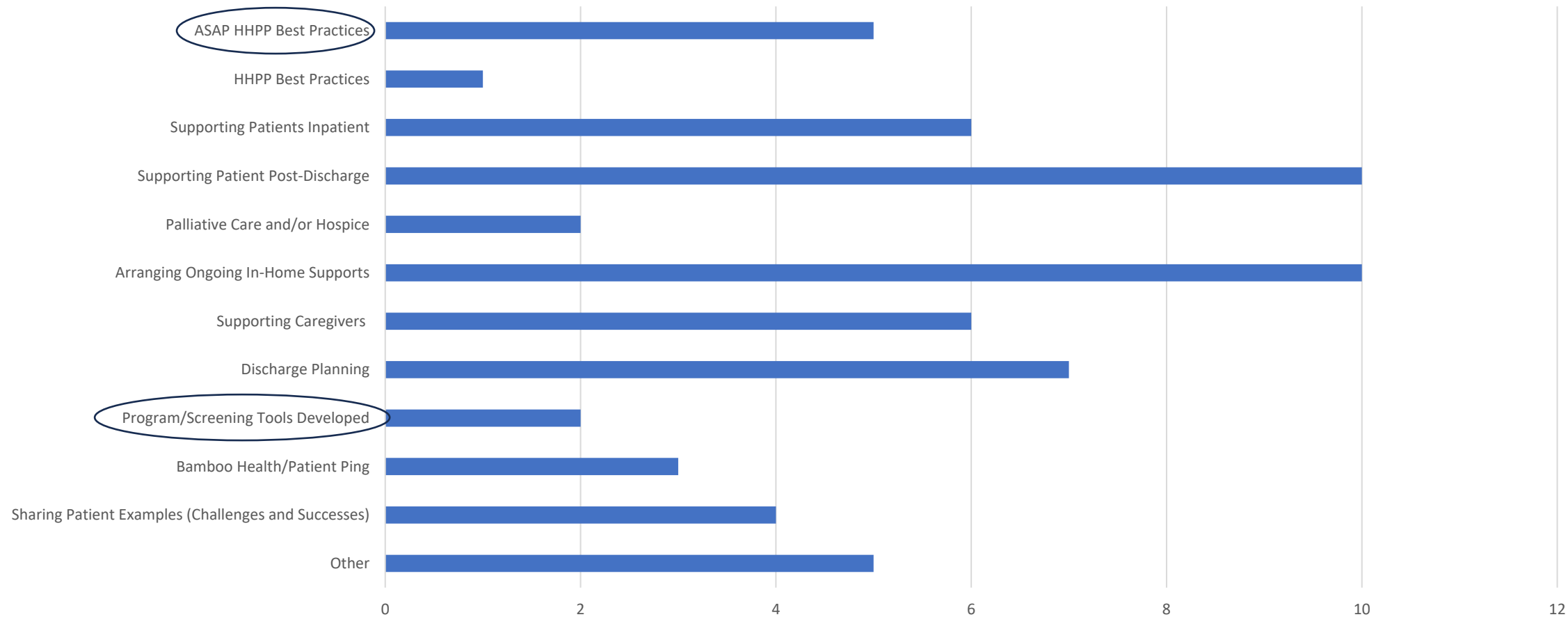
What topics are you interested in learning about?



Other: Best practices for effective and efficient documentation, Careport Connect (similar to Bamboo Health), iCarol software for H2H

HHPP Learning Collaborative Survey Results

What topics are you knowledgeable about and could help facilitate a discussion on?



Other: Insurance Approvals and Denials and Mental Health Resources

Hospital to Home Partnership Program Screening Tools

Hospital to Home Transition Tool

Annemarie Beauparlant, M.Ed.
Director of Long-Term Support Service
Programs



Lisa Felci Jimenez, LSW, RN
Director of Nursing and Transitional Care



- Based on CMS' Accountable Health Communities Health-Related Social Needs Screening Tool
- Additions
 - ADL and IADL questions were added to gain a better understanding as to what program someone may be best suited for
 - Goal Section added at the bottom to ensure that this remains consumer/patient directed
 - There are drop downs added to each question
- Based on answers in certain sections
 - Safety
 - Score may warrant a Protective Service (PS) or DPPC (Disabled Persons Protection Commission) report
 - Referral to our MH HC program or our BH Programs.

Hospital to Home (H2H) Care Transitions Planning Tool

Brenda Bronner, LSW, MBA
Director of Home Care



- One page, eleven questions
- Sections
 - Readmission Risk and/or Post Hospital Care Needs
 - Actions Needed Prior to Discharge

Access to Follow Up
Care

Behavioral
Risk/Needs

Personal Safety Risks

Financial Insecurity

Food Insecurity

Social
Connection/Isolation

Legal Issues

Language/Literacy
Issues

Interdisciplinary Care
Planning and
Coordination

Follow Up/Services

Refer for Post-
Hospital Supports
and Services

Free Online Screening Tools

- Provide options for different types of screening tools
- Vary in length and depth of screening tool
 - Open-ended questions
 - Scored questions
 - Multiple choice
- Create own screening tool based on the unique needs of your community or for language translation
 - Only one screening tool is available in a language other than English



Social Needs Screening Tool Comparison Table

	AAFP- Tool	AccessHealth: Spartanburg	AHC-Tool	Arlington	BMC-Thrive	HealthBegins	Health Leads	MLP IHELLP	Medicare Total Health Assessment Questionnaire	NAM Domains	NC Medicaid	PRAPARE	Structural Vulnerability Assessment Tool	WellRx	Your Current Life Situation
Contact Information	healthequity@aafp.org	publications@chcs.org	AccountableHealthCommunities@cms.hhs.gov		Michelle.Falinski@bmc.org	https://healthbegins.org/contact-us/	https://healthleadsusa.org/about-us/contact-us/	nrahajas@gwu.edu		contact@nas.edu	medicaid.transformation@dhhs.nc.gov	https://prapare.org/contact/	pbourgois@gmail.com	jpage-reeves@salud.unm.edu	See last page of screening tool for more information.
Number of social needs questions	15	10	19	11	11	24	10	10	9	12	11	17	37	10	19
Number of non-social needs questions	0	28	8	0	0	4	0	0	30	12	0	4	6	1	10
Patient or clinic population	Non-specific	Non-specific	Medicare and Medicaid	Non-specific	Non-specific	Non-specific	Non-specific	Non-specific	Medicare beneficiaries	Non-specific	Medicaid	Community Health Centers	Non-specific	Primary care	Non-specific
Reading Level	7th grade	5th grade	8th grade	10th grade	7th grade	11th grade	6th grade	8th grade	College	6th grade	5th grade	8th grade	6th grade	2nd grade	9th grade
Reported Completion Time	NR	NR	NR	NR	NR	NR	NR	NR	10-20 min	NR	NR	NR	NR	NR	NR
Additional Languages											Spanish	32 other languages		Spanish	
Scoring	Y	N	Y	N	N	Y	N	N	N	N	N	N	N	N	N

American Academy of Family Physicians (AAFP) Social Needs Screening Tool

- Two pages, 15 questions
- Additional question of whether individual accepts assistance with identified needs

Housing	Food	Childcare
Transportation	Utilities	Employment
Education	Finances	Personal Safety*

12. How often does anyone, including family, insult or talk down to you?⁸

- ☐ Never (1)
- ☐ Rarely (2)
- ☐ Sometimes (3)
- ☐ Fairly often (4)
- ☐ Frequently (5)

*Numbers associated with the responses are tallied to identify risk to personal safety

Social Needs Screening Tool

HOUSING

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household?¹
☐ Yes
☐ No
2. Think about the place you live. Do you have problems with any of the following? (check all that apply)²
☐ Bug infestation
☐ Mold
☐ Lead paint or pipes
☐ Inadequate heat
☐ Oven or stove not working
☐ No or not working smoke detectors
☐ Water leaks
☐ None of the above

FOOD

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.³

CHILD CARE

7. Do problems getting child care make it difficult for you to work or study?⁵
☐ Yes
☐ No

Grandparents caring for grandchildren

EMPLOYMENT

8. Do you have a job?⁶
☐ Yes
☐ No

EDUCATION

9. Do you have a high school degree?⁶
☐ Yes
☐ No

Underlined answers indicate a positive response for a social need in that category.

FINANCES

10. How often does this describe you? I don't have enough money to pay my bills:⁷
☐ Never
☐ Rarely

Structural Vulnerability Checklist

- One page, 41 open ended questions

Chart 1

Structural Vulnerability Assessment Tool^a

Domain	Screening questions and assessment probes ^b
Financial security	Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone? <ul style="list-style-type: none"> • How do you make money? Do you have a hard time doing this work? • Do you run out of money at the end of the month/week? • Do you receive any forms of government assistance? • Are there other ways you make money? • Do you depend on anyone else for income? • Have you ever been unable to pay for medical care or for medicines at the pharmacy?
Residence	Do you have a safe, stable place to sleep and store your possessions? <ul style="list-style-type: none"> • How long have you lived/stayed there? • Is the place where you live/stay clean/private/quiet/protected by a lease?
Risk environments	Do the places where you spend your time each day feel safe and healthy? <ul style="list-style-type: none"> • Are you worried about being injured while working/trying to earn money? • Are you exposed to any toxins or chemicals in your day-to-day environment? • Are you exposed to violence? Are you exposed regularly to drug use and criminal activity? • Are you scared to walk around your neighborhood at night/day? • Have you been attacked/mugged/beaten/chased?
Food access	Do you have adequate nutrition and access to healthy food? <ul style="list-style-type: none"> • What do you eat on most days? • What did you eat yesterday? • What are your favorite foods? • Do you have cooking facilities?
Social network	Do you have friends, family, or other people who help you when you need it? <ul style="list-style-type: none"> • Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways? • Is anyone trying to hurt you? • Do you have a primary care provider/other health professionals?
Legal status	Do you have any legal problems? <ul style="list-style-type: none"> • Are you scared of getting in trouble because of your legal status? • Are you scared the police might find you? • Are you eligible for public services? Do you need help accessing these services? • Have you ever been arrested and/or incarcerated?

Financial
Security

Residence

Risk
Environments

Food Access

Social
Network

Legal Status

Education

Discrimination

PRAPARE (Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences) Tool

- Two pages, 21 questions
- Available in 28 languages as well as an American Indian/Alaska Native version

Personal Characteristics	Family and Home	Money and Resources	Social and Emotional Health	Optional Additional Questions
<ul style="list-style-type: none">• Preferred Language• Race• Military Service	<ul style="list-style-type: none">• Family members living with patient• Patient's Address• Housing Stability	<ul style="list-style-type: none">• Education• Health Insurance• Employment Status• Access to food, clothing, transportation, utilities• Income Information	<ul style="list-style-type: none">• Social Supports (friends, family, church, volunteering)• Stress Level	<ul style="list-style-type: none">• Domestic Abuse• Refugee Status• Incarceration History



Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences

PRAPARE®: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences

Paper Version of PRAPARE® for Implementation as of September 2, 2016

Personal Characteristics

1. Are you Hispanic or Latino?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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2. Which race(s) are you? Check all that apply

<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Other (please write):		
<input type="checkbox"/>	I choose not to answer this question		

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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8. Are you worried about losing your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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9. What address do you live at?

Street: _____

City, State, Zip code: _____

Money & Resources

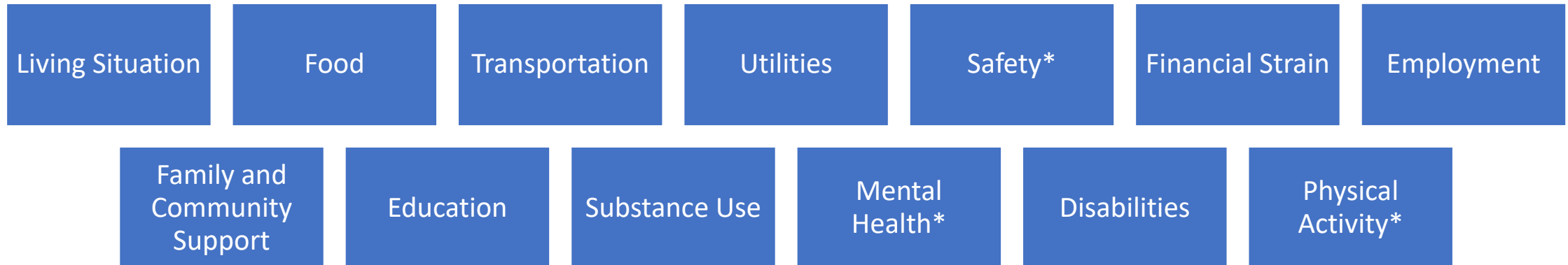
10. What is the highest level of school that you have finished?

<input type="checkbox"/>	Less than high school degree	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	More than high school	<input type="checkbox"/>	I choose not to answer this question

11. What is your current work situation?

Accountable Health Communities Health-Related Social Needs Screening Tool and Guide

- Seven pages, 34 questions
- Includes CMS guide for completing tool
- Option to complete on behalf of someone else
- Scoring value for specific domains*



Accountable Health Communities – Scoring Value

Safety: The four questions in this domain will identify whether the patient has an HRSN related to violence and/or elder or child abuse. All four questions share the same response options.

Instructional text: Because violence and abuse happen to a lot of people and affect their health, we ask the following questions.

Question	Response options	Scoring value
Question #10: How often does anyone, including family and friends, physically hurt you?	Never	1
Question #11: How often does anyone, including family and friends, insult or talk down to you?	Rarely	2
Question #12: How often does anyone, including family and friends, threaten you with harm?	Sometimes	3
Question #13: How often does anyone, including family and friends, scream or curse at you?	Fairly often	4
	Frequently	5
Scoring: Each question is scored from 1 to 5, based on the response option. Add up the scoring value for all four questions. Totals will range from 4 to 20. A score of 11 or higher meets the threshold for identifying a safety need. Organizations should develop a protocol to immediately assess any safety needs for urgency and have referral resources on hand to address such urgent situations. For patients with scores between 5 and 10, screeners should follow their organization's usual care processes.		

Mental health: The two questions in the mental health domain will identify whether the patient has an HRSN related to mental health challenges. Questions 26a and 26b share the same response options.

Instructional text: Over the past two weeks, how often have you been bothered by any of the following problems?

Question	Response options	HRSN identified
Question #26a: Little interest or pleasure in doing things? Question #26b: Feeling down, depressed, or hopeless?	Not at all	0
	Several days	1
	More than half the days	2
	Nearly every day	3

Accountable Health Communities – Screening Question Example



Living Situation

4. What is your living situation today?

- ☐ I have a steady place to live
- ☐ I have a place to live today, but **I am worried** about losing it in the future
- ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

5. Think about the place you live. Do you have problems with any of the following?

CHOOSE ALL THAT APPLY

- ☐ Pests such as bugs, ants, or mice
- ☐ Mold
- ☐ Lead paint or pipes
- ☐ Lack of heat
- ☐ Oven or stove not working
- ☐ Smoke detectors missing or not working
- ☐ Water leaks
- ☐ None of the above

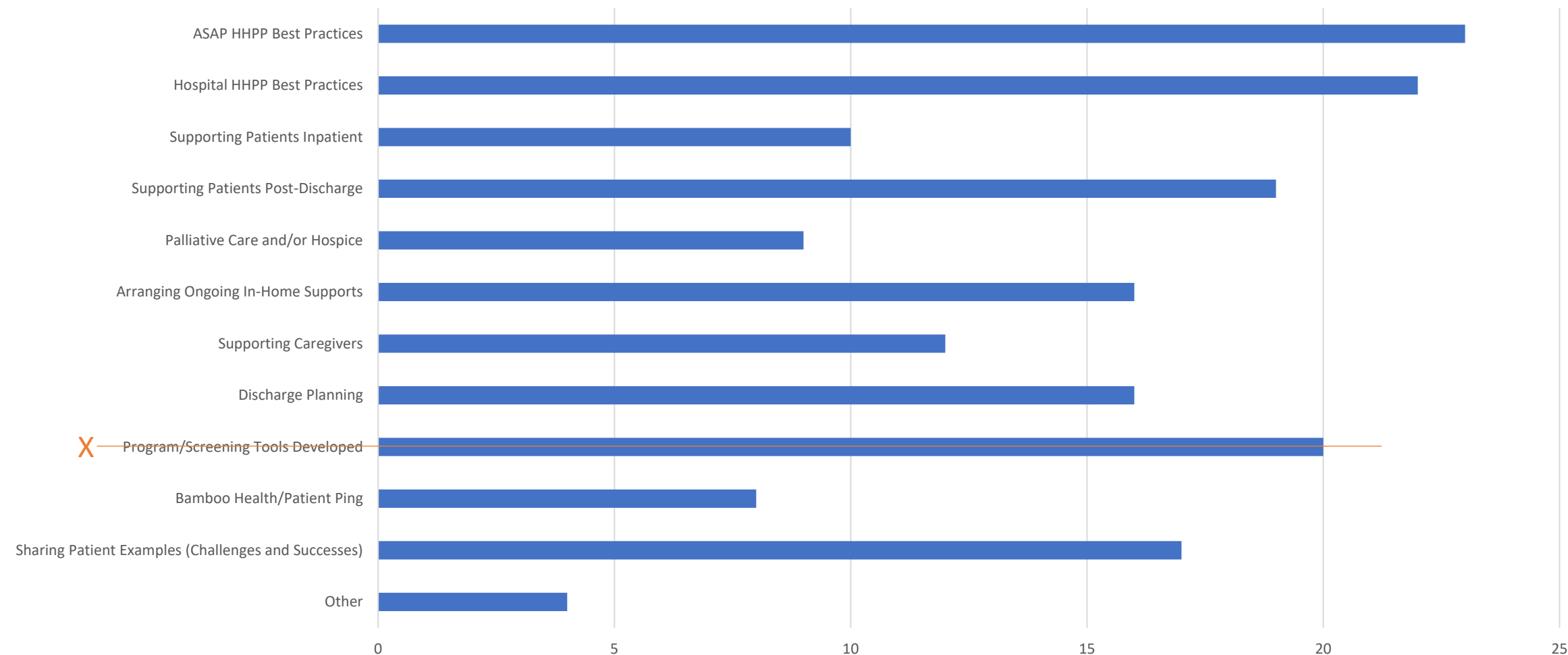
Questions or Comments



Next Steps

HHPP Learning Collaborative Survey Results

What topics are you interested in learning about?



Other: Best practices for effective and efficient documentation, Careport Connect (similar to Bamboo Health), iCarol software for H2H

Survey: Topic of the Next Learning Collaborative, May 15th 1:00pm-2:30pm

- Meeting for 1.5 hours
 - Patient Experience Stories
 - Open Office Hours
 - Additional Topic



What topic would you like to see covered at the next Learning Collaborative?

- ASAP Best Practices*
- Hospital Best Practices*
- Supporting Patients Inpatient
- Supporting Patients Post-Discharge
- Patient Ping/Bamboo Health
- Innovations in Medical Care at Home (mobile services)
- Discharge Planning
- Supporting Caregivers



*If you selected either ASAP or Hospital Best Practices, please put your specific request in the chat or email to Dana (Dana.Beguerie@mass.gov)

Next Steps

Tentative HHPP Learning Collaborative Schedule



Date	Time
Wednesday, May 15 th	1:00pm-2:30pm
Monday, July 15 th	11:00am-12:00pm
Wednesday, September 18 th	2:00pm-3:00pm
Wednesday, November 13 th	1:30pm-3:00pm

Questions or ideas?

- Contact Dana.Beguerie@mass.gov

Appendix: Screening Tools

- [Comparison Table for Screening Tools](#)
- [American Academy of Family Physicians Form](#)
- [Structural Vulnerability Checklist](#)
- [Health Leads Toolkit \(PRAPARE\)](#)
- [Accountable Health Communities Health-Related Social Needs Screening Tool and Guide](#)
- [Inpatient Quality Reporting Program: Screening for Social Drivers of Health](#)
- [Improving Care Transitions A Guide to Tools & Resources for Providers and Patients](#)
- [UCSF Center for Vulnerable Populations Digital Screening Tool](#)

