

# Social Determinants of Health Screening and Documentation in EHR

Social Determinants of Health (SDOH) are the non-medical factors that influence health outcomes. The North Carolina Social Determinants of Health Screening is an 11-question screening used to address food insecurity, housing instability, transportation needs, and interpersonal safety. This guide will show you how to document the NC Social Determinant of Health Screening into eClinicalWorks and MDLand.

## **Health Screening**

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No
<b>Food</b>		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
<b>Housing/ Utilities</b>		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
<b>Transportation</b>		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
<b>Interpersonal Safety</b>		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
<b>Optional: Immediate Need</b>		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

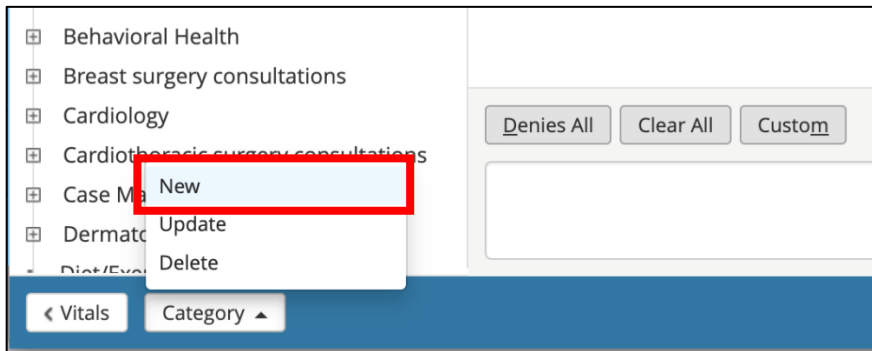
## Social Determinants of Health Screening in eClinicalWorks

The SDOH Screening can be manually added into eClinicalWorks in the HPI or Social History section of the progress note.

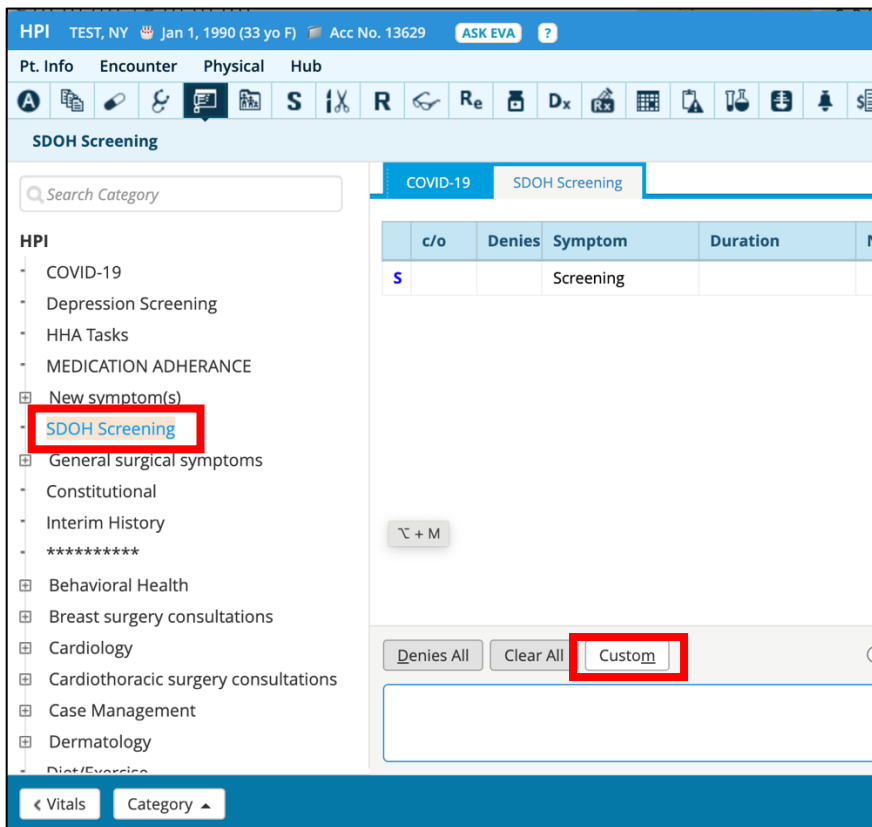
Step 1: Go into a test patient's Progress Note.

Step 2: Click into the section of the progress note that you want to add the SDOH screening to.

Step 3: Add a new Category named "Social Determinants of Health".



Step 4: Click on the new category created, then click on custom.



Step 5: In the next window, create a structured item named “Screening”, then click OK.

The screenshot shows a window titled "HPI Items:SDOH Scre..." with a subtitle "(Test, NY -01/01/2023 08:00 am, BP Visit)". The window contains a table with two columns: "Name" and "Options". The first row in the table has "Screening" in the "Name" column and a trash icon in the "Options" column. A red box highlights the "Screening" text and the trash icon. At the bottom right, there are buttons for "Add", "Save Structured Flag", "OK", and "Cancel". The "OK" button is highlighted with a red box.

Name	Options
Screening	

Buttons: Add, Save Structured Flag, OK, Cancel

Step 6: Click on this new item and in the new window click the “Custom” button.

The screenshot shows a window titled "HPI Notes:Screening TEST, NY" with a subtitle "Jan 1, 1990 (33 yo F) Acc No. 13629" and "Appt: (01/01/2023 ...)". The window contains a table with three columns: "Name", "Value", and "Notes". The table lists various screening questions, each with a checkbox in the "Name" column, a "Value" column, and a "Notes" column. A red box highlights the "Custom" button at the bottom left of the window.

Name	Value	Notes
<input type="checkbox"/> Within the past 12 months, did you worry ...		
<input type="checkbox"/> Within the past 12 months, did the food ...		
<input type="checkbox"/> Within the past 12 months, have you ever ...		
<input type="checkbox"/> Are you worried about losing your housin ...		
<input type="checkbox"/> Within the past 12 months, have you been ...		
<input type="checkbox"/> Within the past 12 months, has a lack of ...		
<input type="checkbox"/> Do you feel physically or emotionally un ...		
<input type="checkbox"/> Within the past 12 months, have you been ...		
<input type="checkbox"/> Within the past 12 months, have you been ...		
<input type="checkbox"/> Are any of your needs urgent? For exampl ...		
<input type="checkbox"/> Would you like help with any of the need ...		
<input type="checkbox"/> Preferred contact method to receive refe ...		
<input type="checkbox"/> Types of resources provided to patient		
<input type="checkbox"/> NowPow eRx Number		
<input type="checkbox"/> Follow up	mm/dd/yyyy	

Buttons: Default, Default For All, Clear, Clear All, OK, Cancel, Custom

Step 7: Another window will open. Click on the “Add” button to add all the questions to the screening. Create a new structured data field for each question.

Configure Structured Data for HPI > Notes:Screening

Custom + A ctured Text

☒ Grid ☐ Wizard 

Add Reorder

Name	Type	Mandatory	Trigger	Default	Action
Within the past 12 months, did you wor	Boolean				+ ✎ 🗑
Within the past 12 months, did the foo	Boolean				+ ✎ 🗑
Within the past 12 months, have you ev	Boolean				+ ✎ 🗑
Are you worried about losing your hous	Boolean				+ ✎ 🗑
Within the past 12 months, have you be	Boolean				+ ✎ 🗑
Within the past 12 months, has a lack	Boolean				+ ✎ 🗑
Do you feel physically or emotionally	Boolean				+ ✎ 🗑
Within the past 12 months, have you be	Boolean				+ ✎ 🗑
Within the past 12 months, have you be	Boolean				+ ✎ 🗑
Are any of your needs urgent? For exam	Boolean				+ ✎ 🗑
Would you like help with any of the ne	Boolean				+ ✎ 🗑
Preferred contact method to receive re	Structured Text (Mult...				+ ✎ 🗑
Types of resources provided to patient	Structured Text (Mult...				+ ✎ 🗑
NowPow eRx Number	Structured Text				+ ✎ 🗑
Follow up	Date				✎ 🗑

OK

Cancel

Step 8: Create a Template.

**Patient:** Test, Training

**DOB:** 01/01/2000 **Age:** 22 Y **Sex:** Female

**Phone:** 311

**Address:** 42-09 28th St, Queens, NY 11101

**Provider:** Cristina Yang, MD

**Primary Insurance:** Medicaid

**Encounter Date:** 03/30/2022

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**Subjective:**

**Chief Complaint(s):**

Social Determinant of Health Screening.

**HPI:**

**Social Determinants of Health:**

**Assessment:**

Within the past 12 months, did you worry that your food would run out before

you got money to buy more? **Yes/No,**

Within the past 12 months, did the food you bought just not last and you didn't

have money to get more? **Yes/No,**

Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in

an overnight shelter, or temporarily in someone else's home (i.e. couch-

surfing)? **Yes/No,**

Are you worried about losing your housing? **Yes/No,**

Within the past 12 months, have you been unable to get utilities (heat,

electricity) when it was really needed? **Yes/No,**

Within the past 12 months, has a lack of transportation kept you from medical

appointments or from doing things needed for daily living? **Yes/No,**

Do you feel physically or emotionally unsafe where you currently live? **Yes/No,**

Within the past 12 months, have you been hit, slapped, kicked or otherwise

physically hurt by anyone? **Yes/No,**

Within the past 12 months, have you been humiliated or emotionally abused by

anyone? **Yes/No,**

Are any of your needs urgent **Yes/No.**

Would you like help with any of the needs that you have identified? **Yes/No.**

**Vitals:**

**Vitals:** Temp **98**, BP **140/90**, **130/80**, Ht 63, Wt **160**, BMI **28.34**, HR **90**, RR **15**

**Assessment:**

**Assessment:**

- Inadequate housing - Z59.1 (Primary)

**Plan:**

**Treatment:**

**Inadequate housing**

Notes: Patient completed the SDOH questionnaire and has been counseled on the major impact that social determinants of health (such as housing, discrimination, violence, education and job opportunities, access to nutritious foods, polluted air and water, and language and literacy skills) can have on peoples health, well- being, and quality of life.

Patient has been connected to resources based on their SDOH questionnaire needs.

**Next Appointment:**

4 Weeks.

**Billing Information:**

**Visit Code:**

99214 Office Visit

**Procedure Codes:**

## Social Determinants of Health Screening in MDLand

MDLand has the Social Determinants of Health Screening under the Risk Screening/Plans section of the “Current Visit” note.

Step 1: Under **Current Visit**, go to **Risk Screening/Plan/Intervention**

The screenshot shows the MDLand interface. The 'Current Visit' tab is selected in the top navigation bar. On the left sidebar, the 'Risk Scr' option is highlighted. The main content area displays the 'Risk Screening/Plan/Interventions' section, which is also highlighted with a red box. This section contains three tables: 'Behaviors Screening', 'Cognitive Assessment Tools', and 'Fall Risk'. Each table lists various screening tools with a 'New' link next to them.

Name	Summary
Depression Screening (PHQ2 & PHQ9)	New
Adult Intervention/Plan	New
Depression Screening (PHQ9)	New
Adolescent Depression Screening	New
Adolescent Intervention/Plan	New
Postpartum Depression Screening	New
Anxiety Screening (GAD2 & GAD7)	New
Anxiety Screening (GAD7)	New
Columbia-Suicidal Severity Scale	New

Name	Summary
SLUMS Examination Screening	New
Mini Cognitive Assessment	New
Mini-Mental State Examination (MMSE)	New
Care For Older Adults Assessment	New

Name	Summary
Fall Risk Screening	New
Fall Risk Intervention/Plan	New
Hoos Hip Survey Form	New
Koos Knee Survey Form	New

Step 2: You can find the screening under “Social Determinants of Health”. Click on New. In the next window, fill out the screening.

Social Determinants of Health (SODH)		
Name		Summary
Social Needs Screening Tool		New

The screenshot shows the 'Social Needs Screening Tool' form. It includes a header with 'Patient Name:' and 'Patient Age: 62', and a 'Visit Date: 08/02/2023'. The form is divided into sections: HOUSING, FOOD, and TRANSPORTATION. Each section contains a list of questions with checkboxes for 'Often true', 'Sometimes true', and 'Never true'. A red arrow points from the 'New' link in the previous screenshot to the top of this form.

**HOUSING**

1. What is your housing situation today?

☐ I do not have housing (I am 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)

☐ I have housing today, but I am worried about losing housing in the future

☐ I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)

☐ 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.

☐ Often true ☐ Sometimes true ☐ Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true ☐ Sometimes true ☐ Never true

**TRANSPORTATION**

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (check all that apply)

☐ Yes, it has kept me from medical appointments or getting medications