Social Determinants of Health at OCHIN

OCHIN is a national leader in collecting and managing Social Determinants of Health (SDH)—and through this work, reducing health disparities. We address SDH in our research, integrated EHR tools, and value-based payment and care transformation programs.

How Community Health Centers Can Use Patients’ SDH Data

- **Point of Care**: Understanding SDH can inform treatment and care plans and identify opportunities to connect patients to community resources.
- **Population Health Management**: Patients can be targeted for focused, high-leverage outreach based on a combination of medical and SDH factors.
- **Clinic and Community Policy**: Understanding the nature and scope of patients’ social needs can provide direction for investment and advocacy.
- **Risk Stratification**: Combining SDH information with EHR data on medical complexity could enable more effective comparisons and predictions about cost and outcomes for different patients.

OCHIN SDH Research Projects

- Assess patient complexity’s impact on care (Health Systems Demonstration)
- Develop a standardized SDH data collection tool across EHRs (PRAPARE)
- Enhance EHR-based SDH collection and presentation tools (ASSESS-DO)
- Strategies to support collection and action on SDH data in CHCs (ASCEND)
- Integrate HIT needs for treating complex patients into EHRs (CLINCH-IT)
- Integrate community-level SDH into research data warehouse (ADVANCE)

Payment Reform Projects

- OCHIN supports Alternative Payment Methodology (APM) programs at several member clinics in efforts to shift to value-based payment that acknowledges patient complexity to improve health and lower costs.
- We are evaluating the impact of APM on utilization, including non-traditional services that address SDH, and quality of care (eCHANGE study).

Connecting Patients with Resources in the Community

- OCHIN is integrating Social Service Resource Locators (SSRLs) into the EHR to connect patients to community resources based on their identified needs.
- We are working with CMS Accountable Healthcare Communities grantees to exchange SDH information from the EHR to receive lists of community resources matched to a patient’s location and needs.

EHR-Integrated Tools to Track and Address SDH

OCHIN offers a suite of SDH screening tools in our EHR to enable clinics to collect, review, and act on patient-level SDH data, including:

- Address
- Race/Ethnicity
- Financial Resource Strain
- Physical Activity
- Stress
- Depression
- Social Isolation
- Intimate Partner Violence
- Housing
- Housing Quality
- Transportation
- Utilities
- Food Security
- Primary Language
- Income/FPL
- Health Literacy
- Sexual Orientation/Gender Identity