



Sharing Social Determinants of Health (SDoH) Screening Data

Health outcomes are more often than not determined by a patient's social determinants of health, not the medical care he or she receives in the doctor's office or hospital.

How Sharing Social Determinants of Health Screening Data Can Benefit You and Your Patients

A patient's social needs are frequently unrecognized and may be left unaddressed, leading to poor health, avoidable medical utilization, and higher costs of care. Even when a patient's social needs are identified, they are often buried in the medical record and siloed in an organization's EHR.

By sharing Social Determinants of Health screening information with CRISP, your organization's data contribution can support the development of more robust tools that can support effective clinical decision making through:

- ✓ Automatic sharing of the patient's social needs information with other members of a patient's care team, through CRISP.
- ✓ Facilitated communication across providers to reduce duplication of screening and enhance awareness of social needs.
- ✓ Pre-populated SDOH questions and responses at the point of care, organized chronologically and by social domain (i.e. transportation, housing, food).
- ✓ Alignment with MDPCP track 2 requirements for social needs screening and linkage to community resources.

Getting Started

If you're interested in improving care coordination for your patients with social needs, please contact Marc Rabner, MD, MPH at marc.rabner@crisphealth.org to begin sharing Social Determinants of Health screening data today.