

# Integrating Essential Needs in Pediatric Primary Care

## Improving Screening and Referral for Essential Needs at Boston Medical Center

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### BACKGROUND

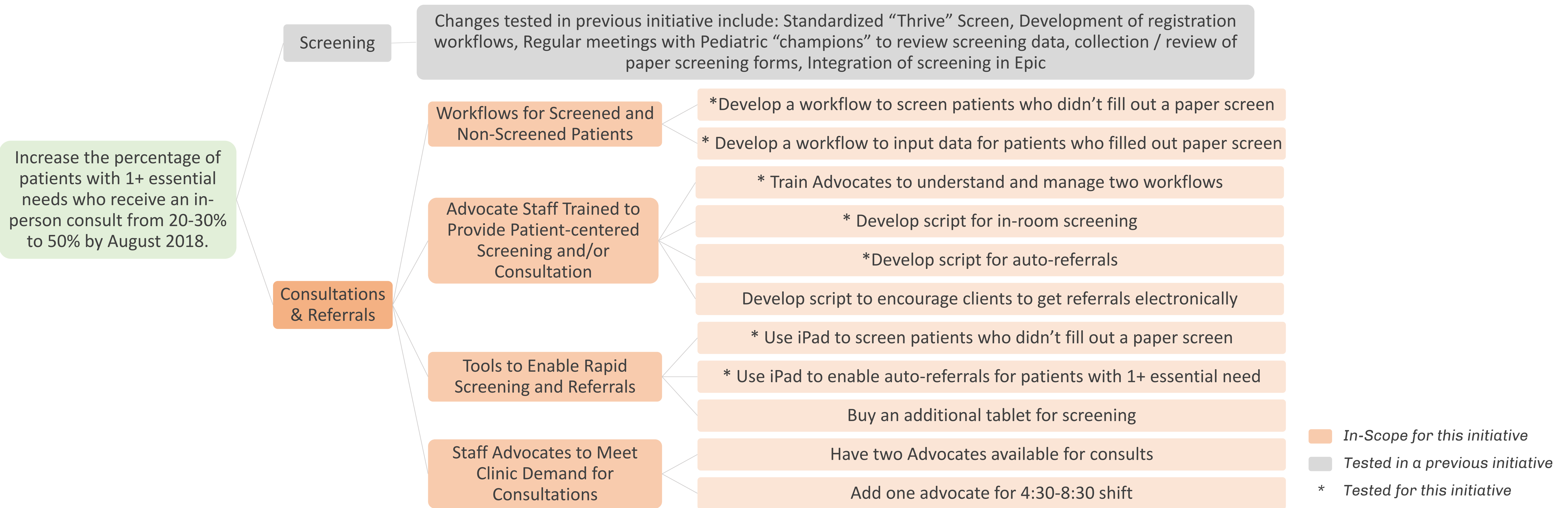
Health Leads and Boston Medical Center's Pediatric Primary Care Department have partnered for more than 20 years to address the essential needs of caregivers and patients, including food, utilities and child-related items. Over the past 5 years, Health Leads has provided a screening and referral service that is co-located in the waiting room of the Pediatric Primary Care Clinic. During the summer of 2017, Health Leads and Boston Medical Center's Pediatric Primary Care Department integrated multiple essential needs services into the medical workflow.

While the new workflow standardized screening and more effectively coordinated social support teams, patients no longer had access to Health Leads for in-person essential need consultations. Instead the Health Leads team "rounded" on patients in their room between MA and Provider consults. As a result, fewer than 30% of patients received an in-person essential need consultation, which are associated with successfully accessing the essential resources patients need to be healthy. Furthermore, patients waited an average of 20 days before receiving a referral to community resources to address their essential needs due to difficulty reaching patients once they left the clinic and a growing backlog of patients who required support.

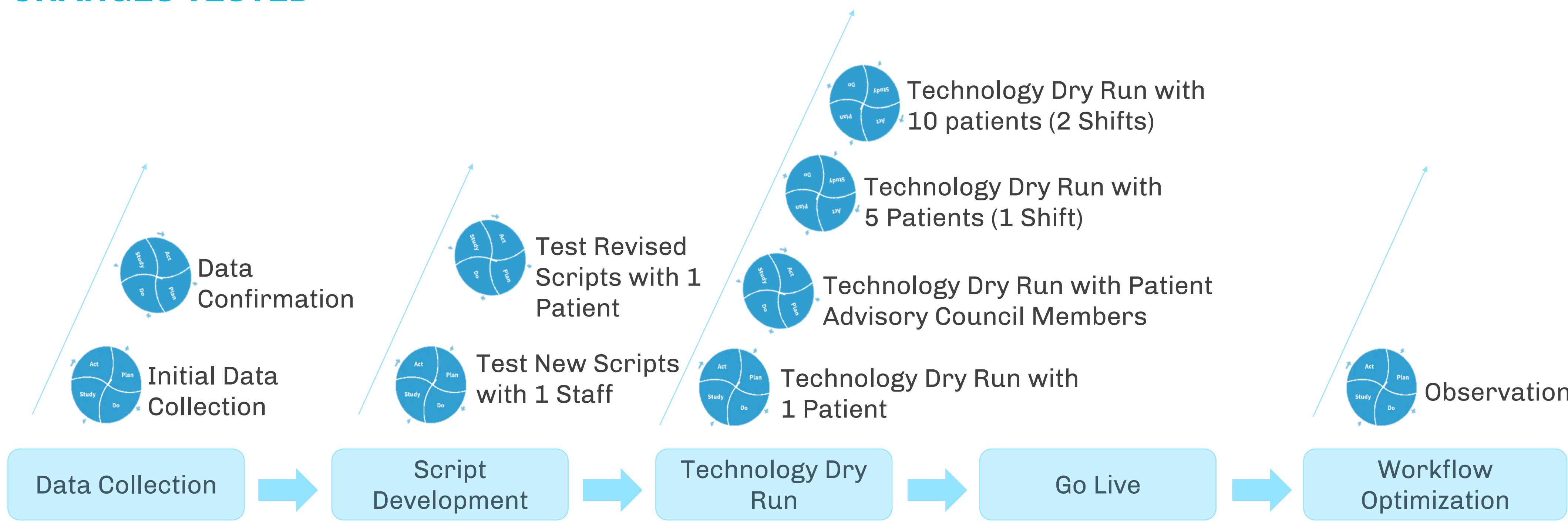
### PROJECT AIM

Increase the percentage of patients with 1+ essential needs who receive an in-person essential needs consultation from 20-30% to 50% by August 2018.

### PROJECT STRATEGY



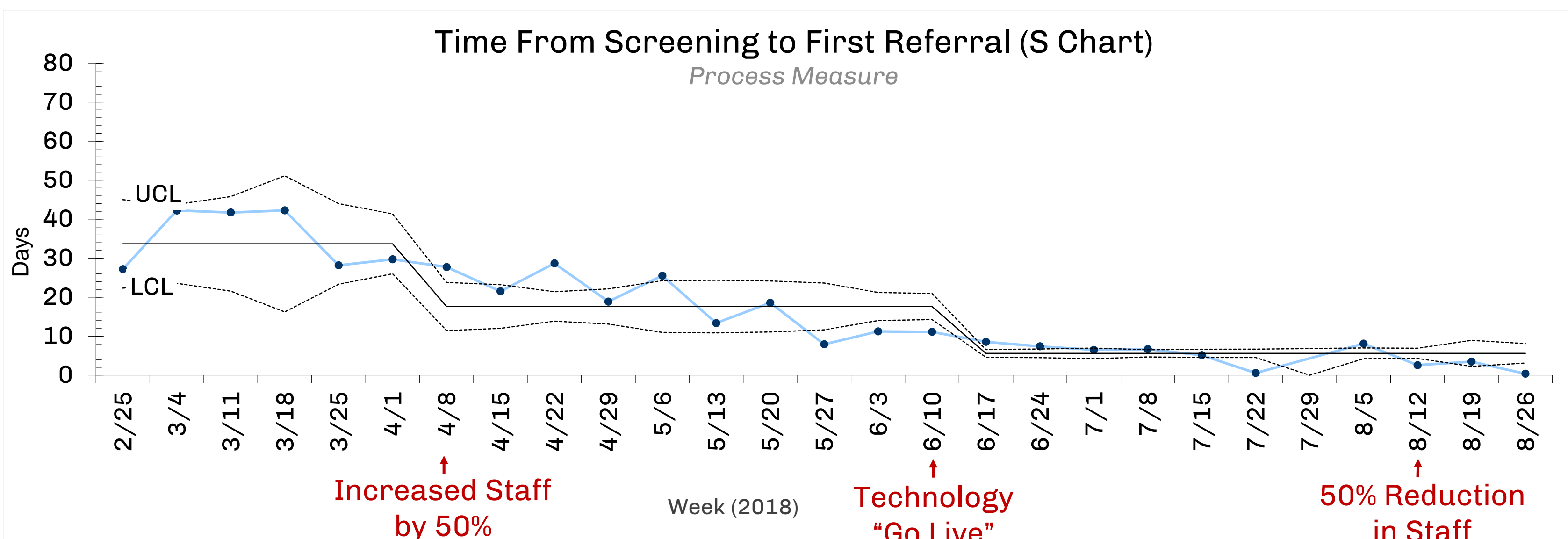
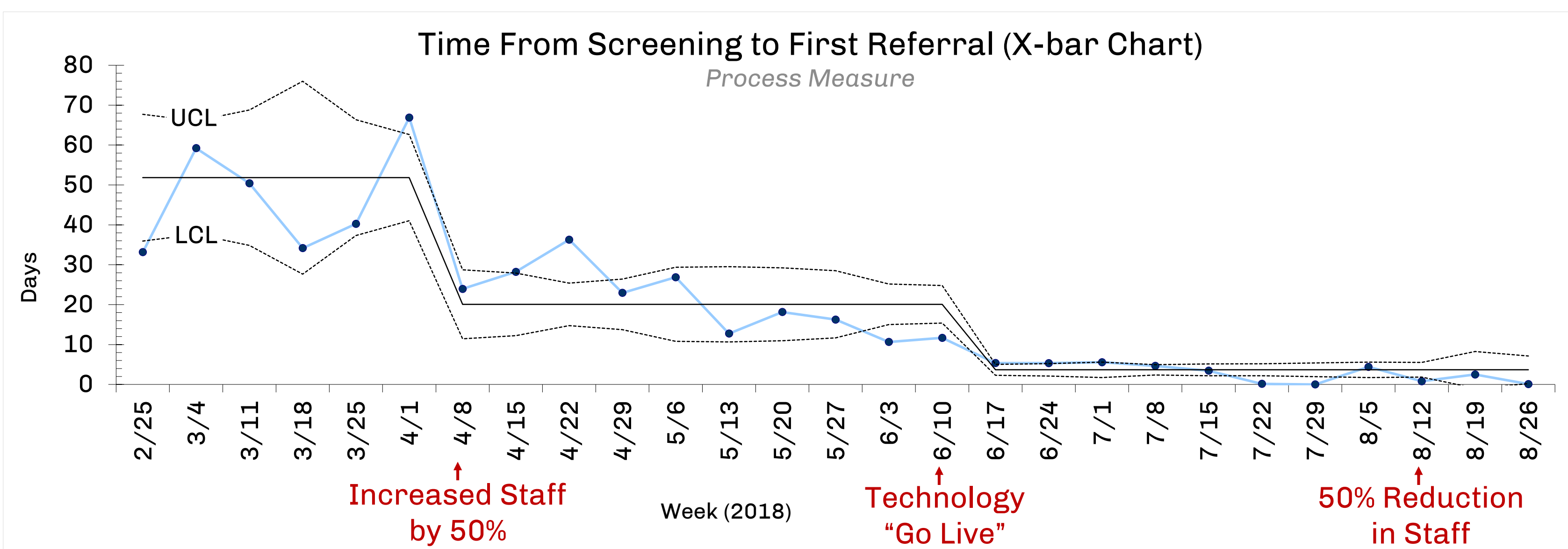
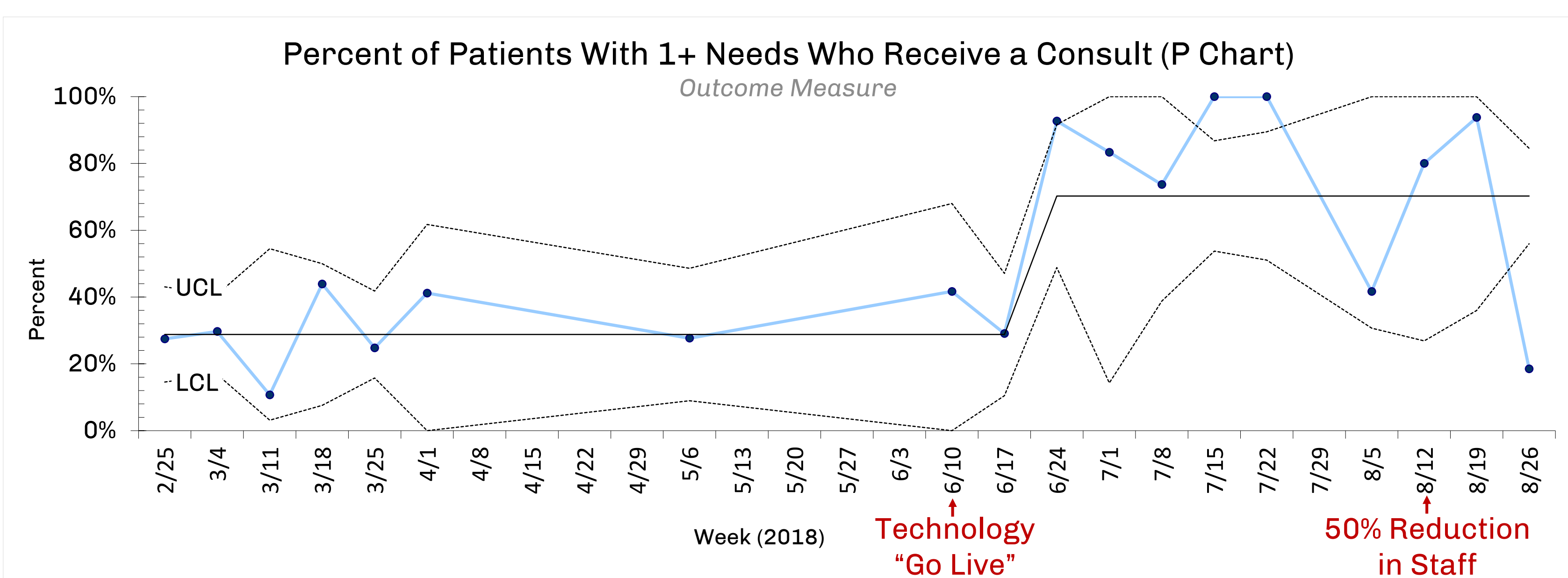
### CHANGES TESTED



### LEARNING

- There is an opportunity to move patient engagement upstream into project design and interest from the Patient Advisory Council to build quality improvement capabilities.
- Testing workflow changes with the addition of new technology enabled more rapid behavior change for front-line staff.
- Using a tablet-based screening together with an auto-referral option contributed to improving workflow by reducing time spent retrieving paper referrals and patient experience by reducing time to referral and improving access to referral information.

### RESULTS



- Using a tablet-based essential need screening and auto-referral tool increased the percent of patients with 1+ essential needs who received an essential need consult from an average of 29% to 70% and reduced the time from a patients' first consultation to their first referral to a community resource from an average of 20 days to 4 days.
- Moving forward, we look to maintain gains, look for improvements in workflow to better match clinic demand with Advocate hours, and develop standardized training to ensure fidelity to scripts, workflows and data entry.
- Over the next few months, we will track the percent of patients who successfully accessed the essential resources they need to be healthy. Our hypothesis is that this will improve as more patients receive an in-person consultation.

