



Collaborative Screening: Guidance For Person-Centered Inquiry

Virtual Learning Event

Session 1: Monday, June 21, 2021, 9am -12pm



COLLABORATIVE SCREENING

Guidance for Person-Centered Inquiry

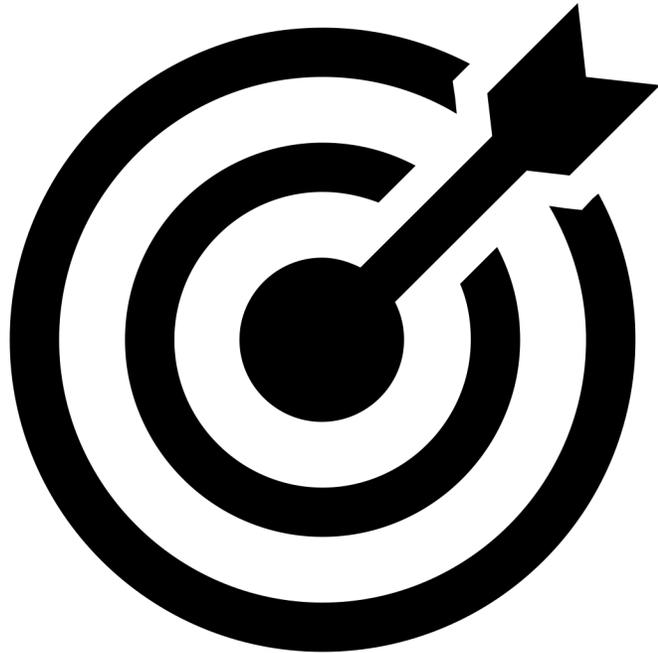
Collaborative Screening

Washington Association for Community Health

June 21 • 23 • 25

2021





By the end of this learning series, participants will be able to:

- Consider the incentives and impacts of conducting social needs screening on both individuals and organizations
- Discuss core implementation concepts and skills for person-centered social needs screening
- Explore person-centered workflow and organizational design
- Practice person-centered social needs screening and referral
- Develop next steps in creating a more person-centered approach at your health center

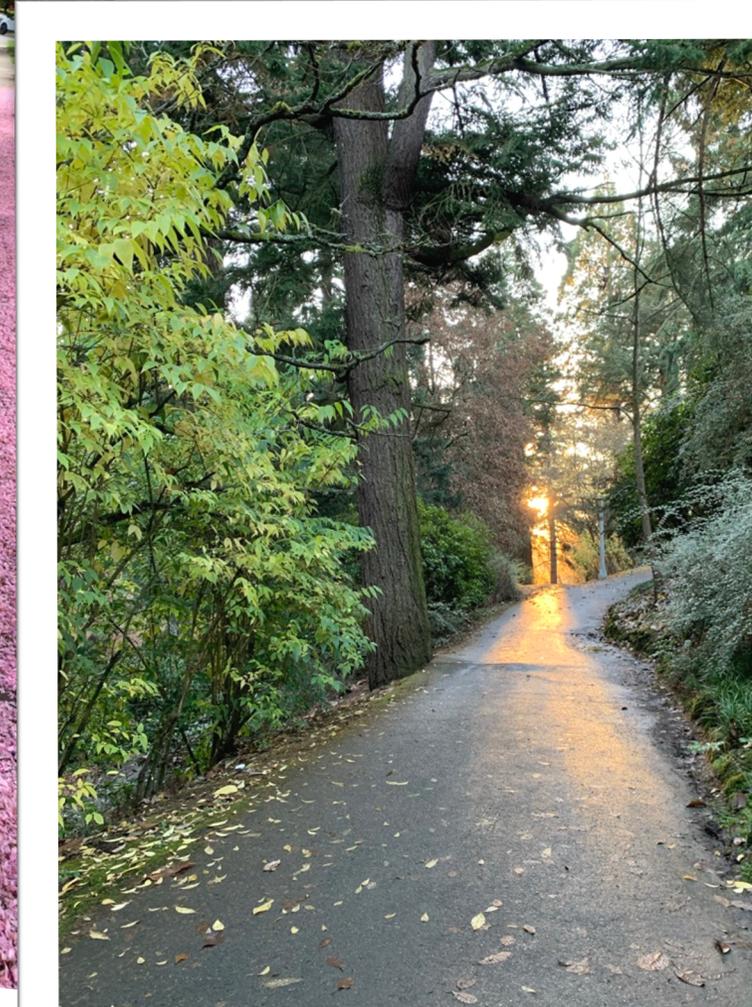
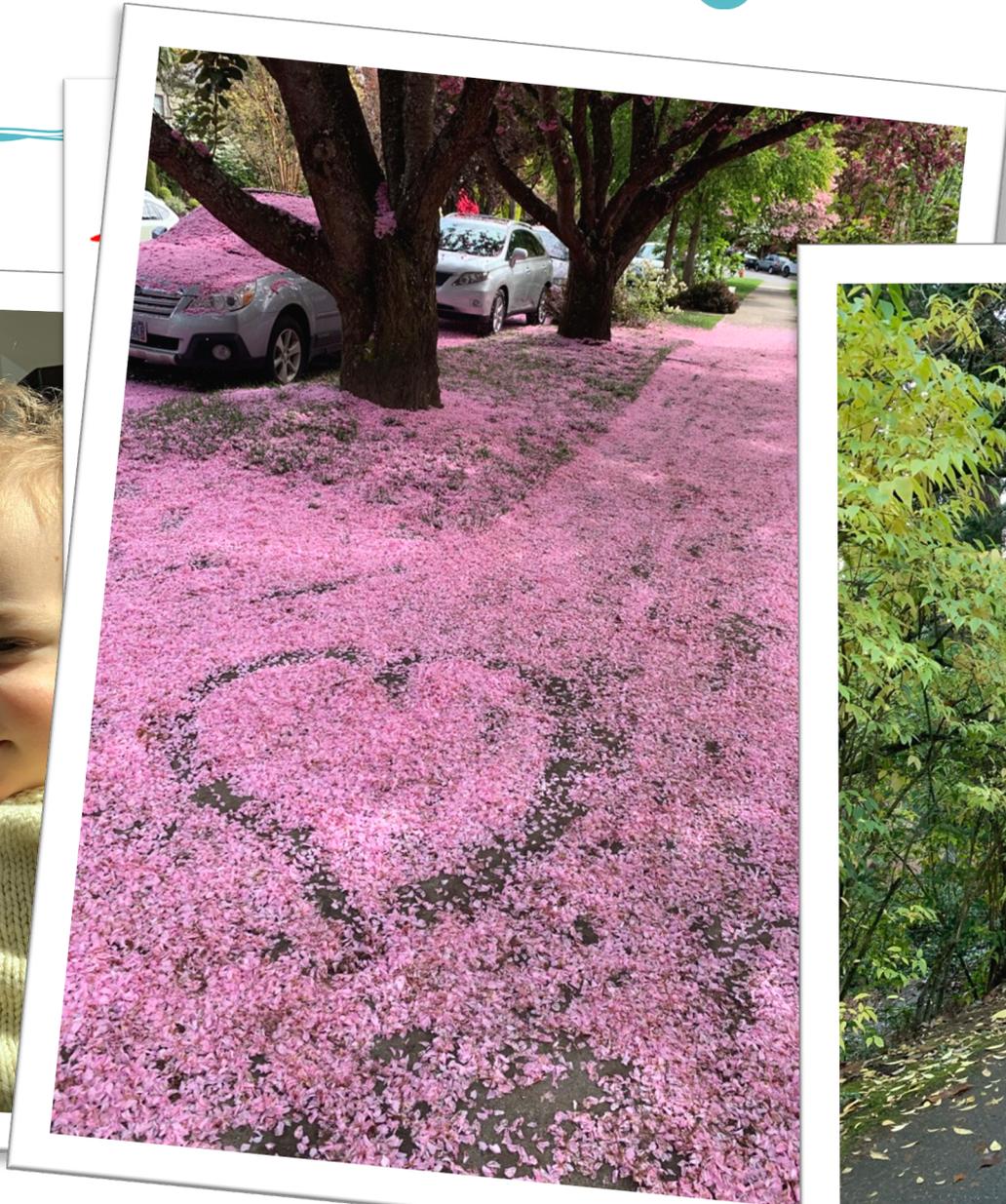


INTRODUCTION

Ariel Singer

Human-centered Healthcare Trainer, Coach and Creator
of Collaborative Screening

About Me

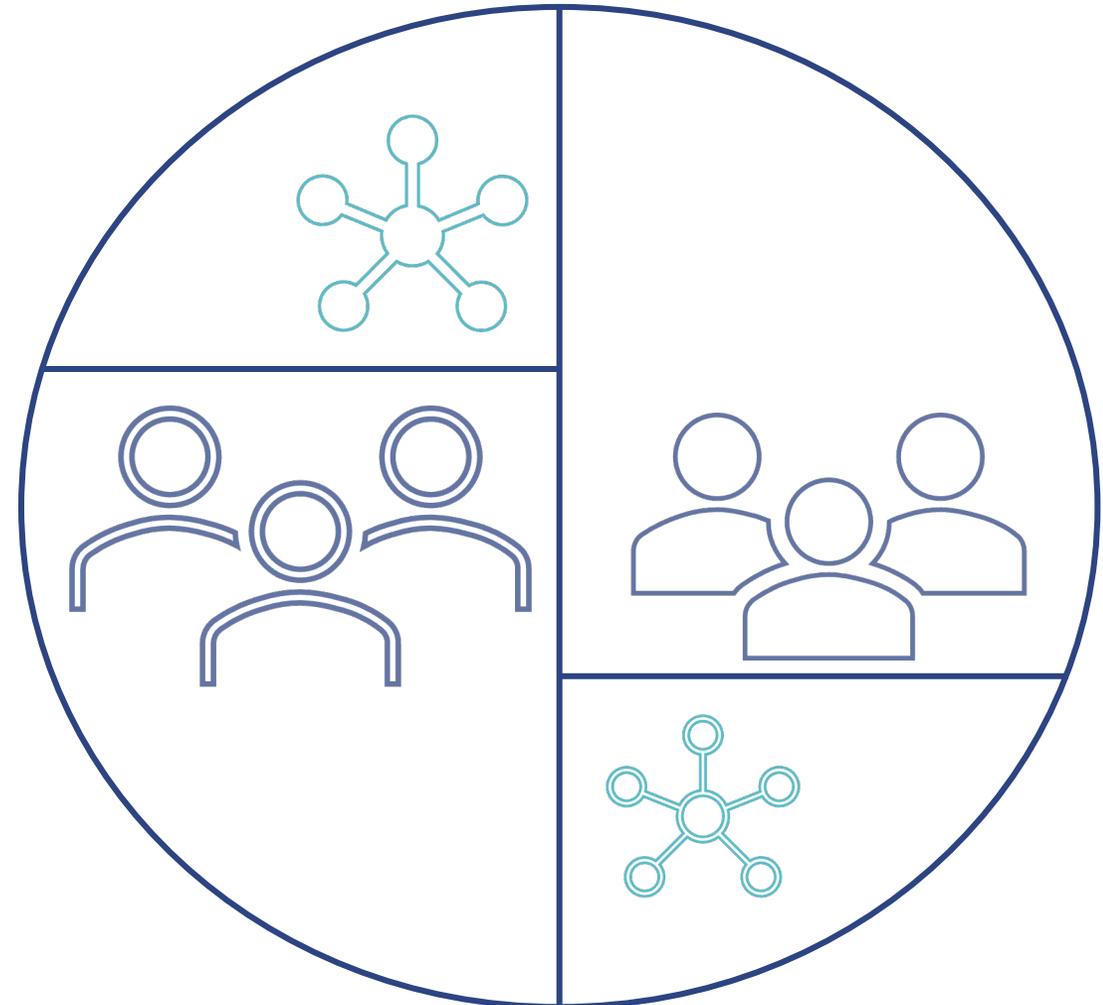


How I Got Here

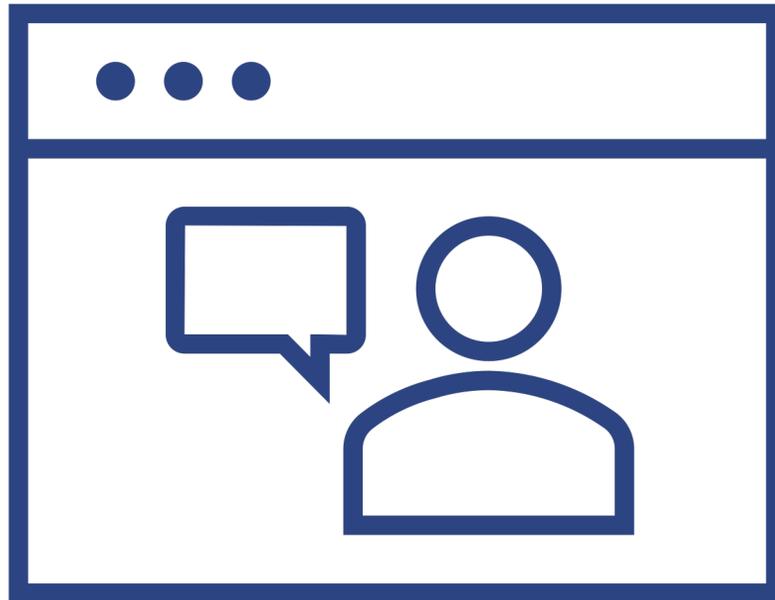


Group Agreements

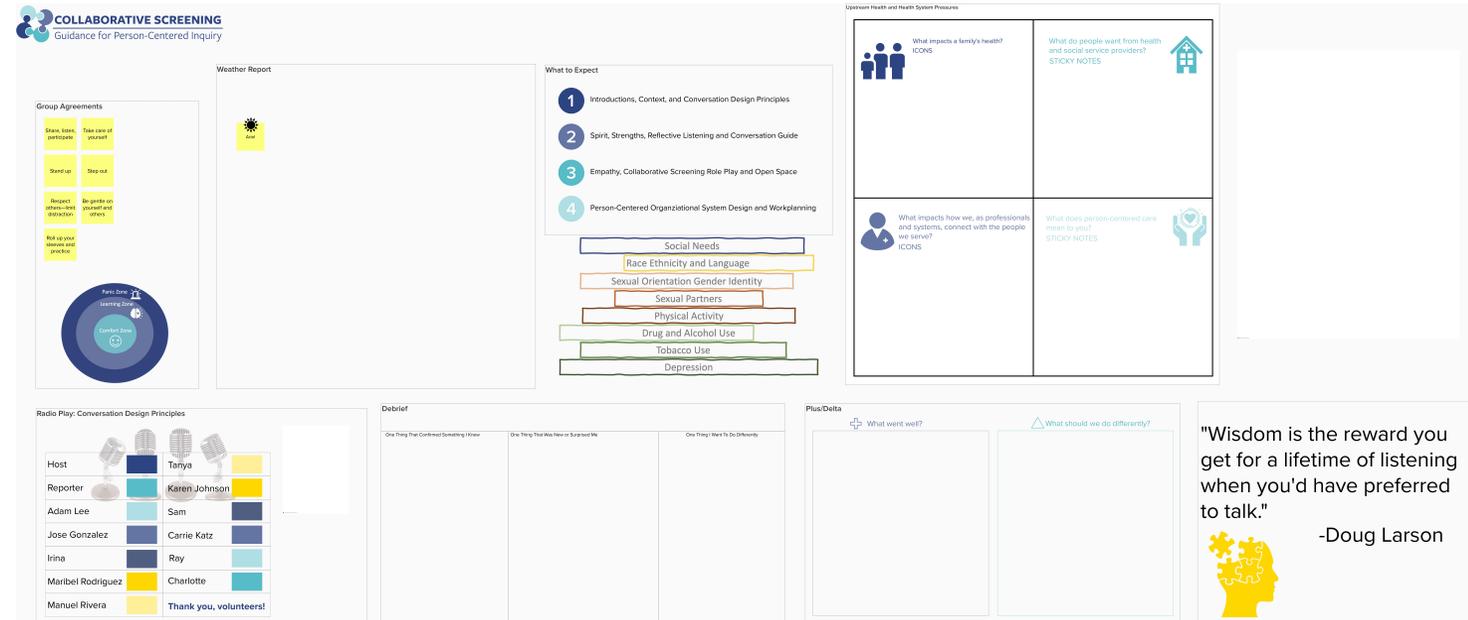
- Share, listen, participate
- Keep your camera on as much as possible
- Plan to attend all sessions
- Take care of yourself
 - Stand up
 - Step out
- Respect others—limit distraction
- Be gentle on yourself and others
- Roll up your sleeves and practice
- What else?



Virtual Tools



Zoom



Mural

Popular Education

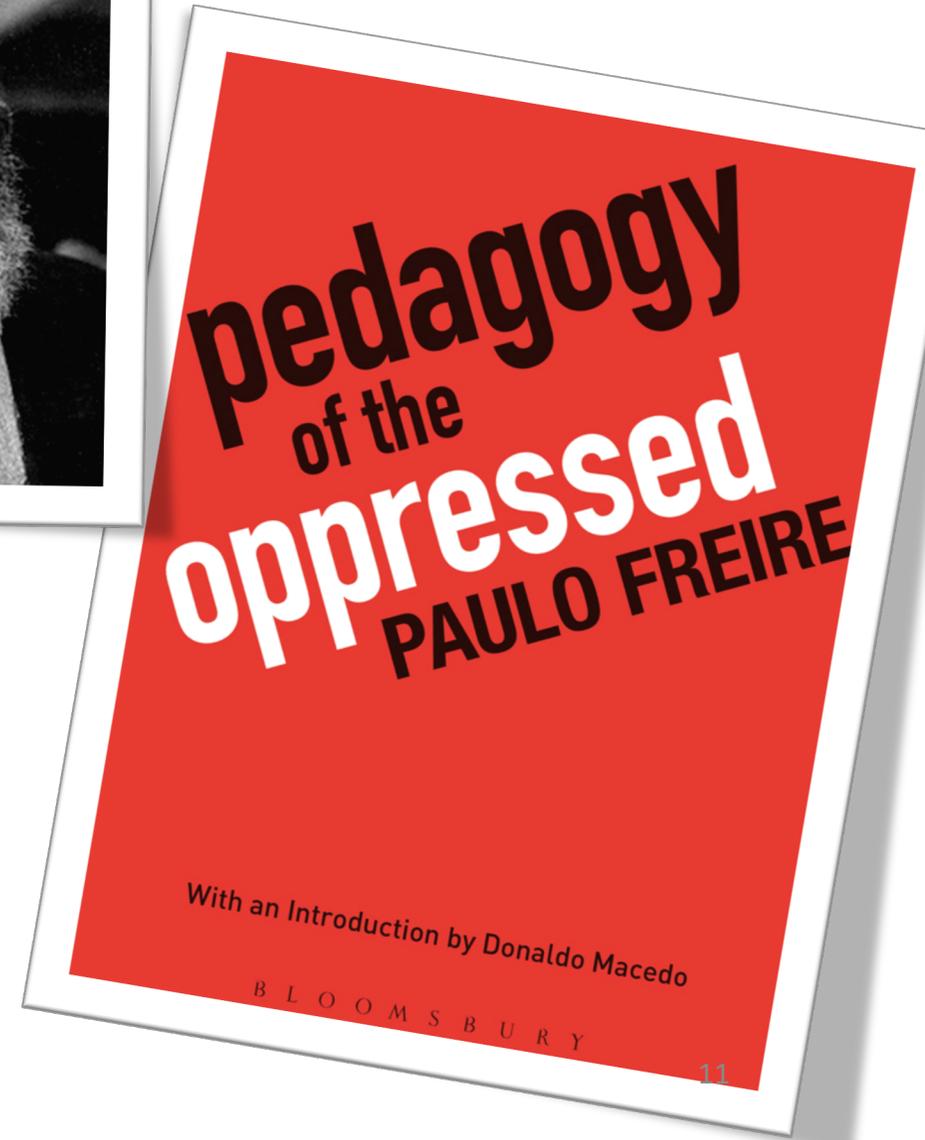
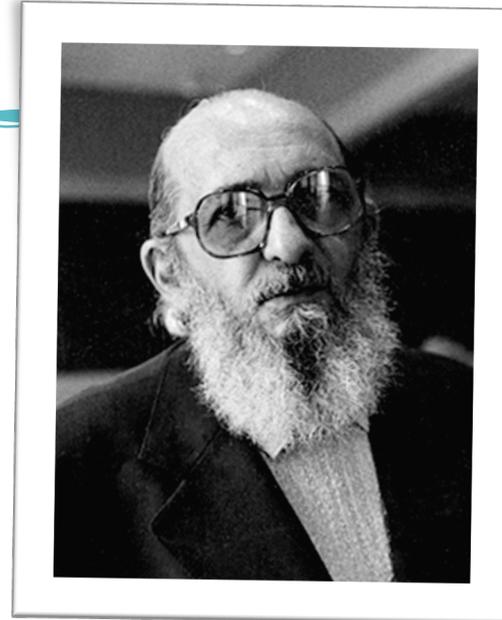
- People-oriented and people-guided approach to education
- Centered on participant life experiences
- Affirms dignity and knowledge of all participants
- All teach, all learn
- Empowers people to think critically and take action for change

Paulo Freire

“Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.”

“If the structure does not permit dialogue the structure must be changed”

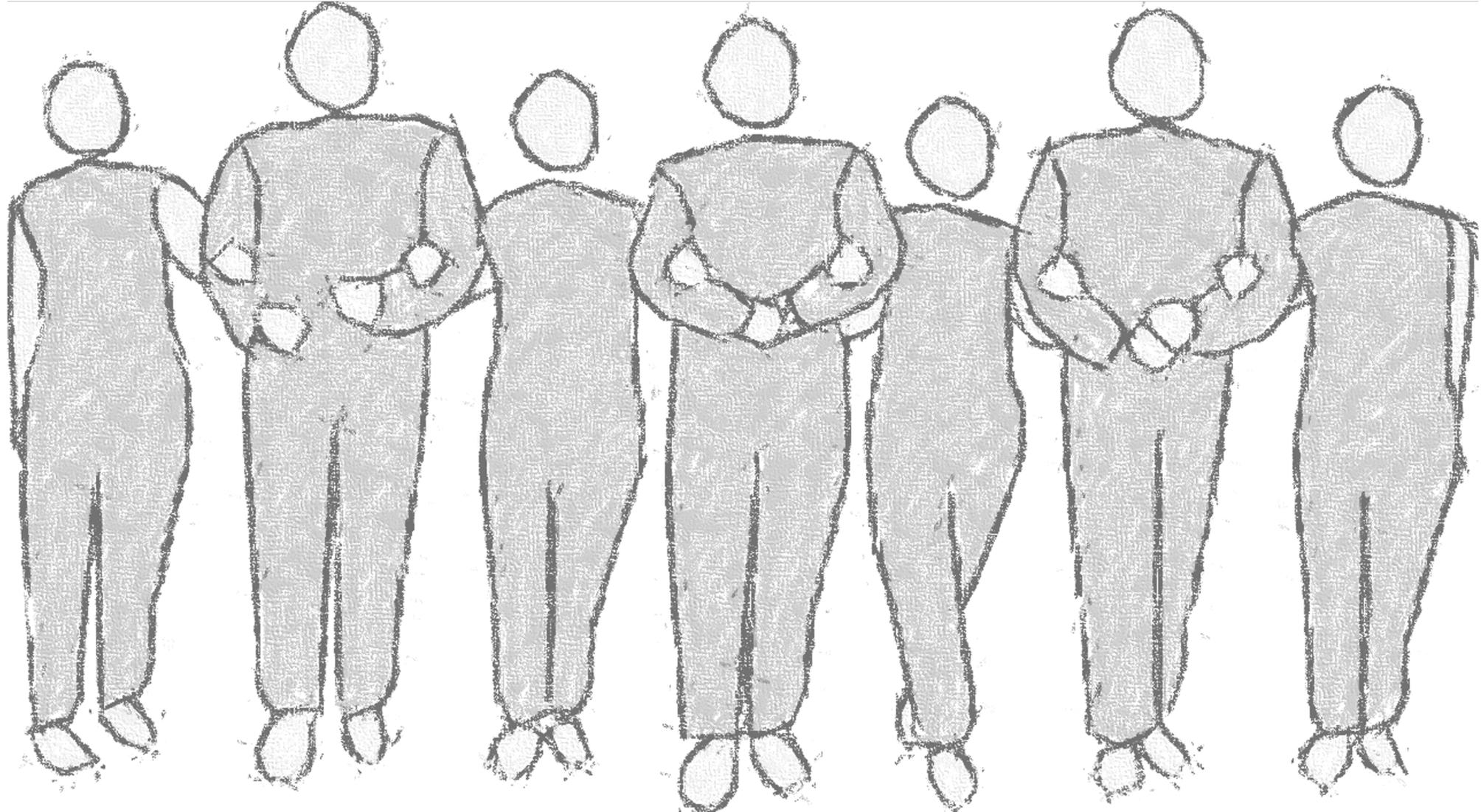
“Because love is an act of courage, not of fear, love is a commitment to others.
No matter where the oppressed are found, the act of love is commitment to their cause--the cause of liberation.”







About You!



Quick Poll

How confident do you feel about your approach to screening patients for social needs and other health risk factors?



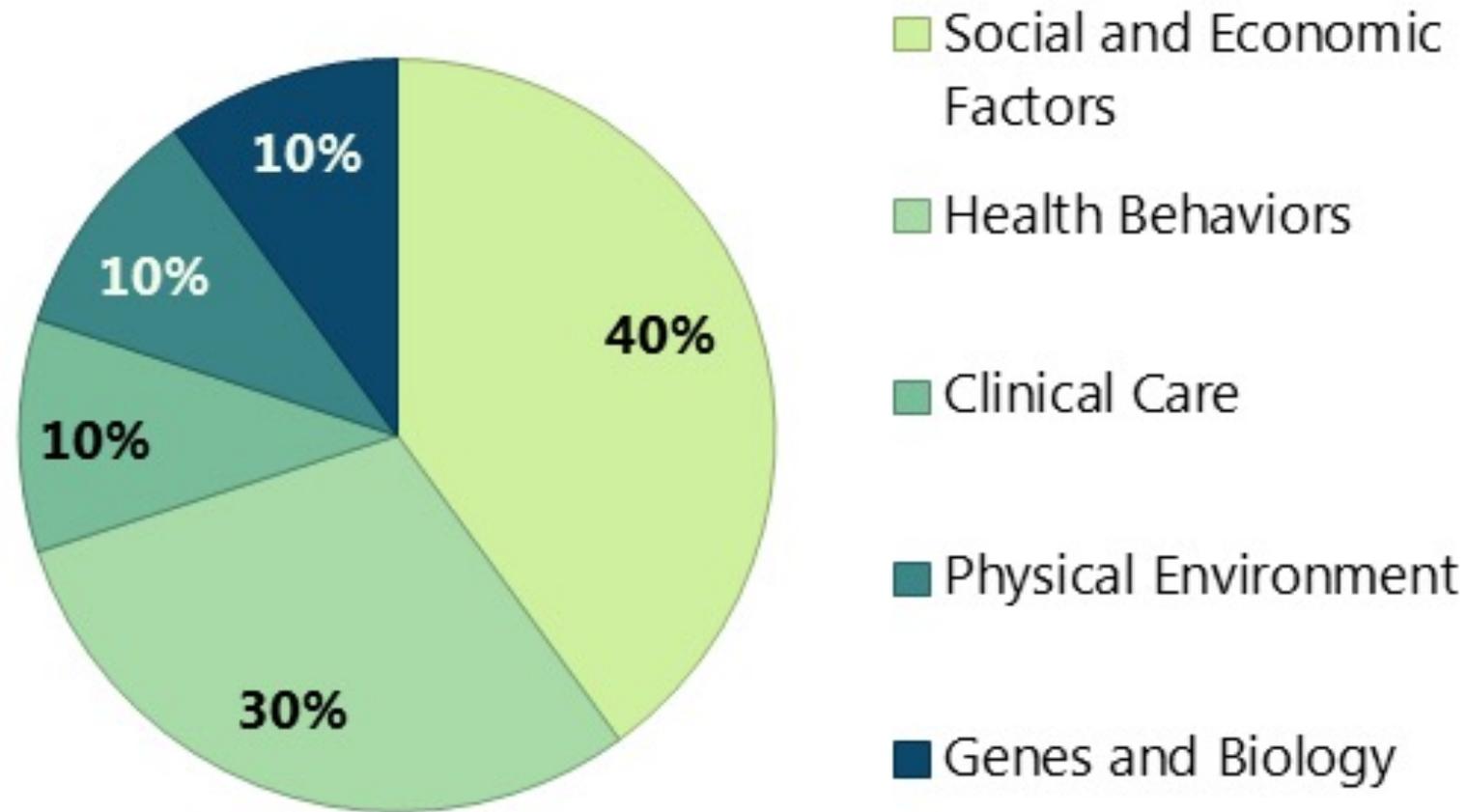
Upstream Health and Health System Pressures

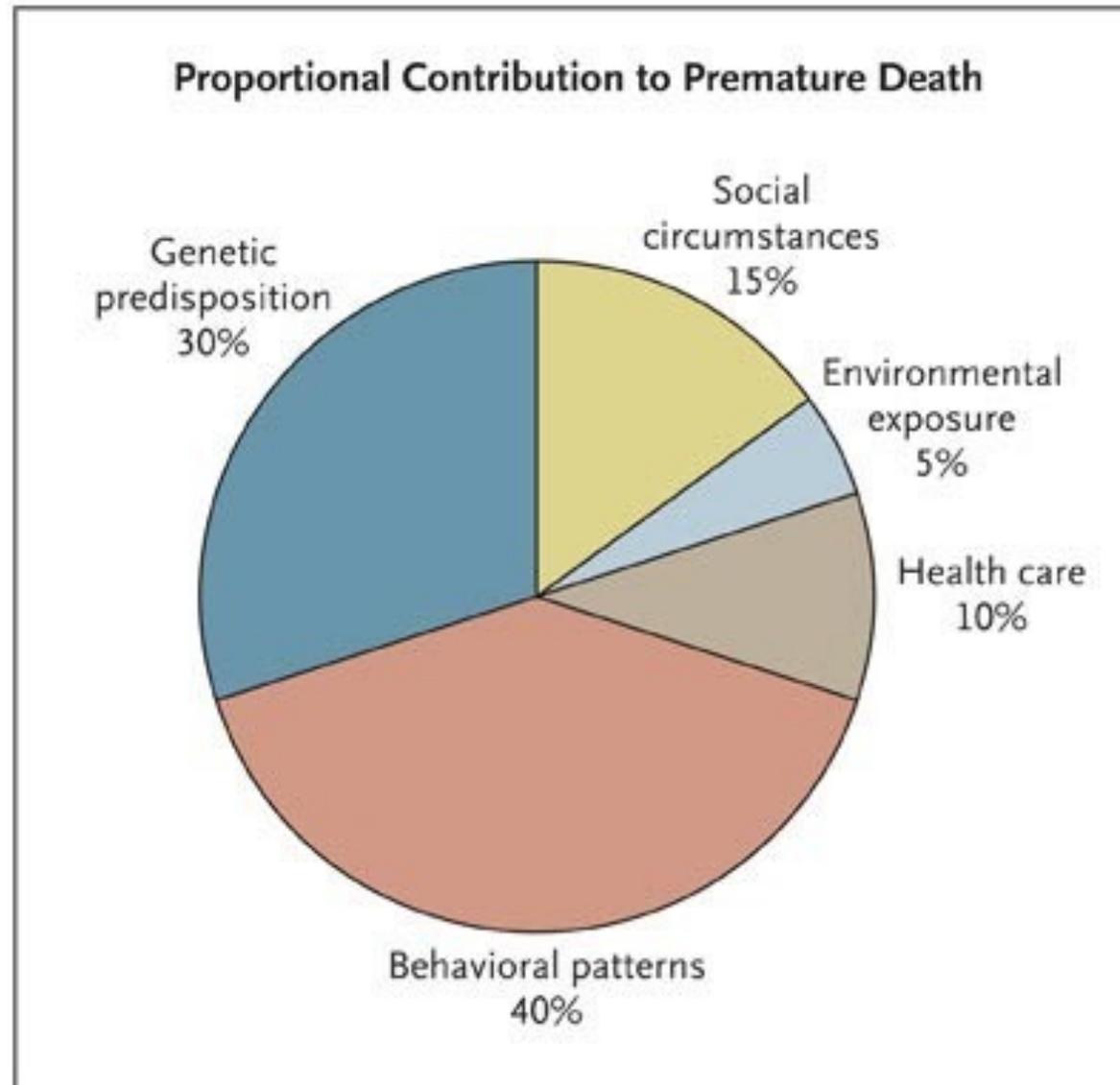
- What do people want from health and social service systems?
- What impacts the ability of systems and professionals offering that experience?
- What does person-centered care mean to you?

What impacts health?

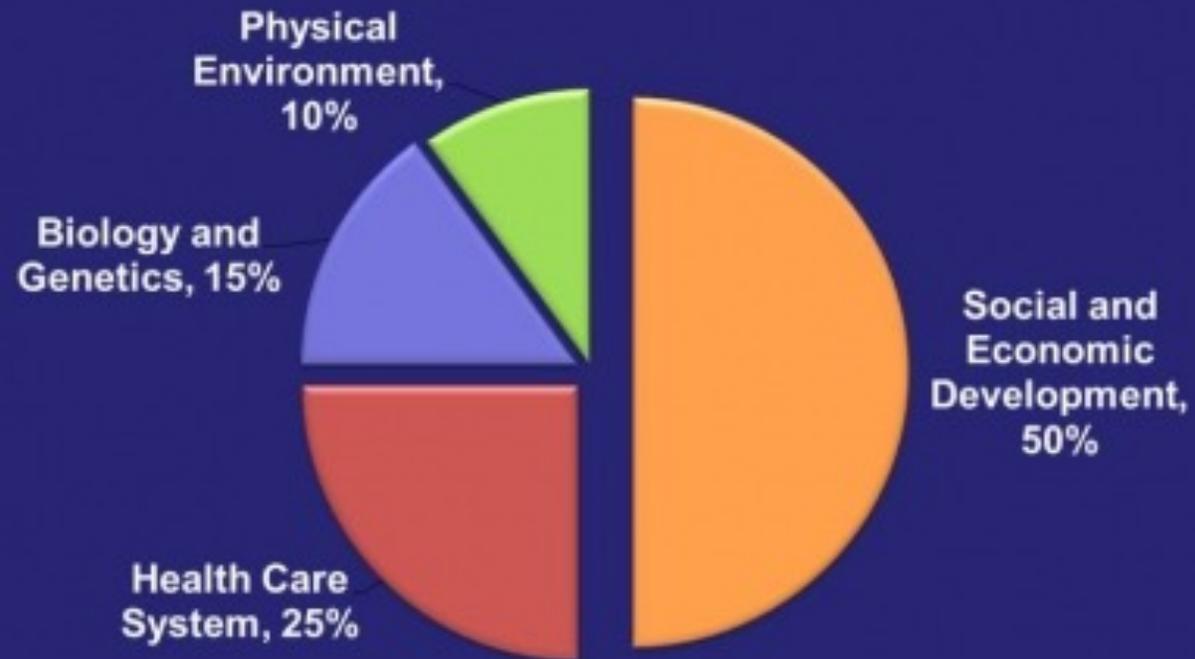


Factors Influencing Health and Well-Being



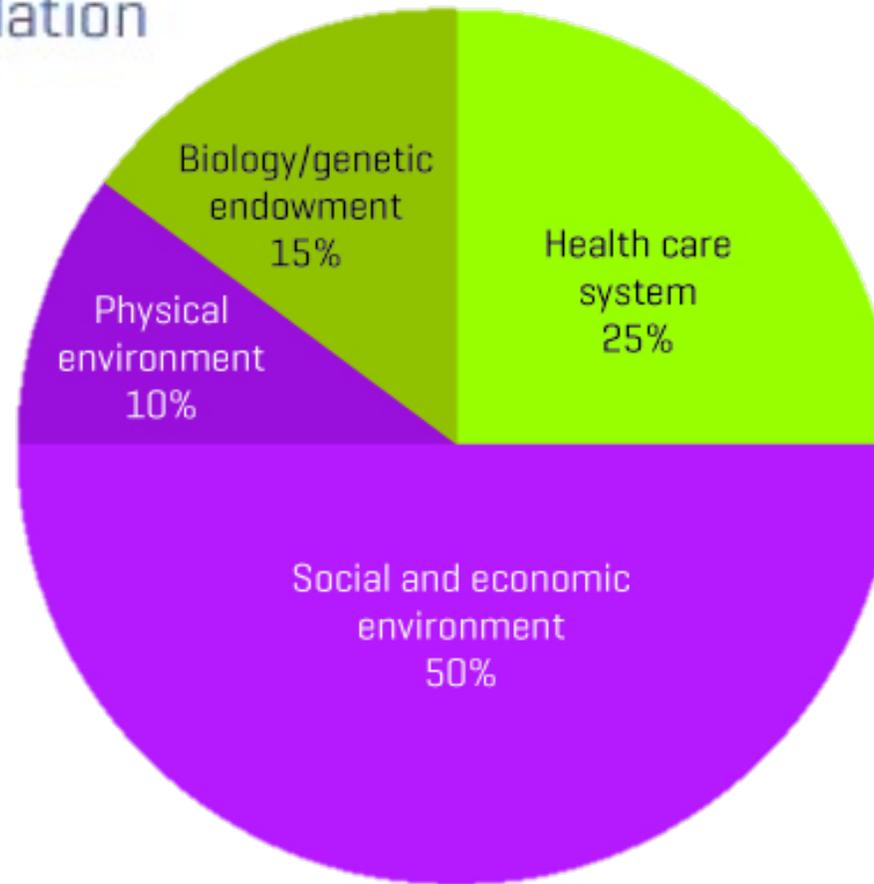


Estimated Impact of Social Determinants of Health



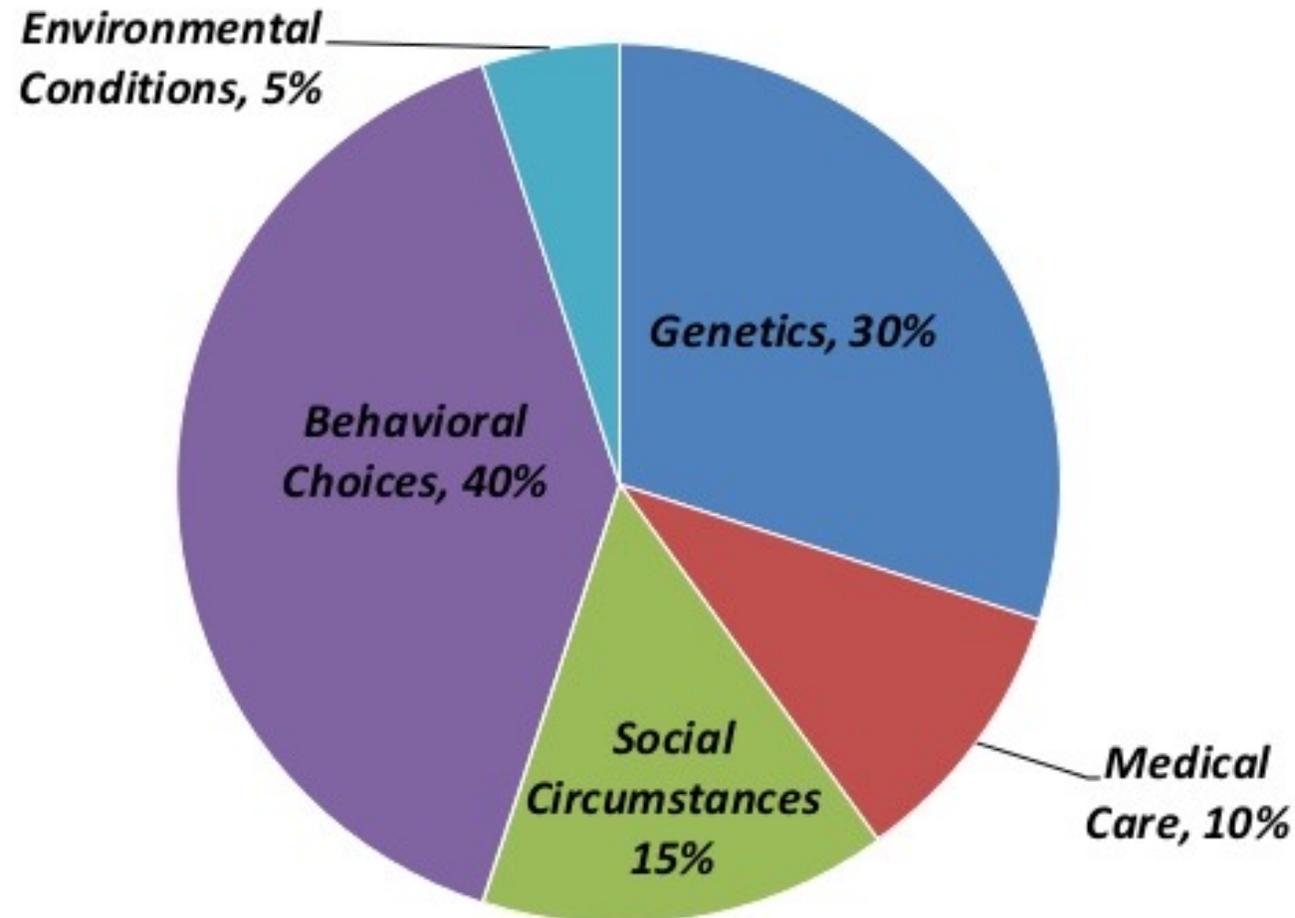
Source: Adapted from The Health of Canadians - The Federal Role, Volume One: The Story so Far, March 2001, Standing Senate Committee on Social Affairs, Science and Technology

Figure 1 Estimated impact of determinants on health status of the population



Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002

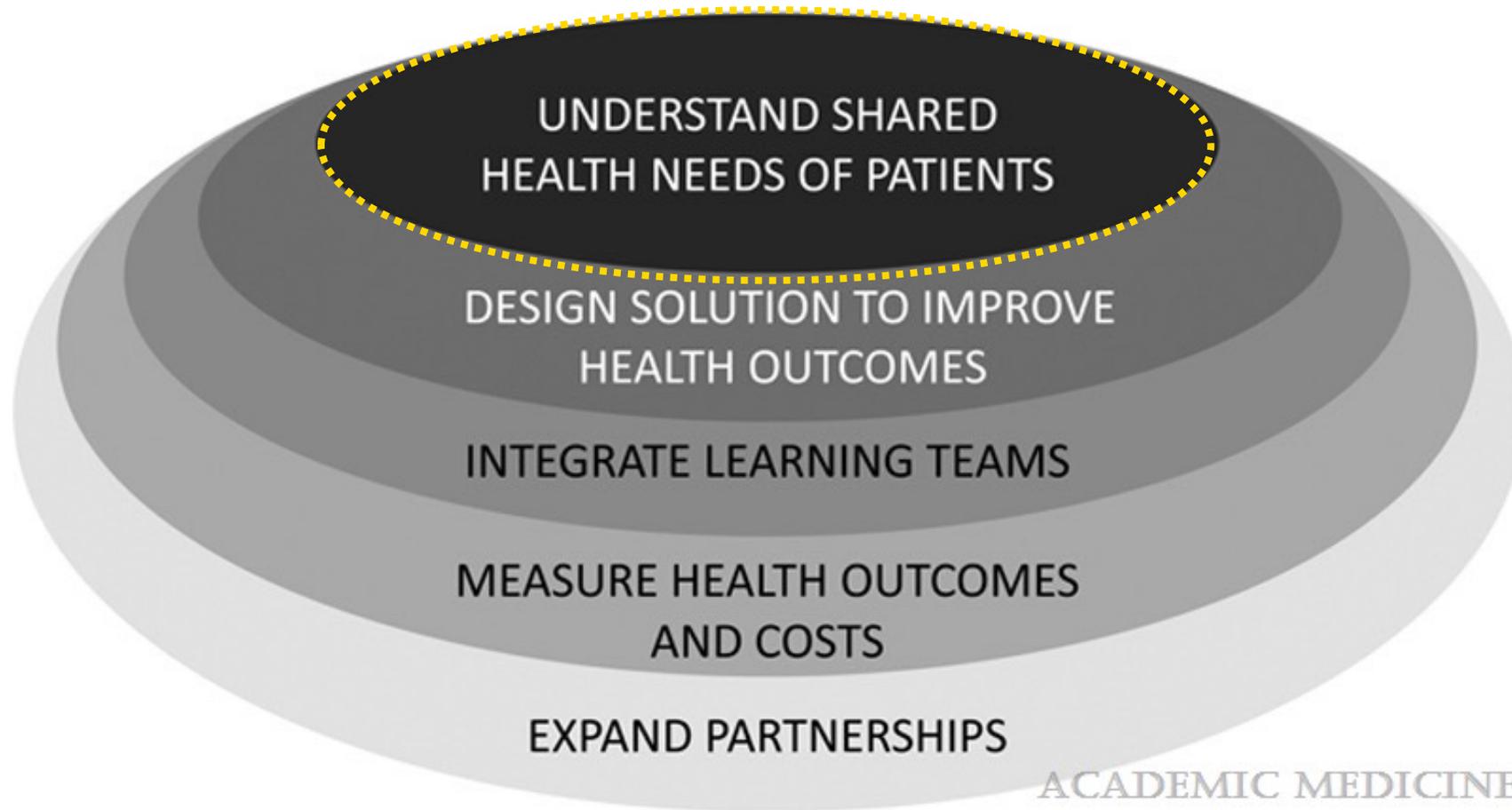
Factors Influencing Health





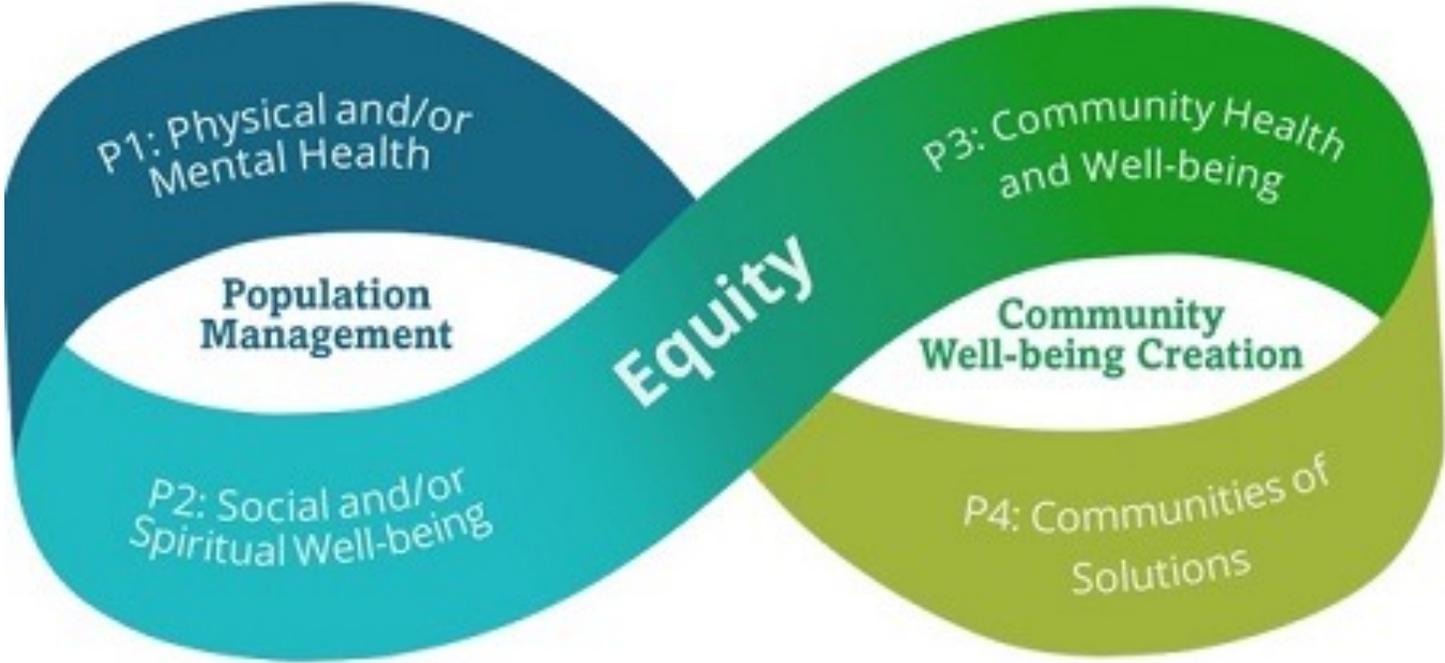
Did everything that happened in 2020 change your perspective on any of this?

Value-Based Health Care Strategic Framework



[Defining and Implementing Value-Based Health Care: A Strategic Framework](#)

Pathways to Population Health



Health Equity



Inequality
Unequal access to opportunities

By @lunchbreath
based on Shel Silverstein's Giving Tree
for John Maeda's 2019 Design in Tech Report



Equality?
Evenly distributed tools and assistance

By @lunchbreath
based on Shel Silverstein's Giving Tree
for John Maeda's 2019 Design in Tech Report



Equity
Custom tools that identify and address inequality

By @lunchbreath
based on Shel Silverstein's Giving Tree
for John Maeda's 2019 Design in Tech Report



Justice
Fixing the system to offer equal access to both tools and opportunities

By @lunchbreath
based on Shel Silverstein's Giving Tree
for John Maeda's 2019 Design in Tech Report

Screening Screening Screening

Social Needs

Race Ethnicity and Language

Sexual Orientation Gender Identity

Sexual Partners

Physical Activity

Drug and Alcohol Use

Tobacco Use

Depression

This is Community Health



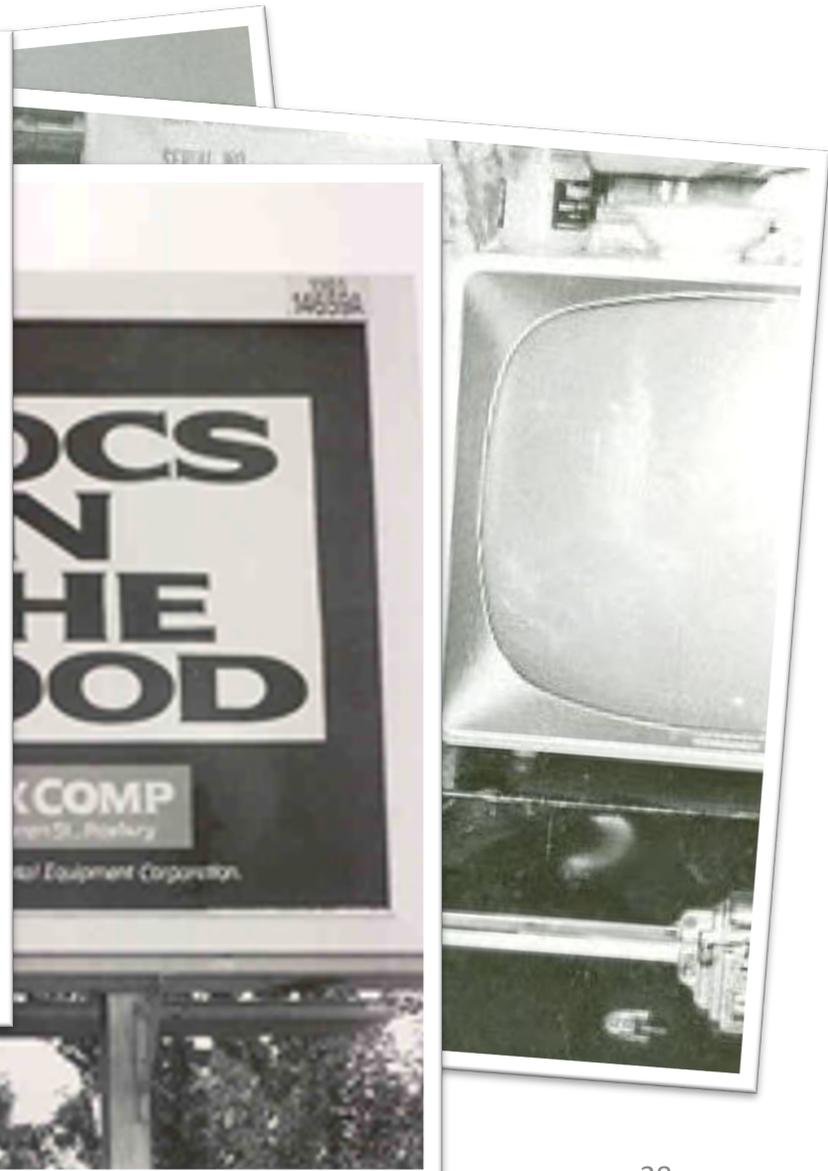
Fighting Poverty with Health Care

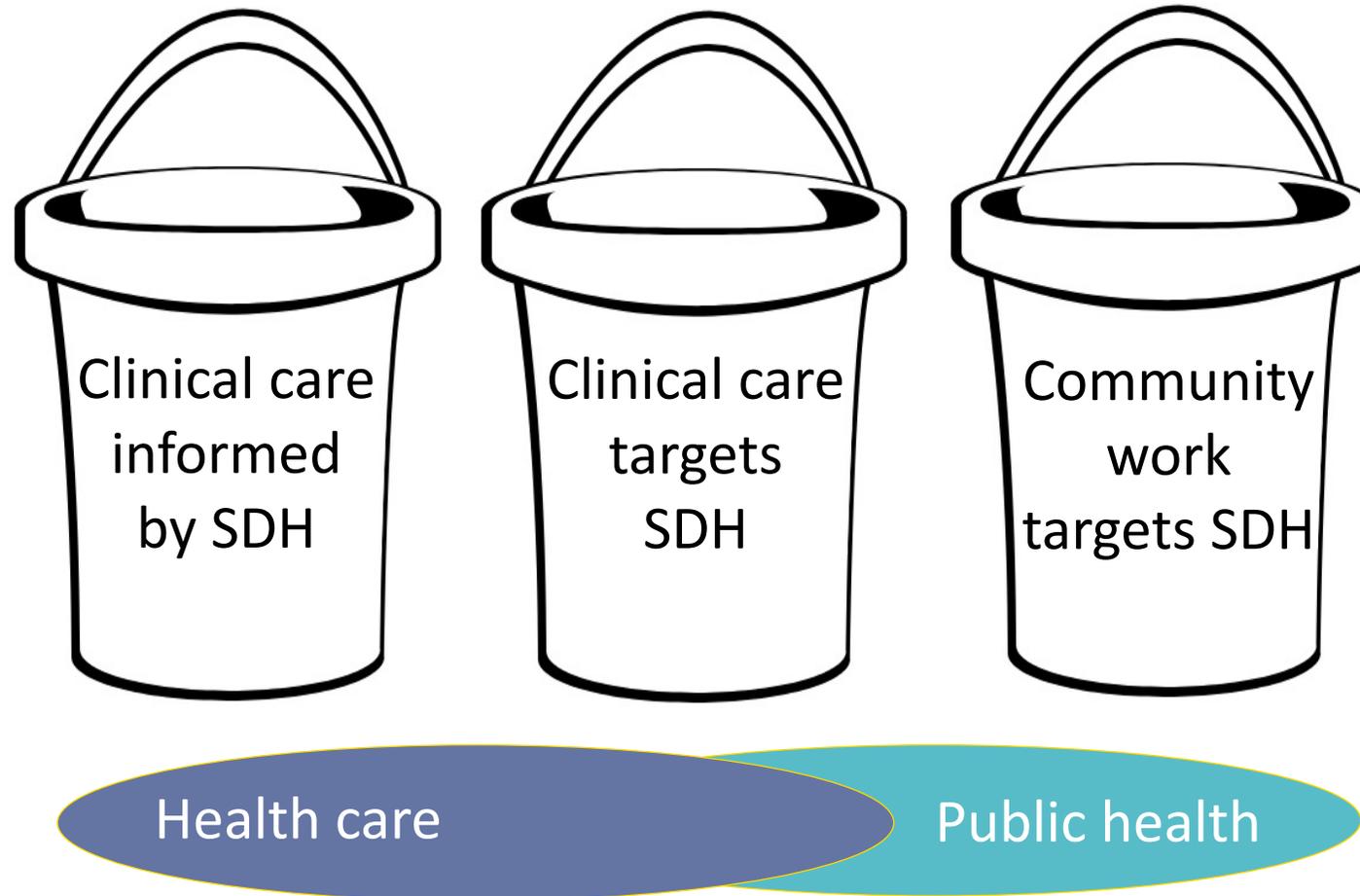
Five years ago Boston, Massachusetts health workers joined residents at the Columbia Point housing project to establish the first neighborhood health center located under the Office of Economic Opportunity. A Journal editor reports what she observed during a recent visit to that center.

CYNTHIA K. KELLY

"Where do we stay?" The physician, Anneli Calabrese, gestured toward a public health nurse talking into an apartment phone. "The same they do—the same we all do—the same we see to do. Where does community medicine stay? Take this, for instance. It's her check-out time and she has to go to the house today. This morning she visited a boy who was treated last night for a severe asthma attack in the emergency room, a boy none of us had met before. Ann found the address in the house. Their mother is in jail on a murder charge. There's no father in the house, but a grandfather seems to be holding the fort together. . . ."

"We were walking to the Columbia Point housing development, site of the first neighborhood health center funded by the Economic Opportunity Act in Boston, February 1965, Vol. 68, No. 2"





What is PRAPARE?

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

A standardized approach to screening for and responding to social needs.

Assess Patients For

	Personal Characteristics	<ul style="list-style-type: none"> • Race • Ethnicity • Language Preference 	<ul style="list-style-type: none"> • Veteran Status • Farmworker Status
	Money & Resources	<ul style="list-style-type: none"> • Education • Employment • Income 	<ul style="list-style-type: none"> • Material Status • Insurance Status • Transportation Needs
	Family & Home	<ul style="list-style-type: none"> • Housing Status and Stability • Neighborhood 	
	Social & Emotional Health	<ul style="list-style-type: none"> • Social Integration and Support • Stress 	
	Other Measures	<ul style="list-style-type: none"> • Incarceration History • Refugee Status 	<ul style="list-style-type: none"> • Safety • Domestic Violence



PRAPARE

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

Benefits



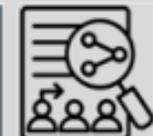
Actionable & HIT Enabled

Standardized & Widely Used



Patient-Centered

Evidence Based & Stakeholder Driven



Accelerate Systemic Change

Other Screening Questions

What else does your organization currently ask people?



- » Power
- » Partnership
- » What can we do about it?



Motivational Interviewing

Trauma-Informed Care

Empathic Inquiry

Cultural Humility

Health Equity



COLLABORATIVE SCREENING

Guidance for Person-Centered Inquiry

Collaborative Screening is a **person-centered approach** to gathering information and following up with referrals in health and social service settings that elevates the **perspective, expertise and autonomy** of the individual being served, rather than the needs and requirements of the institution.

Collaborative Screening

- Screening tool agnostic
 - Design principles and behavioral guidance for conversations and systems
 - Conversation guide
 - Implementation tools
 - Popular education training
- Social needs screening
 - Demographic screening
 - Health behavior screening
 - Person-centered referrals

Conversation and Organizational System Design Principles

Design principles are “a set of values that act as a compass” for your design process.

Collaborative Screening Design Principles	
Person-Centered Screening Conversations	Person-Centered Organizational Systems
<ul style="list-style-type: none">● Recognize and reduce differences in power● Prioritize transparency● Demonstrate respect● Focus on strengths● Let the client lead	<ul style="list-style-type: none">● Raise awareness about personal and organizational contexts and power dynamics● Create a welcoming environment● Make internal and external partnership foundational to your strategy● Demonstrate listening● Commit to consistency

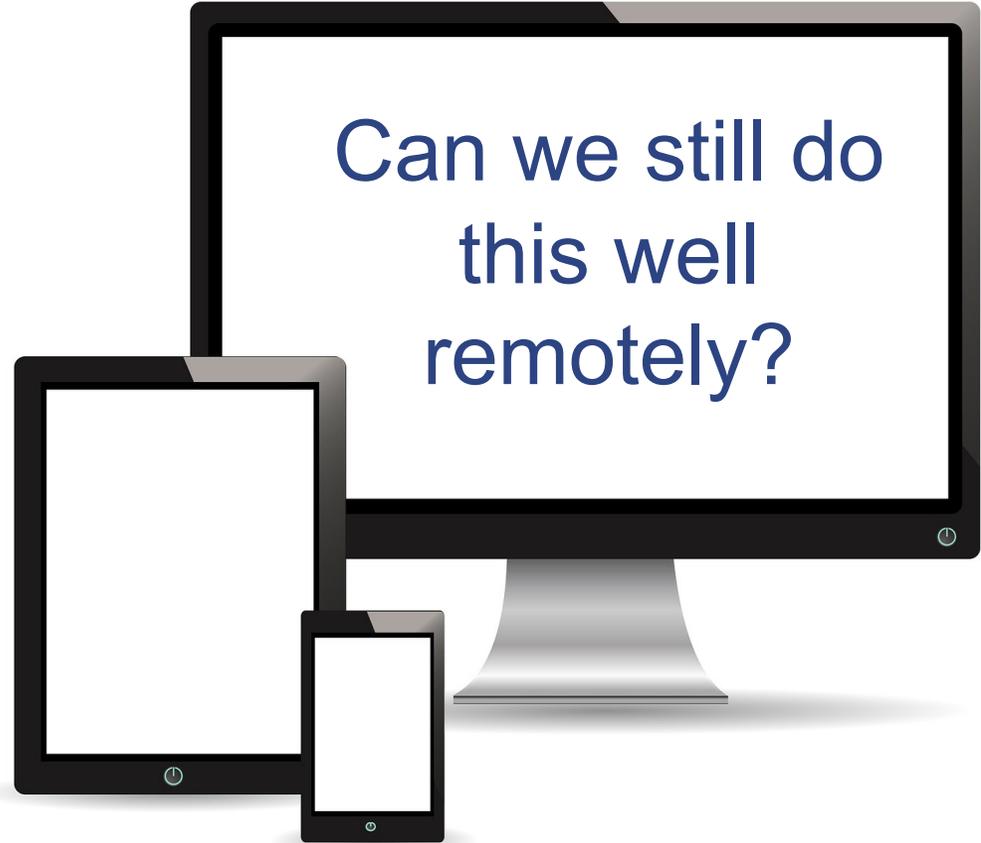
More

- **Listening with gentle curiosity**
- **Understanding patient priorities**
- **Focusing on strengths**
- **Supporting patient choice and empowerment**
- **Maintaining neutrality in body language and tone**
- **Sharing power through transparency and active collaboration**

Less

- **Listening to respond**
- **Starting from system priorities**
- **Focusing on deficits**
- **Going straight to “fix-it” mode**
- **Conveying judgment**
- **Sharing power inconsistently**
- **Relating to screening as data collection instead of relationship**

Conversation Guide Review



Can we still do
this well
remotely?

Yale University School of Management researchers conducted:

5

Experiments on Empathic Accuracy

- Voice-only
- Voice and visual
- Multi-sense communication

- » We are good at masking our emotions in our facial expressions
- » We are bad at cognitive multi-tasking
- » We naturally use non-verbal cues to listen for meaning, including “pitch, cadence, speed and volume”
- » Meaning is conveyed not just through *what* people say, but *how* they say it

Recommendations for Remote Outreach and Engagement

- Project a **feeling of presence** via phone call by taking a pause before you dial to bring yourself into listening mode
- Create a **good script** and really use it. Over time, it will become second nature and you will have built strong patient-centered communication habits.
- You can both hear and convey smiling, solemnity, etc. by **using your face as you normally would** in conversation.
- Use **non-verbal vocalizations and silence or pauses**, such as a deep breath, to convey listening and connection.
- Remember that even if you cannot offer patients all the resources that they need, you can always offer support, respect and kindness. **Be authentic and that will come through.**

Collaborative Screening Conversation Guide

Share how the conversation guide is:

- Supportive
- Familiar
- Missing things
- Adjustable to make it your own



Washington
Association for
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REMINDER



COLLABORATIVE SCREENING
Guidance for Person-Centered Inquiry

JOIN US FOR SESSIONS 2 & 3

Session 2 - Wed., June 23 9am-12pm:

Spirit of Patient-Centered Care, Reflective Listening Instruction and Practice, Overview of Conversation Guide and Social Needs Screening Role Play

Session 3 - Fri., June 25 9am-12pm:

Re-Centering Empathy, Creating Patient-Centered Workflows and Systems, Team Workflow Planning and Improvement