A Z code Informed Clinic:
Aggregating SDOH Data - Best Practice - Recommendations

INTRODUCTIONS

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OBJECTIVES
- Participants in the workshop will gain knowledge of SDOH Z codes.
- Through the use of case review and discussion, participants in the workshop will create a simulation workflow for the assessment and utilization of Z codes within a medical visit.
- Using patient scenarios, participants in the workshop will be able to identify the correct Z codes for specific social determinants of health (SDOH).
Background/Significance:
Social Determinants of Health

• What does SDOH mean?
• Why is it important to complete a SDOH assessment within medical visits?

Background & Significance

• Standard system to collect aggregate data is beneficial
• Downstream approach
• Upstream approach
• https://youtu.be/xYeAmafTGCA

A Practice GAP Exists!

• When best evidence is not followed → a Practice Gap!
• In attempt to fix this gap, a change occurred with the ICD-10-CM Official Guidelines for Coding and Reporting (February 2018)
• SDOH Z codes (Z55-Z66) can be documented by all clinicians (not just a physician) involved in the care of the patient
• Workflow still flounders!

WHY?

2022 Survey of America’s Physicians data revealed:
• Nearly all physicians indicated …THEIR PATIENTS’ HEALTH OUTCOMES ARE AFFECTED BY AT LEAST ONE SDOH!
• 61% FEEL LITTLE TO NO TIME AND LACK THE ABILITY TO EFFECTIVELY ADDRESS THEIR PATIENTS’ SDOH
• 83% BELIEVE THAT ADDRESSING PATIENTS’ SDOH CONTRIBUTES TO PHYSICIAN BURNOUT RATES
Better Outcomes
Better patient experience
Reducing healthcare costs
Less burnout and more joy in work

Poll:
• How many of you screen for social determinants of health (SDOH)?
• If yes, how many use a screening tool?

Screening Tools
• Psychosocial assessments
  • Completed yearly
  • May be grant requirement
  Flag questions from this assessment and crosswalk it to ICD-10 Z codes

• For instance:
  • HEADSS is a psychosocial interview tool for adolescents (developed in 1991) and was expanded to include additional measures (HEADSSS) in 2004
  • Although not intended for SDOH screening, it does however, address many of the social determinant concerns if you look at it more closely

POLL LINK
https://healthleadsusa.org/communications-center/resources/icd-10-z-codes-standarized-approach-to-sdoh-data/
Potential ICD Codes Assigned:
- 295.2 Failed school examinations
- 295.3 Underscored in school
- 791.0 Problems related to unwanted pregnancy

Screening Tool: HEADSSS

Screening Tool: PRAPARE:
Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences
- Completed by parent/guardian

Screening Tool: Hunger Vital Sign

Screening Tool: RAAPS:
Rapid Assessment for Adolescent Preventive Services
- Completed by adolescent

Hunger Vital Sign (Hager et al., 2010)
- “Within the past 12 months we worried whether our food would run out before we got money to buy more.”
- “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.”

PRAPARE: Protocol for Responding to & Assessing Patients’ Assets, Risks & Experiences
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MANY MORE Screening Tools:

- Accountable Health Communities Health-Related Social Needs (AHC-HRSN)
- Adverse Childhood Experiences (ACEs)
- Children's HealthWatch
- HealthWatch
- Health Leads
- I-WIP
- Income, Housing, Education, Legal Status, Literacy, Personal Safety (IHELLP) Questionnaire
- Institute of Medicine (IOM)
- Legal Checkup Questionnaire
- Medical-Legal Partnership (MLP)
- Partnership Health Survey
- Safe Environment for Every Kid (SEEK)
- SafePoR
- Social History Template
- Social Needs Checklist
- Structural Vulnerability Assessment Tool
- Survey of Well-being of Young Children (SWYC)
- Urban Life Stressors Scale (ULSS)
- We Care
- Well Rx
- Women's Health Questionnaire
- Your Current Life Situation (YCLS)

TIPS to choosing the right Screening Tool....

- Short and Simple
- Target your questions to the need of your population
- Watch out for too broad or too narrow of questions
- Integrate screening tool into clinical workflow
- Ask your patient to prioritize their needs –
  - Do they want help?
  - What are their goals or concerns?
- Pilot before scaling – no standardized screening tool
- Evaluate the one you have chosen to see if it is a good fit.
Case Scenarios….

Case Scenario:
Aaron is a 16-year-old boy visiting your school-based clinic today for ear pain x 1 week. He lives at home in Staten Island (NY) with his mom and 3 sisters. His father is incarcerated, and he hasn’t seen him in 3 years. Through the use of an in-office SDOH self-assessment tool, he reports that he started working at a concrete company last summer to help his mom with the bills. They provide him with earplugs, but he admits that he doesn’t always wear them. He reported that his mom doesn’t always have enough money to pay the electric bill each month.

Z Codes

Z57.0 Occupational exposure to noise.
Z63.3 Absence of family member
Z55.8 Other problems related to education and literacy
Z59.86 Financial insecurity

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Resources & Referrals

- Have resources on hand and ready to link to referrals if needed
  - Care team referral if available?
  - Some EHRs will link to case management based on ICD-10 Z codes
- Review your unique community options
  - Local churches, food pantries, warming centers/shelters
  - CHAP Program
- Review National Networks
  - FINDHELP
  - Self-referral
  - “988” for mental health
  - “211” for other services of need
- Potential for you to link and see the loop back!

- Gather as a group around large post it note (up on the wall)
- Create a mock process for screening
  - Think about how a clinic would logistically screen for SDOH
- Read the case scenario
  - This information is what you have gathered from the screening tool and further discussion with the patient
  - Use the Job Aid (provided) and map to Z codes
  - Identify a realistic local resource (make this up for the scenario)
- Discuss with your group how this information will benefit your practice and patients
  - Have Fun and collaborate!
Case Scenario:
Carlos is a 15-year-old adolescent male who is visiting your school-based clinic for the first time today. He lives with his father and mother in migrant housing on an area farm, where his parents and other family members are currently working, harvesting the late summer vegetables. He has complaints of persistent abdominal pain starting about three weeks ago. He notes that he has just started 9th grade and is one year behind in school because his family moves around a few times a year and he failed a few final exams at the end of the last school year. He is having a hard time adapting to this new school and making friends. When asked about the abdominal pain, he states that he lives with 4 other families besides his parents in a 4-bedroom home. The house has electricity and running water, but no heat or A/C. He also notes that he does not have internet access because it is not available on the farm due to how rural it is. He also discloses that while he is a US citizen, both of his parents are not, and he does not have health insurance.

Z Codes
Z55.2 Failed school examinations
Z55.3 Underachievement in school
Z58.81 Basic services unavailable in physical environment
Z59.12 Inadequate environmental temperature (Lack of air conditioning or lack of heating)
Z59.71 Insufficient health insurance coverage
Z59.819 Housing instability; housed unspecified.
Z60.3 Acculturation difficulty
Z60.4 Social exclusion and rejection (exclusion & rejection on basis of personal characteristics such as unusual physical appearance, illness or behavior or social isolation)

Case Scenario:
Sarah is a 16-year-old adolescent female visiting your clinic because of persistent headaches x 1 month. While talking with the MA, she states that she has been living with her grandparents for the past three years after her mom died. Now, her grandmother has advanced dementia, and she has been spending most of her free time outside of school caring for her. She notes that she wears glasses but the ones she had got broken, and she has not been back to the eye doctor for a check-up in about 4 years.

Z Codes
Z62.2 Upbringing away from parents
Z63.3 Absence of family member
Z63.4 Disappearance and death of family member
Z63.6 Dependent relative needing care at home
Z59.79 Other insufficient social insurance and welfare support
**Case Scenario:**

Eric is a 14-year-old boy visiting the school-based health clinic for his yearly sports physical. He notes that he is planning to play on the 9th grade football team, however he has previously gotten into some trouble at school, and he is not sure that he will be allowed to play. He is living with his third set of foster parents since being removed from his parents one year ago. He has two other siblings living with another foster family and they see each other for an afternoon every two weeks. He remarks that he has had some low grades which might be a barrier to participating in sports. Last year he got into a fight at school, resulting in a suspension and the end of the relationship with his former foster family.

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**Case Scenario:**

Denise is a 17-year-old visiting your clinic for STI testing. She is 5 months pregnant. When being roomed by the MA, Denise tearfully states that this is her second pregnancy, and she doesn't know how it happened as she was using "protection." Her mother is raising her first child. She said that she is no longer with her baby's father, that the relationship was "chaotic and I'm glad to be away from him because he used to hurt me." States she has low family support, and is currently living with a friend, but "I'm just couch-surfing. I hope to get my own place soon."
Case Scenario:

Tarek is a 16-year-old male who recently moved with his family from Ukraine. He visits your clinic today seeking information about how to get his asthma medications refilled. He speaks English but has been identified as able to read at a 5th grade level. For the past year, he has not been able to attend school in his country. He is living in ministry-supported housing with his family as they become established in this community. At this time, they do not have a personal vehicle and rely on public transportation. He states that his parents are in the process of getting work visas, so money is very tight. He feels like he is adjusting to school ok, but does not have any friends yet, despite having been in school for three weeks. He feels a little isolated but is hopeful about his future.

“Life isn’t about waiting for the storm to pass. It’s about learning to dance in the rain.”

Vivian Greene

References


In support of improving patient care, this activity has been planned and implemented by the School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Through Joint Accreditation, credits are also available under the following bodies:

- American Academy of PAs (AAPA)
- American Dental Association’s Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- Commission on Dietetic Registration (CDR)