

Social Determinants of Health Setup and Support Guide

Last Updated: November 4, 2022

Epic | 1979 Milky Way | Verona, WI 53593 | Voice: 608.271.9000 | Fax: 608.271.7237 | www.epic.com | documentation@epic.com

Your Responsibilities for Safe Use

This documentation will help guide you through the available software configuration options so you can decide the right configuration for your organization. Of course, safe and compliant use of the software in any configuration requires you and your users to use good judgment and perform certain responsibilities, including each of the following: enter and read information accurately and completely; be responsible for configuration decisions; ensure compliance with laws and regulations relevant for your organization; confirm the accuracy of critically important medical information (e.g., allergies, medications, results), just as you would with paper records; actively report suspected errors in the software to both Epic and affected personnel; thoroughly test the software to ensure it's accurate before using it; and use the software only according to standards of good medical practice. You also are responsible for training your personnel and other users to perform these responsibilities. Not performing any of these responsibilities may compromise patient safety or your compliance with applicable requirements.

Table of Contents

Social Determinants of Health Setup and Support Guide	4
Available Epic Resources	10
Social Determinants of Health: Implementation Strategy	11
Key Stakeholders	11
Getting Started	12
Review Implementation Options	16
Develop Workflows	17
Import and Configure Foundation System Infant, Child, and Adolescent Domains	19
Social Determinants of Health: Risk Information and Related Literature	22
Social Determinants of Health Domain Questions, Answers, and Risk Classification Logic	30
Translating SDOH Screeners	30
Domain Questions, Answers, LOINC Codes, and Risk Classification Logic	33
Social Determinants of Health Setup	77
Configure a Registry to Support SDOH	77
Give Clinicians Tools to Document SDOH	79
Let Patients Document Their Own SDOH in MyChart and Welcome	91
Set Up the Community Resource Directory	97
Show SDOH Risk Classifications in Reports and Clinical Notes	100
Show Different Domains for Different Patients and Users	106
Customize Available Domains and Sources of Information	110
Customize How SDOH Information Is Shared	122
Report on Social Determinants of Health Screening Rates	124
Convert Custom History-Based Domains to Flowsheets	126
Convert Custom Flowsheet Documentation for an Epic-Released SDOH Domain	128
Troubleshoot SDOH Content	130

Social Determinants of Health Setup and Support Guide

Social determinants of health (SDOH) are broadly defined as social and environmental factors that affect patients' health status. By tracking patients' SDOH, your organization can provide clinicians with a more complete patient story to help them intervene with patients who are at risk of negative health outcomes. For example, a clinician might connect a patient who lacks access to food with a local food pantry.

SDOH data can help clinicians improve patients' health by:

- Tailoring clinical recommendations for individual patients.
- Facilitating referrals to community services.
- Understanding additional factors that affect treatment adherence and health outcomes.

The following topics describe how your organization can collect and present SDOH data in Epic.

How It Works

Both the National Academy of Medicine (NAM) and CMS have released guidelines for SDOH factors that should be documented in EHRs. Based on these guidelines, Epic has integrated clinically validated assessments into the system for the following SDOH factors, hereafter referred to as domains:

- Alcohol Use
- Depression
- Financial Resource Strain
- Food Insecurity
- Housing Stability (starting in November 2019)
- Intimate Partner Violence
- Physical Activity
- Postpartum Depression
- Social Connections
- Stress
- Tobacco Use
- Transportation Needs

Starting in August 2020, clinicians can use documentation flowsheets to document every SDOH domain besides Tobacco Use, which is documented in the History activity. In May 2020 and earlier versions, clinicians document each SDOH assessments in the History activity, with the following exceptions:

- Clinicians can use the [Patient Health Questionnaire-9 \(PHQ-9\) assessment](#) to screen a patient's risk for depression.
- Clinicians can use a flowsheet to document a patient's responses to the questions in the Edinburgh Postnatal Depression Scale. For more information, refer to the [Show Patients' Risk for Postpartum Depression in Social Determinants of Health](#) topic.
- Starting in November 2019, clinicians can use a flowsheet based on the Housing Stability Vital Sign from [Children's HealthWatch](#) to screen a patient's housing stability.

To illustrate the available Epic tools for documenting and reviewing SDOH, consider the following scenario:

Steve has arrived at Epic Medical Clinic for an office visit. Because Steve hasn't been seen for some time, nurse Mary wants to screen his SDOH risk. Mary opens her Assessments activity and goes to the Social Determinants of Health section to start documenting the assessments.

Social Determinants of Health

Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?
5 days taken today

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Patient refused

On average, how many minutes do you engage in exercise at this level?
30 min taken today

0 min 10 min 20 min 30 min 40 min 50 min 60 min 70 min 80 min 90 min 100 min 110 min 120 min 130 min 140 min 150+ min Patient refused

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
Not hard at all taken today

Very hard Hard Somewhat hard Not very hard Not hard at all Patient refused

Children's HealthWatch Housing Screener

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?
No taken today

Yes No Patient refused

In the last 12 months, how many places have you lived?
2 taken today

2

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?
No taken today

Yes No Patient refused

Transportation Needs

Nurse Mary goes through each topic and documents Steve's answers to each of the SDOH questions. If a patient doesn't want to answer all of the questions for a given domain, Mary can click Patient refused.

In this case, Steve answers each question, so Mary records his responses and then continues with the rest of her workflow to room Steve for the office visit.

Meanwhile, Dr. Sutton is preparing for an appointment with another patient, Martin, so he opens Martin's chart to prepare for the visit. From the longitudinal plan of care report in the Snapshot activity, Dr. Sutton can see information about Martin's SDOH, which were previously documented by nurse Mary.

Chart Review

Encounters Labs Imaging Procedures ECG Other Orders Medications Episodes Letters Notes Misc Reports Wounds

Plan of Care

Care Coordination Notes

Updated 6 years ago - Eliza Jenkins, RN

The patient has multiple medical issues. Followed by case management since 2010. Intermittent medication non-compliance. Always confirm whether patient is taking medications and whether she understands doses and timing.

Allergies

Penicillins
No severity specified - Hives

Problems

Cardiovascular and Mediastinum	Noted
Essential Hypertension	22 years ago

Local chart
Patient admits to poor compliance with med regimen in past-- doing better now

Social Determinants of Health

Find community resources

The SDOH print group shows the patient's risk classification for each SDOH domain based on their previous responses to the SDOH assessments. Each domain appears as a colored segment in a circle, with the color corresponding to the patient's level of risk for that domain. For example, if a patient has a high-risk classification for food insecurity, the segment corresponding to that domain is colored red.

Dr. Sutton can hover over each segment to see Martin's responses to each question that contributed to his current risk classification for the domain. The hover bubble also shows a timeline of Martin's past risk classifications for the domain. Circles on the timeline graphically indicate each time the patient's answer changed for a question in the assessment and are colored according to the risk classification. Green circles indicate low or no risk, yellow circles with a black exclamation point indicate medium risk, and red circles with a white exclamation point indicate high risk. Dr. Sutton can click each circle to see the responses that contributed to the past risk classification and can also click the domain header to open the corresponding assessment to document it again.

Social Determinants of Health

Programs

Programs	Effective Dates	Depa
Programs of All-Inclusive Care for the Elderly	4/20/2018 - present	Socia
Elderly Care Services	5/1/2019 - present	Socia

Care Team

Food Insecurity

Dec 16 2021: No Food Insecurity

Sep 14 2021: Food Insecurity Present

Jan 1, 2019 Today

Sep 14, 2021: Food Insecurity Present

Hunger Vital Sign

Worried About Running Out of Food in the Last Year
Sometimes true

Ran Out of Food in the Last Year
Sometimes true

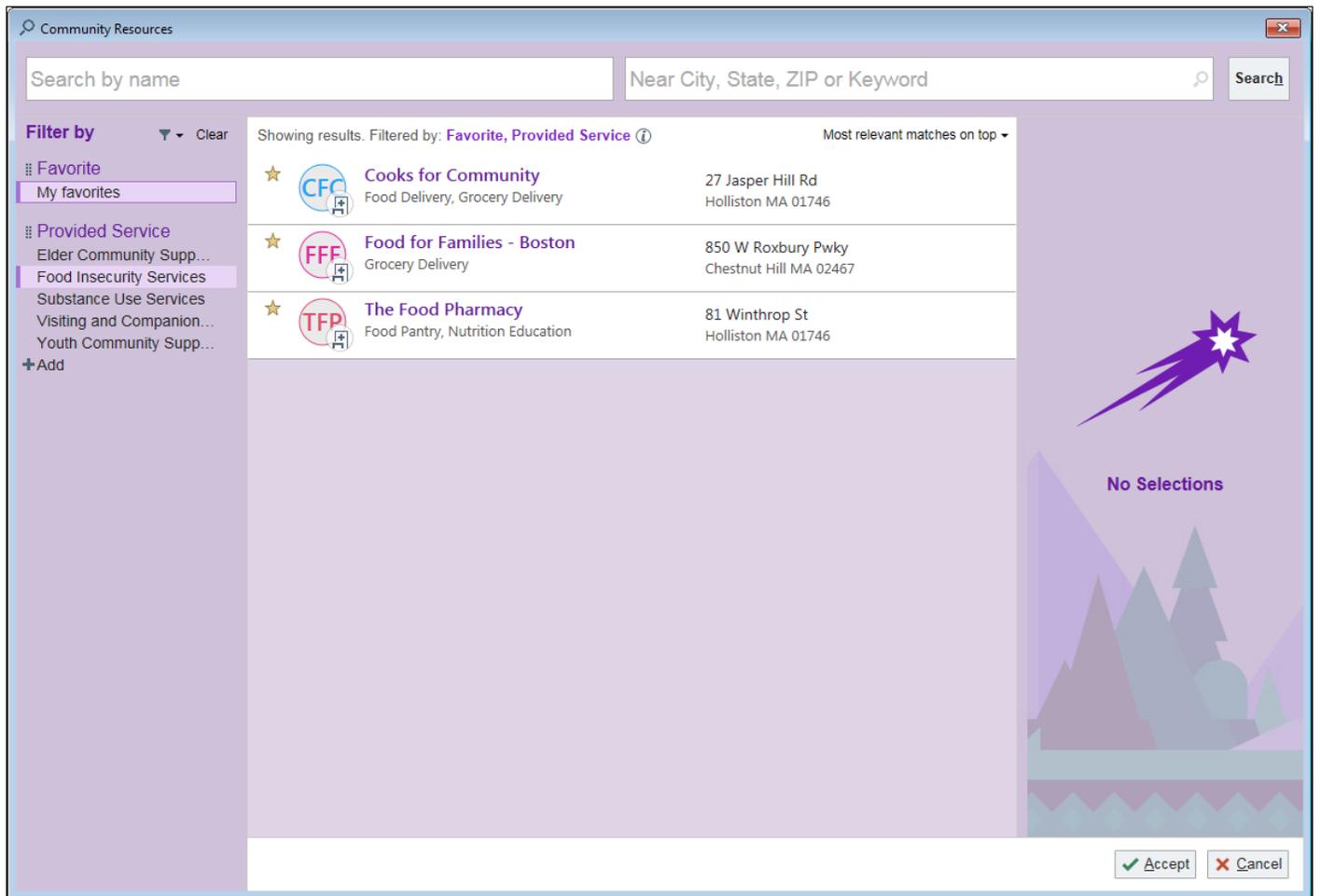
Continued Care and Services

Madison Community Transportation

Community Transportation Programs for M

Appointments

This timeline view can help clinicians understand when a patient has recently become at risk for a domain and act accordingly. For example, Dr. Sutton notices that Martin was recently at high risk for food insecurity so wants to refer Martin to helpful resources such as local food banks. Dr. Sutton clicks Find community resources at the bottom of the SDOH print group to open a directory of community resources to refer Martin to.



Clinicians can search for community resources by name and address and use filters to narrow the search results. By default, the directory shows resources that provide services to address the patient's medium- and high-risk SDOH, but clinicians can click Add to include community resources that address additional types of services. They can also select the My Favorites filter to show only resources that they've marked as favorites.



For example, your organization might have an established relationship with a local food pantry. Clinicians can click the star icon to mark that pantry as a favorite so they can quickly find it in the Community Resources directory.



You can also use [geocoding](#) with the directory to show resources closest to the patient's home.

Note that SDOH information can also be collected during the inpatient setting. For example, nurses might document a patient's SDOH as part of the admission workflow. Case managers and social workers can review the SDOH print group from the Patient Story report in the Patient Summary activity and jump to a navigator section to update the patient's SDOH information as needed. SDOH information can also appear in [Storyboard](#).



We set up an inpatient workflow in the Foundation System for collecting SDOH. To see this workflow, log in to the [Foundation System Hosted Environment](#) as a case manager (CM) or social worker (SW), open a patient's chart, and go to the Patient Summary activity to view the SDOH print group. Click the link from the print group to update the patient's SDOH.

For more information about how to set up an inpatient SDOH workflow in your system, contact your EpicCare Inpatient Clinical Documentation technical services representative and mention parent SLG 4634620.

To help coordinate care with community organizations and provide a more complete picture of patients' SDOH, you can let community users document SDOH in Healthy Planet Link. For more information, refer to the [Let Community Users Document Patients' Social Determinants of Health](#) topic.

Available Epic Resources

Epic's tools to document SDOH integrate with several different applications. You might want to have the following guides on hand as reference materials as you implement SDOH workflows at your organization.

References for clinical content in your system:

- [History Setup and Support Guide](#). This guide provides more information about the History activity, which is used to document SDOH in Epic in May 2020 and earlier versions.
- [Documentation Flowsheets Setup and Support Guide](#). This guide provides more information about flowsheets. Starting in August 2020, Epic-released SDOH domains are documented using flowsheets. In earlier versions, clinicians also use flowsheets to document custom domains and a subset of the Epic-released domains.
- [Longitudinal Plan of Care Strategy Handbook](#). This handbook contains information about how to implement a longitudinal plan of care report to help provide clinicians with a central place to review a patient's current conditions, treatments, and plan of care.
- [Community Resource Directory Setup and Support Guide](#). This guide discusses the setup that's needed to help facilitate communication with outside facilities to find the right place for patients to go to address their SDOH needs.

References for working with external organizations:

- [Care Everywhere: Essential Setup and Support Guide](#). This guide provides step-by-step instructions for setting up and maintaining Care Everywhere when exchanging patient information with organizations that use Epic, organizations that don't use Epic, and other third-party connections such as Health Information Exchanges (HIEs), Health Information Service Providers (HISPs), and government agencies. It also includes troubleshooting information to help you resolve communication issues.
- [Care Everywhere: Advanced Setup and Optimization Guide](#). This guide provides step-by-step instructions for setting up advanced Care Everywhere features and optimizations.
- [Happy Together](#). This document provides more information about Epic's design philosophy to integrate information across multiple sources to form a more comprehensive view of patients' health.
- [Healthy Planet Link Setup and Support Guide](#). This guide provides more information about how you can use Healthy Planet Link to provide care management tools to community organizations.

References for analytics and reporting:

- [Analytics - Registries Setup and Support Guide](#). This guide provides an overview of how you can use registries to help with your population management strategy.
- [Healthy Planet Patient Stratification Setup and Support Guide](#) and [Epic's Cognitive Computing Models](#). These documents provide information about Epic's care and risk scores, which serve as the framework to calculate patients' risk classifications for the SDOH domains.

Social Determinants of Health: Implementation Strategy

This section describes the considerations and decisions you need to make as part of implementing an SDOH workflow.

It has been shown that SDOH can affect health outcomes more than traditional medical care, with an estimated 60-70 percent of patients' health related to social and behavioral factors, such as their ability to afford food. Developing a system of holistic care can help with these factors that are outside the control of healthcare providers.

A National Academies of Sciences, Engineering, and Medicine (NASEM) report found that there are five activities that can help integrate social care into healthcare:

- Increase awareness of patients' and communities' social needs and determinants.
- Provide adjustment of patients' care based on their social needs, such as modifying the frequency of visits and making adaptations for literacy.
- Provide assistance through social resources like food and transportation vouchers.
- Align with community-based organizations through personal relationships and financial investments.
- Develop advocacy for changes in resources, policies, and systems within your organization and the community to address patients' social needs and determinants.

Your organization can focus on SDOH as a starting point for these activities. For example, ProMedica Health System developed a workflow to assess patients for food insecurity and connect at-risk patients with an on-site food clinic, which helped decrease ED usage and all-cause readmission rates for patients who went to the food clinic. For more information, refer to the [Decreasing Food Insecurity and Hunger Clinical Program](#).

Reference:

- National Academies of Sciences, Engineering, and Medicine. 2019. Integrating social care into the delivery of health care: Moving upstream to improve the nation's health. Washington, Dc: The National Academies Press. <https://doi.org/10.17226/25467>.

Key Stakeholders

As you get started with your SDOH project, plan to involve the following people:

- Decision making:
 - Your population health leadership should own most of the decision making for how to implement your SDOH workflow. Identify a specific champion early to oversee the operationalization of the tools across your organization.
 - Clinical leadership, such as care management leads and physician champions, should provide input to your population health leadership on how best to incorporate screening for SDOH into your current clinical workflows. For example, they can provide guidance about how many questions are reasonable to ask patients during a 15-minute office visit and how frequently those questions should be asked.
 - If you plan to follow up with at-risk patients, a community liaison who works with community-based organizations can help determine the best way to connect those organizations with patients.
 - Clinical researchers, if they might need or ask for information on SDOH documentation.

- Building and testing:
 - If you're licensed for Healthy Planet, your Healthy Planet analysts should own most of the build and testing for your SDOH workflow with assistance from your EpicCare Ambulatory analysts. If you're not licensed for Healthy Planet, your EpicCare Ambulatory analysts should own the build and testing.
 - If you plan to screen for SDOH in contexts other than the outpatient setting, such as inpatient or ED settings, analysts from teams in those settings should be involved with validating the workflows.
 - If you plan to use the [Community Resource Directory](#), subject matter experts, such as care managers or social workers, should validate the contents of the directory to ensure appropriate resources are included with accurate contact information. If you plan to import resources rather than maintain the entire content of the directory yourself, you need to work with a third-party vendor. The [App Market](#) contains information about supported third-party vendors you can work with (category: Population Health).

Getting Started

Before you implement an SDOH program:

- Understand what's possible with Epic's SDOH tools.
- Consider key questions to help define the project scope.
- Determine how to handle sensitive SDOH information.
- Know about licensing requirements.
- Know about considerations for using Epic's SDOH tools outside of the United States.

Understand What's Possible with Epic's SDOH Tools

You can use Epic's SDOH tools to:

- Document clinically validated SDOH assessments for several domains, including Food Insecurity and Transportation Needs.
- Put SDOH front and center in the longitudinal plan of care for clinicians to see a patient's risk for each SDOH factor.
- Connect patients with community resources like food banks to help address their SDOH needs.

For more information about how these tools work, refer to the example workflow at the [beginning of this guide](#).

Additional features this guide covers that are not described in that example workflow include:

- Letting patients document their own SDOH.
- Filtering the SDOH assessments that appear for each patient based on the patient's unique situation.
- Overriding the settings for an Epic-released domain (available starting in November 2019). For example, you might participate in a program that requires you to use a different screening tool for Food Insecurity than what the Epic-released domain uses. You can override the activity that opens when clinicians click the Food Insecurity domain name in the SDOH print group and Storyboard so clinicians use the specified screening tool.

Limitations

There are some limitations to Epic's SDOH tools. Because of these limitations, you might need to complete additional build to suit your organization's needs, or choose to wait before implementing an SDOH workflow in

Epic.

- Reporting options. For SDOH assessments that are documented in the History activity, the system tracks when a patient's SDOH data has changed but not how often it was assessed. This means that you can't easily report on measures like how many patients were screened for SDOH needs in the past year because reports show only if patients' SDOH data has changed. Starting in August 2020, the Epic-released SDOH assessments use flowsheets to help support these reporting needs. If you want to ensure that patients are screened on a routine basis in a version earlier than August 2020, you can build a custom flowsheet-based screening.
- Data exchange through Care Everywhere. Only data for certain Epic-released SDOH domains are exchanged through Care Everywhere.
 - Custom domains and the Epic-released Depression and Postpartum Depression domains are not exchanged. Housing Stability information is not exchanged in May 2021 without SU E9703633, February 2021 without SU E9607915, November 2020 without SU E9510016, and earlier versions). Starting in November 2022, custom domains and the Epic-released Depression and Postpartum Depression domains are exchanged over Care Everywhere. Refer to the [Control How SDOH Data Is Shared with Other Organizations Through Care Everywhere](#) topic for more information.
 - Starting in February 2023, clinicians will see external SDOH data in their typical workflows. In November 2022 and earlier versions, there is not a way to proactively notify clinicians about external SDOH data received from other organizations.
- Changes to the Epic-released domains. In August 2019 and earlier versions, making any changes to an Epic-released domain requires creating a custom domain, which adds to the implementation timeline. Starting in November 2019, you can [override the settings for an Epic-released domain](#) without creating a custom domain.
- Patients' consent for help. You need to develop a custom workflow to document whether patients want help with their SDOH needs and their consent. For example, you might add a flowsheet prompt for nurses to ask patients whether they want help. A study published in the Annals of Family Medicine found that approximately 20% of patients want help with their SDOH needs. If you don't develop a workflow to get patients' consent, clinicians might place referrals for patients who don't want help. This can negatively affect the morale of stakeholders in your SDOH program if one of your key metrics is the rate of successful connections between patients and the resources they are referred to.
 - Reference: Ann Fam Med 2018;16:399-407. Adoption of Social Determinants of Health EHR Tools by Community Health Centers. <https://doi.org/10.1370/afm.2275>.
- Referrals to community resources. When clinicians open the Community Resource Directory from the SDOH print group to recommend a resource for a patient, a referral to that resource is not automatically generated. Clinicians need to take appropriate follow-up steps to help connect patients with community resources, such as placing a separate referral to a social worker to connect the patient with the resource. If your organization wants to implement more of a coordination workflow with community resources using Epic, you can extend EpicCare Link to community organizations so they can receive and respond to requests from your organization. For more information about this workflow and how to implement it, refer to the [Community Resource Directory Setup and Support Guide](#). Note that this workflow requires the Coordinated Care Management license.
- SDOH in Healthy Planet Link. The Social History activity in Healthy Planet Link contains the same screening tools for the Epic-released domains that are documented in the History activity in Hyperspace. Although you can customize the SDOH content that appears in the History activity in Hyperspace, only Epic-released content can appear in the Social History activity in Healthy Planet Link. Additionally, you cannot add or

remove Epic-released content from the Social History activity. Starting in August 2020, if your organization has completed the [SDOH transition to flowsheets](#), the Epic-released flowsheets for SDOH are also accessible in Healthy Planet Link for users to document in.

Consider Key Questions

Your SDOH project can range from collecting SDOH data only for reporting purposes to coordinating with community resources to address patients' SDOH needs. The amount of resources needed varies by the scope of your project. For example, if you want to implement a referral workflow within Epic to refer patients to community resources, you need to extend EpicCare Link to each relevant community-based organization. Alternatively, you might need to work with a third-party vendor to provide a directory of community resources and a means of communicating with those resources.

Work with your population health leadership to help you define a project scope by answering the following questions:

- How are you currently collecting SDOH information at your organization? You might collect information as part of existing workflows.
 - Starting in November 2022, you can use multiple sources of information to evaluate a given domain. For example, you might include both the AUDIT-C and CAGE assessments in your Alcohol Use domain. Clinicians can choose the assessment that makes the most sense for each patient, and patients receive risk classifications regardless of which assessment is documented for them. We recommend consolidating to a single assessment, where possible, or to as few as possible to give patients and clinicians a consistent experience..
 - In May 2022 and earlier versions, you need to use one screening tool per domain so might need to consolidate screening tools when possible. If you're already collecting SDOH information, compare the information you're collecting to the Epic-released screening tools for domains such as Alcohol Use and Physical Activity. If the Epic-released tools meet your organization's needs, you can likely switch to using them with minimal build and training. If your organization collects information beyond what is included in the Epic-released tools, you need to do a little more work to support custom SDOH domains.
- Are you subject to any regulatory requirements regarding the collection of SDOH information? If so, you need to build support for those requirements into your SDOH workflows, which might require building custom domains or extending EpicCare Link access to community resources to implement a coordinated referral workflow.
- What is unique about your patient population with regards to SDOH? For example, your organization might serve a lot of homeless patients or patients on Medicaid. Depending on the type of patient for whom you want to document SDOH, some of the Epic-released tools might not be a good fit. For example, the Epic-released SDOH domains are mainly targeted towards adult patients, not pediatric patients. You might need to build custom domains and screening tools depending on your target patient population. Note that there is Foundation System content for pediatric patients. For more information, refer to the [Import and Configure Foundation System Infant, Child, and Adolescent Domains](#) topic.
- Which patients do you want to screen for SDOH? Do you want to screen all of your organization's patients, or just a subset? For example, you might choose to screen only patients who come for annual wellness checkups. Deciding which patients you want to screen can help you design the ideal workflow, such as a workflow that fits within a 15-minute wellness visit. Be creative as you think about which patients to screen and the settings in which you can screen them.
- How will you pilot your SDOH workflow? Epic recommends that you pilot a workflow before rolling it out across your organization because you can incorporate feedback from staff and patients and make

adjustments as needed. For example, you might start collecting SDOH information in only certain departments or clinics. Some organizations have also been successful piloting SDOH workflows with a limited patient population, such as patients who are at high-risk for an ED readmission.

- Are there particular SDOH domains where you want to focus? For example, you might want to focus on the Food Insecurity, Housing Stability, and Transportation Needs domains if your organization serves a lot of homeless patients. You can choose to develop workflows for addressing targeted domains rather than implementing every domain.
- How do we want to use SDOH data to assist your patients? For example, if a patient is at-risk for a domain, you might have clinicians document the problem in their progress note and verbally discuss it with the patient at the point of care. You might also implement the Community Resource Directory for clinicians to either provide the patient with a list of resources or for clinicians to communicate directly with the community resource to provide services to the patient. Alternatively, it can be valuable to collect SDOH information even if you don't have the resources to immediately follow up with at-risk patients. For example, a provider who knows that a patient is homeless can avoid prescribing any medications that require refrigeration.

Understand Licensing Requirements

The central pieces of Epic's SDOH workflow are available with the EpicCare Ambulatory and MyChart licenses that you already have, including the following features:

- Epic-released screening tools
- SDOH print group [52140-LPOC Social Determinants of Health - Happy Together](#)
- SDOH MyChart questionnaire

Additionally, you can see patients' SDOH risk classifications in near real-time with the Enhanced Data Analytics license.

With the Healthy Planet license, you can use the Community Resource Directory to recommend a list of resources to patients to help address their SDOH needs. With the Coordinated Care Management license, you can use the Community Resource Directory to communicate with community resources through fax or EpicCare Link's In Basket. For more information about additional features available with the Coordinated Care Management license that can be used with SDOH, refer to the [Coordinated Care Management Programs Setup and Support Guide](#).

With the Healthy Planet Link license, you can let community organizations document a patient's SDOH. Note that Healthy Planet Link is licensed separately from EpicCare Link.

Considerations

There are additional considerations you should be aware of regarding Epic's SDOH tools.

- The Epic-released domains and corresponding assessments were created based on guidelines from the National Academy of Medicine (NAM) and CMS. Some of the questions used in the assessments might not be appropriate for organizations outside of the United States. For example, your government might have a different definition for when a patient is considered food insecure from what's used in the assessment for the Epic-released Food Insecurity domain. Before deciding to use Epic's SDOH tools, consider whether the assessments are best suited to gathering information for your patient populations. You can review the questions that are used with the Epic-released domains in the [Social Determinants of Health Domain Questions, Answers, and Risk Classification Logic](#) topic.
- Epic does not have the legal authority to translate the assessments used with the Epic-released domains. If you want a translated copy of the assessments, you need to obtain permission from the entity that created the assessment and then make that translated copy yourself. Refer to the [Social Determinants of Health](#):

[Risk Information and Related Literature](#) topic for information about which entity created each assessment.

Review Implementation Options

There are several options for how you can implement an SDOH workflow, which range from collecting SDOH data only for reporting purposes to coordinating with community resources to address patients' SDOH needs. The following table describes three examples of different implementation options. Use these examples with the considerations described in the [Getting Started](#) topic to help guide your SDOH project.

Option	Description	Goal	Implementation Timeline
Collection-only	Includes collecting information for the Epic-released SDOH domains through a single workflow, and showing that information in the longitudinal plan of care (LPOC) report. Involves minimal decision-making and build because you're using Epic-released content.	This option is best used when your goal is to collect initial SDOH information about your patients and quickly implement an SDOH workflow in the outpatient setting. After you implement this workflow and have a better understanding about the needs of your patients, you might transition to one of the other options listed below.	2-4 months. This includes time for information gathering, such as reviewing your current History activity build, and the time it takes to build, test, and train the workflow.
Light interventions for targeted areas	Includes collecting information for three or four SDOH domains through one or two workflows, and showing that information in the LPOC. Also includes using the Community Resource Directory or another tool to connect at-risk patients with resources for the domains you focus on. Involves moderate decision-making because you need to decide which SDOH domains you want to focus on and which resources can help address patients' needs for those domains.	This option is best used when your goal is to collect information for a few key areas that affect your patients and to address those needs.	5-8 months. The longer timeline compared to the "collection-only" option accounts for engaging community resources and your internal teams, potentially building a few custom screening tools, and training users on how to refer patients to community resources.
All-in	Includes collecting information for all SDOH domains that might affect your patients, and using several workflows	This option is best used when your goal is to address the unique needs	8-12 months. The longer timeline compared to the

Option	Description	Goal	Implementation Timeline
	across your organization to collect that information, such as the outpatient, inpatient, and ED settings. Also includes showing that information in the LPOC and using the Community Resource Directory or another tool to connect at-risk patients with resources for any domain. Involves the most decision-making because you need to coordinate across multiple departments to build multiple workflows.	of your patients across your entire health organization.	"light interventions" option accounts for engaging additional community resources, building multiple custom screening tools, and training users across multiple settings to complete the workflow.

Develop Workflows

After you decide your organization's implementation scope, you need to develop one or more workflows for collecting and reviewing SDOH data. The following questions can help you develop a workflow based on the scope you decided earlier:

- Who should collect patients' SDOH data?
 - In general, Epic recommends against having PCPs collect SDOH data so they don't have too many documentation responsibilities. In inpatient settings, it's more likely that you'll have social workers or community health workers collect SDOH information. For example, if you decide to collect SDOH data during annual wellness visits, you might have nurses document the information during the rooming workflow. Alternatively, you might send patients a questionnaire to fill out in MyChart before their visit. Front desk staff can verify that the questionnaire was completed and have patients fill it out in a Welcome kiosk if it wasn't.
 - We recommend identifying one screening tool per domain and consolidating screening tools when possible. In May 2022 and earlier versions, each domain can be associated with only one source of information, so consolidating is important to make sure all patients have data in that source screening tool. Starting in November 2022, you can use multiple sources of information to evaluate a given domain, such as the AUDIT-C and CAGE screenings for an Alcohol Use domain. However, we recommend using multiple screening tools only when necessary, for example when required by a jurisdiction or when different screening tools are clinically relevant to different patient populations, to simplify workflows and build.
- Who should review SDOH data, and when? If your organization plans to follow up with at-risk patients, decide who should review patients' SDOH data to determine whether follow-up is needed. For example, if nurses document SDOH during a rooming workflow, providers might review the information during the visit so they can either talk with the patient about their needs or flag the patient for a care manager or social worker to follow up with them. Alternatively, you can have clinic staff review SDOH information when the patient isn't present and coordinate a warm hand-off with a care manager or social worker for additional follow-up.
- When should we ask patients whether they want help? As mentioned in the [Getting Started](#) topic, you need to develop a process to document whether patients want help with their SDOH needs. The workflow point in which you ask patients whether they want help depends on the goals of your project:

- If the primary goal of your SDOH project is to refer patients to community resources, Epic recommends that you start your SDOH workflow by asking patients whether they want help. If the patient answers Yes, clinicians can continue with the SDOH screening. Otherwise, clinicians can skip the screening to save time and avoid asking the patient questions that aren't helpful to them because your organization isn't going to follow up.
- If the primary goal of your SDOH project is to collect data about your patient population, you can start your SDOH workflow with the assessment and then ask patients whether they want help with their needs prior to referring them to any resources. This approach lets you collect SDOH data regardless of whether patients want help, but ensures that you don't refer patients to resources without getting their consent.
- How do you want to handle sensitive domains? Epic's SDOH tools include questions for domains that might be sensitive to some patients, such as questions about intimate partner violence. You need to determine whether and how to discuss these questions with patients. For example:
 - You can [filter SDOH domains based on a patient's age or gender](#).
 - You can train staff how to ask sensitive questions using techniques such as motivational interviewing and health coaching.
 - You can follow up with at-risk patients by using interventions that address multiple domains beyond the sensitive ones. For example, you can have social workers provide information about risk factors for intimate partner violence and available resources as part of a home visit for a child welfare case. Counselling sessions for depression can include cognitive behavioral therapy to emphasize safety behaviors.
 - If your organization includes sensitive domains in a MyChart questionnaire, you can ensure that only the patient, and not their proxy, can view the questions. For more information, refer to the Including Sensitive Questions consideration in the [Let Patients Document Their Own SDOH in MyChart and Welcome](#) topic.
 - You can limit how SDOH assessments and referrals to community resources are shared with other organizations, in MyChart, and on the AVS. For more information, refer to the [Customize How SDOH Data Is Shared](#) topic.
 - If your organization doesn't have resources to address sensitive SDOH domains, you might decide not to screen patients for those domains to avoid liability for asking and not following up with at-risk patients.

After you outline workflows, make sure that everyone involved has access to the tools they need at the correct workflow step. For example, any staff who will review a patient's SDOH should have access to the SDOH print group in the LPOC. Staff who will document SDOH should have access to the screening tools that you will use, and those tools should fit in with their current workflows.

Get Buy-In

Because an SDOH program involves additional documentation and review, it's important to get buy-in across your organization to ensure workflow compliance. To help get staff buy-in, you can highlight the benefits of documenting SDOH. For example, you might talk about key "saves" or specific patient case studies to show how addressing SDOH positively affected the patient. You can also emphasize how focusing on SDOH can help to understand patients in the broader context of their communities. A clinician champion who's involved with your SDOH project can help relate the benefits of the project to their peers.

Train Staff

Because SDOH documentation uses tools that clinical staff are likely familiar with, such as the History activity and

flowsheets, you probably don't need to spend a lot of time training users how to document SDOH in Epic. You can use the [It's Possible...Social Determinants of Health \[POSS078\]](#) video to help with the Epic training. If you decide to use the Community Resource Directory, you can also use the [Find Community Resources to Address Patients' Needs](#) tip sheet to help users understand how to use the directory.

It's important to provide training outside of Epic about how to complete the assessments. For example, you need to train staff about how to ask sensitive questions and handle responses accordingly. Training techniques such as motivational interviewing and health coaching can help empower staff and build confidence. You can also explain that the SDOH screening is the beginning of an ongoing conversation with patients and that staff shouldn't feel like they have to address all of the patient's needs at once.

During training, communication across your organization is key so everyone understands their role in the overall SDOH workflow. Additionally, staff who aren't directly involved with documenting or reviewing SDOH information should know who to follow up with if they learn information about a patient's SDOH needs as part of other workflows.

Engage Community Resources

If you plan to refer at-risk patients to community organizations, you need to identify and cultivate relationships with those community resources to help patients get the most out of them. For example, if clinicians know about the eligibility requirements for several local food banks, they can use the Community Resource Directory to recommend the food bank that's best suited for the patient's situation.

Community organizations can be a great source of knowledge about your patient population and what kinds of targeted outreach has been most effective in your community. There are several ways that you might develop relationships with community organizations. For example, you might build upon personal relationships that care managers and social workers have with staff of community organizations. If you're in a value-based payment model, you might choose to share savings with the community organizations to help provide financial stability for their programs. Public or private grants also provide the opportunity to work with community organizations.

Review the organizations that you already have connections with, such as through corporate partnerships or local city and county initiatives, to find additional opportunities for engagement. Make sure to talk with your compliance department and other relevant stakeholders if you plan to extend EpicCare Link or Healthy Planet Link to any organizations. For more information, refer to the [EpicCare Link Community Strategy Handbook](#).

Import and Configure Foundation System Infant, Child, and Adolescent Domains

In the Foundation System, we worked with Epic community members to create the following custom domains for infant, child, and adolescent assessments, so clinicians could ask targeted questions about these factors in addition to the questions from the Epic-released domains:

- Adolescent Education
- Adolescent Socialization
- Adolescent Substance Use
- Caregiver Education and Work
- Caregiver Health
- Child Education
- Safety and Environment

You can use our domains configured as they are in the Foundation System or use them as a guide to design your own.

Prerequisites

Review with Stakeholders

Review the content available in the Foundation System with your stakeholders. Do you want clinicians collecting information on all of the domains included? Are there certain questions you don't want to ask patients or their caregivers? Are there additional questions you'd like to add?

Note that the Foundation System questionnaires include questions that might be sensitive to some patients, such as questions about substance abuse. If your organization doesn't want patients or their proxies to see and answer these questions, you can do one of the following:

- Create a custom questionnaire that doesn't include the questions.
- Have clinicians manually send the questionnaire through a secure MyChart message and indicate that only the patient, and not their proxy, can view the message. This setup is described in the [Let Patients Document Their Own SDOH in MyChart and Welcome](#) topic.

You should also review the information that proxies have access to in MyChart. By default, proxies don't have access to view SDOH assessments or referrals to community resources in MyChart visit summaries, but they can view referrals to community resources in the AVS. The [Configure Proxy Access to SDOH Information](#) topic has information about changing these defaults.

Develop Organizational Policies

Depending on patients' or caregivers' answers to certain questions, clinicians might have follow-ups they need to take. Work with your stakeholders to determine protocols for how clinicians are expected to respond if patients or caregivers give certain answers to the questionnaires. For example, if a caregiver says they're worried their child might have been sexually abused, what follow-up action does your organization expect clinicians to take?

Decide How to Present Domains to Clinicians

In the Foundation System, we've set up the domains to appear to clinicians as a flowsheet popup from the SDOH print group in Storyboard or Snapshot. We've also created navigator sections that you can add to the History activity or another navigator, depending on where clinicians collect social determinants of health data. Work with your stakeholders to determine which option works best for their workflows.

Note that the navigator sections we've created in the Foundation System aren't filtered by age. If you want those navigator sections to appear only for patients of a certain age, refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic for setup instructions. Then, add the navigator sections to a navigator that makes sense for your users' workflows. Refer to the [Collect Sections into Topics](#) topic and the [Collect Topics into a Template](#) topic for setup instructions.

Decide Whether to Provide Clinicians with Links to the Community Resource Directory

The Community Resource Directory is a tool to help users search for community resources to help with a patient's care. These community resources might be anything from sub-acute providers, such as skilled nursing facilities, to social services like meal delivery programs, support groups, and shelters. The Epic-released SDOH print group for adult patients includes a link to the Community Resource Directory so clinicians can provide patients with information about resources that might help. In the Foundation System,

the SDOH print group for infants, children, and adolescents doesn't include a link to the Community Resource Directory. To add a link, refer to the [Map SDOH Domains to Services Provided by Community Resources](#) topic.

To review the assessments associated with these domains, log in to the [Foundation Hosted environment](#) as your organization's outreach specialist (POPOUT). Open an infant, child, or adolescent's chart. Hover over the social determinants of health in the patient's Storyboard. Click a link to see what's included in that domain. Note that some of the domains appear only for patients in a certain age range, so you might not see all of the domains, depending on the age of the patient's chart you opened:

- Adolescent Education appears for patients ages 11-17.
- Adolescent Socialization appears for patients ages 11-17.
- Adolescent Substance Use appears for patients ages 11-17.
- Child Education appears for patients ages 3-10.
- Safety and Environment appears for patient ages 0-10.

The other Foundation System domains appear regardless of age for patients ages 0-17.

Social Determinants of Health: Risk Information and Related Literature

This section provides an overview of the risk classifications for each SDOH domain and which peer-reviewed literature was consulted when creating the risk classifications.

The literature for the Food Insecurity and Transportation Needs domains was selected based on feedback from Epic's Social Determinants of Health Brain Trust, which included clinicians and executives from several healthcare organizations. Literature for the remaining domains was selected based on recommendations from the National Academy of Medicine (Institute of Medicine. 2014. Capturing social and behavioral domains and measures in electronic health records: Phase 2. Washington, DC: The National Academies Press).

Risk classifications are assigned according to the following table:

Source (Starting in November 2022)	Domain	Possible Risk Classifications	References
Adolescent Education	Adolescent Education (available in the Foundation System for adolescent assessments, as its own domain starting in November 2022 and as part of a combined Adolescent Education & Socialization domain in earlier versions)	<ul style="list-style-type: none"> • High Risk • Defer to socialization risk classifications 	National Center for Medical-Legal Partnership, George Washington University, The Milken Institute School of Public Health.
Adolescent Socialization	Adolescent Socialization (available in the Foundation System for adolescent assessments, as its own domain starting in November 2022 and as part of a combined Adolescent Education & Socialization domain in earlier versions)	<ul style="list-style-type: none"> • Not Isolated • Slightly Isolated • Somewhat Isolated • Moderately Isolated • Severely Isolated 	Pantell, M., D. Rehkopf, D. Jutte, S. L. Syme, J. Balmes, and N. Adler. 2013. Social isolation: A predictor of mortality comparable to traditional clinical risk factors. <i>American Journal of Public Health</i> 103(11):2056–2062. (Included in Adult SDOH Assessment).

Adolescent Substance Use	Adolescent Substance Use (available in the Foundation System for adolescent assessments)	<ul style="list-style-type: none"> • High Risk • Low Risk 	© 2016 Children's Hospital Colorado and Board of Regents of the University of Colorado. Use and reproduction of this tool for non-commercial purposes is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License. https://creativecommons.org/licenses/by-nc-sa/4.0/legalcode
AUDIT-C	Alcohol Use	<ul style="list-style-type: none"> • Not At Risk • Heavy Drinker 	Frank, D., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Kivlahan, D. R., & Bradley, K. A. (2008). Effectiveness of the AUDIT-C as a screening test for alcohol misuse in Three race/ethnic groups. <i>Journal of General Internal Medicine</i> , 23(6), 781–787. doi:10.1007/s11606-008-0594-0
Caregiver Education and Work	Caregiver Education and Work (available in the Foundation System for infant, child, and adolescent assessments)	<ul style="list-style-type: none"> • Low Risk • Medium Risk • High Risk 	The Health Leads Screening Toolkit. (2016, July). Retrieved from https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/ .
Caregiver Health	Caregiver Health	<ul style="list-style-type: none"> • Low Risk 	<ul style="list-style-type: none"> • The Patient

	(available in the Foundation System for infant, child, and adolescent assessments)	<ul style="list-style-type: none"> • Medium Risk • High Risk 	<p>Health Questionnaire-2 (PHQ-2).</p> <ul style="list-style-type: none"> • © 2016 Children’s Hospital Colorado and Board of Regents of the University of Colorado. Use and reproduction of this tool for non-commercial purposes is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License. https://creativecommons.org/licenses/by-nc-sa/4.0/legalcode
Child Education	Child Education (available in the Foundation System for child assessments)	<ul style="list-style-type: none"> • Low Risk • Medium Risk • High Risk 	IHELLP© Social History Questions from the American Academy of Pediatrics
Patient Health Questionnaire-2 (PHQ-2)	Depression	<ul style="list-style-type: none"> • Not At Risk • At Risk 	The Patient Health Questionnaire-2 (PHQ-2) depression screening.

<p>Patient Health Questionnaire-9 (PHQ-9)</p>	<p>Depression</p>	<ul style="list-style-type: none"> • None or minimal depression severity • Mild depression severity • Moderate depression severity • Moderately severe depression severity • Severe depression severity 	<p>The Patient Health Questionnaire-9 (PHQ-9) depression screening.</p>
<p>Overall Financial Resource Strain (CARDIA)</p>	<p>Financial Resource Strain</p>	<ul style="list-style-type: none"> • Low Risk • Medium Risk • High Risk 	<ul style="list-style-type: none"> • Puterman, E., J. Haritatos, N. E. Adler, S. Sidney, J. E. Schwartz, and E. S. Epel. 2013. Indirect effect of financial strain on daily cortisol output through daily negative to positive affect index in the coronary artery risk development in young adults study. <i>Psychoneuroendocrinology</i> 38(12):2883–2889. • Hall, M. H., K. A. Matthews, H. M. Kravitz, E. B. Gold, D. J. Buysse, J. T.

			Bromberg, J. F. Owens, and M.-F. Sowens. 2009. Race and financial strain are independent correlates of sleep in midlife women: The SWAN Sleep Study. <i>Sleep</i> 32(1):73–82.
Hunger Vital Sign	Food Insecurity	<ul style="list-style-type: none"> • No Food Insecurity • Food Insecurity Present 	Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify families at risk for food insecurity. <i>PEDIATRICS</i> , 126(1), e26-e32. doi:10.1542/peds.2009-3146
Housing Stability Vital Sign	Housing Stability (Available starting in November 2019)	<ul style="list-style-type: none"> • Low Risk • High Risk 	Adapted from the Housing Stability Vital Sign developed by Children's HealthWatch .
Humiliation, Afraid, Rape, and Kick questionnaire (HARK)	Intimate Partner Violence	<ul style="list-style-type: none"> • Not At Risk • At Risk 	Sohal, H., S. Eldridge, and G. Feder. 2007. The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: A diagnostic accuracy study in general practice. <i>BMC Family Practice</i> 8(1):49–58.

Edinburgh Postnatal Depression Scale	Postpartum Depression	<ul style="list-style-type: none"> • Low Risk • Medium Risk • High Risk 	Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. British Journal of Psychiatry 150: 782-786
Exercise Vital Sign (EVS)	Physical Activity	<ul style="list-style-type: none"> • Sufficiently Active • Insufficiently Active • Inactive 	Coleman. 2012. Initial validation of an exercise "vital sign" in electronic medical records. Medicine Science in Sports Exercise 44(11):2071–2076.
Safety and Environment	<p>Safety and Environment</p> <p>(available in the Foundation System for infant, child, and adolescent assessments)</p>	<ul style="list-style-type: none"> • Low Risk • High Risk 	<ul style="list-style-type: none"> • Dubowitz H, Feigelman S, Lane W, Kim J. Pediatric primary care to help prevent child maltreatment: the Safe Environment for Every Kid (SEEK) Model. Pediatrics 2009;123:858-64. • Ebel B., Rowhani-Rahbar A., Hamann C. (2018) developed for UW Medicine.

<p>Social Connection and Isolation Panel [NHANES]</p>	<p>Social Connections</p>	<ul style="list-style-type: none"> • Socially Integrated (August 2020 and earlier: Not Isolated) • Moderately Integrated (August 2020 and earlier: Slightly Isolated) • Moderately Isolated (August 2020 and earlier: Somewhat Isolated) • Socially Isolated (August 2020 and earlier: Moderately Isolated) • Socially Isolated (August 2020 and earlier: Severely Isolated) 	<p>Pantell, M., D. Rehkopf, D. Jutte, S. L. Syme, J. Balmes, and N. Adler. 2013. Social isolation: A predictor of mortality comparable to traditional clinical risk factors. <i>American Journal of Public Health</i> 103(11):2056–2062.</p>
<p>Finnish Institute of Occupational Health - Occupational Stress Questionnaire</p>	<p>Stress</p>	<ul style="list-style-type: none"> • No Stress Concern Present • Stress Concern Present 	<p>Elo, A.-L., A. Leppänen, and A. Jahkola. 2003. Validity of a single-item measure of stress symptoms. <i>Scandinavian Journal of Work, Environment & Health</i> 29(6):444–451.</p>
<p>Tobacco Use - Patient History</p>	<p>Tobacco Use</p>	<ul style="list-style-type: none"> • Low Risk • Medium Risk • High Risk 	<p>The existing Smoking Status (I EPT 19208) field in the History activity. This domain also uses the existing</p>

			Smokeless Tobacco Status (I EPT 19205) field.
PRAPARE - Transportation	Transportation Needs	<ul style="list-style-type: none"> • No Transportation Needs • Unmet Transportation Needs 	Adapted from the PRAPARE assessment tool developed by the National Association of Community Health Centers (NACHC), Inc., Association of Asian Pacific Community Health Organizations, and Oregon Primary Care Association. For more information about this tool, refer to the NACHC website .

Social Determinants of Health Domain Questions, Answers, and Risk Classification Logic

This section includes information about translating SDOH screeners to other languages, as well as information about released SDOH domain questions, answers, LOINC codes, and risk classification.

Translating SDOH Screeners

This table provides available translations and if translations are allowed by individual organizations for each adult SDOH screener.

Domain	Screener	Available Translations	How to get the translation/ability to translate
Depression	PHQ-9	<ul style="list-style-type: none"> • Danish • Dutch • German • Finnish • French • English for the UK • Spanish • Swedish • Chinese • Russian • Haitian Creole • Italian • Korean • Polish • Plus, many more available 	<p>Access the translations here:</p> <p>PHQ Screeners Translations</p> <ol style="list-style-type: none"> 1. "Click here to access the Screeners" 2. Agree to the terms of use. 3. Select PHQ-9 and desired language. 4. "Go to selected screener"
Intimate Partner Violence	HARK	Currently none	<p>Translation by individual organization is allowed with no additional permissions.</p> <p>Access the screener here.</p>
Physical Activity	Exercise Vital Sign	Currently none	<p>Translation by individual organizations is allowed.</p> <p>Access the screener here.</p>

			Please follow the steps outlined on the LOINC website .
Food Insecurity	Children's HealthWatch Hunger Vital Signs	<ul style="list-style-type: none"> • English • Russian • Somalian • Vietnamese • Korean • Chinese • Spanish • Arabic • Swahili • French • Nepali 	Access the translations here .
Transportation Insecurity	PRAPARE	<ul style="list-style-type: none"> • Chinese • French • German • Hmong • Korean • Portuguese • Russian • Spanish • Vietnamese • Tagalog • And more 	Access the translations on the PRAPARE website .
Housing	Children's HealthWatch Housing Vital Sign	Currently none	Translation by individual organizations is allowed with no additional permissions needed. Access the screener here .
Financial	CARDIA/SW	Currently none	Translation by individual

Resource Strain	AN		<p>organization is allowed.</p> <p>Access the screener here.</p> <p>Please follow the steps outlined on the LOINC website.</p>
Alcohol Use	AUDIT-C	<ul style="list-style-type: none"> • Chinese • Italian • Russian • Spanish 	<p>Access the screener here.</p> <p>Go to “Details for each LOINC in Panel” for translations.</p> <p>More translations (Spanish, Slavic, Norwegian, French, German, Russian, Japanese, Swahili, and more) are available by writing to:</p> <p>Department of Mental Health and Substance Dependence</p> <p>World Health Organization</p> <p>1211 Geneva 27, Switzerland</p> <p>Additional translation by individual organizations is allowed.</p> <p>Please follow the steps outlined on the LOINC website.</p>
Stress	Elo et al.	Currently None	<p>Translation by individual organizations is allowed.</p> <p>Access the screener here.</p> <p>Please follow the steps outlined on the LOINC website.</p>
Tobacco Use	-	<ul style="list-style-type: none"> • Chinese • Italian • Spanish 	<p>Access the screener here.</p> <p>Go to “Details for each LOINC in Panel” for translations.</p> <p>Additional translation by individual organizations is allowed.</p> <p>Please follow the steps outlined on the LOINC website.</p>

Postpartum Depression	Edinburgh Postnatal Depression Scale	<ul style="list-style-type: none"> • Arabic • Chinese • Dutch • French • German • Italian • Norwegian • Spanish • Swedish • Vietnamese • And more 	Translations available here .
-----------------------	--------------------------------------	--	---

Domain Questions, Answers, LOINC Codes, and Risk Classification Logic

Alcohol Use

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	
How often do you have a drink containing alcohol?	<ul style="list-style-type: none"> • Starting in August 2020: RFL O 15 72 87 	68518-0	Never [1]	LA627 0-8	Yes	<p>The AUDIT-C is scored in 3 choices, ranging from 0 to 4. In men a score of 4 or below 4 will be classified as low risk. In women a score of 3 or below 3 will be classified as low risk.</p> <p>Starting in November 2022 with SU E101152, the patient's risk level, the patient's information related to alcohol use, and information related to a cisgender male, a score of 4 or below 4 will be classified as low risk.</p>
			Monthly or less [2]	LA189 26-8	Yes	
			2-4 times a month [3]	LA189 27-6	Yes	
			2-3 times a week [4]	LA189 28-4	Yes	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?
	98 36 <ul style="list-style-type: none"> In Ma y 20 20 an d ear lier ver sio ns: I EP T 19 93 4 		4 or more times a week [5]	LA189 29-2	Yes
			Patient refused [98]	—	—
			Not asked [99]	—	—
How many drinks containing alcohol do you have on a typical day when you are drinking?	<ul style="list-style-type: none"> Sta rtin g in Au gu st 20 20: R FL O 15 72 87 98 37 In 	68519-8	Patient does not drink [0] (Starting in November 2021)	—	—
			1 or 2 [1]	LA156 94-5	Yes
			3 or 4 [2]	LA156 95-2	Yes
			5 or 6 [3]	LA189 30-0	Yes

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?
	Ma y 20 20 an d ear lier ver sio ns: I EP T 19 93 5		7 to 9 [4]	LA189 31-8	Yes
			10 or more [5]	LA189 32-6	Yes
			Patient refused [98]	—	—
			Not asked [99]	—	—
How often do you have six or more drinks on one occasion?	<ul style="list-style-type: none"> <li data-bbox="500 1056 574 1707">Starting in August 2020: R F L O 15 72 87 98 38 <li data-bbox="500 1728 574 1837">In May 	68520-6	Never [1]	LA627 0-8	Yes
			Less than monthly [2]	LA189 33-4	Yes
			Monthly [3]	LA188 76-5	Yes
			Weekly [4]	LA188 91-4	Yes
			Daily or almost daily [5]	LA189 34-2	Yes

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?
	20 20 an d ear lier ver sio ns: I EP T 19 93 6		Patient refused [98]	—	—
			Not asked [99]	—	—

Frank, D., DeBenedetti, A. F., Volk, R. J., Williams, E. C., Kivlahan, D. R., & Bradley, K. A. (2008). Effectiveness of the AUDIT-C as a screening test for alcohol misuse in Three race/ethnic groups. *Journal of General Internal Medicine*, 23(6), 781–787. doi:10.1007/s11606-008-0594-0.

Depression

Patient Health Questionnaire-2 (PHQ-2) Screening

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97063)
Little interest or pleasure in doing things?	R FLO 1570000 014	44250-9	Not at all [1]	LA656 8-5	Yes	A PHQ-2 score of 3 or more appears as "At Risk". A score of 2 or less appears as "Not at Risk".
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	
Feeling down, depressed, or hopeless?	R FLO 1570000 015	44255-8	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	

Patient Health Questionnaire-9 (PHQ-9) Screening

 Starting in November 2022

						LOINC	Evaluation Logic
--	--	--	--	--	--	-------	------------------

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	Answer Code Exact Match?	(Registry Metric: R CER 97143)
Little interest or pleasure in doing things?	R FLO 157000 0014	44250-9	Not at all [1]	LA656 8-5	Yes	PHQ-9 questions are scored from 0 (Not at all) to 3 (Nearly every day) and then added together. A PHQ-9 score of 4 or less appears as "None or minimal depression severity".
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	
Feeling down, depressed, or hopeless?	R FLO 157000 0015	44255-8	Not at all [1]	LA656 8-5	Yes	A score of 5-9 appears as "Mild depression severity". A score of 10-14 appears as "Moderate depression severity".
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97143)
			Nearly every day [4]	LA657 1-9	Yes	A score of 15-19 appears as "Moderately severe depression severity". A score of 20-27 appears as "Severe depression severity".
Trouble falling or staying asleep, or sleeping too much?	R FLO 1570000 018	44259-0	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	
Feeling tired or having little energy?	R FLO 1570000 019	44254-1	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97143)
			Nearly every day [4]	LA657 1-9	Yes	
Poor appetite or overeating?	R FLO 1570000 020	44251-7	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	
Feeling bad about yourself - or that you are a failure or have let yourself or your family down?	R FLO 1570000 021	44258-2	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly	LA657	Yes	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97143)
			every day [4]	1-9		
Trouble concentrating on things, such as reading the newspaper or watching television?	R FLO 157000 0022	44252-5	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	R FLO 1570000 023	44253-3	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97143)
Thoughts that you would be better off dead or hurting yourself in some way?	R FLO 1570000 024	44260-8	Not at all [1]	LA656 8-5	Yes	
			Several days [2]	LA656 9-3	Yes	
			More than half the days [3]	LA657 0-1	Yes	
			Nearly every day [4]	LA657 1-9	Yes	

Financial Resource Strain

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97057)
<p>How hard is it for you to pay for the very basics like food, housing, medical care, and heating?</p>	<ul style="list-style-type: none"> Starting in August 2020: R FLO 157287 9810 In May 2020 and earlier versions: I EPT 19929 	76513-1	Very hard [1]	LA158 32-1	Yes	<p>If a patient answers "Hard" or "Very Hard", they will be classified as high risk.</p> <p>If a patient answers "Somewhat hard", they will be classified as medium risk.</p> <p>If a patient answers "Not hard" or "Not very hard", they will be classified as low risk.</p>
			Hard [2]	LA147 45-6	Yes	
			Somewhat hard [3]	LA226 83-9	Yes	
			Not very hard [4]	LA226 82-1	Yes	
			Not hard at all [5]	—	—	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	

Puterman, E., J. Haritatos, N. E. Adler, S. Sidney, J. E. Schwartz, and E. S. Epel. 2013. Indirect effect of financial strain on daily cortisol output through daily negative to positive affect index in the coronary artery risk development in

Food Insecurity

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97073)
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	<ul style="list-style-type: none"> Starting in August 2020 : R FLO 1572 8798 20 In May 2020 and earlier versions: I EPT 1994 4 	88122-7	Never true [1]	LA283 98-8	Yes	If a patient answers “Sometimes true” or “Often true” for either question, they will be classified as “Food Insecurity Present”. However, a patient cannot be classified as “No Food Insecurity” unless they
			Sometimes true [2]	LA672 9-3	Yes	
			Often true [3]	LA283 97-0	Yes	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.	<ul style="list-style-type: none"> Starting in August 2020 : R FLO 1572 8798 21 In May 2020 and earlier versions: I EPT 1994 5 	88123-5	Never true [1]	LA283 98-8	Yes	answer "Never true" for both questions . "Never true" for one question in combination with a blank or patient refused for the other question will calculate as unknown .
			Some times true [2]	LA672 9-3	Yes	
			Often true [3]	LA283 97-0	Yes	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Frank, D. A. (2010). Development and validity of a 2-Item screen to identify families at risk for food insecurity. *PEDIATRICS*, 126(1), e26–e32. doi:10.1542/peds.2009-3146.

Intimate Partner Violence

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97062)

<p>Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?</p>	<ul style="list-style-type: none"> Starting in August 2020: RFL O 15 72 87 98 12 In May 2020 and earlier versions: I EP T 19 93 0 	76500-8	Yes [1]	LA33-6	Yes	<p>This domain will calculate to "At Risk" if one or more questions are answered "Yes" (even if other questions are left unanswered or marked "Patient refused").</p> <p>The domain will not be able to calculate if a question is blank or patient refused has been selected in combination with a "No" answer.</p> <p>This domain will only calculate to "Not at Risk" if all questions are answered "No".</p>
			No [2]	LA32-8	Yes	
			Patient refused [98]	—	—	
			Not asked [99] (Prior to August 2020)	—	—	
<p>Within the last year, have you been afraid of your partner or ex-partner?</p>	<ul style="list-style-type: none"> Starting in August 	76501-6	Yes [1]	LA33-6	Yes	
			No [2]	LA32-8	Yes	

	<p>st 20 20: R FL O 15 72 87 98 13</p> <ul style="list-style-type: none"> In M ay 20 20 and ea rli er ve rsi on s: I EP T 19 93 1 		<p>Patien t refus ed [98]</p>	—	—
			<p>Not asked [99] (Prior to Augu st 2020)</p>	—	—
<p>Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?</p>	<ul style="list-style-type: none"> St art in g in Au gu st 20 20: R FL O 	<p>76502-4</p>	<p>Yes [1]</p>	<p>LA33-6</p>	<p>Yes</p>
			<p>No [2]</p>	<p>LA32-8</p>	<p>Yes</p>
			<p>Patien t refus ed [98]</p>	—	—

	<ul style="list-style-type: none"> 15 72 87 98 14 • In May 2020 and earlier version: IEP T 19 93 2 		Not asked [99] (Prior to August 2020)	—	—
<p>Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?</p>	<ul style="list-style-type: none"> • Starting in August 2020: RFL O 15 72 87 98 15 • In May 20 	76503-2	Yes [1]	LA33-6	Yes
			No [2]	LA32-8	Yes
			Patient refused [98]	—	—
			Not asked [99] (Prior to August 2020)	—	—

	20 an d ea rli er ve rsi on s: I EP T 19 93 3					
--	---	--	--	--	--	--

Sohal, H., S. Eldridge, and G. Feder. 2007. The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: A diagnostic accuracy study in general practice. *BMC Family Practice* 8(1):49–58.

Physical Activity

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97060)

<p>On average, how many days per week do you engage in moderate to strenuous exercise (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?</p>	<ul style="list-style-type: none"> Starting in August 2020: RFL O 1 5 7 2 8 7 9 8 3 2 In May 2020 and earlier versions 	<p>89555-7</p>	<p>0 days [0]</p> <p>1 day [1]</p> <p>2 days [2]</p> <p>3 days [3]</p> <p>4 days [4]</p> <p>5 days [5]</p> <p>6 days [6]</p> <p>7 days [7]</p> <p>Patient refused [98]</p> <p>Not asked [99]</p>	<p>—</p>	<p>—</p>	<p>Calculate the minutes exercised in a week.</p> <p>Inactive is 0 minutes per week.</p> <p>Insufficiently active is 10-140 minutes per week.</p> <p>Sufficiently Active is 150+ minutes per week.</p> <p>If not all questions are answered (with an answer other than patient refused), the patient's risk cannot be calculated and the domain in the LPG will be grey and return</p>
--	--	----------------	--	---	---	--

	n: I E P T 1 9 9 2 5					"unknown".
On average, how many minutes do you engage in exercise at this level?	<ul style="list-style-type: none"> Starting in August 2020: REFLO 1572879833 In May 20 	68516-4	0 min [0]	—	—	
			10 min [1]			
			20 min [2]			
			30 min [3]			
			40 min [4]			
			50 min [5]			
			60 min [6]			
			70 min [7]			

2
0
a
n
d
e
a
r
l
i
e
r
v
e
r
s
i
o
n
s:
I
E

80 min [8]		
90 min [9]		
100 min [10]		
110 min [11]		
120 min [12]		
130 min [13]		
140 min [14]		
150+ min [15]		
Patient refused [98]	—	—
Not asked	—	—

Coleman. 2012. Initial validation of an exercise "vital sign" in electronic medical records. *Medicine Science in Sports Exercise* 44(11):2071–2076.

Social Connections

Social Connection and Isolation Panel [NHANES]

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
<p>In a typical week, how many times do you talk on the phone with family, friends, or neighbors?</p>	<ul style="list-style-type: none"> Starting in August 2020: RFL01572879825 In May 2020 and thereafter 	76508-1	Never [1]	—	—	<p>Patients receive 1 point for each of the following 4 components:</p> <ul style="list-style-type: none"> (1) Being married or living with a partner at the time of assessment (2) Having 3 or more interactions per week with other people. This is the sum of the interactions specified in the following 2 questions: <ul style="list-style-type: none"> (a) "In a typical week, how many times do you talk
			Once a week [2]			
			Twice a week [3]			
			Three times a week [4]			
			More than three times a week [5]			
			Patient refused [98]			
Not asked [99]						

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	<p>li er v er si o n s: I E P T 1 9 9 2 0</p>					<p>on the tele pho ne wit h fam ily, frie nds , or nei ghb ors ?"</p> <ul style="list-style-type: none"> ○ (b) "Ho

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
How often do you get together with friends or relatives?	<ul style="list-style-type: none"> Starting in August 2020: RFL01572879826 In May 2020 and 	76509-9	Never [1]			<p>w often do you get together with friends or relatives?"</p> <ul style="list-style-type: none"> (3) Attending church or religious services at least once per year (4) Reporting membership or participation at least once per year in a club or organization such as a church group, union, fraternal or athletic group, or school
			Once a week [2]			
			Twice a week [3]			
			Three times a week [4]			
			More than three times a week [5]			
			Patient refused [98]			
Not asked [99]						

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	ar li er v er si o n s: I E P T 1 9 9 2 1					<p>group.</p> <p>Score to risk classification:</p> <p>4 points = Socially Integrated (August 2020 and earlier: Not Isolated)</p> <p>3 points = Moderately Integrated (August 2020 and earlier: Slightly Isolated)</p> <p>2 points = Moderately Isolated (August 2020 and earlier: Somewhat Isolated)</p> <p>1 point = Socially Isolated (August 2020 and earlier: Moderately Isolated)</p> <p>0 points = Socially Isolated (August 2020 and earlier: Severely Isolated)</p>
How often do you attend church or religious services?	<ul style="list-style-type: none"> St ar ti n g in A u g u 	76510-7	Never [1]			
			1 to 4 times per year [2]			

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	st 2 0 2 0: R F L O 1 5 7 2 8 7 9 8 2 7 • In M a y 2 0 2 0 a n d e a r l i e r v e r s i o n s: I E		More than 4 times per year [3]			If not all questions are answered (with an answer other than patient refused), the patient's risk cannot be calculated and the domain in the LPG will be grey and return "unknown".
			Patient refused [98]			
			Not asked [99]			

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	P T 1 9 9 2 2					
Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?	<ul style="list-style-type: none"> St ar ti n g in A u g u st 2 0 2 0: R F L O 1 5 7 2 8 7 9 8 2 8 In M a y 	76511-5	Yes [1]	LA33-6	Yes	
			No [2]	LA32-8	Yes	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	2020 and earlier version: IEP T 19924					
How often do you attend meetings of the clubs or organizations you belong to?	• Starting in August	-	Never [1]	—	—	
			1 to 4 times per year [2]	—	—	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	st 2 0 2 0: R F L O 1 5 7 2 8 7 9 8 2 9 • In M a y 2 0 2 0 a n d e a r l i e r v e r s i o n s: I E		More than 4 times per year [3]	—	—	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	P T 1 9 9 2 3					
Are you married, widowed, divorced, separated, never married, or living with a partner?	<ul style="list-style-type: none"> • Starting in August 2020: REFLO1572879830 • In May 	63503-7	Married [3]	LA48-4	Yes	
			Widowed [4]	LA49-2	Yes	
			Divorced [5]	LA51-8	Yes	
			Separated [6]	LA4288-2	Yes	
			Never married [7]	LA47-6	Yes	
			Living with partner [8]	LA15605-1	Yes	
			Patient refused [98]	—	—	

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97059)
	2020 and earlier version: IEP T19937		Not asked [99]	—	—	

Pantell, M., D. Rehkopf, D. Jutte, S. L. Syme, J. Balmes, and N. Adler. 2013. Social isolation: A predictor of mortality comparable to traditional clinical risk factors. American Journal of Public Health 103(11):2056–2062.

Stress

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97058)
Do you feel stress - tense, restless nervous, or anxious, or unable to sleep at night because your mind is troubled all the time - these days?	<ul style="list-style-type: none"> Starting in August 2020: R FLO 1572 8798 23 In May 2020 and earlier versions: I EPT 1992 7 	76542-0	Not at all [1]	LA656 8-5	—	Not at all/Only a little= No stress concern present To some extent/rather much/very much= stress concern present
			Only a little [2]	LA226 87-0	—	
			To some extent [3]	LA226 86-2	—	
			Rather much [4]	LA226 85-4	—	
			Very much [5]	LA139 14-9	—	

Elo, A.-L., A. Leppänen, and A. Jahkola. 2003. *Validity of a single-item measure of stress symptoms. Scandinavian Journal of Work, Environment & Health* 29(6):444–451.

Tobacco Use

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97026)
Smoking Tobacco	I EPT 19208	72166-2	Current Every Day Smoker [1]	LA189 76-3	Yes	For Smoking Tobacco Use, the hover bubble will return the value of EPT 19208 and display

o Use					the following colors based on the category list answer:
	Current Some Day Smoker [2]	LA189 77-1	Yes		1 - Current Every Day Smoker (red)
	Smoker, Current Status Unknown [3]	LA189 79-7	Yes		2 - Current Some Day Smoker (red)
	Former Smoker [4]	LA159 20-4	Yes		3 - Smoker, Current Status unknown (red)
	Never Smoker [5]	LA189 78-9	Yes		4 - Former Smoker (orange)
	Never Assessed [6]	—	—		5 – Never Smoker (green)
	Passive Smoker Exposure - Never Smoker [7]	—	—		6 - Never assessed (gray)
	Unknown If Ever Smoked [8]	LA189 80-5	Yes		8 - Unknown if ever smoked (gray)
	Heavy Tobacco Smoker [9]	LA189 81-3	Yes		9 - Heavy Tobacco smoker (red)
	Light Tobacco Smoker [10]	LA189 82-1	Yes		10 - Light tobacco smoker (red)

The existing Smoking Status (I EPT 19208) field in the History activity.

Transportation Needs

PRAPARE - Transportation

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97077)
Has the lack of transportation kept you from medical appointments or from getting medications?	<ul style="list-style-type: none"> Starting in August 2020: R FLO 1572 8798 17 In May 2020 and earlier versions: I EPT 1994 6 	—	Yes [1]	—	—	If a patient answers “Yes” for either question, they will be classified as “Unmet Transportation Needs”. However, a patient cannot be classified as “No transportation Needs” unless they answer “No” for both questions
			No [2]	—	—	
			Patient refused [98]	—	—	
			Not asked [99]	—	—	
Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?	<ul style="list-style-type: none"> Starting in August 2020: R 	—	Yes [1]	—	—	
			No [2]	—	—	

	FLO 1572 8798 18 • In May 2020 and earlie r versi ons: I EPT 1994 7	Patient refus ed [98]	—	—	“No” for one question in combinat ion with a blank or patient refused for the other question will calculate as unknown
		Not asked [99]	—	—	

National Association of Community Health Centers, Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association, and Institute for Alternative Futures. *The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)*. 2016. www.nachc.org/prapare.

Postpartum Depression

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97084)
In the past 7 days, I have been able to laugh and see the funny side of things.	R FLO 157050 0000	71344-6	As much as I always could [0]	LA183 76-6	Yes	The response value contributes to the total score. By default, a total score of 5 is considered medium risk. The definition of medium risk for postpartum depression can be customized in System Definitions (I LSD 15540). By default, a total score of 10 is considered high risk. The definition of high risk for postpartum depression can be customized in System
			Not quite so much now [1]	LA183 77-4	Yes	

			Definitely not so much now [2]	LA183 78-2	Yes
			Not at all [3]	LA656 8-2	Yes
In the past 7 days, I have looked forward with enjoyment to things.	R FLO 157050 0001	71345-3	As much as I ever did [0]	LA183 79-0	Yes
			Rather less than I used to [1]	LA183 80-8	Yes
			Definitely less than I used to [2]	LA183 81-6	Yes
			Hardly at all [3]	LA183 82-4	Yes
In the past 7 days, I have blamed myself unnecessarily when things went wrong.	R FLO 157050 0002	71346-1	Yes, most of the time [3]	LA183 83-2	Yes
			Yes, some of the time	LA183 84-0	Yes

			[2]		
			Not very often [1]	LA183 85-7	Yes
			No, never [0]	LA183 86-5	Yes
In the past 7 days, I have been anxious or worried for no good reason.	R FLO 1570500 003	71347-9	No, not at all [0]	LA183 87-3	Yes
			Hardly ever [1]	LA147 51-4	Yes
			Yes, sometimes [2]	LA183 88-1	Yes
			Yes, very often [3]	LA183 89-9	Yes
In the past 7 days, I have felt scared or panicky for no good reason.	R FLO 1570500 004	71348-7	Yes, quite a lot [3]	LA183 90-7	Yes
			Yes, sometimes [2]	LA183 88-1	Yes
			No, not much	LA183 91-5	Yes

			[1]		
			No, not at all [0]	LA183 87-3	Yes
In the past 7 days, things have been getting on top of me.	R FLO 1570500 005	71349-5	Yes, most of the time I haven't been able to cope at all [3]	LA183 92-3	Yes
			Yes, sometimes I haven't been coping as well as usual [2]	LA183 93-1	Yes
			No, most of the time I have coped quite well [1]	LA183 94-9	Yes
			No, I have been coping as	LA183 95-6	Yes

			well as ever [0]		
In the past 7 days, I have been so unhappy that I have had difficulty sleeping.	R FLO 1570500 006	71350-3	Yes, most of the time [3]	LA183 83-2	Yes
			Yes, sometimes [2]	LA183 88-1	Yes
			Not very often [1]	LA183 85-7	Yes
			Not at all [0]	LA183 87-3	Yes
In the past 7 days, I have felt sad or miserable.	R FLO 1570500 007	71351-1	Yes, most of the time [3]	LA183 83-2	Yes
			Yes, quite often [2]	LA183 96-4	Yes
			Not very often [1]	LA183 85-7	Yes
			No, not at	LA183 87-3	Yes

			all [0]			
In the past 7 days, I have been so unhappy that I have been crying.	R FLO 1570500008	71352-9	Yes, most of the time [3]	LA183 83-2	Yes	
			Yes, quite often [2]	LA183 96-4	Yes	
			Only occasionally [1]	LA183 97-2	Yes	
			No, never [0]	LA183 86-5	Yes	
In the past 7 days, the thought of harming myself has occurred to me.	R FLO 1570500009	71352-7	Yes, quite often [3]	LA183 96-4	Yes	By default, a score of at least 1 means the patient is at risk for self-harm. The definition of risk for self-harm can be customized in System Definitions (I LSD 15542). Being at risk for self-harm results in being at high risk for postpartum depression, regardless of the total score.
			Sometimes [2]	LA100 82-8	Yes	
			Hardly ever [1]	LA147 51-4	Yes	
			Never [0]	LA627 0-8	Yes	
Edinburgh Postnatal Depression Scale Total	R FLO 1570500010	99046-5	Sum of responses	—	—	

Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150: 782-786

Housing Stability

Question	Question Location	LOINC Question Code	Answer	LOINC Answer Code	LOINC Answer Code Exact Match?	Evaluation Logic (Registry Metric: R CER 97087)
In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?	R FLO 157000 8805	—	Yes [1]	—	—	If a patient answers "Yes" for this question, they will be classified as "High Risk" for housing instability. However, a patient cannot be classified as "Low Risk" unless they answer less than 3 and "No" for the remaining questions. "No" for this question in combinati
			No [2]	—	—	

						on with a blank or patient refused for the other questions will calculate as "Unknown."
In the last 12 months, how many places have you lived?	R FLO 157000 8806	—	0-2	—	—	If a patient responds with a value of 3 or greater, they will be classified as "High Risk" for housing instability, regardless of their responses to the remaining questions. If the patient responds with a value less than 3, they will be classified as "Unknown," unless they also respond "No" to both
			3 or greater	—	—	

						remaining questions.
In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	R FLO 157000 8807	—	Yes [1]	—	—	If a patient answers "Yes" for this question, they will be classified as "High Risk" for housing instability. However, a patient cannot be classified as "Low Risk" unless they answer less than 3 and "No" for the remaining questions. "No" for this question in combination with a blank or patient refused for the other questions will calculate as "Unknown."
			No [2]	—	—	

Social Determinants of Health Setup

This section describes the tasks you need to complete to set up and customize Epic's SDOH tools.

Configure a Registry to Support SDOH

Patients' responses to the SDOH assessments are stored as values in registry metrics. Each prompt in an assessment corresponds to one registry metric. For each domain, the corresponding registry metrics are used by a scoring metric to calculate a risk classification, similar to how care and risk scores are calculated as described in the [Healthy Planet Patient Stratification Setup and Support Guide](#).

Because SDOH data is based on registry metrics, you need to ensure that patients are included in a registry that contains the related registry metrics. The following topics in this section describe the registry setup you need to complete to support SDOH.

Enable the Wellness Registry

Registry 82299-Wellness-All includes most of the SDOH-related registry metrics and scoring rules. We recommend that you use this registry, if you don't already, to support the calculation of SDOH risk classifications. If you don't use this registry, you need to manually add all SDOH-related registry metrics and scoring rules to a different registry you use.

Work with your Clarity project team to determine when you can go live with the registry.

- If your organization is currently live with one or more Analytics registries, refer to the [Analytics - Registries Setup and Support Guide](#) for setup instructions.
- If your organization is not live with any Analytics registries, we strongly recommend that you use the [Registries Strategy](#) topic in the [Analytics - Registries Setup and Support Guide](#) to decide how you want to activate the registry.

Review the Configuration for SDOH Registry Metrics

Registry 82299-Wellness-All relies on the below registry metrics and registry metric scoring rules for SDOH data. If your organization decides to customize the Wellness-All registry, be sure that you keep these metrics. However, you can configure the default settings of these metrics as needed. For example, as released, the SDOH-related registry metrics look back 365 days for changes to the last documented value. Your organization might decide to look for only changes in the past six months.

Follow the instructions in the [Set and Validate Organization-Specific Settings in a Metric](#) topic to configure the SDOH-related registry metrics as needed. Note that you can't edit the metrics that calculate a patient's risk classification. Starting in November 2019, you can override the metric that calculates a patient's risk classification for a domain. For more information, refer to the [Customize Available Domains and Sources of Information](#) topic.

- 19188-DM History Last Smokeless Tobacco Use Status
- 82153-DM History Last Smoking Tobacco Use Status
- 97026-DM Social Determinants: Tobacco Risk Categorization
- 97030-DM Social Determinants: Social Connections - Phone Communication Frequency
- 97031-DM Social Determinants: Social Connections - Religious Services Attendance
- 97032-DM Social Determinants: Social Connections - Socialization Frequency
- 97033-DM Social Determinants: Social Connections - Club Meeting Attendance

- 97034-DM Social Determinants: Social Connections - Club Membership
- 97035-DM Social Determinants: Social Connections - Living with Spouse or Partner
- 97036-DM Social Determinants: Physical Activity - Days Per Week
- 97037-DM Social Determinants: Physical Activity - Minutes Per Session
- 97038-DM Social Determinants: Daily Stress
- 97039-DM Social Determinants: Education Level
- 97040-DM Social Determinants: Financial Resource Strain
- 97041-DM Social Determinants: Intimate Partner Violence - Emotional Abuse
- 97042-DM Social Determinants: Intimate Partner Violence - Fear
- 97043-DM Social Determinants: Intimate Partner Violence - Physical Abuse
- 97044-DM Social Determinants: Intimate Partner Violence - Forced Sexual Contact
- 97045-DM Social Determinants: Alcohol Frequency
- 97046-DM Social Determinants: Alcohol Standard Drinks
- 97047-DM Social Determinants: Alcohol Binge Drinking
- 97051-DM Social Determinants: PHQ-2 Most Recent Result
- 97142-DM Social Determinants: PHQ-9 Most Recent Result (starting in November 2022)
- 97057-DM Social Determinants: Financial Resource Strain Risk Classification
- 97058-DM Social Determinants: Daily Stress Risk Classification
- 97059-DM Social Determinants: Social Connections Risk Classification
- 97060-DM Social Determinants: Physical Activity Risk Classification
- 97062-DM Social Determinants: Intimate Partner Violence Risk Classification
- 97063-DM Social Determinants: Depression Risk Classification
- 97064-DM Social Determinants: Alcohol Risk Classification
- 97070-DM Social Determinants: Food Insecurity - Worry
- 97071-DM Social Determinants: Food Insecurity - Inability
- 97073-DM Social Determinants: Food Insecurity Risk Classification
- 97074-DM Social Determinants: Transportation Needs - Medical
- 97075-DM Social Determinants: Transportation Needs - Non-Medical
- 97077-DM Social Determinants: Transportation Needs Risk Classification
- 97080-DM Social Determinants: Edinburgh Postnatal Depression Scale Total Last Flowsheet Data
- 97081-DM Social Determinants: Edinburgh Postnatal Depression Scale Self-Harm Last Flowsheet Data
- 97082-DM Social Determinants: Edinburgh Postnatal Depression Scale Total Most Recent Result
- 97083-DM Social Determinants: Edinburgh Postnatal Depression Scale Self-Harm Most Recent Result
- 97084-DM Social Determinants: Edinburgh Postnatal Depression Scale Risk Classification
- 97085-DM Social Determinants: Children's HealthWatch Housing Mortgage Last Flowsheet Value (starting in November 2019)
- 97086-DM Social Determinants: Children's HealthWatch Housing Mortgage Most Recent Result (starting in November 2019)

- 97087-DM Social Determinants: Children's HealthWatch Housing Risk Classification (starting in November 2019)
- 97088-DM Social Determinants: Children's HealthWatch Housing Places Lived Last Flowsheet Value (starting in November 2019)
- 97089-DM Social Determinants: Children's HealthWatch Housing Places Lived Most Recent Result (starting in November 2019)
- 97090-DM Social Determinants: Children's HealthWatch Housing Homeless Last Flowsheet Value (starting in November 2019)
- 97091-DM Social Determinants: Children's HealthWatch Housing Homeless Most Recent Result (starting in November 2019)

Show Clinicians Up-to-Date SDOH Risk Classifications

When clinicians document new SDOH information, they likely want to see the most up-to-date risk classification for the patient. For example, suppose a patient indicates that she is feeling more stress and is having a harder time paying for basic needs because she lost her job. You likely want a clinician to see this patient's updated risk classifications for the Financial Resource Strain and Stress domains right away.

You can have the system update the SDOH risk classifications in near real-time after patients' answers to the SDOH assessments change instead of waiting until the population daemon runs and updates the registry. This helps ensure that clinicians can more quickly identify at-risk patients and refer them to community resources as needed.

To do so, follow the instructions in the [Update Registry Data More Frequently with Event-Based Updates](#) topic to enable trigger 12-Social History Changed. In May 2019 and earlier versions, you need the Enhanced Data Analytics license to use this option.

 If you're enabling this option after already configuring source records for your domains, also verify that you've completed the Registry Triggers (I SDC 201) field in each record, which improves performance for showing up-to-date information.

Give Clinicians Tools to Document SDOH

The following sections walk you through steps to add SDOH content to clinicians' workspaces for specific domains. Starting in August 2020, clinicians document other SDOH domains in flowsheets. In May 2020 and earlier versions, clinicians document other SDOH domains in the History activity. If your organization is configuring a custom domain or overriding settings for Epic-released domains to use a different screening tool, refer to the [Customize Available Domains and Sources of Information](#) topic instead.

Depending on the version of Epic you use, you might complete setup described in the following sections to:

- Give clinicians access to the Patient Health Questionnaire-2 (PHQ-2) depression screening so they can document patients' risk for the Epic-released and Foundation System Depression SDOH domain.
- Starting in November 2022, give clinicians access to the Patient Health Questionnaire-9 (PHQ-9) depression screening so they can document patients' risk for the Depression domain.
- Starting in November 2021 and in August 2021 with SUs E9803217, E9803006, and C9803006, May 2021 with SUs E9706819, E9706975, and C9706819, and February 2021 with SUs E9610422, E9610459, and C9610422, give clinicians access to the AUDIT assessment or another alternative assessment for the

Alcohol Use domain, instead of the default AUDIT-C assessment.

- Starting in August 2020, add a navigator section where clinicians can document multiple domains simultaneously instead of documenting them individually from the SDOH print group.
- In May 2020 and earlier versions, if you've customized the History activity as described in the [Create History Navigator Sections and Customize the History Activity](#) topic, add SDOH content to your customized activity.

Give Clinicians Access to the PHQ-2 Depression Screening

Clinicians can use the Patient Health Questionnaire-2 (PHQ-2) as a first step to identify patients for evaluation for depression with the full PHQ-9, with which they can obtain a quantitative measure of the depression's severity. Unlike assessments for the other SDOH domains, the PHQ-2 isn't included in the History activity so you need to provide clinicians with a navigator section that they can use to complete it. Alternatively, you can add the PHQ-2 to the Flowsheets activity if you prefer inpatient nurses to screen patients for depression.

If your organization doesn't already have a depression screening available for clinicians, complete the steps below to add the PHQ-2 to a visit navigator or a flowsheet template. Even if your navigators or screening flowsheet templates include a different screening for depression, we recommend that you replace it with the released navigator section for the PHQ-2. For example, suppose you typically use a comprehensive questionnaire for patients with possible symptoms of depression but want to broaden screening to all patients. The released section is great for that because it requires only two questions for patients without significant signs of depression.



Starting in November 2019, note that you need to complete only the setup that's listed in the [Configure a Registry Metric to Include the PHQ-2](#) section below. In November 2019 and later versions, print group [52140-LPOC Social Determinants of Health - Happy Together](#) includes a link to open a window and document the PHQ-2, so you don't need to complete any setup to add the screening to a visit navigator or a flowsheet template.

If you want to use a depression screening other than the PHQ-2, follow the steps in the [Customize Available Domains and Sources of Information](#) topic.

Add the Screening to a Visit Navigator



You can use the Build Wizard in Hyperspace to provide clinicians with a navigator section to complete the PHQ-2 depression screening, which is encompassed within the PHQ-9 flowsheet template. To get started, open the Build Wizard (search: Build Wizard) and search for feature 10094-Add the Epic-Released PHQ-9 Flowsheet to a Visit Navigator (application: Healthy Planet).

If you want to manually add the PHQ-2 screening to a visit navigator, add navigator section 27053-MR_HISTORY_SEC_PHQ to a navigator topic. For more information about adding navigator sections to navigators, refer to the [Build Your Navigators](#) topic.



Note that clinicians can use navigator section 27053 only in encounter contexts. You can create a rule to ensure that the section appears only in encounter contexts. For more information, refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic.

If you prefer to have clinicians screen patients for depression in the Flowsheets activity, complete the instructions in the next section to add the screening to a flowsheet template.

Add the Screening to a Flowsheet Template

If clinicians complete other mental health screenings in flowsheets, like a suicide risk screening, you might prefer to add the PHQ-2 to an existing screening flowsheet template instead of a navigator.

Follow the instructions in the [Build a Flowsheet Template](#) topic to add the following flowsheet groups for the PHQ-2 screening to a flowsheet template:

- 1570000013-G BH PHQ-2/9 PHQ-2 Questions
- 1570000017-G BH PHQ-2/9 Additional Questions
- 1570400831-G BH PHQ-9 (Starting in November 2022)

Configure a Registry Metric to Include the PHQ-2

Regardless of whether you use the released PHQ-2 or a custom depression screening, you need to configure a registry metric so it incorporates the patient's responses to the PHQ-2 into the SDOH print group. The following table describes which registry metric you need to configure depending on the tool used to document the screening. Note that if you use more than one type of tool, such as a documentation flowsheet and a questionnaire, you need to configure the associated registry metric for each type.

Depression Screening Tool	Registry Metric
SmartData Element	97048-DM Social Determinants: PHQ-2 Last SmartData Element Data
Flowsheet (including the released PHQ-2)	97049-DM Social Determinants: PHQ-2 Last Flowsheet Data
Questionnaire	97055-DM Social Determinants: PHQ-2 Last Questionnaire Data

1. In Hyperspace, go to the Rule Editor (search: Rule Editor) and open the appropriate metric.
2. Edit the metric properties as described below:
 - If you're configuring metric 97048, click the Last SmartData Data property to open its parameters for editing. In the SmartData Identifiers parameter, enter the SmartData element that stores the numeric score of the screening.
 - If you're configuring metric 97049, click the Last Flowsheet Value Data property to open its parameters for editing. In the Doc Flowsheet Row ID parameter, enter the ID of the flowsheet row that stores the numeric score of the screening. If you're using the released PHQ-2, enter 1570000016-R Social Risk Factor Depression.
 - If you're configuring metric 97055, click the Questionnaire Response Data property to open its parameters for editing. In the Question ID parameter, enter the ID of the question that stores the numeric score of the screening.
3. Click Accept.

Update the Depression Domain Header to Link to Your Screening

You can configure the Depression domain header in the SDOH print group to open your screening to give clinicians direct access when they're reviewing the longitudinal plan of care. The way you do so varies depending on your Epic version.

Refer to the [Customize Available Domains and Sources of Information](#) topic for steps starting in November 2019.

In August 2019 and earlier versions:

1. In Clinical Administration, go to Reports, Print Groups > Dup Print Groups and duplicate print group [52140-LPOC Social Determinants of Health - Happy Together](#). If you already use a copy of print group 52140, skip this step.
2. Open your copy for editing and go to the Parameters screen.
3. Go to the Activity Links parameter and press F6 to edit it. Your cursor appears in the first line of the List field. Scroll down to the first open line and press F7 to insert a line.
4. With your cursor in the line that you just added, press Tab to edit it. Your cursor appears in the Value column for the Domain Name component.
5. In the Value column of the Domain Name component, enter 5-Depression.
6. In the Value column of the Activity Descriptor component, enter the ID of the activity record descriptor for the activity (E2N) that contains the visit navigator or the flowsheet template that contains your depression screening.

If you duplicated print group 52140 in step 1, replace the released print group with your copy in clinicians' reports. For more information about configuring print-group-based reports, refer to the [Setting Up Print Groups in Reports](#) topic.

Customize the Question Prompt That Clinicians See for the Depression Domain

You can customize the text of the prompt that clinicians see when they hover over the Depression domain in the SDOH print group. By default, the text shows "PHQ-2 Score", but this text might not make sense if clinicians always document the PHQ-9 screening.



Epic recommends against changing the prompts that appear for any domain other than Depression. Because these prompts can appear in several other places like Reporting Workbench reports, changing prompts that have longer text in other domains can result in unintended visual changes.

To change the text that appears:

1. In Hyperspace, copy registry metric 97051-DM Social Determinants: PHQ-2 Most Recent Result (search: Rule Editor).
2. With your copy open for editing, go to the Display Info tab.
3. In the Report display name for rule (I CER 515) field, enter the text that you want to appear.
4. Click Open Rule and copy registry metric 97063-DM Social Determinants: Depression Risk Classification.
5. Complete the following steps for each instance of the Evaluate Rule property.
 - a. Click the Evaluate Rule property to open its parameters for editing.
 - b. In the Rule parameter, enter your copy of registry metric 97051.
6. Go to the Display Info tab.

7. In the Metric Dependency (I CER 82100) field, replace registry metric 97051 with your copy.
8. Click Accept to save and close your custom registry metrics.
9. Add your copy of registry metric 97063 to registry 82299-Wellness Registry - All, and then deactivate the Epic-released registry metric from the registry. For more information, refer to the [Add a Metric to a Registry](#) topic.
10. Add your copy of registry metric 97063 to EMR System Definitions:
 - a. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
 - b. For the Depression domain (I LSD 9462), replace the scoring rule (I LSD 9467) with your copy of registry metric 97063.

Give Clinicians Access to an Alcohol Screening That Fits Their Needs

Starting in November 2021

Clinicians need to document alcohol use as part of the social determinants of health workflow. By default, social determinants of health workflows use the AUDIT-C assessment. You can also give clinicians access to alternative alcohol screening assessments:

- Starting in November 2021, clinicians can complete the full AUDIT assessment, and their responses to the three questions included in the AUDIT-C are used in the alcohol use domain.
- Starting in November 2021 and in August 2021 with SUs E9803217, E9803006, and C9803006, May 2021 with SUs E9706819, E9706975, and C9706819, and February 2021 with SUs E9610422, E9610459, and C9610422, clinicians can complete a different alcohol assessment from a link in the History activity.

Give Clinicians Access to the AUDIT Alcohol Screening

Clinicians in the Inpatient and Behavioral Health settings often complete the AUDIT assessment to document patients' alcohol use. The AUDIT-C is a subset of the full AUDIT assessment and is used to document the Alcohol Use SDOH domain. Prior to November 2021, a clinician using the full AUDIT also needed to document the AUDIT-C assessment for their responses to affect the patient's SDOH domain. Starting in November 2021, you can give clinicians an AUDIT assessment includes the same flowsheet rows used by the AUDIT-C, meaning clinicians need to document a patient's alcohol use only once.

There are a few build options available if your clinicians use the full AUDIT alcohol screening assessment and want to use those responses to document SDOH:

- To set up the Flowsheets activity so it appears by default, follow the steps in the [Determine Default Flowsheet Template and Template Options](#) topic using flowsheet template 1570040000-IP BH AUDIT Alcohol Screening.
- To add the screening assessment to an admission or rooming navigator section, follow the steps in the [Set Up Flowsheet Navigator Sections](#) topic using flowsheet template 1570040000-IP BH AUDIT Alcohol Screening.
- To add the full AUDIT to History workflows, complete the steps in Use an Alcohol Screening other than the AUDIT-C section below.

The released flowsheet template appears only if the alcohol domain is configured to be used in SDOH. If clinicians want to use the released AUDIT to document alcohol use but do not want the alcohol domain in the SDOH print group, you can copy the released flowsheet records and template to add to the navigator:

- Flowsheet template 1570040000-IP BH Audit Alcohol Screening

- Flowsheet rows:
 - 1572879836-R Audit Alcohol Frequency
 - 1572879837-R Audit Alcohol Std Drinks
 - 1572879838-R Audit Alcohol Binge
 - 1570400748-R Audit-C Score
 - 1570400749-R Audit Unable to Stop
 - 1570400750-R Audit Failed Normal Expectation
 - 1570400752-R Audit Drink in The Morning
 - 1570400753-R Audit Feeling Guilt
 - 1570400751-R Audit Unable to Remember
 - 1570400754-R Audit Injured as Result
 - 1570400755-R Audit Expressed Concern
 - 1570400756-R Audit Total Score
 - 1570400757-G Audit Alcohol Screening

Give Clinicians Access to an Alcohol Screening Other Than the AUDIT-C in History Workflows

 Starting in November 2021

 **August 2021 by SU** E9803217, E9803006, C9803006

 **May 2021 by SU** E9706819, E9706975, C9706819

 **February 2021 by SU** E9610422, E9610459, C9610422

You can add links for clinicians to view and document alcohol screenings in place of the AUDIT-C in the Substance Use section of the History activity or History navigator section. Doing so gives clinicians the ability to document a patient's alcohol history, document an alcohol screening to calculate the patient's alcohol use risk score for their social determinants of health, and view previous responses to the alcohol screener.

If you are using Epic-released history template 23406-Default Alcohol Question, clinicians see links to released AUDIT-C flowsheet template 1570008813-Alcohol Use. If your organization uses a different alcohol screening to calculate your alcohol use domain for SDOH, you can configure that flowsheet template in the alcohol question record that is referenced by your history template.

1. In Clinical Administration, go to Navigators > Duplicate History Template and duplicate history template 23406-Default Alcohol Question. If you already use a custom alcohol question history template record, you can skip this step.
2. Open your copy for editing and go to the second page of the Alcohol Question Specification screen. In the Alcohol Screening section, confirm that the Display? (I LQH 3130) field is set to Yes. In the Flowsheet Template (I LQH 3133) field, enter the flowsheet template for clinicians to document in and see past responses from.
3. If you made these edits in an existing copy of the history template, you are finished. If you were previously using the Epic-released alcohol question record, complete the steps in the [Create History Navigator Sections and Customize the History Activity](#) topic to add your alcohol question to the Substance Use history topic, add that topic to your history template, and add that history template to appropriate users' profiles.

Give Clinicians Navigator Sections to Review and Document SDOH

➔ Starting in August 2020

You can add a navigator section for clinicians to document multiple flowsheets for the Epic-released SDOH domains simultaneously instead of clicking each domain individually in the SDOH print group or Storyboard. For example, this navigator section is useful for nurses and MAs who want to document SDOH in the same workspace as their other assessments.

Social Determinants of Health

Physical Activity

On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?
5 days taken today

0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days Patient refused

On average, how many minutes do you engage in exercise at this level?
30 min taken today

0 min 10 min 20 min 30 min 40 min 50 min 60 min 70 min 80 min 90 min 100 min 110 min 120 min 130 min 140 min 150+ min Patient refused

Financial Resource Strain

How hard is it for you to pay for the very basics like food, housing, medical care, and heating?
Not hard at all taken today

Very hard Hard Somewhat hard Not very hard Not hard at all Patient refused

Children's HealthWatch Housing Screener

In the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?
No taken today

Yes No Patient refused

In the last 12 months, how many places have you lived?
2 taken today

2

In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?
No taken today

Yes No Patient refused

Transportation Needs

The Epic-released History activity includes a Review Social Determinants section that shows the patient's current risk classification for each domain, like the LPOC report and Storyboard. The section includes print group [52163-Social Determinants of Health - Table Mode](#), which shows each SDOH domain as a collapsible section that clinicians can expand to review past responses. You can optionally add this print group to custom History build and to other activities as a navigator section. For example, you might add it to the Plan activity for a physician who doesn't frequently use the LPOC report or the History activity for reviewing a patient's SDOH. From the review section, clinicians can click a domain header to open the related flowsheet assessment and update the patient's SDOH.



You can use the Build Wizard in Hyperspace to add the navigator sections for clinicians to document and review SDOH. To get started, open the Build Wizard (search: Build Wizard) and search for feature 10069-Add Sections to Document and Review SDOH (application: Healthy Planet).

The Feature Info report shows you which navigator topics you might want to add the SDOH documentation section to because they're used in a visit navigator that contains History navigator section 17400-SEC_MR_HISTORY for documenting SDOH. The report also shows you which custom History topics you might want to add the SDOH review section to.

Note that the Feature Info report might not show every navigator or History topic where you might want to add the SDOH sections. Epic recommends that you review workflows for each care setting (outpatient, inpatient, ED) to determine which users should have access to review SDOH and which users should have access to document it.

In the Foundation System, we added the SDOH navigator sections to the following navigator topics:

- 100339-Topic_HP_Social_Determinants. This topic contains the SDOH documentation section.
- 2102343501-MR_History_Topic_Social_Override. This topic contains the SDOH review section.

For manual navigator setup instructions, refer to the [Build Your Navigators](#) topic to add the following navigator sections as needed:

- 23480-SOCIAL_DETERMINANTS_REVIEW_SECTION

- 65804-SOCIAL DETERMINANTS NAVIGATOR SECTION

If you want to add report 94123-Social Determinants Review to a custom navigator so clinicians can view print group [52163-Social Determinants of Health - Table Mode](#), you must set the Report Context (I VCN 34210) field to {PAT_ID}^{PAT_DAT} for the print group to pull in data. You must also set the Collapsible Report (I VCN 34220) field to No.

Because flowsheets can be documented only in encounter contexts, you can create a rule to hide the documentation section when clinicians aren't in an encounter. For more information, refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic.

Configure Custom History Build for SDOH

May 2020 and Earlier



Starting in August 2020, Epic-released SDOH content is documented using flowsheets instead of the History activity. Refer to the [Complete Setup for the Transition to Flowsheets](#) topic if you customized the History activity and need to update it to account for the transition to flowsheets.

The following setup applies only to organizations that need to add Epic-released SDOH content to a custom History activity and that are live on May 2020 or an earlier version.

SDOH content is included in the Epic-released History activity. If you customized the History activity as described in the [Create History Navigator Sections and Customize the History Activity](#) topic, you might need to manually add SDOH content to it.

- If you created a history template as described in the [Create a History Template and Add History Topics](#) topic, you need to add SDOH content to your history template.
- If you copied the Epic-released navigator template for the History activity as described in the [Customize the History Activity](#) topic, you might need to add SDOH content to your custom navigator template depending on whether your template contains the released Social Determinants (Epic 2017 and earlier: Social) navigator topic.



You can use the Build Wizard in Hyperspace to add SDOH content to the History activity. To get started, go to Epic button > Tools > Build Wizard and search for feature 10069-Social Determinants of Health (application: Healthy Planet). Note that you can also use this feature to add SDOH content to reports as described in the [Add the SDOH Print Group to a Report](#) topic.

If you need to tweak these settings after running the Build Wizard, refer to the appropriate sections below for detailed instructions.

Add SDOH Content to a Custom History Template

May 2020 and Earlier

If you created a history template as described in the [Create a History Template and Add History Topics](#) topic, you need to add the Lifestyle history topic to it so clinicians can document the Physical Activity and Stress SDOH domains. You also need to add the Relationships history topic so clinicians can document the Social Connections and Intimate Partner Violence domains.

1. In Clinical Administration, go to Navigators > History Templates (LQH) and open your history template.
2. Add the following history topics to the Topic List (I LQH 120) on the Template Specification screen:
 - 23455-Default Lifestyle Topic
 - 23456-Default Relationships Topic

Depending on the other topics included in your history template, you might also need to manually add other SDOH content as described below.

Note that in addition to the setup described below, you might also need to complete the setup described in the [Add SDOH Content to a Custom Navigator Template](#) topic to add SDOH content to the navigator template that uses your custom history template.

Instructions If You Don't Use the Released Substance and Sexual Activity History Topic

May 2020 and Earlier

If your history template doesn't include history topic 23404-Default Sub & Sex Topic, you might need to add content for clinicians to document the AUDIT-C screening for alcohol use.

1. In Clinical Administration, go to Navigators > History Templates (LQH) and open your history template.
2. Check whether history topic 23404-Default Sub & Sex Topic is included in the Topic List (I LQH 120). If it is, you don't need to complete any build for clinicians to document the AUDIT-C screening. If it isn't, continue to step 3.
3. Check whether a custom substance and sexual activity topic is included in the Topic List (I LQH 120). If you're not sure whether a listed topic is a substance and sexual activity topic, press F8 to open the topic for editing and check whether Substance and Sexual Activity is listed in the Type (I LQH 100) field.
 - If you don't have a custom substance and sexual activity topic, add released history topic 23404-Default Sub & Sex Topic to the Topic List (I LQH 120) in your history template so clinicians can document the AUDIT-C screening. You can then skip the rest of the steps in this section.
 - If you have a custom substance and sexual activity topic, continue to step 4.
4. Press F8 to open your custom substance and sexual activity topic for editing and check whether question 23406-Default Alcohol Question is included in the Questions (I LQH 120) list. If it is, you don't need to complete any build for clinicians to document the AUDIT-C screening. If it isn't, continue to step 5.
5. Check whether a custom alcohol question is included in the Questions (I LQH 120) list. If you're not sure whether a listed question is an alcohol question, press F8 to open the question for editing and check whether Alcohol is listed in the Type (I LQH 100) field.
 - If you don't have a custom alcohol question, add released question 23406-Default Alcohol Question to the Questions (I LQH 120) list in your custom substance and sexual activity topic so clinicians can document the AUDIT-C screening. You can then skip the rest of the steps in this section.
 - If you do have a custom alcohol question, continue to step 6.
6. Press F8 to open your custom alcohol question for editing.
7. In the Display (I LQH 3130) field under the AUDIT-C Screening section, enter Yes so clinicians can document the AUDIT-C screening.

Instructions If You Don't Use the Released Socioeconomic History Topic

May 2020 and Earlier

If your history template doesn't include history topic 23453-Default Socioeconomic Topic, you need to add

content for clinicians to document any of the following SDOH domains:

- Financial Resource Strain
- Food Insecurity
- Transportation Needs

To check whether you use history topic 23453, and to add SDOH content if necessary, complete the following steps:

1. In Clinical Administration, go to Navigators > History Templates (LQH) and open your history template.
2. Check whether history topic 23453-Default Socioeconomic Topic is included in the Topic List (I LQH 120). If it is, you don't need to complete any build for clinicians to document the SDOH domains listed above. If it isn't, continue to step 3.
3. Check whether a custom socioeconomic topic is included in the Topic List (I LQH 120). If you're not sure whether a listed topic is a socioeconomic topic, press F8 to open the topic for editing and check whether Socioeconomic is listed in the Type (I LQH 100) field.
 - If you don't have a custom socioeconomic topic, add released history topic 23453-Default Socioeconomic Topic to the Topic List (I LQH 120) in your history template. You can then skip the rest of the steps in this section.
 - If you have a custom socioeconomic topic, continue to step 4.
4. Press F8 to open your custom socioeconomic topic for editing and enter Yes in any or all of the following fields to allow clinicians to document the associated SDOH domain:
 - Enable Financial Resource Strain (I LQH 3120)
 - Enable Food Insecurity (I LQH 3131)
 - Enable Transportation Needs (I LQH 3132)

Add SDOH Content to a Custom Navigator Template

May 2020 and Earlier

If you copied the Epic-released navigator template for the History activity as described in the [Customize the History Activity](#) topic, you might need to manually add SDOH content to your custom navigator template depending on whether your template contains the released Social Determinants (Epic 2017 and earlier: Social) navigator topic.

The following steps assume that you added SDOH content to a custom history template as described in the [Add SDOH Content to a Custom History Template](#) topic if you needed to do so. If you do have a custom history template that you need to add SDOH content to and you didn't complete that setup yet, SDOH content won't appear even if you complete the setup described below.

1. In Clinical Administration, go to Navigators > Navigators (LVN) and open your custom navigator template for the History activity.
2. Go to the Template Setup screen and check whether navigator topic 23435-MR_HISTORY_TOPIC_SOCIAL is listed in the Topics and Markers (I LVN 200) field. If it is, you don't need to complete any build for clinicians to document SDOH in the History activity. If it isn't, continue to step 3.
3. Follow the steps in the Add or Modify History Navigator Topics section in the [Customize the History Activity](#) topic to configure a navigator topic in your template to contain the SDOH content. Whether you add a new navigator topic or modify an existing one, add the following navigator sections to it:

- 23451-MR_HISTORY_SEC_LIFESTYLE
 - 23452-MR_HISTORY_SEC_RELAT
4. Make sure that the navigator topic you configured in step 3 also contains navigator sections that use any history topics you configured with SDOH content as described in the [Add SDOH Content to a Custom History Template](#) topic. For example, if you added Epic-released history topic 23404-Default Sub & Sex Topic to the Topic List (I LQH 120) in your history template, make sure navigator section 23440-MR_HISTORY_SEC_SUB is included in your navigator template because that navigator section uses history topic 23404. If you added SDOH content to custom history topics instead of adding Epic-released history topics, note that your navigator template likely already includes navigator sections that use those history topics. For more information about configuring navigator sections to use custom history topics, refer to the [Build Navigator Sections for Custom History Topics and Show Multiple Topic Types Together](#) topic.

Customize the Prompts for Assessing Intimate Partner Violence

 **May 2020 and Earlier**

 Starting in August 2020, the setup described below doesn't work because the Intimate Partner Violence domain is documented using flowsheets, not the History activity.

To customize the prompts for the Intimate Partner Violence domain, create a custom flowsheet with the prompts that you want to use and then override the settings for the Epic-released domain to use your custom flowsheet instead. For more information, refer to the [Customize Available Domains and Sources of Information](#) topic.

You can customize the text of the prompts clinicians see for assessing intimate partner violence. The default prompts are based on the HARK assessment, but you might choose to phrase the prompts differently based on your organization's standards.

To customize the prompts for assessing intimate partner violence:

1. In Clinical Administration, go to Navigators > Dup History Template and duplicate history topic record 23456-Default Relationships Topic.
2. Open your topic record for editing.
3. Enter free text in any or all of the following fields in the Custom Intimate Partner Violence Prompts section on the Relationships Topic Specification screen:
 - Fear prompt (I LQH 3129)
 - Emotional abuse prompt (I LQH 3128)
 - Physical abuse prompt (I LQH 3127)
 - Sexual abuse prompt (I LQH 3126)
4. Follow the steps in the [Create a History Template and Add History Topics](#) topic to duplicate history template 23400-Default HX Template and replace the default topic you duplicated in step 1 with your custom topic.
5. Follow the steps in the [Customize the History Activity](#) topic to set up a custom history navigator template (LVN) that uses your custom history template from step 4.
6. Follow the steps in the [Choose the History Template and Report Clinicians See in Hyperspace](#) topic to link

your history template from step 4 to a profile.

Let Patients Document Their Own SDOH in MyChart and Welcome

To help patients actively participate in their care, you can let them answer the SDOH assessments in MyChart and Welcome. By letting patients fill out the SDOH assessments on their own, you might collect more data. For example, a patient might feel more comfortable responding to questions about food insecurity when she's at home compared to when she's at the doctor's office. Clinicians can also spend more time addressing the patient's needs when the patient comes in for a visit because they can review the patient's responses beforehand and don't need to spend time documenting the responses themselves.

Clinicians can deliver MyChart questionnaires to patients in the same language that they use within MyChart. For more information, refer to the [Offer MyChart Questionnaires in Multiple Languages Using Language Overrides](#) topic.

Patient-entered questionnaire 64181-Social Factors contains the same questions as Hyperspace for the following SDOH domains:

- Alcohol Use
- Financial Resource Strain
- Food Insecurity
- Housing Stability (starting in November 2019)
- Intimate Partner Violence
- Physical Activity
- Social Connections
- Stress
- Transportation Needs

In May 2020 and earlier versions, the questionnaire also includes a question for patients to indicate their highest level of education. Starting in August 2020, this question isn't included because that information is documented in the History activity separately from the Epic-released SDOH domains, which are documented using flowsheets.

Foundation System patient-entered questionnaire 2101000011-HP SDOH Help contains two questions:

- Would you like help with any of the following needs? The Foundation System responses include food, medicine or medical supplies, transportation, and loneliness. You can customize these responses.
- Are any of your needs urgent?

The answers documented in the Foundation System questionnaire do not update a patient's SDOH domains.

Starting in November 2021, the full AUDIT alcohol screening assessment can be used to document the AUDIT-C for the Alcohol Use SDOH domain. Patient-entered questionnaire 330040000-IP BH AUDIT Alcohol Screening contains ten questions and is filed to the same flowsheet rows used by the AUDIT-C assessment.

You can assign the Social Factors questionnaire, the HP SDOH Help questionnaire, or the AUDIT Alcohol Screening questionnaire (starting in November 2021) to patients using any of the available methods described in the [Determine How Patients Receive Questionnaires](#) topic, such as by having clinicians attach the questionnaires to MyChart messages. Patients can then complete the questionnaires online through your MyChart web portal, on their phone through MyChart mobile applications, or at check-in using Welcome.

MyChart
Epic Medical Center

Susan

Health Visits Messaging Billing Resources Profile

Social Factors

Do you belong to any clubs or organizations such as church groups, unions, fraternal or athletic groups, or school groups?

No **Yes** Decline

How often do you attend meetings of the clubs or organizations you belong to?

Never 1 to 4 times per year **More than 4 times per year** Decline

In a typical week, how many times do you talk on the telephone with family, friends, or neighbors?

Never Once a week Twice a week **Three times a week** More than three times a week Decline

How often do you get together with friends or relatives?

Never Once a week Twice a week **Three times a week** More than three times a week Decline

How often do you attend church or religious services?

Never 1 to 4 times per year **More than 4 times per year** Decline

Are you now married, widowed, divorced, separated, never married or living with a partner?

Married Widowed Divorced Separated Never married Living with partner Decline

BACK CONTINUE FINISH LATER CANCEL

The patient's answers are automatically filed to their chart. In May 2020 and earlier versions, when a clinician goes to the History activity in Hyperspace and reviews the Social Determinants section, he sees an icon next to any question that was mostly recently answered by the patient or their proxy.

GENERAL
Medical
Surgical
Family

SOCIAL DETERMINANTS
Substance & Sex...
Socioeconomic
Lifestyle
Relationships
Social Documenta...

SPECIALTY
Birth
Obstetrics

Relationships

Social Connections

Patient refused all

In a typical week, how many times do you talk on the phone with family, friends, or neighbors?

Person icon Never Once a week Twice a week **Three times a week** More than three times a week Patient refused

How often do you get together with friends or relatives?

Person icon Never Once a week Twice a week **Three times a week** More than three times a week Patient refused

How often do you attend church or religious services?

Person icon Never 1 to 4 times per year **More than 4 times per year** Patient refused

Starting in August 2020, clinicians can see a patient's or their proxy's answers when they open the related flowsheet assessment in Hyperspace.

If you want to use the Epic-released SDOH questionnaire, 64181-Social Factors, determine how you'll assign it to patients and work with your MyChart and Welcome teams to complete the necessary build as described in the [Determine How Patients Receive Questionnaires](#) topic.



If you want to use the Foundation System SDOH questionnaire, 21010000011-HP SDOH Help, you can move it to your own system. Starting in August 2019, if your organization is in the United States and a member of your EpicConnect team has completed the necessary EpicConnect setup, this Turbocharger package is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger). Starting in August 2020, you can download it from this topic. If your organization is outside the United States or you don't have automatic package delivery set up, contact your Epic representative and mention project 223766 to get the package. For information about mapping and importing the package, refer to the [223766-MyChart Questionnaire for Urgent SDOH Needs](#) topic.

Then, determine how you'll assign it to patients and work with your MyChart and Welcome teams to complete the necessary build as described in the [Determine How Patients Receive Questionnaires](#) topic.

You can also create a custom questionnaire that automatically files patients' answers to their charts as described in the section below.

Considerations

Including Sensitive Questions

Note that the Epic-released questionnaire includes questions that might be sensitive to some patients, such as questions about intimate partner violence. If your organization doesn't want patients or their proxies to see and answer these questions, you can do one of the following:

- Create a custom questionnaire that doesn't include the questions.
- Have clinicians manually send the questionnaire through a secure MyChart message and indicate that only the patient, and not their proxy, can view the message. This setup is described in the Send the Questionnaire Through a Secure MyChart Message section below.

Addressing the Need for Urgent Outreach

Some of the patient's answers might require urgent outreach, such as if they confirm they experience intimate partner violence or if they indicate that they have an urgent social need in the Foundation System questionnaire. Based on the patient's response to certain questions, you can complete setup to do one or all of the following:

- Show a warning to the patient advising them to seek urgent medical attention.
- Send an In Basket message to the patient's PCP or a pool so they can contact the patient.
- Identify patients with urgent needs from a Reporting Workbench report.

If you want to do this setup for the Epic-released Social Factors questionnaire, you need to use a custom questionnaire. If you want to do this setup for the Foundation System HP SDOH Help questionnaire, you can use the Foundation System questionnaire you moved to your system with the Turbocharger package.

Using Custom Domains

If you want to include questions about a custom SDOH domain, you need to use a custom questionnaire. You can't add questions about custom domains to the Epic-released SDOH questionnaire.

Using Epic-Released Questions

Do not duplicate the questions in the Epic-released SDOH questionnaire to modify the wording of the prompts or answers. Doing so can cause incorrect answers to be filed to the patient's chart when the questions are answered.

You can modify the Foundation System SDOH questionnaire's questions and answers.

Build a Custom Questionnaire

Considerations

Note that the following setup to automatically file patients' answers to their charts when they fill out custom SDOH questionnaires works only in May 2020 and earlier versions when the data is filed to the Epic-released SDOH items in the Patient (EPT) master file. For example, if you want to use a custom question to document whether the patient worried about running out of food in the past year, you can automatically file the patient's answer to their chart only if the data is filed to the History SDOH Food Worry (I EPT 19944) item.

Starting in August 2020, you can automatically file patients' answers to their charts for custom flowsheet-based domains. For more information, refer to the [File Patient-Entered Questionnaire Data to Flowsheets](#) topic.

You might create a questionnaire to use custom questions for a particular domain. For example, you might use a custom question to assess a patient's level of food insecurity.

To build a SDOH patient-entered questionnaire, follow the instructions in the [Create a Questionnaire Record](#) topic. In May 2020 and earlier versions, enter the following extensions to have patients' answers automatically filed to their charts when they fill out your questionnaire:

- Enter extension 37743-HP SDOH Questionnaire Prefile in the Before file extension (I LQF 971) field.
- Enter extension 37744-HP SDOH Questionnaire Postfile in the After file extension (I LQF 972) field.

Starting in August 2020, you don't need to use these extensions to automatically file patients' answers to their charts, but you need to configure the Flowsheet submission action (I LQF 34100) field:

1. In the Questionnaire Editor (search: Questionnaire Editor), open the questionnaire.
2. Click the title of your questionnaire to expand the form.
3. In the Flowsheet submission action (I LQF 34100) field, enter 2-File. Starting in February 2022, this field can be overridden for Epic-released questionnaires. For more information, refer to the [Customize Epic-Released Questionnaires](#) topic.

Then, follow the steps in the [Complete the General Steps for Creating a Question](#) topic to add questions to your questionnaire. You can open questionnaire 64181-Social Factors to see a list of the Epic-released questions that you can add to your questionnaire.

Use Custom Questions

May 2020 and Earlier

Complete the following steps if you want to use custom questions in your questionnaire that automatically file patients' responses to their charts. Note that you can automatically file data only to the Epic-released SDOH items in the Patient (EPT) master file.

1. Follow the steps in the [Complete the General Steps for Creating a Question](#) topic to create a question.
2. With your question open for editing, go to the Filing tab.
3. In the Custom file code (I LQL 220) field, enter "processQuestion^LHPSDOH1(XXXXX,fileID,fileDat,.Ans)", without the quotes, where XXXXX corresponds to the patient (EPT) item that stores the SDOH data you're filing the patient's answer to. For example, suppose you're using a custom question to document whether the patient worried about running out of food in the past year. This data is stored in the History SDOH Food Worry (I EPT 19944) item, so you would enter "processQuestion^LHPSDOH1(19944,fileID,fileDat,.Ans)", without the quotation marks, in the Custom file

code (I LQL 220) field.

Send the Questionnaire Through a Secure MyChart Message

Your questionnaire might include questions that you want only the patient, and not their proxies, to respond to. You might want this, for example, if you're using the Epic-released SDOH questionnaire that includes questions from the intimate partner violence domain.

To ensure that only patients themselves can complete the questionnaire, Epic recommends the following workflow:

1. Clinicians manually create a bulk communication to send a secure MyChart message.
2. In the Patient Message window, clinicians attach your SDOH Questionnaire and clear a check box to prevent proxies from viewing the message.



To set up this workflow, you need to do all of the following:

- [Set up bulk communications](#) for Reporting Workbench reports that apply to patients to whom you want to send the SDOH questionnaire. For example, you might have a report that includes patients who were seen in a particular department where you're piloting an SDOH screening program. Clinicians can create a bulk communication from the report results to send a secure MyChart message to these patients.
- [Allow clinicians to attach questionnaires in messages.](#)
- [Hide Questionnaires from Ad-Hoc Assignment Workflows](#) for branching questionnaires, such as 330040039-IP BH AUDIT Alcohol Screening (Branch Q4-Q10) and 330040040-IP BH AUDIT Alcohol Screening (Branch Q9-Q10) (available starting in November 2021).
- Work with your MyChart team to [allow clinicians to limit who sees the MyChart messages.](#)

Because this workflow relies on clinicians manually indicating that patients' proxies shouldn't view the messages, note that this setup doesn't work for an automated process, such as automatically attaching the questionnaire to future appointments.

Warn the Patient or Staff About the Need for Urgent Outreach

Prerequisites

The following setup requires you to create a custom questionnaire as described in the Build a Custom Questionnaire section above.

Based on the patient's response to certain questions, you can complete setup to do one or all of the following:

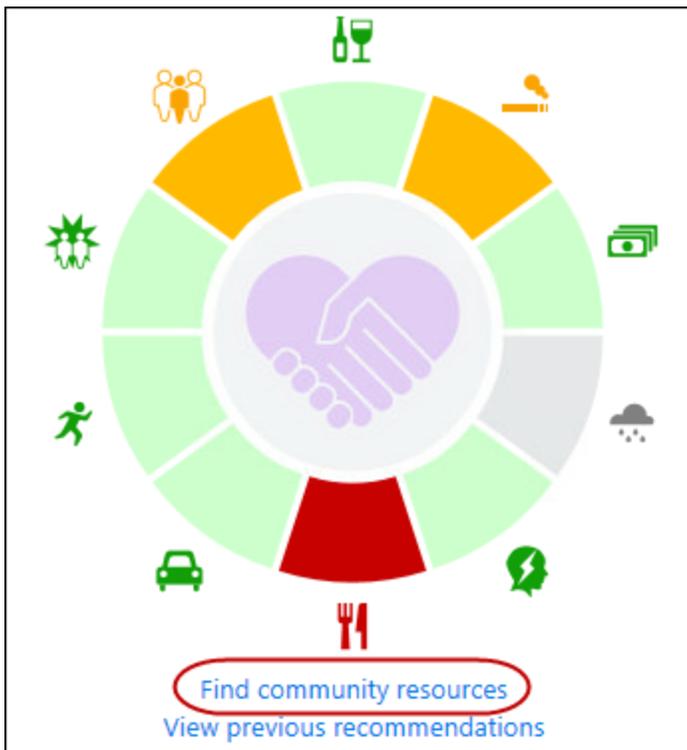
- Show a warning to the patient advising them to seek urgent medical attention.
- Send an In Basket message to the patient's PCP or a pool so they can contact the patient.
- Identify patients with urgent needs from a Reporting Workbench report.

For example, you can send a message to a pool of care managers if the patient indicates that they experience intimate partner violence.

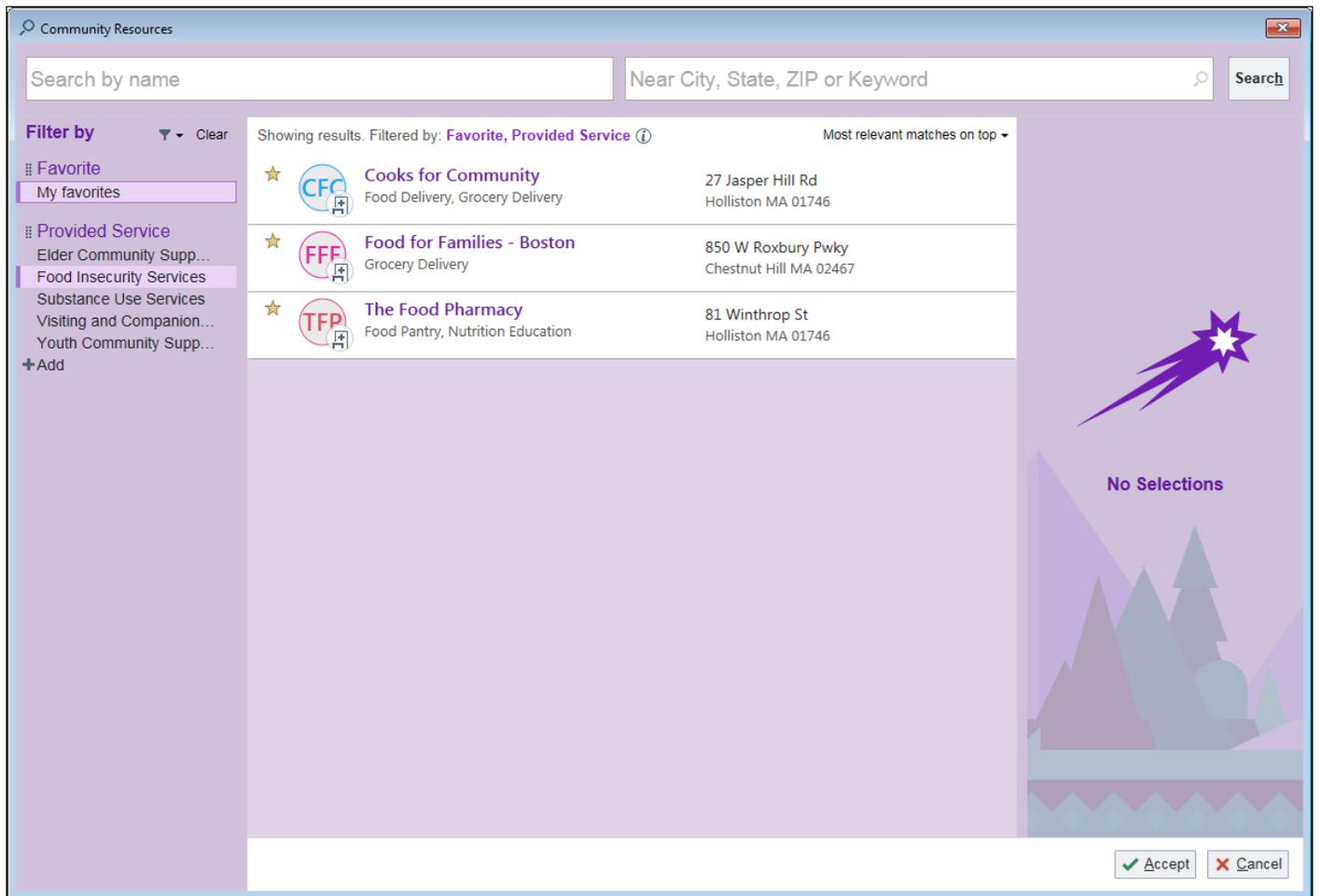
Refer to the [Warn Patients to Seek Urgent Medical Attention Based on Questionnaire Responses](#) topic for setup instructions for the MyChart warning and In Basket message. Refer to the [Patients Who Request Help With SDOH Needs report](#) entry for an example Reporting Workbench report. We've set up this report to work with the Foundation System patient-entered questionnaire, but you can use it as a guide while you build a report for your custom questionnaire.

Set Up the Community Resource Directory

When clinicians review a patient's SDOH from the longitudinal plan of care report, they can click a link to open a directory that contains a list of community resources that might help address the patient's needs. Note that this link appears only in encounter contexts.

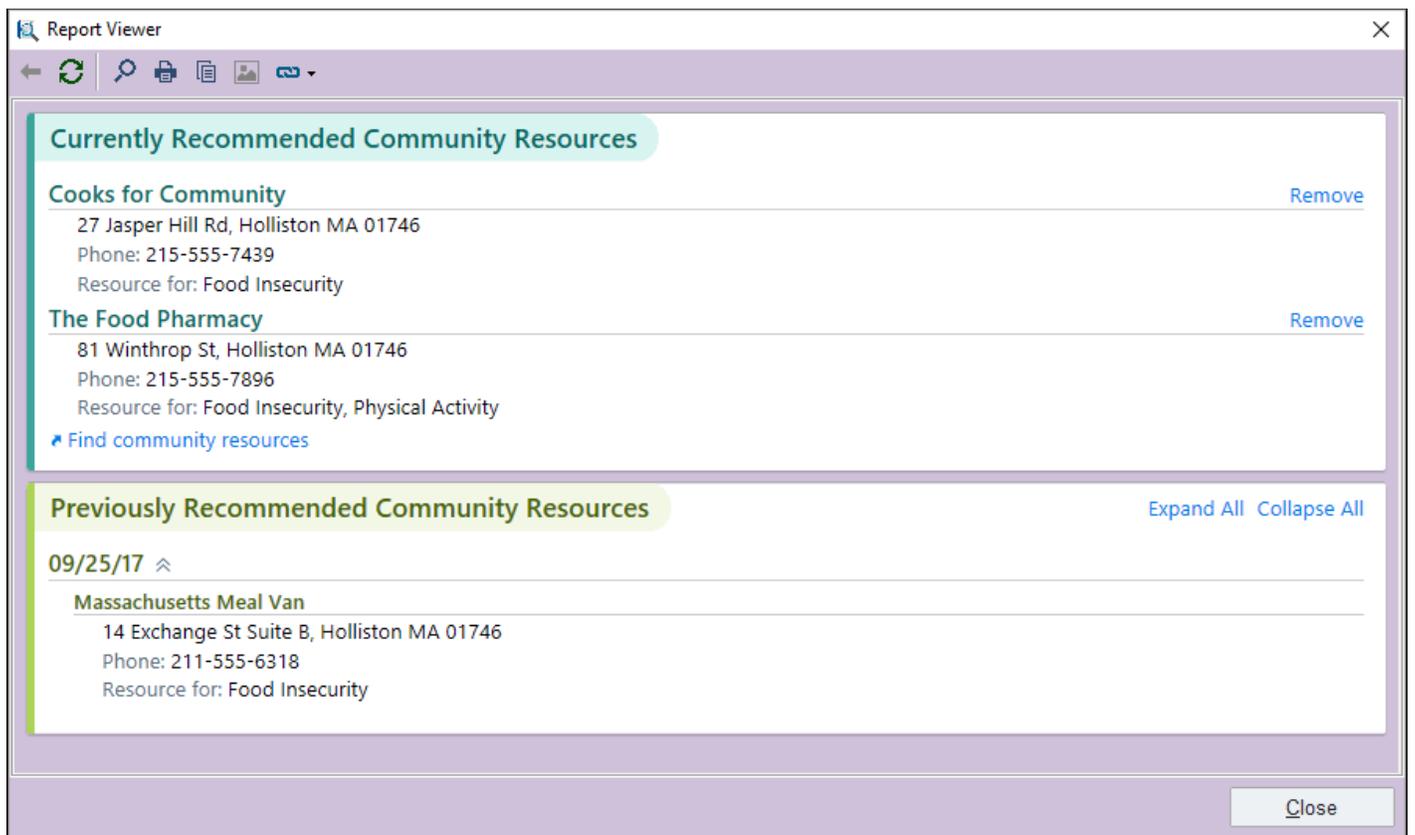


For example, if a patient screens positive for food insecurity, a clinician can use the Community Resource Directory to search for services that can help provide the patient with access to healthy, nutritious food, such as local food pantries or grocery delivery services.



Clinicians can search for community resources by name and address and use filters to narrow the search results based on the services provided by the resources. They can also select the My Favorites filter to show only resources that they've marked as favorites. For example, your organization might have an established relationship with a local food pantry. Clinicians can click the star icon to mark that pantry as a favorite so they can quickly find it in the Community Resources directory. If you use [geocoding](#) with the directory, clinicians can also see resources closest to the patient's home.

After a clinician selects community resources to recommend for the patient, she can click a link from the SDOH print group to review those recommendations along with any community resources that were recommended during prior encounters. From the window that appears, she can remove any recommendations that she made during the current encounter. For example, she might see that a food delivery service was already recommended to the patient. If the patient reports that he has had a positive experience with that service, she doesn't need to recommend an additional delivery service.



When clinicians recommend a resource for a patient from the Community Resource Directory, a referral to that service is not automatically generated. Clinicians need to take the appropriate follow-up steps to help connect patients with community resources.

! The link to the Community Resource Directory appears automatically in the SDOH print group when the patient has a medium- or high-risk domain, even if you don't build or import community resource records. If you don't want the link to appear, you can hide the link as described later in this topic. Alternatively, starting in November 2021 or in earlier versions with SUs, you can configure the link to always appear for certain users so that they can access the Community Resource Directory even if the patient hasn't been screened as being at risk for an SDOH domain.

Prerequisites

You need to be licensed for Clinical Case Management to use the Community Resource Directory in Clinical Case Management workflows. To use the Community Resource Directory in outpatient workflows, you need the HP Community Resources license, which is part of the standard Healthy Planet license. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

Enable the Community Resources Directory and Map Services

To set up the Community Resource Directory, refer to the [Community Resource Setup and Support Guide](#). Note that you need to complete the setup described in the [Map SDOH Domains to Services Provided by Community Resources](#) topic to have the Community Resource Directory automatically filter to relevant resources.

Always Hide the Find Community Resources Link

Starting in May 2019, you can configure users' profiles to hide the link:

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open a profile.
2. Select Specialties, Other Modules > Social Care and go to the Social Care Outsourced Provider Settings screen.
3. Depending on your version, complete one of the following steps:
 - a. Starting in November 2021, August 2021(E9800006), May 2021(E9704178) and February 2021(E9608400) set the Community Resources link display (I LPR 72020) field to Always Hide.
 - b. In November 2020 and earlier versions, set the Hide "Find community resources" link in SDOH print group? (I LPR 72020) field to Yes.

In February 2019, you need to clear out the domain to service mapping in EMR System Definitions to hide the link:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Specialties, Other Modules > Clinical Case Management > Social Determinants of Health - Domain to Service Mapping screen.
2. Clear out the mapping in the Domain (I LSD 9460) and Service (I LSD 9461) fields.

Always Show the Find Community Resources Link

➔ Starting in November 2021

★ August 2021 by SU E9800006

★ May 2021 by SU E9704178

★ February 2021 by SU E9608400

1. In Clinical Administration, go to Management Options > Profiles (LPR) and open a profile.
2. Select Specialties, Other Modules > Social Care and go to the Social Care Outsourced Provider Settings screen.
3. Set the Community Resources link display (I LPR 72020) field to Always Show. If you leave this field blank, the link appears when concerning domains are present.

Show SDOH Risk Classifications in Reports and Clinical Notes

After clinicians document patients' SDOH, they can review that information in the Epic-released Happy Together longitudinal plan of care report. If you want clinicians to see SDOH content in other reports, you need to add print group [52140-LPOC Social Determinants of Health - Happy Together](#) to those reports.

In addition, you might want to:

- Customize SDOH print groups to show data in a table, limit the date range data appears for, or make other tweaks to how SDOH data appears.
- Use SmartLinks in your note templates to show SDOH information.
- Add columns to Reporting Workbench reports, such as those used by case managers, to show a patient's current risk classification for SDOH domains.

Add the SDOH Print Group to a Report

The SDOH print group is included in released reports 51112-Longitudinal Plan of Care - Template and 51113-Longitudinal Plan of Care - Happy Together. You need to add the SDOH print group to any other reports that you want to contain SDOH content. For example, clinicians might use a customized version of the Happy Together longitudinal plan of care report. If you want those clinicians to see SDOH content, you need to add the print group to the report.



In May 2020 and earlier versions, you can use the Build Wizard in Hyperspace to add SDOH content to a report. To get started, go to Epic button > Tools > Build Wizard and search for feature 10069-Social Determinants of Health (application: Healthy Planet). Note that you can also use this feature to add SDOH content to the History activity as described in the [Configure Custom History Build for SDOH](#) topic.

Starting in August 2020, you need to manually add the SDOH print group to reports because this Build Wizard feature is instead used to add navigator sections for clinicians to review and document SDOH as described in the [Give Clinicians Navigator Sections to Review and Document SDOH](#) topic.

To manually add SDOH content, add print group [52140-LPOC Social Determinants of Health - Happy Together](#) to custom reports. Note that if you completed the setup that's described in the [Give Clinicians Access to the PHQ-2 and PHQ-9 Depression Screenings](#) topic to configure a copy of print group 52140 so clinicians can access the depression screening tool from the print group, you need to add your copy instead of the released print group.

In the Foundation System, inpatient clinicians can view a patient's SDOH information from the Patient Summary activity. To complete the configuration, we added print group 52140 to report 3044560202-IP Clinical Overview, which is a report that's readily available to inpatient clinicians who access the Patient Summary activity in a patient's chart.

For help adding a print group to a report, refer to the [Defining a Print Group-Based Report](#) topic.

Customize the Appearance of the SDOH Print Group

By default, print group [52140-LPOC Social Determinants of Health - Happy Together](#) shows each SDOH domain as a colored segment in a circle, with the color corresponding to the patient's level of risk for that domain. You can choose to instead show the domains in a table format with text that corresponds to patients' level of risk.

Social Determinants of Health		Expand All	Collapse All
Tobacco Use	Aug 28 2019: Medium Risk	Alcohol Use	Oct 25 2018: Heavy Drinker
Financial Resource Strain	May 11 2020: High Risk	Food Insecurity	Dec 11 2019: Food Insecurity Present
Transportation Needs	Apr 27 2020: Unmet Transportation Needs	Physical Activity	Not on file
Stress	Jun 16 2020: No Stress Concern Present	Social Connections	Jun 16 2020: Not Isolated
Intimate Partner Violence	Not on file	Depression	Jun 16 2020: Not at risk
Housing Stability	Jun 16 2020: High Risk		

Starting in August 2020, you can also use print group [52163-Social Determinants of Health - Table Mode](#) to show each domain in a table as a collapsible section.

You can customize other aspects of these print groups, such as how far back the system looks for a patient's past risk classifications for a domain to show in the hover bubble. For example, you might not want clinicians to see risk classifications that are more than two years old.

Starting in November 2021, you can customize which users can view a patient's SDOH information and which users can view and easily document that information. Set the Hide domain activity links (I LPR 64000) field to Yes in a profile to hide SDOH activity links in print groups and Storyboard. To hide the activity link from your SDOH print groups' headers, remove the value from the Header Activity Link (I LPG 10020) parameter in the print group record.

For a complete overview of the customization options available for print group [52140-LPOC Social Determinants of Health - Happy Together](#) and print group [52163-Social Determinants of Health - Table Mode](#), refer to their Data Handbook entries.

Use SmartLinks to Show SDOH Information

Clinicians likely want to see information about SDOH domains outside of the longitudinal plan of care report. For example, a physical therapist might want to include information about a patient's risk classification for the Physical Activity domain in his documentation instead of pulling in the patient's entire history. Depending on your Epic version, you can use SmartLinks to show information about individual SDOH domains, about every relevant domain for a patient, or about all domains with a high, medium, or unknown risk level for a patient.

Kyle Saville, DCSW
Social Worker
Specialty: Social Services

Telephone Encounter 🚨📞
Sign at exiting of workspace

Creation Time: 1/7/2022 12:09 PM

Social Determinants of Health with Concerns

Financial Resource Strain: Medium Risk (11/22/2021)
Financial Resource Strain
• Difficulty of Paying Living Expenses: Somewhat hard

Food Insecurity: No Food Insecurity (12/16/2021)
Health Leads Food Insecurity
• Eat Less Because there wasn't Enough Money: No
Recent Concern: Food Insecurity - Food Insecurity Present (9/14/2021)
Hunger Vital Sign
• Worried About Running Out of Food in the Last Year: Sometimes true
• Ran Out of Food in the Last Year: Sometimes true

Transportation Needs: Unmet Transportation Needs (11/22/2021)
Transportation Needs
• Lack of Transportation (Medical): Yes
• Lack of Transportation (Non-Medical): Yes

You can use the following SmartLinks to show information about individual domains:

- 2000-Social Determinants of Health - Financial Resource Strain (mnemonic: .FRSHX) (May 2020 and earlier: History - Financial Resource Strain)
- 2001-Social Determinants of Health - Food Insecurity (mnemonic: .FOODHX) (May 2020 and earlier: History - Food Insecurity)
- 2002-Social Determinants of Health - Intimate Partner Violence (mnemonic: .IPVHX) (May 2020 and earlier: History - Intimate Partner Violence)
- 2003-Social Determinants of Health - Physical Activity (mnemonic: .PHYHX) (May 2020 and earlier: History - Physical Activity)

- 2004-Social Determinants of Health - Social Connections (mnemonic: .CONHX) (May 2020 and earlier: History - Social Connections)
- 2005-Social Determinants of Health - Stress (mnemonic: .STRHX) (May 2020 and earlier: History - Stress)
- 2006-Social Determinants of Health - Transportation Needs (mnemonic: .TRNHX) (May 2020 and earlier: History - Transportation Needs)
- 2007-Social Determinants of Health - Postpartum Depression (mnemonic: .PPDSDH) (available starting in August 2020)
- 2008-Social Determinants of Health - Depression (mnemonic: .DEPSDH) (available starting in August 2020)
- 2009-Social Determinants of Health - Housing Stability (mnemonic: .HOUSESDH) (available starting in August 2020)
- 2012-Social Determinants of Health - Alcohol Use (mnemonic: .ALCSDH) (available starting in August 2020)
- 2013-Social Determinants of Health - Tobacco Use (mnemonic: .TOBSDH) (available starting in August 2020)

Starting in August 2020, you can use SmartLink 2011-Social Determinants of Health - All Domains (mnemonic: .ALLSDH) to show information about every relevant domain that applies to a patient, including custom domains, or copy it to show specific domains. The domains that apply to a patient are determined by the default domains (I LSD 19002), patient population (I LSD 19000), and the user's compiled profile domain display settings, configured on the Social Determinants of Health - Domain Inclusion Settings screen in the profile. If you want to show all default domains that apply to the patient with other social history information from the History activity or navigator section, you can configure the Sections to Display parameter in a copy of SmartLink 105-SOCHX (mnemonic: .SOCHX).

Starting in November 2021, in August 2021 with SU E9800007, in May 2021 with SU E9704195, and in February 2021 with SU E9608413, you can use SmartLink 2014-Social Determinants of Health - Concerns Present (mnemonic: .SDOHCONCERNS) to show all domains, including custom domains, that apply to a patient where the most recent risk level is high, medium, or unknown. Starting in November 2022, domains that include a recent concern also appear in the SmartLinks even if the most recent risk level for the domain is low. You can configure a copy of the SmartLink to show only specific domains. For more information about editing SmartLinks, refer to the [Edit a SmartLink](#) topic.

Starting in November 2022, all Social Determinants of Health SmartLinks will show external entries for released and custom domains with information about where the entry was documented.

Configure a SmartLink for a Custom Domain in the History Activity

May 2020 and Earlier

You can use SmartLink 235-CUSTHX (mnemonic: .CUSTHX) to show information about a custom domain that you added to the History activity. By default, this SmartLink includes questions that are filtered out by the patient's age and unanswered questions, but you can configure a copy of the SmartLink to hide this information if needed. For more information, refer to the [Edit a SmartLink](#) topic.

Add SmartLink 235 or your copy of it to a clinician's note template or another type of SmartText where you want the information to appear:

1. In Hyperspace, open a SmartText (search: SmartText).
2. Add SmartLink 235 or a copy of it and configure its parameters in the format @CUSTHX(ZZZ)@, where ZZZ is the ID of the history question (LQH) record for your custom domain.

3. Repeat step 2 as needed for additional questions for your custom domain.
4. Click Accept to save and exit the SmartText.

For more information about working with SmartTexts, refer to the [Create and Edit a SmartText](#) topic.

Create a SmartLink for a Custom Domain in a Flowsheet

 **May 2020 and Earlier**

You can configure a copy of SmartLink 34856-Last Flowsheet Values (mnemonic: .LASTFLOW) to show the flowsheet rows for your custom SDOH domain:

1. In Hyperspace, copy SmartLink 34856 in the SmartLink Editor (search: SmartLink) and give your copy a unique mnemonic.
2. Select the SmartLink tab and set the first parameter to a comma-delimited list of the flowsheet row IDs for the rows that contain your custom SDOH domain.
3. Configure the other parameters as needed according to the help text.
4. Select the Active check box to activate your SmartLink.
5. Add your SmartLink to a clinician's note template or another type of SmartText where you want the information to appear. For more information about working with SmartTexts, refer to the [Create and Edit a SmartText](#) topic.

Show SDOH Risk Classifications in Reports

 **Starting in May 2021**

You can add columns to Reporting Workbench reports to show the patient's current risk classification for SDOH domains. If you have a domain with multiple sources, you configure which source you want to show information for in the column. For example, you can build a report that shows patients who are at risk for the Transportation Needs domain so a case manager can send information to each patient about help with transportation to medical appointments. There is one Epic-released report column for each Epic-released SDOH domain to show the patient's current risk classification for that domain. You can also create columns for custom SDOH domains and configure columns for both custom and Epic-released domains to show risk classifications as of a relative or absolute date.

Configure Columns



You can use the Build Wizard in Hyperspace to create columns for your custom domains and configure columns for Epic-released and custom domains to show risk classifications as of a relative or absolute date. To get started, open the Build Wizard (search: Build Wizard) and search for feature 45015-Create SDOH Domain Risk Classification Columns (application: Healthy Planet).

After you run the Build Wizard, you must manually add the new columns to reports. For more information, refer to the [Determine Which Columns Appear in a Report](#) topic.

To manually configure columns, follow the instructions in the [Create a Report Column from Scratch](#) topic to create extension-based columns using a copy of extension 37809-HP RW Patient SDOH Risk Level Template. In your copy of the extension, set the Domain Name parameter to the domain for which you're configuring the column. Optionally configure the Start Date parameter to return a patient's risk classification as of a relative or absolute

date. By default, the patient's current risk classification is returned.

Build Reports

To add the columns to reports, follow the instructions in the [Search for Existing Report Columns](#) topic. You can identify the Epic-released columns by searching for "SDOH Domain". Then, follow the instructions in the [Determine Which Columns Appear in a Report](#) topic to add columns to reports.

If your organization is licensed for Compass Rose, you can also create reports to show how enrollment in a Compass Rose program affects SDOH. For more information, refer to the [Report on a Program's Effects on SDOH](#) topic.

Change the Lookback Window for Recent Concerns

➔ Starting in November 2022

Whether a domain has multiple sources or uses just one assessment, clinicians can see when there's a recent concern for a patient in the SDOH print group and in Storyboard, even when the most recent risk level doesn't indicate a concern. For example, imagine that a patient visits the ED and is assessed to be at risk for food insecurity during intake. At a follow-up office visit the next week, the patient's food insecurity assessment shows low risk. When the physician at that office visit views the patient's SDOH information, they can see that the patient's food insecurity risk level is low, but an icon appears indicating that there was a recent concern for that domain, and the clinician can hover to see details in the timeline.

You can determine how long the system looks back for a medium-risk or high-risk result to show as a recent concern. By default, it's 90 days. For example, you might change this for certain users based on how frequently they interact with patients and their SDOH information.

To specify a lookback window for recent concerns other than the default value of 90 days:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open the profile you want to update.
2. Go to Decision Support, Pop Management > Social Determinants of Health Display Settings screen.
3. In the Recent concern lookback (I LPR 64001) field, enter a number of days to look back for a recent concern, up to 365 days. We recommend against hiding recent concerns for any users, but you can do so if necessary by setting this field to 0.

Show Clinicians the PHQ-9 Depression Screening Score

➔ Starting in November 2022

Clinicians can use the Patient Health Questionnaire-9 (PHQ-9) to further evaluate patients for depression and obtain a more complete measure of the depression's severity.

After you add the PHQ-9 source record to your Depression template record, clinicians can see PHQ-9 scores in the SDOH print groups.

Configure a Registry Metric to Include the PHQ-9

Regardless of whether you use the released PHQ-9 or a custom depression screening, you need to configure a registry metric to incorporate the patient's responses to the PHQ-9 into the SDOH print group. The following table describes which registry metric you need to configure depending on the tool used to document the screening. Note that if you use more than one type of tool, such as a documentation flowsheet and a questionnaire, you need to configure the associated registry metric for each type.

Depression Screening Tool	Registry Metric
SmartData Element	97144-DM Social Determinants: PHQ-9 Last SmartData Element Data
Flowsheet	97141-DM Social Determinants: PHQ-9 Last Flowsheet Data
Questionnaire	97145-DM Social Determinants: PHQ-9 Last Questionnaire Data

1. In Hyperspace, go to the Rule Editor and open the appropriate metric.
2. Edit the metric properties as described below:
 - If you're configuring metric 97144, click the Last SmartData Data property to open its parameters for editing. In the SmartData Identifiers parameter, enter the SmartData element that stores the numeric score of the screening.
 - If you're configuring metric 97141, click the Last Flowsheet Value Data property to open its parameters for editing. In the Doc Flowsheet Row ID parameter, enter the ID of the flowsheet row that stores the numeric score of the screening. If you're using the Epic-released PHQ-9 flowsheet group, enter 1570000025-R PHQ-9 Score.
 - If you're configuring metric 97145, click the Questionnaire Response Data property to open its parameters for editing. In the Question ID parameter, enter the ID of the question that stores the numeric score of the screening.

If you are using the Epic-released registry metrics, you must activate them on registry 82299-Wellness Registry - All. For more information, refer to the [Add a Metric to a Registry](#) topic.

If you are using custom registry metrics, you must add them to registry 82299-Wellness Registry - All and activate them. For more information, refer to the [Add a Metric to a Registry](#) topic.

Add the PHQ-9 Source to the Depression Domain

For clinicians to see a patient's PHQ-9 score, you must add source 97012-Patient Health Questionnaire-9 (PHQ-9) to your Depression template record as the first source.

1. In Hyperspace, go to the Social Determinants Domain Configuration Activity and open your Depression template record.
2. In the Source table, enter 97012-Patient Health Questionnaire-9 (PHQ-9) as the first source so it appears first when sources are filed at the same time.
3. Enter 97005-Patient Health Questionnaire-2 (PHQ-2) as the second source to show.

Show Different Domains for Different Patients and Users

Certain domains might be relevant only to certain patient populations or certain users at your organization. The

following topics describe options for filtering the domains that appear based on custom patient criteria, a patient's age, or a user's profile record.

Show Different Domains for Custom Patient Populations

Different social and environmental factors can affect patients depending on their unique situations. To account for this, you can create unique patient populations and specify which Social Determinants of Health domains are appropriate to include for that particular group. For example, you might want to specify specific domains, such as intimate partner violence, for pregnant pediatric patients.

Note that a separate domain exists for postpartum depression. For more information and instructions about configuring this domain, refer to the [Show Patients' Risk for Postpartum Depression in Social Determinants of Health](#) topic.

To show a set of domains for a custom patient population, you need to:

- Add a value for the patient population to the Patient Population for SDOH Domains (I LSD 19000) category list.
- Create a rule that determines which patients are included in the patient population. Complete this step only if you created a custom patient population. If you are using a released population, such as pregnant patients or postpartum patients, you do not need to create a rule.
 - Pregnant patients have an OB/Gyn status of 4-Pregnant.
 - Postpartum patients are patients that were recently pregnant. A patient's recent OB history is checked for a delivery, and then the most recent OB/GYN status. If the latest status is related to a recent pregnancy, the patient is considered a postpartum patient. See the [Define Which Patients Are Considered Postpartum Based on the OB History Section](#) topic and the [Define which Patients are Considered Postpartum based on the OB/Gyn Section](#) topic for more information.
- Specify the patient population, rule, and appropriate domains to include and exclude in EMR System Definitions.

Starting in November 2020, the SDOH print groups are hidden by default in SnapShot and other reports if Storyboard includes report column 110-Newborn's Birth Location. If you want clinicians to screen newborns for SDOH, Storyboard must not include this report column for applicable users.

Optionally, if you want to hide domains from certain groups of users, you can specify which domains to exclude in the relevant profiles. Refer to the [Determine Whether Domains Appear for Certain Users](#) topic for more information.

Create a Category Value for the Custom Patient Population

1. In Hyperspace, open Category List Maintenance (search: Category List Maintenance.)
2. Open the Patient Population for SDOH Domains (I LSD 19000) category list.
3. Create a new category value for your patient population.

Create a Rule to Define the Patient Population

Create a Patient-context rule using the Rule Editor in Hyperspace (search: Rule Editor) that defines the custom patient population. Refer to the [Create or Edit a Rule](#) topic for generic instructions.

Specify Which Domains Should Appear for the Custom Population

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants of Health - Default Domains screen.

2. In the Default domains (I LSD 19002) field, specify the Social Determinants of Health domains that should be used by default when the patient does not qualify for inclusion in any specified patient population.
3. Go to the Social Determinants of Health - Population Definitions screen.
4. In the Patient Population (I LSD 19000) field, enter the population of patients from the Patient Population for SDOH Domains (I LSD 19000) category list.
 - If you include Infant, Child, or Adolescent in the Patient Population field, you have a couple options for restricting your domains to patients of a certain age:
 - If you want to use an age range: Enter a Patient-context rule in the Patient Population Definition Rule (I LSD 19001) field to restrict domains to patients in that age range. Refer to the [Create or Edit a Rule](#) topic if you need to create a rule.
 - If you want to configure a minimum age: Press Shift + F7 and go to History, Problem List > Social History Configuration - 2 screen. Enter minimum ages in the Minimum Age to Display table.
5. Press F6 to access the SDOH for Selected Population screen.
6. In the Relevant domains (I LSD 19005, stored in I LSD 19003) field, enter the Social Determinants of Health domains that should appear by default for this patient population in the order that they should appear.
 - If you enter a custom domain in this field, be sure to also define how that domain appears depending on the version of Epic that you're using.
 - Starting in November 2019, you need to define the domain in EMR System Definitions. For more information about that setup, refer to the [Customize Available Domains and Sources of Information](#) topic.
 - In August 2019 and earlier versions, you need to define the domain in the Custom Domain Configuration parameter in a copy of print group [52140-LPOC Social Determinants of Health – Happy Together](#), as well as in column 4797-Vertical Pt. Header: Social Determinants, which is used in the Storyboard. For information about configuring the print group, refer to the Data Handbook entry. To configure the Storyboard column, refer to the [Set Up Storyboard Social Determinants of Health](#) topic.
7. In the Excluded domains (I LSD 19006, stored in I LSD 19004) field, enter the Social Determinants of Health domains that should never appear when the patient is included in the associated population. These domains do not appear even if the patient is included in another population for which these domains are relevant.
8. In the Population Definition Rule (I LSD 19001) field, enter the rule that you created to define the patient population.



After completing this configuration, be sure to also remove any values entered in the Domain Order parameter in copies of print group [52140-LPOC Social Determinants of Health – Happy Together](#) or column 4797-Vertical Pt. Header: Social Determinants. Starting in August 2020, also don't enter any values in the Domain Order parameter in copies of print group [52163-Social Determinants of Health - Table Mode](#). This ensures the print group and column respect the configuration you completed for your custom patient population.

Update Custom SDOH Flowsheets So Custom Patient Populations Apply

If you are using custom flowsheets to assess released domains, update your flowsheet rows to show when the

domain is applicable to the patient.

1. In Hyperspace, open your custom flowsheet rows (search: Doc Flowsheet Builder).
2. In each of your custom flowsheet rows, access the Filters tab and set the Passes Rule (I FLO 1350) field to be one of the domain-specific rules below based on the domain your row corresponds to:
 - 97095-Social Determinants SDOH Physical Activity Filter
 - 97097-Social Determinants SDOH Stress Filter
 - 97099-Social Determinants SDOH Transportation Filter
 - 97116-Social Determinants SDOH Food Insecurity Filter
 - 97118-Social Determinants SDOH Alcohol Filter
 - 97120-Social Determinants SDOH FRS Filter
 - 97122-Social Determinants SDOH IPV Filter
 - 97124-Social Determinants SDOH Social Connections Filter
 - 98805-Social Determinants SDOH Housing Filter
3. Repeat steps 1 and 2 for each custom flowsheet row you use.

If you are using custom flowsheets to assess custom domains, create a filter rule for each custom domain and configure that filter rule in your flowsheet rows so only applicable domains appear for a patient.

1. In Hyperspace, create a rule in the Patient context to control which patients are prompted with the flowsheet for your custom domain (search: Rule Editor).
2. Configure your rule with property 19830-Does SDOH Domain Apply and set the Domain Name parameter to your custom domain.
3. Open your custom flowsheet rows (search: Doc Flowsheet Builder) for your custom domain.
4. In each of your custom flowsheet rows, access the Filters tab and configure the Passes Rule (I FLO 1350) field with the rule you just built for your custom domain.
5. Complete steps 1-4 for each of your custom SDOH domains.

If you want the activity link in the SDOH print group header to show only the custom flowsheets that apply to a custom patient population, refer to the Override an Epic-Released Domain topic of the [Customize SDOH Domains \(November 2019-May 2022\)](#) section for more information.

Filter SDOH Sections from the History Activity by Age

You can hide the Substance & Sexuality and Socioeconomic sections in the History activity based on a patient's age. For example, you might hide the Substance & Sexuality section for patients under 10. Starting in May 2019, you can also hide the Lifestyle and Relationships sections.

Starting in August 2020, you can also complete this setup to hide the related SDOH domains from the SDOH print group, Storyboard, and the [documentation navigator section](#).

For more information, refer to the [Filter History Questions, Topics, or Templates by Age or Sex](#) topic.

Considerations

In February 2019, if you hide History sections based on a patient's age, the associated SDOH domains still appear in print group [52140-LPOC Social Determinants of Health - Happy Together](#) and Storyboard. Starting in May 2019, the domains are also hidden in the print group and Storyboard.

Determine Whether Domains Appear for Certain Users

If you want to determine whether certain social determinants of health domains appear for specific groups of users, you can do so at the profile level. For example, you might want all users to be able to screen for your default domains but allow only social workers to screen for intimate partner violence. Or, if a clinic supports scheduling rides only for transportation insecurity, you can exclude all other default domains from appearing. Inclusion is available starting in May 2021, in February 2021 with SU E9602071, in November 2020 with SU E9505771, and in August 2020 with SU E9409079.

To determine which domains appear at the profile level:

1. In Clinical Administration, follow the path Management Options > Profiles (LPR) and open the profile you want to update.
2. Go to Decision Support, Pop Management > Social Determinants of Health – Domain Display Settings (February 2021 without SU E9602071, November 2020 without SU E9505771, August 2020 without SU E9409079, and earlier versions: Social Determinants of Health – Excluded Domains).
3. In the Excluded domains (I LPR 29110) field, enter the Social Determinants of Health domains that should be hidden for users with this profile.
4. Starting in May 2021, in February 2021 with SU E9602071, in November 2020 with SU E9505771, and in August 2020 with SU E9409079, in the Additional domains (I LPR 29111) field, enter the Social Determinants of Health domains that should be added for users with this profile.

Customize Available Domains and Sources of Information

You can customize SDOH workflows to fit the needs of your organization. For example, you might not want clinicians to document a particular SDOH domain because you're piloting SDOH workflows with only a few domains or because your organization doesn't have the means to help patients who are at risk for a certain domain. You might use different assessments to capture information about a domain or just want to include additional questions for patients in a domain's assessment. You might also want to use SDOH domains that Epic hasn't included content for in the Foundation System.

The way you remove, customize, or add SDOH domains depends on your Epic version:

- Starting in November 2022, you define the list of available domains, including custom ones you create, and specify which sources of information each domain evaluates using the Social Determinants Domain Configuration Editor in Hyperspace. We recommend that you still consolidate to a single assessment per domain when possible, but you can include multiple source assessments for a domain when necessary. For example, you might need different assessments to accommodate a specific jurisdiction requirement or situations where different assessments are clinically appropriate for different patients.
- Between November 2019 and May 2022, you can remove Epic-released domains you don't want to use, override an Epic-released domain with customizations such as a different screening tool you want to use, or create custom domains. Note that you must associate each domain you use with a single source of information to evaluate.

- In August 2019 and earlier, you can remove Epic-released domains you don't want to use and create custom domains. If you want to use a different screening tool for an Epic-released domain, you must create a custom version of that domain and replace the Epic-released version with your custom one. Note that you must associate each domain you use with a single source of information to evaluate.

If you want to hide domains for certain patients or users they don't apply to, refer to the [Show Different Domains for Different Patients and Users](#) topic instead.

Considerations

In May 2022 and earlier versions, SDOH data from custom SDOH records can't be exchanged with external organizations through Care Everywhere. For example, if you create custom flowsheets or a custom scoring rule for an Epic-released domain, the information from that source's assessment doesn't appear in the clinical summary document for Care Everywhere.

Any customizations to the History activity in Hyperspace don't apply to Healthy Planet Link. All Epic-released content appears in the Social History activity in Healthy Planet Link. For example, if you remove content for the Physical Activity domain, community users can still document that domain.

Starting in February 2020, community users can document custom SDOH domains that are built as flowsheets in Healthy Planet Link.

For more information about SDOH in Healthy Planet Link, refer to the [Let Community Users Document Patients' Social Determinants of Health](#) topic.

Customize SDOH Domains (Starting in November 2022)

➔ Starting in November 2022

In the Social Determinants Domain Configuration Editor in Hyperspace, you create and update the following records that define information for a specific domain:

- **Templates.** These records define the icon, linked activity, and mapped services associated with a given domain. You'll have one template record for each domain you use.
- **Sources.** These records include the rule for information you evaluate for a given domain. For example, you might have AUDIT-C as a source record associated with the Alcohol Use domain. When necessary, you can have multiple sources for a given domain, such as an AUDIT-C source record and a CAGE source record for the Alcohol Use domain. You can also associate the same source record with multiple templates, for example to include a child socialization screening tool as a source for both a Child Socialization domain and an Adolescent Socialization domain.

Then, you define the list of domains you want to appear to users in EMR System Definitions, for example, to remove domains you don't want to use or add domains and associate them with templates you created. You must have security point 60-Social Determinants Domain Configuration Editor in your Analytics security class to create or edit template and source records.

Hiding Sensitive Information in MyChart

Some sensitive information has the potential for unintended impact if someone other than the patient views it, such as if a domestic partner accesses a patient's MyChart account.

You can use the Do Not Share with Patients (I SDC 102) item to manually adjust whether a domain appears in patient-facing views. When you create a new domain, this item is blank by default, and data from the domain appears in patient-facing views.

This item is set to Yes by default for the Epic-released intimate partner violence domain, so intimate partner violence screenings that occur in an office visit are hidden by default in patient-facing views. If you created a custom domain using any Epic-released intimate partner violence source, flowsheet, or property in May 2022 or an earlier version, this item is also set to Yes by default for that domain. This includes domains that meet any of the following criteria:

- The domain's scoring rule is rule 97062-DM Social Determinants: Intimate Partner Violence Risk Classification.
- The domain's scoring rule uses one or more of the Epic-released Intimate Partner Violence Flowsheets listed in the table in the [Intimate Partner Violence](#) topic.
- As part of your upgrade to November 2022, the domain was automatically updated to use Epic-released assessment 97000-Humiliation, Afraid, Rape and Kick (HARK) as a source (I SDC 150).

Configure Sources for a Domain

Complete the following steps for each assessment that you want to include as a source of information for a domain:

1. If you don't already have a flowsheet template for your assessment, create one. To do so:
 - a. Build flowsheet rows for each question. You can include up to 10 flowsheet rows in an assessment for SDOH. Refer to the [Basic Documentation Flowsheet Build](#) topic for setup steps.
 - b. Enter extension 37773-HP - SDOH Flowsheet After File in the After-file ext (I FLO 870) field for each flowsheet row so that documentation automatically updates the patient's risk classification in Storyboard.
 - c. If a flowsheet row stores a numeric value, make sure to specify the unit (I FLO 835). If there's a LOINC code associated with the question, make sure the unit matches the units that LOINC uses.
 - d. Add your flowsheet rows to a flowsheet template.
2. Configure your assessment to be hidden in a chart context, where an error appears if a user attempts to document it. Refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic for setup steps.
3. Identify a registry metric to store data for each question you created. If an Epic-released domain metric meets your needs, you can use it instead of creating a new metric. To create a new metric for a question, refer to the [Create a Custom Metric](#) topic, making sure to:
 - Enter a display name (I CER 515), which is what appears as the name of the assessment when a clinician hovers over the domain.
 - Enter a return type (I CER 1000) of Delimited Data and use only properties that return delimited data. For example, you can use property 82125-Last Flowsheet Value Data.
4. Create a scoring rule to calculate a patient's risk classification for the assessment. To do so, refer to the [Create a Scoring Metric](#) topic, making sure to:

- Enter a return type (I CER 1000) of Networked.
 - Use rule properties with a context of Scores: Metric Date, Scores: Metric Delimited String Data, or Scores: Metric Value.
 - On the Display Info tab, update the Rule display configuration table to define the range of values the scoring rule can return for each risk classification and the color to show for each:
 - Green: 4-Green, 306-.Green, or 202-Semantic: Good. All these options result in the same shade of green. By default, if the scoring rule returns 1, the domain appears green.
 - Yellow: 2-Yellow, 311-.Yellow, or 201-Semantic: Warning. All these options result in the same shade of yellow. By default, if the scoring rule returns 2, the domain appears yellow.
 - Red: 3-Red, 309-.Red, or 200-Semantic: Danger. All these options result in the same shade of red. By default, if the scoring rule returns 3, the domain appears red.
 - Gray: Enter any other color or leave the field blank. By default, if the scoring rule returns a value other than 1, 2, or 3, the domain appears gray.
5. Follow the steps in the [Add a Metric to a Registry](#) topic to add your scoring rule to registry 82299-Wellness Registry-All or another registry that contains all of the SDOH-related registry metrics. Make sure the registry is enabled for SDOH content, as described in the [Configure a Registry to Support SDOH](#) topic.
 6. Complete the following steps for each registry metric that you created and listed as a dependent metric in your scoring rule:
 - a. In Hyperspace, create a new metric configuration (search: Registry Metric Editor). This record is required to format patient answers in the SDOH print group and Storyboard.
 - b. In the Rule (I MET 100) field, enter a registry metric that stores the data for one of the questions in your assessment. Note that the metric must have a return type (I CER 1000) of Delimited Data for you to complete the next step.
 - c. In the Metric Value Display (I MET 110) field, enter the type of data that's stored for the question, such as String. If the question stores Networked data, also enter the Networked INI (I MET 111) and Networked Item (I MET 112).
 - d. In the Type (I MET 50) field, enter Standard Rule.
 - e. Click Save.
 7. In Hyperspace, open the source record associated with the assessment you're updating or create a new one if one doesn't exist already (search: Social Determinants Domain Configuration Editor).
 8. In the Display Name (I SDC 45) field, enter the clinician-friendly assessment name that you want to appear to clinicians. We recommend using the industry-standard screener name for your sources.
 9. In the Source Interpretation Rule (I SDC 200) field, enter the scoring rule you created.
 10. In the Registry Triggers (I SDC 201) field, enter the registry triggers that you want to cause the patient's risk classification to be updated for users to see the most up-to-date information.
 11. In the Recent Concern Source Ignore List (I SDC 202) field, enter the source record that you want to ignore when determining whether a recent concern for a domain exists when that source is the latest entry documented for a patient. For example, when showing risk for the PHQ-9 screening, enter the source record for your PHQ-2 screening so recent concerns for the PHQ-2 screening are ignored. With this setup, only past PHQ-9 scores appear as recent concerns for a new PHQ-9 score.
 - Only a social determinants domain configuration (SDC) record with a type of 2-Source can be added to this list.

- You cannot enter the source record you currently editing in this field because a source record cannot ignore itself when determining recent concerns.

Adjust Settings for a Domain in a Template

1. In Hyperspace, open a domain's template record or create a new one if one doesn't exist already (search: Social Determinants Domain Configuration Editor).
2. In the Display Name (I SDC 45) field, enter the domain name that you want to appear to clinicians.
3. In the Icon (I SDC 100) field, enter an icon from the SDOH Custom Domain Icons (I ECT 98508) category list that appears for your domain in the SDOH print group and Storyboard.
4. In the Do Not Share with Patients? (I SDC 102) field, select whether the domain should be hidden from patient-facing views. If this field is left blank, information from the domain appears in patient-facing views.
5. In the Linked Activity (I SDC 101) field, enter the ID of the activity (E2N) to open when clinicians click the domain header in the SDOH print group or Storyboard. If you need to configure the behavior of an activity, for example, to open a custom flowsheet template:
 - a. In Clinical Administration, go to Roles, Menus, Activities, etc. > Activities (E2N) and open the activity record you want to modify. If you want to modify an Epic-released activity, duplicate it first.
 - b. Configure the fields on the General Information screen as needed, such as the Tooltip (I E2N 121).
 - c. Make sure the template (I E2N 2000) for your activity is set to IP FLOWSHEET POPUP.
 - d. On the Control Initialization Parameters screen, enter the ID of the flowsheet template you want to open in the Flowsheet Template ID parameter.
6. In the Sources (I SDC 50) section, enter one or more sources that you want to evaluate for the domain. List sources in the order you want them to appear if multiple sources are filed at the same time. If you want to show users a different name for a source, enter that in the Display Name Override field. For example, you might want to use a different name for an Epic-released source.
7. In the Mapped Services (I SDC 120) field, enter the services (I ECT 77035) to associate with this domain. When a clinician opens the Community Resources Directory to find resources to address a patient's needs for this domain, any resources that you list as providing these services appear. Refer to the [Map SDOH Domains to Services Provided by Community Resources](#) topic for information about the Foundation System's approach and the relationship between parent and child services.

Define the List of Domains to Show

To add or remove domains in EMR System Definitions:

1. If you're creating a new domain, identify the equivalent Epic-released value in the SDOH Domains (I ECT 98502) category list or add a new category list value if necessary. Refer to the [Modify a Category List's Values](#) topic for setup steps. Because you can customize the name of the domain that appears to users in the template's Display Name (I SDC 45) field, such as showing "Food" instead of "Food Insecurity," create a new value only if there's no equivalent Epic-released value.
2. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
3. Update the list of domains (I LSD 9462) and associated templates (I LSD 9469) as needed.

Customize SDOH Domains (November 2019-May 2022)

➔ Starting in November 2019

⬅ May 2022 and Earlier

In these versions, you can remove any Epic-released domains you don't want to use, create custom domains to use in addition to Epic-released domains, or override settings for an Epic-released domain to:

- Show a different icon.
- Configure the activity that opens to open a different flowsheet assessment or to change the text of the tooltip that appears for the domain header.
- Change the risk classifications for a domain to change the risk classifications for a domain or to change its score thresholds. For example, the Epic-released scoring rule for Physical Activity can classify patients as having medium risk and appear as yellow. You might decide that patients should be classified only as at-risk or not at-risk and want the domain to appear either red or green.

Remove Epic-Released Domains

You can remove domains from EMR System Definitions so they don't appear in print group [52140-LPOC Social Determinants of Health - Happy Together](#) and copies of it:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
2. Clear out the values in the table for the corresponding Epic-released domain that you want to remove.

In May 2020 and earlier versions, if you're removing a domain that's documented in the History activity, also disable the Epic-released prompts in the History activity:

1. In Clinical Administration, go to Navigators > Dup History Template and duplicate one of the following records:
 - For the Alcohol Use domain, duplicate record 23406-Default Alcohol Question.
 - For the Financial Resource Strain, Food Insecurity, or Transportation Needs domains, duplicate record 23453-Default Socioeconomic Topic.
 - For the Physical Activity or Stress domains, duplicate record 23455-Default Lifestyle Topic.
 - For the Social Connections or Intimate Partner Violence domains, duplicate record 23456-Default Relationships Topic.
2. Open your topic record for editing.
3. Configure the appropriate field to disable the domain:
 - Alcohol Use: Set the Display (I LQH 3130) field under the AUDIT-C Screening section to 0-No.
 - Financial Resource Strain: Set the Enable Financial Resource Strain (I LQH 3120) field to 0-No.
 - Food Insecurity: Set the Enable Food Insecurity (I LQH 3131) field to 0-No.
 - Transportation Needs: Set the Enable Transportation Needs (I LQH 3132) field to 0-No.
 - Physical Activity: Set the Enable Physical Activity (I LQH 3124) field to 0-No.
 - Stress: Set the Enable Stress (I LQH 3125) field to 0-No.
 - Social Connections: Set the Enable Social Connections (I LQH 3122) field to 0-No.
 - Intimate Partner Violence: Set the Enable IPV (I LQH 3123) field to 0-No.
4. If you're disabling the Alcohol Use domain, follow the steps in the [Create a Medical, Surgical, ADL, Substance & Sexual Activity, or Custom History Topic](#) topic to create a Substance & Sexual Activity topic-level record and add the Alcohol question you created in step 1 to your topic. Alternatively, open an existing custom Substance & Sexual Activity topic and add your Alcohol question.
5. Follow the steps in the [Create a History Template and Add History Topics](#) topic to duplicate history

template 23400-Default HX Template and replace the default topic you duplicated in step 1 with your custom topic.

6. Follow the steps in the [Customize the History Activity](#) topic to set up a custom history navigator template (LVN) that uses your custom history template from step 4.
7. Follow the steps in the [Choose the History Template and Report Clinicians See in Hyperspace](#) topic to link your history template from step 4 to a profile.
8. If you're disabling the Alcohol Use Domain, configure the second parameter in a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#) to hide the Epic-released alcohol domain that uses the AUDIT-C screening.

Override an Epic-Released Domain

If you want to show a different icon for a domain:

1. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
2. For a given domain (I LSD 9462) update the Icon (I LSD 9463) field.

If you want to configure how the activity for a domain opens, for example, to change the flowsheet assessment that opens or change the text of the tooltip that appears for the domain header:

1. In Clinical Administration, go to Roles, Menus, Activities, etc. > Activities (E2N) and open the activity record you want to modify. If you want to modify an Epic-released activity, duplicate it first.
2. Configure the fields on the General Information screen as needed, such as the Tooltip (I E2N 121).
3. If you want the activity to open a flowsheet assessment:
 - a. Set the Activity Template (I E2N 2000) field to IP FLOWSHEET POPUP.
 - b. Go to the Control Initialization Parameters screen.
 - c. Enter the ID of the flowsheet template you to open in the Flowsheet Template ID parameter.
 - d. Configure the other parameters as needed according to the help text.
4. If you want the activity to open a specific section of the History activity, enter STARTUPSECTION=<section descriptor> in the Control init parameters (I E2N 220) field, where <section descriptor> is the History section that you want to open. If you duplicated an Epic-released activity, you need to clear the Activity Template (I E2N 2000) field before you can edit the Control init parameters (I E2N 220).
5. Verify that DESKTOP is listed in the Available to Applications (I E2N 160) field. This setting allows the activity to open from the SDOH print group.
6. If you want community users to be able to open the activity in [Healthy Planet Link](#), enter Link in the Supported Non-Desktop Hosts (I E2N 170) field.
7. If you duplicated an activity in step 1, in Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen. For the appropriate domain (I LSD 9462), replace the activity (I LSD 9468) with your copy from step 1.
8. If you previously configured the Activity Links parameter in a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#) to change the activity that opens for a given domain, remove that configuration so it doesn't override your EMR System Definitions setting.
9. So that your custom assessments also appear when a user clicks the header of any SDOH print group that has 45800-SDOH_DEFAULT_ALL in the Header Activity Link Parameter (I LPG 10020) field, complete the

following steps:

- a. Create a custom flowsheet template (search: Doc Flowsheet Builder). Configure this template with all the flowsheet rows you use when screening for SDOH.
- b. In Chronicles, go to the Activity (E2N) master file > Enter Data > Duplicate Activity, and copy activity 45800-SDOH_DEFAULT_ALL.
- c. In your copy of activity 45800, configure your flowsheet template in flowsheet template ID parameter (I E2N 2020).
- d. Enter 45800-SDOH_DEFAULT_ALL in the Override Descriptor (I E2N 900) field.

If you want to change the risk classification or score thresholds for a domain:

1. In Hyperspace, open the registry metric scoring rule for the domain (search: Rule Editor).
 - If you're not sure which scoring rule is used for an Epic-released domain, refer to the [Review the Configuration for SDOH Registry Metrics](#) topic. The metrics that correspond to scoring rules contain the text "risk classification" in their name.
 - If you want to edit the scoring rule for an Epic-released domain, you need to copy it first. If you copy an Epic-released registry metric scoring rule, make sure to update its metric dependencies if you want to calculate the score using different registry metrics from what the Epic-released domain uses. For more information, refer to the [Create a Scoring Metric](#) topic.
2. If you want to change only the score thresholds for the domain, skip to step 6. Otherwise, continue to step 3.
3. Verify the Return Type (I CER 1000) for the rule is set to Networked.
4. If you want to use different risk classifications than those in the SDOH Risk (I ECT 7030) category list, enter the appropriate master file INI (I CER 1010) and item number (I CER 1020) for the category list that you want to use. If you need to build the category list with the values, refer to the [Maintain Category Lists](#) topic.
5. Edit the properties used by the scoring rule so it returns the appropriate values from the category list that you entered. For example, suppose the category list that you want to use contains the following values: 4-Positive, 5-Neutral, 6-Negative. If one of the metrics used by your scoring rule returns a value of 10 or more when the patient screens positive, you need to make sure that your scoring rule returns a value of 4 (corresponding to the Positive category value) when the metric returns a value greater than or equal to 10.
6. On the Display Info tab, update the Rule display configuration table to define the range of values the scoring rule can return for each risk classification and the color to show for each:
 - Green: 4-Green, 306-.Green, or 202-Semantic: Good. All these options result in the same shade of green. By default, if the scoring rule returns 1, the domain appears green.
 - Yellow: 2-Yellow, 311-.Yellow, or 201-Semantic: Warning. All these options result in the same shade of yellow. By default, if the scoring rule returns 2, the domain appears yellow.
 - Red: 3-Red, 309-.Red, or 200-Semantic: Danger. All these options result in the same shade of red. By default, if the scoring rule returns 3, the domain appears red.
 - Gray: Enter any other color or leave the field blank. By default, if the scoring rule returns a value other than 1, 2, or 3, the domain appears gray.
7. If you copied a registry metric scoring rule in step 1, follow the steps in the [Add a Metric to a Registry](#) topic to add it to registry 82299-Wellness Registry-All or another registry that you're using that contains all of the SDOH-related registry metrics. Then, enter the scoring rule in EMR System Definitions:

- a. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
- b. For the appropriate domain (I LSD 9462), replace the scoring rule (I LSD 9467) with your copy from step 1.

Create a Custom Domain

To build a custom SDOH domain to use in addition to a released domain, you need to:

1. Add a new category list value for the domain in the SDOH Domains (I ECT 98502) category list. Refer to the [Modify a Category List's Values](#) topic for setup steps. Note that if there's already an Epic-released category value that you want to use for your custom domain, you don't need to add a custom value.
2. Create the assessment you want to use with the domain. To do so:
 - a. Build flowsheet rows for each question. You can include up to 10 flowsheet rows in an assessment for SDOH. Refer to the [Basic Documentation Flowsheet Build](#) topic for setup steps.
 - b. Starting in August 2020, in May 2020 with SU E9303069, and in February 2020 with SUs E9209957, E9209973, and E9209974, enter extension 37773-HP - SDOH Flowsheet After File in the After-file ext (I FLO 870) field for each flowsheet row so that documentation automatically updates the patient's risk classification in Storyboard.
 - c. If a flowsheet row stores a numeric value, make sure to specify the unit (I FLO 835). If there's a LOINC code associated with the question, make sure the unit matches the units that LOINC uses.
 - d. Add your flowsheet rows to a flowsheet template.
3. Configure your assessment to be hidden in a chart context, where an error appears if a user attempts to document it. Refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic for setup steps.
4. Identify a registry metric to store data for each question you created. If an Epic-released domain metric meets your needs, you can use it instead of creating a new metric. To create a new metric for a question, refer to the [Create a Custom Metric](#) topic, making sure to:
 - a. Enter a display name (I CER 515), which is what appears when a clinician hovers of the domain.
 - b. Starting in November 2020, in August 2020 with SUs C9403282-HSWeb, E9403270, and E9403282, in May 2020 with SUs C9306385-HSWeb and E9306385, and in February 2020 with SUs C9208895-HSWeb and E9208895, enter a return type (I CER 1000) of Delimited Data and use only properties that return delimited data. For example, you can use property 82125-Last Flowsheet Value Data.
5. Create a scoring rule to calculate a patient's risk classification for the domain. To do so, refer to the [Create a Scoring Metric](#) topic, making sure to:
 - a. Enter a return type (I CER 1000) of Networked and return values from a category list that are mapped to appropriate colors (I CER 533).
 - b. Use rule properties with a context of Scores: Metric Date, Scores: Metric Delimited String Data, or Scores: Metric Value.
6. Follow the steps in the [Add a Metric to a Registry](#) topic to add it to registry 82299-Wellness Registry-All or another registry that contains all of the SDOH-related registry metrics. Make sure the registry is enabled for SDOH content, as described in the [Configure a Registry to Support SDOH](#) topic.
7. Starting in November 2020, in August 2020 with SUs C9403282-HSWeb, E9403270, and E9403282, in May 2020 with SUs C9306385-HSWeb and E9306385, and in February 2020 with SUs C9208895-HSWeb and E9208895, complete the following steps for each registry metric that you created and listed as a dependent metric in your scoring rule:

- a. In Hyperspace, create a new metric configuration (search: Registry Metric Editor). This record is required to format patient answers in the SDOH print group and Storyboard.
 - b. In the Rule (I MET 100) field, enter a registry metric that stores the data for one of the questions in your custom domain. Note that the metric must have a return type (I CER 1000) of Delimited Data for you to complete the next step.
 - c. In the Metric Value Display (I MET 110) field, enter the type of data that's stored for the question, such as String. If the question stores Networked data, also enter the Networked INI (I MET 111) and Networked Item (I MET 112).
 - d. In the Type (I MET 50) field, enter Standard Rule.
 - e. Click Save.
8. If clinicians should use the Community Resource Directory to find community resources to help address a patient's needs for this domain, map the services that apply to the domain. Refer to the [Map SDOH Domains to Services Provided by Community Resources](#) topic for setup steps.
 9. Add your custom domain to EMR System Definitions and specify its behavior:
 - a. In Clinical Administration, go to Management Options > Edit System Definitions (LSD) > Decision Support, Pop Management > Social Determinants Domain Configuration screen.
 - b. In the Domain (I LSD 9462) field, enter the category list value for your custom domain from the SDOH Domains (I ECT 98502) category list.
 - c. In the Icon (I LSD 9463) field, enter an icon from the SDOH Custom Domain Icons (I ECT 98508) category list that appears for your domain in the SDOH print group and Storyboard. If you leave this field blank, an asterisk (*) appears for the custom domain icon.
 - d. In the Scoring Rule (I LSD 9467) field, enter the ID of the scoring rule that you created.
 - e. In the Activity Link (I LSD 9468) field, enter the ID of the activity (E2N) to open when clinicians click the domain header in the SDOH print group or Storyboard. Make sure the template (I E2N 2000) for your activity is set to IP FLOWSHEET POPUP.
 - f. If you're using the custom domain for specific patient populations as described in the [Show Different Domains for Custom Patient Populations](#) topic, add your domain to the default domains (I LSD 19002) for the patient population as described in that topic.
 10. If you use a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#), update that copy to add your custom domain ID in the Domain Order parameter.

Customize SDOH Domains (August 2019 and Earlier)

August 2019 and Earlier

In these versions, you can remove any Epic-released domains you don't want to use and can create custom domains to replace an Epic-released domain or use in addition to Epic-released domains.

Remove Epic-Released Domains

Remove any domains you don't want to use from a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#) so the domain doesn't appear with the rest of the print group content:

1. In Clinical Administration, go to Reports, Print Groups > Dup Print Groups and duplicate print group 52140. If you already use a copy of print group 52140, skip this step.
2. Open your copy for editing and go to the Parameters screen.
3. In the Domain Order parameter, enter a caret-delimited list of values from the SDOH Domains (I ECT

98502) category list corresponding to the Epic-released domains that you want to appear in the print group. For example, if you disabled only the Social Connections domain in the History activity, set this parameter to 0^2^3^4^5^6^7^8^9.

4. If you duplicated print group 52140 in step 1, replace the released print group with your copy in clinicians' reports. For more information about configuring print-group-based reports, refer to the [Setting Up Print Groups in Reports](#) topic.

You also need to disable the Epic-released prompts in the History activity:

1. In Clinical Administration, go to Navigators > Dup History Template and duplicate one of the following records:
 - For the Alcohol Use domain, duplicate record 23406-Default Alcohol Question.
 - For the Financial Resource Strain, Food Insecurity, or Transportation Needs domains, duplicate record 23453-Default Socioeconomic Topic.
 - For the Physical Activity or Stress domains, duplicate record 23455-Default Lifestyle Topic.
 - For the Social Connections or Intimate Partner Violence domains, duplicate record 23456-Default Relationships Topic.
2. Open your topic record for editing.
3. Configure the appropriate field to disable the domain:
 - Alcohol Use: Set the Display (I LQH 3130) field under the AUDIT-C Screening section to 0-No.
 - Financial Resource Strain: Set the Enable Financial Resource Strain (I LQH 3120) field to 0-No.
 - Food Insecurity: Set the Enable Food Insecurity (I LQH 3131) field to 0-No.
 - Transportation Needs: Set the Enable Transportation Needs (I LQH 3132) field to 0-No.
 - Physical Activity: Set the Enable Physical Activity (I LQH 3124) field to 0-No.
 - Stress: Set the Enable Stress (I LQH 3125) field to 0-No.
 - Social Connections: Set the Enable Social Connections (I LQH 3122) field to 0-No.
 - Intimate Partner Violence: Set the Enable IPV (I LQH 3123) field to 0-No.
4. If you're disabling the Alcohol Use domain, follow the steps in the [Create a Medical, Surgical, ADL, Substance & Sexual Activity, or Custom History Topic](#) topic to create a Substance & Sexual Activity topic-level record and add the Alcohol question you created in step 1 to your topic. Alternatively, open an existing custom Substance & Sexual Activity topic and add your Alcohol question.
5. Follow the steps in the [Create a History Template and Add History Topics](#) topic to duplicate history template 23400-Default HX Template and replace the default topic you duplicated in step 1 with your custom topic.
6. Follow the steps in the [Customize the History Activity](#) topic to set up a custom history navigator template (LVN) that uses your custom history template from step 4.
7. Follow the steps in the [Choose the History Template and Report Clinicians See in Hyperspace](#) topic to link your history template from step 4 to a profile.
8. If you're disabling the Alcohol Use Domain, configure the second parameter in a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#) to hide the Epic-released alcohol domain that uses the AUDIT-C screening.

Create a Custom Domain

To build a custom SDOH domain to use instead of or in addition to a released domain, you need to:

1. Add a new category list value for the domain in the SDOH Domains (I ECT 98502) category list. Refer to the [Modify a Category List's Values](#) topic for setup steps.
2. Create the assessment you want to use with the domain. You can include up to ten flowsheet rows in an assessment for SDOH. To do so:
 - a. Build flowsheet rows for each question. Refer to the [Basic Documentation Flowsheet Build](#) topic for setup steps.
 - b. If a flowsheet row stores a numeric value, make sure to specify the unit (I FLO 835). If there's a LOINC code associated with the question, make sure the unit matches the units that LOINC uses.
 - c. Add your flowsheet rows to a flowsheet template.
3. Configure your assessment to be hidden in a chart context, where an error appears if a user attempts to document it. Refer to the [Show or Hide Navigator Sections Based on a Rule](#) topic for setup steps.
4. Create a registry metric to store data for each question you created. To do so, refer to the [Create a Custom Metric](#) topic.
5. Create a scoring rule to calculate a patient's risk classification for the domain. To do so, refer to the [Create a Scoring Metric](#) topic, making sure to:
 - a. Return a value from the SDOH Risk (I ECT 7030) category list.
 - b. Use rule properties with a context of Scores: Metric Date, Scores: Metric Delimited String Data, or Scores: Metric Value.
6. Follow the steps in the [Add a Metric to a Registry](#) topic to add it to registry 82299-Wellness Registry-All or another registry that contains all of the SDOH-related registry metrics. Make sure the registry is enabled for SDOH content, as described in the [Configure a Registry to Support SDOH](#) topic.
7. If clinicians should use the Community Resource Directory to find community resources to help address a patient's needs for this domain, map the services that apply to the domain. Refer to the [Map SDOH Domains to Services Provided by Community Resources](#) topic for setup steps.
8. Add your domain to print group [52140-LPOC Social Determinants of Health - Happy Together](#). To do so:
 - a. In Clinical Administration, go to Reports, Print Groups > Dup Print Groups and open your copy of print group 52140 or create a new one.
 - b. In the Domain Order parameter, add the ID for the custom domain from the SDOH Domains (I ECT 98502) category list with the Epic-released domains in the order you want them to appear in the print group. For example, if you're using all the Epic-released domains and you created two custom domains with category values 10 and 11, and you want custom domain 11 to appear before custom domain 10, set this parameter to 0^1^2^3^4^5^6^7^8^9^11^10.
 - Skip this step if you're using the custom domain for a specific patient population, as described in the [Show Different Domains for Custom Patient Populations](#) topic.
 - c. Go to the Custom Domain Configuration parameter and press F6 to edit it. When your cursor appears in the first line of the List field, press Tab to edit the first line.
 - d. In the Value column of the Custom Domain Name component, enter the category ID of the custom domain from the SDOH Domains (I ECT 98502) category list.
 - e. In the Value column of the Custom Domain Activity Descriptor component, enter the ID of the activity record descriptor for the activity (E2N) to open when clinicians click the domain header in the print group or Storyboard.
 - f. In the Value column of the Custom Domain Scoring Rule component, enter the ID of your scoring

rule.

- g. For each question in your custom domain, enter the string of the question patients are asked in the Value column of the Custom Domain Metric Prompt component and enter the ID of the corresponding registry metric in the Value column of the Custom Domain Metric Rule component.
- h. Press the down arrow key until your cursor appears in the Value column of the Custom Domain Icon component. Enter an icon from the SDOH Custom Domain Icons (I ECT 98508) category list that appears in the print group and Storyboard for your domain. If you leave this component blank, an asterisk (*) appears for the custom domain icon.
- i. To specify information for another custom domain, press the down arrow key to put your cursor in the next empty line of the List field and press Tab to edit the line.
- j. If you have more than one custom domain, we recommend that you set the Table Mode? parameter to 1-Yes so domain names appear in the print group, which makes it easier for clinicians to distinguish between custom domains.
- k. If you created a new copy of print group 52140, replace the released print group with your copy in clinicians' reports.

Customize How SDOH Information Is Shared

Sharing SDOH data with patients and other organizations can facilitate better care and care coordination for your patients. By default, SDOH data is exchanged with other organizations in the [Social History](#) and [Interventions](#) sections and also appears in MyChart [visit record documents](#). Requests to community resources appear in the AVS. Starting in November 2022, these requests also appear in MyChart and are exchanged through Care Everywhere.



Information from the Epic-released intimate partner violence domain doesn't appear in MyChart.

Additionally, if you created a custom domain using an Epic-released intimate partner violence source, flowsheet, or property in May 2022 or an earlier version, information from that domain doesn't appear in MyChart by default. You can adjust whether that custom domain appears in MyChart.

Because some SDOH information might be sensitive or inappropriate to share in certain contexts, you have flexibility to determine how specific information is shared using the following tools:

- Care Everywhere profile variables determine what information appears in Care Everywhere documents sent to other organizations. Using a profile variable to prevent information from being sent to other organizations also prevents it from appearing in MyChart visit documents. Refer to the [Control How SDOH Data Is Shared With Other Organizations Through Care Everywhere](#) topic for more information.
- Starting in November 2022, you can prevent information from particular custom domains from being shared with patients using a domain-level setting. Setting this item also prevents referrals to community resources from appearing in MyChart visit documents and the AVS. Refer to the [Customize SDOH Domains \(Starting in November 2022\)](#) topic for more information.
- You can prevent referrals to specific community resources from appearing on the AVS using a facility-, service area-, or location-level setting. Starting in November 2022, when SDOH interventions appear in MyChart visit documents, this setting also hides services in MyChart. Refer to the [Hide Sensitive Resources in the AVS](#) topic for more information.

- Proxy access to view SDOH information in MyChart is controlled with security points and questionnaires. By default, proxies aren't able to view information about SDOH assessments or interventions that took place during office visits, but they do see questionnaires. Refer to the [Configure Proxy Access to SDOH Information](#) topic for more information.

Control How SDOH Data Is Shared with Other Organizations Through Care Everywhere

To help improve continuity of care for your shared patient population, SDOH data is exchanged with external organizations through Care Everywhere. If another organization documents patients' SDOH data, clinicians can see that data in documents you receive from that organization.

Prerequisites

You need to be live on Care Everywhere to show SDOH data from external organizations. For more information about Care Everywhere, refer to the [Care Everywhere: Essential Setup and Support Guide](#).

When clinicians view documents that have been received from external organizations, such as a clinical summary Continuity of Care Document (CCD), SDOH data appears in the Social History section of the document. This data can appear in any of the Care Everywhere documents described in the [Care Everywhere Documents Reference Guide](#).

Starting in November 2022, information from all domains is exchanged, including both Epic-released and custom domains.

In May 2022 and earlier versions, information from most Epic-released domains appear in Care Everywhere documents. Information from the following domains is not exchanged through Care Everywhere in these versions:

- Custom domains
- Foundation System domains for pediatrics as described in the [Import and Configure Foundation System Infant, Child, and Adolescent Domains](#) topic
- The following Epic-released domains:
 - Depression
 - Postpartum Depression
 - Housing Stability. Note that this domain is exchanged starting in August 2021 and in earlier versions with the following special updates:
 - May 2021 with SU E9703633,
 - February 2021 with SU E9607915,
 - November 2020 with SU E9510016

You can exclude data from documents that your organization sends if your organization decides that it's inappropriate to share certain information with other organizations.

If you want to exclude SDOH data from the Care Everywhere documents sent by your organization, follow the steps in the [Configure Care Everywhere Documents with Epic's Recommended Settings](#) topic to add either or both of the following profile variables to your Care Everywhere configuration (DXC) record:

- To exclude data from the Intimate Partner Violence domain, add profile variable `CDA_SH_EXCLUDE_INTIMATE_PARTNER_VIOLENCE`. Set the value for this profile variable to 1-Yes.

- Starting in November 2022, to exclude data from custom domains, add profile variable CDA_SH_EXCLUDE_SDOH_DOMAINS. Set the value for this profile variable to the domains you want to exclude.

To map custom social determinant of health domains so they can be exchanged with outside organizations, refer to the [Map Social Determinants of Health for Happy Together](#) topic.

Configure Proxy Access to SDOH Information

Proxy access to SDOH information includes three areas:

- Viewing SDOH questionnaires. By default, proxies have access to the same questionnaires as patients, but clinicians can mark that questionnaires should be hidden from proxies when they send the questionnaires to patients. Refer to the [Let Patients Document Their Own SDOH in MyChart and Welcome](#) topic for more information.
- Viewing referrals to community resources on the AVS. By default, proxies have access to the same AVS as patients, but you can configure a separate AVS that proxies view in MyChart. Refer to the [Show a Different After Visit Summary Report to Proxies](#) topic for more information.
- Viewing information about SDOH assessments and referrals to community resources in MyChart. By default, proxies have access to view neither SDOH assessments nor community resource referrals, but you can grant access by adding security points 264-SDOH Assessments - Proxy Only and, starting in November 2022, 263-SDOH Interventions-Proxy Only. Note that without security point 33-Social History - Proxy Only, proxies won't be able to view SDOH assessments, which appear in the [Social History](#) section.

Report on Social Determinants of Health Screening Rates

 **Starting in November 2020**

 **August 2020 by SU** C9403282-HSWeb, E9403270, and E9403282

Your organization can use metrics for SDOH measures for infants, children, adolescents, and adults to make sure clinicians are documenting SDOH assessments in a timely manner. Documenting SDOH assessments gives clinicians across the patient's care team a more complete patient story to help them intervene with patients who are at risk of negative health outcomes.

Care managers and their supervisors can use the following Radar components, which summarize the SDOH metric data, to review SDOH screening rates from the past four months and this month to date for each age group. Care manager supervisors can use this information to follow up with care managers to make sure they're completing SDOH screenings.

- [5850000002-HP SDOH Adult Screening Measures](#)
- [5850000006-HP SDOH Adolescent Screening Measures](#)
- [5850000007-HP SDOH Child Screening Measures](#)
- [5850000008-HP SDOH Infant Screening Measures](#)

Social Determinants of Health Infant Screening Measures					
	May	Jun	Jul	Aug	MTD
Caregiver Education and Work	89%	89%	89%	89%	89%
Caregiver Health	63%	88%	88%	88%	88%
Safety and Environment	91%	91%	91%	63%	91%
Transportation	90%	90%	63%	90%	90%
Food Insecurity	91%	91%	91%	91%	91%
Financial Resource Strain	89%	89%	89%	63%	89%



Starting in August 2020, if your organization is in the United States and a member of your EpicConnect team has completed the necessary EpicConnect setup, a Turbocharger package with this reporting content is available for download on the Available Packages tab of the Turbocharger activity (search: Turbocharger) or from this topic. If your organization is outside the United States or you don't have automatic package delivery set up, contact your Epic representative and mention project 224016 to get the package. For information about mapping and importing the package, refer to the [224016-Social Determinants of Health Screening Rates](#) topic.

If you choose not to take the Turbocharger package, you can use the Foundation System records as guides while you build your own. Log in to the [Foundation Hosted environment](#) as your organization's Healthy Planet analyst (AMBADM) and open the components listed above (search: Component Editor). Use the IDs listed below to open each related record. To set this up, you need to:

- Collect SDOH data in Chronicles by:
 - Creating registry metrics (CER) that look for the last SDOH screening date for each of the SDOH screenings you want to track. In the Foundation System, these are metrics 585000110-585000128. Refer to the [Create a Custom Metric](#) topic to get started.
 - Adding your registry metrics to a registry. In the Foundation System, we added registry metrics to the Wellness - All registry. Refer to the [Add a Metric to a Registry](#) for setup instructions.
- Create My Panel Metrics for each of the SDOH screenings you want to track. In the Foundation System, these are metrics (CER) 585000111-585000166. Refer to the [Create a Custom My Panel Metric](#) topic to get started.
- Create reporting building blocks, including:
 - Metrics (IDN) for each of the SDOH screenings you want to track. In the Foundation system, these are metrics (IDN) 585000110-585000166. Refer to the [Create and Edit Metrics](#) topic to get started.
 - Resources (IDK) for each of the SDOH screenings you want to track. In the Foundation System, these are resources 585000110-585000166. Refer to the [Create or Edit a Resource Record](#) topic to get started.
 - Extensions that use your registry metrics to look for the last SDOH screening date for each of the SDOH screenings you want to track. In the Foundation System, these are extensions 585000111-585000128. Refer to the [Create an Extension \(LPP\) Record](#) topic to get started.
 - Columns that show the last screening date using the extensions you created. In the Foundation System, these are columns 585000111-585000128. Refer to the [Create a Report Column from](#)

[Scratch](#) topic to get started.

- Create reports and components, including:
 - Reports from the Radar My Panel Metrics Drilldown Search report template that use the columns and My Panel Metrics you created above. In the Foundation System, these are reports , 615101, 639205, 639206, and 637306. Refer to the [Create a Report from a Report Template](#) topic to get started.
 - Radar components that show the data from the reports you created. Refer to the [Create and Edit a Component](#) topic for setup instructions.
- Add your components to a dashboard. Refer to the [Add a Component to a Dashboard](#) topic to get started.

Convert Custom History-Based Domains to Flowsheets

 **Starting in November 2020**

If your organization has custom SDOH domains that are documented in the History activity using SmartData elements, you can convert past documentation for those domains into flowsheets. This is helpful, for example, if you want to align your build with the Epic-released domains and have clinicians use only flowsheets to document SDOH.

To convert History-based SDOH documentation to flowsheets, you need to map the SmartData elements to the flowsheet rows where you want the data to be stored going forward. After your Epic representative runs a conversion, clinicians can then see the past documentation for the SDOH domain when they open the flowsheet.

Considerations

Only the last documented change in value for each SmartData element is converted to the flowsheet. For example, suppose you have a custom History-based SDOH question to assess whether the patient has trouble affording their medications, and a clinician documents the following values on the specified date:

- On January 1st, Yes is documented
- On July 1st, No is documented
- On November 1st, No is documented

In this case, clinicians see only the No value from July 1st as past data when you convert the data to flowsheets.

Prerequisites

To convert custom History-based SDOH domains to flowsheets, you need the HP SDOH SDE to FLO Utility license, which is included in the standard EpicCare Ambulatory, EpicCare Inpatient, and Healthy Planet licenses. If you're not sure whether you have this license, contact your Epic representative and mention parent SLG 3550868.

Identify or Build Flowsheets to Use

You need to specify which flowsheet rows each SmartData element for your custom History-based domain should be mapped to. If you want to map your domain to an Epic-released domain, you can use the Epic-released flowsheet rows for that domain. If you want to review the Epic-released flowsheet rows, open the Doc Flowsheet Builder in Hyperspace (search: Doc Flowsheet Builder) and search on the string "SDOH" in the Open Group/Row

field. This shows you the flowsheet groups used for each domain except for Depression, Housing Stability, and Postpartum Depression. Note that the Epic-released Tobacco Use domain doesn't use flowsheets because that domain is documented in History.

- The flowsheet groups for the Epic-released Depression domain (PHQ-2 and PHQ-9) are:
 - 1570000013-G BH PHQ-2/9 PHQ-2 Questions
 - 1570000017-G BH PHQ-2/9 PHQ-2/9 Additional Questions
 - (Starting in November 2022) 1570400831-G BH PHQ-9 Questions
- The flowsheet group for the Epic-released Housing Stability domain is 1570008804-G Children's HealthWatch Housing Screener.
- The flowsheet group for the Epic-released Postpartum Depression domain is 1570500011-G Edinburgh Postnatal Depression Scale: In the Past 7 Days.

If you don't want to use the Epic-released flowsheets, you need to build your own.

Map the SmartData Elements to Flowsheets

To map your SmartData elements to flowsheets, you need to create a general table (AIO). We recommend that you complete the following setup with a member of your Bridges team if you're unfamiliar with creating tables.

1. In Hyperspace, create a general table (search: Tables) that uses table specification 450002-HP Social Determinants of Health History SDEs to Flowsheets.
2. Click Add to open the Editing New Row window and add a row to the table that maps a single SmartData element value to the corresponding flowsheet row that should store that data going forward.
 - a. In the SmartData Element Record key, enter the SmartData element identifier (HLX).
 - b. In the SmartData Element Value key, enter the value stored in the SmartData element that you want to map.
 - c. In the Flowsheet Record data key, enter the flowsheet (FLO) row that corresponds to the SmartData element you entered in step a.
 - d. In the Flowsheet Value data key, enter the value of the flowsheet row that corresponds to the value you specified in step b. Note that you need to match the data format stored in the flowsheet row. For example, for a Category Type flowsheet row, enter the numeric category value.
 - e. Click Accept.
3. Repeat step 2 as needed until you map every possible value for each SmartData element to the corresponding values for each flowsheet row.
4. Click Accept to save and close your table.

Update Clinicians' Workspaces

Make sure clinicians' workspaces contain the necessary flowsheets to document your domain.

- If you mapped your custom History domain to an Epic-released domain, refer to the [Give Clinicians Navigator Sections to Review and Document SDOH](#) topic for more information about giving clinicians access to the flowsheets.
- If you mapped your custom History-based domain to a custom flowsheet-based domain, refer to the [Set Up Flowsheet Navigator Sections](#) topic for instructions to give clinicians access to the flowsheet through a navigator section.

You also need to remove your custom domain from the History activity and navigator section because clinicians

will now document the domain using flowsheets. For more information about updating History, refer to the [Customize the History Activity](#) topic.

Convert the Data and Update Your Metrics

After you create your table, contact your Epic representative and mention parent SLG 5351283 to have them run a conversion. Provide your Epic representative with the ID of your table.

You also need to update the registry metrics for your domain to look to the flowsheet rows instead of your SmartData elements. Because the conversion can take as long as several weeks to finish (depending on how much History documentation the system needs to convert) we recommend that you update the registry metrics to look for flowsheet data and use the SmartData element data only if the flowsheet data isn't populated.

Convert Custom Flowsheet Documentation for an Epic-Released SDOH Domain

 **May 2020 and Earlier**



Starting in August 2020, don't complete this setup because the Epic-released domains are documented in flowsheets, so you don't need custom flowsheet documentation to appear in the History activity.

If your organization documented patients' SDOH in custom flowsheets for one or more Epic-released domains, you can convert that documentation so it appears with the Epic-released SDOH content in the History activity and the SDOH print group. For example, suppose your organization used a custom flowsheet to screen patients for food insecurity. You can map that flowsheet documentation to the standard Food Insecurity domain so clinicians see a patient's most recent response to the flowsheet documentation when they review the SDOH print group in the longitudinal plan of care report.

Considerations

Note that the questions in your custom flowsheets for a domain must exactly match the questions used in Epic's released SDOH content for data to be converted correctly.

Also note that only the last documented flowsheet values for each patient are imported. Starting in August 2019, you can include pended values such as patient-entered data that a clinician hasn't filed to the patient's chart. In May 2019 and earlier versions, pended values are not imported.

Record the Patient (EPT) Items That Store Data for the Epic-Released Domain

For each flowsheet that you want to convert, make note of the patient (EPT) items that are used to store data for the corresponding Epic-released domain. For example, if you're converting a flowsheet that documents food insecurity, items 19944 and 19945 store the responses for the Food Insecurity domain in the History activity. If you're unsure which items are used for a domain, open the Item Editor (search: Item Editor) and search on the string "history SDOH" to see a list of all the SDOH items.

Also make note of each numeric value for the EPT items. You can find the numeric value of an EPT item by opening it in the Item Editor and looking in the Category section.

You need to know each EPT item for the domain and all of the item's corresponding numeric values to complete the setup described in the next section.

Create a General Table

To convert custom flowsheet documentation, you need to create a general table that maps each row of the flowsheet to the Epic-released prompts for the domain. We recommend that you complete the following setup with a member of your Bridges team if you're unfamiliar with creating tables.

1. In Hyperspace, create a general table (search: Tables) that uses table specification 100001-HP Social Determinants Flowsheet Map.
2. Click Add to open the Editing New Row window and add a row to the table that maps a single flowsheet value to the corresponding patient (EPT) item value for the domain.
 - a. In the Source Flowsheet Row key, enter the ID of the flowsheet row.
 - b. In the Custom List Row Number key, enter the category ID for a particular answer to the flowsheet row you entered above.
 - c. In the EPT Item Destination key, enter the patient (EPT) item that corresponds to the flowsheet row you entered above.
 - d. In the EPT Item Category Number value, enter the category ID for the value of the EPT item that corresponds to the answer you specified in step b.
 - e. Click Accept.
3. Repeat step 2 as needed until you map every possible value for each row in your flowsheet to the corresponding values for each prompt in the assessment for the Epic-released domain.
4. Click Accept to save and close your table.

For example, suppose your custom food insecurity flowsheet includes row 123456 to document whether the patient worried about running out of food in the past year, and a value of 1 for that row corresponds to a Never True answer. Your general mapping table would then include the following row:

Source Flowsheet Row	Custom List Row Number	EPT Item Destination	EPT Item Category Number
123456-Custom Food Worry Question	1	19944-History SDOH Food Worry	1

After you create your table, contact your Epic representative and mention parent SLG 3681657 to have them run a conversion to finish the setup. Provide your Epic representative with the ID of your table as well as IDs for a user (EMP), provider (SER), and department (DEP) that you want to associate with all of the history encounters that the system creates during the conversion. Note that you can't associate a background user with the history encounters. Starting in August 2019, tell your Epic representative if you want to include pended flowsheet values. For example, you might include pended values if your custom flowsheet documentation can contain patient-entered data.

Note that clinicians won't see your flowsheet data in the SDOH print group or the History activity until after the conversion finishes running for the patient and the Wellness-All registry is next updated. This might take as long as several weeks depending on how much flowsheet documentation the system needs to convert and when your next scheduled run for the Wellness-All registry occurs.

Troubleshoot SDOH Content

There are two options for troubleshooting your SDOH domain build, depending on your Epic version.

Starting in November 2022, you can use a utility to identify build issues.

In February 2020 through May 2022, use the Build Wizard to review errors with SDOH build.

Run the Utility

➔ Starting in November 2022

The Validate SDOH Rules utility shows rule build issues for SDOH domains, such as having the wrong combination logic in a domain scoring rule or not having display names in associated metrics. To run the utility:

1. In Clinical Administration, go to Management Options > Utilities > Healthy Planet > Validate SDOH Rules.
2. Specify whether you want to evaluate all SDOH rules for errors or enter a list of rules to evaluate.
3. Select each error in the results and press V to view details.

Use the Build Wizard

➔ Starting in February 2020



The Build Wizard shows every SDOH domain that's defined in your system and whether there are any errors with the build. For example, if the registry metric scoring rule for a domain doesn't depend on the same metrics that are defined in the Custom Domain Configuration parameter of a copy of print group [52140-LPOC Social Determinants of Health - Happy Together](#), the Build Wizard shows a warning with the affected records that need to be fixed.

To get started, open the Build Wizard in Hyperspace (search: Build Wizard) and search for feature 45008-Migrate Social Determinants of Health Custom Build (application: Healthy Planet).

Possible Errors and Resolutions

The following table shows errors that can appear in the utility or Build Wizard and how you can resolve each one.

Error	How to Resolve
There are multiple domains mapped to the same domain ID across the system.	Make sure that a given SDOH Domain ID (I ECT 98502) isn't defined differently between multiple copies of print group 52140-LPOC Social Determinants of Health - Happy Together . For example, the same domain ID can't be mapped to scoring rule ABC in one copy of the print group and scoring rule XYZ in another copy.
There are multiple domains mapped to the same ID across a record.	Make sure that a given SDOH Domain ID (I ECT 98502) is used only once in a copy of print group 52140-LPOC Social Determinants of Health - Happy Together .

A definition is missing its domain.	Make sure that the Domain Order and Custom Domain Configuration parameters in a copy of print group 52140-LPOC Social Determinants of Health - Happy Together are configured correctly for each of the SDOH Domains (I ECT 98502) that you want to show. Alternatively, define the domain in EMR System Definitions.
A definition is missing its scoring rule.	Define the domain in EMR System Definitions and add a scoring rule for it (I LSD 9467).
A definition is missing its icon.	Define the domain in EMR System Definitions and add an icon for it (I LSD 9463).
Icon can only be used once across a record.	Make sure that a given SDOH icon (I ECT 98508) isn't used for two or more domains.
Cannot override a released domain ID from the LPG, PAF, or LPP.	Refer to the Customize Available Domains and Sources of Information topic for instructions to override the settings for an Epic-released domain, such as the icon that appears. You can't override the settings for an Epic-released domain from the SDOH print group or Storyboard.
E2N record is defined differently in the domain definition and the E2N override parameter (both on the same record).	Make sure the corresponding activity for a domain matches between EMR System Definitions (I LSD 9468) and the Activity Links parameter in a copy of print group 52140-LPOC Social Determinants of Health - Happy Together . Alternatively, migrate all of your custom build from the print group to EMR System Definitions.
The metrics defined on the LPG and the dependent metrics on the scoring rule do not match.	Make sure the dependent metrics for the domain's scoring rule are the same as those that are listed in the Custom Domain Configuration parameter in a copy of print group 52140-LPOC Social Determinants of Health - Happy Together . For more information about how to define the dependent metrics for a scoring rule, refer to the Create a Scoring Metric topic.
The metrics defined on the LPG do not all have display names and/or vice versa.	Make sure that each pair of metric prompts and metric IDs in the Custom Domain Configuration parameter in a copy of print group 52140-LPOC Social Determinants of Health - Happy Together has a value. Alternatively, migrate all of your custom build from the print group to EMR System Definitions and make sure that a display name (I CER 515) is defined for every SDOH metric.
Scoring rule's dependent metrics need display names.	Make sure that a display name (I CER 515) is defined for each of the scoring rule's dependent metrics.

Scoring rule has no dependent metrics.	Add dependent metrics to the domain's scoring rule in the Rule Editor. For more information about how to define the dependent metrics for a scoring rule, refer to the Create a Scoring Metric topic.
Color ranges are not defined and the networked category list IDs fall outside the default (0,1,2,3).	Make sure the scoring rule has a range (I CER 530 and 531) defined for each risk classification value that it can return. For more information, refer to the Customize Available Domains and Sources of Information topic.
Color ranges are defined and have no valid colors (Green, Red, Yellow). Invalid colors will be defaulted to gray.	Define an appropriate color (I CER 533) for each value that the domain's scoring rule can return. For more information, refer to the Customize Available Domains and Sources of Information topic.
Rule is the wrong context.	Change the scoring rule's context (I CER 35) to Registry Metrics Scoring Rules.
Rule is not networked. Networking is required for risk text.	Change the scoring rule's return type (I CER 1000) to Networked.
Rule evaluation logic is not first true line.	Change the Evaluation logic for the domain's scoring rule to "First true line" in the Rule Editor.
Scoring rule's dependent metrics do not return delimited data.	<p>Update the dependent metric to return delimited data so that users can see the assessment date of the metric. To update a metric:</p> <ol style="list-style-type: none"> 1. In Hyperspace, open the registry metric (search: Rule Editor). 2. Change the Return type (I CER 1000) to Delimited Data. 3. Change the property that's used by your metric to a property that returns delimited data. For example, if your custom domain returns data from a flowsheet row, use property 82125-Last Flowsheet Value Data. 4. Click the property to open its parameters for editing. Set the Operator field to Not Equal To and set the Result Type to Property Column Value. 5. Click Accept. 6. Repeat these steps for each custom metric that's listed as a dependent metric for your domain's scoring rule. <p>After you update the registry metrics for your custom domain, you need to pause</p>

	<p>the registry population daemon in your production (PRD) environment before you move the metric build changes to PRD. If you don't pause the daemon, errors can occur with patients' registry (RDT) records.</p> <p>To pause the daemon:</p> <ol style="list-style-type: none"> 1. In Hyperspace, go to the Registry Monitor (search: Registry Monitor). 2. Click Turn Off Population Daemon. <p>After you move the metric build changes to PRD, repeat these steps to turn the population daemon back on.</p>
Scoring rule's dependent metrics do not have MET records.	Create MET records linked to these dependent metrics to format the metric output for users. Refer to the Define a Significant Trend for a Custom Score topic for more information.
Scoring rule or dependent metrics are not listed on an active registry.	Verify that the rule and its dependent metrics are all included in an Analytics registry that the patient is included in. Refer to the Configure a Registry to Support SDOH topic for more information.

There are other possible issues with SDOH build that don't appear in the utility or Build Wizard. For example:

- If you see a "Some social determinants can't be assessed" error in the SDOH print group, verify that the domain scoring rule and its dependent metrics are all included in an Analytics registry that the patient is included in. For more information, refer to the [Configure a Registry to Support SDOH](#) topic.
- If you are not seeing a domain in the SDOH print groups, verify that:
 - The domain is not listed in the Excluded domains (I LSD 19006) field for a specific patient population on the SDOH for Selected Population screen in EMR System Definitions. If you are looking at the Excluded domains field in Record Viewer in Hyperspace, look at item 19004 instead of 19006.
 - The domain is not listed in the Excluded domains (I LPR 29110) field on the Social Determinants of Health - Domain Inclusion Settings screen in profile settings.
- If you are seeing a domain you shouldn't in the SDOH print groups, verify that:
 - The domain is not listed in the Relevant domains (I LSD 19005) field for a specific patient population on the SDOH for Selected Population screen in EMR System Definitions. If you are looking at the Relevant domains field in Record Viewer in Hyperspace, look at item 19003 instead of 19005.
 - The domain is not listed in the Additional domains (I LPR 29111) field on the Social Determinants of Health - Domain Inclusion Settings screen in profile settings.
- If the SDOH print group or Storyboard isn't updated after documenting SDOH information, verify that:
 - The patient is on the registry that includes the domain's registry metrics. If you think a patient who isn't on the registry should be, use the Rule Tester (search: Rule Editor) to test the registry's inclusion rule. In non-production environments, a warning appears in the SDOH print group if the patient isn't in the registry.

- The event-based registry update trigger for SDOH data is enabled, which ensures that patients' SDOH data is updated in near real-time. For more information, refer to the [Show Clinicians Up-to-Date SDOH Risk Classifications](#) topic.
- The domain's registry metrics are in a registry that is [enabled for event-based updates](#). If the registry is not enabled for event-based updates, the patient's risk classification in the SDOH print group and Storyboard might not be up-to-date based on clinicians' documentation until the [population daemon](#) updates the registry data.
- Starting in August 2020, each flowsheet row for the custom domain includes extension 37773-HP - SDOH Flowsheet After File in the After-file ext (I FLO 870) field.
- If the SDOH print group doesn't match what's shown in Storyboard, refresh Storyboard. Storyboard isn't automatically refreshed as often as the SDOH print group for performance reasons.
- In August 2020 and earlier versions without SU E9403282/C9403282, E9306385/C9306385, or E9208895/C9208895, if a date is missing from the timeline in the SDOH print group or Storyboard hover bubble, verify that one of the patient's answers to the prompts changed on that date. The timeline shows only the dates that a patient's answers changed, not each time that the domain was documented.
- If there are extra dates on the timeline in the SDOH print group or Storyboard hover bubble, and none of the patient's answers to the prompts changed between those dates, verify that the Return Type (I CER 1000) for the related registry metric is not Delimited Data. The registry metric should return only a single value, not delimited data. For more information, refer to the [Create a Custom Metric](#) topic.
- If the text of the question prompts in the SDOH print group or Storyboard hover bubble doesn't appear as expected, or Not on file appears for a question even though the risk classification for the domain was updated, verify that the domain's registry metric scoring rule has the correct dependent metrics listed. For more information, refer to the [Create a Scoring Metric](#) topic.

©2018 - 2022 Epic Systems Corporation. All rights reserved. PROPRIETARY INFORMATION - This item and its contents may not be accessed, used, modified, reproduced, performed, displayed, distributed or disclosed unless and only to the extent expressly authorized by an agreement with Epic. This item is a Commercial Item, as that term is defined at 48 C.F.R. Sec. 2.101. It contains trade secrets and commercial information that are confidential, privileged, and exempt from disclosure under the Freedom of Information Act and prohibited from disclosure under the Trade Secrets Act. After Visit Summary, App Orchard, ASAP, Beacon, Beaker, BedTime, Bones, Break-the-Glass, Buggy, Caboodle, Cadence, Canto, Care Everywhere, Charge Router, Chronicles, Clarity, Cogito ergo sum, Cohort, Comfort, Community Connect, Compass Rose, Cosmos, Cupid, Epic, EpicCare, EpicCare Link, Epicenter, EpicLink, EpicWeb, Epic Earth, Epic Research, Garden Plot, Grand Central, Haiku, Happy Together, Healthy Planet, Hey Epic!, Hyperspace, Kaleidoscope, Kit, Limerick, Lucy, Lumens, MyChart, Nebula, OpTime, OutReach, Patients Like Mine, Phoenix, Powered by Epic, Prelude, Radar, Radiant, Resolute, Revenue Guardian, Rover, Share Everywhere, SmartForms, Sonnet, Stork, System Pulse, Tapestry, Trove, Welcome, Willow, Wisdom, With the Patient at Heart, and WorldWise are registered trademarks, trademarks, or service marks of Epic Systems Corporation in the United States of America and/or other countries. Other company, product, and service names referenced herein may be trademarks or service marks of their respective owners. Patents Notice: www.epic.com/patents.