Search Human Services Directory by SDOH Client Specific Parameters Use Case

Document Information

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1. Brief Description

This use case describes an automated search of a human services directory using input parameters that are generated based on results of an SDOH-assessment, a set of questions that elicit response about a person’s information and needs. The search parameters may include a specified geographic location and the search returns the services that are available and appropriate for the patient based on the requested geographic location and which meet the eligibility criteria for receiving services set by the social services organizations.

Angela is a cheerful 72-year-old woman, despite living alone and with Parkinson’s disease for the past 18 years. At a recent neurology appointment, the clinic staff offers Angela the opportunity to complete a screening assessment (such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences ([PRAPARE](https://www.nachc.org/research-and-data/prapare/prapare_one_pager_sept_2016-2/)) to help identify unmet health-related social needs that could be addressed by community services located in her area (e.g., Housing instability, Food insecurity, Transportation problems, Utility needs, Interpersonal safety, Financial strain, Disabilities resources).

Based on results of the assessment, the neurology clinic providers and staff ask Angela if she would like to receive assistance. When she says yes, a Consent to Receive Care Management Services document is signed by Angela and recorded in the EHR-system. The clinic staff then begin the referral process by initiating a new care management case for Angela in the Care Management System, which has been populated with Angela’s demographic data, (integrated from the clinic’s EHR-system data base), or manually, by entering data directly into the Care Management System.

To start the referral process, the clinic staff access the community-based human services directory by searching for the category(ies) of services highlighted by results of Angela’s PRAPARE assessment. The directory is browsed for appropriate services that could be provided by community-based organizations (CBOs) in Angela’s home address service area (or Angela’s location preference). Results are returned displaying various organizations that can provide the relevant services. Service details are displayed and can be filtered so the clinic staff can determine along with Angela, the most suitable organization(s) and location(s) for Angela to receive services. Once services have been selected from the Directory, this use case ends, and the closed-loop referral process begins, whereby the referral can be generated by the EHR-system and transmitted to the CBO using Directory information to route the referral.

1. Actors

List any roles or systems involved with this process or use case. A person or system fulfilling a role will be the actor in one of the steps.

* **Medical Center EHR-System**: this is the healthcare provider’s electronic medical records system used to search the human services directory to identify human services that can help address a patient’s unmet social needs
* **Care Management System (CMS)**: this module/system is used by Medical Center Clinic Staff to track the status of a referral that was sent from the Medical Center EHR-system to the Community-Based organization that has accepted the referral, and which initiates the closed-loop referrals process
* **Human and Social Services Directory**: this is a standards-based directory of human and social services that can be searched by a set of commonly understood search criteria parameters to display search results from disparate organizations and systems that are commonly understood by all
* **Community-Based Organization referral management system**: that includes the ability to connect to and communicate with provider EHR-systems in the closed-loop referral workflow process

1. Pre-Conditions

List anything that must be true before this process or functionality begins. Preconditions should be states that a system can validate to be true. A common example is that a specific Actor has logged into the System.

* Medical Center staff have valid access to, and have logged into the Care Management System
* Human and Social Services Directory is available to staff within the Medical Center EHR-system
* Care Management System workflow can be populated by EHR-system data via FHIR APIs
* CBOs have access to an electronic system with referral management capabilities (Care Management System) and have the capacity to maintaining and use a standards-based human services directory
* CBOs have mapped locally defined services to standard concepts to ensure display of (semantically) equivalent resources/services are understood by all users, regardless of the organization and/or location where the service is delivered

1. Basic Flow

The basic flow is the normal course of events, otherwise called the “happy path.” Ask yourself, what happens most of the time and you’ll discover the steps that belong here. You’ll want your basic flow to cover the full scope of activities between the starts when and ends when.

1. After the PRAPARE assessment has been administered to Angela, the Medical Center staff discuss the results with Angela who agrees to participate in care management. This enables Angela to be referred to one or more human and social service organizations for help with her unmet social needs.
2. A consent to receive services agreement is “signed” by Angela. This documentation is entered into the EHR-system and associated with Angela’s patient record.
3. A new client record is created for Angela (if none already exists) in the Care Management system/module containing Angela’s pertinent demographic (and possibly) clinical data from the EHR-system, and a new care management case is opened for Angela in the Care Management system/module by the Medical Center staff. This case will be kept informed of the progress of the social care referral through status updates sent by the CBO providing the requested services.
4. The Medical Center Staff begin the referral process by accessing the Human and Social Services directory to search for a list of appropriate organizations and locations that could provide services relevant to Angela’s unmet social needs (e.g., food Insecurity, housing insecurity, etc.). Searching the directory for services is performed in several ways: using a keyword (or partial keyword) to specify the name of the service (e.g., Meals Ready to Eat); using a broader category of services, such as Food; using the physical location (address) where specified services are to be delivered (Locations (specific or coverage area-zip code(s)) can be requested by the patient, or could default to locations near the patient’s home address as examples). Additional search parameters can be used to narrow the search results (e.g., organization, days of the week availability, program (related services), etc.).
5. Once the search parameters have been entered, the Human Services Directory returns results for every organization delivering services that satisfy the search criteria, including the physical and electronic address, and contact information for the location where the services are rendered. Based on Angela’s wishes and availability, the appropriate service(s) at location is selected and a Referral Request is completed, signed, and transmitted to the CBO at the selected location based on the electronic contact information contained in the Human Services Directory.
6. The closed-loop referral process is initiated by when that referral request is submitted to the selected organization(s) from the Care Management System/module. The clinic EHR-system has a copy of the referral request, which is documented in the patient’s medical record, where the closed-loop tracking process can be monitored by providers from within the EHR-system as well, keeping clinic staff and providers updated on the status of the referral as well as the patient’s progress.
7. The Human Services Referral Request generated by the Care Management System includes the pertinent demographic data and other required information required by the community-based organizations to make the determination as to whether to accept or reject the referral. The Medical Center Care Management System/module receives updates from the CBO referral management system following each step in the referral process: receipt of referral by the CBO; status updates until the referral is complete (e.g., Accepted/Denied; Services Rendered; Case Closed, etc.)
8. While this use case flow ends in step #4 (once selection has been made from the Human Services Directory); steps 5-7 have been added to illustrate the system interaction between the Human Services Directory (foundational to the closed-loop referral process), the Medical Center EHR/Care Management Module (sending system) and the CBO (receiving system).
9. Alternate/Exception Flows

An alternate flow is a variation from the basic flow. Alternatives can be triggered at any step in the basic flow and often reinsert the actors back into the basic flow.

An exception flow is an error, or a negative condition. When an exception is encountered, it prevents the process from finishing through to its conclusion until it’s addressed.

Number your alternate and exception flows to indicate the step at which the variation occurs. For example, a variation on step 3 could be listed as 3a and a second variation as 3b, and so forth.

Describe the alternate functionality and then identify at what step in the basic flow this variation picks back up. For exception flows that result in the use case ending, simply write, “Use Case Ends.”

5a – If no services are returned based on search criteria parameters, widen the search criteria (e.g., wider geographic location – coverage area rather than individual zip code; higher level category of services – e.g., instead of Meals Ready to Eat, Emergency Food)

1. Post Conditions

Post-conditions indicate what must be true of the state of the system after the steps of the use case are complete. These should be true for the basic flow and all alternate flows. Exception flows may have different post-conditions or none at all.

* The information required by the human services referral (service identifier, (physical) location (address of the organization where the service(s) will be delivered, contact information), is populated in the referral request that will be generated by the Care Management System based on directory data to route the referral appropriately.
* Human Services referral is documented in the clinic EHR-system and initiates the closed-loop process (worklist status updates
* Care Management System has the data necessary to accurately transmit referral to CBO at the desired location so the closed-loop referral process can start.

1. Supplemental Requirements

This is a special section I use to hold miscellaneous requirements related to the use case (e.g., Business Rules or other information related to the use case. These may or may not be actual requirements, but instead this section can be used to document assumptions or other notes.

1. Activity diagram

Describes the interaction between the actors and systems. A work-flow diagram can be used to visually show the sequence of steps and alternate and exception flows.

TB added

1. Revision History

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| --- | --- | --- | --- | --- |
| V. | Date | Author | Description | Status |
| 1 | 4/18/22 | S. Versaggi | First Draft | draft |
| 2 | 4/19/22 | S. Versaggi | Make scenario more generic use case | draft |
| 3 | 4/21/22 | S. Versaggi | Revised Actors and Basic Flow | draft |
| 4 | 4/25/22 | S. Versaggi | Minor revisions and posted to GoogleDocs | draft |