

Screening for Social Drivers of Health in iKnowMed

In this lesson, you will learn the steps required for **MIPS # 487 Screening for Social Drivers of Health** quality measure.

The measure requires that patients 18 years and older be screened for **food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.**

Note: The NCCN Distress Thermometer in iKnowMed has been modified to include utility screening. If you are using a paper screening tool, you must ensure that it includes utility screening.



You may send the Distress Screening to the patient via Ontada Health. Please see the Ontada Health help menu for more information. This job aid will walk through adding the documentation to iKnowMed.

1. To reach the NCCN Distress Thermometer, go to the **Clinical Profile** tab, then click Patient Hx.
2. Then click on **Distress Thermometer** in the left-hand menu.

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The screenshot shows a user interface for recording patient distress. On the left, a vertical list of radio buttons is labeled 'Distress Level'. The options range from '10 — extreme distress' at the top to '0 — no distress' at the bottom. A red rectangular box highlights this entire list. To the right of this list, a 'CLEAR' button is visible, with a yellow circle containing the number '3' pointing to it. Below the 'Distress Level' list, there is a 'Comments' section. It features a text input area with the placeholder text 'Add comments' and a 'CLEAR' button to its right. A yellow circle containing the number '4' points to the 'Add comments' text area.

3. Click **CLEAR** to reset selections, if needed.
4. Enter the patient's **Distress Level** by clicking the radio button next to the reported level.

This screenshot is a close-up of the 'Comments' section from the previous image. It shows a large text input area with the placeholder text 'Add comments'. To the right of the input area, there is a 'CLEAR' button. A red rectangular box encompasses the entire 'Comments' section, including the input area and the 'CLEAR' button. A yellow circle containing the number '5' points to the 'CLEAR' button.

5. Comments may be added in the free text **Comments** box.

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Have you had concerns about any of the items below in the past week including today? (mark all that apply)

Physical concerns	Practical concerns	Emotional concerns
<input checked="" type="checkbox"/> Pain	<input type="checkbox"/> Taking care of myself	<input type="checkbox"/> Worry or anxiety
<input type="checkbox"/> Sleep	<input type="checkbox"/> Taking care of others	<input type="checkbox"/> Sadness or depression
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Work	<input type="checkbox"/> Loss of interest or enjoyment
<input type="checkbox"/> Tobacco use	<input type="checkbox"/> School	<input type="checkbox"/> Grief or loss
<input type="checkbox"/> Substance use	<input type="checkbox"/> Housing	<input type="checkbox"/> Fear
<input type="checkbox"/> Memory or concentration	<input type="checkbox"/> Utilities	<input type="checkbox"/> Loneliness
<input checked="" type="checkbox"/> Sexual health	<input type="checkbox"/> Finances	<input type="checkbox"/> Anger
<input type="checkbox"/> Changes in eating	<input type="checkbox"/> Insurance	<input type="checkbox"/> Changes in appearance
<input type="checkbox"/> Loss or change of physical abilities	<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Feelings of worthlessness or burden
	<input checked="" type="checkbox"/> Childcare	
	<input type="checkbox"/> Having enough food	
	<input type="checkbox"/> Access to medicine	
	<input type="checkbox"/> Treatment decisions	

6. Complete any **areas of concern** based on the patient's responses.

Other concerns

Add other concerns

7. A free text box is available to document any **Other concerns**.

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8. Based on the assessment results, document the **plan of care** to address areas of concern. A free text box is available for additional comments.

Note: Depending on your monitor size, you may need to scroll to the right using the bottom scroll bar to see the Plan area.

9. Click **SUBMIT** to save.

Past Assessments & Plans										
Date	Distress level	Distress comments	Physical concerns	Practical concerns	Emotional concerns	Social concerns	Spiritual/rel. concerns	Other concerns	Plan	Other
04/03/2023	5	-	2	2	2	-	1	-	1	-

10. Previously completed assessments can be viewed here.

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☒
 Patient declined to complete assessment

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11. Check this box to document if a **Patient declined to complete the assessment**.

This concludes the lesson for the **MIPS # 487 Screening for Social Drivers of Health** quality measure.