EMR Standards for SDOH Data
September 2022

Alliance for Healthier Communities
Alliance pour des communautés en santé

CHC Model of Care

- Shared model of care
- Common Evaluation Framework that includes:
  - Data Standards
    - Socio-demographic data
    - Individual level encounter data
    - Group activities related to increasing education/knowledge awareness
    - Community development initiatives
  - Indicators to demonstrate performance
- Common EMR and data warehouse
- Data extracts linked to administrative data (CIHI, ICES, POPLAR)

DOH Standards Currently in Use

- Race (previously collected ethnicity but data was mapped if possible)
- Gender
- Sexuality
- Disability
- Country of Origin (if not Canada year of arrival)
- Preferred Language of Service
- Household Income & # of people supported by income
- Highest Level of Education Achieved
- Inclusive definition of Francophone (2 questions)
- Precarious housing

** Pilot project currently underway with subset of Toronto CHCs to test additional SDOH questions (OH plan to roll out April 2024 within Toronto and full implementation ~2025)

Data Collection and Analytics

- Common templates for data collection and ongoing training
- Updated every three years (at a minimum)
- All standardized data uploaded to data warehouse nightly (including SDOH and encounter data) → extracts sent to ICES, CIHI and POPLAR
- Data used as equity stratifiers, planning and to inform tailored service delivery (eg. Afrocentric Cancer Screening Program)

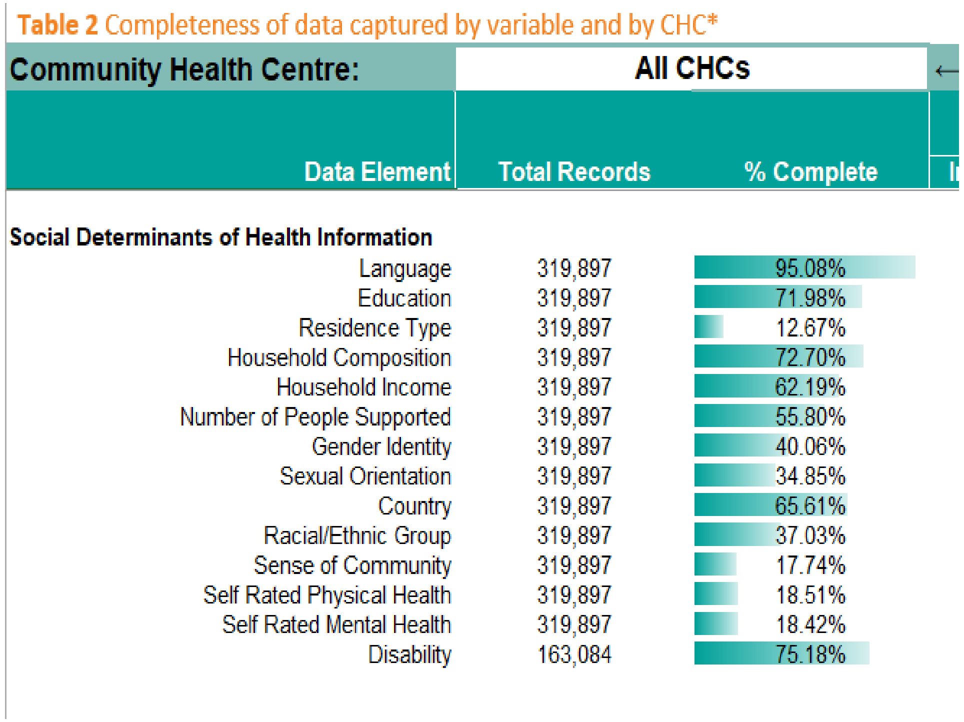

Table 2 Completeness of data captured by variable and by CHC*

Community Health Centre:	All CHCs	
Data Element	Total Records	% Complete
Social Determinants of Health Information		
Language	319,897	95.08%
Education	319,897	71.98%
Residence Type	319,897	12.67%
Household Composition	319,897	72.70%
Household Income	319,897	62.19%
Number of People Supported	319,897	55.80%
Gender Identity	319,897	40.06%
Sexual Orientation	319,897	34.85%
Country	319,897	65.61%
Racial/Ethnic Group	319,897	37.03%
Sense of Community	319,897	17.74%
Self Rated Physical Health	319,897	18.51%
Self Rated Mental Health	319,897	18.42%
Disability	163,084	75.18%

Limitations in Ability to Collect Data

- Despite years of collecting data there are significant gaps and variation between centres
- Study done to examine barriers & facilitators to data collection & use
- Key findings included:
  - Most providers and staff valued the collection of SDOH data
  - Difficult for staff to provide explanation for why the data was collected
  - Data is often collected by reception or at intake however providers stressed the importance of trust. If the data was entered into the clinical note it was not mapped to the sociodemographic profile within the client record
  - Ensuring that the data was used by providers and teams (not just collected for someone else)

Data Quality Improvement & Use of SDOH Data

- AGM Resolution = 75% overall completeness by 2024
- Sociodemographic Toolkit created
  - Data Collection Guide
  - Sample workflow
  - Scripts
  - Client brochure
  - Data templates
- Data placemat will be provided quarterly
- Foundations of Equity: Improving sociodemographic data collection & use
  - 30 teams are participating May 2022- April 2023
  - Building QI muscle, improve outcomes (2021 LC → 94% of the respondents reported improved QI skills & all increased cancer screening rates (data was equity stratified)
  - QI coaches meet with teams (review run charts, help with root cause analysis, driver diagrams and coaching/support)
  - Formal QI training sessions and sharing sessions → leading to Capstone event

Questions

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