Good&HEALTHY
SOUTH DAKOTA HEALTHCARE

SUCCESS STORY

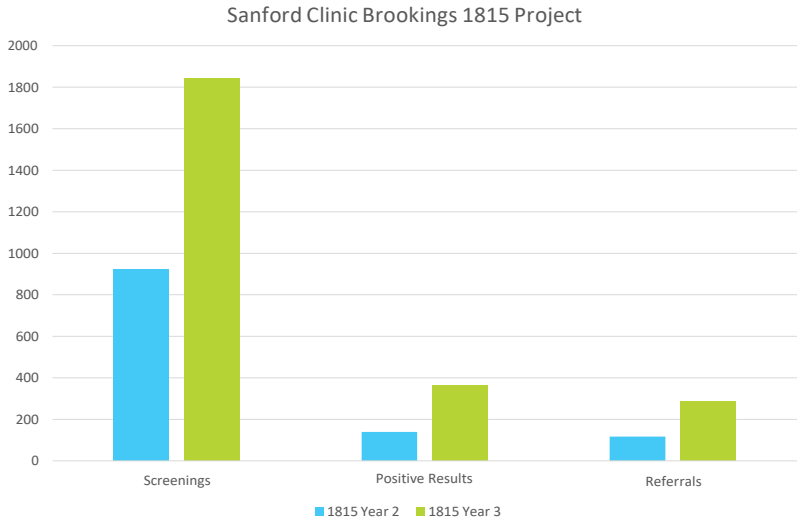
A Little Support Goes a Long Way: Addressing Risk Factors at Sanford Clinic Brookings throughout 1815 Year 3

Summary

The likelihood of developing chronic disease and adverse outcomes can be greatly influenced by a variety of circumstances and situations. Sanford Clinic Brookings is working to combat barriers related to several social, environmental, and behavioral risk factors through the use of a screening tool implemented in December 2019. Screenings are given to patients seen in the clinic for well visits or when something within their medical record indicates they could benefit from a screening. When a need is identified through the screening, patients are referred to the on-site social worker, who can assist with finding the appropriate resources to help address the corresponding barrier.

Results

From December 2019-June 2020 (1815 Year 2), Sanford Clinic Brookings' first year implementing this project, the clinic administered 921 screenings, with 139 indicating positive results. Of those, 117 resulted in a social worker referral. In comparison, from July 2020-June 2021 (1815 Year 3), Sanford Clinic Brookings administered 1,844 screenings, with 364 indicating positive results. Of those, 287 resulted in a social worker referral. Most referrals related to mental health concerns, transportation barriers, and financial assistance needs.



Successes

Sanford Clinic Brookings identified a patient who regularly came to the clinic after moving to SD a couple of years ago. She experienced barriers to receiving care due to a lack of transportation and financial concerns. To secure affordable housing, she had to move outside town, which exasperated her transportation issues and made it difficult to obtain her prescriptions.

The patient began meeting with her care team monthly to discuss current needs, overall progress, and goal setting. The clinic was able to set up transportation covered by Medicaid to come to the appointments, and she was able to obtain her prescriptions when in town for her meetings. Additionally, the clinic was able to assist her with getting an eye appointment and glasses as well as dental care, which was a barrier due to no local dentists taking new, adult patients with Medicaid. The clinic also set up in-home physical therapy for the patient, which she has since graduated from.

Through the regular meetings, the patient learned the importance of taking her medications as prescribed. She developed trust for her care team and experienced improved outcomes as a result.

Evidence-Based Interventions

Sanford implemented the intervention: Supporting engagement of non-physician team members in hypertension and cholesterol management in the clinic setting.

Future Directions

A short-term goal of the project includes identifying and assisting more Sanford Clinic Brookings' patients with unmet needs. As this work continues, the clinic hopes to grow the care team and show providers the benefits of working with the care team to help their patients be successful.

Get Involved

For additional information on this project or to learn more about Heart Disease and Stroke Prevention Program (HDSPP) funding opportunities, contact Rachel Sehr, Heart Disease and Stroke Prevention Coordinator at Rachel.Sehr@state.sd.us or 605-367-5356.

Next Steps

Through CDC's 1815 cooperative agreement, Sanford Clinic Brookings will receive continued funding from the HDSPP to support their on-site social worker in 2021-2022. Additionally, HDSPP and Sanford Health will work together to identify potential opportunities for expansion to additional locations within the health system.

Contact:

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