2020

Nothing New Under the Sun: How Existing Screening Programs can Inform the Design of Social Determinants of Health Screening in Health Care.

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AcademyHealth ANNUAL RESEARCH MEETING

RESEARCH OBJECTIVE

Up to 80% of the factors contributing to an individual's health status are related to social determinants of health (SDOH) [1]. As healthcare systems transition to value-based payment models which compensate providers for patient health outcomes, many have called for healthcare organizations to screen patients for SDOH-related social needs and for providers to consider them when providing medical care [2]. Screening for social needs involves collecting information that may make patients feel vulnerable, creating a need to develop screening methods that emphasize patient comfort. Similarly, social needs screening may place burdens on providers that have limited training and time to conduct screening or act on the results. Yet, it is underacknowledged that providers, especially in oncology, obstetrics and gynecology, and population health, may already routinely collect sensitive data from patients, including social needs — suggesting that understanding existing screening programs may help to inform the design of expanded social needs screening practices. With a goal of identifying lessons learned in practice, we describe existing social needs screening practices in a range of clinical areas.

POPULATION STUDIED

We interviewed providers, staff, and administrators across a range of clinical practices that routinely screen patients for social needs at Parkview Heath, a large non-profit healthcare system in northeast Indiana and northwest Ohio. Respondents represented a wide range of clinical areas (Table 1).

STUDY DESIGN

We conducted semi-structured interviews with 36 providers, staff, and administrators at Parkview Health. Interviews were conducted via telephone, audio recorded, and professionally transcribed. Transcripts were qualitatively analyzed using a grounded theory framework.

ACKNOWLEDGEMENTS

PRINCIPAL FINDINGS

Participant Demographics

Mean age: 43 years (SD 8.1 years)

Gender: 30 Female (83.3%), 6 Male (16.7%)

Race: 33 White, 1 African American, 1 American Indian or Alaskan Native, 1 Multiracial

Mean length of practice: 15.5 years (SD 10.8 years)

Roles represented: 16 Nurse, 6 Social Worker, 6 Administrator, 3 Pharmacist, 2 Physician, 1 Educator, 1 Nurse Practitioner, 1 Pharmacy Technician

Table 1

Clinical Areas Represented
Community Health
Community Nursing
Inpatient Case Management
Inpatient Social Work
Oncology
Pediatrics
Population Health
Substance Use/Mental Health
Women's and Children's

SDOH screening practices at Parkview clinics range from informal to formal. While there is widespread recognition of the importance of addressing SDOH for patients' health, providers and staff report different understandings of what constitute SDOH. For example, patient's access to transportation and their ability to pay for health care appeared ambiguous from the point of view of participants. Many respondents considered transportation and health care affordability to be important logistical concerns, though some did not consider addressing these needs to be SDOH screening. This may be a reflection of historic trends in healthcare education and training, which many report has not necessarily covered SDOH. Currently some clinics' efforts to screen for SDOH are centered around identifying barriers that patients may face getting to next appointment or receiving support during post-op recovery. The storage of SDOH information similarly varied, ranging from free text narrative notes to data stored in dedicated data fields in standardized flowsheets. Respondents suggested that narrative SDOH data collection helps provide context about a patient's circumstances, motivating further inquiry about social needs and serving as an aid in rapport-building.

To characterize the diversity of SDOH screening workflows currently in place, we provide examples in 3 clinical areas below:
- In oncology, a long-standing program screens all cancer patients for magnitude of distress experienced and asks patients to attribute their distress to a range of social needs.
- In obstetrics and gynecology, nurse navigators and community health workers use a combination of digital and paper tools in conjunction with home visits and informal community office hours in apartments to identify patients' social needs.
- In population health, nurses augment intake evaluations with assessments performed via phone or in-home visits to establish a clear understanding of patients' social needs.

REFERENCES

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IMPLICATIONS FOR POLICY AND PRACTICE

By studying existing screening practices, we may inform the design of expanded SDOH-related screening policies and practices. However, additional evidence is needed to determine how to do SDOH screening in a manner that minimizes patient, provider, and staff burden. Given the diversity of methods employed by healthcare providers and staff to learn about patients' social needs both formally and informally, efforts to develop standardized SDOH screening policies approaches may consider:

- Assessing which social services resources are available in the clinic and in the community to ensure that providers and staff only collect those social needs which are able to be addressed

- Ensuring that providers and staff have sufficient training, both about available community resources and regarding how to navigate sensitive conversations about patients' social needs

- Adjusting the context and timing of SDOH screening based on service line (a "one size fits all" approach may not be effective in all clinical areas)

- Determining how to store SDOH data in accessible, useful, and secure manners, including balancing the need for both discrete and narrative data

CONCLUSION

Best practices for screening for patients' social needs may be discovered by examining current SDOH screening approaches. Here we describe practitioners' experiences with SDOH screening in a variety of clinical areas, including efforts to tailor screening to meet the needs of specific patient populations. SDOH screening policies should consider the diversity of stakeholders and their unique needs as increasingly frequent and comprehensive data collection about social needs is implemented.

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