AcademyHealth ARM 2020 Dissertation Abstract
Theme: Social Determinants and Social Needs

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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Research Objective
Up to 80% of the factors contributing to an individual's health status are social determinants of health (SDOH). 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. Screening for social needs is expected to involve 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 case studies of existing social needs screening in three clinical areas.

Study Design
We conducted a qualitative case study, including semi-structured interviews and clinical observations. Additionally, we explored the history, supporting evidence, and guidelines involved in creating and implementing each screening practice.

Population Studied
We interviewed and observed physicians, nurses, and administrative staff in three specialty practices that routinely screen patients for social needs at a large nonprofit healthcare organization in the US Midwest. Additionally, we analyzed existing literature, including relevant policies and evidence, pertaining to each screening program.

Principal Findings
We document existing social needs screening practices from three clinical areas. We describe attributes of each screening practice, including the needs for which screening is conducted in each area, who performs screening, how screening is completed, and how collected data are used in practice. 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. Finally, 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. With the aid of participants' perspectives, we present an analysis of and strengths and weaknesses of current approaches. We also assess the policies, guidelines, and evidence base underpinning screening in each area.

Conclusions

Best practices for screening for social needs may be discovered by examining current screening approaches. Here we show how practitioners in three clinical areas tailor screening to meet the needs of specific patient populations.

Implications for Policy and Practice

By studying existing screening practices, we may inform the design of expanded SDOH-related screening policies and practices. Additional evidence is needed to determine how to do SDOH screening in a manner that minimizes providers and staff burden.