Identifying and Responding to Health Related Social Needs in Primary Care: Understanding the Impact and Planning for the Future

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GOALS

STEP 1 Social Risk Screening

Established social risk screening rates

STEP 2 Subsequent System Response

Explored connection between positive social screens and response documentation

STEP 3 Apply Social Complexity Tools

Expedited children’s 5-year health trajectory from the medical perspective

STEP 4 Measure System Response

Completed social work process maps for 20 different social issues across 2 primary care locations

STEP 5 Healthcare Utilization Impact

Examined the relationship between social worker involvement and healthcare utilization

ACTIVITIES COMPLETED

STEP 1 Social Risk Screening

Conducted qualitative interviews with patients, physicians, and social workers to understand baseline system

STEP 2 Subsequent System Response

Explored children’s 5-year health trajectory from the medical perspective

STEP 3 Apply Social Complexity Tools

Created interview protocol to explore children’s 5-year health trajectory from the parent perspective

STEP 4 Measure System Response

EVALUATION

Existing social risk screening rates are high and reliable

About 40% children within the clinic are “positive” for ≥1 social risk and receive corresponding services

Difficult to tell when services for social risk factors have been completed

Difficult to ascertain patient health or health trajectory from multiple perspectives within budget and timeframe

The medical perspective suggests that children’s 5-year health trajectory is slightly downward

Parent perspective pilot interviews are in progress

Social work processes more numerous and complex than previously appreciated

Identified areas in which physicians have incorrect impression of available social work involvement

Social work involvement is associated with increased subsequent healthcare utilization

LESSONS LEARNED

Parents are uncertain about purpose of social risk screening and about the response process

Physicians and social workers are uncertain about screening and response process

Physician-to-social work referrals tend to lack necessary or actionable information

Difficult to tell when social work intervention is “done"

“Treating” social risks may not generate expected reductions in medical spending

NEXT STEPS / SUSTAINABILITY

Revised screening tool to (1) provide more information about how it will be used and (2) enhance domains/actionability

Train clinicians on how to use revised screening tool

Plan to improve physician-social work communications and interactions

Workflows may need redesigning

Linking work to emerging Flexible Spending housing and food responses

Trained physicians on social work and patient navigator response to set better shared expectations

Documentation of social risk response likely needs enhancing

Identify additional funds to explore this issue further

Publish findings

STEP 5 Healthcare Utilization Impact

Examine the relationship between social worker involvement and healthcare utilization
We used descriptive statistics to examine overall rates of receiving HRSN services and multivariate logistic regression to examine predictors of clinic HRSN services was compared. Results from lower socioeconomic backgrounds were more likely to receive clinic based HRSN services, suggesting that these resources are reaching those in greater need.

2. Receipt of in-clinic HRSN services was associated with greater not lesser use of subsequent urgent, emergency, and inpatient utilization.

3. Ongoing studies are examining the relationship between HRSN resource use and patient-reported health outcomes.
Responding to health-related social needs in two pediatric primary care practices

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Significance

• Health-related social needs (HRSN) screening may provide little benefit if clinical settings cannot respond meaningfully or reliably
  • Responding to health-related social needs could support better health
  • However, screening but not responding to HRSN could cause harm including lost opportunity to connect to resources, frustration for families and staff, and disruption of relationship with primary care provider

Objectives

• To assess rates of HRSN screening, positive screens, and documented HRSN responses
• To understand parent, physician and social worker perspectives on the HRSN screening and response system

Methods

Setting

• Two primary care practices: one hospital-based and one community-based
  • 22,000 patients served
  • 60% are insured by Medicaid
  • 30% of patients have complex or disabling health conditions
• Universal HRSN screening has been occurring at all well child visits since 2012
• Current HRSN response system includes licensed social workers (1 SW:2500 patients), patient navigators and resource specialists (1 PN/RS: 2500 patients)

Current HRSN Response System:

- Ad hoc (Emergency, phone call)
- Universal screen (Well visit)
- Assessment
  - Physician/NP
  - Social Worker
- Response Approach
  - In-house response
  - Community referral
- HRG Service Provided
  - Referral to food pantry
  - Support completion of SNAP or WIC application

Study Design: Mixed Methods

- Chart abstraction of 68 randomly selected charts, reviewed for 12 months following a well-visit and double-abstracted by ≥2 MD and ≥1 social worker (816 person-months)
- Reported: % Screened, % with HRSN reported, % of those without HRSN with later report of HRG, % of those with HRG with documented response
- Semi-structured interviews with a convenience sample of 12 parents, 12 physicians and 8 SW to assess their understanding of screening and response

Analysis: Calculated percentages and used qualitative approaches to synthesize informant sentiments.

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Results

Figure 1
Screening and Response

- HRSN reported: 20%
- HRSN not reported: 80%
- Documented HRSN response: 40%

Figure 2
Parent perspective on HRSN screening (n=12)

Some parents were not sure why clinic collects HRSN information

Some parents were not sure what clinic does with information

“I do not know why you are asking these questions…why would [clinic] need this information about anyone?”

“I do not always get the [screen] or review it. I do not seek it out if is not present with paperwork…is not a priority and I don’t always review”

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Conclusions

• Screening is not the only way in which HRSN are identified
• Documentation of clinic response to HRSN is limited
• Some physicians are not sure how information is collected or what is done with it
• While mechanisms to provide HRSN services are triggered by physician review of screener, some physicians/NPs do not seem to be actively engaged in this role
• Hand-offs to social workers lack the information necessary to meet identified needs

Implications

• Consider other ways to identify HRSN beyond screening
• Limited documentation of HRSN services may reflect several issues including service delivery and should be better understood
• Parent understanding of process could affect rates of reported HRSN and willingness to engage
• Role of the physician in HRSN screening and response may benefit from re-evaluation
• Social work team should have direct access to information needed to provide HRSN services
Health Related Social Needs Screener

- One screening tool shared by CHPCC, Martha Eliot, and the Adolescent Division
- The screen includes key domains:
  - Food insecurity
  - Housing insecurity
  - Transportation
  - Utilities
  - Social isolation
  - Trauma Exposure
  - Education & job training needs

- The screener allows us to
  - Understand the needs of our primary care population
  - Intervene on key modifiable issues

- We are already iterating on this & have a new screener that will be released shortly

Required as part of our Mass Health ACO roll-out