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Social Interventions Research & Evaluation Network

Healthcare providers' perspectives on social screening

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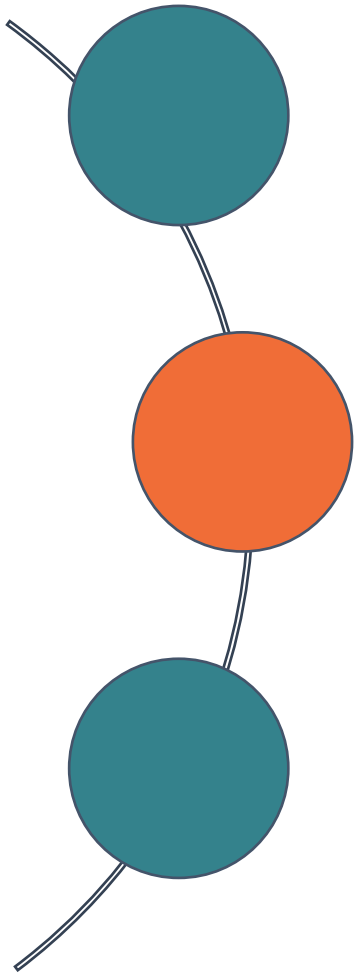
Summer 2022

Read the full SCREEN report here.

De Marchis EH, Brown E, Aceves BA, Loomba V, Molina M, Cartier Y, Wing H, Gottlieb LM. State of the Science on Social Screening in Healthcare Settings. 2022. San Francisco, CA: Social Interventions Research and Evaluation Network. Available **online**.

Background



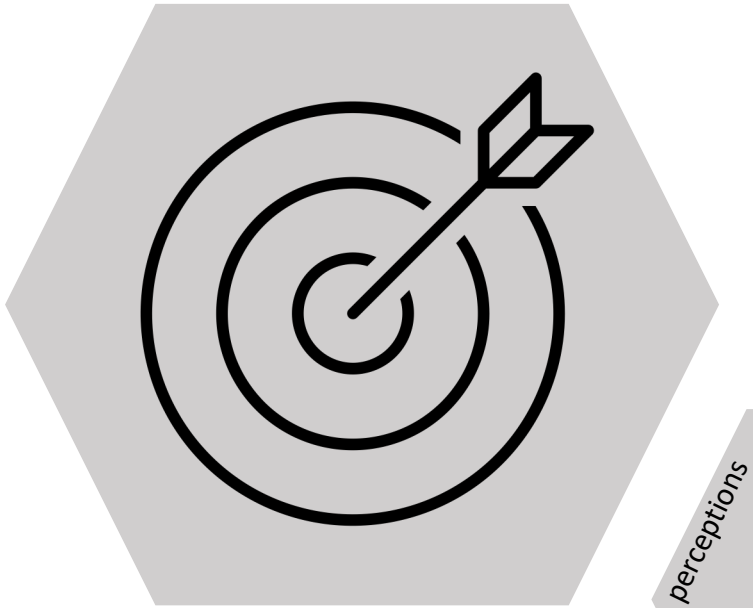
There is a strong, consistent, and growing body of evidence documenting the impacts of social factors (e.g., income and education) on health outcomes.

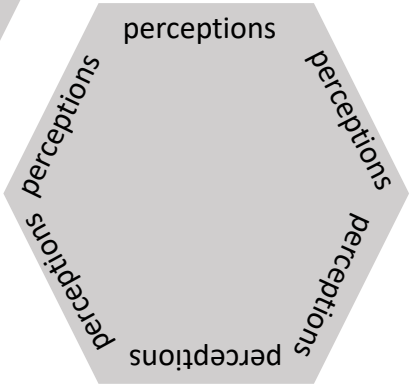
Healthcare organizations are increasingly considering whether healthcare systems should undertake more systematic efforts to identify social and economic factors for poor health.

Understanding healthcare providers' perspectives about the impact of screening for social risks in clinical settings is critical to equitable and sustainable implementation.

Study Aim

Summarize findings from studies that examine healthcare providers' perceptions of the acceptability of identifying patients' social needs in clinical settings.





Methods

Updated 2021 Quiñones-Rivera et al. systematic scoping review that examined providers' perspectives of healthcare-based social screening and referral activities.

New studies had to evaluate healthcare providers' perspectives on screening for 2 or more social domains (e.g., food, housing, transportation, social isolation) in any healthcare setting.

Results

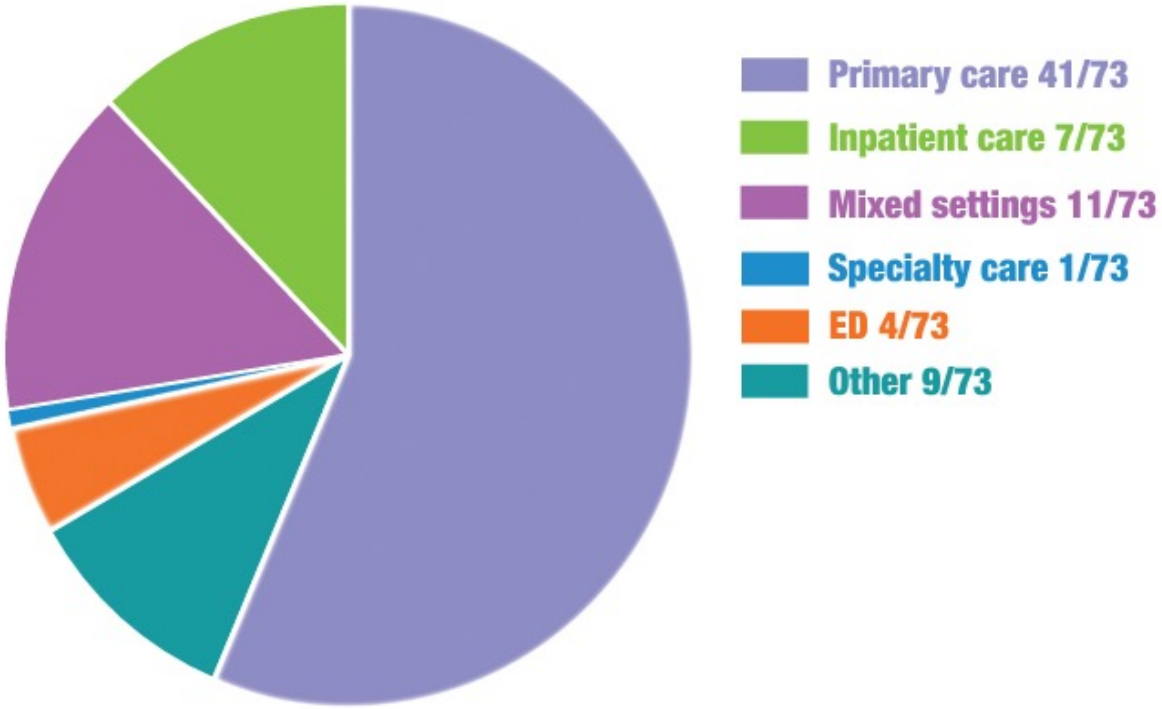
The updated search identified 20 additional studies that examined providers' perspectives on social screening in clinical settings.

Results: Study characteristics

Provider populations

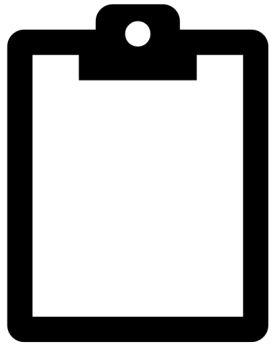
- Physicians, residents, and medical students
- Advanced practice providers and trainees
- Nurses
- Social workers
- Community health workers
- Case managers
- Pharmacists
- Clinic/hospital staff (including leadership/administrators)

Study settings



Results: Study characteristics

43 studies took place **in the context of a specific social screening initiative or medical education training program**.



30 studies presented findings from surveys, interviews, or focus groups generally exploring providers' perspectives **outside the context of a clinical initiative.**

Results: Benefits of social screening

Providers perceived a range of benefits of collecting information on patients' social risks, including:

- Improving care delivery
- Improving patient health and well-being
- Facilitating patient communication/trust

Results: Acceptability of social screening

- Healthcare professionals and students—including social workers, nurses, advanced practice providers, and physicians—generally reported believing that social screening was acceptable and appropriate in healthcare settings.
- Six studies assessed the perspectives of frontline staff—who were often tasked with administering social screening. Findings from frontline staff were more mixed, including about the acceptability of screening for select risks and the costs/benefits of screening.
- Opinions differed across studies about the optimal workforce to conduct screening (e.g., ancillary staff, physicians, social workers).

Results: Implementation concerns/barriers

Providers raised important implementation concerns and noted multiple structural limitations related to integrating social screening into busy clinical settings.

Concerns generally fell into four categories:

- Insufficient time and workflow disruption
- Providers' discomfort with screening
- Patients' discomfort/negative impacts on provider-patient relationship
- Insufficient knowledge or resources to adequately address identified needs

Results: Impact of program exposure on providers' concerns

In several intervention studies, many provider concerns abated after program exposure.

Initial Concern	Concerns After Program Exposure	
Discomfort with Screening	Participation in a screening and referral program improved provider comfort with social risk screening in 4 education and training intervention studies.	Changed with Exposure
Time & Workflow	Providers frequently reported that time & workflow were not burdensome, less than anticipated, or worth the time following social determinant of health program participation.	Changed with Exposure
Patient Provider Relationship & Trust	Providers indicated that screening for social risks enhanced their relationship with patients or had no negative impact.	Changed with Exposure
Ability to Address Patient Needs	Provider confidence in addressing patient needs increased following social determinant of health program exposure in 3 studies, but overall provider concerns around the ability to provide adequate resources to address identified needs persisted.	No Change

Summary of key findings

- Healthcare professionals and students—e.g. social workers, nurses, advanced practice providers, and physicians—generally believed screening for social needs was acceptable and within their scope of practice.
- Few studies included frontline staff (e.g., front desk registration staff), though they were often tasked with administering social screening. Frontline staff perceptions of screening acceptability were mixed.
- In real world settings, providers reported that social screening strengthened or had no negative impact on patient-provider relationships.
- Participating in a social screening program reduced many perceived implementation barriers to screening, but concerns about the healthcare setting's capacity to meaningfully address patients' socioeconomic needs persisted after program exposure.
- Health professional education and training initiatives appear to positively impact provider attitudes and behaviors around social screening.

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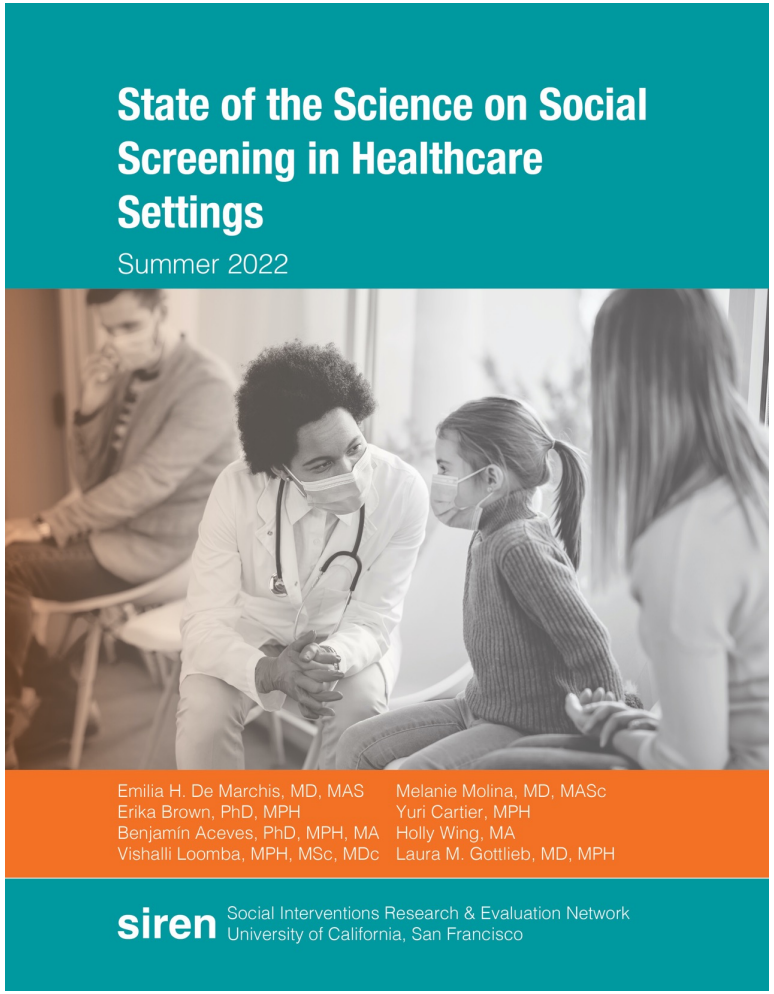
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