Prevalence of social screening in US healthcare settings

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Background

New federal and state policy requirements, health professional practice recommendations, and media buzz around identifying patients’ social risks in healthcare settings make it easy to assume that social screening is occurring universally across the US healthcare sector.

But is it?

To better understand the actual prevalence of these activities, we reviewed national surveys gauging the prevalence of social screening.
Methods

• A 2018-19 review of the prevalence of social care practices relied on expert informants and web searches to identify relevant national surveys conducted between Jan 1, 2007 and May 31, 2018.

• In 2022, we updated the prior review by: a) searching the websites of organizations that had fielded the original surveys; and b) running new web searches to identify other potentially relevant surveys that collected data between June 2018 and December 2021.

15 surveys

11 surveys

(The focus of the following slides)
Finding #1: Half of state Medicaid agencies require social screening

While a similar proportion of Medicaid agencies reported requiring screening in 2021 as in 2019, the lower response rate in 2021 makes interpretation challenging.

<table>
<thead>
<tr>
<th>Survey year</th>
<th># of state Medicaid agencies reporting social screening requirement in that fiscal year</th>
<th># of agencies (including DC) responding</th>
<th>%</th>
<th># of agencies saying they would require screening the next year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>26</td>
<td>51</td>
<td>49</td>
<td>6</td>
</tr>
<tr>
<td>2021</td>
<td>24</td>
<td>47</td>
<td>51</td>
<td>6</td>
</tr>
</tbody>
</table>

Finding #2: Three surveys asked a domain-agnostic question re: screening

- Among surveys that asked about social screening activities generally (e.g., “Does your organization screen its patients for social risks?”), the prevalence of screening ranged from 56% (as reported by a sample of health IT professionals) to 77% (as reported by a sample of American Hospital Association member hospitals).

- Of the 77% of AHA hospitals that reported conducting social screening, 48% reported they conducted screening for some patients, and 29% for all patients. This was the only survey to measure patient reach!

Maybe. In the original review, the lowest domain-agnostic prevalence was 15% (much lower than the current 56%). But because the surveys sample different populations, we lack confidence in the comparison.
Finding #3: Seven surveys asked about screening activity by social domain, and domains included varied across those surveys.

**Prevalence of screening by domain**

* Columns are blank if a survey did not query on that domain.
** In the AHA 2019 survey, only respondents who had endorsed screening in general were asked domain-specific questions.
*** The 2020 Industry Pulse reported results separately for healthcare payer-based respondents and provision-based respondents.
Why are we reluctant to draw conclusions about trends in social screening prevalence?

The **wide variation** in surveys’ sampling frames, the questions asked, and their results makes it challenging to interpret. Surveys were also limited by:

- Lack of patient/member denominators
- Low or unreported survey response rates, which elevate concerns re: response bias
- Survey items that have not been validated and that rely on self-report
Conclusions

We know relatively little about the prevalence of social screening across US healthcare settings and there is not yet a clear strategy for improving national prevalence estimates.

Without these, it will be difficult to understand the impacts of investments intended to increase screening.

Future prevalence assessments will need to address the lack of both shared prevalence measures and denominator reporting.
Download the full SCREEN report and executive summary on the SIREN website.

Questions about this section?
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