"Go-DEEP"
Development and validation of a performance-based assessment for communication about social needs with patients

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Funding

This project is funded by:

- The American Medical Association Reimagining Residency Grant
- The National Board of Medical Examiners Edward J. Stemmler M.D. Medical Education Research Grant Program
- Empire Clinical Research Investigator Program

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Background

- Unmet social needs impact morbidity, mortality and healthcare utilization
- Screening for and addressing social needs improves patient-level outcomes
- Social needs screening is now part of regulatory guidelines – CMS, Joint Commission, HRSA
- Clinician training on communication about social needs is critical to success of these efforts

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Background

Aim: Develop a stakeholder-informed, multi-disciplinary communications checklist for social needs conversations with patients with validity evidence

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Methods

Interdisciplinary working group formation
Literature Review
Checklist Items
Sample Scripts
Behavioral Scale Development
National expert recruitment and Delphi survey
Stakeholder focus group
National expert final review
Piloting and cognitive interviews with raters
Score reliability and dimensionality
Setting Competency Standards
Criterion validity - curriculum intervention, clinically-sensitive outcomes

Content Validity: Initial Framework

- **Interdisciplinary working group:** medicine, family medicine, pediatrics, social work and population health, education specialists, psychometrician
- **Theoretical frameworks:**
  - Trauma-informed Care,
  - Strengths-Based Approach,
  - Relationship-Centered Care,
  - Motivational interviewing
- **Communication skills frameworks:** PEARLS, SAVE

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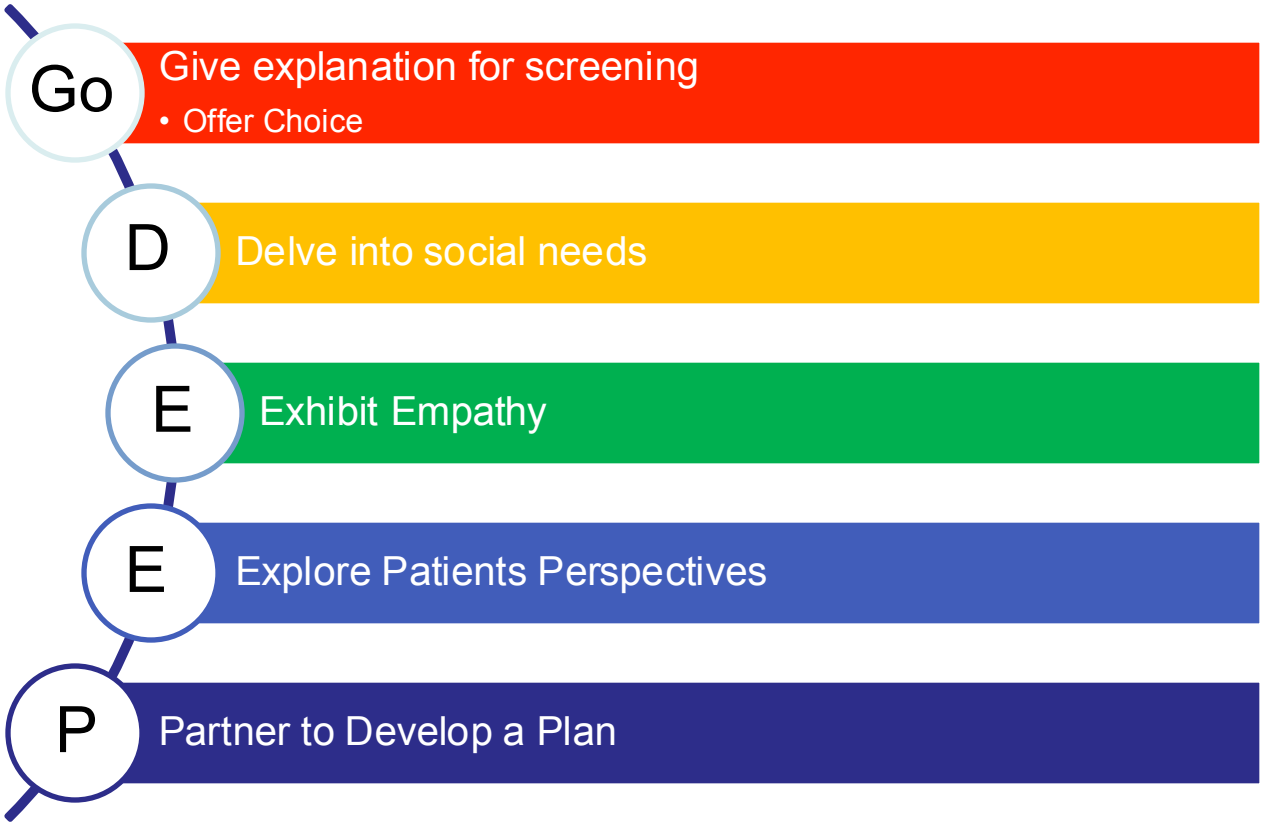
“Go-DEEP” Model



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Content Validity: Stakeholder Focus Groups

Ten focus groups, ~ 5-6 participants:

- Interdisciplinary Resident Physicians (n=37)
- Community Health Workers (n=10)
- Patients and Community Members (n=17)

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Content Validity: Stakeholder Focus Groups

Focus Group Questions:

- Reflections on social needs conversations
  - Effective or helpful strategies
  - Challenges
- Feedback on each domain of the checklist:
  - What resonates
  - What could be improved
  - What's missing or absent

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Content Validity: Stakeholder Focus Groups

- Detailed notes of each focus group
- Zoom assisted transcription of focus groups
- Translation of Spanish-language patient focus group
- Rapid Qualitative Analysis of transcripts
  - > Matrix development
  - > Two raters: primary rater and secondary rater
  - > Adjudication for areas of disagreement

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Content Validity: Patients

- Ask about and explain social needs
- Empathic approach including tone and non-verbal cues
- Recognize and show interest in patients
- Offer resources for social needs

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Content Validity: Focus Groups Quotes

"I want my doctor to use my name and refer to specific details about me and my life, which shows the doctor is paying attention...adapts advice or care recommendations to the circumstances that I am going through.

"I'm telling everybody. But nobody's doing nothing. So I think people want to see some kind of action too."

"demonstrate empathy by validating the patient's feelings, even if it means acknowledging the patient's emotions, even if you can't do anything about them right away"

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Content Validity: Clinicians

- Social needs screening is part of healthcare delivery and opens conversation
- Deeper connections with Community Health Workers, resources
- Normalizing, Acknowledging, Validating
- Expectation setting
- Hands-on teaching and practice

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Content Validity: Focus Groups Quotes

"Asking for permission and normalizing things are great starting points for screening"

"I think you could elicit how they feel about it at the end. Like, does that sound good?"

"I would be partial to having them meet up with the CHW or social worker right then and there"

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Content Validity: Expert Delphi

9 national topic leaders and published experts

Agree / strongly agree that domains:	
Are clear	91%
Are complete	82%
Are relevant	91%
Do not overlap	91%

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Content Validity: Major Edits

Expert /Focus Group Recommendation	Modifications
Referral to resources may not be the only appropriate response to social needs	Added an item to assess whether the clinician accommodates treatment plan to social circumstances
Elicit impact of social needs on health: this should be clear on screening, and/or would not change management	Kept item for piloting purposes
Clinicians felt it was important to summarize/wrap up Visit	Wraps-Up visit added as an item

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"Go-DEEP" Model

Give an Explanation for Screening

- Discuss why screening is important
- Normalize screening for social needs
- Establish confidentiality
- **O**ffer Choice

Delve into Social Needs

- Ask permission to discuss social needs
- Prioritize social needs to focus on/Ask what matters most
- Ask about social needs using open-ended questions to start
- Elicit impact of social needs on health
- Explicitly acknowledge or compliment sharing of experiences
- Reframe social needs in structural terms

Exhibit Empathy (SAVE model)

- Emption identification
- Acknowledge emotional impact of social needs
- Validate emotional response
- Provide support and partnership
- Convey empathy through non-verbal behaviors

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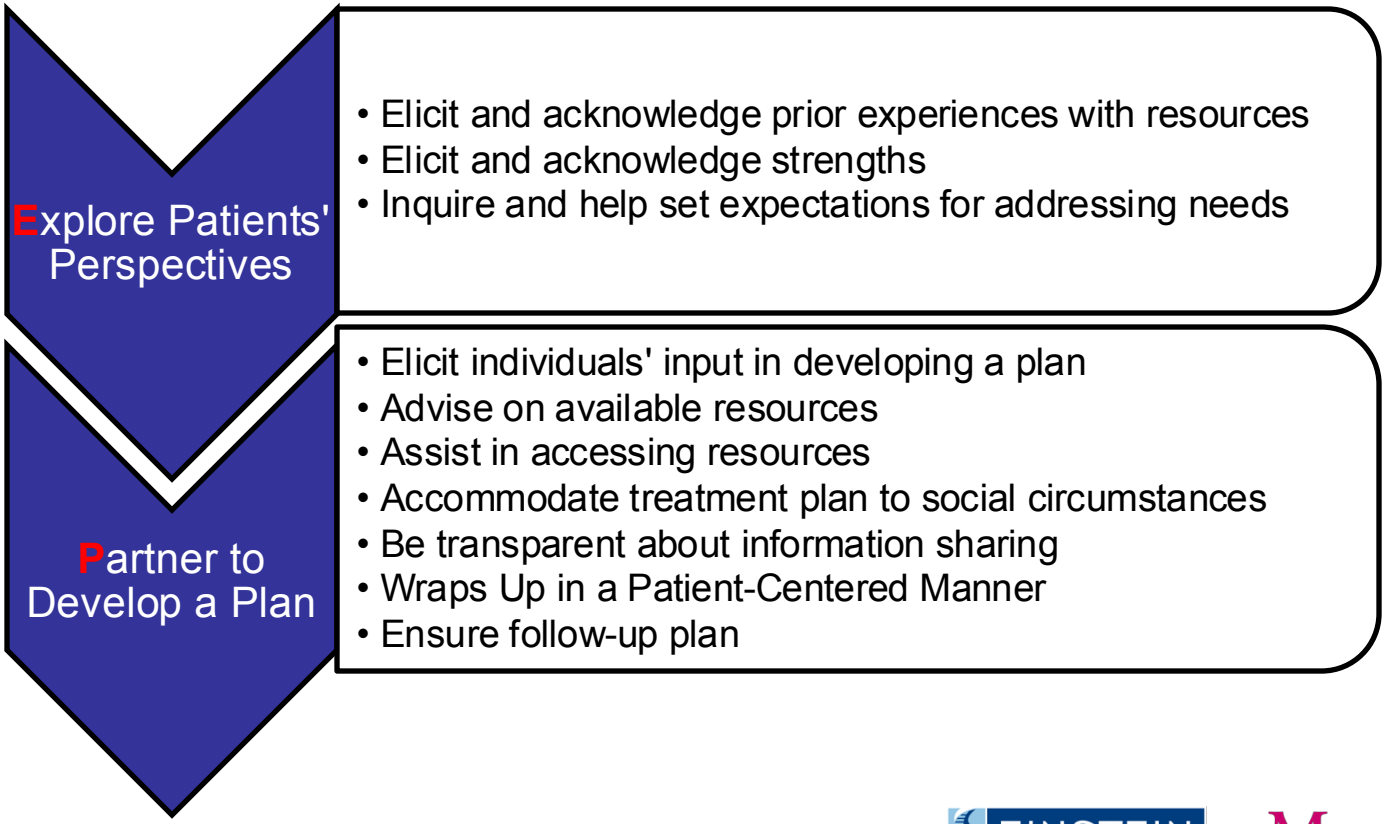
“Go-DEEP” Model



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“Go-DEEP” Model: Behavioral Scale

Discuss why screening is important	☐ (A) Does not discuss importance of screening ☐ (B) States screening is important but does not reference why ☐ (C) States screening is important and references why

“Go-DEEP” Model: Sample Scripts

“Where we live and work and our access to resources affect our health. These questions are about things that affect health like food, housing and legal services. Our team may be able to assist with resources for those things.”

Preparing for Piloting: IM resident physicians

- Development of Standardized Patient (SP) scenarios
  - Patient with hypertension and housing instability
  - Post-discharge visit for patient without insurance
- Faculty and SP rater training & Piloting
- Rater cognitive interviews
  - Feedback from SPs and faculty raters during pilot
- Curriculum implementation
  - Trauma informed social needs communication: role play

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Discussion

- Guiding frameworks for “Go-DEEP”: Trauma-informed care, relationship centered care, strengths-based approach and motivational interviewing
- “Go-DEEP” checklist has content validity evidence
- Piloting will help determine reliability, dimensionality, criterion validity
- Future Research: “Go-DEEP” validation with other health professional cohorts

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