

“Go-DEEP”

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

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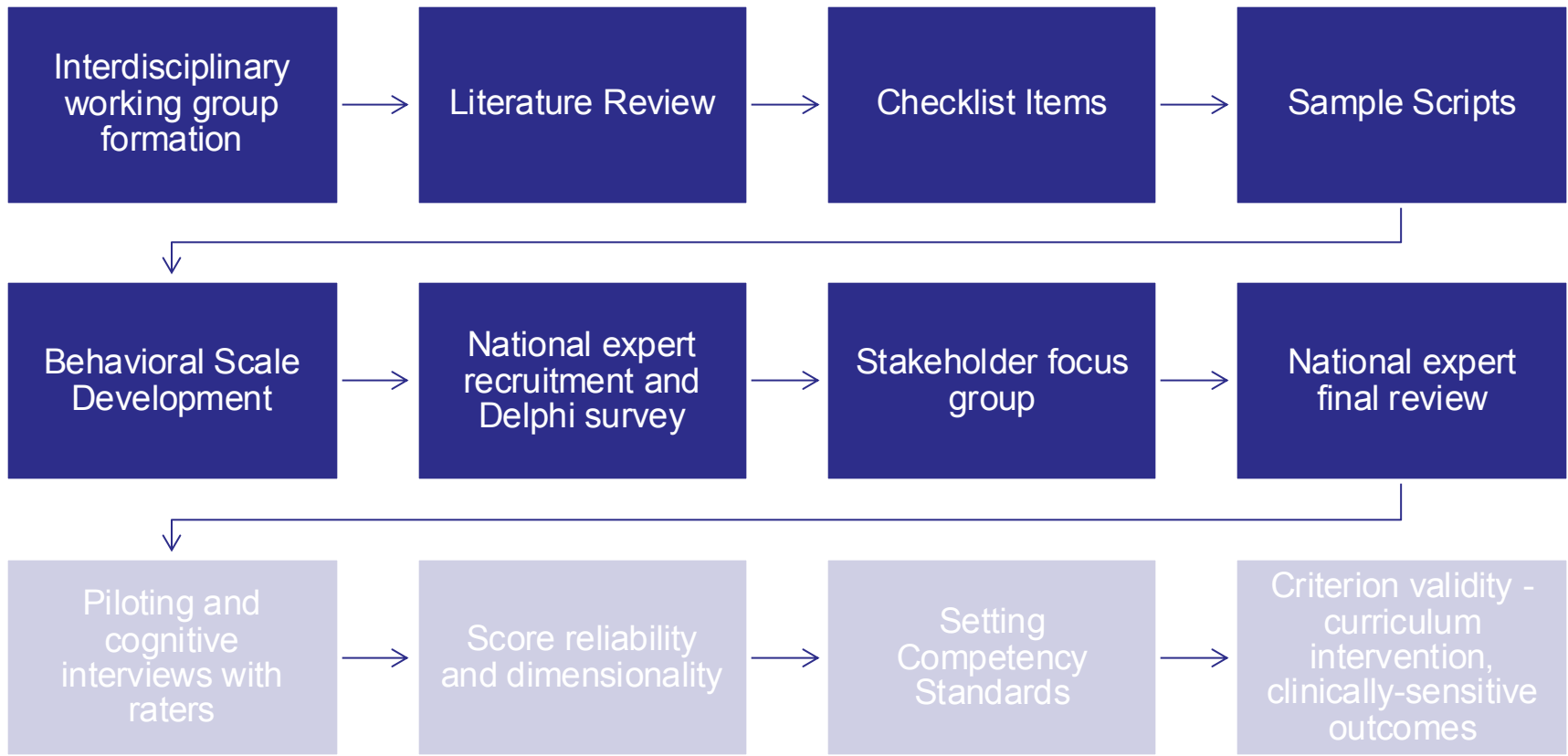
Background

- 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

Background

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

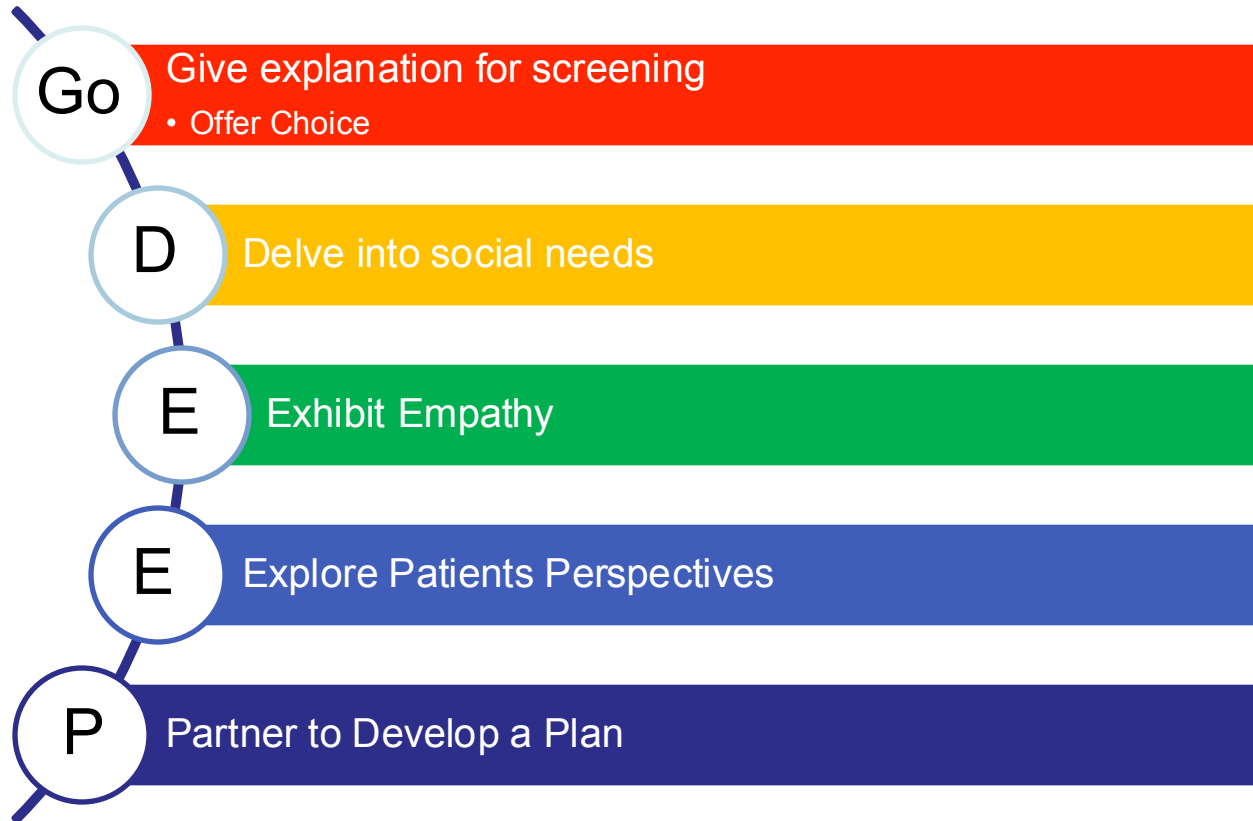
Methods



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

“Go-DEEP” Model



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)

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

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

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

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.

“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”

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

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

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"

Content Validity: Expert Delphi

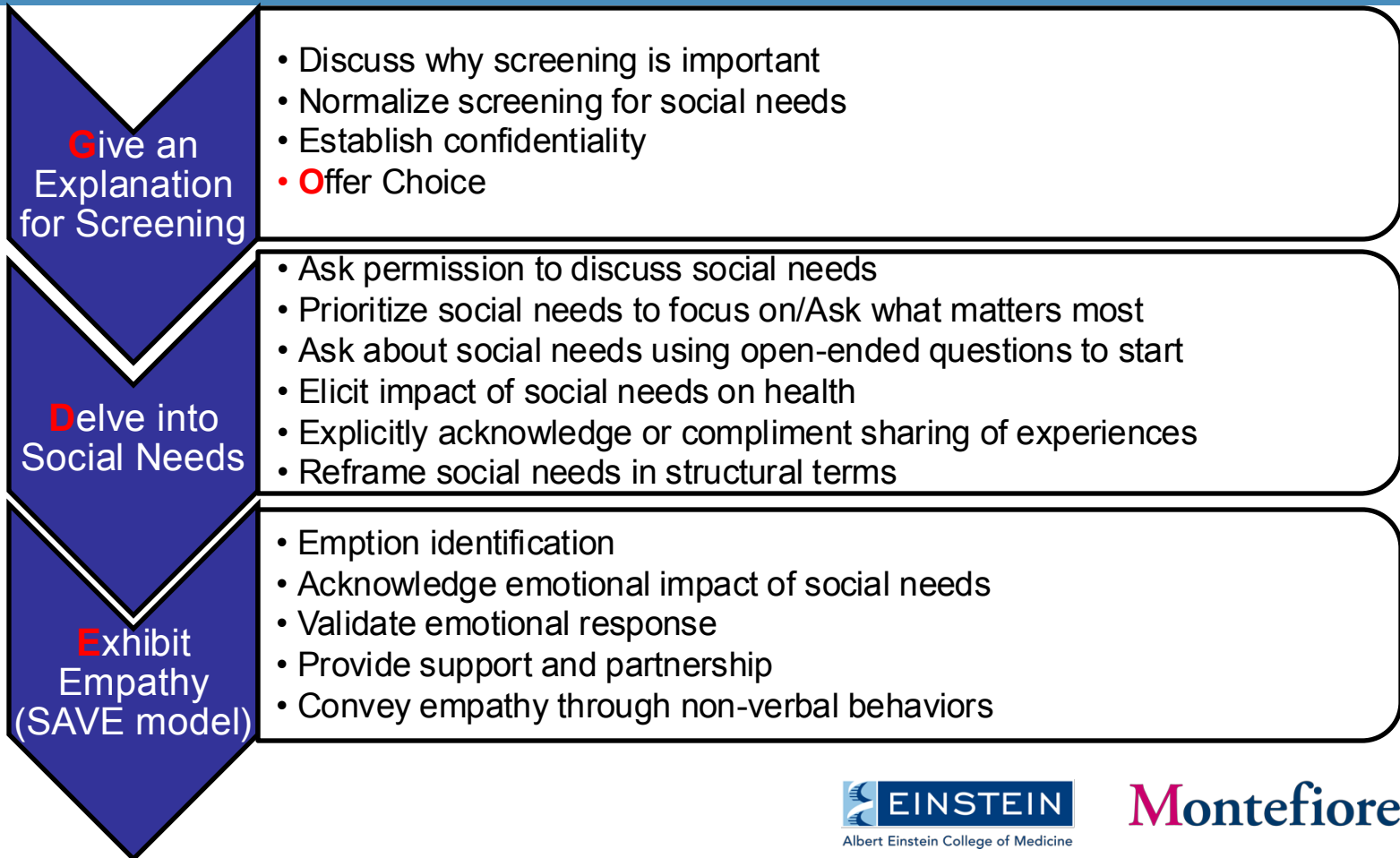
9 national topic leaders and published experts

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

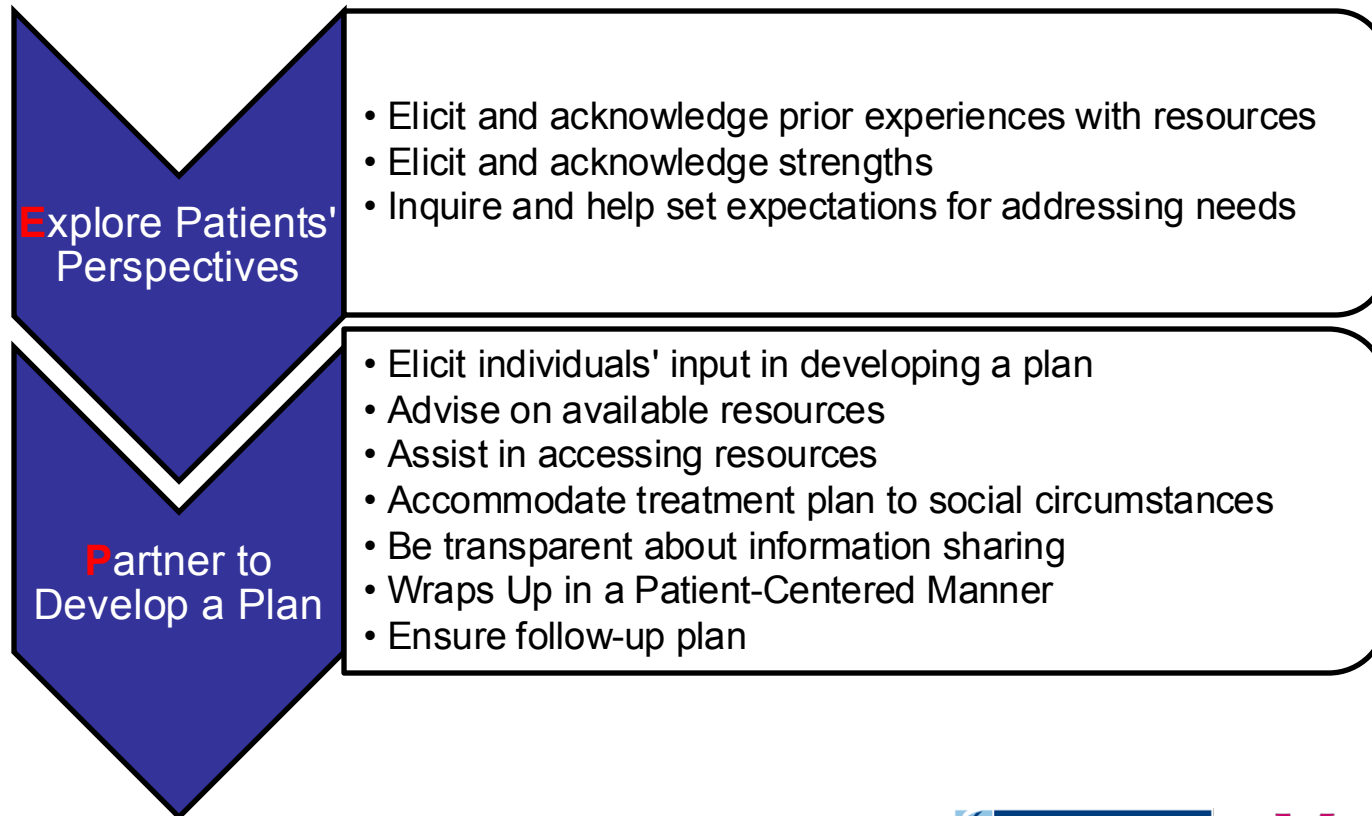
Content Validity: Major Edits

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

“Go-DEEP” Model



“Go-DEEP” Model



“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

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