Patient Acceptability of Social Risk Screening

SIREN Webinar

June 20, 2019
Patient Acceptability of Social Risk Screening

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Managing Director
Social Interventions Research and Evaluation Network (SIREN)
University of California, San Francisco

• We are recording this webinar and will send you the link as soon as it is available.

• Submit questions and technical issues via the chat function.
Social Interventions Research & Evaluation Network

SIREN’s mission is to catalyze and disseminate high quality research that advances health care sector efforts to improve health equity by addressing social risks.

Activities include:

- Catalyzing and conducting high quality research
- Collecting & disseminating research findings
- Providing evaluation, research & analytics consultation services

sirenetwork.ucsf.edu | siren@ucsf.edu | @SIREN_UCSF
Evidence Library

This Evidence Library contains research articles, issue briefs, reports, and commentaries that either focus on or are relevant to evaluating health care-based interventions that address patients’ social and economic needs. We prioritize for inclusion resources that carefully describe and evaluate the social needs components of these interventions, and to a lesser extent those where the social components are mentioned but are not the primary focus of the work. The library currently includes only papers published since the year 2000. If you are aware of a resource you think should be added to our Evidence Library, please let us know.

To receive monthly alerts of recent additions to the Evidence Library sign up to receive our newsletter.

Displaying 1 - 10 of 796

Perceptions of medical-legal partnerships: Lessons for adopting social determinants of health interventions in health care settings
J. Trott, M. Regenstein, A. Peterson, E. Rallos
National Center for Medical-Legal Partnership

Despite burgeoning activity within the health care sector to address social determinants of health, recent surveys have shown that clinicians feel they lack the time and resources to tackle patients’ unmet social needs.

Keywords: Medical-Legal Partnerships (MLP)

Bridging gaps to build healthy communities: Opportunities to better address social determinants to improve health
Anthem Public Policy Institute and Quid

Social determinants of health (SDOH) have been discussed at length among the research community, with studies demonstrating the linkages between income level and health and others illustrating the linkages between a person’s health and their diet, physical environment, and community.

PUBLICATION YEAR:
2019

RESOURCE TYPE:
Issue Brief/Report

STUDY DESIGN:
Observational, Qualitative
May Research Round-Up

See below for publications recently added to the SIREN Evidence Library.

As always, if you are aware of resources you think should be added to the Evidence Library please send them our way.

Journal Articles

Medicaid Investments to Address Social Needs in Oregon and California
H. Alderwick, C.M. Hood-Ronick, & L.M. Gottlieb
Health Affairs
The authors of this qualitative study examine how Oregon and California support social interventions—including direct services like housing, food, and legal assistance as well as capacity-building programs for health care and community-based organizations.

Association between Receipt of a Medically Tailored Meal Program and Health Care Use
S.A. Berkowitz, J. Terranova, L. Randall, K. Cranston, D.B. Waters, & J. Hsu
JAMA Internal Medicine
In this cohort study of 1,020 adults that used a combined instrumental variable analysis and matching approach, participation in a medically tailored meal
This webinar is funded through a Patient Centered Outcomes Research Institute® (PCORI®) Eugene Washington PCORI Engagement Award (7255-UCSF).

The views presented in this webinar are solely the responsibility of the presenters and do not necessarily represent the views of PCORI®, its Board of Governors, or Methodology Committee.
• We are recording this webinar. The recording and slides will be available on the SIREN website (sirenenetwork.ucsf.edu) next week.

• Submit questions and technical issues via the chat function.
Our speakers today

Emilia De Marchis, MD
Primary Care Research Fellow
Department of Family & Community Medicine
University of California, San Francisco (UCSF)

Elena Byhoff, MD, MSc
Assistant Professor
Department of Medicine and
Institute for Clinical Research and Health Policy Studies
Tufts Medical Center

Caroline Fichtenberg, PhD
Managing Director
SIREN, UCSF
Acceptability of Social Risk Screening to Patients and Caregivers

Emilia De Marchis, MD MAS
Elena Byhoff, MD MSc
June 20th, 2019
Acknowledgements

• The Commonwealth Fund
• Social Interventions Research & Evaluation Network (SIREN)
• UCSF Primary Care Research Fellowship
• NIH K12 HD092535
Policy Push for Social Risk Screening in Health Care

Accountable Health Communities

NAM

The EveryONE Project
Advancing health equity in every community

Annals of Internal Medicine
Addressing Social Determinants to Improve Patient Care and Promote Health Equity: An American College of Physicians Position Paper

Poverty and Child Health in the United States
COUNCIL ON COMMUNITY PEDIATRICS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

American Academy of Family Physicians
STRONG MEDICINE FOR AMERICA

UCSF
Perspectives on Social Risk Screening: Literature to Date

Providers
- Not our job
- Time
- Resource limitations
- Unethical

Patients
- Single domain
- Single clinical site
- Pediatrics

Diverse settings?
Multi-item screen?
The Opportunity

• CMMI Accountable Health Communities national demonstration
• Developed 10-item social risk screening tool covering 5 actionable domains

Housing
Transportation
Utilities
Food
Abuse
Objectives

• Examine the acceptability of health care-based social risk screening to patients and their caregivers in diverse health care settings
Methods

- Primary care
- Emergency department
Methods

Quantitative

Qualitative

Compare & Contrast

Interpret
Measures of Acceptability: Survey

1. “Do you think it is appropriate to be asked these questions about your social and economic needs at ['this clinic’ or ‘this emergency department’]?”

2. “Would you be comfortable having these kinds of needs included in your health records (also known as your medical record or chart)?”
Hypothesized Acceptability Predictors

- Prior exposure to social risk screening in health care setting
- Surveyed in safety-net setting
- Trust in provider

- Experience of discrimination in health care setting
Results

Assess for eligibility (n=1699)

Began survey (n=1037)

Completed at least 50% of survey (n=1005)

Recruited for interview (n=50)

Excluded (n=662)
- Declined (n=470)
- Did not meet criteria (n=192)

Did not complete (n=32)
<table>
<thead>
<tr>
<th></th>
<th>Interviewees (n=50)</th>
<th>Survey only (n=955)</th>
<th>p-value</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>77</td>
<td>70</td>
<td>0.588</td>
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<tr>
<td>Adult patient</td>
<td>80</td>
<td>76</td>
<td>0.732</td>
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<tr>
<td>FPL &lt;200%</td>
<td>68</td>
<td>55</td>
<td>0.007</td>
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<tr>
<td>Spanish speaker</td>
<td>18</td>
<td>18</td>
<td>1.000</td>
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<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>29</td>
<td>37</td>
<td>0.070</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>37</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>31</td>
<td>34</td>
<td></td>
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<tr>
<td></td>
<td>Interviewees (n=50)</td>
<td>Survey only (n=955)</td>
<td>p-value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---------------------</td>
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<td>---------</td>
</tr>
<tr>
<td><strong>Participant response to AHC social risk screening tool</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing instability/problem</td>
<td>40 %</td>
<td>41 %</td>
<td>1.000</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>52 %</td>
<td>41 %</td>
<td>0.144</td>
</tr>
<tr>
<td>Transportation problem</td>
<td>16 %</td>
<td>21 %</td>
<td>0.588</td>
</tr>
<tr>
<td>Utilities problem</td>
<td>10 %</td>
<td>13 %</td>
<td>0.825</td>
</tr>
<tr>
<td>Personal safety concern</td>
<td>0 %</td>
<td>2 %</td>
<td>1.000</td>
</tr>
<tr>
<td><strong>Overall number of positive social risk screening domains</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No reported risks</td>
<td>34</td>
<td>38</td>
<td>0.558</td>
</tr>
<tr>
<td>1-2 reported risk</td>
<td>54</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>3-5 reported risks</td>
<td>12</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
Do patients think social risk screening is appropriate in health care settings?

<table>
<thead>
<tr>
<th></th>
<th>Very Appropriate</th>
<th>Somewhat</th>
<th>Neither</th>
<th>Somewhat Inapp.</th>
<th>Very Inappropriate</th>
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<tbody>
<tr>
<td>Emergency department</td>
<td>47%</td>
<td>27%</td>
<td>18%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Primary care</td>
<td>59%</td>
<td>24%</td>
<td>11%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>54%</td>
<td>25%</td>
<td>14%</td>
<td>3%</td>
<td>4%</td>
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</table>
Are patients comfortable with social risk information being included in EHRs?

<table>
<thead>
<tr>
<th></th>
<th>Very Comfortable</th>
<th>Somewhat</th>
<th>Neither</th>
<th>Somewhat Unc.</th>
<th>Very Uncomfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency department</td>
<td>41%</td>
<td>21%</td>
<td>18%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>(n=390)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td>46%</td>
<td>20%</td>
<td>15%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>(n=579)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>44%</td>
<td>20%</td>
<td>17%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>(n=969)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

- Very Comfortable
- Somewhat
- Neither
- Somewhat Unc.
- Very Uncomfortable
Recap

• 83% of primary care and 75% of emergency department respondents thought screening was *very* or *somewhat* appropriate.

• 66% of primary care and 62% of emergency department respondents were *very* or *somewhat* comfortable with screening information being in their EHR.
## Results: Multivariable Model

<table>
<thead>
<tr>
<th></th>
<th>Acceptability</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Appropriateness</td>
<td>aOR (95% CI)</td>
<td>EHR Integration</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>aOR (95% CI)</td>
</tr>
<tr>
<td>Prior social risk screening</td>
<td>1.82* (1.16 - 2.88)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Surveyed in safety-net setting</td>
<td>1.71* (1.23 - 2.38)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Complete trust in clinician</td>
<td>1.55* (1.00 – 2.40)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Prior health care discrimination</td>
<td>0.66* (0.45 - 0.95)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Prior assistance with social risks</td>
<td>-</td>
<td>1.47* (1.04-2.07)</td>
<td></td>
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</tbody>
</table>

Clustering by health care site; model included region, self-reported health, positive social risk screening results
Results: Predicted probabilities

- Prior social risk screening (No/Yes): +11%, 78% to 86%
- Safety-net setting (No/Yes): +6%, 79% to 84%
- Prior health care discrimination (No/Yes): -8%, 82% to 75%
- Trust in clinician (Low/High-Med/Complete): +12%/+9%, 74% to 83%/81%
Results: Predicted probabilities

+13%

Prior assistance with social risks (No/Yes)

EHR integration
Would patients want assistance with social risk factors?

<table>
<thead>
<tr>
<th></th>
<th>Interested</th>
<th>Not Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Screen (n=595)</td>
<td>55%</td>
<td>46%</td>
</tr>
<tr>
<td>Negative Screen (n=374)</td>
<td>10%</td>
<td>90%</td>
</tr>
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</table>
Summary

• High levels of acceptability of social risk screening across diverse health care settings
• Screening appropriateness is higher than comfort with EHR documentation
Summary

• Experience of screening and trust increases appropriateness slightly
• Experience of assistance increases comfort with EHR documentation slightly
• Screening appropriateness is slightly lower in those who have experienced discrimination in the health care system
Perspectives on Social Risk Screening:

**Providers**
- Not our job
- Time
- Resource limitations
- Unethical

**Patients**
- Single domain
- Single clinical site
- Pediatrics

Diverse settings?
Multi-item screen?
Perspectives on Social Risk Screening:

**Providers**
- Not our job
- Time
- Resource limitations
- Unethical

**Patients**
- It’s acceptable!

**Why?**

**How?**
Methods

- Self-complete AHC screener & full study survey
  → 5/100 Respondents selected for interview per site
Methods

Sampling Frame & Strategy

Data Collection

Data Analysis

- Basic Thematic Analysis
- 2 coders
Semi-Structured Interview: Acceptability

- Emotional response to survey questions
- Experiences/context contributing to response
- Probing perspectives
  - “What was it like answering these questions?”
Acceptability: Four Emergent Themes

1. Important to do
2. Connections between health & social risk
3. Patient-centered implementation
4. Limitations of health care to resolve risks
Gratitude

“It was a great survey to take. Actually, I’m glad I took it to see that somebody out there actually cares, you know.”

Provides a complete picture

“I think it’s important for it to be in the chart because our medical providers then can, you know, taking into consideration and look at the entire person and not just the symptoms that are coming in..”
Stress & health
“Stress impacts health like crazy. Poverty and living at a survival level - whether it's your safety or finances, or whatever - is massively stressful. I'm sure it just makes everything 10 times worse.”

Aid in diagnosis
“So that my doctor knows why I have headaches, due to stress because I have no place to live.”
Compassion

“I don't mind, because if I feel like somebody is concerned - really concerned - about me? I will answer the question. But if I feel like there's somebody just asking me the question, just to be asking me because that's part of [their] job? I might not answer.”

Privacy & Compassion

“Like with my first doctor, I wouldn’t have shared.”

Privacy

“…The doctor can tell…other people what's going on…but …people talk. And you don't want your business spread around.”
Overburdened clinicians

“I don't know in the way medicine is practiced right now, it could be - whether it would … you know, send doctors over the top. I mean, I just don't see there's time for it.”

Not their responsibility

“But as far as the health care providers, I don't really see it as their responsibility.”

“I think they should ask the questions. I’m not sure that they should be responsible for helping them.”
Quantitative

Compare & Contrast

Interpret

Qualitative
Mixed Methods: Complementary Results

Example:
Participants who were uncomfortable with EHR integration

“I wouldn't want everyone to see what I went through...you don't want your business spread around.”
Implications: qualitative findings

Screening for social risks is acceptable!

- Important & relevant
- Relationship-strengthening
- No expectation of having problems solved
Implementation Considerations

- Workflow
- Documentation
- Staff training
- Routine care
Next steps

• Explore predictors of wanting assistance

• Clarify patients’ expectations from health care system when social risk factors identified

• Unpack discomfort with EHR integration
Limitations

Response bias

Not comparative

Generalizable?
Conclusions

“It was thought-provoking, thinking about the situations that other people might be in. And maybe they're struggling and not able to talk to anybody about it? *If you can't talk to your doctor about something, who can you tell?*”
Thank you!

- University of Arkansas
- Boston Medical Center
- University of Chicago
- University of Colorado
- Dartmouth Medical Center
- Hennepin Health Center
- La Familiar Medical Center
- New York University
Questions?

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Save the date!

Examining the validity of clinical social risk screening tools

July 18, 2019
11am– 12pm Pacific

Register here:
bit.ly/SIREN-webinar

Nora Henrikson, PhD, MPH,
Assistant Investigator,
Kaiser Permanente
Washington Health
Research Institute

Richard Sheward, MPP,
Deputy Director of
Innovative Partnerships,
Children’s HealthWatch
The webinar recording and slides will be available on the SIREN website (sirenetwork.ucsf.edu) next week.

Please give us feedback on this webinar by filling out the evaluation survey: http://bit.ly/SIREN-survey

THANK YOU