



Social Interventions Research & Evaluation Network

Patient Acceptability of Social Risk Screening

SIREN Webinar

June 20, 2019

Patient Acceptability of Social Risk Screening



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- 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

sirennetwork.ucsf.edu | siren@ucsf.edu | [@SIREN_UCSF](https://twitter.com/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](#).

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FILTERS

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Resource Type +

Study Design +

Social Determinant of Health +

Population +

Outcomes +

Screening Research +

Displaying 1 - 10 of 798

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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)

PUBLICATION YEAR:
2019

RESOURCE TYPE:
Issue Brief/Report

STUDY DESIGN:
Observational, Qualitative

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

May 2019 Newsletter

[Highlights](#) | [News You Can Use](#) | [Upcoming Events](#)
[Funding, Training, & Job Opportunities](#) | [Advocacy Alert](#)
[In Case You Missed It](#) | [In the Media](#) | [Research Round-Up](#)

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 (sirennetwork.ucsf.edu) next week.
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Our speakers today



Emilia De Marchis, MD
Primary Care Research Fellow
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University of California, San Francisco (UCSF)



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Assistant Professor
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Tufts Medical Center



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University of California
San Francisco

Tufts Medical
Center

Acceptability of Social Risk Screening to Patients and Caregivers

Emilia De Marchis, MD MAS

Elena Byhoff, MD MSc

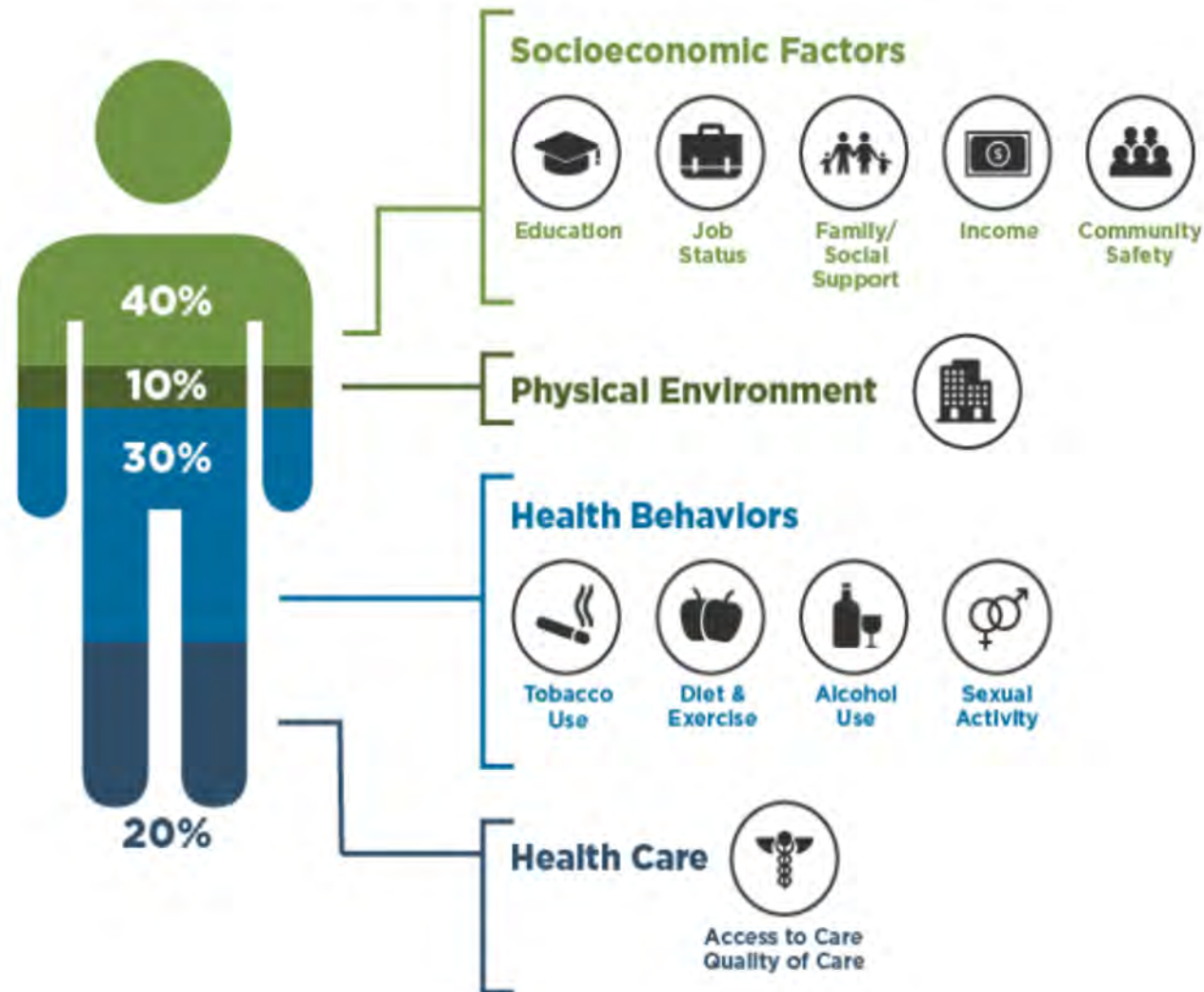
June 20th, 2019

SIRENetwork.ucsf.edu

Acknowledgements

- The Commonwealth Fund
- Social Interventions Research & Evaluation Network (SIREN)
- UCSF Primary Care Research Fellowship
- NIH K12 HD092535

What Goes Into Your Health?



Policy Push for Social Risk Screening in Health Care



Accountable Health Communities

Poverty and Child Health
in the United States

COUNCIL ON COMMUNITY PEDIATRICS

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Annals of Internal Medicine

POSITION PAPER

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



The EveryONE Project™
Advancing health equity in every community



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



NAM

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

Transportation

Food



Objectives

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

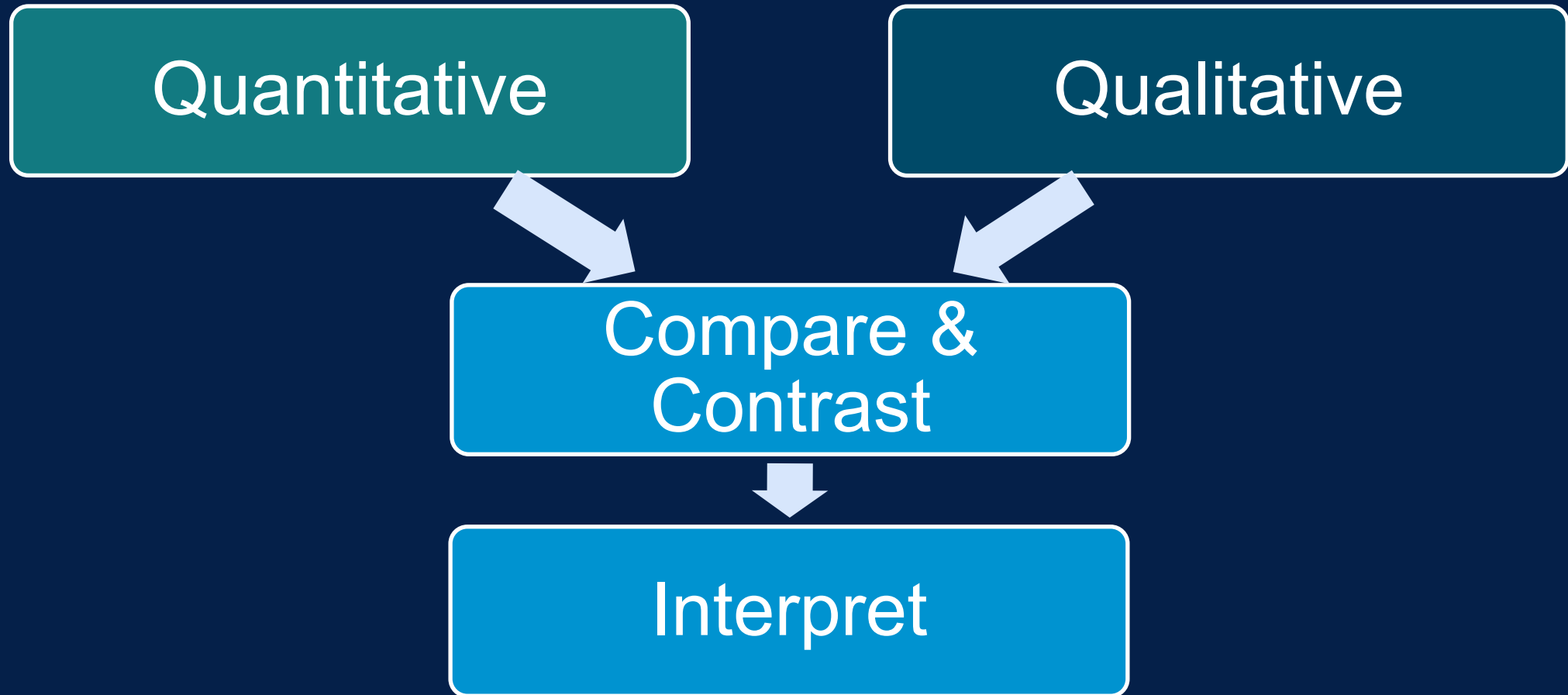
Methods



★ Primary care

★ Emergency department


Methods



Measures of Acceptability: Survey

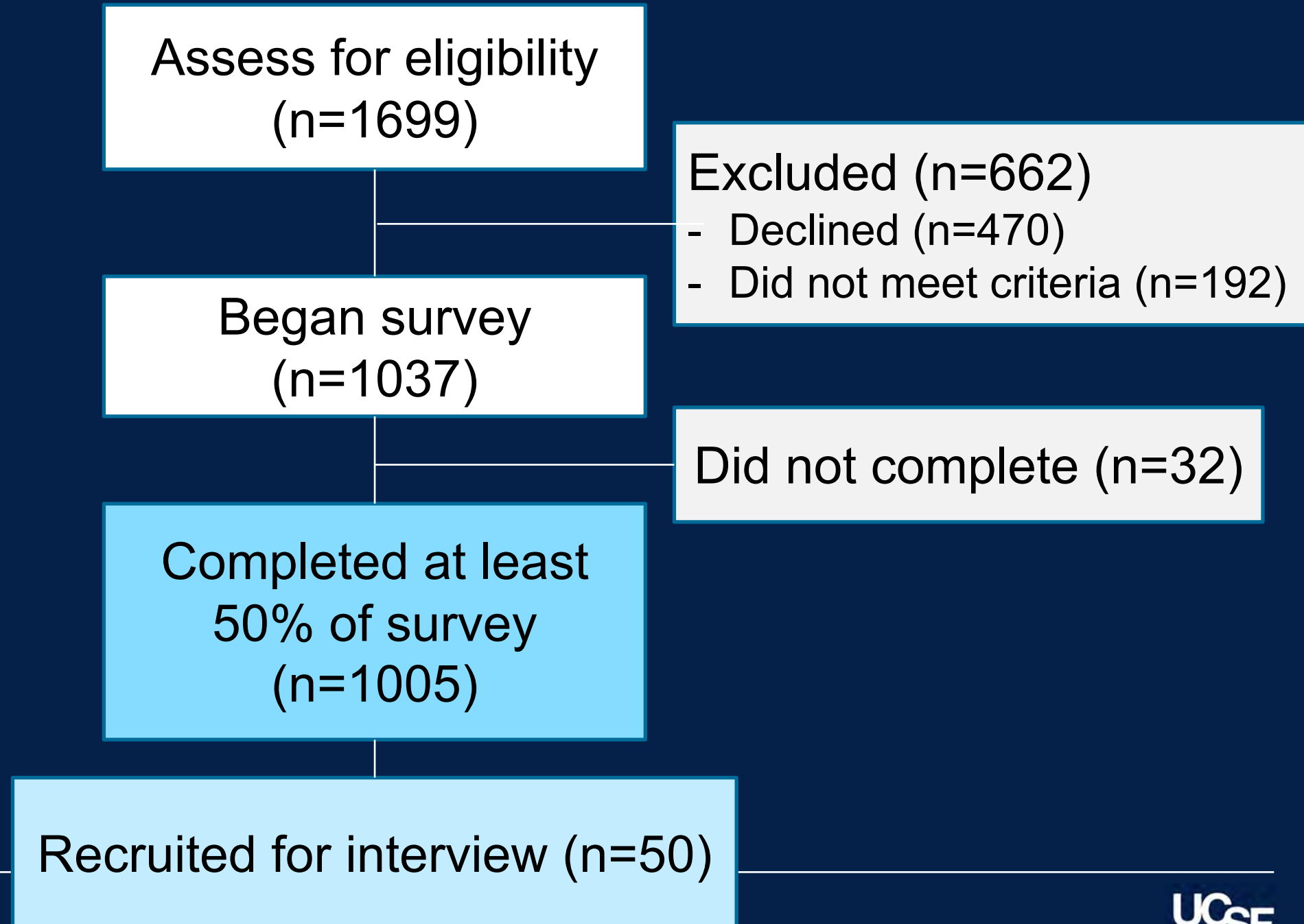
1. “Do you think it is appropriate to be asked these questions about your social and economic needs at [‘this clinic’ or ‘this emergency department’]?”
2. “Would you be comfortable having these kinds of needs included in your health records (also known as your medical record or chart)?”

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

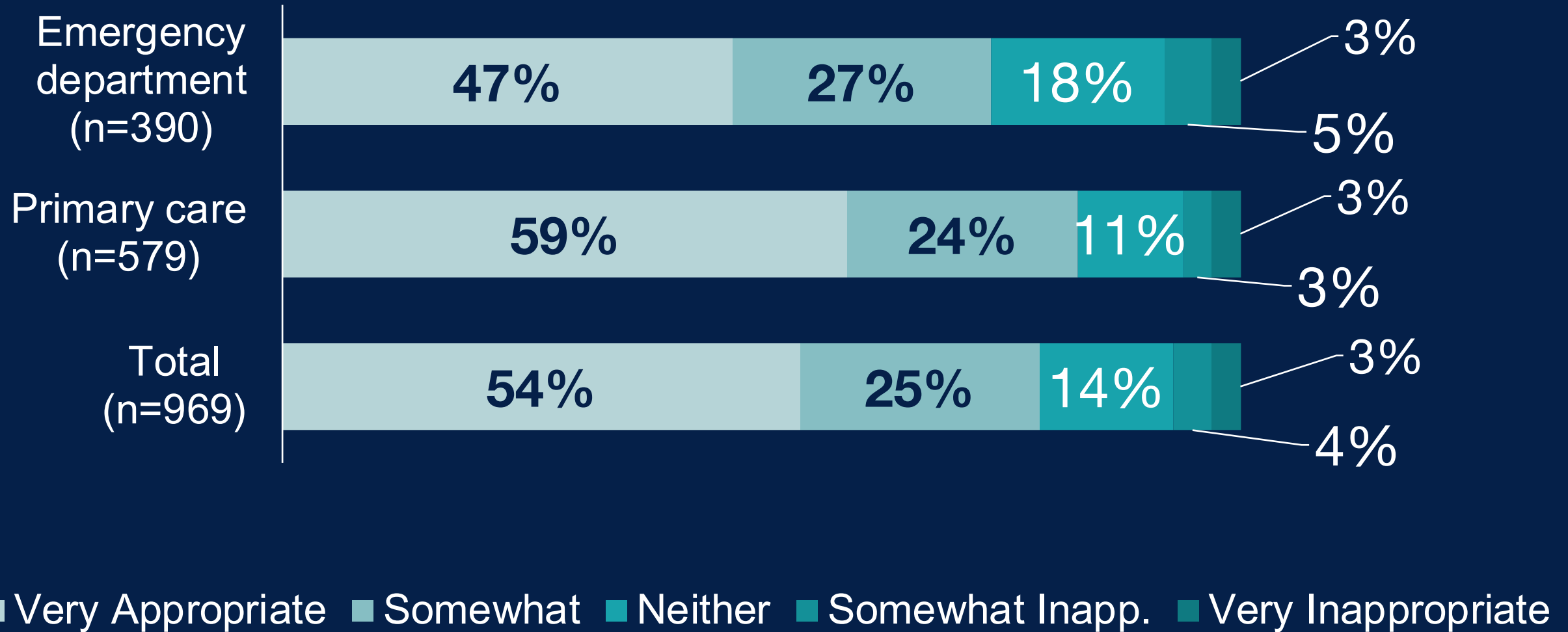


Results: Participant demographics

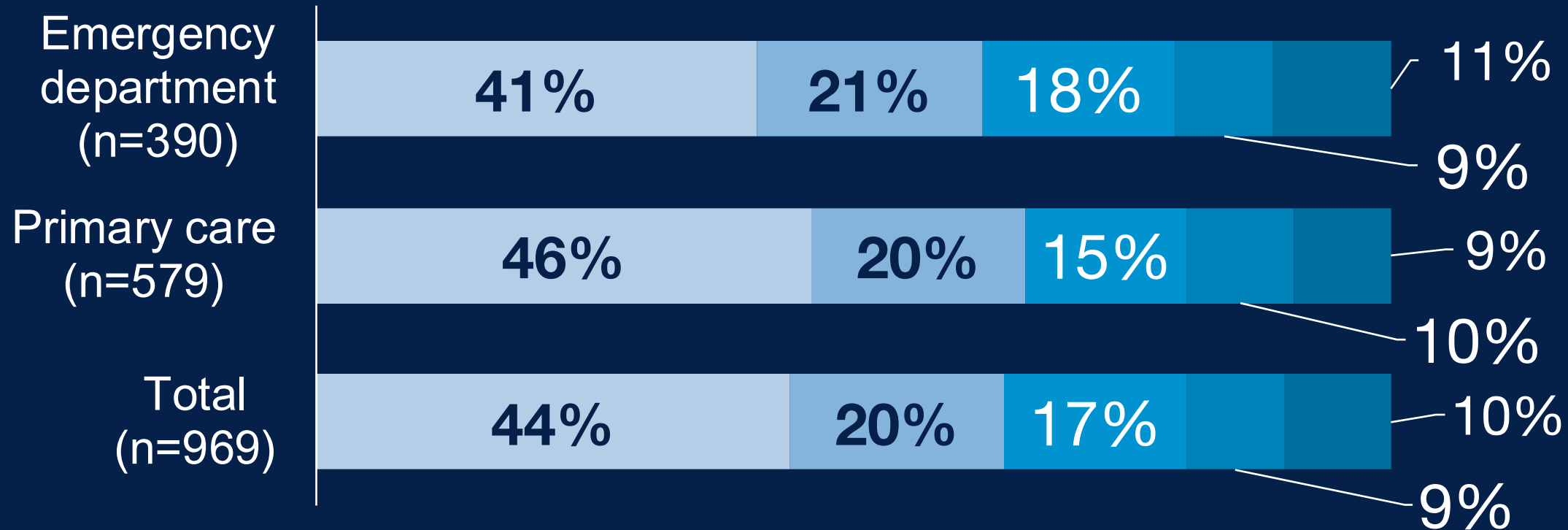
	Interviewees (n=50) %	Survey only (n=955) %	p-value
Female	77	70	0.588
Adult patient	80	76	0.732
FPL <200%	68	55	0.007
Spanish speaker	18	18	1.000
Race/Ethnicity			
Non-Hispanic White	29	37	0.070
Non-Hispanic Black	37	21	
Hispanic	31	34	

	Interviewees (n=50) %	Survey only (n=955) %	p-value
Participant response to AHC social risk screening tool			
Housing instability/problem	40	41	1.000
Food insecurity	52	41	0.144
Transportation problem	16	21	0.588
Utilities problem	10	13	0.825
Personal safety concern	0	2	1.000
Overall number of positive social risk screening domains			
No reported risks	34	38	0.558
1-2 reported risk	54	46	
3-5 reported risks	12	16	

Do patients think social risk screening is appropriate in health care settings?



Are patients comfortable with social risk information being included in EHRs?



■ Very Comfortable ■ Somewhat ■ Neither ■ Somewhat Unc. ■ Very Uncomfortable

Recap

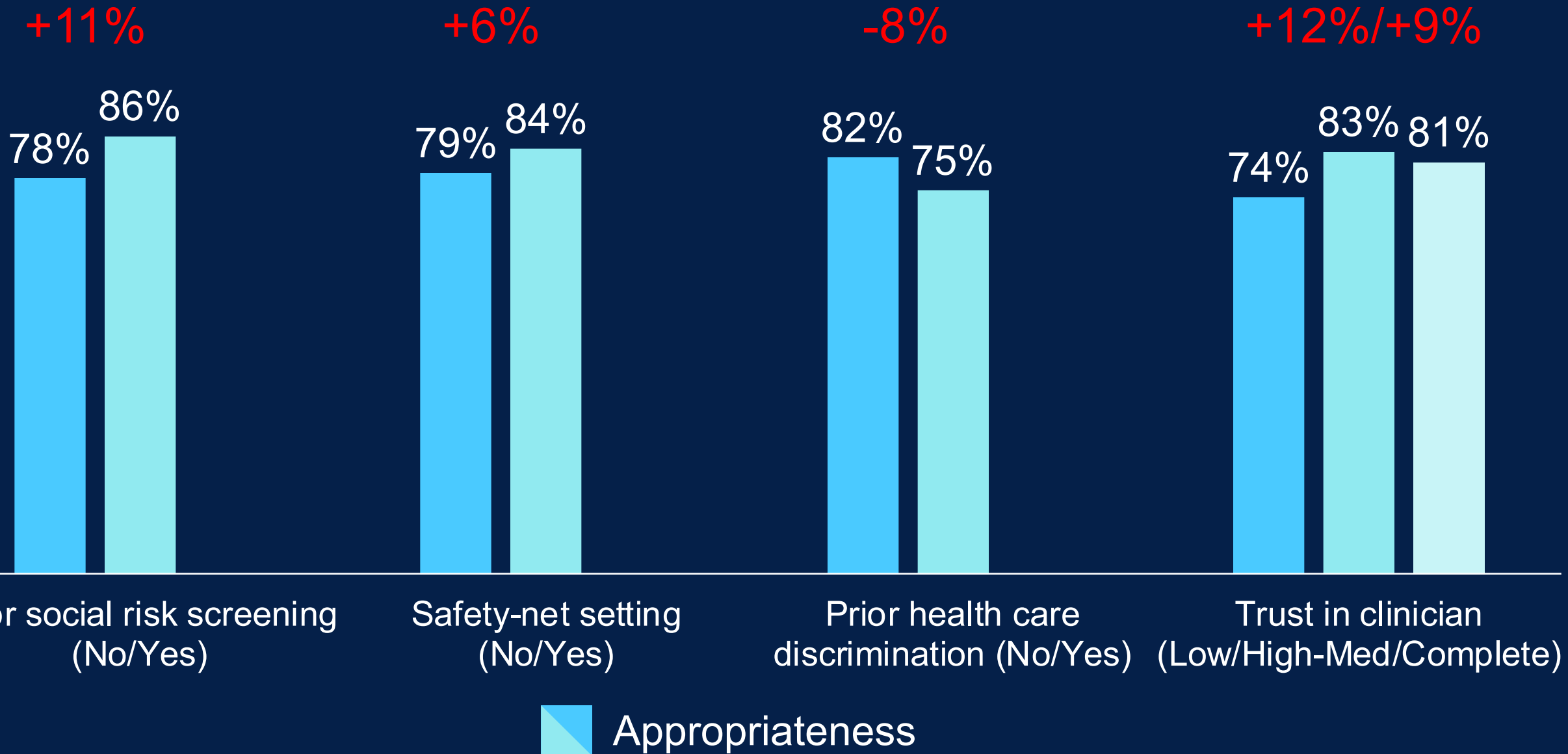
- 83% of primary care and 75% of emergency department respondents thought screening was *very or somewhat appropriate*
- 66% of primary care and 62% of emergency department respondents were *very or somewhat comfortable* with screening information being in their EHR

Results: Multivariable Model

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

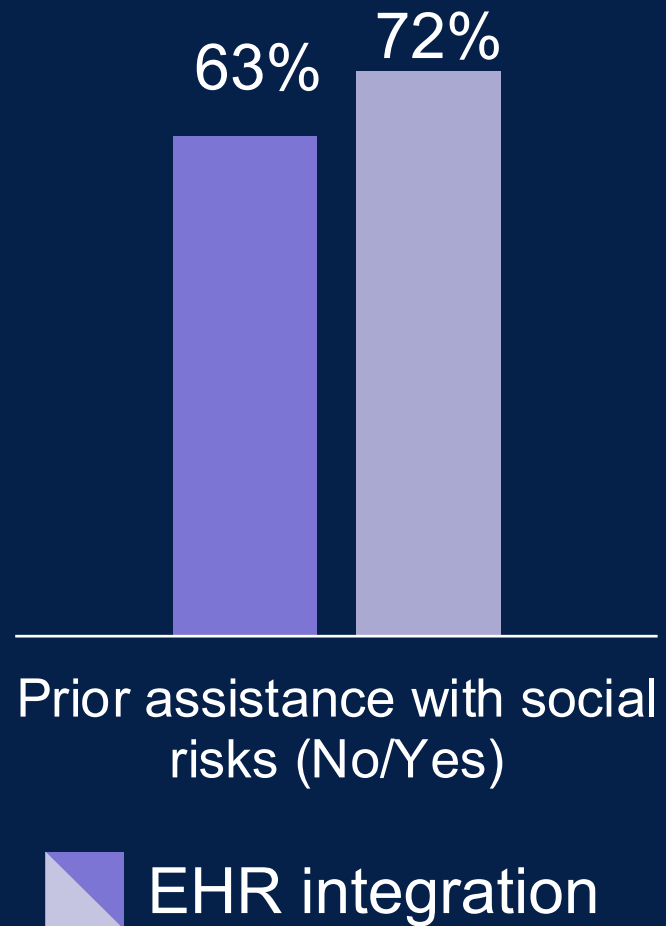
Clustering by health care site; model included region, self-reported health, positive social risk screening results

Results: Predicted probabilities



Results: Predicted probabilities

+13%



Would patients want assistance with social risk factors?

	Assistance	
	Interested	Not Interested
Positive Screen (n=595)	55%	46%
Negative Screen (n=374)	10%	90%

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

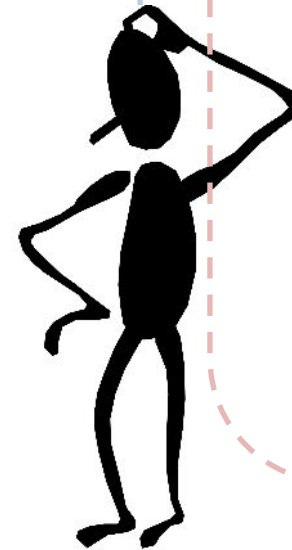
- Not our job
- Time
- Resource limitations
- Unethical

Patients

- Single domain
- Single clinical site
- Pediatrics

Diverse settings?

Multi-item
screen?



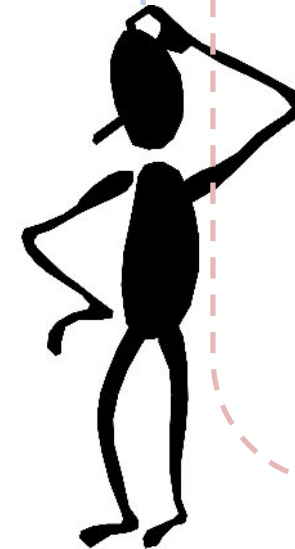
Perspectives on Social Risk Screening:

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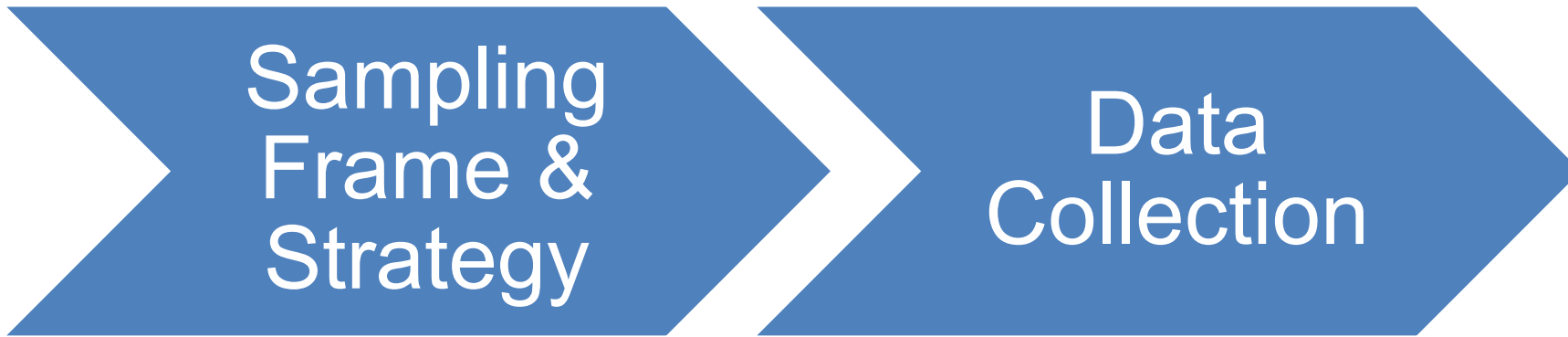
- It's acceptable!



Why?

How?

Methods



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

Methods



- 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

1

Important to do

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..”



2

Connections between health & social risk

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.”

3

Patient-centered implementation

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."

4 Limitations of health care to resolve risks

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.”

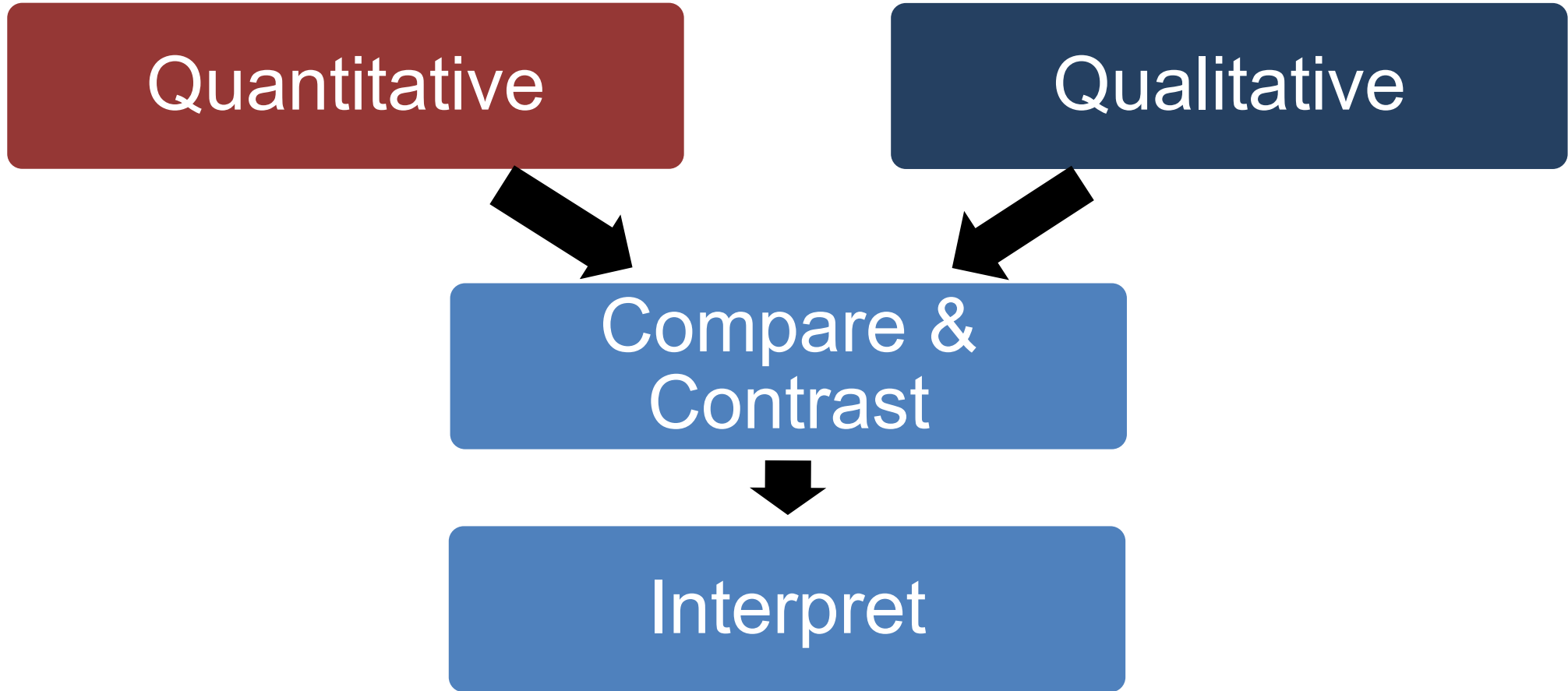


Quantitative

Qualitative

Compare &
Contrast

Interpret



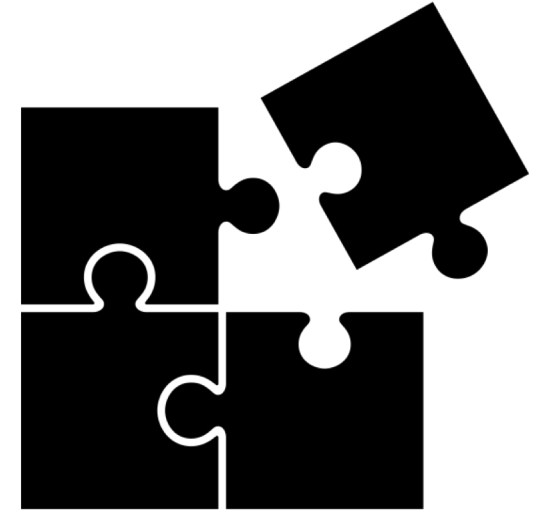
Mixed Methods: Complementary Results

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

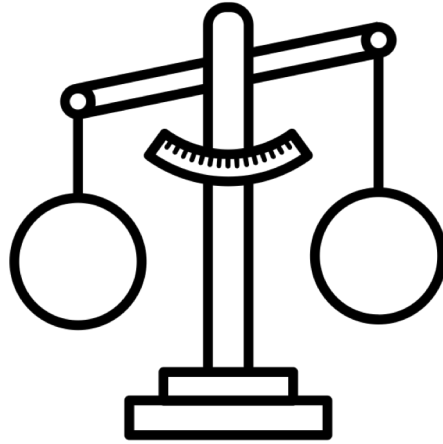
Next steps

- 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?*”



“Does the doctor hug?”

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



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



Richard Sheward, MPP,
Deputy Director of
Innovative Partnerships,
Children's HealthWatch

July 18, 2019
11am– 12pm Pacific

Register here:
bit.ly/SIREN-webinar

The webinar recording and slides will be available on the SIREN website (sirennetwork.ucsf.edu) next week.

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<http://bit.ly/SIREN-survey>

THANK YOU