

To ask or not to ask: Clinical perspectives on SDH screening

Arwen E. Bunce, Inga Gruss, Rachel Gold, Katie Dambrun, Erika Cottrell, Nadia Yosuf



Framing

Objective

- Explore staff perspectives on the acceptability and value of systematic, EHR-based SDH screening in primary care.

Setting

- Eleven community health centers across the USA.



Data from 2 related, sequential studies:

1) 'Act on Social Determinants using EHR tools in Safety Net Settings for Diabetes Outcomes' (ASSESS & DO pilot)

➤ Two year pilot study, 2015 – 2017, R18DK105463

2) 'Approaches to CHC Implementation of SDH Data Collection and Action' (ASCEND)

➤ Five year study, 2017 – 2022, 1R18DK114701-01



Both studies:

- Partnership between ***OCHIN, Inc., Kaiser Permanente Center for Health Research, Oregon Health & Science University***
- PI: Rachel Gold, PhD, MPH
- Created a suite of EHR tools for documenting and reviewing patient-reported SDH data; conducted mixed-methods evaluation of the implementation process involved in clinic adoption of these tools.

Tools activated June 2016 in 489 CHCs

Methods (Qualitative)

- Semi-structured interviews (67) with cross-section of staff from 11 'SDH high adopter' CHCs
- Observation (29 days) of clinic workflow and strategy discussions
- Analysis followed the constant comparative method



ACCEPTABILITY TO CLINIC STAFF

“it’s not acceptable to not do it ... patients need it ... But ...”



Does systematic SDH screening:
Open doors, or close them?



(Can) act as a door opener

It opens up a lot of dialogue ... the social determinants of health questionnaire opens up tremendous dialogue on several levels and I absolutely love it. (Behaviorist)

So again, it's really a good kickoff point for me too. It's kind of a conversation starter, if you will. (CHW)



Facilitates connections between staff and patients that help staff feel engaged.

... even our medical assistants made a note. They're like, you know, I ask the questions and when I ask, I actually face them ... they said it kind of made them feel better about doing what they were doing on a day to day basis (Quality Coordinator)



Too structured, not person-centered: impedes relationship-building.

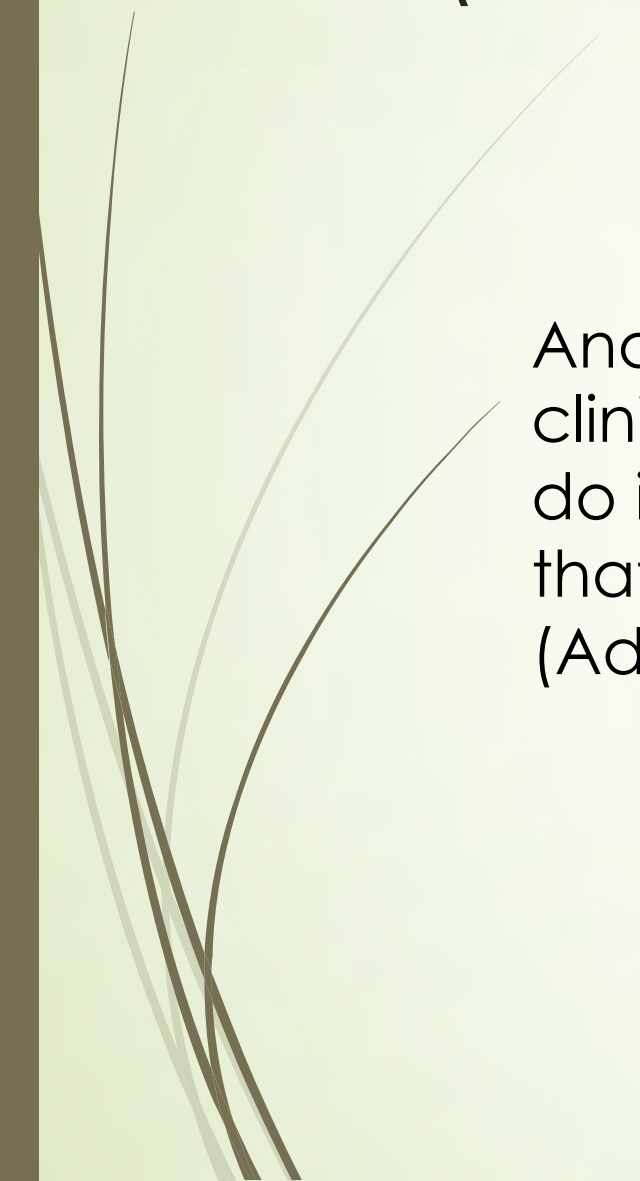
I think if I were going to summarize the basic problem ... it's not leveraging the patient's own understanding of what they need ... It's not asking them what they think or what they want. It's just asking for all this kind of random information ... then we have to interpret. (Behavioral Health Coach)

This feels more clinical. (CHW)

... you have this questionnaire that opens a whole can of worms, and you have to dial it down ... [O]h, and I'm sorry, we're out of time. Please come back in a week or two.
(CHW)




(Can be) uncomfortable to ask



And I think, just from the trauma informed lens, for clinics who aren't doing this at all, to ask their staff to do it overnight, they have to recognize the impact that that's going to have on them emotionally.
(Administrator)



(How) Does systematic SDH
screening:
Add value?



Captures previously unknown information about a patient's life, that can:

- Challenge staff assumptions


... it helps inform medical staff and physicians. Some of the things that they might see [as] just ... non-adherence to care. But actually seeing it as ... not able to follow through with care because of outside barriers that have nothing to do with their behaviors or ... resistance to treatment. (Behavioral Health Provider)

- Shed light on patient struggles that may be impacting their health or ability to follow care recommendations.

I have less tunnel vision than I used to. (PCP)



Hard for clinic staff to learn about needs that can't address



And we know how necessary it [SDH screening] is. And I know how significant these are in really supporting people to be adherent to their healthcare and take care of their needs. But if you don't have the people to follow-up on this, it didn't do anything but cause the staff to feel really horrible about themselves. (RN Care Manager)

Would you like assistance?

- Many patients screen positive for at least one social need; far fewer request help when asked.
- ASSESS: Over the three months the “would you like assistance” question was asked: >91% of screened patients at 2 clinics reported a need, but less than 21% of those patients requested help (N=250)
- ASCEND: Over 2 years (N=31,549), prevalence of reported social risk ranged from 6% (interpersonal violence) to 21% (social isolation), but only 7% of patients asked if they would like assistance responded in the affirmative (21% explicitly declined help, 71% did not answer).



ACCEPTABILITY TO PATIENTS

From the perspective of clinic staff



Very little patient pushback



In fact, patients commented that felt “heard” and cared for

... we've had people like in tears because they feel like ... they've been heard ... The things that are affecting their everyday life are being heard by us and are a part of our concern now. And so I think that it helps to kind of create kind of some trust as well between us and the patient.

(PCP)

... they feel like that we care about their health. And also not just about their health, but also seeing other ways that we can help them. That they're appreciative that we go that extra step. (MA)




Pushback that staff did receive related to:

- Pride (don't want to be seen as needing help)
- Realism / Fatalism (you won't be able to help)
- Intrusiveness (esp social isolation questions – religious and club attendance, talking with friends)
- (lack of) Trust
- Answering in front of others (translator, family members)



TO CONSIDER

Does systematic SDH screening:



Foster person-centered care?

- Different perspectives on whether a systematic SDH screening can be a conversation-starter and relationship-builder, or if it stifles such connections.



Add value even in absence of actionability?

- For staff, a window into their patients' lives that might help provide more patient-centered care
- For patients, value in having the complexity of their lives acknowledged.



THANK YOU!

Arwen Bunce
buncea@ochin.org
503-546-3860