Development and Implementation of a Social Needs Screener in Primary Care Practice

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Development and Implementation of a Social Needs Screener in Primary Care Practice
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BACKGROUND
• CMS and others have recommended initiatives to identify and address social determinants of health (SDH) as part of routine care
• Standardizing data collection of SDH within EHRs may improve in-result health outcomes
• Practice workflows are needed to systematically identify SDH within the EHR using a social needs screener (SNS) without creating excessive practice burden
• Once identified, systems are needed to connect patients with health system and community resources to address unmet needs

METHODS
• Identification of priority social needs and perceptions of data collection with a tablet computer within patient focus groups (n=18 FG, 115 patients)
• Development of tailored screening tool within a multidisciplinary stakeholder group
• Workflow development for SNS within primary care practice
• Pilot testing of SNS within 3 primary care practices (Figure 1)
• Evaluation of utilization of resource provided (211) to address unmet needs

RESULTS
PATIENT FOCUS GROUPS (N =18)
Assessed perceptions of collecting information on social needs via tablet computer
Participant characteristics: Focus groups organized by age, ethnicity (Hispanic/Non-Hispanic), preferred language

• Domains and Questions via Iterative Process of Consensus Building

MULTIDISCIPLINARY STAKEHOLDER COMMITTEE
Reviewed
• Existing Questionnaires
• Research Related to SDH

Developed
• Tailored SNS

Refined
• Domains and Questions via Iterative Process of Consensus Building

PILOT TESTING OF CLINICAL WORKFLOWS IN 3 PRIMARY CARE PRACTICES

Practice

Total # Screeners Completed (Dec. 2017)

Average Time to Complete (min)

LVPP (5)
200
4.1
Catasauqua (2)
134
2
Blandon (3)
54
2

Table 1. Pilot Testing of SNS

UTILIZATION OF PA 211 EAST
None of the patients reached by phone from Practices 2 and 3 made an attempt to access community resources via PA 211 East.

None of the patients reached by phone from Practices 2 and 3 made an attempt to access community resources via PA 211 East.

Most Common Unmet Needs:
• Housing (7-36%)
• Food Insecurity (8-62%)

REASONS CITED

“I don’t need it right now.”
“My need isn’t that great.”
“I don’t need it right now.”

DISCUSSION
• Creating a tailored SNS tool and collecting data via a tablet computer during primary care office visits was feasible
• Given patient preference to complete the SNS in a private setting, processes need to be streamlined to minimize additional time for office visits
• Patients may benefit from navigational support to connect with resources, as those in this study did not initiate contact without further support
• Further study is needed to identify optimal processes for addressing identified needs, particularly for priority needs including housing and food insecurity

FUTURE DIRECTIONS
• Incorporate SNS into EHR for systematic use
• Refine practice workflows to facilitate ease of implementation
• Leverage patient portals to enhance patient privacy and limit risk of practice/staff burden in administering the screener
• Strengthen partnerships with Community Based Organizations to direct patients to resources for unmet needs

REFERENCES

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