

HEALTHCARE PROFESSIONALS' PERSPECTIVES ON UNIVERSAL SCREENING OF SOCIAL DETERMINANTS OF HEALTH IN A LARGE ACADEMIC MEDICAL CENTER: A MIXED-METHODS STUDY



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BACKGROUND

- Social Determinants of Health (SDH) are associated with approximately **50% of overall health outcomes**
- The National Academy of Medicine has recommended widespread screening of SDH factors to inform patient care

AIMS

- Investigate **attitudes** regarding **universal screening** among **health professionals**
- Describe **roles** perceived as **most appropriate for screening**
- Identify **facilitators and barriers** to the implementation of **SDH screening as a routine part of patient care**

POPULATION

- Healthcare provider perspectives at Vanderbilt University Medical Center (VUMC), an academic medical center in the Southeastern U.S. serving over 2 million patients
- Setting:** Primary and specialty care inpatient and outpatient settings

MIXED-METHODS DESIGN AND ANALYSIS

Quantitative REDCap Survey (March – June 2020):

- Adapted from an instrument assessing clinician experiences and attitudes for SDH screening in a large not-for-profit integrated health system using a combination of Likert scale and multiple choice items
- Analysis:** Factor analysis using two primary themes (importance and barriers) was performed for Likert questions and responses were dichotomized (collapsed scores 1-2 and 4-5); each subscale was examined by profession with two-sample proportion tests

Qualitative In-Depth Interviews (March – May 2020):

Objective: Explore provider perspectives on the current state of SDH screening at the institution and perceived barriers and facilitators to universal screening

- Questions were adapted from quantitative survey items, with modifications to allow for open-ended response and probes to clarify and prompt responses
- 16 semi-structured interviews conducted by phone or in-person, purposeful snowball sampling of key stakeholders
- Analysis:** Two interviewers coded one randomly selected interview and compared codebooks to achieve thematic consensus. 15 interviews were then coded by one researcher. Analysis conducted using MAXQDA 2020.

PRINCIPAL FINDINGS

I. Roles and Responsibilities

Almost all (95) survey respondents identified social workers as most appropriate to screen for social needs, but most (88%) respondents selected multiple roles, indicating the responsibility for SDH screening could be shared.

Everyone should be trained to screen patients for social needs and be humble enough to do so...a lot of people just push it off as the social worker's responsibility....providers should be able to address it ... to be more efficient in addressing the patient needs. (physician, female)

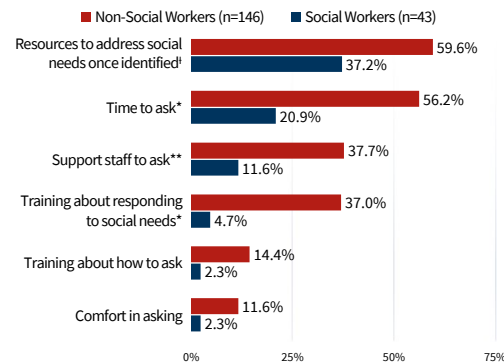
II. Perception of SDH Screening and its Importance

- Over 93% agreed information about patient's social needs could be used to improve patient care and communication with patients
- 91% agreed patients' social needs information could be used to improve trust
- 93% support incorporating social needs into health care
- 89% agreed screening for social needs should be a standard part of care
- Health professionals more routinely screened for health behaviors (tobacco, alcohol, drug use) than SDH

III. Perceived Facilitators to SDH Screening

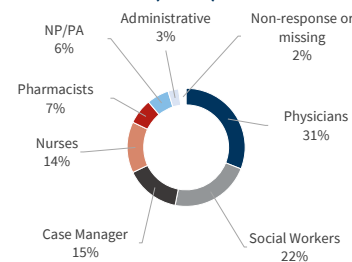
- I typically ask patients about their social needs (93%)
- I use information about patients' social needs in medical decisions and care planning (85%)

IV. Perceived Barriers to SDH Screening (by role)



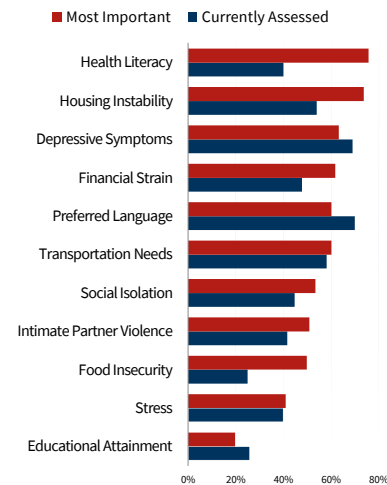
Social workers perceived barriers to SDH screening significantly less than non-social workers (2-sample Z-tests: *p<0.001, **p=0.002, †p=0.02).

Survey Participant Characteristics (n=193)



Social Determinant of Health Domains

Perceived Importance vs Routinely Assessed



BARRIERS TO SDH SCREENING: QUALITATIVE THEMES

- Lack of Time** (Icon: Hourglass): *A lot of providers will not ask the hard questions because of the time it takes to address them. (social worker)*
- Lack of Resource Knowledge** (Icon: House with question mark): *Uncovering something we don't have the ability to address is a huge consequence. (nurse)*
- Provider Burnout** (Icon: Person at desk with red X): *Addressing these issues could be time consuming and lead to provider burnout. (medical resident)*
- Lack of Standardization** (Icon: Checklist with question mark): *There needs to be an algorithm like, "if a person says this, then you do this." (social worker)*

LIMITATIONS

- Participants largely limited to inpatient and outpatient internal medicine
- Social desirability bias may have influenced respondent self-report of assessment practices and use of SDH data
- Qualitative interviews were intended for QI and not recorded and transcribed, limiting in-depth qualitative analysis

LESSONS LEARNED

Healthcare professionals seek a **standardized universal strategy** for collecting, leveraging, and disseminating SDH data, which includes..

- addressing both a **perceived and real lack of resources**, internally and in the community
- improving **provider awareness** of and use of existing resources
- addressing barriers healthcare professionals feel in screening due to their **concerns of an inability to address needs**
- leveraging the unique **expertise of social workers**, the need for team members to have access to SDH data in a **shared EHR platform**, and available **resources to implement universal screening**

A **standardized universal strategy** may drive increased health professional awareness of social determinants, funding for social resources and improved fulfillment of care plans.

Future studies: *How can the health care team operationalize the universal implementation and use of SDH to improve patient outcomes?*