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Background: Standards setting organizations are increasingly recommending screening for and addressing social drivers of health (SDOH) in clinical settings, leading to many health systems augmenting SDOH screening and referral protocols. Our healthcare system piloted SDOH screening and referral protocols using findhelp, an electronic social resource and referral platform, in 8 clinical settings. We then performed an implementation evaluation.

Objective: To understand the reach, efficacy, and adoption of SDOH screening and referral protocols using findhelp, as well as attitudes about the implementation process, in multiple clinical settings.

Methods: Eight clinical sites within a single healthcare system developed protocols for screening for and providing resources to address one or multiple SDOH. We surveyed staff at baseline and roughly 8 months after protocol implementation about their experiences and conducted interviews and focus groups with pilot site leaders and staff. We calculated descriptive statistics and performed rapid qualitative analysis.

Results: Baseline screening rates varied by site and screening domain; most sites screened < 5% of patients. After implementation, nearly all screening rates improved. Of 187 staff surveyed, 95% supported efforts to assess and address SDOH. The most cited barrier to screening at baseline was time needed to screen (80%), which decreased to 71% at follow-up. The most cited facilitator of screening was comfort in asking (28%). Among those making referrals, support for using findhelp decreased from 71% to 67% from baseline to follow-up. Agreement that SDOH screening and referrals contribute to burnout increased from 27% to 31% and decreased from 20% to 16%, respectively, from baseline to follow-up.

Conclusion: Implementing SDOH screening and referral protocols improved screening rates for most clinical sites, with variation by site and SDOH domain. There was broad support for SDOH screening and minimal change in rates of protocol barriers and facilitators cited and burnout between baseline and follow-up.

The importance of role and setting in health system social determinants of health screening results

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Background: With recent regulations requiring health systems to conduct social determinants of health (SDOH) screening among patients, more information is needed on best practices to conduct screening.

Objective: Analyze differences in SDOH screening rates by screener role and setting at Henry Ford Health based in Detroit, Michigan.

Methods: A report of 2023 SDOH screening data was generated and analyzed. Informational interviews and participant observation were also conducted with Medical Assistants (MAs) and Community Health Workers (CHWs).

Results: In 2023, 1,066,651 SDOH screenings were conducted by a total of 240 unique job titles. MAs conducted the majority (50.7%) of screenings; however, they identified a low percentage of needs (4.3%). Patient self-reported screens via MyChart comprised 34.8% of screens with 15.6% identifying a need. Conversely, Ambulatory Case Managers (ACM), CHWs, and Mobile Integrated Health (MIH) paramedics conducted far fewer screens, but identified needs in over 70% of screens. Shadowing revealed CHWs used a more conversational approach than MAs.

Table 1. Top SDOH screenings by screening type.

Screening completed by	# SDOH screenings conducted	% of total screenings	% with identified need	% wants assistance with need
ALL	1,066,651	100%	11.6%	20.5%
Medical assistant	540,625	50.7%	4.3%	18.5%
MyChart (self-reported online)	370,916	34.8%	15.6%	17.7%
Ambulatory case manager	41,885	3.9%	74.3%	67.1%
Community health worker	1284	0.1%	78.7%	40.9%
Mobile integrated health paramedic	712	0.1%	70.6%	22.9%

Conclusion: Roles and setting clearly impact SDOH screening. Roles that traditionally better establish trust with patients (i.e., CHW, ACM) are well placed to obtain honest answers regarding needs; however, staffing resources are limited. Empathic inquiry training would benefit MAs to obtain more accurate screens. Patients are also more likely to reveal needs when they are in a comfortable setting (MIH screens occur in patients' homes) or they self-report via MyChart; however, inequities in digital access and technology literacy must be addressed.

Impact of racism on patients' experiences of social care—Implications for healthcare-based social care interventions

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Background/Objective: There is little research on racism's impact on healthcare-based social care (HCBSC). We sought to understand Black and Latino/e/x patients' experiences with social care and how racism and marginalization may impact these experiences.

Methods: Semi-structured interviews were conducted with 30 patients who experienced HCBSC in the prior 12 months. Participants were recruited using convenience and snowball sampling. Interviews were transcribed and entered into qualitative analysis software Dedoose and two study team members conducted thematic analysis using deductive and inductive coding. This sub-analysis focuses on 25 of the 30 participants in the original sample, all of whom identified as Latinx and/or Black or African American. The impact of race, racism, and bias on participants' experiences of social care was analyzed. We defined "social care providers" (SCPs) as physicians, community health workers, and other personnel involved in HCBSC delivery.

Results: Of the 25 participants included in this analysis, 14 (56%) self-identified as Latino/e/x and 9 (36%) as Black or African American. 11 (44%) interviews were conducted in English and 14 (56%) in Spanish. Racism and bias deeply impacted participant experiences with social care. Perceptions of racism and bias from SCPs led participants to (1) withhold social needs during screening; (2) decline offered services; and (3) distrust social care. Participants reported experiencing hesitation with accessing HCBSC arising from societal narratives around poverty and race. Distrust in HCBSC resulted from patients' accumulated experiences with both health care and social care. SCP-level factors that promoted trust included: cultural/race concordance, language concordance, cultural sensitivity, and making patients feel cared for.

Conclusions: Experiences of racism and bias strongly shape minoritized patients' experiences of social care. Social care quality metrics focusing on the *quantity* of social care inadequately

captures important data. Social care metrics and practice should focus on patient experiences with care with careful attention to differences in experience outcomes for minoritized patient groups.

Beyond service volume: Validating the trajectories of care metric for long-term veteran referral success

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Background: With a growing emphasis on building successful health and social care networks, there is a pressing need for effective evaluation metrics. However, past research on quantifying service volume and evaluating referral processing metrics is insufficient for understanding client outcomes over time.

Objective: Our paper introduces the trajectories of care (ToC) metric, a cost-effective approach for referral networks to evaluate service episodes and client outcomes. ToC refers to the dynamic pathways that clients follow while navigating services through the referral network system over time.

We answer four questions: (1) What are the typical ToC for veterans? (2) What demographic and dynamic case factors influence ToC? (3) Is there evidence of validity for the metric? (4) Are process metrics related to trajectories?

Methods: Using a mixed-method design, we validate this metric through a series of analyses of client data from AmericaServes and Combined Arms. We categorize service types as basic needs, stressors, and nonessential needs and trajectories of service needs as either positive, neutral, or negative, providing insight into the factors that influence a client's ToC.

Results: We generated a new measurement evaluating referral networks' performance and examined its effectiveness compared to existing metrics. We tested three types of validity (concurrent, expert, and discriminant); using Combined Arms client WHO-5 scores, we determined a relationship between clients' trajectory of care and mental well-being. We compared our results with the practical knowledge of intake specialists at AmericaServes. We then ran an analysis to discover the relations between clients' success rates and trajectories. The ToC metric is a powerful tool for making referral decisions.

Conclusion: Our paper supports the ToC metric and advocates for reassessing referral networks to holistically account for the complex nature of co-occurring needs that impact veterans' health and overall quality of life.

Social care best practices: Learnings from a technology-enabled closed-loop referral network

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