

Improving Screening to Address Social Determinants of Health in a Family Medicine Outpatient Clinic

Brandon Garcia (M4), Doyle "Skip" Cummings, PharmD, FCP, FCCP, Hannah Dail-Barnett, MPH

Brandon Garcia
Brody School of Medicine
East Carolina University
Greenville, North Carolina 27858
garciab19@students.ecu.edu

INTRODUCTION

Social determinants of health (SDOH) are nonclinical factors that influence health outcomes, including food insecurity, transportation barriers, and housing stability

- Medical care only 10%–15% to preventable mortality¹
- Strategies for screening for adverse SDOH in primary care remains poorly defined
- Project Setting: ECU Family Medicine Center, Greenville/Pitt County, NC
- 21% of Pitt County, NC is food insecure^{2, and}
- 14% of has diabetes and/or heart disease³

AIM STATEMENT

 Pilot test a SDOH screener in one module of the ECU Family Physicians; assess the feasibility and effectiveness of including a SDOH screener into the current clinic workflow

METHODS

- Evaluated most appropriate time to implement the screener during the patient rooming process
- SDOH questions derived from EPIC; offered in either English or Spanish
- Adult patients used paper screening instrument with standardized questions
- PDSA 1 (July 2021-Oct 2021) examined screener completion rates and identified patient endorsed needs
- PDSA 2 (Oct 2021-Dec 2021) focused the sample to two physicians' patient schedules
- **PDSA 3** (April 2022-July 2022) utilized a digital screener given in the exam room, focusing only on food insecurity of one physician's patient panel

OBSERVATIONS AND RESULTS

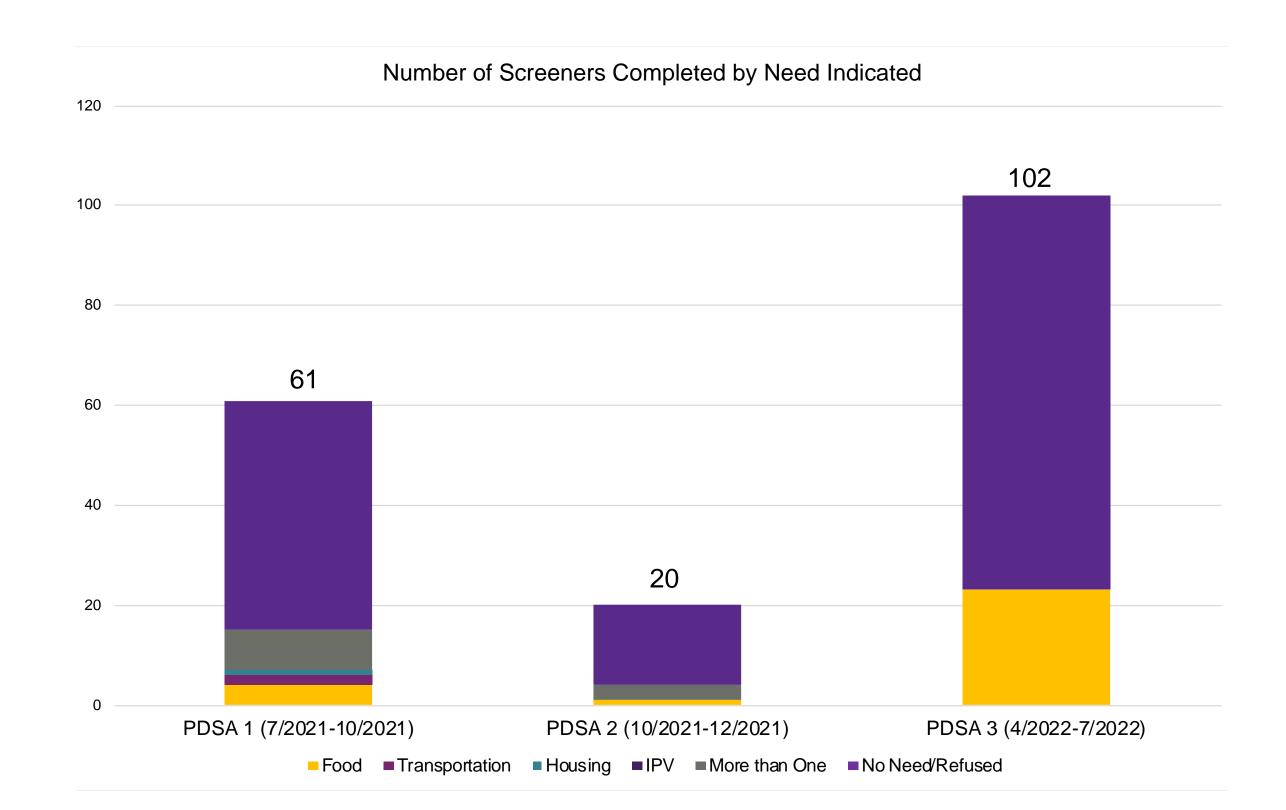
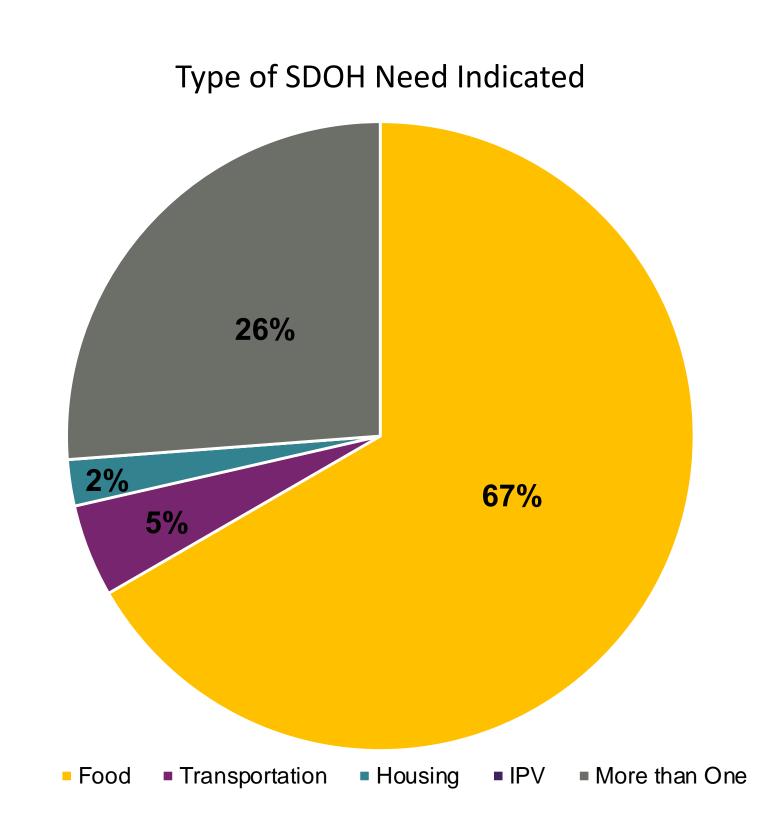
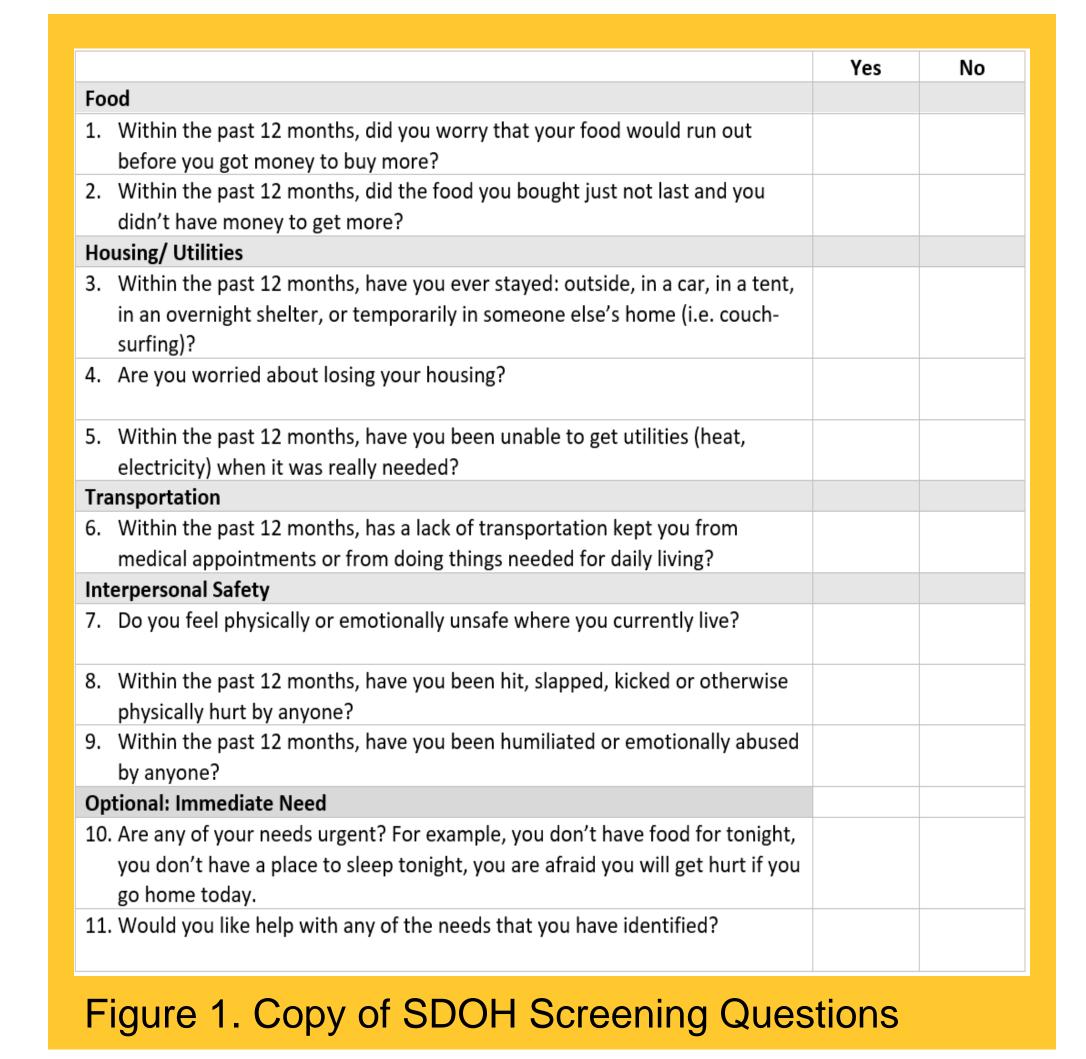
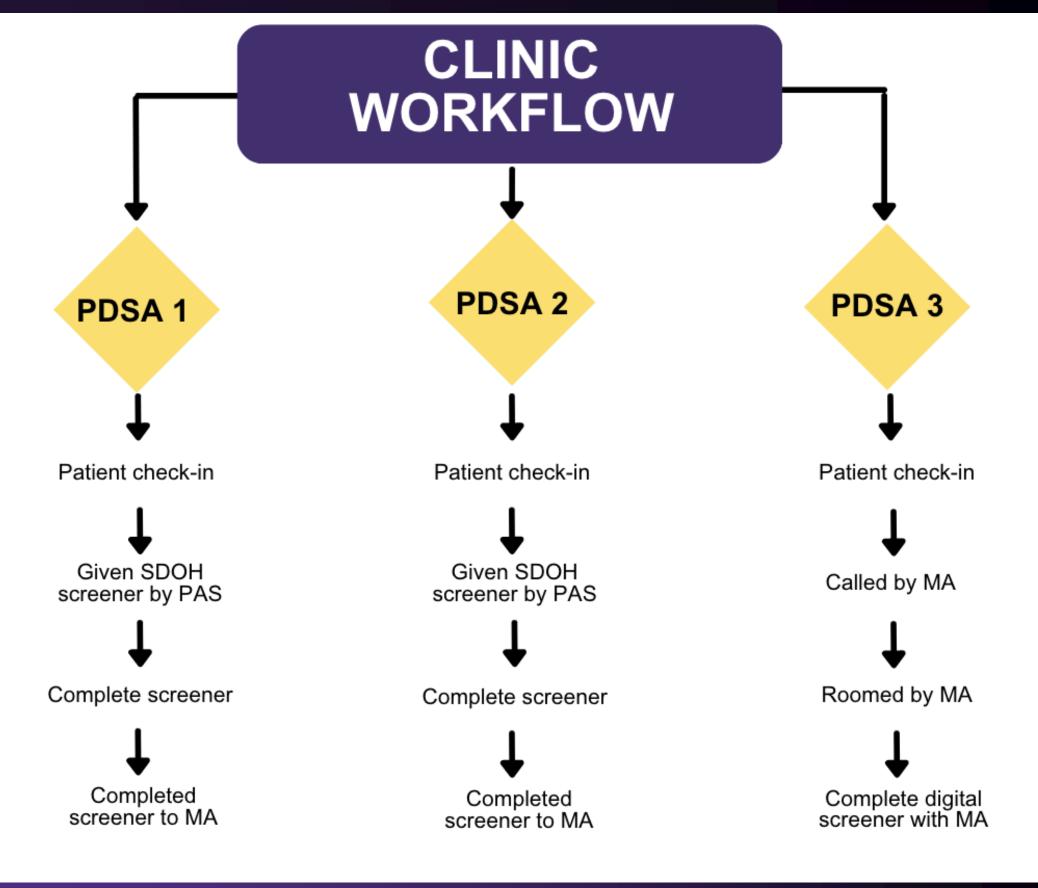


Table 1. Participant Demographics		
	Count	%
Total participants	183	
Age		
18-39 years	54	29.5%
40-59 years	71	38.8%
60->80 years	58	31.7%
Race/Ethnicity		
White, Non-Hispanic	51	27.9%
Black, Non-Hispanic	120	65.6%
Other/Unknown	12	6.5%
Insurance Type		
Medicaid	40	21.9%
Medicare	39	21.3%
Tricare	1	0.55%
Private	91	49.7%
Unk./Misc./None	12	6.6%







CONCLUSIONS

- One out of four patients expressed adverse SDOH with food insecurity being most common. Nutritionist designed food bags and local food resource information provided.
- Challenges with pandemic-related staffing shortages reduced recruitment of patients requiring changes in workflow⁴
- Limitations impacting generalizability to other practices
 - Rural patient population
 - Public vs private insurance
 - Possible response bias

RECOMMENDATONS FOR ECU HEALTH

- Implementation of regular screening of patients for SDOH needs
- Increase provider training in disease management based on patient social needs
- Enhanced infrastructure for social workers/case managers to be available to connect patients to SDOH resources

REFERENCES

- 1. McGinnis JM, Williams-Russo P, Knickman JR.
- 2. Addressing needs foodbankcenc.org.
- 3. BRFSS 2020 N.C. State Center for Health Statistics. Meyer AM, Davis M, Mays GP. Robin Rudowitz Follow @RRudowitz on Twitter RG. 10 things to know about Medicaid: Setting the facts straight. Kaiser Family Foundation.