

Title

Achieving and maintaining successful food insecurity screening implementation through continuous quality improvement practices

Abstract

Background: In 2020, XXX, a healthcare system in XXX implemented a comprehensive food insecurity (FI) screening and response program modeled on the National Academies of Science, Engineering, and Medicine's 5A's framework. Since the program began, the health system has engaged in continuous quality improvement (QI) to achieve high rates of FI screening and patient and staff satisfaction. In June 2024, housing and transportation needs screenings began in primary care using similar processes.

Objective: Describe an implementation pathway that has led to consistently high rates of FI screening in primary care and patient and staff satisfaction with a FI program. Explore whether the same QI processes led to successful implementation of housing and transportation screening.

Methods: We used the Institute for Healthcare Improvement's Three-Part Data review framework and QI tools to guide implementation, which included engagement with patient and clinic stakeholders in program development. Data informing implementation include: 1) FI screening and response data from electronic medical records, stratified by patient demographics (n = 160,494) and 2) qualitative interview data from patients and clinic staff (n = 10).

Results: FI screening rates reached 85% within the first year of screening and have been maintained at 80% or above for all 27 clinics. Screening rates vary by patient demographics with lower rates of screening among Spanish speakers compared to English speakers and Medicaid members compared to commercially insured patients. We will present run charts to indicate intervention timing and associated screening rates over time. We will elaborate on our FI response program (including distribution of food bags and UniteUs referrals), ongoing QI, and program data stratified by demographics. We will present data comparing screening rates for FI, transportation, and housing.

Conclusion: Routine engagement with patients and clinic staff in QI can lead to effective screening and response programs for HRSNs in primary care clinics.