

Implementing social risk screening and referral protocols in a healthcare system: Attitudes, barriers, and successes.

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Social Care Implementation Research and Quality Improvement Studies II, West Coast
February 3, 2025, 3:45 PM - 5:00 PM

Abstract

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.