Establishing SDOH screening and referral system in a rural primary care clinic

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Introduction:

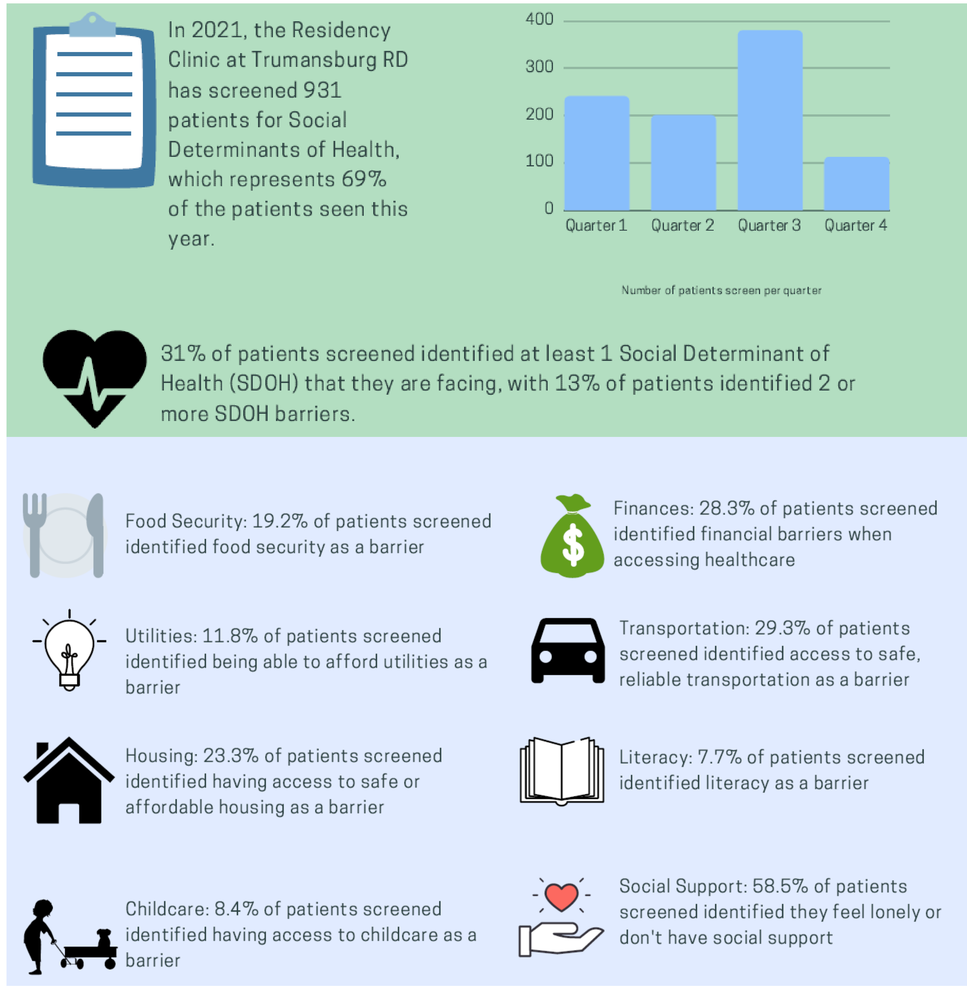
Social determinants of health (SDoHs) are social conditions that adversely influence health. Despite consensus that SDoHs are pivotal in health outcome inequities, screening and addressing SDoHs is still not a routine practice in primary care, especially in rural areas due to various challenges. Here we report our experiences and preliminary results in establishing a SDoH screening and referral system in a rural resident run primary care clinic.

Methods:

We implemented the SDoH screening and referral system in a rural primary care clinic run by internal medicine residents starting from Nov 2019 as a continuous quality improvement project. We adapted and modified the SDoH questionnaire from the Health Leads screening tool. Total 8 domains of SDoH were selected based on local county data, including food security, utility, housing, childcare, finances, transportation, literacy, and social support. Questionnaire was integrated into the electronic medical record (EMR) system for easy access and documentation. Screening was performed for all new patients, and repeated every year for all established patients during visits. For all patients, a two page brochure with community resources will be provided. For any patients that screened positive for more than 1 domain, a community health worker will assess patients to help them navigate community resources.

Results:

Total 1393 patients were enrolled in our clinic starting from Jan, 2021 till Oct, 2021, descriptive data analysis was performed. Total 931 patients were screened for SDoH with a screening rate of 69%. 31% of patients reported to have at least one SDoH domain positive, 13% of patients reported at least two SDoH domains positive. Top 5 SDoH needs in our rural primary care clinic are social support (58.5% of patients reported needs), transportation (29.3%), finances (28.3%), housing (23.3%), and food (19.2%). A EMR based referral system specifically targeting community based organizations to address various social needs was also established with an ongoing trial now.



Conclusion:

We established a SDoH screening and referral system in a rural primary care clinic. There are significant social needs in rural areas. Social isolation and needs for social support was found to be the most prominent SDoH in our rural clinic based on our preliminary data. Future directions of the project will be to promote SDoH screening in all primary care clinics locally. We will continue to build a SDoHs screening and referral system suitable for rural primary care use, which means bridging social services to medical offices in an easy, low cost way.

Reference:

The Health Leads Screening Toolkit. https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/. Data assessed March 27, 2020.

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