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Physician Attitudes Toward Screening For Social Determinants of Health

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INTRODUCTION

- Social determinants of health (SDH) have a significant impact on health outcomes
- Screening for SDH in the clinical setting can identify at risk patients, but follow-up and management remain challenging
- The process of screening for SDH varies widely across organizations and practices

GOAL: To determine physician attitudes & practices regarding screening and follow-up for social determinants of health

METHODS

- Family Medicine physicians in Chittenden County, VT were interviewed in October 2019 using an interview guide developed by the research team
- Each transcript was read in full and qualitatively analyzed for themes by 3 members of the study team
- Themes were coded and categorized based on team consensus

PHYSICIAN DEMOGRAPHICS

Table 1. Demographic Characteristics (n=16)

Characteristic	Number (%)
Gender	
Female, N (%)	11 (69%)
Employment Category	
FQHC	5 (31%)
Academic	1 (6%)
Hospital-Owned	6 (38%)
Private	4 (25%)
Clinical Experience	
New (≤5 years)	4 (25%)
Experienced (6-10 years)	3 (19%)
Seasoned (>10 years)	9 (56%)

THEMES

Recognize Importance

"[SDH] can have a **bigger impact** on patient care than any medicine I can prescribe."

"[Addressing SDH] is a **big part of what a healthy community does**, and a medical system is a big part of a healthy community."

"[SDH] might not be on a problem or diagnosis list, **but should be.**"

Supportive of Screening

"**Any screening is better than not doing it.** The temptation is to say, 'that's not what I was trained for, that's not my job, there's someone else who should be doing that,' but **we're not going to get anywhere by saying 'not it.'**"

"You don't always ask those questions and the patient doesn't always bring it up. **It's easy to overlook.**"

Inadequate Tools

"It's incredibly important but the systems that we use are **making it very challenging to do it meaningfully.**"

"Really it's just a **band-aid approach**, which I do think is necessary because these are urgent issues that are affecting real people."

"Medical problems are down stream. **Policy level change** is needed to address the root cause."

Need for Social Work

"Having [our social worker] physically here for **warm hand-offs** is important. Addressing needs in real time would be a big improvement."

"Not having a social worker here has **hurt outcomes.**"

"It depends on what the social need is, **nine out of ten times I will refer** the patient to social work."

Variable Self Efficacy

"**It's still not enough** and you can't reverse certain things and you can't just give them a salary or start their phone up again. **It's humbling.**"

"Yes, but there's a giant sand dune and I'm six feet up and **there's so much more we could be doing** and doing better."

"**I'm making an effort**, some days more than others, some days I really just want to check boxes."



CONCLUSIONS

- Family Medicine physicians understand the importance of SDH, support screening, and most are currently doing it
- BUT...they have inadequate screening tools/workflows and **strongly** support more (and better integrated) collaboration with social work
- Despite progress, there are variable feelings of self-efficacy

LIMITATIONS

- Geographic (Chittenden County)
- Scope of practice (Family Medicine)
- Selection bias
- Small sample size

FUTURE DIRECTIONS

- Obtain **patient** perspective on screening SDH and delivery methods
- Develop best-practice screening and referral **workflows** to fully **integrate** social work into medical practice
- Stimulate discussion regarding **community** versus **medical** solutions to SDH issues

DISCUSSION

Physicians recognize the **effects of SDH on patients' overall health**

Despite substantial knowledge base, physicians are still interested in ongoing education about SDH

There is **tension** between the idea of universal screening being important for patient health and screening for problems for which physicians cannot always offer solutions

Screening raises social awareness

There is a wide **variability** and **inconsistency** in screening methods for SDH

The study of SDH is currently an immature field and there is not yet a universal standard screening method

There is a **high demand** for social work within family medicine practices

Social work resources need to be better integrated into practices and physicians should utilize **warm hand-offs**

Physicians feel they are not changing the system at large, but making a difference **one patient at a time**

Physicians are frustrated by lack of systemic solutions, lowering their self efficacy