Abstract

Health Disparities and Social Determinants of Health: Current Clinical Practice of Screening and Referrals in Erie County

DNP Project

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Purpose: The purpose of this project was to assess SDoH screening and referral practices among primary care advanced practice registered nurses (APRNs) and clinicians in Erie County, impacting at-risk minority communities. The aim was to uncover practice plan differences, and barriers in addressing social care in the medical model.

Background: Social Determinants of Health (SDoH) are economic and social circumstances, impacting health outcomes. These have disproportionately impacted minority communities. Healthcare policy reform objectives have moved toward value-based care to include SDoH, anticipated to impact health disparity. The purpose of this project was to assess SDoH screening and referral practices among primary care advanced practice registered nurses (APRNs) and clinicians in Erie County, impacting at-risk minority communities. The aim was to uncover practice plan differences, and barriers in addressing social care in the medical model.

Theoretical Framework: The Donabedian Quality Model created by Avedis Donabedian, which focuses on structure, process, outcomes, and quality of care.

Method: Original, self-administered, anonymous, single web-based Survey Monkey. Recruitment included convenience sampling of APRN's and clinicians in primary care in Erie County. Telephone and email recruitment occurred over three weeks after IRB approval.

Results: The Chi-Square test to review the association of screening frequency based on practice plan type was not statistically significant. 26% of participants reported that they are still collecting SDoH in paper form or not at all. ANOVA completed, to review between group practice plan differences for the cumulative number of domains screened showed statistically significant differences**.** Community resources were the most frequently selected referral. Clinician's most frequent perception of barriers for screening and referrals was limited time and patient's unwillingness to disclose information.

Conclusions and Implications: This DNP project advanced academic scholarship by exposing the need for consistent screening of domains with an individualized workflow plan to include SDoH screening and referrals in the EHR. This project informed that continuing education is needed on healthcare policy reform that directly impacts patient care. Consistency for screening should be a regional policy goal and be imbedded withing the EHR. APRN's and clinicians should provide feedback to institutional leadership. Partnering with community resources for bidirectional care should also be a priority for each clinician and practice plan. The gap in policy level knowledge revealed by APRN's and clinicians provides an area of opportunity for healthcare leadership which can serve to improve the patients plan of care, improve health outcomes, cost, and ultimately reduce health disparity.

Keywords: social determinants of health, health outcomes, screening, referrals

References:

Burnstein, G. R., (2019). Erie County new york community health assessment 2017-2019. http://www2.erie.gov/health/sites/www2.erie.gov.health/files/uploads/pdfs/cha

Deighan, C. (2021). Social determinants of health and 2021 E&M code changes. *New E&M codes will take effect Jan. 21, 2021.* https://www.icd10monitor.com/social-determinants-of-health-and-2021-e-m-code-changes/amp

Gold, R., Bunce, A., Cottrell, E., Marino, M., Middendorf, M., Cowburn, S., Wright, D., Mossman, N., Dambrun, K., Powell, B. J., Grub, I., Gottlieb, L., Dearing, M., Scott, J., Yosuf, N., & Krancari, M. (2019, Jan 28). Study protocol: A pragmatic, stepped-wedge trial of tailored support for implementing social determinants of health documentation/action in community health centers, with realist evaluation. *Implement Sci, 14*(1), 9. https://doi.org/10.1186/s13012-019-0855-9

Giuse, N. B., Koonce, T. Y., Kusnoor, S. V., Prather, A. A., Gottlieb, L. M., Huang, L.-C., Phillips, S. E., Shyr, Y., Adler, N. E., & Stead, W. W. (2017, 2017/02/01/). Institute of medicine measures of social and behavioral determinants of health: A Feasibility Study. *American Journal of Preventive Medicine, 52*(2), 199-206. https://doi.org/https://doi.org/10.1016/j.amepre.2016.07.033

LaForge, K., Gold, R., Cottrell, E., Bunce, A. E., Proser, M., Hollombe, C., Dambrun, K., Cohen, D. J., & Clark, K. D. (2018). How 6 organizations developed tools and processes for social determinants of health screening in primary Care: An overview. *Journal of Ambulatory Care Management, 41*(1), 2-14. https://doi.org/10.1097/JAC.0000000000000221

National Academies of Sciences, Engineering and Medicine. (2019). Integrating social care into the delivery of health care: Moving upstream to improve the nation's health. Washington, DC: The National Academies Press. https://doi.org/10.17226/25467

Office of Disease Prevention and Health Promotion. (2020). Leading health indicators and framework. https://www.healthypeople.gov/2020/leading-health-indicators/Leading-Health-Indicators-Development-and-Framework