Principles for Patient-Centered Approaches to Social Needs Screening

Background

As the health care system evolves to expand and standardize our approach to screening for social needs, it is critical that we invest just as fully in the quality of our relationships as the quality of our tools.   To more systematically respond to social needs, we must ask patients potentially sensitive questions, and to create stronger alliances with those we serve, we must ask these questions in a deeply respectful, empathic and trauma-informed way.

In 2017, OPCA launched a pilot program to build capacity at health centers for designing patient-centered social needs screening processes. Our approach, called *Empathic Inquiry*, draws heavily on the concepts and skills of motivational interviewing and trauma-informed care. As part of the program and curriculum development process, focus groups and interviews were conducted with community health patient advisory councils, community health workers, trauma-informed care experts, and community health center clinical and operational leaders. These principles summarize the essential perspectives that these stakeholders shared on patient-centered approaches to social needs screening.

Support autonomy and respect privacy.

Most patients expressed willingness to discuss social needs with their health care team, but this willingness varied from total openness to strongly held feelings of privacy.   Even patients who were open to discussing social needs with their care team shared the perspective that these topics are deeply personal and potentially difficult to discuss.

Health care professionals should approach social needs screening as a partnership, with a commitment to explicitly supporting patient autonomy and respecting patient privacy. Professionals should always ask permission to conduct the screening, explicitly state that patients are not required to participate, and give the option to decline to answer questions or stop the screening process at any time.

Provide a clear explanation for conducting the screening, how information will be used and options for follow up.

Patients indicated that they are asked similar questions to determine eligibility for resources and services in a variety of settings, and that it is essential to avoid confusion by explaining that the screening process does not constitute an application for resources, nor will resource connection necessarily be possible. Patients value being offered referrals or connections to their priority need areas, and clinics should offer to do so as much as possible.

Setting clear expectations about the intent and outcome of social needs screening is an important element to creating trust and sharing power with patients. The clinic should develop and consistently share a clear and transparent explanation for why social needs screening is being conducted. In addition to referring patients to resources where available, reasons may include tailoring treatment plans according to a full understanding of a patient's context and deepening the clinic's understanding of population-level social needs for community advocacy.

Share power by asking about patient priorities.

Many patients indicated social needs across multiple domains. Asking patients about their priorities for these needs demonstrates respect for their status as the "expert" on their own life

and honors personal autonomy. Additionally, it allows clinics to match offered services to the area of greatest importance to the patient. This approach strengthens patient engagement and the likelihood of a successful referral connection. Universally, health professionals should ask patients for their perspectives and priorities relating to social needs.

Account for the stigma associated with experiencing social needs, as well as personal assumptions about the experiences and capacities of patients.

Patients emphasized the social stigma associated with the experiences of poverty, and conveyed that they already carry a significant weight of self-judgment and shame. Many patients also shared experiences where disclosures about their social needs had created negative consequences, resulting in subsequent mistrust and hesitation to disclose.

It is important for health professionals to approach discussions about social needs with an awareness of the tenderness of these topics. Health professionals should consider the stigma associated with poverty in America when entering into conversations about social needs. It is critical to notice one's own assumptions, withhold judgment, and proactively demonstrate understanding and respect.

Ask about strengths, interests and assets.

When asked what might be missing from social need questionnaires, patients noted that screening tools do not include questions regarding patients' interests, hobbies or sources of meaning. A balanced approach to asking about life experiences requires health professionals to connect with patients around the areas of their life they find meaningful, enriching and supportive, as well as the areas of challenge.

Health professionals can convey respect, promote self-efficacy and empower patients by asking about their strengths, interests and assets. These positive attributes are just as essential as drivers of health as the deficits and risk factors the health care system commonly emphasizes.

Test screening workflows with patients before standardizing approach.

Patients expressed differing preferences for being asked social needs-related questions through an interview versus a self-administered questionnaire. Although some patients preferred to disclose personal information in a conversation with a trusted member of the care team, other patients preferred personal space and privacy to share sensitive information in writing. A workflow that allows the patient to fill out the screening questionnaire, either via paper or tablet, followed by a brief dialogue with a care team member may be a strong compromise approach. Given the lack of consensus, experimenting and gathering patient feedback locally is advisable.

Ensure that information disclosed by patients through social needs screening is shared with and acknowledged by all members of the care team.

Patients consistently conveyed the importance of acknowledging the information they share, and uniformly expressed frustration about experiences of filling out forms or questionnaires without any response from their care team. Patients also shared frustration over being asked for information repeatedly.

It is essential that health professionals respond with acknowledgment when patients have taken the time and the risk of sharing personal information. Moreover, if one member of the care team has asked for information, that information should be effectively documented in the medical record, visible to all team members, and accounted for across interactions with all members of the team. Regardless of team role, and in as many ways as possible, health professionals should demonstrate active and reflective listening with patients.

Select a care team member with sufficient time and empathy to connect with patients about social needs.

Patients preferred to conduct conversations about social needs in the context of a trusting relationship, and indicated that they may be willing to disclose information in the third conversation that they are unwilling to share in the first.

Given the potentially distressing nature of discussing social needs, workflows should not rush patients and staff through social needs screening and follow up. Follow-up should be conducted by the same staff member for continuity and trust.

Minimize patient and staff distress and trauma.

The potential for distress should be considered for both patients and staff. For patients, this includes drawing on the principles of transparency, empathy, trust, collaboration and autonomy support. For staff, a trauma-informed approach includes providing training on trauma and its physiological, emotional and behavioral effects, as well as support for self-care and secondary trauma prevention.

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