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Title

Community Health Center Staff Perspectives on Financial Payments for Social Risk Screening – A Qualitative Study

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context:

Healthcare delivery systems are increasing efforts to ask about and address patients' social risks as research highlights that social and economic conditions—such as food, housing, and transportation security—shape health and health equity.

Objective:

To understand how community health center (CHC) staff perceive the influence of financial incentives on social risk screening practices.

Study Design:

Interviews with CHC staff at varying organizational positions, with subsequent qualitative analysis of resulting transcripts.

Setting:

Oregon-based OCHIN-member CHC's with involvement in at least one of the two large initiatives aiming to integrate standardized screening and navigation procedures into primary care: OCHIN's ASCEND of CMS's AHC program.

Population Studied:

Primary care CHC staff at varying levels of position.

Instrument:

Semi-structured interviews utilizing an interview guide.

Methods: 42 clinicians, frontline staff, and administrative leaders were interviewed. Inductive and deductive thematic approaches were utilized to analyze transcripts.

Outcome Measures: Qualitative analysis grouped findings into four domains: participants' awareness of financial incentives; incentive design/structure; perceived impact of financial incentives on social care behaviors; and recommendations for changing incentive design to increase impact.

Results: CHC frontline staff were less aware than clinic leaders/managers of their CHC's participation in financial incentive programs for social risk screening; lack of awareness meant the incentives were less likely to influence their behaviors. Staff at all levels suggested that small payments might be effective incentives for staff if the money could be given to patients because that would make the screening activities feel worthwhile. Clinic leaders/managers noted that payments could be especially useful if they were sizable enough to meaningfully expand the social care workforce, as well as facilitate communication and partnership with community organizations.

Expected Outcomes (Conclusions): Small financial incentives for social risk screening paid to CHCs are unlikely to markedly influence screening rates. Incentives for social care need to overcome longstanding clinical barriers to asking patients about social risks and connecting patients with relevant services. Tailoring the design of these financial incentives to specific clinical contexts is likely to help maximize adoption and effectiveness.