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Title

Comparison of three methodologies for screening for social needs: in clinic, telephone, and text

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context

Over three years, 50 Oregon clinical practices and a staff of researchers screened 24,828 patients for social needs as part of the Accountable Health Communities Model supported by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services. Screening took place within clinics, by telephone, and by text.

Objective

To compare the rate of screening completion using three administration methodologies: in-person in clinical settings, by telephone, and by text.

Study Design and Analysis

This observational study aimed to understand the effectiveness of the three approaches to screening. Clinical sites selected their administration methodology, and data were collected on the number of surveys offered and completed by patients. Analysis was conducted using the statistics software package R.

Sites

50 clinical sites across the State of Oregon

Population Studied

Medicaid and Medicare members

Setting

For clinic-based screening, subjects were screened onsite in a clinical setting. Telephone and text screening were conducted using the patients' cellular phone numbers.

Intervention/Instrument

The data collection tool is the Accountable Health Communities Health-Related Social Needs Screening Tool which includes questions on living situation, food, transportation, utilities, interpersonal safety, income, sex, race, ethnicity, and educational attainment.

Outcome Measures

The proportion of patients completing the screening via each of the 3 methodologies.

Results

Of the 15,657 patients offered a screening in a clinic 70% completed the screening. Of the 17,970 patients offered screening over the telephone 47% completed the screening, however only 24% of telephone calls were answered. Finally, of the 9,182 patients who viewed the offer of screening in a text 68% completed the screening, however only 7% of texts were opened. In person and telephone screening administration took similar amounts of time. Texting took the least amount of time to administer at only seconds a text.

Conclusions

Screening in the clinical setting offered the highest response rate, however, clinics found it challenging to fit screening into their workflows. Telephone and text screening, while less effective, might be considered as part of a multi-modal approach to screening for social needs.