

**Submission Id: 3999**

**Title**

*IMAGINE: a practice-based trial of communication strategies for social needs screening and referral*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

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**Abstract**

Context: Health-related social needs (HRSN) are associated with poor health outcomes. Many primary care practices now screen and refer patients with HRSN to assistance organizations, but some patients decline screening or assistance. Improving communication about HRSN screening could increase response and assistance acceptance rates. Objective: Through a patient- and staff-engaged process, the Improving Messaging And Gaps In Needs and referrals (IMAGINE) study developed and tested improved messages and strategies for communicating with patients about HRSN screening and referral. Study design and analysis: This was a pragmatic three-stage trial. Messages and strategies were informed by qualitative analysis of stakeholder interviews and developed through an iterative, patient-engaged process. The trial stages were: 1) usual clinic processes for HRSN screening (form given to patients at front desk without additional explanation); 2) adding written patient-friendly messages regarding purpose of HRSN screening and referral to usual clinic processes; 3) adding verbal messages delivered by a medical assistant (form given to patients by medical assistant during rooming process). Each stage lasted three weeks. Setting & Population: This study was conducted at three primary care clinics serving primarily low-income patients that are part of Partners Engaged in Achieving Change in Health network (PEACHnet)—a western Colorado-focused PBRN. Outcome Measures: Primary outcomes were the screening form response rate among all patients and the acceptance of referral for assistance rate among patients with HRSN. Secondary outcomes were comfort with screening, perceived helpfulness of screening, and receipt of explanation about screening. Results: Study stage 2 was not associated with significant changes in any outcomes. Stage 3 was associated with decreased odds of screening form response at two of the three clinics relative to stage 1 (OR 0.1, CI 0.1-0.3; OR 0.4, CI 0.2-0.7) but with increased odds of assistance acceptance (OR 2.1, CI 1.1-4.0) among patients with needs who responded to the screening form. Stage three was also associated with higher odds of patients perceiving screening as helpful and receiving an explanation about screening. Conclusion: Altering practice workflows to provide verbal explanations of HRSN screening may reduce response rates, but may encourage responders to accept assistance referrals.