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Title

Factors Associated with Documenting Social Determinants of Health in Electronic Health Records by Family Physicians

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Social determinants of health (SDOH) significantly impact health outcomes more than medical care alone, yet their integration into decision-making is inconsistent. Understanding SDOH documentation in electronic health records (EHRs) is crucial for care management to improve patient outcomes and mitigate health inequities. Objective: To explore how family physicians document SDOH in EHRs and identify factors influencing this practice Study Design and Analysis: A cross-sectional observational analysis. Using a multivariate logistic regression model, associations between factors and documenting SDOH were assessed while adjusting for physician, practice, and community characteristics. Setting or Dataset: The 2022 American Board of Family Medicine (ABFM) Continuous Certification Questionnaire (CCQ) with 5 supplemental data: the list of rural residency programs from the RTT Collaborative, the Teaching Health Center Graduate Medical Education program dashboards, the American Medical Association Historical Residency File, the Social Deprivation Index (SDI), and the Rural-Urban Continuum Codes Population Studied: 2,089 family physicians completing the 2022 ABFM CCQ Outcome Measures: Physicians' self-reported rating on how often they documented SDOH by checking a box within the EHR, writing it in a note, or entering it as a diagnosis from the CCQ, measured as three binary measures - yes (often/sometimes) or no (rarely/never) Results: We found that 61% reported documenting SDOH in notes, with fewer using electronic forms (46%) or diagnosis codes (35%). Across models, factors persistently positively associated with documenting SDOH included employment at a practice participating in value-based programs, having the resources to address patients' SDOH, collaborating with neighborhood organizations, and located in a more disadvantaged area. Family physicians in areas with the second quartile of SDI (OR=1.036, 95% CI=0.787 - 1.364), the third quartile of SDI (OR=1.366, 95% CI=1.037 - 1.799), and the fourth quartile of SDI (OR=1.364, 95% CI=1.032 - 1.804) were more likely to enter it as a diagnosis, compared with those in areas with the first quartile of SDI

(least disadvantaged). Conclusions: Socioeconomic aspects of the communities and a practice-level capacity to address SDOH were the biggest predictors of documenting SDOH. This study supports critical payment policies that provide direct payment for SDOH risk assessment and support to community-based partners.

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