

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6406

Title

Social needs screening in health care: Embracing the paradoxes

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Screening for social needs has become increasingly expected in primary care settings, with multiple regulatory bodies and value-based care payors emphasizing the importance of incorporating screening into routine care. Despite the potential benefits of screening, the barriers and limitations of social needs screening in healthcare settings have received much attention. Oftentimes, these barriers/limitations of screening seem to contradict specific reasons for screening (e.g., “screening should not be undertaken without having resources in place to address identified needs” versus “health systems won’t fully understand what resources their patients need without screening”).

Objective: To understand the paradoxical nature of social needs screening in order to provide a richer understanding of the resources, mindset, and approach that is needed to incorporate screening into our health systems.

Study design and analysis: A narrative literature review was conducted of quantitative and qualitative literature on limitations, barriers, benefits, and reasons for health-systems-based social needs screening. A paradox metatheory lens was used to identify apparent contradictions in this area.

Setting: Primary Care ambulatory settings

Population Studied: Primary care teams and patients

Intervention: Social needs screening tools and interventions

Outcome Measures: Apparent but reconcilable contradictions surrounding social needs screening in primary care.

Results: This presentation shares common paradoxes emerging from the literature on social needs screening in primary care settings. It also explores how an inability to reconcile apparent contradictions

can lead to lack of progress in identifying and addressing social needs of patients, and how apparent contradictions may be harmonized to achieve progress in this area.

Conclusions: Reframing the apparent contradictions of social needs screening as paradoxes allows primary care teams to embrace the complexity of screening and enable primary care teams to make progress in this area despite concurrent challenges.

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