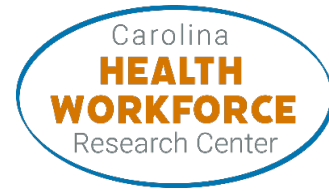


What EHRs Tell Us about How We Deploy Health Professionals to Address the Social Determinants of Health



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Erica Richman, PhD, MSW
Brianna Lombardi, PhD, MSW
Lisa de Saxe Zerden, PhD, MSW

◆ Abstract

Background: Increasing awareness of the Social Determinants of Health (SDOH) has prompted health systems to implement strategies to screen for and address patient SDOH. These resources are valuable for health systems but do not speak to the workforce needed to implement SDOH screening and related interventions. Little research has examined which health care workers screen for SDOH, who actually addresses needs related to patient SDOH, and how to incorporate screening and intervention into the clinic workflows.

Objective: This feasibility study used EHR data from a large health care system located in the southeastern United States to describe the mix of professionals identifying and addressing patient SDOH. The following research questions were considered:

1. How well does EHR documentation identify which health professionals act to address patient SDOH?
2. What actions regarding patient SDOH are documented in the EHR?

Methods: Two domains of SDOH, food insecurity, and housing insecurity, were studied. Researchers used the Electronic Medical Record Search Engine (EMERSE), a program that systematically searches EHR notes using key words or terms to identify a patient pool. Limits were set to include only patients over age 17 and who had a note documented between September 1, 2017 and August 31, 2018. After the final pool of notes was identified, analysts at the Carolina Data Warehouse randomly extracted 480 notes (240 from each SDOH: food and housing insecurity) for researchers to analyze. Using a random number generator, researchers randomly sampled 60 patient's notes under each SDOH category, all of which contained one or more of the selected terms.

Results: The mean age of patients was 52 years of age (SD=16), were slightly more likely to be female (53%, n=63), and most were either white (49%, n=59) or black (40%, n=48). Out of 120 notes that contained a reference to food or housing insecurity, 72% (n=86) also contained information on an intervention or action that was taken to help address a patient's need related to the specific SDOH. When an intervention was taken to help address food insecurity, 62% (n=29) of providers were social workers, 15% (n=7) were dietitians, and the remaining 11 providers were a mix of registered nurses (RNs), community health workers, medical assistants, physicians, and others. When an intervention to help address housing insecurity was documented, 64% (n=25) of providers were social workers, 10% (n=7) were physicians, and the remaining 10 providers were a mix of chaplains, RNs, care manager assistants, and others.

Conclusion: This study identified that health care team members are screening and addressing patient SDOH. The analysis revealed that with dietitians, chaplains, and other health care professionals, social work is the primary workforce addressing patient needs related to SDOH. Preliminary evidence supports social care as an effective intervention to improve patient health and well-being behavioral health providers, from peer-support specialists to LCSWs. Future work is needed to identify the most effective mix of health team members to address SDOH, as well as evaluate sustainable financial models to meet patient social needs.