Social Needs Screening Learning Collaborative in Washington State FQHCs

Katie Coleman[1], Claire Allen[2], Hannah Stanfield[3], Clarissa Hsu[2], Jessica Mogk[2], and Prathiba Pinnamaneni[4]

1. Research to Practice LLC; 2. Kaiser Permanente Washington Health Research Institute; 3. Washington Association for Community Health; 4. Kaiser Permanente Washington Community Health

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Background

Federally Qualified Health Centers (FQHCs) have been at the forefront of centering patient and community social needs since their founding.[1] However, universal identification of health-related social needs is occurring at only 30% of health centers.[2]

Objectives

- Test feasibility of a structured learning collaborative to increase screening rates for health-related social needs in 10 Washington state-based FQHCs over 12 months.
- Understand implementation barriers and facilitators.

Methods

Implementation

From June 2020 to May 2021, each of the 10 FQHCs in received a small stipend and participated in learning sessions, virtual group discussions, and coaching calls. to share best practices.

10 FQHCs
4 Learning sessions
8 Virtual group discussions
88 Coaching calls
$ Small stipend

Improve screening for social needs by sharing best practices from the literature and peer organizations

Evaluation

Qualitative interviews with 9 FQHC teams and 4 learning collaborative faculty analyzed through pragmatic thematic analysis.

1. Lausch, Kersten Burns. “Federally Qualified health Centers Reduce health Disparity and Improve Health Outcomes.” Health Affairs. September 18, 2022.
2. Torres Cristina I. Huebner, et al. “Social Risk Screening and Res[onse Equity: Assessment by Race, Ethnicity and Language in Community Health Centers.” American Journal of Preventive Medicine August 2023.

Results: 9 of 10 FQHCs completed the learning collaborative

Benefits of participating in the collaborative

Accountability & structure	“It was nice to have the collaborative to **keep us accountable to the work** and to our organization.” There's this **schedule and deadlines** and it kind of keeps pushing things along as opposed to being the thing you constantly put on the back burner.”
Peer learning	“It's important to be able to **get together with like-minded people who can help fill in gaps in knowledge,** give you ideas that you may not have thought about, help you understand what other people are doing and achieving.”
Workflow development & improvement	“We were hopeful…that we'd have an **implemented social determinants of health screening process.** Which I think we got to…we're still refining, but we're doing it.” I figured out that you can make flow charts in Excel…so when we started pulling in people from the pilot and we made changes to their workflow, **I would adjust the workflow document and check back with them.**”
Building QI capacity and culture	“It's amazing because **I feel that the improvement never ends**…always opportunity for growth.” It was a bit of a **new skill for [the team] to take the lead on some of those [PDSA] processes.** And so I think that was a really good experience and well supported.”

Challenges to implementing social needs screening in FQHCs

Competing priorities	“Whether it's an MAs time or a nurse's time or a provider's time, **it is finite and limited.**” We're always busy. And it's just like finding the time to do it.”
Technical issues with EHRs	“Our biggest barrier at the moment is **our EHR not tracking it.**” We have an EHR to do this so why are we keeping Excel spreadsheets? **We’re working around it instead of making it do the work for us.** And that just is really frustrating.”
Inability to connect patients to community resources	“If we identify this and can't do anything about it, **that just doesn't feel right.**” The biggest barrier is just that **we don't have all of the resources or programs in place** to support our patients.”
QI and workflow issues	“We have so many screenings, **figuring out the when, where, and how is the difficult part for us.**” So much of the experience for everyone was really just **needing help with the rudimentary and operational things** like workflows, all the basics of launching something new.”
Lack of resources	“Everybody knows [social needs] is important. **There's no money in it.**” We definitely need some money to do it because **we can't get reimbursed.**”
Staff capacity	“The pandemic happened and... so in person appointments didn't happen anymore. And the **CHWs were furloughed.**” From our perspective, we are, right now, **very understaffed.**”

Conclusion

Well-designed technical assistance support can be helpful to busy practices implementing broadscale screening for health-related social needs, specifically **helping to solve the operational, technical, and data-related challenges to standardizing this new work in practice.** However, barriers outside of the practice setting remain that make reliable social needs screening challenging for care teams in safety net settings to conduct in practice.

Contact us:
Katie Coleman at katie@researchtopractice.org or ACT Center at act-center@kp.org.

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