The Power of Presence: Clinic-based vs Centralized Assistance for Social Health Integration in Primary Care

Ariel Singer[1], Meagan Brown[2], Ammarah Mahmud[2], and Sophia Mun[2]

1. Waterwheel Health Consulting; 2. Kaiser Permanente Washington Health Research Institute

ACT CENTER
Accelerating Care Transformation

Background and objective

We conducted a mixed-methods evaluation of a pilot universal social health screening and assistance program at 2 Kaiser Permanente Washington primary care clinics. The evaluation assessed the comparative effectiveness of 2 social health support programs among patients who reported social needs during screening. Patients were randomly assigned to receive assistance from a social health specialist based either: 1) locally in the clinic, or 2) at a centralized national call center.

This summary describes what we learned about reach and adoption of this program from both a patient and primary care workforce perspective, with lessons applicable for the broader social health field. We share quantitative data on patient participation (reach) and qualitative data on workforce implementation (adoption) recommendations.

Summary of randomized pilot evaluation

7,791 patients screened Oct 2022 to Jan 2023

580 patients said they wanted assistance (7.4%)

535 patients were eligible for the evaluation

Daily automated randomization

Local, clinic-based specialist	Centralized call center specialist
Specialist sees the patient appear on their patient report and reaches out to them by phone.	Patient receives phone number via AVS, secure message, and mailed flyer. Specialists also reach out by phone.*
• Phone outreach within 2-3 days • Embedded in care teams and team huddles • Relationships with local community-based resources	• Phone outreach within 1 week • No communication with member's care team • No relationships with local community-based resources

*Because early observations showed that very few patients called the centralized service (only about 1% of those referred), we changed the workflow so that call center staff also called patients.

Methods

- **To assess adoption of screening implementation and reach of the assistance programs,** we reviewed screening rate data and social health specialist case notes.
- **To collect feedback and recommendations from the primary care workforce,** we completed 28 semi-structured interviews with medical assistants, primary care providers, clinic leaders, and local social health specialists. We used a Rapid Analysis Process to identify themes.

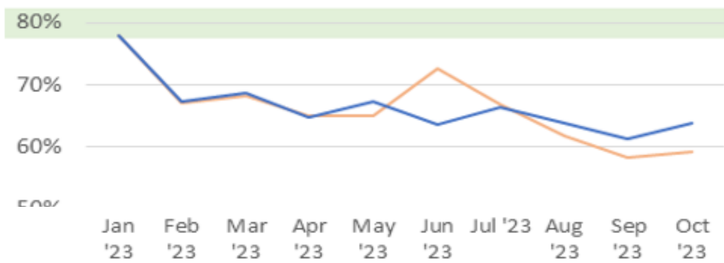
Results: Patients and staff prefer clinic-based specialists

Screening rates

With active implementation support, both clinics achieved 80% screening targets during the evaluation period. Support for implementation included:

- Design sessions with patient panel and with care teams
- Pilot new screening workflows and evaluate outcomes
- Workflow trainings, tech support, and practice facilitation

After implementation support ended, screening rates at both clinics fell significantly:



Clinic-based specialists reached more patients

Patients assigned to work with the centralized call center specialist were **2.5 times more like to decline assistance** compared to those assigned to work with a local specialist.

48% of patients randomized to the **local, clinic-based specialist** engaged and received a referral to services

33% of patients randomized to **centralized call center specialist** engaged and received a referral to services

Care team members value clinic-based specialists to enable team-based adoption of social health

Across all primary care clinic roles, **clinic staff recommended deployment of local, onsite social health specialists** to better integrate social health care into care teams.

Sample quotes from care team members

> "You click on this button, it goes somewhere, but you have no face to the name, you may not even have a name, you may not even have a location. **So [with the call center] it's this feeling of where did that go?** I've got no idea…If I remember something about Mrs. So-and-so that may be pertinent, who do I message? I don't know. So that insecurity just hangs…after you open up all of these issues, where does that [information] go? "
>
> - Primary care provider

> There's that direct face-to-face connection, and **[patients] can make that connection seeing a real person,** versus - I tend to think of it as cold calling. They may have been told okay, you indicated you need resources, somebody's going to call you, this is who they are, this is what they can help with. And then when I do call, they're like, what? What do you want? It's like they've forgotten."
>
> - Local social health specialist

Conclusion

We found that patient engagement in a pilot primary care-based social health program was greater when services were provided by a local specialist versus a centralized service. In addition, primary care team members expressed consistent preference for local specialists to enable team collaboration and coordination. This suggests that **reach and adoption of social health care in primary care are strengthened by a local, clinic-based social health workforce**. When considering centralized models for providing social health care, health systems should weigh the desire for efficiency with potential limitations in reach and adoption.

Contact: Ariel Singer at connect@waterwheelhealth.com.

Learn more at act-center.org.

This work was conducted by the Center for Accelerating Care Transformation (ACT Center) as part of our Learning Health System Program funded by Kaiser Permanente Washington. The ACT Center is part of Kaiser Permanente Washington Health Research Institute. Additional funding came from the Kaiser Permanente Office of Community Health.

KAISER PERMANENTE®

SONNET
Social Needs Network for Evaluation and Translation