

# Study examines prevalence of screening for social needs

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A new study from The Dartmouth Institute for Health Policy and Clinical Practice, published this week in *JAMA Network Open*, finds that most U.S. physician practices and hospitals report screening patients for at least one social need, a trend that is expected to increase in the future, and that practices that care for disadvantaged patients report higher screening rates.

In recent years, the link between patients' [social needs](#), [health outcomes](#), and costs has become increasingly recognized and advocated for by stakeholders across the nation's medical communities. But little has been known about the extent to which these screenings have been incorporated into [patient care](#).

To help make this determination, researchers conducted a cross-sectional study using national survey data to assess the prevalence of screening among [physician practices](#) and hospitals for five social needs prioritized by the Centers for Medicare and Medicaid—food insecurity, housing instability, utility and transportation needs, and experience with interpersonal violence.

Responses from 2,190 physician practices and 739 hospitals were collected between June 2017 to August 2018. As part of the study, the researchers examined how screening efforts varied by organizational characteristics, including participation in reform efforts. They also identified major barriers to linking medical and [social care](#) that were reported by physicians and hospitals.

The new data showed that the majority of U.S. physician practices and hospitals were screening patients for at least one social need, with about 24 percent of hospitals and 16 percent of physician practices reported screening for all five social needs. Among both hospitals and practices, screening for interpersonal violence was most common while screening for utility needs was least common.

Federally qualified health centers and physician practices who participated in bundled payments, primary care improvement models, and Medicaid accountable care organizations were more likely to report screening than other practices. Academic medical centers were significantly more likely than nonacademic medical centers to report screening patients for all social needs.

In general, the majority of physician practices and hospitals identified the lack of financial or staffing resources, time, and incentives as the main barriers to adopting initiatives that address social needs.

"Given the current focus on social needs from state and federal policymakers, payers, and providers, it seems likely that pressure on physicians and hospitals to identify and begin addressing patients' social needs will continue," says Taressa Frazee, Ph.D., a research scientist at The Dartmouth Institute for Health Policy and Clinical Practice and lead author on the study.

"We believe that systematic use of screening is a required first step to attend to social needs and improve health," says Frazee. "Addressing resource barriers, such as time, information, and money may be a key element in supporting physicians and hospitals in their efforts to screen patients for these important needs."

**More information:** Taressa K. Frazee et al, Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation

Needs, and Interpersonal Violence by US Physician Practices and Hospitals, *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.11514](https://doi.org/10.1001/jamanetworkopen.2019.11514)

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