Lessons Learned: Implementation of a Social Drivers of Health (SDOH) Screener at a Federally Qualified Health Center (FQHC)

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Background

The Protocol for Responding and Assessing Patients' Assets, Risks, and Experiences, better known as PRAPARE, was developed in 2014 as means to better address the barriers that patients experience when seeking health care. As the tool helps to account for factors outside of medical acuity, a healthcare system that undergoes implementation of this screener in the patient interview can build an image of the community of patients they are or hope to serve. Being a standardized screening tool, PRAPARE allows providers to understand the context that their patients live and thus, promotes equitable care towards those patients.

Significance

The American Healthcare System is supported by an infrastructure of clinics and hospitals that provided care to the most vulnerable and unsupported members of community. This is better referred to as the Safety Net System and institutions are placed in difficult positions to care for individuals who experience many social drivers of health. The Baptist Community Health System (BCHS), an example of a safety net clinic, has begun implementing PRAPARE; however, this implementation must come with awareness of the patient population and avenues for addressing any concerns brought for the patient interview.

Clinical Setting

Baptist Community Health Services (BCHS) is a non-profit, federally qualified health center established in 2014 to serve the Lower Ninth Ward of New Orleans. Dedicated to providing high-quality, affordable primary medical and behavioral healthcare, BCHS ensures that services are accessible to all individuals, regardless of income or insurance status. Patients were screened prior to contact with the primary provider to help provide context to the encounter and current patient condition. Additionally, screening patient prior to treatment ensured all aspects of patient care were effectively addressed.

Implementation Process

Planning Phase

- Staff training
- Workflow planning
- Integration of screener into EHR platform

Implementation Phase

- Administration of screener to patients prior to treatment
- Resource linkage
- Data collection and patient response

Evaluation & Review

- Consistent throughout implementation
- Addition to resource list, improvement in workflow

Health Domains Addressed by PRAPARE

Domains	Associated Questions
Personal Characteristics	Race, Ethnicity, Farmworker Status, Language Preference, Veteran Status
Family & Home	Housing Status and Stability, Neighborhood
Money & Resources	Education, Employment, Insurance Status, Income, Material Security, Transportation Needs
Social & Emotional Health	Social Integration and Support, Stress
Optional Additional Questions	Incarceration History, Refugee Status, Safety, Domestic Violence

Results

The patient population in New Orleans are most affected by their personal characteristics and factors related to money and resources. If patients screened positive for any type of insecurity, those were discussed in the patient interview and appropriate resources were provided when possible. Despite eliciting this important information from patients, however, we were not always able to direct resources or care for specific concerns addressed in the interviews.

Discussion

SUCCESSES:

Enhanced Patient-Provider Communication: Integrating PRAPARE into patient interviews fostered more open conversations about non-medical factors affecting health. Patients shared challenges they had never previously disclosed, allowing providers to better understand their lived experiences.

Improved Resource Linkage: The structured nature of the PRAPARE tool helped identify patients' needs in real time, prompting immediate distribution of targeted resources, such as housing referrals or food assistance programs.

Provider Awareness and Advocacy: The implementation process increased provider awareness of the socioeconomic factors impacting health. This awareness laid the groundwork for clinic-level advocacy to secure additional funding and community partnerships.

Standardized Data Collection: PRAPARE enabled consistent documentation of SDOH across the clinic, creating a foundation for data-driven quality improvement and potential policy change.

CHALLENGES:

Time Constraints: Integrating the full PRAPARE tool into already time-limited clinical encounters posed workflow challenges. Some providers expressed concern about completing all 21 questions during busy clinic sessions.

Patient Fatigue: While most patients were open to discussing their social needs, some expressed survey fatigue, particularly when questions overlapped with existing intake forms or seemed repetitive.

Resource Limitations: Identifying patient needs often outpaced the clinic's ability to provide adequate follow-up. While referrals were made, limited local infrastructure created barriers to sustained support.

Staff Buy-In: Initial resistance from staff stemmed from uncertainty around the tool's utility and relevance to clinical care

Future Steps

As the prevalence of chronic illnesses and the average age of the human population increases, FQHCs and the American Safety Net System will take on more patients. Policy must be developed to alleviate the burden placed on our healthcare system and improve the care that is provided to vulnerable individuals.

References

Nguyen OK, Makam AN, Halm EA. National Use of Safety-Net Clinics for Primary Care among Adults with Non-Medicaid Insurance in the United States. PLoS One. 2016 Mar 30;11(3):e0151610. doi: 10.1371/journal.pone.0151610. PMID: 27027617; PMCID: PMC4814117.

Luzius A, Dobbs PD, Hammig B, Kirkish R, Mojica M. Using the PRAPARE Tool to Examine Those Tested and Testing Positive for COVID-19 at a Community Health Center. J Racial Ethn Health Disparities. 2022 Aug;9(4):1528-1535. doi: 10.1007/s40615-021-01091-8. Epub 2021 Jun 22. PMID: 34156629; PMCID: PMC8218784.

Weir RC, Proser M, Jester M, Li V, Hood-Ronick CM, Gurewich D. Collecting Social Determinants of Health Data in the Clinical Setting: Findings from National PRAPARE Implementation. J Health Care Poor Underserved. 2020;31(2):1018-1035. doi: 10.1353/hpu.2020.0075. PMID: 33410822.

Howell CR, Bradley H, Zhang L, Cleveland JD, Long D, Horton T, Krantz O, Mugavero MJ, Williams WL, Amerson A, Cherrington AL. Real-world integration of the protocol for responding to and assessing patients' assets, risks, and experiences tool to assess social determinants of health in the electronic medical record at an academic medical center. Digit Health. 2023 May 22;9:20552076231176652. doi: 10.1177/20552076231176652. PMID: 37252259; PMCID: PMC10214080.