

Are needs met when social determinants are screened and social service referrals are made? Examining the construct validity of a “resolved referral” as a measure of quality

Connor Drake, MPA¹, Erika Dennis, BS¹, Tyler Lian¹, Sahil Sandhu¹, Howard Eisenson, MD², Carolyn Crowder, MSW², Jacqueline Xu, BA¹, Lillian Blanchard, BS¹, Rebecca Whitaker, MSPH, PhD¹, Robert Eick, MPH, MD¹, Janet Bettger, ScD¹

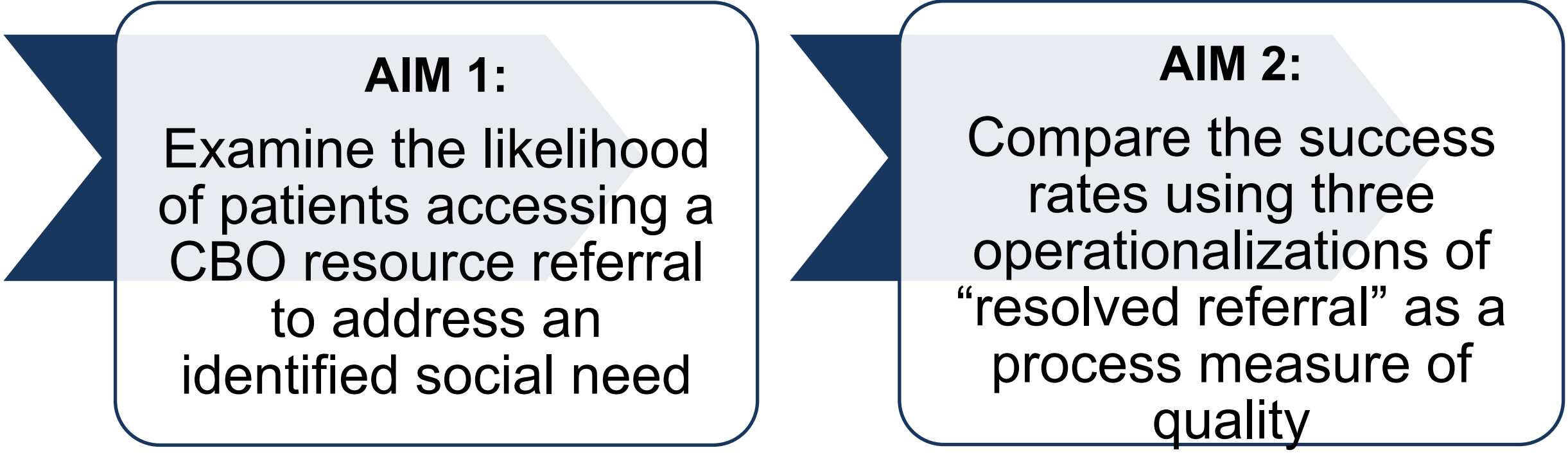
¹Duke University, Durham, NC
²Lincoln Community Health Center, Durham, NC

Background

Social and environmental influencers may account for 40%-60% of an individual’s health outcomes. Research suggest that early identification of social determinants of health (SDOH) can inform care planning to improve health outcomes. The Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE) is a standardized patient risk assessment tool used to assess and address patients’ SDOH related needs³. Our team is partnering with Lincoln Community Health Center to implement the PRAPARE screening to their current population of 33,961. As a federally qualified health center, Lincoln (Durham, NC), cares for vulnerable populations--patients who are uninsured, low-income, and medically underserved.

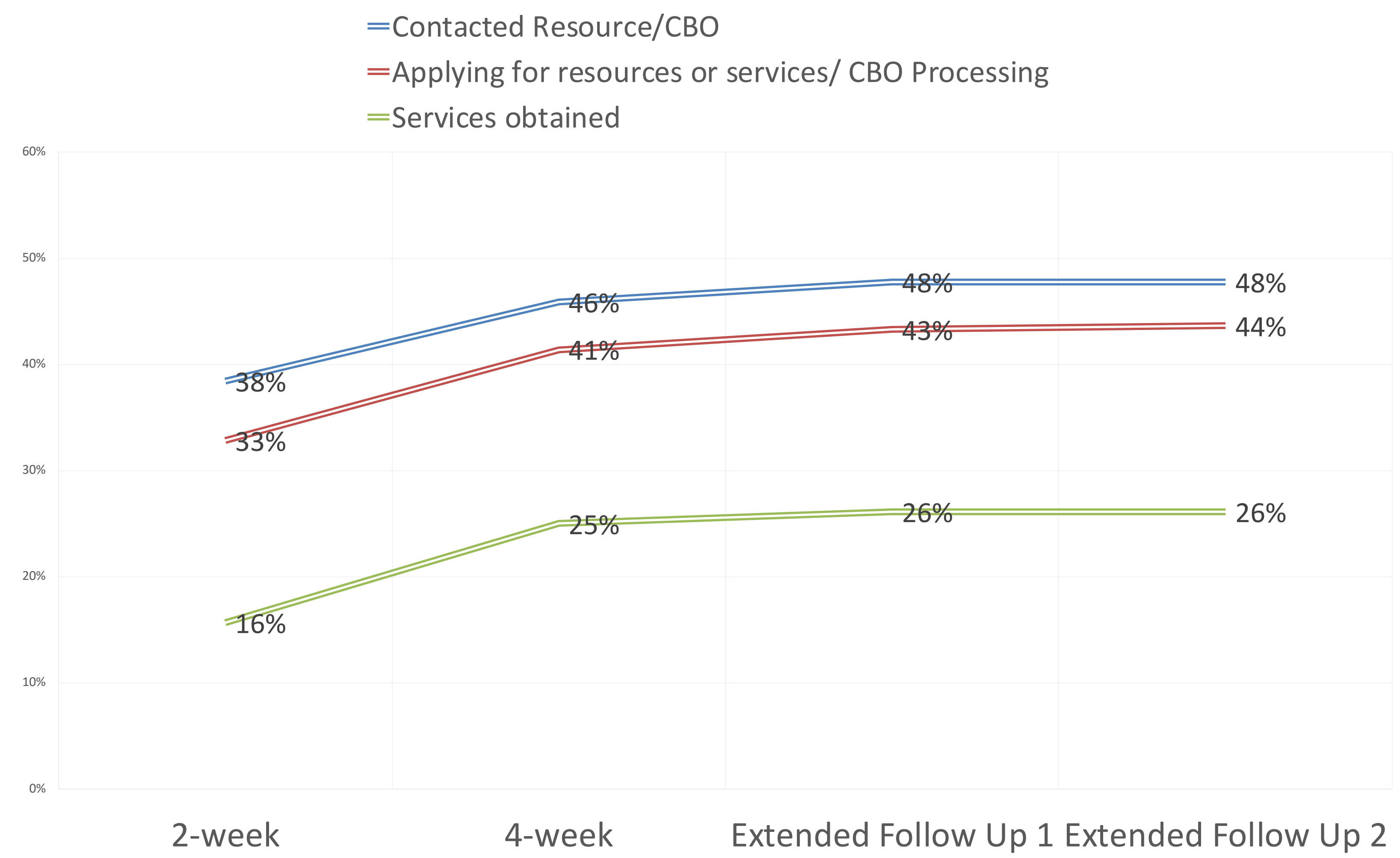
Research Aims and Purpose

Construct validity refers to how well one translates or transforms a concept, idea, or behavior – that is a construct – into a functioning and operating reality, the operationalization.⁵ The purpose of this study is to examine the construct validity of a “resolved referral” as a measure of quality. Currently, a “resolved referral” to a **community-based organization (CBO)** is the most common measure of quality. Our team explored the heterogeneity of a “resolved referral” as a process measure of quality to inform implementation of social needs screening and case management.



Findings




“RESOLVED REFERRAL” RATES AMONG ELIGIBLE PATIENTS



- Out of 268 patients, 189 were reached (70.5%) by phone at least once within six weeks after their initial screening.
- 128 patients (48%) had their referral successfully resolved as defined by successfully contacting a CBO to address an identified social need.
- 117 patients (44%) had their referral successfully resolved as defined by successfully applying for a resource to address an identified social need.
- 70 patients (26%) had their referral successfully resolved as defined by obtaining the resources to address an identified social need.

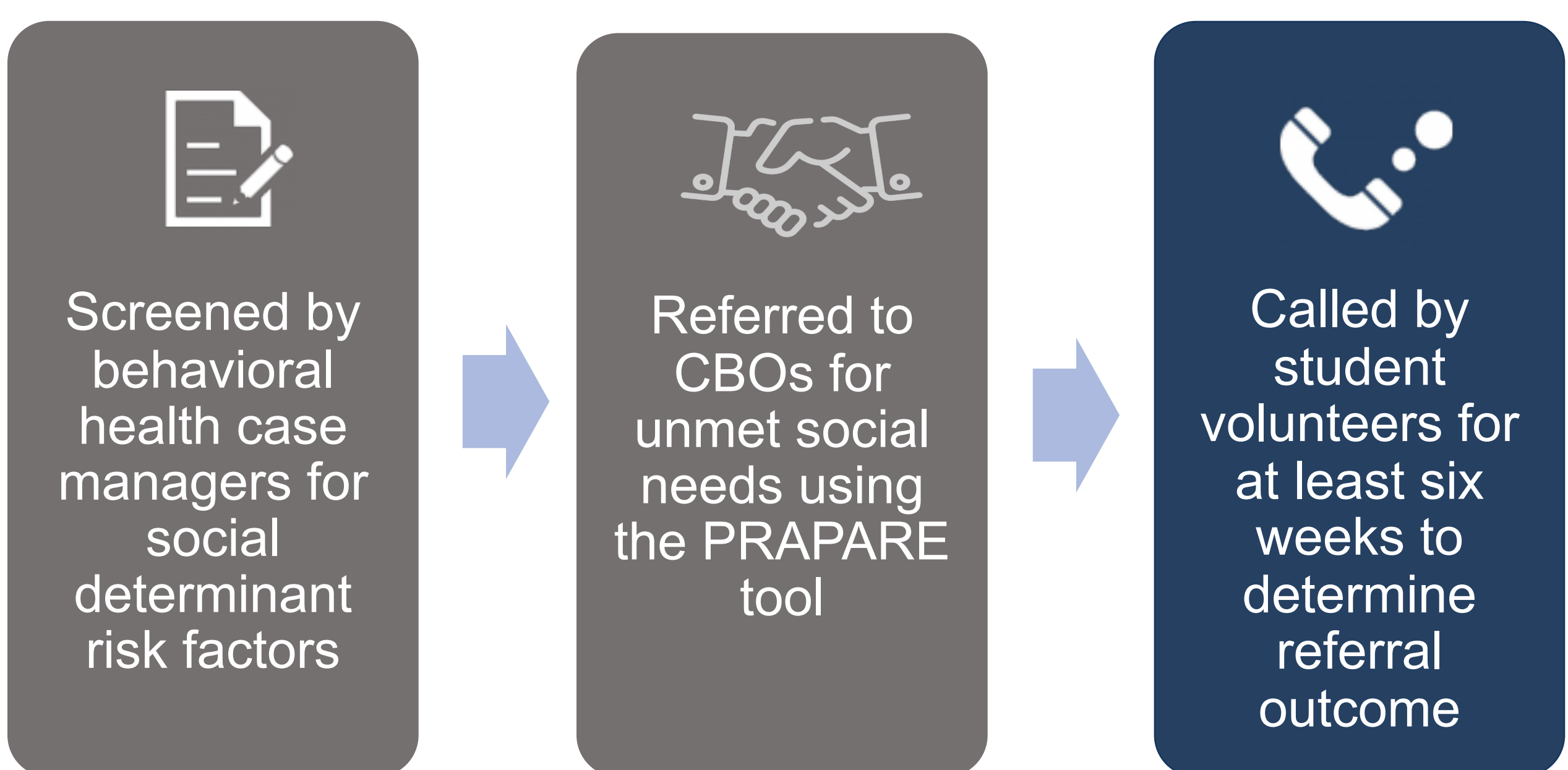
Conclusion: There is heterogeneity in “resolved referral” rates depending on how it is operationalized as a process measure of quality or implementation effectiveness.

Implementation Implications

- Implementing practice patterns to screen and respond to unmet social needs through referrals to CBOs is an important first step 
- Identification of appropriate and efficient measures of quality related to resolving unmet social needs is required to inform implementation efforts 
- Consensus on what constitutes a “successful referral” is required to define a process measure of quality with high construct validity 

Methods

1. Examined cases for 268 FQHC patients who were:



2. Assessed each case for whether and how CBO referrals were resolved over 6 weeks and up to 4 follow up calls using different definitions of potential measures for a “resolved referral”.

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References

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