

Incorporating Social Determinants of Health Screening into Rehabilitation Practice

Laura Deon, MD^{1*}

Aim

- To quantify the need for additional social support services in an outpatient general rehabilitation clinic setting.

Methods

Design

- Retrospective chart review was performed to assess how many social work consultations were made in the six months prior to instituting a structured social determinants of health screening for every patient.
- Retrospective chart review was then performed to assess how many social work consultations were placed in the six months after instituting a structured social determinants of health screening for every patient.

Results

- In the six months prior to instituting a structured social determinants of health screening for every patient, there were 50 referrals to the department of social work.
- In the six months after instituting a structured social determinants of health screening for every patient, there were 146 referrals to the department of social work.
- The number of social work referrals nearly tripled after instituting mandatory screening for every patient.
- This may indicate that patients do not spontaneously share personal information regarding their social determinants of health such as issues with primary care, insufficient insurance coverage, food insecurity, transportation difficulties, inability to pay utilities, and impending homelessness.

Conclusions

- Not screening our outpatients for social determinants of health at each visit likely meant that we were under serving a population already facing challenges due to their disability or injury.
- Structured social determinants of health screening should be incorporated into every outpatient rehabilitation visit.
- Relying on the history taken by the medical providers or assuming that the patient will be forthright about what their social needs is not enough to determine whether a social work consultation is needed and is likely to miss a significant number of patients in need.
- Social determinants of health affect function, medical outcomes, and quality-of-life. As rehabilitation physicians it is our duty to take care of the whole person which includes not only the medical aspects of their care but the social aspects that may also impact function, healing, compliance, and long-term survival.

