

## Doctors encouraged to consider social determinants screening, referrals

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The Feinstein Institutes for Medical Research Professor and Senior Vice President Karina W. Davidson, Ph.D., MASc, reviews clinical practices for social determinants of health screening and referrals in the September 17 issue of *The Journal of the American Medical Association (JAMA)*.

Conditions in the places where people live, learn, work and play affect a wide range of health risks and outcomes—these conditions are called <u>social</u> <u>determinants</u> of health. Screening for social determinants helps <u>health care professionals</u> better understand patient health risks and improves <u>patient health</u>. The health care community generally agrees that clinicians should screen social determinants for their patients.

"For optimal health of our patients, we must address and eventually eliminate patients' social determinants of health disparities," said Dr. Davidson, who heads the Center for Personalized Health at the Feinstein Institutes and is a professor of Behavioral Medicine at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. "Continued advances and debate about how to best implement social determinants <u>screening</u> and referrals will ensure continued progress towards this goal and will give clinicians and patients hope for a healthier future."

Dr. Davidson, along with co-author Thomas McGinn, MD, MPH, Director of the Institute for Health Innovations and Outcomes Research at the Feinstein Institutes and senior vice president of physician network operations at Northwell Health, note in their *JAMA* review that it is well known in the clinic that disparities in the social determinants are harmful to health. But less is known about who should screen, identify and deliver programs to reduce these harms and successfully address patients' social determinants, either individually or at the societal level. The authors note that there have been successes in identifying social screening needs and implementing co-location

care models, for example. They also note that, "identifying and addressing/improving patients' social determinants will only be successful if these clinical practices occur with broad structural, community, and societal changes to the determinants that currently perpetuate poor health."

Drs. Davidson and McGinn also note that there is a debate to implementing comprehensive and universal screening for social determinants. One of the debates is that doctors don't have time. In a 2019 survey, 70 percent of physicians reported "lack of time" as an issue that prevents social determinants screening. There is already concern that many physicians are spending too little time in meaningful patient care, and too much time on electronic health record entry and other administrative responsibilities, and that adding screening for social determinants of health many only exacerbate this issue.

"Dr. Davidson is a research leader in chronic disease management who exemplifies our mission to produce knowledge to cure disease," said Kevin J. Tracey, MD, president and CEO of the Feinstein Institutes. "This paper is another example of how she brilliantly applies research to find future cures."

Dr. Davidson joined the Feinstein Institutes last year. Her current research focuses on Personalized (N-of-1) trials to identify precise therapies that improve a single patients' symptoms, conditions, or behaviors. Dr. Davidson has been the principal investigator of more than 22 federally funded grants and authored over 200 peer reviewed articles. She was recently awarded a Transformative R01 grant to accomplish this vision of re-imagining the process by which therapies are tested in the clinical encounter, which helped identify maximal benefit and minimal harm for each individual patient. For more than 25 years, she has served in leadership roles with diverse teams focused on improving scientific and educational missions.



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