

Patient Perspectives on Social Risk Screening and Documentation in a Dermatology Clinic

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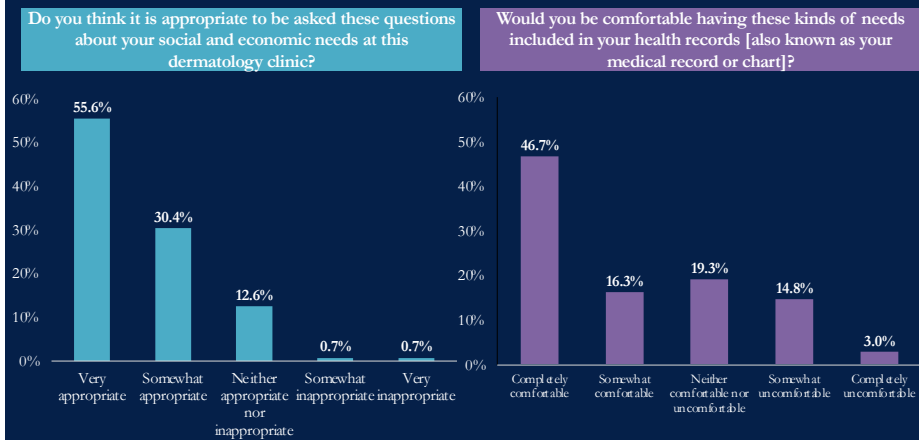
BACKGROUND

- Social risk factors, such as housing instability and unreliable transportation, affect health outcomes and may affect clinical management
- Studies on social risk screening and documentation have been conducted in primary care and ED settings but not yet in dermatology clinic

METHODS

- Convergent mixed-methods study** of adult patients at the ZSFG General Dermatology clinic
- Quantitative arm:** a social risk survey, developed from the Accountable Health Communities (AHC) health-related social needs screening tool, with additional questions associated with patient acceptability and two outcome measures measured on a 5-point Likert scale:
 - “Do you think it is appropriate to be asked these questions about your social and economic needs at this dermatology clinic?”
 - “Would you be comfortable having your responses to these questions included in your health records (also known as your medical record or chart)?”
- Qualitative arm:** Semi-structured interviews

Results



Theme 1: Role of Interpersonal Factors in Willingness to Disclose Social Risks

“My relationship with her is...I trust her I feel comfortable talking with her; she was my mom's doctor...I've known her for a long time so I feel very comfortable talking to her about it.”

“And it's a little like a feeling of inadequacy, right? And then also being in a dermatologist office, it's also being in a setting amongst other people that are not in the same situation, you know. [It's] also like an added layer.”

Theme 2: Implications of Institutional Trust for Willingness to Disclose and Comfort With Documentation

“[I'm] uncomfortable because it could change. So if I was homeless at one point and then maybe not homeless in a year or two years, I'd be very, very adamant to try and go into the hospital if I was aware that, say, my situation changed. I have a home now and I'm proud of my home, and I have a job and am good again and I'm stable.”

“A doctor is a doctor to me. They're there to help me...Unless it's proven otherwise, I'm going to assume what they're asking me is for my own good.”

Theme 3: Relevance of Screening in a Dermatology Clinic

“Actually, I was comfortable because I felt that they were interested, even asking or having the survey there. And the dermatologist always asks, ‘Are you under stress?’ and that's one question that will lead to other things that you're going through.”

“Some of the questions are whether you have mold and stuff. That could be a very pointed question for a doctor trying to figure out something about a patient. If they had a problem with mold and they find it in their chart, I think that would be helpful to a doctor and be a go-to. But a question like that, in particular, everything is pertinent to everything else, housing, all these things that this pertains to, and food. It's all related.”



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METHODS CONT'D

- Integrated both arms through purposive sampling, narrative text, and joint display
- χ^2 and Fisher exact tests to identify associations between the acceptability measures and participant characteristics
- Thematic analysis to develop themes in an inductive approach with constant comparative analysis of written data

DISCUSSION

- Our findings in dermatology clinic were consistent with previous results of studies in primary care and ED settings
- Our mixed-method study design enabled us to discover nuances in participant perspectives that were not captured in the survey data alone
- Trust was essential for patients to feel comfortable sharing their social risks. Using a trauma-informed care approach may help to address patients' concerns and strengthen their trust in the health care system
- We can address our patients' social risks through adjusting their care plan whether increasing telemedicine, adjusting medications for unhoused patients, or including a patient care navigator to help with care coordination

ACKNOWLEDGEMENTS

Thank you to my mentors, the staff at the ZSFG general dermatology clinic, and my fellow team members. I'd also like to thank the Inquiry Team for Summer Explore grant funding.