Title: Integrating social care in the EHR in an FQHC: Reach and equity 2 years post-integration

Background
Safety-net healthcare systems are distinctly positioned to impact health disparities, but have relatively little guidance on incorporating social needs screenings and referrals in electronic health records (EHR) and evaluating their implementation.

Objective
As a large Federally Qualified Health Center network in Brooklyn, NY, we have screened and connected patients to an in-house social-service center since 2017. In 2022 we integrated social care workflows in our EHR system. Post-integration, screenings can be conducted within the EHR across our network and clinicians can refer patients with social needs to the social-service center through the EHR. We analyzed equity and reach of social care 2 years post-integration at 2 clinic sites: Adult Medicine, where nurses routinely screen patients at new patient, annual physical, and hospital discharge visits, and Women's Health, where nurses screen patients at initial prenatal visits. Patients can opt to decline screening or referral.

Methods
We analyzed screening and referrals data from 8/8/2022 to 6/30/2024 covering over 13,200 screenings for 10,500 patients at 2 sites. Consultations with staff were used to describe site-specific workflows.

Results
At Adult Medicine, among screened visits, 5% identified a need, most of which (87%) were referred. In Women's Health, among screened visits, 32% identified a need, 59% of which were referred. At Women's Health, screening rates were higher among visits with a Hispanic/Latina patient (79%) relative to non-Hispanic/Latina (70%). Staff perceived that reasons patients declined social care included fears about immigration status, stigma around accessing public benefits, and gender dynamics if the patient's partner was present during the visit.

Conclusion
EHR integration can support standardized screening-and-referral workflows. To explain and address apparent differences by site and racial/ethnic identity, additional mixed-methods data are required on organizational factors (e.g., staff cultural concordance, influence of visit type on implementation outcomes) and patient intersectionality (e.g., gender + economic class).