

TREND ANALYSIS

# Are physicians still paying attention to social needs since COVID?

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Social needs, such as adequate food and nutrition, safe and affordable housing, and access to transportation, are widely considered important drivers of health.

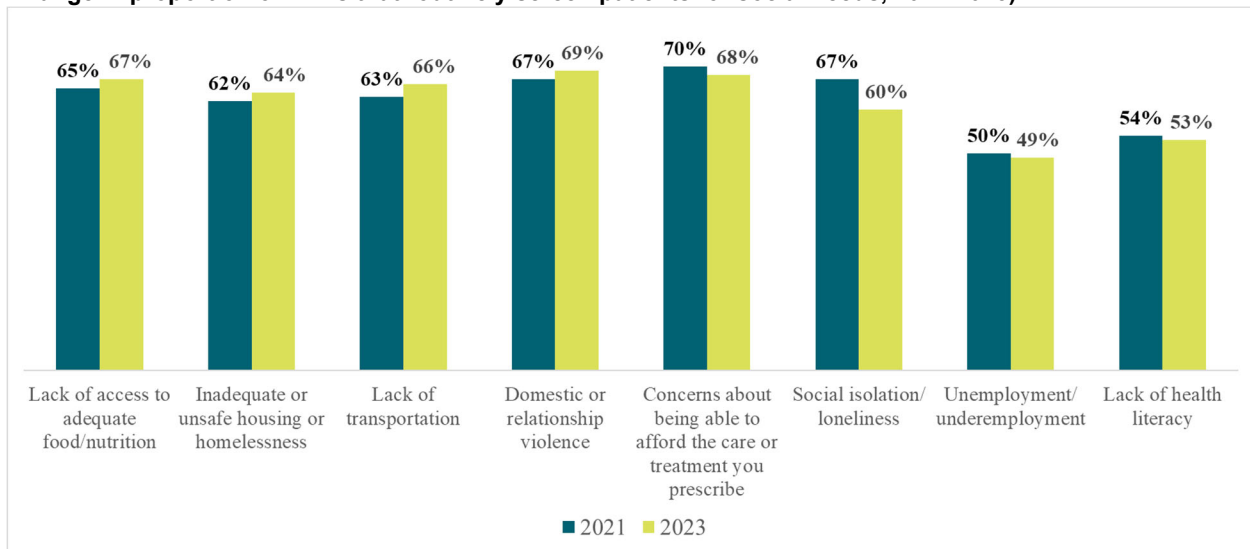
Since 2018, the Center for Health and Research Transformation (CHRT) has been surveying primary care physicians (PCPs) about their experiences screening patients for social needs and referring them for support. In this report, we examine how social needs screening and knowledge about where to refer patients has changed from before the pandemic (2018), to during the COVID-19 public health emergency (2021), to the post-pandemic period (2023).

The analysis highlights what PCPs see as the most significant barriers to social needs screening and referral in 2023 and make recommendations on how to sustain and promote progress moving forward.

## Changes since COVID-19

Fig. 1

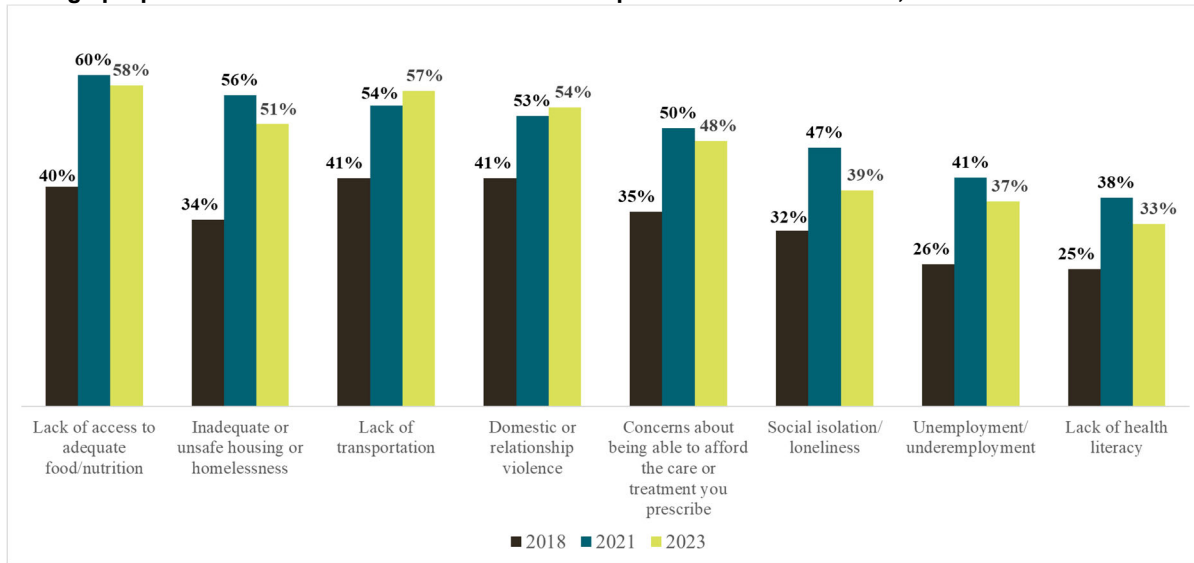
Change in proportion of PCPs that routinely screen patients for social needs, 2021-2023<sup>i</sup>



Data Source: CHRT's Michigan Physician Survey (2021, 2023)

**Fig. 2**

**Change proportion of PCPs who know where to refer patients for social needs, 2018-2023**



Data Source: CHRT’s Michigan Physician Survey (2018, 2021, 2023)

Overall, the majority of PCPs reported routinely screening patients for social needs and had knowledge about where to refer patients for social support (Figures 1 and 2).

In 2023, there were small increases in the proportion of PCPs screening for food security, housing needs, transportation and domestic violence with roughly two-thirds reporting that they screened for these social needs.

Since 2021, there has been a decline in screening for ability to afford care, social isolation, employment status, and health literacy. The most notable decline in screenings was for social isolation with only six in ten providers asking about this issue in 2023, compared to nearly two-thirds in 2021.

Although it is tempting to assume that social isolation is less of an issue now that we are beyond the worst of the pandemic, this is still a prominent issue among many populations—[one that has an outsized impact on health](#)—and an important issue for primary care physicians to continue to address.<sup>ii</sup>

Finally, PCPs were least likely to screen for unemployment or health literacy with only half of providers routinely asking about these issues.

## Gaps between screening and knowing where to refer

There was an increase in knowledge of where to refer patients for social needs between 2018 and 2021 among PCPs, but this plateaued in 2023 (Figure 2). The largest gaps between screening and referral among PCPs were found when dealing with:

- Social isolation and loneliness (a 21 percent gap),
- Lack of health literacy (a 20 percent gap), and
- Concerns about affordability of care (a 20 percent gap).

In fact, where there was a decline in screening for certain social needs (Figure 1), there was also a corresponding decline in knowing where to refer for those same needs. While causality cannot be determined (i.e., did the lack of knowledge about where to refer result in less willingness to screen for that need or vice versa?), it is an important relationship that warrants further study and understanding about the best ways to improve health system responses to addressing social needs and health.

Taken together, these findings could be an indication of what some have deemed the “moral injury” effect on physicians. This “moral injury” occurs as a negative mental health impact arising when PCPs ask patients to open up about their struggles with social needs but are unable to offer tangible help.<sup>iii</sup>

Despite these gaps, progress is being made. The survey found that gaps between screening and referral knowledge diminished for all social needs referenced in our survey between 2021 and 2023.

## Barriers to Screening

When asked what is hindering PCPs from asking their patients about social needs, the most common barriers reported were:

- Inadequate time (35 percent),
- Insufficient resources to address the social needs that are identified (29 percent), and
- An inadequate amount of support staff (21 percent).

Insufficient resources could be a result of inadequate support for and capacity of the community-based partners that health systems rely on to address social needs. This could be remedied by better integrating community and clinical care settings as well as ensuring community-based organizations have the capacity and funding to address the needs of the patients that are being referred.

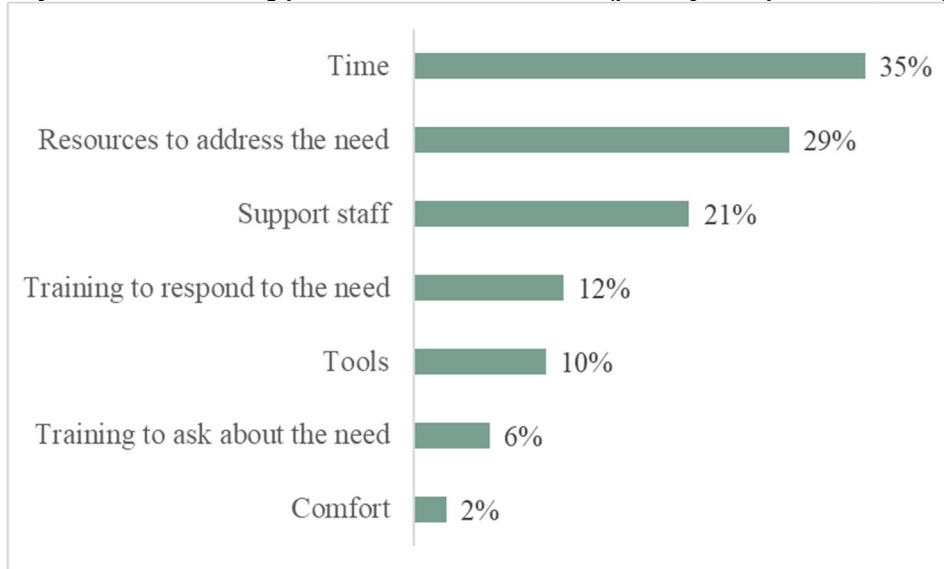
This underscores the potential negative impact on physicians (the “moral injury” effect) who are faced with increasing demands to screen for these entrenched social needs, but feel they have insufficient resources, staffing, training, and tools to provide tangible care for their patients to address any identified social need.

Screening for social needs is important, but once identified, without the ability to refer a patient to social or community-based resources, those needs are likely to remain unaddressed. Not only does this present a potential

"moral injury" effect for providers, but it may pose needlessly invasive—and potentially triggering—questions to patients about their needs with no tangible help provided.

**Fig. 3**

**Major barriers to asking patients about social needs (primary care providers, 2023)**



Data Source: CHRT's Michigan Physician Survey (2023)

On a systemic level, more focus must be paid to solidifying referral pathways and ensuring community capacity to address those needs before increasing the pressure on providers to screen for social needs. This could increase provider buy-in, increase both screening and referral frequency, and reduce negative mental health impacts.

## Recommendations

As the growth in PCPs screening and referral knowledge for social needs seems to have plateaued in recent years, we recommend that health systems, insurers, and government health and social agencies:

- **Continue to address administrative burden among physicians.** Potential initiatives to reduce administrative burden might include using artificial intelligence (AI) programs to make an initial draft of notes during patient interviews, calling on insurers to further streamline prior authorization processes, and engage more support staff in team-based care strategies. All these solutions would both save physicians time in other areas of work so they can focus on addressing social needs as well as ensure the provider is not the sole point of contact for addressing patient needs.
- **Continue to build community-based organization capacity to address the social determinants of health.** This includes prioritizing building strong referral pathways for social needs, with the goal that screenings will increase after these pathways are in place. Michigan is actively working toward this goal. In 2024, Michigan Medicaid began reimbursing community health workers (CHWs).<sup>iv</sup> This policy will ensure

more people can access services from CHWs, who have expertise in connecting patients with social services. Further, updated in 2023, Michigan's Medicaid managed care (MMC) procurement requires managed care plans (MCPs) to [contract with community-based organizations](#) to address health related social needs.<sup>v</sup> States can also use Medicaid waivers to address health related social needs in various ways depending on community context. [Learn more about these initiatives.](#)

To review previous analyses and recommendations on this topic, [visit our brief from 2022.](#)

## References

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<sup>i</sup> The 2018 Physicians Survey only collected data on primary care physicians and social needs referral. CHRT began to collect social needs screening data in 2021.

<sup>ii</sup> Mullen, Rebecca A., Sebastian T. Tong, Hillary D. Lum, Kari A. Stephens, and Alex H. Krist. "The Role of Primary Care in the Social Isolation and Loneliness Epidemic." *Annals of Family Medicine* 22, no. 3 (June 2024): 244. <https://doi.org/10.1370/afm.3102>.

<sup>iii</sup> Molinaro, Monica L, Katrina Shen, Gina Agarwal, Gabrielle Inglis, and Meredith Vanstone. "Family Physicians' Moral Distress When Caring for Patients Experiencing Social Inequities: A Critical Narrative Inquiry in Primary Care." *The British Journal of General Practice* 74, no. 738 (November 14, 2023): e41–48. <https://doi.org/10.3399/BJGP.2023.0193>.

<sup>iv</sup> "Community Health Workers." Accessed November 12, 2024. <https://www.michigan.gov/mdhhs/assistance-programs/medicaid/community-health-workers>.

<sup>v</sup> "What's New in State Approaches to Addressing Health-Related Social Needs in Medicaid Managed Care." Accessed November 12, 2024. <https://www.shvs.org/whats-new-in-state-approaches-to-addressing-health-related-social-needs-in-medicaid-managed-care/>.