

‘Addressing Social Health in Medicine’: Launch and Evaluation of a Web-based CME Training

Summary of Final Project Results | December 2023



Why we did our project

Kaiser Permanente is working across regional markets to support members’ social health. Based on a recommendation in [SONNET’s Social Risk Informed Care \(SRIC\) report](#) to spread and scale the knowledge and skills clinicians need to provide social risk-informed care, the KP Office of Community Health and SONNET **launched a new web-based CME course (WBC) on KPLearn in April 2022: Addressing Social Health in Medicine.**

What we did

- We worked with an interdisciplinary team from several KP markets, the KP School of Medicine, and KP Enterprise Learning to **develop a practical WBC training that uses case studies** to illustrate real-world clinical interactions related to social health. We co-designed the WBC with providers who helped develop training objectives, design, and content — as well as case scenarios based on their experiences. We gained additional feedback in “typical learner” sessions with members of our target audience for the training: physicians, nurse practitioners, and physician assistants.
- **We shared the WBC widely across all markets** via email, newsletters, and specific region-level communications.
- **We evaluated the WBC** using administrative data, pre- and post-surveys built into the WBC, and interviews among 8 staff/clinicians who completed the WBC to help understand:
 - Dissemination and uptake across the KP enterprise
 - The WBC’s immediate effect on knowledge and beliefs related to social risk-informed care
 - How to improve future social health trainings

High-level findings from the evaluation are summarized at right.

How we can use this work to advance social health practice at KP and beyond

The key takeaway from the evaluation is that, without sufficient investment in dissemination to ensure robust engagement in training across markets, social health initiatives may have less overall impact. Socializing clinicians and staff to incorporate social health integration in standard care will require **more resources to publicize this WBC and other social health trainings** — and to encourage people to complete them. Based on our findings, we offer we offer 18 specific recommendations for future practice to support providers in social health integration activities (next page).

What we learned



Only 116 staff took the WBC from April to August, pointing to the need for active dissemination to boost uptake.

2,148 KP staff/clinicians were given information about the WBC

77 Individuals started the WBC but did not complete it

39 Individuals completed the WBC by August 22, 2022



What were the motivators for completing the WBC?

69% Completed it for CME credit

53% Heard about it from their manager



More proactive education is needed to enhance trainings.

Surveys and interviews indicated many people who completed the training are still unfamiliar with concepts related to social health and their impact.



Sample quote from interviews

“I think that online modules definitely have a place in all of this, and I see online modules as being most successful and most helpful when it can be **combined with other strategies**. So it's not like a one and done, click, I did this.”
(Physician)

18 specific recommendations for future practice to support staff and clinicians in social health integration activities



Leadership investment in social health integration

Recommendations

- Continue making social health integration a national and regional priority by committing resources to support social health initiatives.
- Advocate for or develop and validate internal quality metrics that track social health screening, social risk-informed care, and other social health integration activities.
- Recognize and support regional champions who help launch and improve local social health initiatives.
- Develop an iterative feedback process to improve communication between leadership and clinicians — making use of existing feedback structures, such as regular town-hall meetings.



Infrastructure needs

Recommendations

- Adjust productivity standards and workflows to allow clinicians time to address social risks and needs that cannot be addressed within a 15–20-minute visit.
- Allow flexibility in social needs screening activities so regions can adapt initiatives to fit their population’s specific needs.
- Increase support for clinicians through training or by hiring more staff dedicated to performing social needs screenings, placing referrals, and following up with members to document outcomes.
- Design and implement HealthConnect workflows and Epic reminders that prioritize and streamline processes for identifying members’ social needs and referring them to support services.



Additional training and implementation supports

Recommendations

- Invest in actively sharing social health trainings and encouraging staff to complete them. Consider providing funding or other incentives to support teams in participating.
- Create a shorter version of ‘Addressing Social Health in Medicine’ to include in annual compliance trainings. Create other region- and/or role-specific trainings to provide more tailored information.
- Develop ongoing and interactive opportunities for staff to discuss what they learned from the module and how they’re applying those learnings to help sustain engagement in social risk-informed care.
- Offer updated trainings or refreshers for clinicians on social health research and KP initiatives, paired with structured time for clinicians to complete them.



Community investments

Recommendations

- Provide region-specific, member-oriented educational materials on the meaning of social risk-informed care, the ‘why’ behind social needs screenings, and an overview of resources available.
- Invest in community resources and community-based organizations so clinicians have more and better options for member referrals.
- Engage communities through interactive discussion and open feedback forums to get their perspectives on how to design and improve social health initiatives.



Evaluation needs

Recommendations

- Continue to evaluate social health initiatives using frameworks such as [RE-AIM](#) to understand holistic effectiveness of interventions.
- Establish and enhance databases and metrics that allow continuous monitoring of progress toward organizational social health goals (for example, national or regional social needs screening rates).
- Support ongoing efforts to evaluate the effectiveness and sustainability of various social health initiatives across all regions, leveraging regional research capabilities to support these efforts.

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