Empathic Inquiry: Evaluation of a Conversational, Patient-Centered Approach to Social Needs Screening

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Our Objective

In the context of the growing movement to conduct social needs screening, health systems have largely focused on the tools for social needs screening and less often on the communication skills needed to effectively guide these interactions with patients.

Empathic Inquiry (EI) is a conversational approach to social needs screening that promotes partnership, affirmation and patient engagement. It was developed through the application of motivational interviewing and trauma-informed care approaches, along with input from patients and other stakeholders.

Submit patient Post participant Baseline experience surveys survey & participant **Evaluation** monthly champion survey survey & survey champion Month 8 Month 1 Monthly coaching calls El Training Closing El Training Intervention to discuss barriers & conversations with Workshop Workshop facilitators **OPCA**

Intervention Design

- 1. Two day interactive training on how to implement a health center-based EI program and conduct meaningful conversations with patients, including development of clinic workflows and identification of target population for screening.
- 2. Monthly check in calls to share successes and challenges with program implementation.
- 3. In-person site visits by curriculum designers to support implementation.
- 4. Regular data feedback on patient experience surveys which were distributed after each empathic inquiry (EI) encounter.
- 5. Final in-person meeting to discuss lessons learned and sustainment.



Evaluation Design

- 1. Count and experience of participation in learning sessions.
- 2. Number of Empathic Inquiry conversations that occur.
- 3. Patient experience with the conversation and feelings of being cared for and supported.
- 4. Participant skills and confidence pre and post.
- 5. Champion perspective on skills and confidence pre and post.
- 6. Barriers and facilitators of implementation.

Findings

- •8 out of 10 organizations completed the collaborative and felt it was of high value and worth their time.
- •Staff participants in the training felt more confident and comfortable conducting conversational social needs screening.
- 132 patient experience surveys were received.
- Patients felt at ease discussing social needs: More than 75% of survey respondents said trained staff were "excellent" at making them at ease, really listening, fully understanding their concerns and explaining things clearly.
- Patients agree (64% strongly agree and 28% somewhat agree) that the empathic inquiry conversation strengthened their relationship with their care team.
- •98% agreed (83% strongly agree and 14% somewhat agree) that the conversation was a good use of their time, even though patients often did not previously know the staff member (56% had never met them before and 30% had interacted with the person once or twice before).
- Patients believed social need screening should happen regularly: 54% every time I receive care, 27% once every 6 months.
- •Significant clinical resources including dedicated staff, funding, and leadership commitment were required to scale up this EI intervention. Only one of the participating organizations scaled the intervention beyond pilot testing. Other challenges included lack of physical space, adequate time in the patient visit flow, and cooperation from other members of the care team.

Conclusion

In order to create primary care environments that are patient-centered, we must find ways to screen for and address social needs in a way that emphasizes sensitivity, compassion, and patient empowerment. Empathic Inquiry is an exciting model for integrating motivational interviewing and trauma-informed care into efforts to address social needs in clinical settings.

