**Facilitators and Barriers to Implementing a Screening Program for Social Determinants of Health with Practices Enrolled in the Innovation Support Project**

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## Abstract

Social prescribing programs have become increasingly more common in the primary care setting in order to connect patients with community resources to fill an unmet social need found when screening for social determinants of health. Though social prescribing has gained popularity, little research has been done to better understand the facilitators and barriers to successful implementation of a social needs screening and referral program. Between April and December 2020, 81 ambulatory care practices in Colorado enrolled in the Innovation Support Project, a program through the University of Colorado aimed at supporting practices to care for an increased number of patients with Medicaid. During this timeframe, 43 practices within the ISP chose to focus on social needs screening and had taken at least preliminary steps to implement a social needs screening and referral program. To better understand the components of a successful social needs screening program within these practices, field notes submitted from ISP were coded a priori using both PRISM and the PRAPARE toolkit as coding frameworks. Practices were also invited to participate in focus groups to better characterize the themes that emerged from the initial analysis of the field notes. Staff and leadership engagement, staff training, relationships and communication, technology, workflow, and robust community resources were identified as key facilitators of a social needs screening and referral program. Absence of the above facilitators, as well as screener burden, patient complexity and engagement, and COVID-19 were identified as barriers to successful implementation. Insights from this evaluation will inform the creation of resources and support for future practices enrolled in the ISP that choose to develop or refine their SDOH screening program. Further study is required to confirm these findings, however future work may also include characterization of facilitators and barriers based upon practice type (Ex: Family Medicine vs Pediatrics), comparing implementation with and without soliciting patient perspective as part of the planning process, and interviewing patients directly to understand their perspective on the social needs screening process.