Clinician Awareness of Patient-Reported Health-Related Social Needs: There's Room for Improvement

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COISC3 The Colorado Implementation Science Center for Cancer Control

Background

- People experiencing health-related social needs (HRSNs), such as transportation security, appear less likely to undergo preventive health procedures such as cancer screening
- Recent guidelines recommend "adjustment of care" based on patient HRSNs
- Due to limited time with patients, clinicians are often not involved in HRSN screening process or review of results
- Whether primary care clinicians are aware of patient HRSNs is unclear
- Improving awareness could allow for tailoring of patient care and improved patient outcomes

Methods

- **Design**: Paired one-time patient-clinician survey regarding HRSNs
- **Population**: Patients between the ages of 50 and 85 and primary care clinicians in 3 clinics in western Colorado
- **Methods**:
  - Survey domains were up-to-date status for colorectal cancer screening and HRSNs including food insecurity, transportation insecurity, housing instability, financial insecurity related to healthcare costs, financial insecurity related to utilities, and social isolation
  - Patients completed the survey after non-urgent/acute primary care visits
  - Clinicians completed the survey by answering the same questions, reporting their perspective on the patient's HRSNs

Objectives

1. We sought to compare clinician and patient report of patient experience of health-related social needs.
2. We sought to assess clinician awareness of different social needs that could impact cancer screening.

Characteristic, n (%)	Total sample (N = 237)
Age, mean (SD)	65.0 (8.1)
Sex at birth	
Female	148 (62.4%)
Male	89 (37.6%)
Race/ethnicity	
Hispanic or Latino/a/x	31 (13.1%)
Non-Hispanic White	172 (72.6%)
Other or mixed race	22 (9.3%)
Prefer not to say/missing	12 (5.1%)
Clinician is designated PCP	
Yes	212 (89.5%)
No	21 (8.9%)
Missing	4 (1.7%)
Clinician length of care	
Today was the first visit	27 (11.4%)
Less than 1 year	25 (10.5%)
1-3 years	178 (75.1%)
More than 3 years	7 (3.0%)

Table 1: Patient characteristics

Social need, n (%)	Patient-reported	Provider-reported
Any HRSN(s)	100 (42.2%)	43 (18.1%)
Lack of steady housing	16 (6.8%)	8 (3.4%)
Food insecurity	69 (29.1%)	7 (3.0%)
Lack of reliable transportation	22 (9.3%)	19 (8.0%)
Can't afford to pay utilities	16 (6.8%)	8 (3.4%)
Social isolation	17 (7.2%)	17 (7.2%)
Can't afford medications or care	41 (17.3%)	21 (8.9%)

Table 2: Patient and clinician reported social needs

Measures of Concordance

	Patient Positive	Patient Negative
Clinician Positive	4 (1.7%)	4 (1.7%)
Clinician Negative	12 (5.1%)	217 (91.6%)

Table 3: Lack of steady housing

	Patient Positive	Patient Negative
Clinician Positive	5 (2.1%)	2 (0.8%)
Clinician Negative	64 (27.0%)	166 (70.0%)

Table 4: Food insecurity

	Patient Positive	Patient Negative
Clinician Positive	9 (3.8%)	10 (4.2%)
Clinician Negative	13 (5.5%)	205 (86.5%)

Table 5: Lack of reliable transportation

	Patient Positive	Patient Negative
Clinician Positive	3 (1.3%)	5 (2.1%)
Clinician Negative	13 (5.5%)	216 (91.1%)

Table 6: Can't afford utilities

	Patient Positive	Patient Negative
Clinician Positive	5 (2.1%)	12 (5.1%)
Clinician Negative	12 (5.1%)	208 (87.8%)

Table 7: Social isolation

	Patient Positive	Patient Negative
Clinician Positive	7 (3.0%)	14 (5.9%)
Clinician Negative	34 (14.3%)	182 (76.8%

Table 8: Can't afford medications/care

	Kappa Coefficient (95% CI)
Any HRSN(s)	0.22 (0.11, 0.33)
Lack of steady housing	0.30 (0.05, 0.55)
Food insecurity	0.08 (0.00, 0.17)
Lack of reliable transportation	0.39 (0.18, 0.59)
Can't afford utilities	0.21 (-0.02, 0.45)
Social isolation	0.24 (0.03, 0.45)
Can't afford medications/care	0.12 (-0.02, 0.27)

Table 8: Kappa Coefficients for each HRSN, with a coefficient of 0 indicating no agreement and a coefficient of 1.0 indicating perfect agreement

Conclusions

- Even in clinics screening for HRSNs, clinicians are often not aware of patient needs
- Concordance was highest for needs that may be more visible – for example, transportation insecurity
- These results suggest that clinicians do not have the necessary information to adjust care for patients experiencing HRSNs

Implications

- To improve disparities in CRC screening, team-based care pathways that do not rely solely on the awareness of clinicians to address HRSNs may be needed (e.g. stool stool-based testing for patients with transportation insecurity)
- For clinical interventions that would benefit from clinician awareness of patient HRSNs, workflows that automate the sharing of this information are needed
- New workflows should also account for the already heavy primary care workload

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