

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

## 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	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	5 (2.1%)	12 (5.1%)
Clinician Negative	12 (5.1%)	208 (87.8%)

Table 7: Social isolation

	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	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	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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