

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

Introduction: People experiencing health-related social needs (HRSNs), such as transportation insecurity, are less likely to undergo preventive health screenings. They are more likely to have worse health outcomes overall, including a higher rate of late-stage cancer diagnoses. If primary care clinicians are aware of HRSNs, they can tailor preventive care, including cancer screening approaches. Accordingly, recent guidelines recommend that clinicians “adjust” care based on HRSNs. This study assessed the level of clinician awareness of patient-reported HRSNs and congruence between clinician perception and patient-reported HRSNs. **Methods:** We surveyed patients aged 50 to 85 years and their clinicians in 3 primary care clinics that routinely screen patients for HRSNs. Patients and clinicians reported the presence/absence of 6 HRSNs, including food, transportation, housing and financial insecurity for medications/healthcare, financial insecurity for utilities, and social isolation. Kappa statistics assessed the concordance of reported HRSNs between patients and clinicians. **Results:** Across 237 paired patient-clinician surveys, mean patient age was 65 years, and 62% and 13% of patients were female and Latinx/ Hispanic, respectively. Concordance between clinician- and patient-reported HRSNs varied by HRSN, with the lowest agreement for food insecurity (kappa = .08; 95% CI: 0.00, 0.17; $P = .01$) and highest agreement for transportation insecurity (kappa = .39; 95% CI: 0.18, 0.59; $P < .001$). The other HRSNs assessed were housing insecurity (kappa = .30; 95% CI: 0.05, 0.55; $P < .001$), social isolation (kappa = .24; 95% CI: 0.03, 0.45; $P < .001$), financial insecurity for utilities (kappa = .21; 95% CI: -0.02, 0.45; $P < .001$), and financial insecurity for healthcare/medications (kappa = .12; 95% CI: -0.02, 0.27; $P < .001$). In particular, discrepancies were noted in food insecurity prevalence: patient-reported food insecurity was 29% whereas clinician-reported food insecurity was only 3%. **Discussion:** Clinician awareness of patients' social needs was only modest to fair, and varied by specific HRSN. In order to adjust care for HRSNs, clinics need processes for increased sharing of patient-reported HRSNs screening information with the entire clinical team. Future research should explore options for sharing HRSN data across teams and evaluate whether better HRSN data-sharing impacts outcomes.