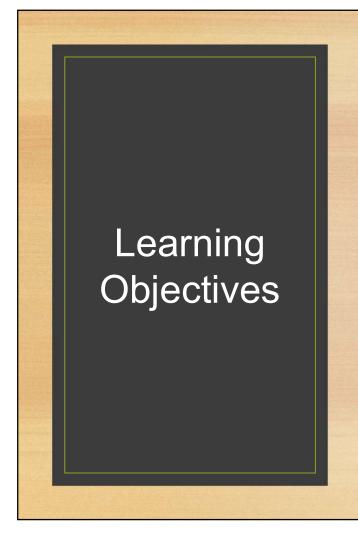


Health-Related Social Needs:

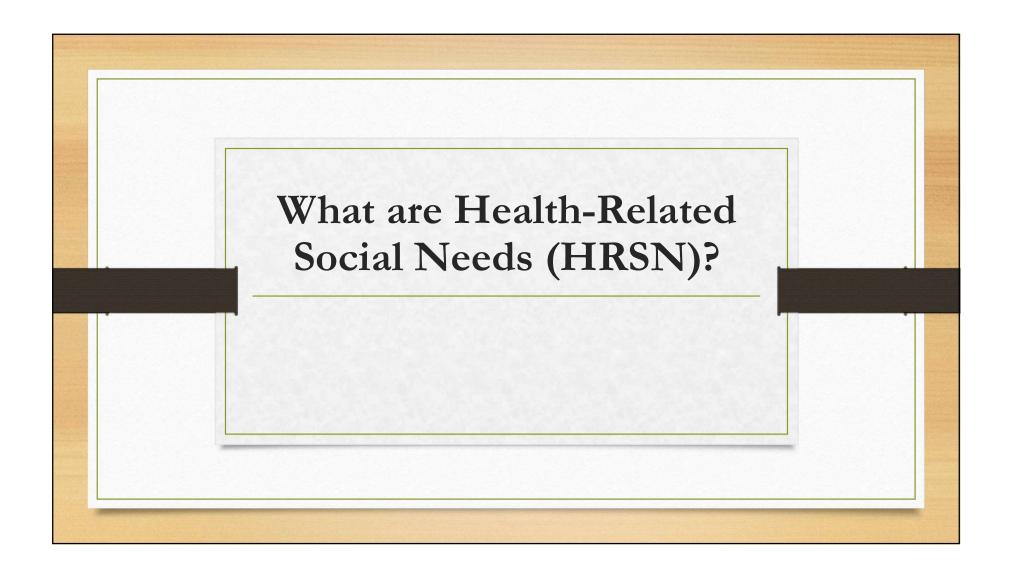
How to Identify and Address the Needs of Your Patients

Eucharia Borden, MSW, LCSW, OSW-C, FAOSW

Vice President of Programs and Health Equity Family Reach



- Review the core measures of healthrelated social needs (HRSN)
- Discuss how and when to screen patients for HRSN, barriers to screening, and how to discuss HRSN with patients and caregivers
- 3. Describe the roles of other oncology care team members in addressing HRSN and the importance of educating patients and caregivers about these roles prior to referral



Health-Related Social Needs Individual-level, Can be identified by adverse conditions Screening for HRSNs the healthcare system should be part of and addressed in that can negatively routine clinical care partnership with impact a person's health or healthcare community resources CMS, 2023

5 Core Domains of HRSN

Housing Instability

 Unmet housing needs including houselessness, poor housing quality, inability to pay mortgage or rent, transient housing

Food Insecurity

 Access by all people at all times to enough food for an active healthy life (USDA)

Transportation Needs

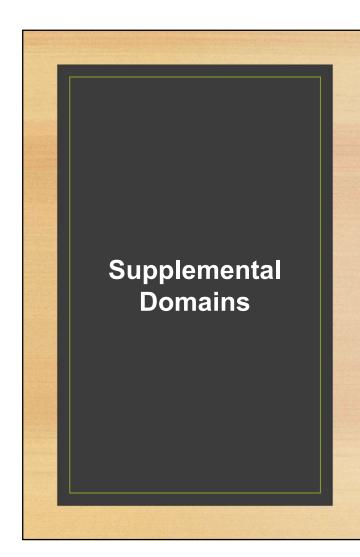
Lack of reliable transportation to get to any destinations for daily living

Billioux, A., et al (2017)

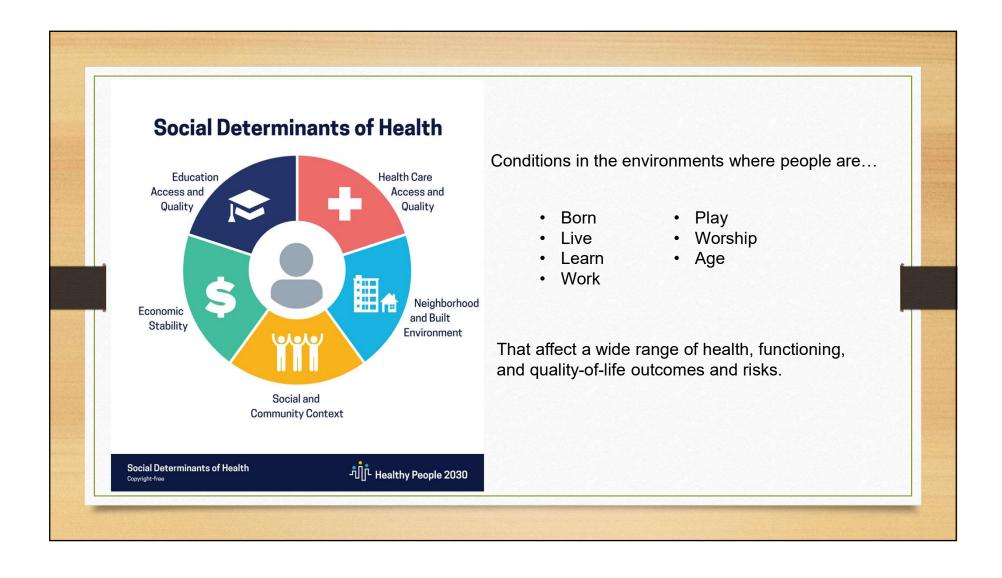
5 Core Domains of HRSN

- Utility Needs
 - Difficulty paying utility bills
- Interpersonal Safety
 - Exposure to intimate partner violence, elder abuse, child abuse

Billioux, A., et al (2017)



- Financial Strain
- Employment
- Family & Community Support
- Education
- Physical Activity
- Substance Use
- Mental Health
- Disabilities



The Difference Between Social Determinants of Health (SDOH) and HRSN

- SDOH:
 - broader social conditions
 - Everyone has socially determined factors of health
- HRSN:
 - More immediate individual or family needs impacted by those conditions
 - Some populations and individuals may have health-related social needs stemming from SDOH factors
- HRSN's are the resulting effects of SDOH that negatively impact an individual's circumstances (CMS guide)

Holcomb, J. et al., 2022

Joint Commission Requirements to Reduce Health Care Disparities

- Uses the term HRSN instead of SDOH "to emphasize that HRSNs are a proximate cause of poor health outcomes for individual patients, as opposed to SDOH, which is a term better suited for describing populations."
- "Understanding individual patients' HRSNs can be critical for designing practical, patient-centered care plans."

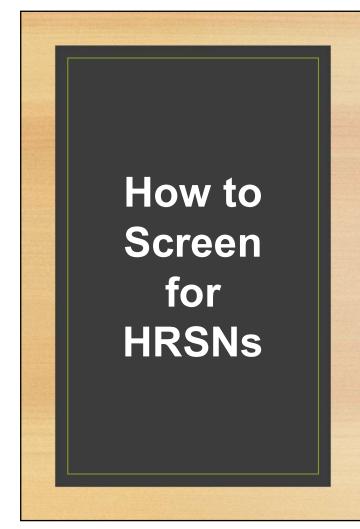
The Joint Commission, 2022



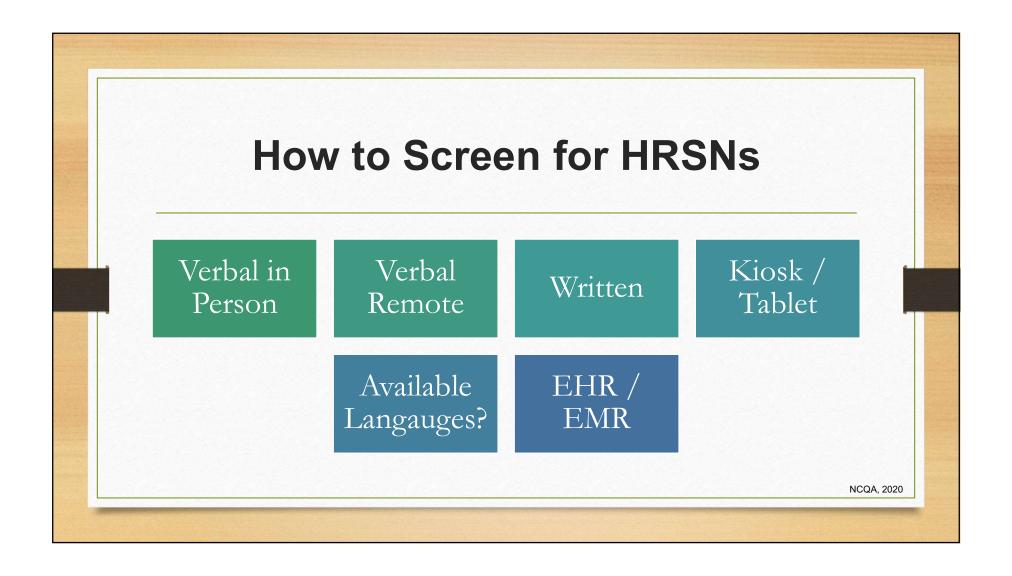
HRSNs linked to:

- Poorer health outcomes
- Lack of access to healthcare services and preventive care
- Higher healthcare costs
- Greater use of emergency departments and hospitals
- Readmissions





- Consider the staff, time, and spaces needed for screening
 - Staff:
 - To conduct screening
 - To provide support and follow-up
 - Time:
 - Determine points in care when screening occurs
 - Determine frequency of screening throughout the course of treatment
 - Spaces:
 - Aim for minimal disruption and privacy





- Special considerations may be warranted when screening for particular patient populations such as:
 - Patients with behavioral health needs
 - Elderly patients
 - Patients with disabilities
 - Patients with low literacy
 - Patients from racial or ethnic groups that differ from staff
 - Non-English speakers
 - LGBTQIA+ patients
- Keep intersectionality in mind!

HRSN Screening Tools When selecting a screening tool, Several screening tools are available consider • Social Interventions Research & Patient population Evaluations Network (SIREN) • Reading level Social Needs Screening Tool • Available languages Comparison Table • Domains assessed • Cost

When to Screen for HRSNs

Annually

During significant care transitions

A routine part of clinical care:

- When care requires new prescriptions or dietary changes can the patient afford it?
- When there are missed appointments or a phone becomes disconnected are there transportation or financial concerns?
- When there are bruises is there a safety issue?

NCCN WG, 2023



Most frequent barriers

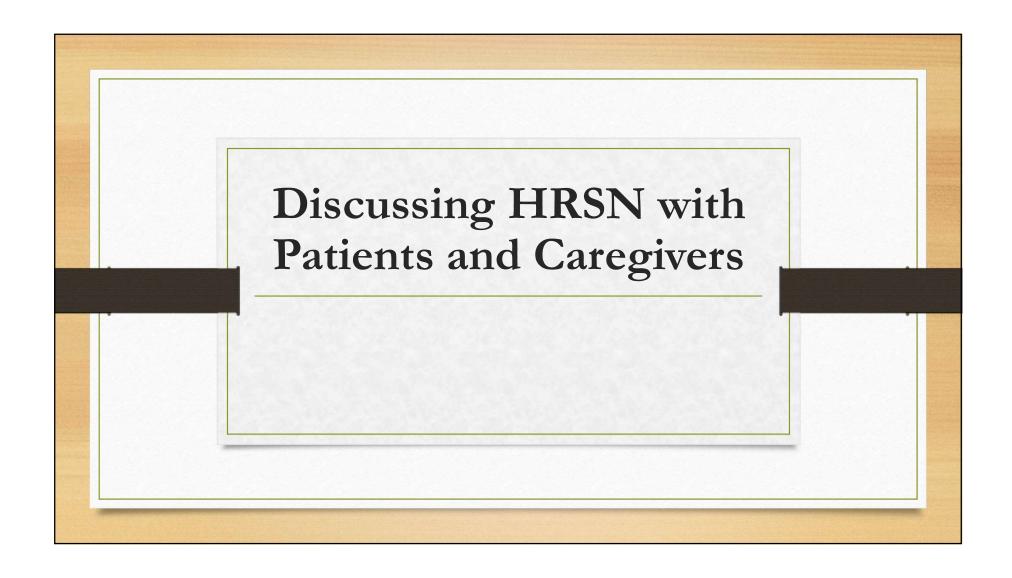
- Lack of knowledge or awareness about resources available
- Lack of community-based social services / resources
- Lack of knowledge about referral process
- Lack of staff training and support
- Time constraints to respond to patients' needs
- Difficulty reaching patients for follow-up
- Administrative burden
- Reimbursement challenges

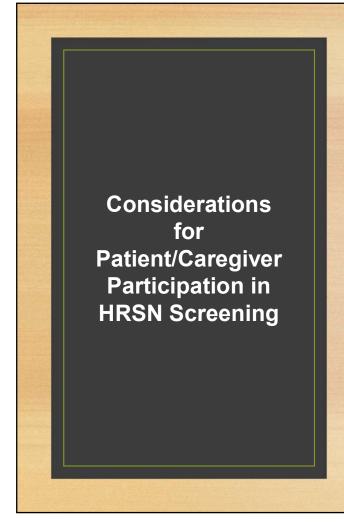
Trochez, R. et al (2023), NCCN WG, 2023

Additional Barriers

- Unintended consequences
 - Unconscious screening biases
- Screening fatigue
- Racism in healthcare
- Trust / Mistrust / Distrust

NCCN WG, 2023





- What's the "So what" for patients and caregivers?
 - Is it being clearly articulated?
 - A script may be helpful
- Consider the patient experience with screening
 - TRULY meet patients where they are
 - Approach patients and caregivers with cultural humility
 - Cultural humility term coined in 1998 by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia
 - Personal accountability to understand one's own assumptions, biases and values
 - What power imbalances has the patient experienced?
 What power imbalances exist at your institution? How are they being challenged?
 - What institutional barriers has the patient faced in healthcare and beyond? What institutional barriers exist at your institution?

Fisher-Borne et al., 2015



- Cultural Humility
- Motivational Interviewing
- Active Listening
- Empathic Inquiry
- Asset-Based
- Trauma Informed
- Shared Decision Making

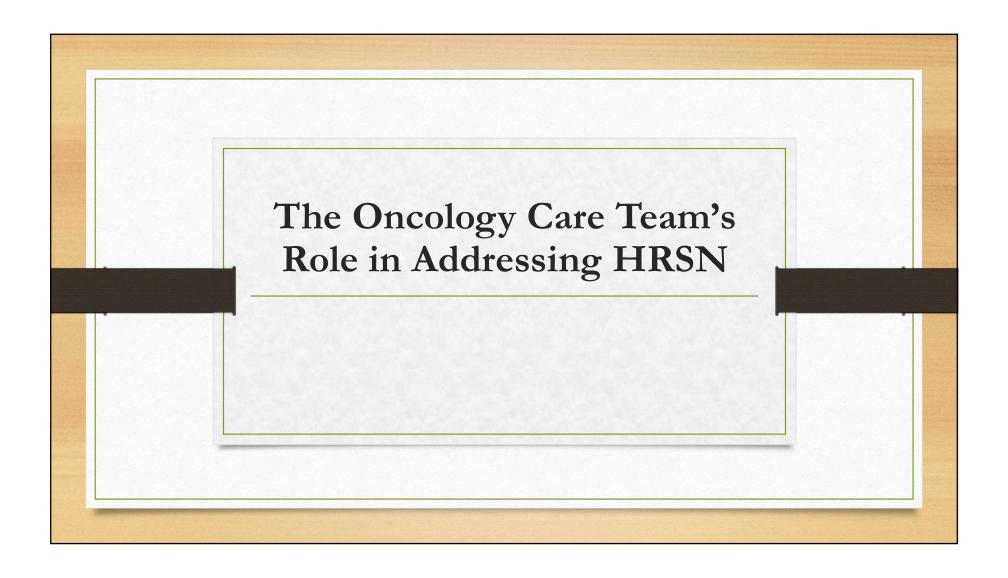
The Joint Commission, 2022

Anticipate Common Questions

- What is the purpose of this screening? What is it about?
- Is this screening mandatory?
- Will my information be kept confidential?
- I've already answered these questions, why do I have to do it again?
- What will you do with the results? What happens after I answer these questions?
- What happens if I don't want to answer these questions?

Tips for Patient/Caregiver Conversations

- Refrain from labeling patients who don't want to be screened as "non-compliant"
- Consider how patient needs are documented in the medical record
- Be honest in all aspects of your conversation (such as unfamiliarity with referral process or the extent of the help available)
- Keep power differential in mind when asking questions
- Mandatory reporting is required and staff should be forthcoming about this



Roles, Workflow, and Implementation

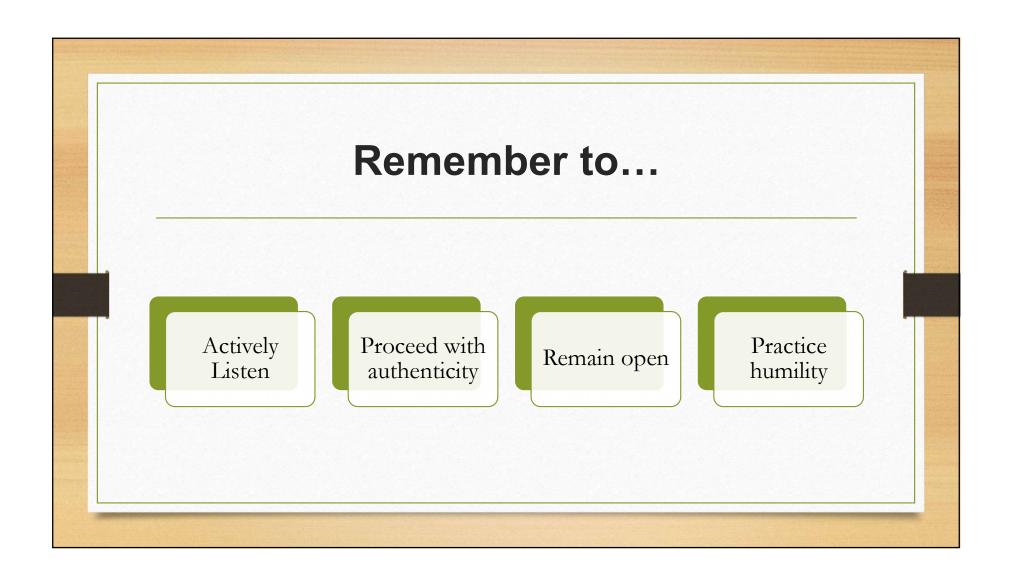
- Determine roles and workflow in advance Make a Plan!
 - Who will conduct the screening? (If there is no self-assessment)
 - How will they be trained?
 - How often will screening occur?
 - If ongoing assessment is the plan, who is responsible for ensuring that screening occurs at the pre-determined intervals?
 - Who will review the results?
 - Who will make necessary referrals? Is there a system in place?
 - Who will follow-up?
 - Who will document in the EHR / EMR?

NCCN WG. 2023

Oncology Care Team's Role

- Educate self and team about
 - HRSNs as part of treating a <u>whole</u> person
 - Impact of HRSNs on ability to fully access, participate in, and benefit from treatment
- Initiate the conversation about HRSNs
 - Building rapport is key!
- Allow enough time for conversations about HRSNs
 - Discussion-based approach is key
 - Ask open-ended, patient centric questions
 - Patients may not be comfortable sharing; support and respect their decision
- Address systemic barriers to addressing HRSNs

Drake, C et al., 2021; NCCN WG, 2023





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Who We Are

An alliance of leading cancer centers devoted to patient care, research, and education

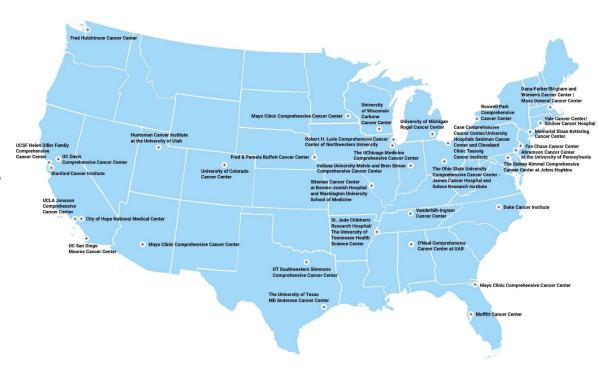
Our Mission

To improve and facilitate quality, effective, equitable, and accessible cancer care so all patients can live better lives

Our Vision

To define and advance highquality, high-value, patientcentered cancer care globally

NCCN Member Institutions



NCCN.org – For Clinicians

NCCN.org/patients – For Patients

Education.nccn.org – CE Portal