



**2024 Oncology Fellows Program:
New Horizons in Quality Cancer Care™**

Health-Related Social Needs:

How to Identify and Address the Needs of Your Patients

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

Vice President of Programs and Health Equity
Family Reach

Learning Objectives

1. Review the core measures of health-related social needs (HRSN)
2. 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

What are Health-Related Social Needs (HRSN)?

Health-Related Social Needs

Individual-level, adverse conditions that can negatively impact a person's health or healthcare

Screening for HRSNs should be part of routine clinical care

Can be identified by the healthcare system and addressed in partnership with 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

Billieux, 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

Billieux, A., et al (2017)

Supplemental Domains

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

CMS, 2023

Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

Conditions in the environments where people are...

- Born
- Live
- Learn
- Work
- Play
- Worship
- Age

That affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

Why does addressing HRSNs matter?

- 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

CMS, 2023

HRSN Screening

How to Screen for HRSNs

- 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

CMS, 2023

How to Screen for HRSNs

Verbal in
Person

Verbal
Remote

Written

Kiosk /
Tablet

Available
Languages?

EHR /
EMR

NCQA, 2020

Anticipate Population- Specific Needs

- 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!

CMS, 2023

HRSN Screening Tools

Several screening tools are available

- Social Interventions Research & Evaluations Network (SIREN)
[Social Needs Screening Tool Comparison Table](#)

When selecting a screening tool, consider

- Patient population
- Reading level
- Available languages
- 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

Barriers to Screening for HRSN

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

Discussing HRSN with Patients and Caregivers

Considerations for Patient/Caregiver Participation in HRSN Screening

- 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

Skills for Engaging in Sensitive Screening Conversations

- 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?

CMS, 2023

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



The Oncology Care Team's Role in Addressing HRSN

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 whole 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

Remember to...

Actively
Listen

Proceed with
authenticity

Remain open

Practice
humility

Thank you!



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

Vice President, Programs & Health Equity

[Family Reach](#)

eborden@familyreach.org

References

- Billioux, A., MD, DPhil, Verlander, K., MPH, Anthony, S., DrPH, & Alley, D., PhD. (2017). Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. National Academy of Medicine Perspectives, 1-9. <https://nam.edu/wpcontent/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>.
- Drake, C. Batchelder, H., Lian, T. et al. Implementation of social needs screening in primary care: a qualitative study using the health equity implementation framework. BMC Health Serv Res 21, 975 (2021).
- Centers for Medicare and Medicaid Services. A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool: Promising Practices and Key Insights (December 2023). <https://www.cms.gov/priorities/innovation/media/document/ahcm-screeningtool-companion>
- Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). *From mastery to accountability: Cultural humility as an alternative to cultural competence*. *Social Work Education*, 34(2), 165-181.
- Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [March 17, 2024], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
- Holcomb, J., et al. (2022). Predicting health-related social needs in Medicaid and Medicare populations using machine learning. *Scientific Reports* 12, 4554. <https://coveragetoolkit.org/health-equity/defining-health-equity/#~:text=While%20SDOH%20are%20broader%20social,needs%20impacted%20by%20those%20conditions.&text=They%20include%20housing%20insecurity%2C%20food,a%20lower%20quality%20of%20life>.
- National Comprehensive Cancer Network (NCCN). Measuring and Addressing Health Related Social Needs in Cancer: Working Group Recommendations (2023). https://www.nccn.org/docs/default-source/oncology-policy-program/hrsn-wg-recommendations.pdf?sfvrsn=444faf60_4

References

- National Committee for Quality Assurance (NCQA) Social Determinants of Health Resource Guide (2020). https://www.ncqa.org/wp-content/uploads/2020/10/20201009_SDOH-Resource_Guide.pdf
- New Requirements to Reduce Health Care Disparities. R3 report: requirement, rationale, reference 1-8. The Joint Commission, Washington, DC, USA; 2022. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf
- Screening for Social Needs: Guiding Care Teams to Engage Patients. <https://www.aha.org/toolkitsmethodology/2019-06-05-screening-social-needs-guiding-care-teams-engage-patients>
- Trochez, R. J., Sharma, S., Stollendorf, D. P., Mixon, A. S., Novak, L. L., Rajmane, A., Dankwa-Mullan, I., & Kripalani, S. (2023). Screening Health-Related Social Needs in Hospitals: A Systematic Review of Health Care Professional and Patient Perspectives. *Population health management*, 26(3), 157–167. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10278007/#B14>



National Comprehensive
Cancer Network®

NCCN Member Institutions

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 high-quality, high-value, patient-centered cancer care globally



NCCN.org – For Clinicians

NCCN.org/patients – For Patients

Education.nccn.org – CE Portal