Identifying the unmet social needs of gynecologic oncology patients in the safety net: comparing a self-administered screening tool to a cancer care navigation social work evaluation

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Topic: Other (Social Risk in Cancer Care)

Objectives
To identify actionable social needs in gynecologic oncology patients using a self-administered social needs screening tool and determine how these self-identified needs compare to a social needs assessment performed by a cancer care navigator.

Methods
We collected data describing the social needs of gynecologic oncology patients being treated at a safety net hospital from October 2021 through March 2022. As part of an existing performance improvement initiative, this study was determined to be exempt from review by the institutional IRB. This self-administered screening tool assessed 9 social needs domains, and patients were asked if any needs are urgent or if they desired a social work consult. We supplemented the data from the tool with data abstracted from the EMR.

Results
There were 475 unique patients seen in face-to-face visits in the gynecologic oncology clinic since October 2021. 286 (60%) patients completed the standardized social needs self-assessment. Of these patients, 27 (6%) were actively receiving treatment for a gynecologic malignancy. Patient demographics and self-reported needs for all respondents who had at least 1 need identified (N= 139) and for those who also underwent active treatment (N=27) are reported in table 1. 21 (78%) of the patients who were undergoing active cancer treatment and completed the social needs assessment had met with a cancer care navigator (CCN) who administered social work’s standardized needs assessment. For those patients, the self-administered social needs tool was in 100% agreement with the CCN assessment in the following needs: utilities, housing, avoid medical care for fear of job loss. There was 95% agreement for need for childcare and exposure to violence. Food insecurity corresponded 85% of the time, and the need for companionship and transportation corresponded 71% of the time.

Conclusions
This social needs screening tool successfully identifies unmet social needs for most of our gynecologic oncology patients. The screening tool corresponds well with the standardized assessment performed by a cancer care navigator and is appropriate for initial screening to identify potentially actionable social needs for our patients, particularly in resource limited settings. Next, we plan to assess the appropriateness, effectiveness, and acceptability of this tool from a patient perspective.

Abstract Table or Graph
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