Leveraging a Prospective Social Needs Assessment in a Urologic Oncology Clinic to Characterize the Geographic Distribution of Burden and Alignment With Institutional Efforts

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1. Background
Center for Medicare and Medicaid Services (CMS) final rule (November 2024) includes new guidelines for reimbursements that incentivize health equity services. The rule includes payment for social determinants of health risk assessments. If approached correctly, assessing, addressing, and mitigating these social drivers of health could measurably reduce the burden of cancer in National Cancer Institute (NCI) designated cancer centers' catchment areas. Achieving best outcomes requires granular characterization of the distribution of social needs across demographics and geography.

2. Goals
In this study, we describe the collection and mapping of health-related social need data for patients with urologic cancers cared for at our cancer center. Using prospective, self-reported, health-related social needs data, we aim to develop targeted interventions for the populations within our catchment area and to determine if current efforts to address social needs are well aligned with their geographic distribution.

3. Solutions and Methods
Self-reported social needs screening was implemented online for patients with an upcoming new patient visit starting in January 2023. Questionnaires were about specific health-related social needs, including assessment of financial strain, unmet transportation needs, and food insecurity. Data on race/ethnicity, sex, age, zip code, and insurance coverage were also collected. The patients' social needs screening data were linked to clinical variables contained in the UCSF Cancer Registry using medical records numbers.

4. Outcomes
In total, 1,998 patients with urologic cancer diagnoses completed the self-reported social needs screening. Of these, 1,443 patients with >1 clinical encounter was included. Most were over 65 years old (75.6%), white (71%), and male (92.7%) and lived close to the cancer center. Prostate (71%), bladder (13.9%), and kidney (12.7%) cancers were the most common urologic cancers reported. There were 11.3 percent of patients who reported at least one social need; 8.4 percent reported financial strain, 3 percent unmet transportation needs, 4.6 percent reported food insecurity; those with social needs were typically farther away and more geographically distributed.

5. Lessons Learned and Future Directions
In the current study, we found most patients treated at our institution were white (71%) and insured (75.6%), while the 11.3 percent of patients reporting social needs were more geographically distributed in areas outside of cancer center's current assessment and intervention efforts. While our data collection and planned intervention activities are responsive to CMS final rule, geocoding social need survey responses revealed a misalignment between location of those with need and the bulk of patients we serve. Addressing the small proportion of requests would fail to achieve the intended goals of health equity, which requires population impact. Our findings highlight the importance of using geocoded data to guide NCI-Designated Comprehensive Cancer Centers' efforts to address health-related social needs across their respective catchment areas. Without geographic visualizations, the allocation of resources

may fail to achieve the CMS health equity goals by providing social supports for patients with social privilege. While this report is specific to our institution, there are valid reasons to worry that this phenomenon may be more common than reported. Cancer centers embarking on initiatives to achieve health equity and new forms of reimbursement should consider whether both goals can be achieved without careful mapping of needs and provision of support.