

Patient reported health-related social needs and care disruptions in the outpatient cancer clinic

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Background: Approximately 45-59% of United States adults experience health-related social needs (HRSNs) such as financial or housing instability, limited transportation, and inadequate social support. Despite their prevalence, HRSN screening and linkages to data regularly obtained in outpatient clinical settings remain uncommon. This study aims to characterize the prevalence and risk factors for HRSNs and their influence on care delivery using operational data commonly monitored in an outpatient prostate cancer (PCa) clinic setting.

Methods: We conducted an electronic health record-based cohort study of urologic oncology outpatient clinic encounters (Jan 2023–Oct 2025). Sociodemographic and patient-reported HRSNs (transportation, food insecurity, financial strain) were abstracted. Care disruptions were defined as clinic encounters missed or cancelled without rescheduling (vs completed or rescheduled). We applied multivariable logistic regression to examine associations between 1) patient demographics and HRSNs and 2) HRSNs and cancer care disruptions.

Results: Overall, 1,258 patients individuals with 10,799 encounters were included, of which 8.8% reported HRSNs. Black (OR 6.30, 95% CI 3.27-12.16) and Hispanic (OR 3.27, 95% CI 1.65-6.47) patients and MediCal/Medicaid beneficiaries (OR 11.13, 95% CI 3.73-33.21) were more likely to report HRSNs. Care disruptions occurred during 31.9% of encounters overall and increased the time between clinical encounters (median days, 49 vs 38 days, $p < 0.001$). HRSNs (aOR 1.25, 95% CI 1.08–1.44) were associated with increased odds of clinical encounter disruptions.

Conclusions: This study found that Black patients and MediCal/Medicaid beneficiaries had six to eleven-fold greater likelihood of HRSNs, which significantly increased the risk of care disruptions. Care disruptions occurred in 33% of clinical encounters and lead to considerable delays in care continuity. Using patient-reported HRSNs and clinic operational data to monitor cancer care disruptions represents a reproducible approach to identify those at greatest risk and assess the impact of equity-focused interventions.

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