Update on National Quality Standards for Oncology Supportive Care Services: Successes and Challenges in Changing Clinical Practice

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Turning Point in Psycho-Oncology

Major Conclusions

• Good evidence for the effectiveness of services in addressing psychosocial needs

IOM, 2007 (www.iom.edu)
To Treat the Cancer, Treat the Distress

There is a new national push to screen and treat cancer patients for distress - emotional and psychological trauma that interferes with the ability to cope with cancer treatment but is often overlooked by doctors. Laura Landro has details on Lunch Break. Photo: Kevin E. Schmidt.
Major Conclusions

- Good evidence for the effectiveness of services in addressing psychosocial needs
- Unfortunately, many people with cancer who could benefit from these services do not receive them
Recommendation 1: standard of care

All parties establishing or using standards for the quality of cancer care should adopt the following as a standard.

All cancer care should ensure the provision of appropriate psychosocial health services by:

- identifying each patient’s psychosocial health needs
- designing and implementing a plan that includes linking the patient with needed psychosocial services

IOM, 2007 (www.iom.edu)
Standards of Care

2010 - IPOS Statement on Standards and Clinical Practice Guidelines in Cancer Care

Quality cancer care must integrate the psychosocial domain into routine care

Distress should be measured as the 6th vital sign.

Endorsed by over 50 organizations including:

American Psychosocial Oncology Society

Union for International Cancer Control (UICC)
Standard 3.2: Psychosocial Distress Screening

The cancer committee develops and implements a process to integrate and monitor on-site psychosocial distress screening and referral for the provision of psychosocial care as the standard for patients with cancer.
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Phases of Translational Research

T1  Move discovery of an opportunity to address health problem into first application of candidate intervention

T2  Assess value of candidate interventions, leading to development of evidence-based recommendations

Adapted from http://www.ahrq.gov/about/nac2011/nac0411/munier/muniersl7.htm
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Phases of Translational Research

T1 Move discovery of an opportunity to address health problem into first application of candidate intervention

T2 Assess value of candidate interventions, leading to development of evidence-based recommendations

T3 Move evidence-based recommendations into practice through delivery, dissemination, and implementation research

T4 Evaluate the “real world” health impact of population-level practice

Adapted from http://www.ahrq.gov/about/nac2011/nac0411/munier/muniersl7.htm
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Psychosocial Measures

Previously
Evaluation of measures as research tools
Use of measures to characterize psychosocial problems
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### Psychosocial Measures

<table>
<thead>
<tr>
<th>Previously</th>
<th>Currently</th>
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<tbody>
<tr>
<td>Evaluation of measures as research tools</td>
<td>Utility of measures as screening tools</td>
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<tr>
<td>Use of measures to characterize psychosocial problems</td>
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Distress Screening Articles Published in *Psycho-Oncology*

Bultz & Johansen, Psycho-Oncol 2011; 20:569-71
<table>
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<tr>
<td>Use of measures to characterize psychosocial problems</td>
<td>Acceptability of measures as screeners to providers and patients</td>
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<td>Consideration of relative merits of measures in clinical care</td>
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<td>Use of measures to inform referrals</td>
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Psychosocial Measures

- Key finding: Severity of distress and desire for help are only modestly related (Clover et al, Psycho-Oncology, in press)
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• Key finding: Severity of distress and desire for help are only modestly related (Clover et al, Psycho-Oncology, in press)
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Psychosocial Measures

• Key finding: Severity of distress and desire for help are only modestly related

  Possible explanations
  
  - Already receiving formal or informal help
  - Do not perceive need for help (can cope on their own)
  - Limiting knowledge/understanding of potential help
  - Negative attitudes about help-seeking (e.g., stigma)
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Psychosocial Interventions

Previously
Evaluation of highly structured interventions
Evaluation under well controlled conditions
Focus on intervention efficacy
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<th>Psychosocial Interventions</th>
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<td>Evaluation under well</td>
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<td></td>
<td>Focus on intervention efficacy</td>
<td>Evaluation under “real world”</td>
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<td>Focus on intervention</td>
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Psychosocial Interventions

• Reviews

• Exemplars
  – Distress: Carlson et al, J Clin Oncol 2010;28:4884-91
1,134 breast and lung cancer patients randomized to:

<table>
<thead>
<tr>
<th>Minimal Screening</th>
<th>Full Screening</th>
<th>Triage</th>
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<tr>
<td>DT</td>
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<td>No EMR summary</td>
<td>Fatigue rating</td>
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<td>Pain rating</td>
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<td>PSSCAN-Part C</td>
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<td>NCAN-</td>
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<td>Referral</td>
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<td>algorithm</td>
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Carlson et al, J Clin Oncol 2010;28:4884-91
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Minimal Screening
- DT
- No feedback
- No EMR summary

Full Screening
- DT
- Checklist
- Fatigue rating
- Pain rating
- PSSCAN-Part C
- Feedback
- EMR summary

Triage
- DT
- Checklist
- Fatigue rating
- Pain rating
- PSSCAN-Part C
- Feedback
- EMR summary
- Offer to speak
- Referral algorithm

Referral: 5.8%
Referral: 9.5%
Referral 22.8%

Carlson et al, J Clin Oncol 2010;28:4884-91
DT Scores – All Patients

Carlson et al, J Clin Oncol 2010;28:4884-91
Percentages ≥ 4 on DT

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Delivery, Dissemination, and Implementation
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Delivery, Dissemination, and Implementation

• Delivery of psychosocial care
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Delivery, Dissemination, and Implementation

• Evaluation of delivery of psychosocial care
• Measuring changes in delivery of care over time
Changes in Delivery of Psychosocial Care

NCCN Member Institutions
## Changes in Delivery of Psychosocial Care

### Participation Rate - 2005: 15/18 (83%)  2012: 20/22 (91%)

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<thead>
<tr>
<th></th>
<th>2005</th>
<th>2012</th>
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<tr>
<td>All outpatients screened routinely</td>
<td>20%</td>
<td>30%</td>
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<tr>
<td>Any routine outpatient screening</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td>Any routine inpatient screening</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Any routine in- or outpatient screening</td>
<td></td>
<td>70%</td>
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Donovan & Jacobsen, J Natl Comp Cancer Network, Feb 2013
### Changes in Delivery of Psychosocial Care

Among institutions conducting any routine screening …

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<thead>
<tr>
<th></th>
<th>2005</th>
<th>2012</th>
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<tr>
<td>Subsequently rescreen patients</td>
<td></td>
<td>79%</td>
</tr>
<tr>
<td>Refer distressed patients for services</td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>Screen includes a self-report measure</td>
<td>63%</td>
<td>86%</td>
</tr>
<tr>
<td>Use the Distress Thermometer</td>
<td>38%</td>
<td>50%</td>
</tr>
<tr>
<td>Administer via paper and pencil</td>
<td></td>
<td>57%</td>
</tr>
<tr>
<td>Administer via tablet</td>
<td></td>
<td>43%</td>
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<tr>
<td>Administer via Internet</td>
<td></td>
<td>21%</td>
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Delivery, Dissemination, and Implementation

- Evaluation of delivery of psychosocial care
- Measuring changes in delivery of care over time
- Recommendations, case examples, and studies of implementation
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Implementation

- Research
  - 50 nurses and technologists in outpatient department of teaching hospital
  - Asked to implement distress screening and provide feedback
  - Up to 5 hours of training provided
  - Screening using Emotion Thermometers and Problem List
  - Choice of whether or not to screen left up to clinician
  - Paper and pencil, no administrative support

Mitchell et al, 2012;118:6260-9
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Implementation

• Research
  – Individual screenings considered: useful (43%), not useful (35.9%), neutral/unsure (21.1%)
  – Changed clinical opinion in 41.9% of screenings: clarified uncertainty (50.9%), re-evaluation of null assessment (26%), re-evaluation of positive assessment (23.1%)
  – Percent of patients seen who were screened not reported
  – Actions taken on basis of screening not reported

Mitchell et al, 2012;118:6260-9
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Implementation

• Recommendations and Examples

CPAC guide to implementing distress screening: http://www.partnershipagainstcancer.ca/wp-content/uploads/2.4.0.1.4.5-Guide_CJAG.pdf;

Cancer Care Ontario experience: Dudgeon et al, Psycho-Oncol 2012:21:357-364
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![Total number of ESAS assessments per month](chart.png)
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ACoS Best Practices Repository:
https://www.socialtext.net/cancer_standards/chapter_3_continuum_of_care_services
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Implementation

• Training
  – APOS pre-conference workshop February 2013
  – NCI R25E: Building, implementing and evaluating supportive care programs (Buildingprograms@coh.org)
  – Interprofessional Psychosocial Oncology Distance Education (IPODE) Project: www.ipode.ca
Summary and Conclusions
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• Ongoing monitoring of delivery of psychosocial care
Summary and Conclusions

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• Major expansion of psycho-oncology to include T3 and T4 translational research

• Burgeoning literature on distress screening and integrated models of psychosocial care

• Ongoing monitoring of delivery of psychosocial care

• Initial systematic efforts in psycho-oncology to promote greater implementation and develop a science of implementation
Acknowledgments

Moffitt Cancer Center: Kristine Donovan, Survey Methods Core
NCCN: Distress Management Guidelines Panel Members
Slides: labpages.moffitt.org/jacobsenp