



Impact of Psychosocial Distress Screening Partnership with Cancer Support Community San Francisco Bay Area in an Ambulatory Community-Based Cancer Center: A Retrospective Cohort Study



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Background and Significance

- Cancer Support Community SF Bay Area, a not-for-profit community-based organization (CBO) offers emotional, social, and financial support services for cancer patients free of charge, but services are underutilized. Bass Cancer Center, an outpatient cancer center (CC), where psychosocial distress screening was performed outside of EMR (Epic) workflows wanted a more effective way to screen and refer pts. to support programs.
- The CBO and CC partnered to create a psychosocial distress screen process utilizing an EMR integrated referral matrix that refers patients to support services in an integrated delivery network.
- This study aims to describe the implementation, feasibility, and acceptability of this process.

Methods

Implemented NCCN process for distress management

Administered NCCN Distress Screening Tool with Problem List via paper in pref. language at new patient visit & select follow up visits. Results documented in the EMR.

Referral matrix for each Problem List unmet need

Responded to distress thermometer score and identified needs. Documented in the EMR with a telephone encounter/MyChart SmartPhrase

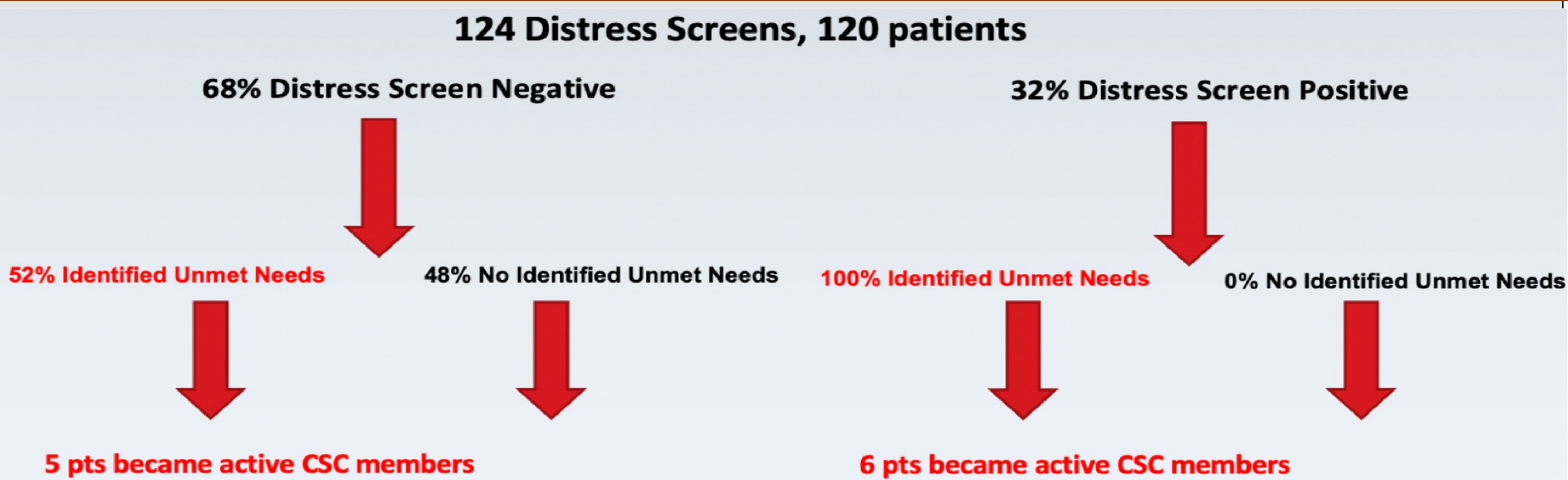
After pts. consent, distress screens sent to CBO coordinator

Email with standard message sent by CBO Coordinator to all pts with distress thermometer score >3 and/or any identified needs

Compared cohorts' demographic data, top needs, & CBO program enrollment

Pt. Cohorts: Total pt. visits, distress screen, & negative/positive distress screen. Data: age, sex, health ins., marital & employment status, race, ethnicity, & pref. language

Results



- 34 of 42 Problem List needs were directly referred to CBO
- 8 needs in the “Physical” category and 1 in the “Social” category were directed to the MD and 3 needs were directed to hospital spiritual services
- For the 15 top identified needs by pt. distress screening, CBO was the referral source for all except 3 in the “Physical” category- sleep, fatigue, pain- and 1 in the “Spiritual” category-ritual/dietary needs

NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2023 Distress Management

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NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

Extreme distress

10

9

8

7

6

5

4

3

2

1

0

No distress

PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns

☒ Pain

☐ Sleep

☐ Fatigue

☐ Tobacco use

☐ Substance use

☐ Memory or concentration

☐ Sexual health

☐ Changes in eating

☒ Loss or change of physical abilities

Emotional Concerns

☐ Worry or anxiety

☐ Sadness or depression

☐ Loss of interest or enjoyment

☐ Grief or loss

☐ Fear

☐ Loneliness

☐ Anger

☒ Changes in appearance

☐ Feelings of worthlessness or being a burden

Social Concerns

☒ Relationship with spouse or partner

☐ Relationship with children

☐ Relationship with family members

☒ Relationship with friends or coworkers

☐ Communication with health care team

☐ Ability to have children

Practical Concerns

☐ Taking care of myself

☐ Taking care of others

☐ Work

☐ School

☐ Housing

☐ Finances

☐ Insurance

☐ Transportation

☐ Child care

☒ Having enough food

☐ Access to medicine

☐ Treatment decisions

Spiritual or Religious Concerns

☐ Sense of meaning or purpose

☒ Changes in faith or beliefs

☐ Death, dying, or afterlife

☐ Conflict between beliefs and cancer treatments

☒ Relationship with the sacred

☐ Ritual or dietary needs

Other Concerns:

Discussion

- Both negative and positive distress screen pt. cohorts had unmet needs. Of the 70% who screened negative for distress, over half had identified unmet needs that may have been missed by most hospital distress screen protocols.
- CBO enabled CC to scale pt. distress screening & created greater access to social, emotional, and financial support services. Collaboration with CBO provided CC with a critical resource to address 71% of the Problem List concerns.
- CBO created greater access to programs and expanded their network. Of the 124 distress screens representing 120 unique patients that were referred to CBO during the 6-month pilot, CBO contacted 63% (75) pts: 36 who screened negative for distress and had identified unmet needs and 39 who screened positive for distress.
- 24% (18) pts. contacted by CBO participated in programs during the 6 month period. CBO increased the number of new program participants as the CC referred very few pts. prior to the pilot.
- Demographic data of the cohort that screened positive for distress compared to those who screened negative showed a higher ratio of females to males, commercial insurance to federally sponsored insurance, employed to other categories, and Non-Hispanic Asians, Non-Hispanic Blacks, Hispanic Latino to Non-Hispanic Whites. Further study is needed to ensure that distress screening is capturing all patient populations.

Next Steps

- Opportunities for process improvement include reducing CC's reliance on manual and paper based workflows by implementing EPIC automation and integration
- Review patients engagement with CBO at different stages of the cancer experience and identify potential health disparities