# Development and Implementation of a Distress Screening and Management Process

Presenters:
Patrick Murphy, M.D.
Susan Brand, R.N.
Kim Scrugham

TENNESSEEONCOLOGY

QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

# Institutional Overview

- Tennessee Oncology is one of the largest physician-owned oncology practices in the United States:
  - More than 90 physicians and 33 APPs at over 30 locations throughout middle and southeast Tennessee
- Provides comprehensive cancer care services including radiation oncology, imaging centers, specialty pharmacy, lab services, psychology, palliative care and clinical trials.[1]
- The clinical site for the Tennessee Oncology ASCO QTP is the Franklin location.
- The Franklin office has 3 physicians and 1 nurse practitioner and sees over 3000 unique patients annually.[2]

[1] *Clinical trials done through partnership with SCRI*

[2] *Tennessee Oncology: August 2017 NASH Distinct Patient Visits by Site and Day of Week*

# Definition of Distress In Cancer

Distress is a multifactorial unpleasant emotional experience of a psychological (i.e. cognitive, behavioral, emotional), social and/or spiritual nature that may interfere with the ability to cope effectively with cancer, its physical symptoms, and its treatment. Distress extends along a continuum, ranging from common normal feelings of vulnerability, sadness, and fears to problems that can become disabling, such as depression, anxiety, panic, social isolation, and existential and spiritual crisis.

NCCN guidelines on Distress Management

# Distress Screening

## Distress Screening

### Patient and Provider Information

| | | | |
|---|---|---|---|
| Patient Name | | Created Date | |
| Patient DOB | | Overall Distress | |
| Patient MRN | | Hospitalization since last visit? | ☐ |
| Registered Provider | | | |

### Physical Problems

| | | | |
|---|---|---|---|
| Appearance | ☐ | Getting around | ☐ |
| Bathing / dressing | ☐ | Indigestion | ☐ |
| Breathing | ☐ | Memory / concentration | ☐ |
| Changes in Urination | ☐ | Mouth Sores | ☐ |
| Constipation | ☐ | Nausea | ☐ |
| Diarrhea | ☐ | Nose dry / congested | ☐ |
| Eating | ☐ | Pain | ☐ |
| Fatigue | ☐ | Sexual | ☐ |
| Feeling Swollen | ☐ | Skin dry / itchy | ☐ |
| Fevers | ☐ | Tingling in hands and feet | ☐ |
| Sleep | ☐ | Substance abuse | ☐ |

### Practical Problems

| | | | |
|---|---|---|---|
| Child care | ☐ | Transportation | ☐ |
| Housing | ☐ | Work / School | ☐ |
| Insurance / financial | ☐ | Treatment Decisions | ☐ |

### Family Problems

| | | | |
|---|---|---|---|
| Dealing with children | ☐ | Ability to have children | ☐ |
| Dealing with partner | ☐ | Family health issues | ☐ |

### Emotional Problems

| | | | |
|---|---|---|---|
| Depression | ☐ | Sadness | ☐ |
| Nervousness | ☐ | Worry | ☐ |
| Fears | ☐ | Loss of interest in usual activities | ☐ |

### Spiritual or Religious Concerns

| | |
|---|---|
| Spiritual / Religious Concerns | ☐ |

### PRIME MD = PHQ-2

| | | | |
|---|---|---|---|
| Past Month Down Hopeless Depressed? | ☐ | Past Month Little Interest or Pleasure? | ☐ |

### Additional Patient Concerns

| |
|---|
| Other Problems |

QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

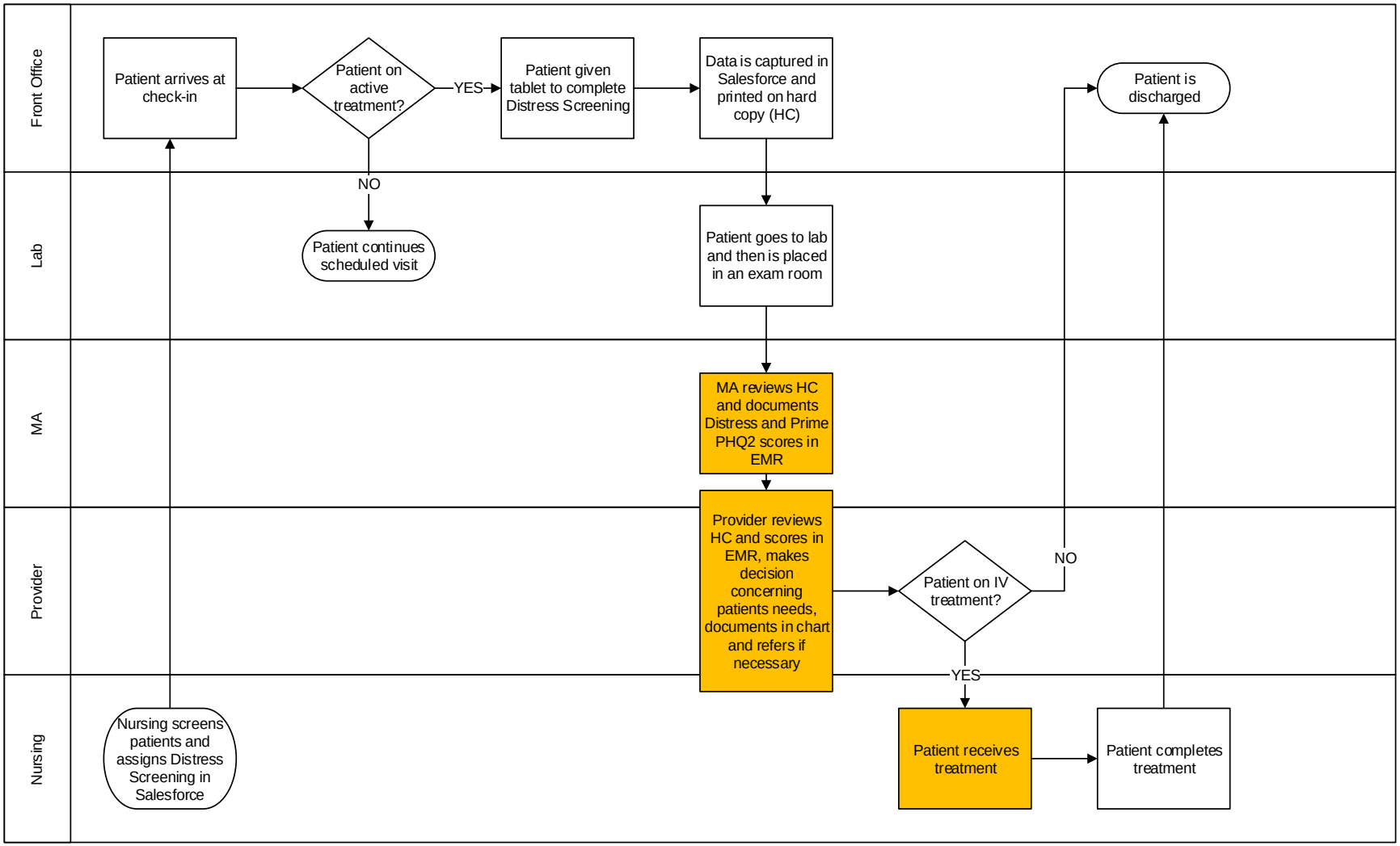
# Problem Statement

In the Fall 2016 QOPI abstraction, data revealed that while 97% of patients on active cancer treatment at Tennessee Oncology were being screened for emotional distress, only 51% had documented evidence of "action taken to address problems with emotional well-being by the second office visit," suggesting inadequate attention to the patients' emotional needs.

# Team Members

| | |
|---|---|
| Project Sponsor: | Natalie Dickson, MD, CMO |
| Team Leader: | Patrick Murphy, MD |
| Core Member: | Susan Brand, RN, Clinical Mgr |
| Core Member: | Kim Scrugham, Front Office Mgr |
| Team Member: | Jani Sarratt, PIS |
| Team Member: | Cindy Fitzgerald, RN, Staff Nurse |
| Team Member: | Emily Truelove, LPN |
| Team Member: | Maureen Sanger, PH.D, Psychologist |
| QTP Coach: | Valorie Harvey, RN, BSN, MBA, Parkland, Dallas |

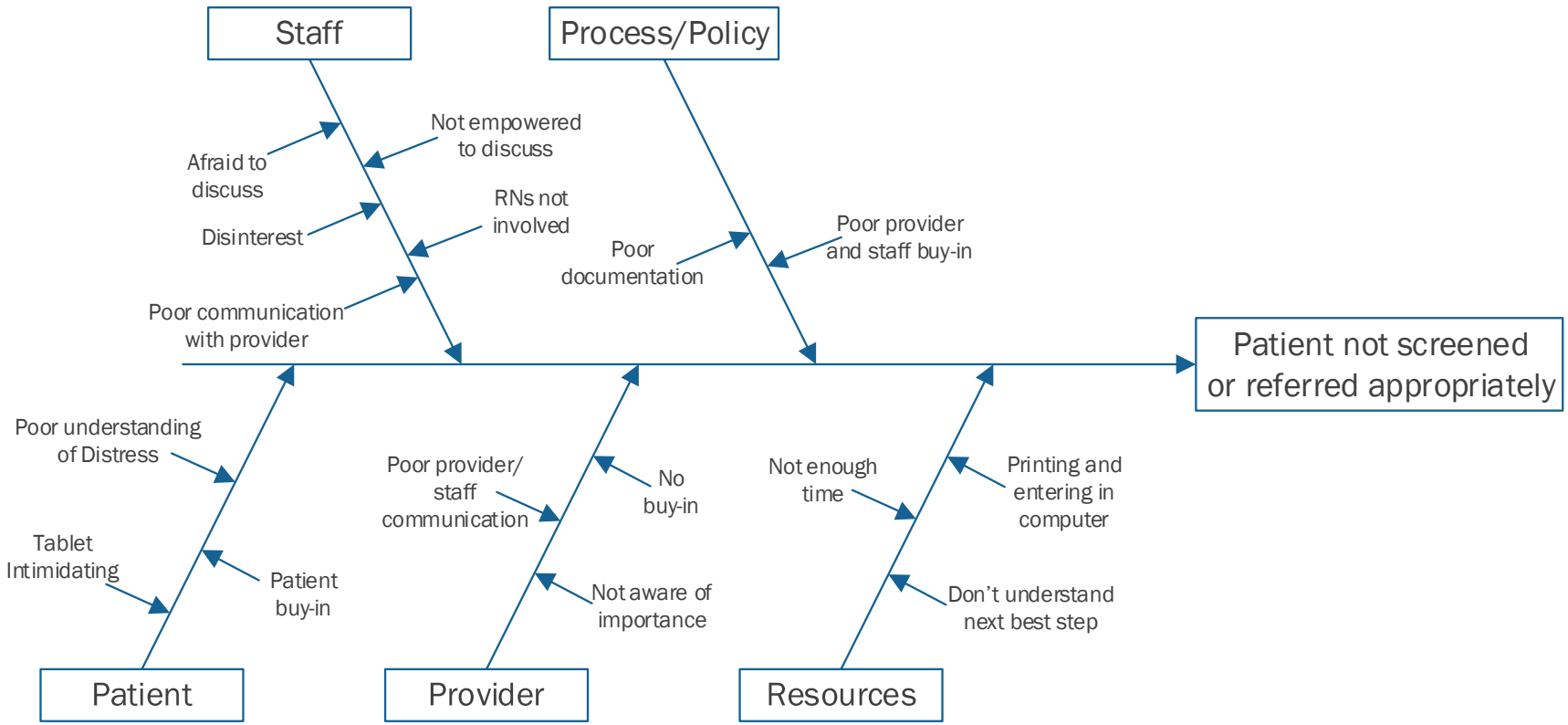
# Process Map



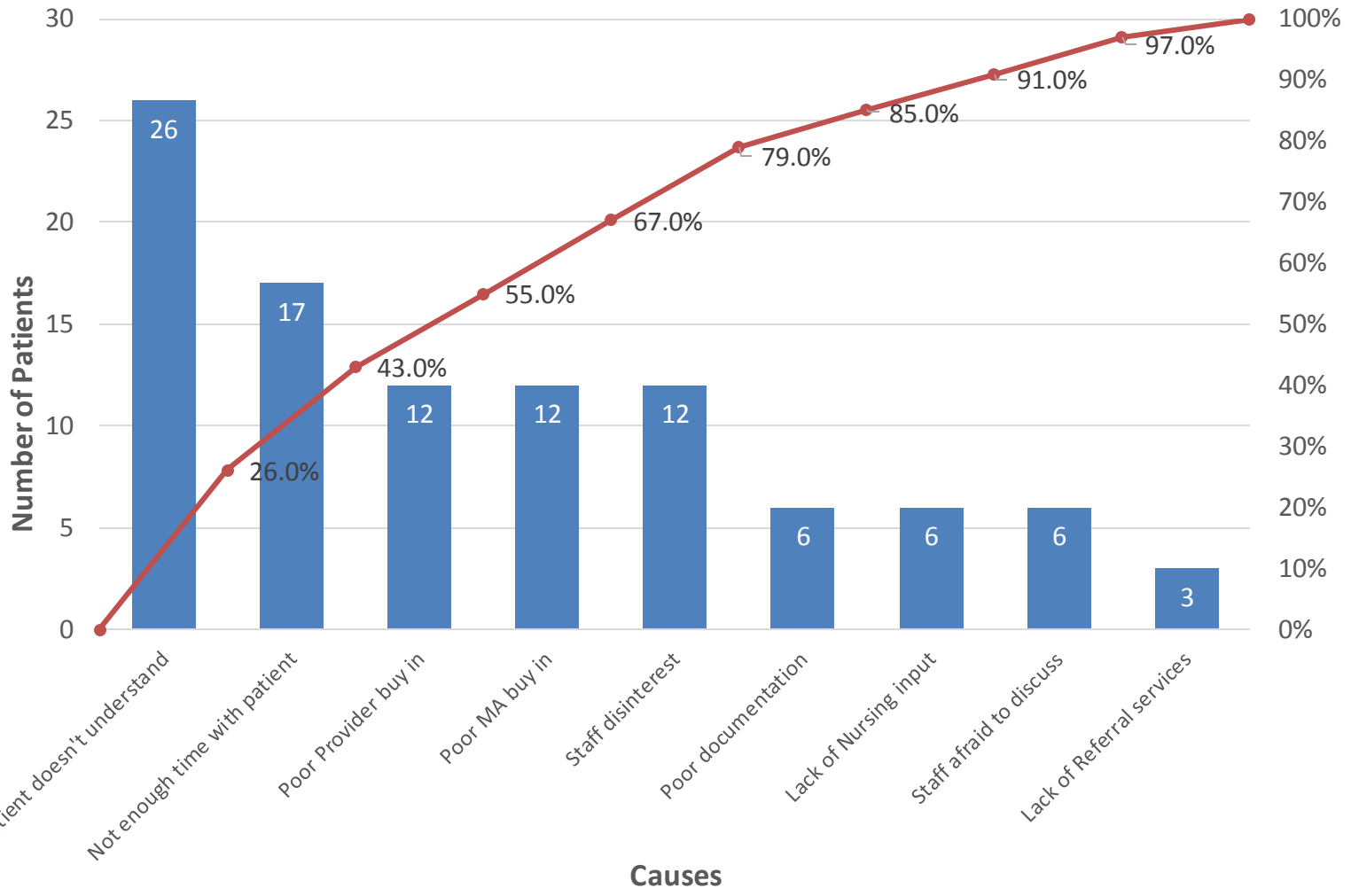

QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

# Cause & Effect Diagram



# Poor Distress Screening Intervention: Cause and Effect




QUALITY TRAINING PROGRAM™

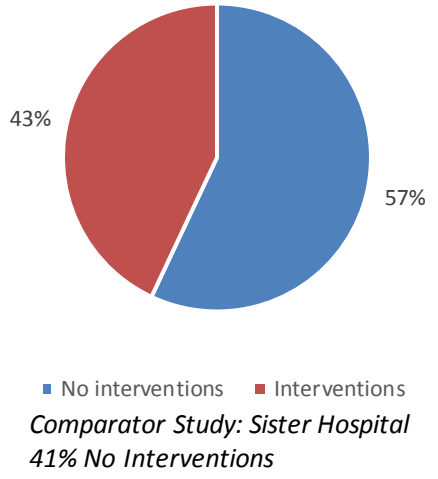
ASCO®
American Society of Clinical Oncology

# Baseline Data: Major Causes for Poor Intervention

1. **Lack of provider and staff Interest, education and/or importance (36%)**

   *Aria extraction and Chart Review:* April 10 – April 21 2017

   157 Events; 53 with score 4 or greater

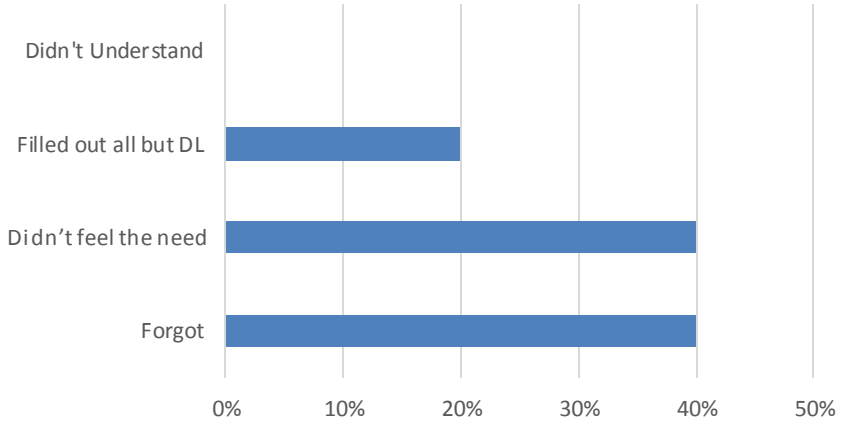



*Comparator Study: Sister Hospital*
*41% No Interventions*

2. **Lack of patient involvement (26%)**

   Patient Factors: Sales force extraction, Structured Survey

   *30% didn't fill out the tablet*



# Baseline Data: Major Causes for Poor Intervention

3. Not enough time with patients (17%)

   To be addressed with new EMR

# Aim Statement

Patients at the Franklin Office of Tennessee Oncology who are actively receiving cancer treatment and have Distress Screening level greater than or equal to 4 will have documented evidence of discussion and intervention from 51% to 80% by October 2017.

# Measures

- Measure: Outcome: Documentation that intervention is taking place.
- Patient population: All patients on active IV or oral chemotherapy
  Exclusions (if any): patients on weekly therapy will be screened every other week.
- Calculation methodology: % of patients documented
  Numerator: Documentation of intervention

  Denominator: Patients screened with DS scores greater than or equal to 4 and/or PHQ2 score of 1or 2
- Data source: Chart review, EMR extraction
- Data collection frequency: Weekly
- Data quality (any limitations):
  - 1. Dedicated IT support
  - 2. Documentation of intervention by provider and MA
  - 3. Steep learning curve from new EMR

# Measures

- Balance Measures
  - Providers
  - MAs
  - Patients-  Young Southern Survivors (YSS)

# Prioritized List of Changes (Priority/Pay –Off Matrix)

| Impact | Easy | Difficult |
|---|---|---|
| High | • Incorporate DS in MA assessment and within vital signs<br>• More time for MA<br>• Incorporate smart phrase in physician progress note | • Doctor, nursing, MA education<br>• Nursing Involvement<br>• Incorporate automatic sales force to identify screened patients. |
| Low | • Introduction letter to patients<br>• Front office education<br>• Incorporate DS in new patient input<br>• Patient education<br>• Nursing Intervention tab | • Encourage providers to engage in distress discussion<br>• Develop referral list<br>• Insist that providers document screening-hard stop |

**Ease of Implementation**

# PDSA Plan (Test of Change)

| Date of PDSA Cycle | Description of Intervention | Results | Action Steps |
|---|---|---|---|
| Start 5.1.17 | 1. Access current screening process<br>2. Develop introduction letter for patients<br>3. Educate front office, MAs and Providers | 1. Weakness of current flow realized<br>2. Improved patient understanding | 1. Ongoing education<br>2. Improve ease of work flow<br>3. Increase time for MAs |
| 6-15-17 | 1. OncoEMR conversion<br>2. Increase in MA time with patient | 1. Major change in work flow<br>2. Non-compliance | 1. Provider meeting<br>2. Increase in Nursing education<br>3. Develop smart phrase<br>4. Add distress scoring to Progress note |
| 7-15-17 | 1. Smart phrase in EMR<br>2. Nursing Intervention tab in EMR<br>3 .MA, provider education<br>4. MA tab<br>5. Addition of Distress Score in Progress Note | 1. Improved MA recognition and doc.<br>2. Improved provider engagement | 1. Expansion to entire group<br>2. Data collection<br>3. Remove patient letter |

# Distress Screening

## Distress Screening

### Patient and Provider Information

| | | | |
|---|---|---|---|
| Patient Name | | Created Date | |
| Patient DOB | | Overall Distress | |
| Patient MRN | | Hospitalization since last visit? | ☐ |
| Registered Provider | | | |

### Physical Problems

| | | | |
|---|---|---|---|
| Appearance | ☐ | Getting around | ☐ |
| Bathing / dressing | ☐ | Indigestion | ☐ |
| Breathing | ☐ | Memory / concentration | ☐ |
| Changes in Urination | ☐ | Mouth Sores | ☐ |
| Constipation | ☐ | Nausea | ☐ |
| Diarrhea | ☐ | Nose dry / congested | ☐ |
| Eating | ☐ | Pain | ☐ |
| Fatigue | ☐ | Sexual | ☐ |
| Feeling Swollen | ☐ | Skin dry / itchy | ☐ |
| Fevers | ☐ | Tingling in hands and feet | ☐ |
| Sleep | ☐ | Substance abuse | ☐ |

### Practical Problems

| | | | |
|---|---|---|---|
| Child care | ☐ | Transportation | ☐ |
| Housing | ☐ | Work / School | ☐ |
| Insurance / financial | ☐ | Treatment Decisions | ☐ |

### Family Problems

| | | | |
|---|---|---|---|
| Dealing with children | ☐ | Ability to have children | ☐ |
| Dealing with partner | ☐ | Family health issues | ☐ |

### Emotional Problems

| | | | |
|---|---|---|---|
| Depression | ☐ | Sadness | ☐ |
| Nervousness | ☐ | Worry | ☐ |
| Fears | ☐ | Loss of interest in usual activities | ☐ |

### Spiritual or Religious Concerns

| | |
|---|---|
| Spiritual / Religious Concerns | ☐ |

### PRIME MD = PHQ-2

| | | | |
|---|---|---|---|
| Past Month Down Hopeless Depressed? | ☐ | Past Month Little Interest or Pleasure? | ☐ |

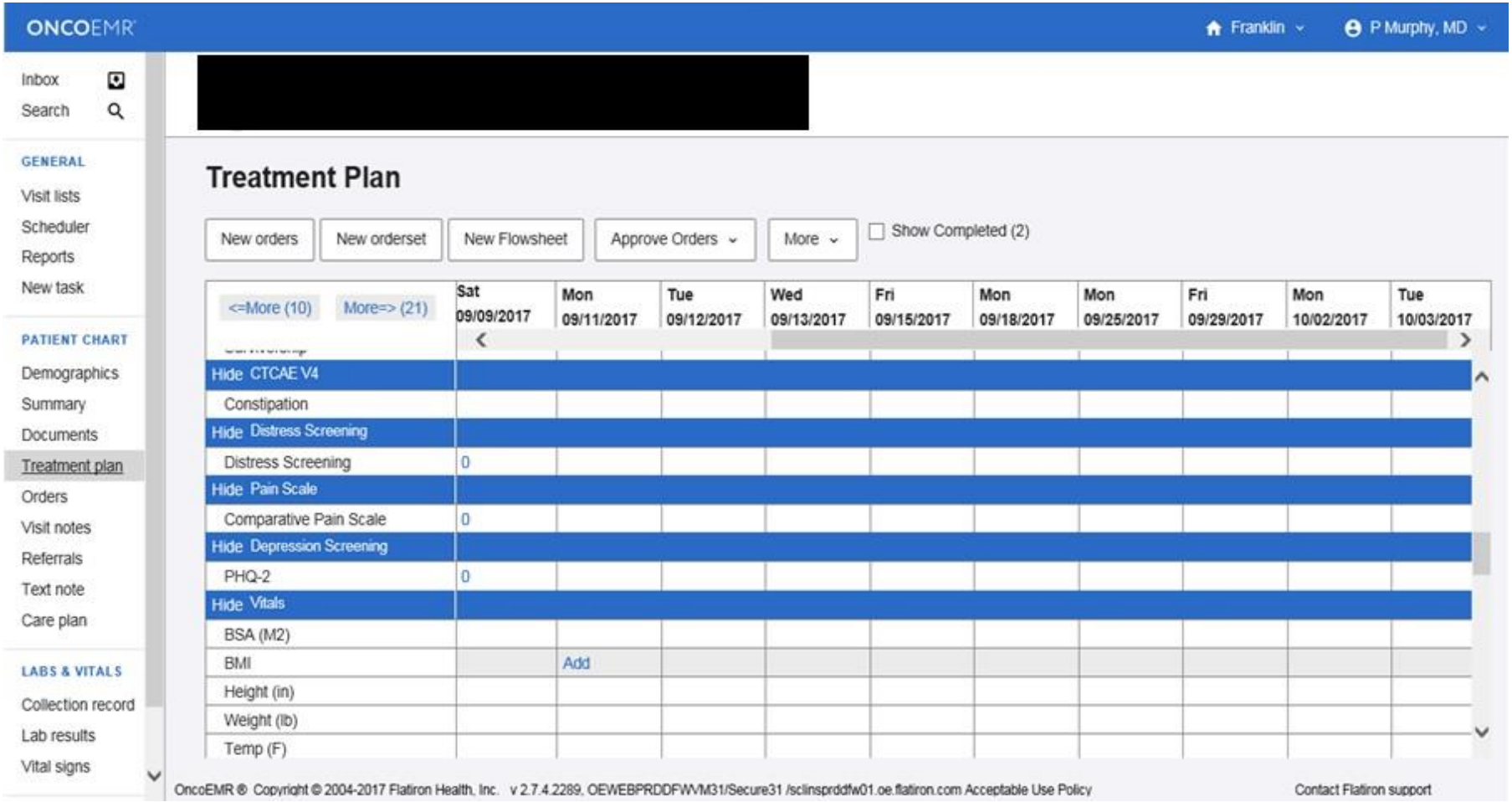
### Additional Patient Concerns

| |
|---|
| Other Problems |

QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

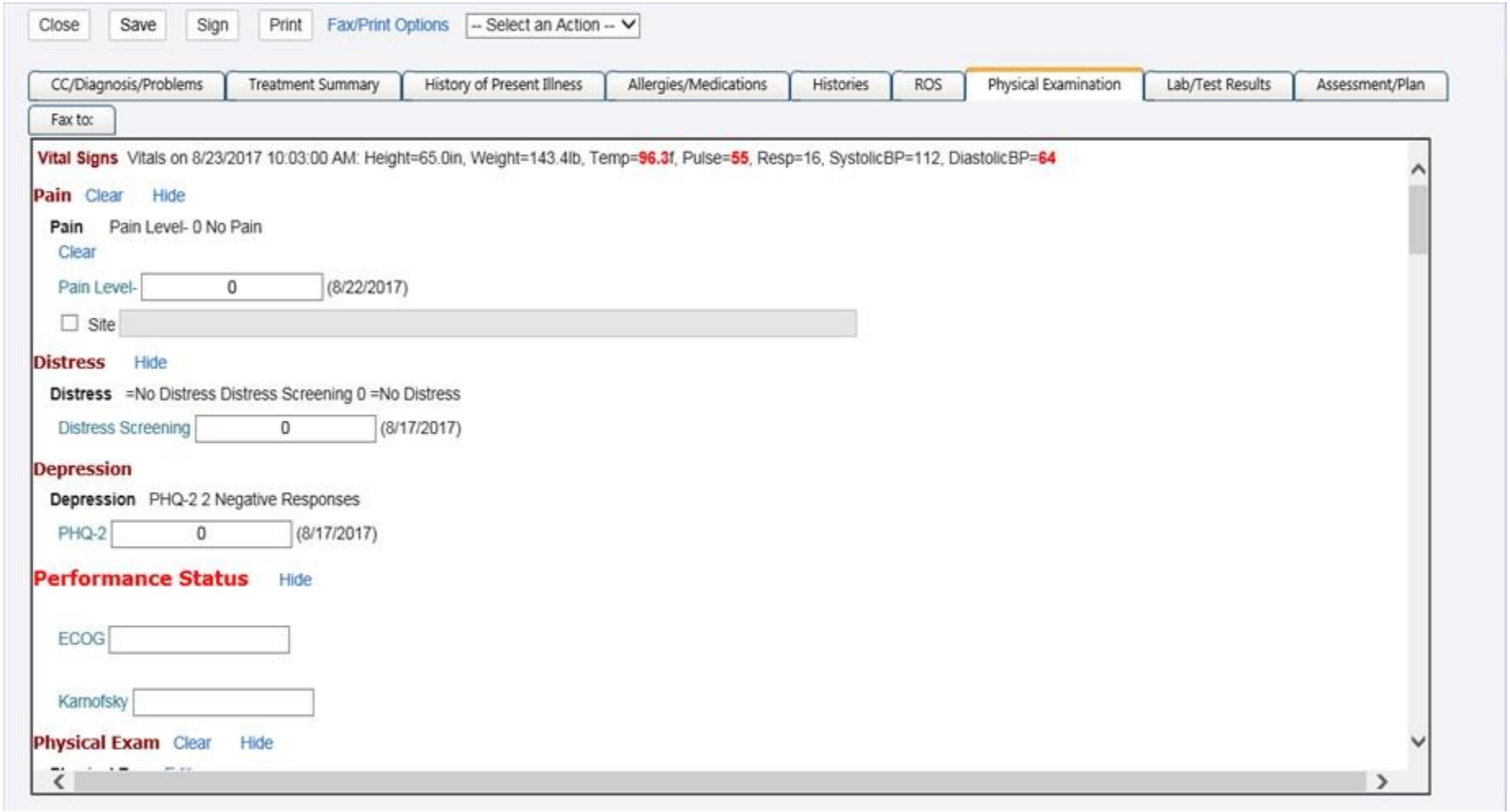
# Materials Developed




QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

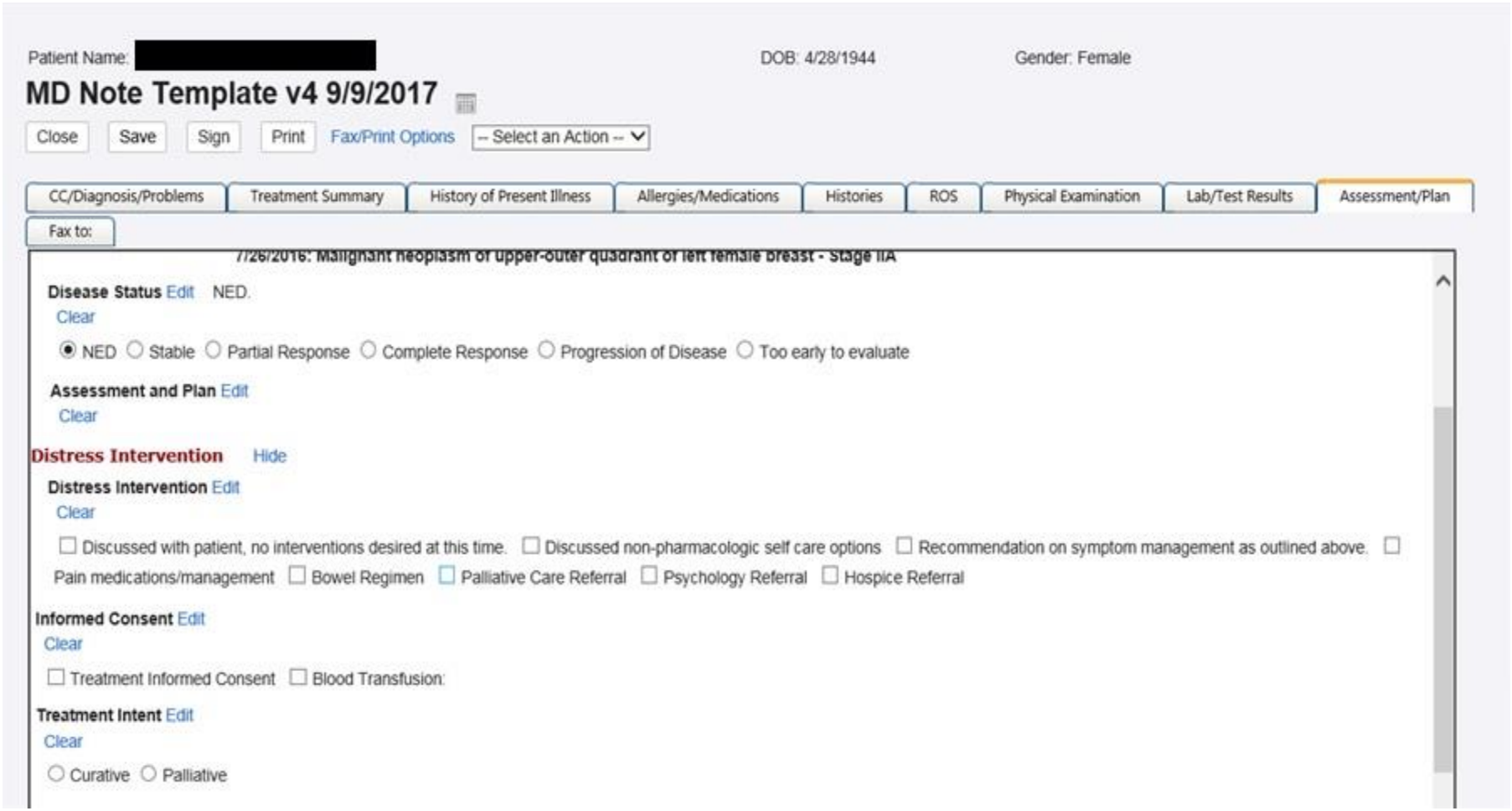
# Materials Developed




QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

# Materials Developed



Patient Name: [redacted] DOB: 4/28/1944 Gender: Female

**MD Note Template v4 9/9/2017**

Close | Save | Sign | Print | Fax/Print Options | -- Select an Action --

CC/Diagnosis/Problems | Treatment Summary | History of Present Illness | Allergies/Medications | Histories | ROS | Physical Examination | Lab/Test Results | Assessment/Plan

Fax to:

7/26/2016: Malignant neoplasm of upper-outer quadrant of left female breast - Stage IIA

**Disease Status** Edit NED.
Clear

(•) NED ( ) Stable ( ) Partial Response ( ) Complete Response ( ) Progression of Disease ( ) Too early to evaluate

**Assessment and Plan** Edit
Clear

**Distress Intervention** Hide

**Distress Intervention** Edit
Clear

☐ Discussed with patient, no interventions desired at this time. ☐ Discussed non-pharmacologic self care options ☐ Recommendation on symptom management as outlined above. ☐ Pain medications/management ☐ Bowel Regimen ☐ Palliative Care Referral ☐ Psychology Referral ☐ Hospice Referral

**Informed Consent** Edit
Clear

☐ Treatment Informed Consent ☐ Blood Transfusion:

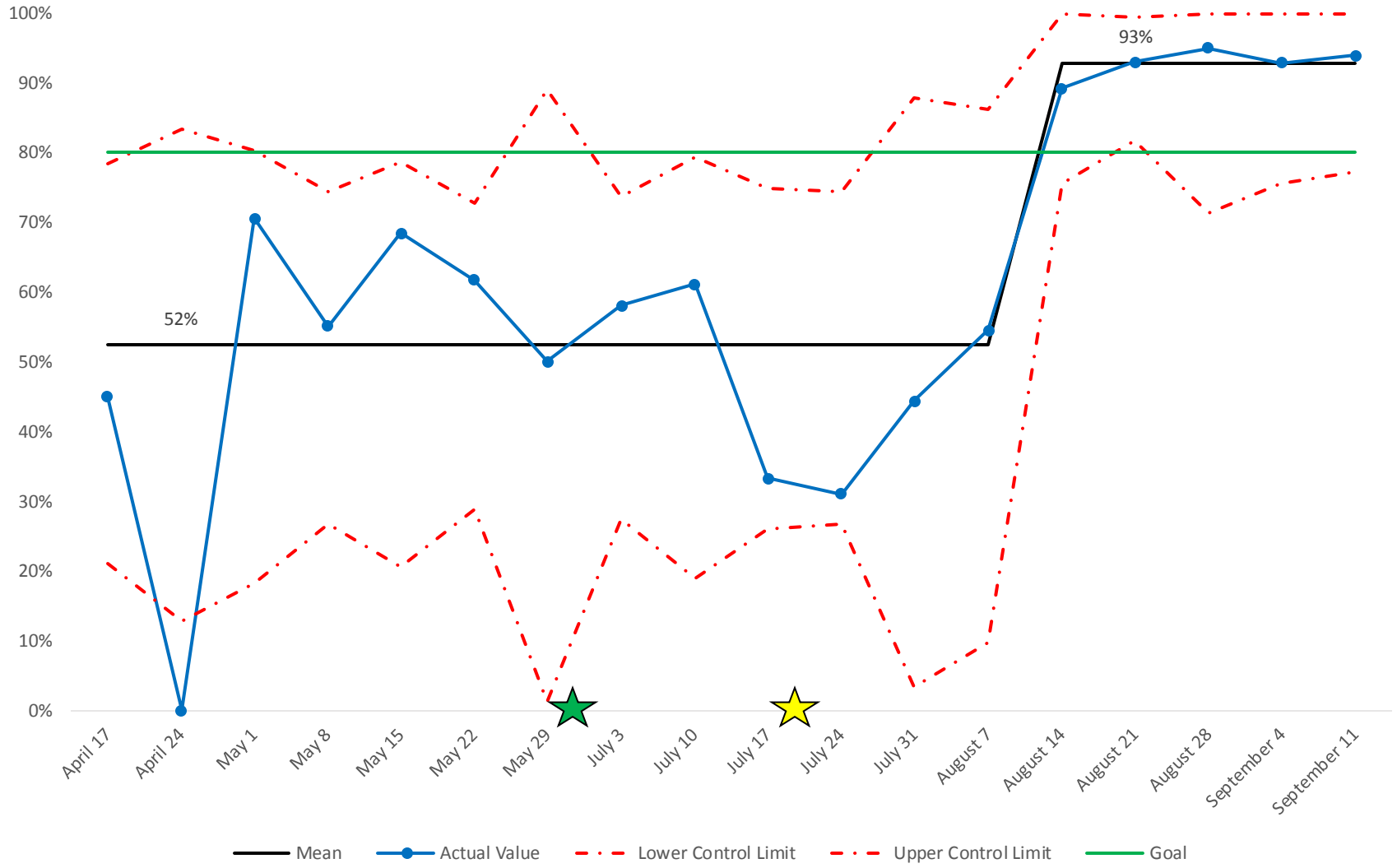
**Treatment Intent** Edit
Clear

( ) Curative ( ) Palliative

QUALITY TRAINING PROGRAM™

ASCO® American Society of Clinical Oncology

# DATA: Percentage of Distress Screening Interventions




QUALITY TRAINING PROGRAM™

ASCO®
American Society of Clinical Oncology

# Conclusions

- Documentation of intervention improved from 50 to 92%
  - Approximately 100 screened weekly (86-114)
  - 35% positive screens weekly (25-46%)

- Comparator Hospital (STW 7 providers, twice as many screens)
  - 72% documentation

- Most improvement
  - MA education, involvement and additional time
  - Provider smart phrase.

- Provider involvement

# Challenges

- Maintaining provider engagement
- Increasing screening to all cancer patients.
- Expansion Throughout the Practice
- Improvement in Outcomes
  - Satisfaction surveys
  - % referred
  - Focus group

# Plan for Sustainability

- **Permanent Standing Committee**
- **Establish criteria to determining patient satisfaction**
- **Establish standard data collection for internal, QOPI and OCM requirements**
- **Review Data monthly and provide feedback to clinical staff**
- **Determine how to involve nursing**
- **Develop referral lists for each office**