

Screening Demonstration Project: An Integrative Model of Psychosocial Care for People with Cancer through Distress Screening: Establishing Quality Standards in Community-based Care

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Introduction

- The medical community has recognized that distress screening is a critical factor in quality cancer care. The Institute of Medicine (2007) recommends psychosocial screening for all cancer patients to improve integration of care. In the U.S., up to 85% of patients are treated in the community rather than comprehensive cancer centers.
- However, distress screening for patients in the community is largely non-existent. To bridge this gap, the Cancer Support Community (CSC) is testing the feasibility and effectiveness of community-based, comprehensive screening for cancer patients.

Forming a Partnership



- The Cancer Support Community provides the highest quality emotional and social support through a network of nearly 50 local affiliates, more than 100 satellite locations as well as online.
- After 18 years of screening experience in hospital settings, City of Hope (COH), a NCI-designated Comprehensive Cancer Center, developed an automated touch-screen screening service for patients called *SupportScreen™*.
- Investigators from CSC and COH collaborated in order to create a validated screening tool that will ensure that all cancer patients have access to community-based psychosocial care



Community Initiated Research Collaboration Model (CIRC)

- CIRC connects researchers with community members to enhance knowledge and integrate sustainable evidence-based programming into the community
 - Power is equal
 - Questions guided by needs of community
 - Mutual respect towards achieving research goals

Objectives

Using the CIRC model, the Demonstration Project includes 3 phases:

- Phase (1) to refine the existing *SupportScreen™* 53-item problem-related distress screening tool for the community context by reducing the number of questions and revising items as appropriate.
- Phase (2) to test the validity and reliability of the psychometric properties of the shortened 36-item tool.
- Phase (3) to test the feasibility of the 36-item problem-related distress screening measure and its use to link patients to available resources across five unique sites.

Phase (1): Refine Measure

- 350 participants from 10 CSC affiliate sites and Exempla St. Joseph Hospital nationwide completed pen-and-paper version of the 53-item *SupportScreen™*
- Refined *SupportScreen™* 53-item measure to a total of 36-items using a statistical and theoretical criteria to meet community needs
 - Reduced 19 items, revised six items, added two items

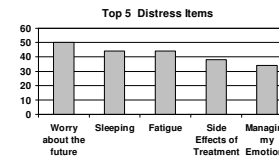
Phase (2): Test Validity and Reliability

- 319 participants from 14 CSC sites nationwide completed pen-and-paper version of the 36-item screening tool
- A subsample of 101 participants completed the 36-item screening tool a second time following the completion of the survey
- Participants had to be:
 - English-speaking, 18 years+ of age
 - Cancer outpatients in treatment or follow-up
- Survey included:
 - 36-item problem-related distress screening tool
 - Center for Epidemiologic Studies Depression Scale (CES-D)
 - Distress Thermometer (DT)
 - Functional Assessment of Cancer Therapy – General well-being scale (FACT-G; version 4)
 - Demographic and biomedical questions

Phase (2) Results

Problems and Rankings

- Based on % of participants who marked ≥ 3 for a problem out of a 5-point scale (1=Not at All; 5=Very Severe), the top 5 distress-related problems were:



- The 5 most common problems for which participants requested assistance were:



Validity

- A summary score of the 36 items correlated substantially with the FACT-G ($R^2=0.58$, $p<0.001$), the CES-D ($R^2=0.48$, $p<0.001$) and the DT ($R^2=0.35$, $p<0.001$).
- More than one-third (38%) of participants were depressed as indicated by a score ≥ 16 on the CES-D. The mean (\pm SD) number of screening items rated ≥ 4 was significantly ($p<0.0001$) higher among those who were depressed (3.4 ± 4.0) than among those who were not depressed (0.8 ± 1.7).
- Similarly, 40% of participants indicated they were distressed by a score ≥ 5 on the DT

Test-Retest Reliability

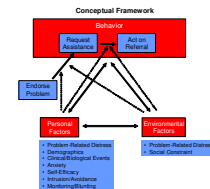
- Percent agreement between test and retest responses was high for all 36 items ranging in value between 71% and 99%.
- The intraclass correlation coefficient (ICC) was ≥ 0.75 for all 36 screening items except "ability to have children" in which the ICC was affected by a low prevalence of one or more responses.

Phase (3) Test Feasibility

- Demonstrate that 5 unique community based sites can:



- Screen 85% of new patients for distress
- Make appropriate referrals
- Provide follow-up care



Phase (3): Methodology

- All new first or second-visit outpatients, (depending on study site) screen using electronic 36-item community-validated screening tool
- Patients (whether in the study or not) rescreen at 30-40 days from initial visit
- Study participants complete additional set of evaluation questions at baseline and at rescreen visit
- Program staff complete brief electronic survey after the initial screening and rescreening, and participate in monthly site-wide evaluation calls to discuss successes and challenges

Future Directions

- Invest in 'cloud' based technology for screening
- Create flexible method to deliver in multiple settings:
 - CSC affiliates
 - Community cancer centers
 - Oncology practices and hospitals
- Collaborate with organizations that are mandating psychosocial screening

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