Development and Implementation of a Distress Screening and Management Process

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

<table>
<thead>
<tr>
<th>Patient and Provider Information</th>
<th>Patient Name</th>
<th>Created Date</th>
<th>Overall Distress</th>
<th>Hospitalization since last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient DOB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient MRN</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Registered Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Physical Problems

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td></td>
</tr>
<tr>
<td>Bathing/dressing</td>
<td></td>
</tr>
<tr>
<td>Breathing</td>
<td></td>
</tr>
<tr>
<td>Changes in Urination</td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Eating</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
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<tr>
<td>Feeling Swollen</td>
<td></td>
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<tr>
<td>Fevers</td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
</tr>
<tr>
<td>Getting around</td>
<td></td>
</tr>
<tr>
<td>Indigestion</td>
<td></td>
</tr>
<tr>
<td>Memory/concentration</td>
<td></td>
</tr>
<tr>
<td>Mouth Sores</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Nose dry/congested</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
</tr>
<tr>
<td>Skin dry/itchy</td>
<td></td>
</tr>
<tr>
<td>Tingling in hands/feet</td>
<td></td>
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<tr>
<td>Substance abuse</td>
<td></td>
</tr>
</tbody>
</table>

## Practical Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
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<tr>
<td>Insurance/financial</td>
<td></td>
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<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Work/School</td>
<td></td>
</tr>
<tr>
<td>Treatment Decisions</td>
<td></td>
</tr>
</tbody>
</table>

## Family Problems

<table>
<thead>
<tr>
<th>Issue</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealing with children</td>
<td></td>
</tr>
<tr>
<td>Dealing with partner</td>
<td></td>
</tr>
<tr>
<td>Ability to have children</td>
<td></td>
</tr>
<tr>
<td>Family health issues</td>
<td></td>
</tr>
</tbody>
</table>

## Emotional Problems

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Nervousness</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td></td>
</tr>
<tr>
<td>Sadness</td>
<td></td>
</tr>
<tr>
<td>Worry</td>
<td></td>
</tr>
<tr>
<td>Loss of interest in usual activities</td>
<td></td>
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</tbody>
</table>

## Spiritual or Religious Concerns

<table>
<thead>
<tr>
<th>Concern</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual/Religious</td>
<td></td>
</tr>
</tbody>
</table>

## PRIME MD = PHQ-2

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Month Down Hopeless</td>
<td></td>
</tr>
<tr>
<td>Depressed?</td>
<td></td>
</tr>
<tr>
<td>Past Month Little Interest or Pleasure?</td>
<td></td>
</tr>
</tbody>
</table>

## Additional Patient Concerns

<table>
<thead>
<tr>
<th>Concern</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Problems</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor:</td>
<td>Natalie Dickson, MD, CMO</td>
</tr>
<tr>
<td>Team Leader:</td>
<td>Patrick Murphy, MD</td>
</tr>
<tr>
<td>Core Member:</td>
<td>Susan Brand, RN, Clinical Mgr</td>
</tr>
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<td>Core Member:</td>
<td>Kim Scrugham, Front Office Mgr</td>
</tr>
<tr>
<td>Team Member:</td>
<td>Jani Sarratt, PIS</td>
</tr>
<tr>
<td>Team Member:</td>
<td>Cindy Fitzgerald, RN, Staff Nurse</td>
</tr>
<tr>
<td>Team Member:</td>
<td>Emily Truelove, LPN</td>
</tr>
<tr>
<td>Team Member:</td>
<td>Maureen Sanger, PH.D, Psychologist</td>
</tr>
<tr>
<td>QTP Coach:</td>
<td>Valorie Harvey, RN, BSN, MBA, Parkland, Dallas</td>
</tr>
</tbody>
</table>
Process Map

Front Office
- Patient arrives at check-in
- Patient on active treatment?
  - YES: Patient given tablet to complete Distress Screening
  - NO: Patient continues scheduled visit

Lab
- Patient goes to lab and then is placed in an exam room

MA
- MA reviews HC and documents Distress and Prime PHQ2 scores in EMR
- Provider reviews HC and scores in EMR, makes decision concerning patients needs, documents in chart and refers if necessary
- Patient on IV treatment?
  - YES: Patient receives treatment
  - NO: Patient continues scheduled visit

Provider
- Patient completes treatment
- Patient is discharged

Nursing
- Nursing screens patients and assigns Distress Screening in Salesforce
- Patient is discharged

Data is captured in Salesforce and printed on hard copy (HC)

American Society of Clinical Oncology
Patient not screened or referred appropriately

Staff
- Afraid to discuss
- Disinterest
- Poor communication with provider

Process/Policy
- Not empowered to discuss
- RNs not involved
- Poor documentation
- Poor provider and staff buy-in

Patient
- Tablet intimidating
- Patient buy-in
- Poor understanding of Distress

Provider
- Poor provider/staff communication
- No buy-in
- Not aware of importance

Resources
- Not enough time
- Printing and entering in computer
- Don’t understand next best step
Poor Distress Screening Intervention: Cause and Effect

Causes:
- Patient doesn't understand: 26 patients (26.0%)
- Not enough time with patient: 17 patients (43.0%)
- Poor Provider buy in: 12 patients (55.0%)
- Poor MA buy in: 12 patients (67.0%)
- Staff disinterest: 12 patients (79.0%)
- Poor documentation: 6 patients (85.0%)
- Lack of Nursing input: 6 patients (91.0%)
- Staff afraid to discuss: 6 patients (97.0%)
- Lack of Referral services: 3 patients (3.0%)
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

2. Lack of patient involvement (26%)
   *Patient Factors: Sales force extraction, Structured Survey*
   30% didn’t fill out the tablet
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 1 or 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)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Low Impact</th>
<th>Ease of Implementation</th>
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</table>
| - Incorporate DS in MA assessment and within vital signs  
- More time for MA  
- Incorporate smart phrase in physician progress note | - Introduction letter to patients  
- Front office education  
- Incorporate DS in new patient input  
- Patient education  
- Nursing Intervention tab | - Doctor, nursing, MA education  
- Nursing Involvement  
- Incorporate automatic sales force to identify screened patients.  
| - Encourage providers to engage in distress discussion  
- Develop referral list  
- Insist that providers document screening-hard stop |
# PDSA Plan (Test of Change)

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

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### Physical Problems

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

### Practical Problems

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

### Family Problems

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

### Emotional Problems

- Depression
- Nervousness
- Fear
- Sadness
- Worry
- 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
## Treatment Plan

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Symptoms</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/13/2017</td>
<td>Wed</td>
<td>Constipation</td>
<td></td>
</tr>
<tr>
<td>09/15/2017</td>
<td>Fri</td>
<td>Distress Screening</td>
<td>0</td>
</tr>
<tr>
<td>09/18/2017</td>
<td>Mon</td>
<td>Comparative Pain Scale</td>
<td>0</td>
</tr>
<tr>
<td>09/25/2017</td>
<td>Mon</td>
<td>Depression Screening</td>
<td></td>
</tr>
</tbody>
</table>

### Vital Signs

- **BSA (M2)**: Add
- **BMI**: Add
- **Height (in)**: Add
- **Weight (lb)**: Add
- **Temp (F)**: Add
Patient Name: [redacted]

DOB: 4/28/1944  
Gender: Female

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

**Assessment/Plan**

**Disease Status**
- [ ] NED
- [ ] Stable
- [ ] Partial Response
- [ ] Complete Response
- [ ] Progression of Disease
- [ ] Too early to evaluate

**Assessment and Plan**
- [ ] Clear

**Distress Intervention**
- [ ] Distress Intervention
- [ ] Clear

**Informed Consent**
- [ ] Treatment Informed Consent
- [ ] Blood Transfusion

**Treatment Intent**
- [ ] Curative
- [ ] Palliative

---

**Materials Developed**
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