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Distress Screening in Oncology Leads to Better Doctor-Patient Relationships and Improved Outcomes

As published in JNCCN, a recent project out of Canada shows that programs identifying stress and distress in patients with cancer increase health care professionals' confidence and awareness of patient-centeredness; outcomes are influenced by site-based navigators and practice size.

FORT WASHINGTON, PA — As many as 60 percent of patients with cancer report distress following a cancer diagnosis, and this stress can have significant impacts on patients' well-being, resulting in psychosocial problems, physical side effects, and dissatisfaction with their health care.

To examine the impact of distress on patients and health care professionals (HCPs), Linda Watson, PhD, RN, CancerControl Alberta, Alberta Health Services, led the implementation of screening for distress (SFD) as a new standard of care across 17 provincial cancer care sites. More than 250 HCPs across cancer care facilities in Alberta, Canada, participated in educational sessions and adopted this standard of practice. Dr. Watson and Dr. Rie Tamagawa, a senior researcher in provincial practices, found that HCPs who participated in this educational program and utilized SFD routinely reported improved confidence in detecting patient distress and increased awareness of the importance of a patient-centered approach to care.

The study, "The Effects of a Provincial-Wide Implementation of Screening for Distress on Health Care Professionals' Confidence and Understanding of Patient-Centered Care in Oncology", is published in the October issue of *JNCCN – Journal of the National Comprehensive Cancer Network*. Complimentary access to the article is available until December 15, 2016 at JNCCN.org.

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"Distress can be caused by a variety of issues, concerns, or symptoms, but how distress is experienced and what underlies a person's distress is unique to each person and changes over time. The SFD helps clinicians identify distressed patients and their issues, concerns, or symptoms driving their distress. This project has demonstrated that through clinical review and targeted response to the patient priority issue, improved clinical outcomes and patient experiences can be achieved," said Dr. Watson.

For Dr. Watson's quality improvement project, the SFD intervention was implemented as a standard of care at all cancer care facilities in Alberta over a 10-month period. HCPs at all sites completed educational sessions prior to implementation of this new practice. HCPs also completed surveys before and after implementation. Results of the project illustrated a significant increase in participants' confidence in identifying, assessing, and managing distress, as well as their awareness of person-centered care principles following the implementation. HCPs at smaller community cancer centers reported greater person-centered awareness as compared to HCPs at larger tertiary sites throughout the study. HCPs at those smaller sites identified more benefits from the SFD intervention relative to HCPs at the larger sites.

This variance, Dr. Tamagawa reports, is likely because smaller, more remote cancer centers have patient navigation as part of their model of care and physicians are treating multiple tumor types. These are likely to contribute to personable patient-provider relationships. The benefits of the SFD was more salient for HCPs taking care of multiple tumor types, suggesting that such intervention is well adopted by physicians who practice as generalist model of care. On the other hand, physicians from larger centers tend to be single-tumor specialists at hospitals that do not employ patient navigation programs—these participants reported lower awareness in person-centeredness in general, and the SFD intervention potentially posed an additional workload. Prior to adequate SFD training and with less time for patient relationship-building, physicians often lack confidence in their ability to identify and treat patient distress in a timely manner. The study highlighted that SFD intervention can help build this confidence and awareness of person-centered care delivery regardless of the types of care facilities.

In Alberta, Dr. Watson shared, "We have found that utilizing a SFD tool that spans the physical, emotional, social, spiritual, practical, and informational domains has been helpful as it reflects the whole patient experience. It has been our experience that using a tool that helps the patient to specify their particular area of concern facilitates meaningful interventions."

"Patient distress has received little attention from clinicians, but can have a large impact on patient quality of life. As such, screening for distress will become increasingly important in

clinical practices, so information on its implementation is useful for practitioners," said Jimmie C. Holland, MD, Wayne R. Chapman Chair in Psychiatric Oncology, Memorial Sloan Kettering Cancer Center, and Chair of the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Panel for Distress Management.

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The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 27 of the world's leading cancer centers devoted to patient care, research, and education, is dedicated to improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers.

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