

INTRODUCTION

- The American College of Surgeons Commission on Cancer has mandated distress screening on all oncology patients at least once during a pivotal medical visit
- Little is known about factors that predict optimal distress screening outcomes, particularly in chronically distressed patients
- This study explored factors associated with distress screening outcomes in cancer outpatients

METHODS

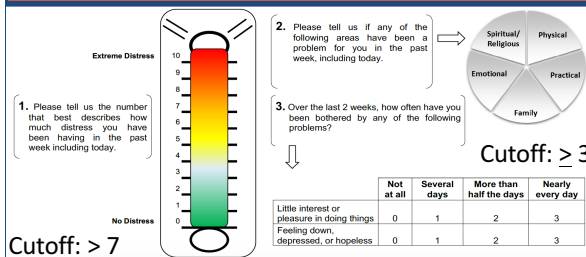
Distress Screening

- Patients were offered distress screening at every outpatient visit
- Positive distress screening prompted referral to Oncology Social Work (OSW)

Data Abstraction

- Project classified by The Sebastian Ferrero Office of Clinical Quality and Patient Safety and UF Health Center IRB-01 as a Continuous Quality Improvement Project

UF Health Distress Screening Measure



Data Abstracted from Electronic Health Record

Patient Factors

- Demographics
- Distress screening data
- Clinical data and outcomes

Provider Factors

- Health Care Provider (HCP) documentation and referrals
- OSW documentation and referrals

Other/Multilevel Factors

- Referral outcomes

RESULTS

- From Jan – Nov 2016, 310 OSW referrals were placed on 247 distressed patients; however, 14 referrals were errors
- Adjusted No. of Referrals: Distressed Patients = 120 : 100

Distressed Patients by Times Referred (N, %)



% Distressed Patients on Factors

	No	Yes
HCP note consistent with distress?	46	54
OSW referral discussed in HCP note?	66	34
Mental health diagnosis on Problem List?	46	54
Psychotropic(s) on medication list?	26	74
Referred to Integrative Medicine?	94	6
Referred to Supportive Oncology?	89	11
Referred to Psychiatry?	93	7
Referred to Psycho-Oncology?	89	11

1-Year Survival of Distressed Patients (N, %)



REF+ Versus REF Group Comparisons

	REF		REF+		Statistics		
	M	SD	M	SD	t	df	p
Age	60.96	10.14	54.87	9.73	3.46	245	0.001

% of Distressed Patients by OSW Referral Outcome

Patient reached and counseled	74%
OSW attempted contact, patient not reached	8%
Patient declined OSW referral	12%
Patient not seen or unknown outcome	5%
HCP advised OSW that patient did not need to be seen	1%

- Patients referred to OSW more than once (REF+ Group) were significantly younger than those referred only once (REF Group)
- Compared to REF Group, REF+ Group had significantly higher proportion of patients with:
 - Hispanic ethnicity
 - HCP note consistent with distress
 - OSW referral discussed in HCP note
 - Mental health diagnosis on Problem List

CONCLUSIONS

- 16% of distressed patients triggered multiple OSW referrals across an 11 month period
- 22% of distressed patients died within 1 year
- 46-66% of HCP notes on distressed patients contained documentation inconsistent with distress and/or did not discuss OSW referral
- Patient and Provider Factors discriminated between distressed patients referred once and those referred more than once

DISCUSSION

- Early identification and intervention for distressed patients at risk for chronic distress
- Additional research on mortality rate in distressed patients
- Aligning content of HCP notes with positive distress screening