Objectives

- Review steps of creating electronic distress screening process
- Articulate pros and cons of using an electronic system to capture distress
- Evaluate benefits and drawbacks of standardized assessments and interventions
- Apply lessons learned from this institution’s experience

Consider how you would assist with a standardized distress screening process at your own institution

OHSU Knight Cancer Institute

- NCI designated cancer center, only academic medical center in Oregon
- In 2014, the Knight Cancer Institute diagnosed or treated 3,895 new cancer patients
The Task at Hand...

To implement a standardized distress screening process across 8 adult outpatient oncology clinics

The Start

- Social Work took the lead in development
- 4 years ago: piloted distress thermometer

Outcomes

✓ Modified Edmonton Symptom Inventory
✓ Collaboration with Dietary and Rehab
✓ Needed to be electronic – how could we make EPIC work for us?
Social Work Leadership

• Inter-disciplinary effort
• Collaborated with RNs, dieticians, rehab specialists, MDs, and EPIC team
• Developed standardized process
• Educated and oriented staff to new flow

The Path to EMR Distress Screening

➤ EPIC said it was too complicated
➤ Explored using an outside vendor
➤ EPIC agreed to a pilot distress screening project

The Evolution

Over the course of 3 years, worked closely with EPIC team to create electronic process for distress screening

We are the Guinea Pigs…

First electronic survey for OHSU!
Roll-out

- Pivotal visit: 2nd appointment
- EPIC sends questionnaire 72 hours prior to appointment to patient’s MyChart

Unintended outcome:
- EPIC can’t differentiate between Follow-up appointments so ALL patients are being screened

MyChart

Initial roll-out via MyChart
- Provided for slower start
- Only captured patients on MyChart
- Gave time to plan seeing patient
- Questionnaire embedded in MD visit note
- Questionnaire available for all to see in note or flowsheets

Addressing Scores

- All questionnaires automatically route to RN Coordinator InBasket
- Scores of ≥7 requires further assessment
  - Scores of ≥7 for dietary and rehab require assessment by RN Coordinator
  - Psychosocial scores of ≥7 routed to SW EPIC InBasket
Next Phase

Tablet roll-out, in theory:

• Patient handed a tablet at check-in
• Submission populated into provider encounter
• High scores routed to appropriate provider

In Reality...

• Front desk staff complications:
  – High clinic volume
  – Inadequate staffing
  – Tablet cleaning time
  – Late arrivals

• Tablet questionnaire layout was not intuitive

In Reality...

• Social Workers were inundated
• System did not route tablet questionnaires to RN Coordinators

➢ Need to create new work flow and engage MDs
Pros and cons of EMR-managed distress screening

Pros
- No paper
- Questionnaire automatically goes into visit note/flow sheets
- Easy to find
- No people power to get screens to appropriate staff or into chart

Cons
- Every EPIC change = numerous new issues
- We are stuck with what EPIC can and cannot do
- Needed to create multiple work-arounds
- Multiple staff resources to implement

Pros and cons cont.

Pros
- Dot phrase to pull distress screen into SW note
- Real-time answers into the medical record
- Standardized process of who gets screened

Cons
- Some patients not tech savvy
- Privacy screens create false responses
- Frustration

Humor is key

“My course lacks interactivity and it has no point. I assumed the software would take care of that!”
Distress Screening Results

- Specific to Hematology & Medical Oncology Clinic June 2014 - April 2015
- 161 patients endorsed scores that triggered a referral to social work for psychosocial concerns

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>40</td>
<td>25.2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>56</td>
<td>35.4</td>
</tr>
<tr>
<td>Concerns about children</td>
<td>37</td>
<td>24.3</td>
</tr>
<tr>
<td>Insurance/financial concerns</td>
<td>60</td>
<td>39.0</td>
</tr>
<tr>
<td>Spouse/family concerns</td>
<td>57</td>
<td>37.3</td>
</tr>
<tr>
<td>Requested SW referral</td>
<td>28</td>
<td>17.5</td>
</tr>
</tbody>
</table>

Most psychosocial referrals:
- Insurance/financial concerns
- Spouse/family concerns
- Anxiety

Psychosocial Distress Algorithm
### Depression Screening

<table>
<thead>
<tr>
<th>Score</th>
<th>Rating</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Minimal</td>
<td>1</td>
<td>4.0</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
<td>6</td>
<td>24.0</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
<td>7</td>
<td>28.0</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe</td>
<td>10</td>
<td>40.0</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
<td>1</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Screened:** N = 159  
**Scored ≥ 7:** N = 40, 25.2%  
**Completed PHQ:** N = 25, 62.5%

### Anxiety Screening

<table>
<thead>
<tr>
<th>Score</th>
<th>Rating</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Minimal</td>
<td>3</td>
<td>10.3</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
<td>12</td>
<td>41.4</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
<td>8</td>
<td>27.6</td>
</tr>
<tr>
<td>15-21</td>
<td>Severe</td>
<td>6</td>
<td>20.7</td>
</tr>
</tbody>
</table>

**Screened:** N = 158  
**Scored ≥ 7:** N = 56, 35.4%  
**Completed GAD:** N = 29, 51.8%

### Depression & Anxiety Interventions

- Behavioral strategies
- Clinic-based counseling
- Clinic-based counseling + medication
- Medication
- Refer out for counseling
- Refer out for counseling + medication
- Patient chooses none
APAQCC

• Phase 1: 97% completion rate of staff survey
• Phase 2: Chart review
  – All patients with MyChart were screened given automatic firing of questionnaire
  – 108 charts reviewed (2nd visits), (5,000 hrs…)
  – Only 12 % completed the questionnaire

Lessons Learned

• Things often will not turn out as planned
• Be open to plan B, and C, and D…
• Technology streamlines the process

Lessons Learned

• Even with technology, people power is still required
• Learn the language of the EMR team
• Don’t be afraid to push for other answers

*“I didn’t get alone I am by trying to please.”*
**Experiential Outcomes**

**Advantages**
- Captured distress not previously identified
- Proactive intervention prior to crisis
- Automatic routing of referrals was helpful

**Disadvantages**
- Posers completing the questionnaire
- Bedroom color complaints
- Pre and Post visit change in anxiety scores

**Positive Outcomes**
- Know patients are getting screened
- Catch issues that otherwise would not have been identified
- EMR does some of the work
- Lots of learning opportunities being the guinea pigs

**Pitfalls, Potholes and Landmines**
- EMR is not flexible
- Technological false-positives
- Privacy screens
- Multiple players = multiple agenda
- Unknown outcomes of uncharted territory
- EPIC is like an octopus…tendacles
**Recommendations for Other Institutions**

- Collaboration is key
- Highlight the role of social work
- Emphasize this as an interdisciplinary venture

**Recommendations, cont.**

- Education that this is an ACOS mandate
- Be assertive when needed
- Articulate what is reasonable and why
- Maintain your sense of humor!

**References**

References cont.

• American College of Surgeons. Cancer Program Standards, Standard 3.2; 2012