Oncology Social Work Leadership and Distress Screening Develop and Lead Model Biopsychosocial Programs for Unique Populations

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Team Members

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Objectives

1. Describe Oncology Social Work (OSW) leadership qualities essential for successful program development

2. Describe how OSW is using distress screening to lead efforts in improving cancer care in the ICU, for Breast Cancer Patients and Partners and Geriatric Patients
Leadership Development

- Take risks
  - Say “yes” even if you really want to say “no”
  - Turn fear into excitement
- Be proactive in your work life
  - “Out of all the things I have to do today, what is one thing I want to do?”
  - Choose to see ways you can add value
- Learn to emotionally regulate
- Seek mentorship
  - Be open to the ideas of others
  - Success has many bumps
- Become a feedback junkie
  - Be introspective and willing to let go of unhelpful behaviors

Leadership in Action

- Get informed
  - Find out your institution’s goals for distress screening
  - Ask stakeholders what they need
- Conceptualize a program
  - Identify gaps in service
  - Hit the books - immersion into the literature
  - Develop a vision
  - Create and define measurable goals
- Engage and inspire
  - Engage your mentors
  - Participate in institutional initiatives
  - Communicate your vision

What is Screening at City of Hope?

- Automated touch-screen tool designed to enhance patient care through simple to use technology
- Identifies problem-related distress
- Facilitates patient, physician and multi-specialist communication
- Automates personalized referrals and provides tailored patient education materials in real time
ICU Family Meeting Program

Distress Screening in the ICU

- Patients and Families are given 2 distress screening surveys
  - The 1st at ICU admission within 24 hours
  - The patient is given the survey if awake and not altered
  - The 2nd upon identification of poor prognosis and end of life concerns
- Endorsements are triaged to the Medical team and members of the Supportive Care team
- Supportive Care team recommend consults to Medical team based on screening results

Patient Distress Screening Sample

Question: Hearing that your illness is not responding to our current treatments

How can we best help you with this problem? (Check all that apply)

1. I can handle this conversation and need to be informed
2. I want to be as prepared as possible so that I can take care of things at home and/or with my family
3. I need to receive the most honest and realistic expectations my physician has of me.
4. I am not able to hear bad news right now, please share this with my primary caregiver
Caregiver Distress Screening Sample

**Question:** If compassionate withdraw from life support is recommended with a focus on comfort

**How can we best help you with this problem? (Check all that apply)**

1. Nothing needed at this time
2. Family will need to come in and say goodbye
3. I need a day or two to accept this recommendation
4. I will need help and direction to plan for the mortuary and funeral arrangements
5. I need to get all my family to accept this recommendation

Distress Screening Improves Quality of Care

- Identifies intra-family conflict proactively
- Reduces inconsistent communication from Medical team
- Destigmatizes end of life conversations
- Detects uncontrolled symptoms
- Identifies children’s education and support needs
- Discovers spiritual and existential concerns

ICU Program Benefits

- Reduces misguided care
- Ensures standardized and specialized care in the ICU
- Increases coordination between medical care and Patient and Family values
- Increases Patient and Family satisfaction
- Reduces length of stay by 4 days, saves over $35,000 per patient over standard care in the ICU
Couples Coping with Cancer Together Program

Vision: Create a model program of Patient and Partner support for national replication that includes:

- Integration into standard medical care
- Counseling and support for Patients and Partners to help them support each other and solve problems with one another along the continuum of care
- Education and community outreach

Couples Program Process

Patient Distress Screening Questions

- Biopsychosocial distress
  - Physiological, Psychological, Emotional, Social, Practical, Spiritual
- Motivational questions
  - How much is this a problem for you?
    - "Being able to depend on my Partner no matter what"
    - "Feeling respected by my Partner"
    - "Being honest with my Partner about my concerns"
- Educational questions
  - How much is this a problem for you?
    - "Knowing how to best talk about sexual intimacy with my Partner"
    - "My Partner participating in physically caring for my surgical site"
## Partner Distress Screening Questions

- **Biopsychosocial distress**
  - Physiological, Psychological, Emotional, Social, Practical, Spiritual
- **Motivational questions**
  - How much is this a problem for you?
    - “Understanding how I can get the support I need to best support my Partner”
    - “I have someone other than my Partner that I can count on when I need help”
- **Educational questions**
  - How much is this a problem for you?
    - “Recognizing that I need to be supportive, but I cannot be responsible for keeping my Partner’s spirits up.”
    - “Being so reassuring that my Partner thinks I cannot listen to her concerns”

## Distress Screening Improves Quality of Care

- Manages Patient and Partner distress proactively and in a timely manner
- Role models the importance of open and honest communication from the very first encounter
- Facilitates collaboration and coordination with multi-disciplinary team
- Identifies high risk populations
- Data can be used to support further tailored screening for gaps in care
  - Metastatic breast cancer
  - Same sex couples

## Couples Program Benefits

- Communicates that Patient and Partner concerns are paramount
- Normalizes differences in communication and coping
- Provides Patient and Partner tailored support and a consistent team throughout cancer continuum
- Provides concrete and practical behaviors to best support and problem solve with one another during times of stress
- Reinforce that many couples grow closer to one another despite stressors
- Patients and Partners can use the skills they learned to manage future stressors
Geriatric Oncology Psychosocial Program

Vision:
To create a model of geriatric oncology whole Patient and Family-centered care that improves quality of life

Goals:
1. Apply a validated Geriatric Assessment (GA) to guide interventions
2. Include complementary and alternative medicine (CAM) interventions as treatment options
3. Expand professional education about geriatric care

Comprehensive Assessment for Geriatrics

- Domains of validated GA
  - Functional status
  - Comorbid medical conditions
  - Nutrition
  - Cognition
  - Psychological state
  - Social functioning & support

- Benefits of assessment
  - Identify areas of vulnerability
  - Facilitate referrals to the interdisciplinary team
  - Improve treatment outcomes and quality of life


Examples of Assessment Questions

Which one of the following phrases best characterizes you at this time?
A) Normal, no complaints, no symptoms of disease
B) Able to carry on normal activity, minor symptoms of disease
C) Normal activity with effort, some symptoms of disease
D) Care for self, unable to carry on normal activity or to do active work
E) Require occasional assistance but able to care for most of personal needs
F) Require considerable assistance for personal care
G) Disabled, require special care and assistance
H) Severely disabled, require continuous nursing care

How many times have you fallen in the last 6 months?
Applying Geriatric Assessment in Clinical Setting

- Pilot to establish workflow for screening in the clinical setting
  - 40 assessments completed
    - Referrals generated
      - Pharmacy (Medication Review)
      - RN (functional status review, home health)
      - OSW (depression, anxiety, social support, CAM/Reiki)

- Lessons learned
  - Use available technology to integrate into clinical flow
    - SupportScreen staff added to the team
  - Take feedback to make modifications
    - Changes made for larger iPad, larger font size, more spacing between questions, include page numberings, provide stylus pens, among others

Assessment Improves Quality of Care

- Data identifies needs for tailored interventions
  - *Sleeping* reported as a top problem distressing older adults
    - Workshops on *Sleep* are now offered

- Exciting study to begin
  - Implementation of GA
    - Pts ≥ 65 years old and diagnosis of a solid tumor malignancy
    - Completed prior to starting new chemotherapy
  - Study objectives
    - Identify areas of vulnerability and make referrals to interdisciplinary team
    - Determine if GA driven interventions lead to improved outcomes in
      - Chemo toxicity
      - Unplanned hospitalization
      - ER visits
      - Unplanned readmission rates
      - Advance Directive completion

Translating Research into Clinical Practice

1. Development
   - GA Tool Created
     - Hurria et al. Cancer 2005

2. Feasibility
   - Able to complete in Busy Clinic Setting
     - Hurria et al. J. Clin Oncol 2011

Evidence-Based Patient-Centered Care

3. Utilization
   - Predicts Risk for Chemo Toxicity
     - Hurria et al. J. Clin Oncol 2011

4. Implementation
   - GA as Standard of Care
     - UniHealth Foundation Award
Lessons Learned

• Time (and patience!)
  – Each program took personal and professional development, pilot studies, and lot of time
• "Do you have any data?"
  – Without data you do not speak the same language as your stakeholders
• Singing from the mountaintops
  – Took what we learned and developed posters, presentations, and wrote articles
  – We wouldn’t stop talking about the program
• Unexpected opportunities
  – Private donations used to staff full time program leader/clinician
  – Institutional support based on data and outcomes

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