

Screening for Distress in the United States Using the National Comprehensive Cancer Network's Distress Thermometer

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Background

- The NCCN is made up of comprehensive cancer centers
- The NCCN Distress Management Guidelines have been in place since 1997¹
- In 2007, 20% of NCCN member institutions screen for distress.²

1. National Comprehensive Cancer Network. *Distress Management: NCCN Clinical Practice Guidelines* Version 3.2012. Accessed on August 1, 2012, from http://www.nccn.org/professionals/physician_gls/pdf/distress.pdf

2. Jacobsen PB, Ransom B. Implementation of NCCN distress management guidelines by member institutions. *Journal of the National Comprehensive Cancer Network: JNCCN*, 2007;5:99-103.

Background

- The Institute of Medicine put forth in 2008² a new quality care standard for community-based care cancer.
- This new quality care standard is the integration of psychosocial care with routine cancer care.
- It is unknown whether the IOM's new quality care standard increased this rate.

2. Institute of Medicine (IOM). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington, DC: The National Academies Press; 2008.

Background

- Comprehensive distress screening²
 - Rapid screen at pivotal visits
 - Assessment and triage of those who screen in
 - Referral to psychosocial cancer care resources and follow-up

2. Institute of Medicine (IOM). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington, DC: The National Academies Press; 2008.

Purpose of the Study

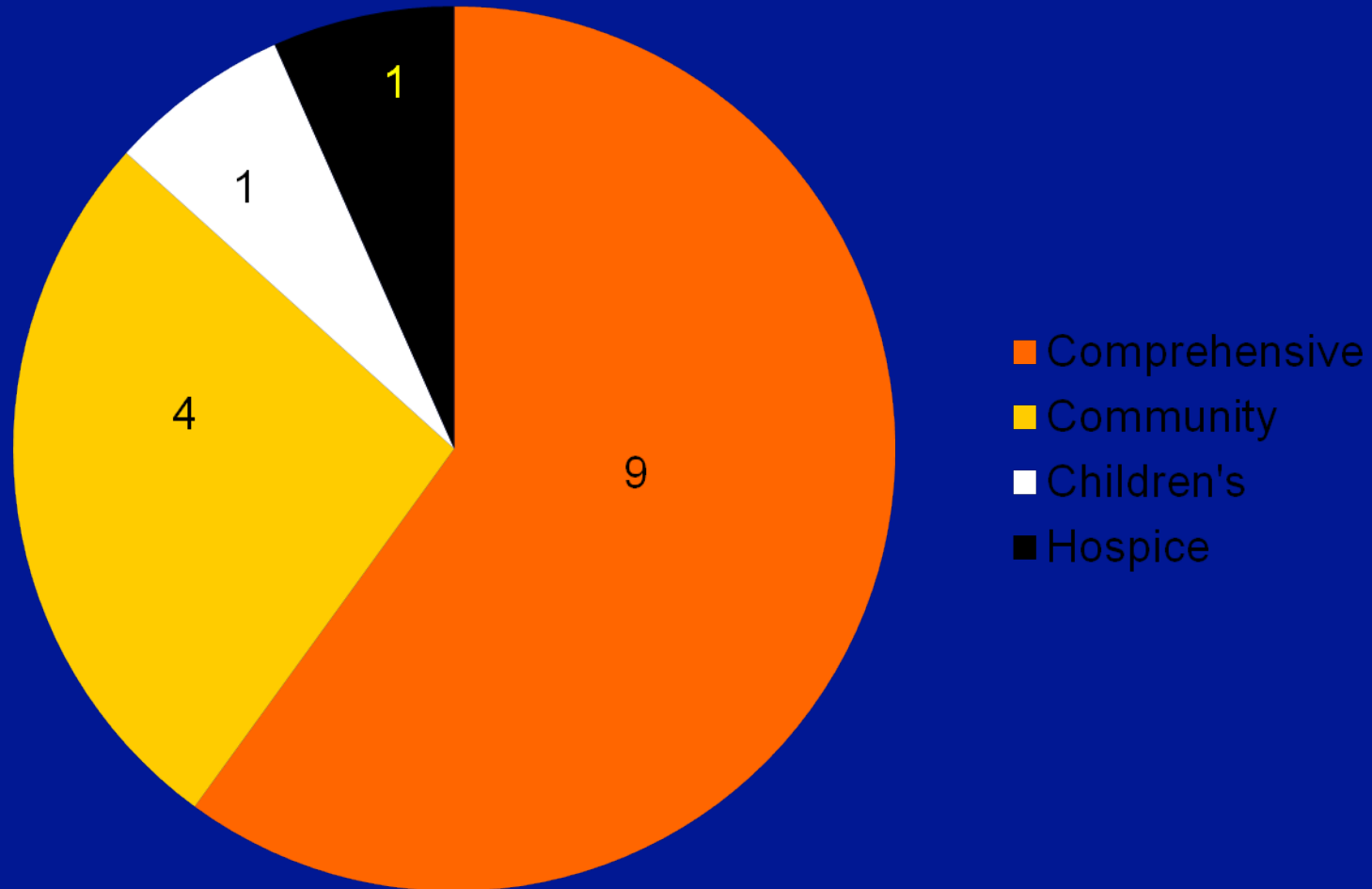
- To describe the current state of implementation of comprehensive distress screening programs in a sample of NCCN-affiliated cancer care practices.

Methods

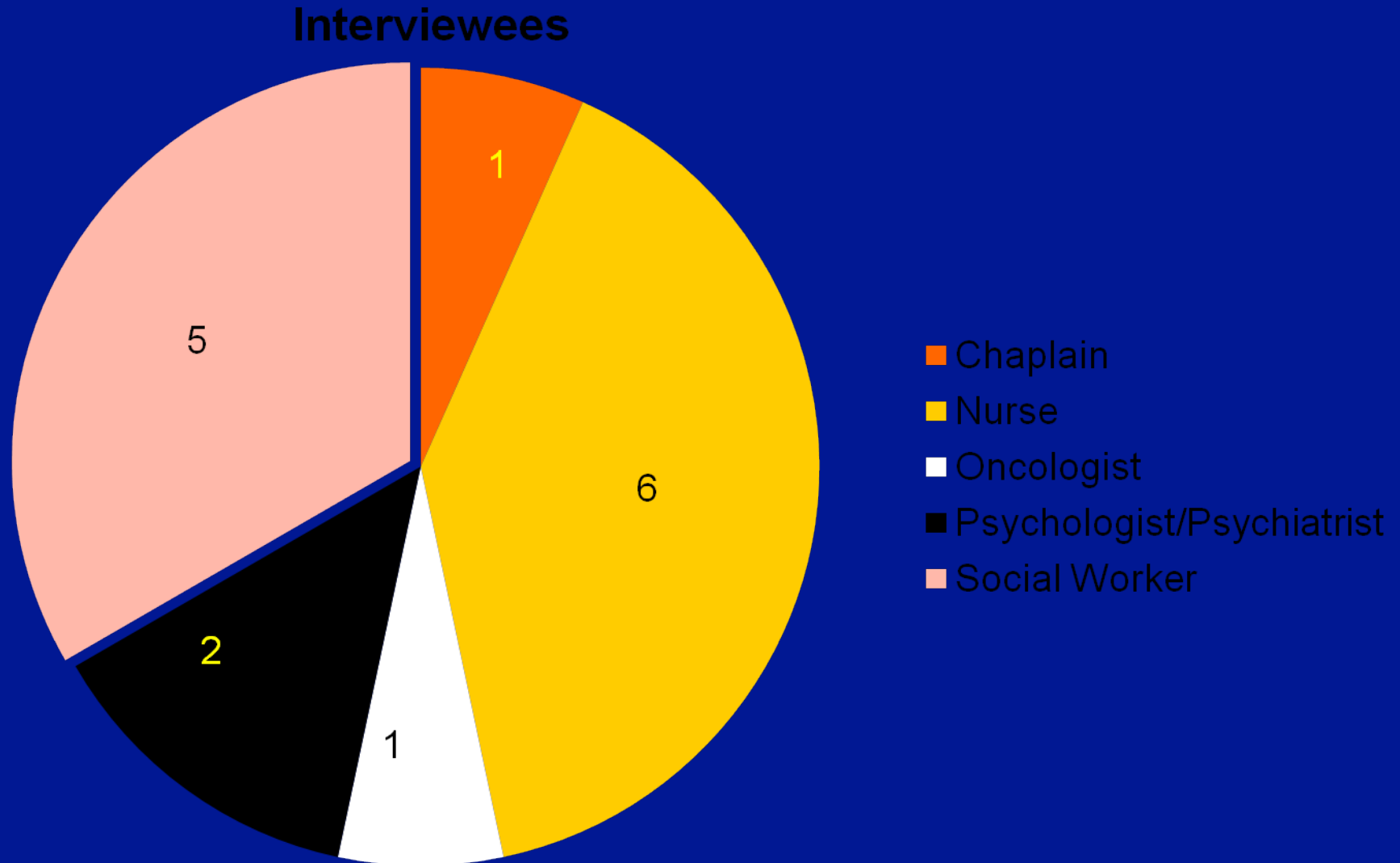
- Semi-structured interviews among cancer care practices who requested use of the NCCN DT conducted with head of distress screening program using 22-item survey.
- Purposive sampling until saturation of theme.
- IRB approval from Memorial Sloan-Kettering Cancer Center

Results: Participants

Cancer Care Facilities



Results: Interviewees



Results

Screeners		n (%)
Initial Screening	Nurse	9 (60)
	Front desk staff	5 (33)
	Volunteer	1 (7)
Assessment & Triage	Social Worker	7 (47)
	Nurse	5 (33)
	Psychiatrist/Psychologist	2 (13)
	Oncologist	1 (7)
		N=15

Results

Patients Screened	n (%)
Outpatients only	7 (46)
Inpatients only	2 (13)
Outpatients and inpatients	2 (13)
Chemotherapy infusion clinic only	1 (7)
Radiation therapy clinic only	1 (7)
Women' s cancer clinic only	1 (7)
Hospice	1 (7)
	N=15

Results

Time of Screening		n (%)
Initial Visit	Yes	14 (93)
	No	1 (7)
Reassess	Routinely	8 (53)
	Never	6 (40)
	As Needed	1 (7)
		N=15

Results

Refer & Follow-up	n (%)
Routinely	3 (20)
Rarely	4 (27)
Never	8 (53)
	N=15

Results

NCCN Distress Thermometer		n (%)
Use	Yes	12 (80)
	No	3 (20)
		N=15
Cut-off score	≥0	1 (8)
	≥4	7 (58)
	≥6	1 (8)
	≥7	1 (8)
	No cut-off	2 (18)
		N=12

Discussion

- NCCN members cancer centers should be role models:
 - They have the resources.
 - If they cannot do it how can we expect community cancer centers to do it?

Discussion

- NCCN Guidelines work:
 - Initial screener is the professional with the most contact: Nurses and social workers.
 - 73% of distress screening programs surveyed are headed by nurses or social workers.
 - 60% of initial screening was conducted by nurses or social workers.
 - Nurses or social workers conducted post-screening evaluation among 80% of the programs that conducted post-screening evaluation.

Discussion

- Need for development of comprehensive distress screening programs:
 - Inconsistent use of the DT
 - Low rates of referral and follow-up
 - Low rates of reassessment

Conclusion

- Distress screening among participants surveyed is not part of a comprehensive distress screening program

Implications

- Implementation and dissemination are needed to increase the effectiveness, adoption, and implementation of comprehensive distress screening programs