



Implementing programmatic screening for distress related to physical symptoms and emotional / psychosocial concerns

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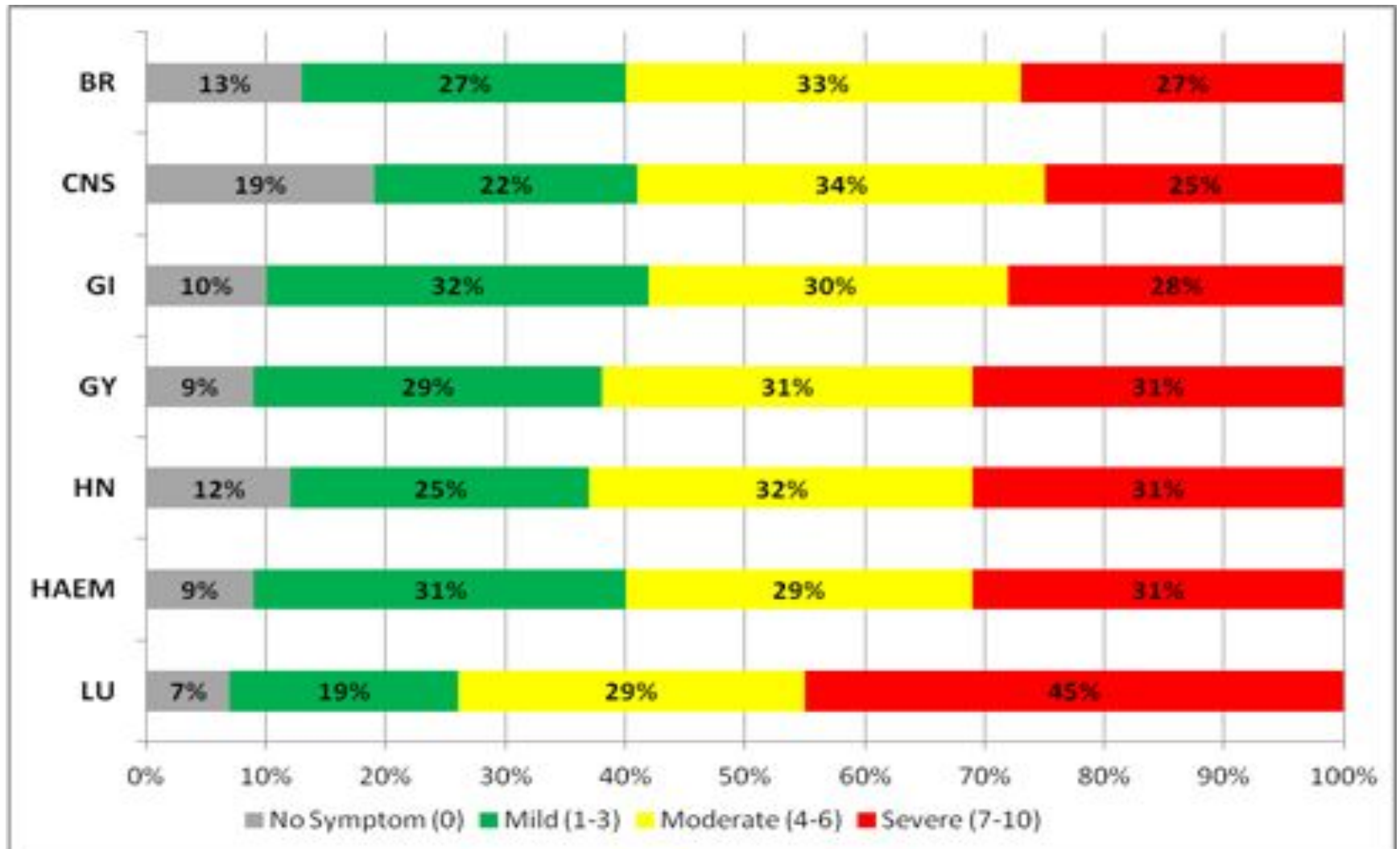
PURPOSE

- To improve patient experience, reduce the burden of suffering, and improve the quality of care through introduction of a programmatic approach to screening for distress.

METHODS

- Routine screening at ambulatory clinic visits with a standardized tool (ESAS & CPC) followed discussion with the patient based on screening scores, deeper assessment for identified problems, clarification of patient perspectives of problems, negotiation of a tailored plan of care, and provision of evidence-based interventions (including referral if required)
- Use of algorithms and guidelines to support change
- Reporting of indicator data to clinicians re progress.

Number of Patients with at Least One Score in Range (N=2325)



Comparison of “Severe” Symptom Burden by Site Group

Symptom	ESAS Symptom Rating 7-10						
	Breast	CNS	GI	GY	HN	Haem	Lung
Pain	47 (7%)	2 (6%)	29 (5%)	33 (9%)	18 (10%)	11 (6%)	19 (11%)
Tiredness	82 (12%)	6 (19%)	95 (16%)	58 (16%)	25 (14%)	34 (19%)	25 (15%)
Nausea	10 (1%)	0	11 (2%)	10 (3%)	3 (2%)	7 (4%)	2 (1%)
Depression	37 (5%)	0	35 (6%)	24 (7%)	17 (10%)	12 (7%)	14 (8%)
Anxiety	71 (10%)	3 (9)%	41 (7%)	40 (11%)	21 (12%)	17 (9%)	23 (14%)
Drowsiness	25 (4%)	4 (13)%	46 (8%)	21 (6%)	15 (8%)	20 (11%)	12 (7%)
Appetite	34 (5%)	3 (9%)	62 (11%)	32 (9%)	16 (9%)	19 (10%)	26 (16%)
Feeling of Well-being	65 (9%)	3 (9%)	67 (11%)	31 (9%)	15 (8%)	19 (10%)	34 (20%)
Shortness of Breath	28 (4%)	1 (3%)	27 (5%)	24 (7%)	9 (5%)	9 (5%)	24 (14%)