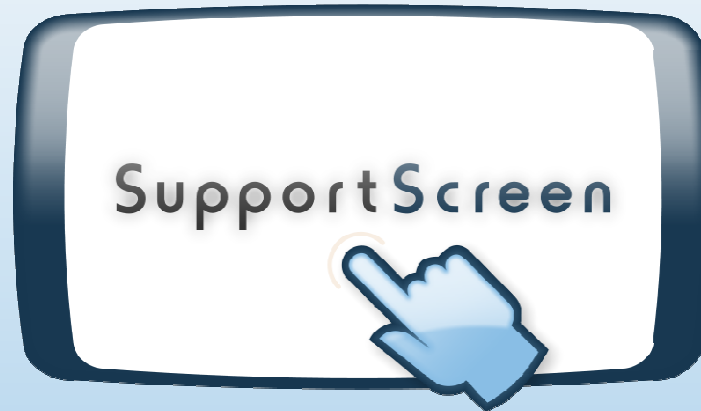


Involving Patients and Families in Screening: Focus on Unmet Needs



Improved Patient Outcomes
At Your Fingertips

Presented by:

Matthew Loscalzo, LCSW

Karen Clark, MS, Program Manager

Department of Supportive Care Medicine

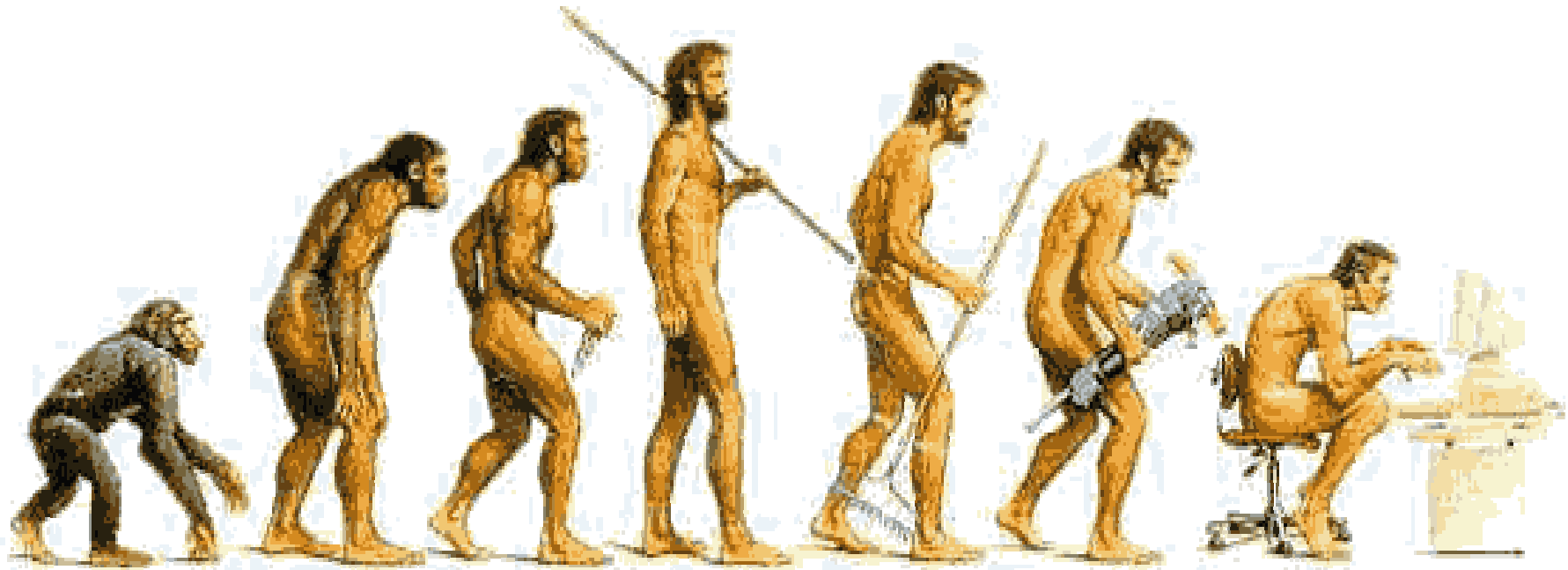
Sheri & Les Biller Patient and Family Resource Center

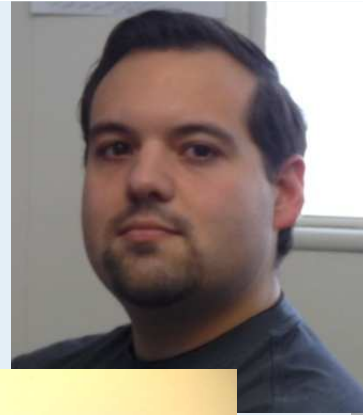
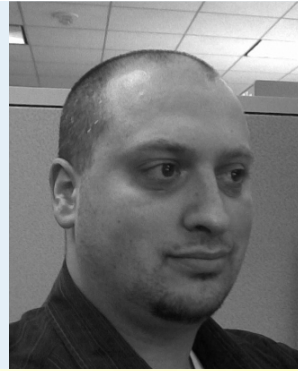
City of Hope, Duarte, CA. USA

Index Card Exercise

1. What is the #1 reason why screening is important to you as a clinician in your setting?

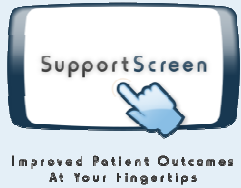
Using Technology to Bring People Closer





What is *SupportScreen*?

- *SupportScreen* identifies problem-related distress with a user-friendly electronic interface that facilitates patient, physician and multi-specialist communication and automates personalized referrals and tailored educational materials-in real-time.



SupportScreen Features

- Automated Features
- Security Features
- Database Features

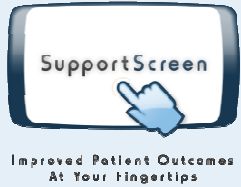


Improved Patient Outcomes
At Your Fingertips

SupportScreen Features

Automated Features

- Summary Report for physician printed and electronic
- Tailored educational written information printed
- Personalized resources printed
- Interventions implemented and recorded in chart
- Criteria-driven referrals to professionals and community-based resources
- Individual patient responses electronically recorded into a database for analysis
- Cumulative report
- Repeated screenings (can not be screened within 30 days of first screening)



SupportScreen Features

Security Features

- Controlled levels of access
- Firewall protected
- MRN encrypted
- Patient security: requires medical record number, patient name and DOB



Improved Patient Outcomes
At Your Fingertips

SupportScreen Features

Database Features

- Clinical Research
- Data easily exportable
- Pre-populated demographic and clinical information



Improved Patient Outcomes
At Your Fingertips

Patient Friendly Content

- **Welcome letter**
 - Patients name pre-populated
 - Physician picture and signature
- Demographics are pre-populated
- *You, Your Family and City of Hope are a Team*
 - 53 problem-related distress items
 - Nutrition
 - Rehabilitation
 - Psychosocial and spiritual
 - Practical
 - Physical symptoms
- Tailored education materials printed out in real-time
- Information sheet including current patient/family programs
- HIPPA compliant clinical trials question
- Summary Report of biopsychosocial concerns printed and e-mailed in real-time





Arti Hurria, M.D

Dear John Smith,

Welcome to City of Hope, where we partner with you and your family to get the most out of your medical care.

Our goal is to provide you and your family with comprehensive and compassionate care.

To get started, please complete the "*You, Your Family and City of Hope are a Team*" touch-screen program.

Your answers to these questions will enable us to begin working together as a team to address any concerns or problems related to your care at City of Hope.

Please touch here to begin.

Sincerely,

A handwritten signature in black ink that reads "Arti Hurria". The signature is written in a cursive, flowing style.

Arti Hurria, M.D



Improved Patient Outcomes
At Your Fingertips

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Criteria to Determine Which Screening Items Will Stay on Screening Form:

Theoretical

- 1) Relevant to the patient at this time?
- 2) We can do something about it?
- 3) Does this stem maximize the benefit of the clinical encounter?
- 4) Essential item:
 - a) Focus of our research
 - b) Focus of our clinical care
 - c) Important to the institution (Safety)

Statistical

- 1) Highly correlated with other items
- 2) Low endorsement for both level of distress and/or assistance



Improved Patient Outcomes
At Your Fingertips

38 items

Medical Oncology Screening Form

Problems

Ability to have children*
Becoming too ill to communicate my choices about medical care*
Bowel movement/constipation*
Eating, chewing, or swallowing difficulties
Fatigue (feeling tired)*
Fear of medical procedures
Feeling anxious or fearful*
Feeling down or depressed*
Feeling irritable or angry*
Finances*
Finding community resources near where I live*
Finding meaning or purpose in my life
Finding reliable information about complementary or alternative practices*
How my family will cope*
Joint limitations
Managing my emotions*
Managing work, school or home life
Needing help coordinating my medical care
Needing practical help at home*
Pain*
Physical appearance*
Questions and fear about end of life*
Recent weight change
Seriously considering taking my own life
Sexual function*
Side-effects of treatments*
Sleeping*
Solving problems due to my illness
Spiritual or religious concerns*
Substance use-you or your environment
Swelling*
Talking with doctor*
Talking with the health care team about use of food/herbal supplements while on treatment*
Tobacco use*
Transportation *
Understanding my treatment options
Walking climbing stairs
Worry about the future*



Improved Patient Outcomes
At Your Fingertips

Breast Cancer Surgery: Tailored Screening Form

26 items

Problem
Transportation
Finances
Sleeping
Understanding my treatment options
Managing my emotions
Becoming too ill to communicate my choices about medical care
Worry about the future
Finding community resources near where I live
Spiritual or religious concerns
Fear of medical procedures
Controlling my urine or stool
Feeling anxious or fearful
Losing control of things that matter to me
Feeling down or depressed
Walking climbing stairs
Pain
Side-effects of treatment
Being unable to take care of myself
Substance use- by you or your environment
Fatigue
Seriously considering taking my own life (previously thoughts of ending my own life)
How my family will cope
Eating, chewing, or swallowing difficulties
Tobacco use
Finding reliable information about complementary or alternative practices
*Feeling unsupported by my partner



You, Your Family and City of Hope are a Team

How Much Of A Problem Is This For You?

Needing help coordinating my medical care

Not a Problem

Mild Problem

Moderate Problem

Severe Problem

Very Severe Problem

Prefer not to answer

Do not know

How Can We Best Work With You On This Problem?

Talk with a Member of My Team

Nothing Needed at This Time

Back

Color change indicates response selection



You, Your Family and City of Hope are a Team

How Much Of A Problem Is This For You?

Pain

Severity Rating 1-5

Not a Problem

Mild Problem

Moderate Problem

Severe Problem

Very Severe Problem

Prefer not to answer

Do not know

How Can We Best Work With You On This Problem?

Level of Assistance

Provide Written Information

Talk with a Member of the Team

Written Information & Talk with Team Member

Nothing Needed at this Time



Improved Patient Outcomes
At Your Fingertips

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Example Tailored Education Sheet

(Printed Out and Given to the Patient Immediately After PT Completes SupportScreen)

Reducing Barriers to Pain and Fatigue Management



Strategies to Help with Promoting Sleep

Sleep Hygiene Strategies:

- Avoid coffee, tea, chocolate, soft drinks before going to bed
- Avoid exercising 2-4 hours before bedtime
- Sleep in a dark, cool, quiet, and relaxing room
- Develop a bedtime ritual (i.e. warm milk before bedtime)
- Use your bed only for sleeping and intimacy
- If possible, go to bed at the same time each night

Sleep Restrictions Strategies:

- Add one additional hour of sleep if you feel ill or feel unable to get up at the scheduled time in the morning
- Limit naps to no more than two everyday, each lasting less than an hour



Improved Patient Outcomes
At Your Fingertips

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Improved Patient Outcomes
At Your Fingertips

E-Mail Summary Report

MD, RN, MSW
→

From: SupportScreen@coh.org [mailto:SupportScreen@coh.org]
Sent: Monday, May 10, 2010 1:07 PM
To: Kruper, Laura; Rhoa, Joan; Tallmon, Kirsten; Rivas, Blanca; Hammer, Sheila; Social Work Screening WC
Subject: Patient SupportScreen completed. Please review for any actions required by you or your team.

MD
→

Attention Dr. LAURA KRUPER,

PT name, MRN
→

Your patient, Test Patient3 [MRN: 333333], seen on 5/11/2010 2:31:56 PM, is requesting help from you or a member of your team.

**Problems
Organized
by Team
Member**
→

MD:

- !!SERIOUSLY CONSIDERING TAKING MY OWN LIFE!!
- Understanding my treatment options(V65.49)
- Requested information on clinical trials

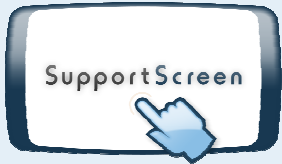
PE/RN:

No actions required

MSW:

- !!SERIOUSLY CONSIDERING TAKING MY OWN LIFE!!

If you have any questions or concerns about this screening process please contact Matthew Loscalzo at mloscalzo@coh.org



Improved Patient Outcomes
At Your Fingertips

Printed Summary Report

(Printed Out and Given to the MD Immediately After PT Completes SupportScreen)

**Bar Code to scan and
input into medical
record**



SupportScreen Summary

Results of Screening for your Patient: Test Patient3

Action Required by MD

Problems identified by your patient:

Ability to have children(V65.49)

Action Required by RN/NPPE

Problems identified by your patient:

Sleeping(780.52)

Sexual function(627.2 or 607.84)

Action Required by MSW

Problems identified by your patient:

Finances(V60.3)

Talking with the doctor(V65.49)

Talking with health care team(V65.49)

Feeling irritable or angry(799.2)

Worry about the future(300.3)

Questions and fear about end of life(V66.7)

Feeling anxious or fearful(300.3)

Losing control of things that matter to me(308.3)

Real-time Triage To:



- MD
- RN
- MSW



- Clinical Nutrition
- Community Resource Coordinator
- Financial Counselors
- Patient Navigation
- Pain and Palliative Care
- Positive Image
- Psychology
- Psychiatry
- Physical Rehabilitation
- Pharmacy
- Nurse Educator
- Spiritual Care

SupportScreen Clinic Process

Step 1:

- Patient (PT) checks in
- MRN links to *SupportScreen*

Step 2:

- Scripted instructions given by clinic staff
- Select English or Spanish

Step 3:

- PT inputs information

IF

- Requests to *Talk with a Member of the Team*
- Requests *Provide Written information*

OR

IF

- PT rates problem a threshold or above

IF NO responses requiring action

Step 4:

- Summary Report to physician
- Tailored educational materials to patient
- Personalized resources to patient
- Interventions implemented and recorded in chart
- Criteria-driven referrals to professionals and community-based resources

•Individual patient responses electronically recorded into database

•PT follow-up screen ≥ 30 -days



Improved Patient Outcomes
At Your Fingertips

Hardware and Compatibility

- Highly flexible web-based interface that is designed to function efficiently on a wide variety of technology media
 - laptops, desktops, tablets, etc
- Stand alone web-based software program
- Can pull data from industry standard patient information systems



Automated Cumulative Report

5/19/2010

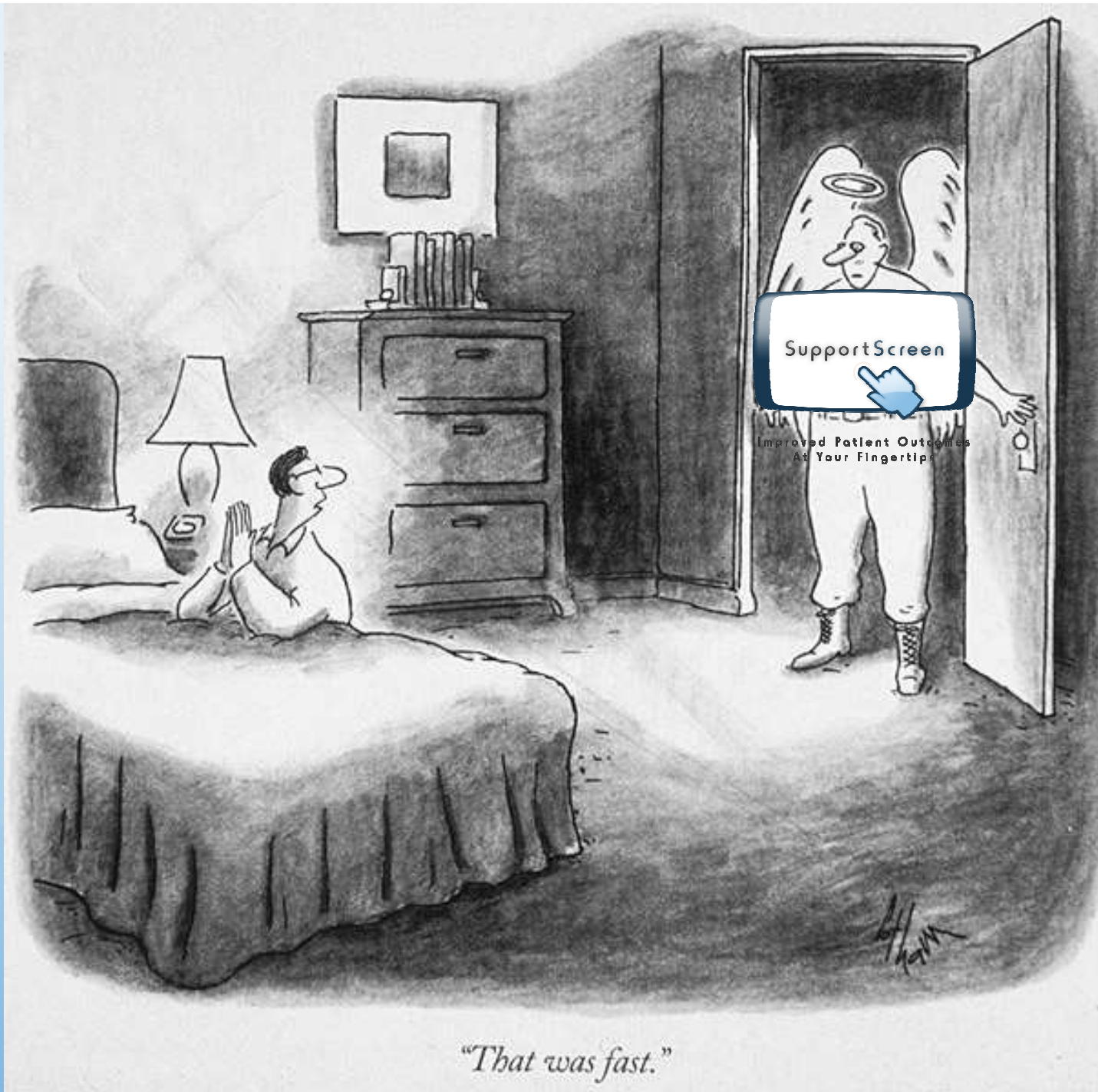
SupportScreen Cumulative Report

Table 1: Level of Problem Distress	Rated Moderate(3) to Very Severe(5)
Problem	% of Participants Screened
Sleeping	41.33%
Fatigue (feeling tired)	38.33%
Worry about the future	36.7%
Pain	32.09%
Walking, climbing, stairs	29.96%
Finances	29.87%
Feeling anxious or fearful	28.08%
Questions and fear about end of life	27.2%
Fear of medical procedures (needles, enclosed places, surgery)	26.35%
Feeling down or depressed	26.13%
Transportation	25.05%

What are the Future Directions?

- Additional Automated Features
- Tailored for special populations
- Obtain IRB approval
- Subjective reports tied into biomarkers
- Validation of SupportScreen content and process
- New technologies (cell phone and web-based)
- Partnerships with health care, technology and community-based organizations





"That was fast."