

# Screening cancer patients for distress



Wahid Wakach and Dr. Erin Hahn

**W**hen she was a new scientist at Kaiser Permanente Southern California, Erin E. Hahn, PhD, MPH, had an intense interest in cancer research. Oncologists invited her into their quarterly meetings so she could see and hear the challenges they faced. One of those challenges was depression and anxiety among cancer patients.

Dr. Hahn and others worked together to tackle the issue and how their findings could make life better for cancer patients.

Her research was presented at a scientific conference in 2019. It showed that screening breast cancer patients for distress was possible and valuable for identifying those who needed mental health services but hadn't yet reached out for help. In early 2020, researchers began the process of rolling out distress screenings to all cancer patients throughout Kaiser Permanente Southern California.

"What we learned, and the ultimate message we want to convey, is that distress screening is a really important aspect of cancer care," Dr. Hahn said.

## Approaching a clinical issue with research

Dr. Hahn works in the Department of Research & Evaluation's Division of Health Services Research & Implementation Science. Within that division, she is part of a team that works closely with clinicians and administrators to identify, prioritize, and solve problems related to quality and affordability through research.

Dr. Hahn had previously done work exploring the use of unnecessary testing for breast cancer patients. Her work showed that sometimes physicians performed those tests to help quell patient anxiety.

"It was an aha moment for me," she said.

Not only were physicians concerned about stress among their patients, it also was affecting care and affordability.

Her goals were to determine if a distress screening program could be effective within an integrated health care setting and what was the best way to implement it. She also was interested in finding out whether the screenings increased or decreased health care visits, and what patients, clinicians, and administrators thought about the program.

But approaching an issue that large was not easy. She and her team needed to determine how to approach it, narrow the focus of the research, build relationships, create a distress screening program that would be easy for physicians and staff to use, and then implement the program in a way that scientists could assess results. While distress screening is used in some medical areas within Kaiser Permanente, it was not used specifically for patients with cancer.

She also considered how the study should be designed, eventually deciding to include both quantitative and qualitative research methods, such as surveys and interviews.

### Researchers partner with physicians

They decided to narrow the research to breast cancer patients. One of the first people Dr. Hahn partnered with was Farah M. Brasfield, MD, regional chief of hematology/oncology for the Southern California Permanente Medical Group, who specializes in breast cancer.

“Cancer can be very stressful because it takes the normality out of life,” Dr. Brasfield said. “It’s a life-threatening condition that is often associated with death, and the treatment can disrupt people’s day-to-day existence.”

Dr. Brasfield said that patients with breast cancer will often suffer in silence, juggling the same load of work and family that they did before the diagnosis. Some of them don’t even tell their spouses about their condition. They also can have additional stress because of the physical and hormonal changes they may undergo.



Dr. Farah Brasfield

The team sought out community partners to help represent the patient voice and bring different perspectives to the research.

### Relationship-building important to research

Six breast cancer programs were randomly placed into 2 categories: those at medical centers where researchers worked with staff to actively promote the program using implementation strategies (audit and feedback, facilitation) and others where staff were alerted about the study but had no active engagement.

The researchers then began a process of meeting with nurses and physicians at each of the intervention sites to build support for the distress screenings, which were expected to happen during routine care.

“Our strategy was to try to get into any standing meeting that they already had,” Dr. Hahn said. “We would try to get on their agenda or ask for an extra 10 minutes and try to build the relationship from there.”

She said she and her team would show up for multiple meetings at each site to build relationships. They also sought out community relationships.



Dr. Shannon La Cava and Nancy Good

### Research looks to community for perspective

One of the people Dr. Hahn reached out to was Shannon La Cava, PsyD, the chief clinical officer and director of Programs & Research for the Cancer Support Community Los Angeles. The Cancer Support Community is a national nonprofit organization that provides free services to people and families affected by cancer. It also routinely conducts stress screening during patient intake.

"We were able to have some nice discussions on the front end about how to make distress screening successful for the Kaiser Permanente locations, based on what we've learned in our setting," Dr. La Cava said.

During the research phase, Dr. La Cava continued to give input during weekly group calls.

Dr. Hahn said, "We would often pepper her with questions, 'Oh, this situation came up. Shannon, has this ever happened to you? How did you deal

with it?' She really helped us troubleshoot and problem solve throughout the course of the study."

At one point, the number of screenings went down at one of the sites. Researchers worried that the team had lost motivation. But Dr. La Cava suggested that the site may be having staffing problems.

That insight changed the researchers' approach. Their next email was friendlier in tone.

"It just said, 'We realize you might be having some challenges. We'd love to talk about it and help you out,'" Dr. Hahn said. "Then we were able to connect with them. It actually helped us a lot with that site."

### Study results show the promise of screenings

In the study, there were 3 medical centers where researchers intervened and 3 control sites. About 1,400 patients were enrolled, with numbers balanced between control and intervention groups

---

***“Implementation of screening tools will allow us to better identify patients that need higher levels of support and guide them in that direction. It is gratifying to extend existing services to our cancer patients.”***

– Farah M. Brasfield, MD

---

as well as demographic and tumor characteristics. All patients were invited to complete surveys at 3 months, 6 months, and 12 months.

Eighty percent of patients were screened at intervention sites. Of those screened at intervention sites, 10% scored in the medium or high range, indicating a need for a behavioral health referral. Of those, 94% received an appropriate referral and 6% declined. And then, 75% completed a visit with a behavioral health provider.

The study also looked at health care utilization of the patients in primary care, urgent care, emergency department, and oncology visits.

“The only statistically significant outcome was in outpatient oncology, where our intervention group had less utilization than our control group,” Dr. Hahn said. “Although this is a small difference, it may indicate that addressing distress could reduce patient visits.”

### **Interviews revealed people’s thoughts**

In interviews after the screening study was complete, researchers learned that the physicians and nurses involved felt that what they had done was important and beneficial to patients and had minimal disruption to their clinical workflow. One oncologist said: “We treat our patients, not their illness...the people that they are. And part of that is their psychological well-being.”



Photo courtesy of Kaiser Permanente Brand Photo Library

Patients similarly were pleased to have been screened: “I’m very much the type of person where it’s mind over matter. If your mind isn’t right, then...your body probably isn’t going to be right, either...” one patient said.

### **Support is available for cancer patients**

Oncologist Dr. Brasfield said the most important takeaway is that support services are available for cancer patients at Kaiser Permanente Southern California.

“There are a lot of resources and support systems for cancer patients, both inside and outside of our organization,” she said. “Implementation of screening tools will allow us to better identify patients that need higher levels of support and guide them in that direction. It is gratifying to extend existing services to our cancer patients.”