Optimising community service use with ePRO-based screening during routine Radiation Oncology care

A Northern Sydney Cancer Centre and Canteen Collaboration
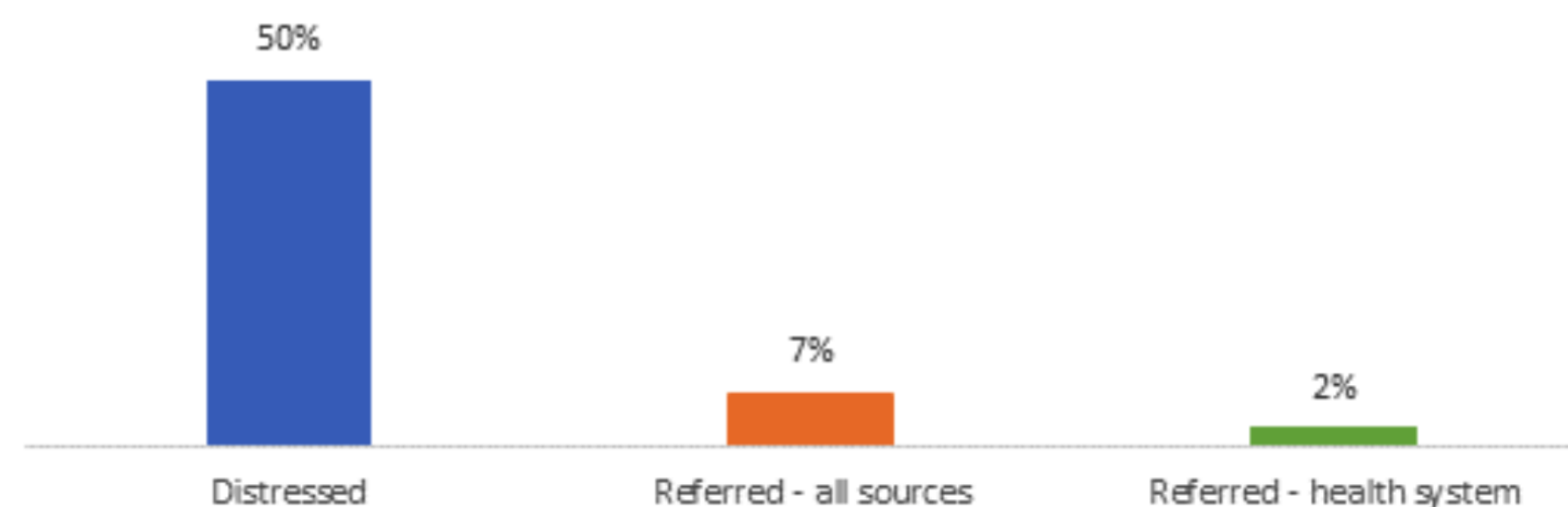Presented at Sydney Cancer Conference 2021

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BACKGROUND

Community services in cancer care are:

👍 important, <u>but</u>

😞 underutilised

Canteen Referral Gap
Distress and referral rates in 21k AYAs (12-25 yrs) annually affected in Aus by a parental cancer diagnosis

50%

7%

2%

Distressed   Referred - all sources   Referred - health system

Reasons include:

⏱️ Time constraints of clinical reality

📉 Quickly waning effect of traditional referrer info campaigns

🤷 Insufficient knowledge → no/unconvincing recommendation to patient

AIM & METHODS

Systematic and sustainable referral to Quitline and Canteen using an Implementation Science approach:

- Screening via routine **electronic patient-reported outcomes (ePRO) survey** for all new patients

- Added two extra questions regarding **smoking status** and **age of children**

- **Co-designed** information and referral approach

- Key role: **Patient Care Radiation Therapist (PCRT)** providing practical and emotional support incl service referral offer

- **Evaluation**: Pre/Post analysis of referral rates and clinical staff survey
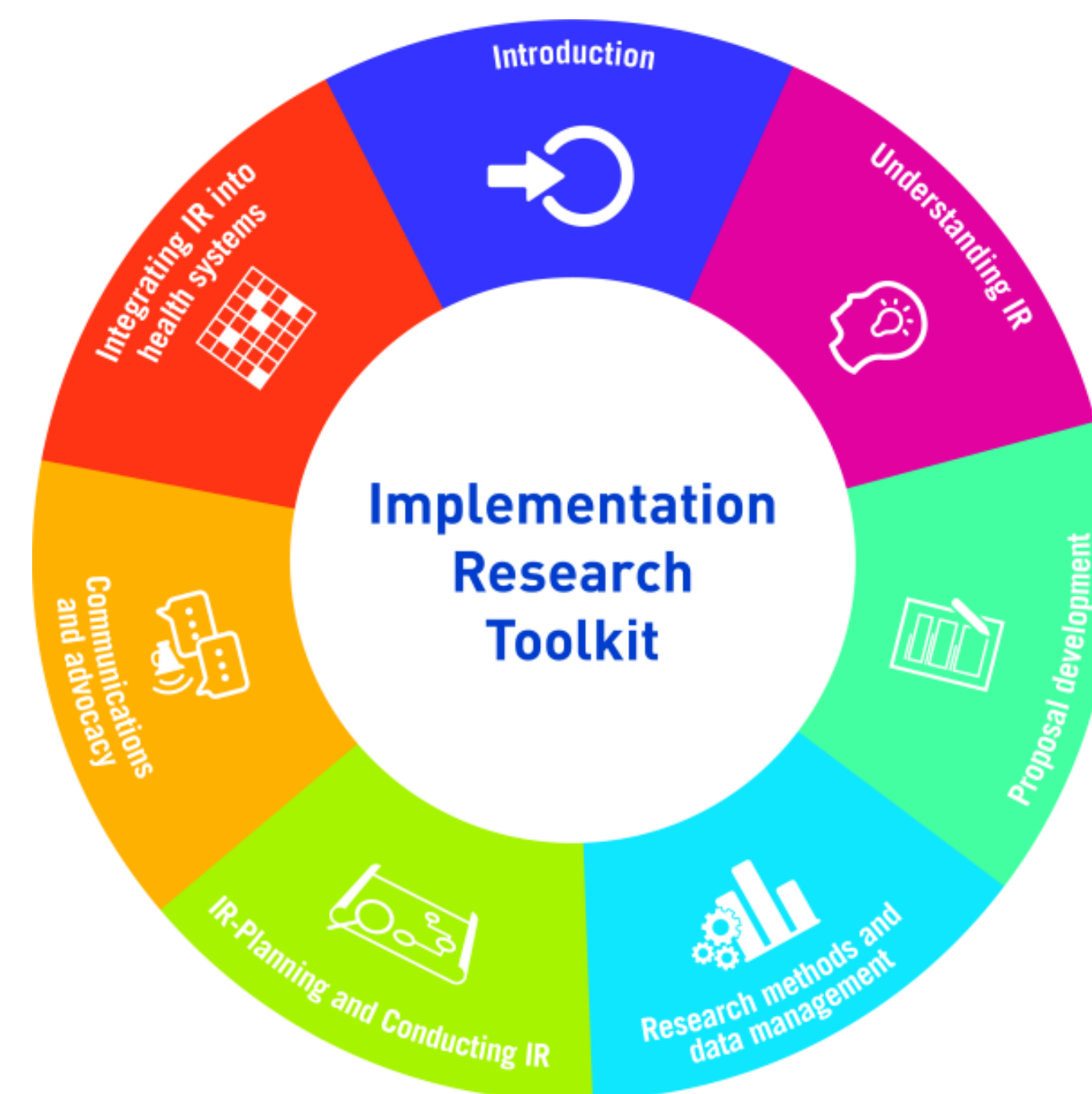

Image Credit: WHO

RESULTS

6 months ePRO screening 📱

- Aug 2020 - Jan 2021
- Total 568 new patients seen
- Screening ePRO sent to 418 patients (74% coverage)
- 329 (87%) responded

Quitline referral 🚭

- 24 (6.6%) smokers
- 9 (38%) accepted referral
- **Over 100% increase** vs whole NSLHD rates in 2018

Canteen referral 🧑🏽👧🏻

- 85 (23%) of cancer patients had children aged 0-25yrs
- 18 (21%) accepted referral
- Annualised **350% increase** vs 2018

Clinical staff survey 👂

- Response rate 34 of 77 (44%)
- 100% → overall patient benefit
- 97% → emotional and/or professional comfort for clinicians

CONCLUSION & FUTURE

Successful routine care translation 💪 with benefits for patients 🤕 and clinicians ⚕

- Systematic ePRO-based screening
- Co-design strategy including PCRT training
- Plans to apply this model more broadly (other services incl internal pathways)

PATIENTS ↔ SERVICES = ❤️