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Psychosocial Oncology Program Newsletter

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PSYCHOSOCIAL ONCOLOGY PROGRAM

Working collaboratively to improve the patient experience and quality of psychosocial care increasing patient satisfaction scores in all cancer programs.

The Ontario Cancer Plan (OCP) 2008-2011 identified six cancer system goals: 1. Reduce incidence of cancer 2. Reduce the impact of cancer through effective screening and early detection 3. Ensure timely access to effective diagnosis & high-quality cancer care 4. Improve the patient experience along every step of the cancer journey 5. Improve the performance of the cancer system 6. Strengthen Ontario's ability to translate cancer research into improvements in cancer services and control.

Within goal 4 (improve the patient experience across the continuum of cancer care), one of the strategies is to *Launch the Provincial Psychosocial Oncology Program.* Over the past two years, the program committee has worked to develop the work plan, develop guidelines for practice and create the environment for the psychosocial oncology program to be implemented. The program committee worked very effectively over the past two years to guide us to the realization that the program must be launched provincially. This is in keeping with what we know in the literature: that between 30-40% of all cancer patients experience distress; the family suffers distress as well; and it is imperative that psychosocial, interdisciplinary interventions are available to patients and their families to increase well-being, improve adjustment and coping and reduce distress. Recent literature also points to the economics of psychosocial assessment - early intervention and service delivery can reduce health system costs.

Psychosocial oncology is an interdisciplinary program that includes oncologists, nurses, social workers, psychologists, rehabilitation therapists, psychiatrists, spiritual care, dietitians, palliative care professionals, patient education, volunteers and researchers. As an interdisciplinary program we have developed several initiatives such as evidence-informed guidelines (two of which are highlighted in this newsletter), examining approaches to program development, and supporting new and emerging programs at the regional level. Our membership reflects an interprofessional approach that exists in the cancer programs; we continue to encourage the addition of new members as we broaden ways to support knowledge exchange and transfer.

This first edition of the Psychosocial Oncology Program Newsletter is one of the knowledge transfer strategies to support dissemination of information and exchange of ideas at the Program committee level. This is a very exciting time for the Program as we launch officially and are introducing a number of strategies to enable the vision.

This is the best time to move the agenda forward, implementing what we know clinically and through research, and taking the lead to improve the care of people with cancer through partnership, collaboration and exploring new opportunities.

Esther Green
Provincial Head
Psychosocial Oncology, Nursing
Cancer Care Ontario

Psychosocial Oncology Committee at CCO

The Psychosocial Oncology Committee is "*working collaboratively to improve the patient experience and quality of psychosocial care increasing patient satisfaction scores in all cancer programs*". It has regular monthly teleconference meetings and one face-to-face meeting per year. The group recently had a face-to-face meeting on March 26, 2008. The meeting was well attended and a big success. Keynote presentations included 'The Challenge of Survivorship', Lifestyle Presentations, 'The Evolution of the PPCIP', Screening Tools, Communication and Advanced Care Planning Guidelines and a discussion on the 3 year workplan.

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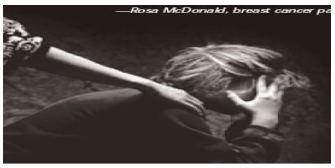

Inside this issue:

Living Beyond Cancer — The Challenge of Survivorship

Mary McCabe, Director of the Cancer Survivorship Program (Memorial Sloan-Kettering Cancer Centre), presented at the Psychosocial Oncology Symposium face-to-face meeting on the challenges of survivorship. Given the many millions of cancer survivors today, the development and application of comprehensive yet practical follow-up plans are needed. Such plans should include at a minimum:

- Surveillance for recurrence of the primary cancer
- Cancer screening for new cancers using national guidelines
- Identification and management of the physical and psychological effects of cancer and its treatment
- Health promotion recommendations
- Provision of a treatment summary and follow-up care plan

Ms. McCabe indicates a number of models of care can be considered where different providers and organizations take responsibility for various services. For example, the general medical follow-up care components can be "shared" with the primary care provider (a model that is used successfully for other chronic diseases). In addition, information about the community organizations offering counseling and other forms of psychosocial support can be provided as part of the package of survivorship care through the development of simple resource lists. This flexible, "shared-care" approach is very important in figuring out how to deliver high quality survivorship care. What matters most is that there is a plan of care.

There is a growing body of information about the medical and psychosocial issues facing survivors which include recommendations from national groups about the importance of addressing this period of oncology care and examples of care models from other disease groups that are effective in providing quality services. There is every reason to begin programs and services for survivors. For more info contact: McCabeM@mskcc.org.

Advanced Care Planning Initiatives: Carole Mayer

Guideline recommendations were developed for advance care planning (ACP) with cancer patients through CCO's Program in Evidence-Base Care (PEBC). The expert panel consisted of palliative care physicians, a nurse, a social worker and methodologists. The document is intended for clinicians, members of the cancer patient's health care team and administrators. Using the PEBC Practice Guidelines Development Cycle the evidence consisted of 4 existing guidelines (published after 2001), 5 policy or position statements from health care organizations, 14 systematic reviews (published after 1996) and 7 randomized trials. The panel relied on the evidence combined with expert evaluation and consensus to develop the recommendations.

Health care professionals are encouraged to conduct ACP routinely with patients as it can affect patient outcomes for completing advance directives or powers of attorney for personal care and also adhering to patient's wishes at end of life care. At minimum ACP includes an existing plan, patient wishes, the identification of the substitute decision-maker and proper documentation. Education about ACP should be initiated early in the process. Individual needs will vary pending changes in the patient's health status. A strong QA program for ongoing evaluation and measurement of outcomes is a key component of ACP.

As part of the PEBC process, a survey was mailed to 118 external reviewers with a 28% response rate. The majority (92.5%) agreed there is a need for a guideline on this topic and 74% agreed with the recommendations. Info: http://www.cancercare.on.ca/pdf/pebc19-1f.pdf.

Guidelines for Clinician-Patient Communication: Dr. Gary Rodin

Communication in cancer care is an essential aspect of the therapeutic relationship, of medical decision-making, of ACP and of psychological adjustment and emotional support. However, satisfaction with the supportive dimensions of care has been lower than with other aspects of communication. To clarify and disseminate the evidence, the Provider-Patient Communications Working Panel of the Program in Evidence-based Care (PEBC) of CCO conducted a systematic review of clinician-patient cancer-related communication.

The panel identified and evaluated 4 practice guidelines, 8 systematic reviews and 9 randomized trials. The evidence was of varying quality, but overall confirmed that the nature of clinician-patient communication can significantly affect psychosocial adjustment, decision-making, treatment compliance, and satisfaction with care. Clinical recommendations were developed focusing on communication at critical points of care, including cancer diagnosis, recurrence or metastatic disease, and end of life and their impact on patient distress.

Although no single communication strategy was shown to work best in all circumstances, empathic listening, creating an environment in which the patient is free to express feelings and to ask questions were associated with better psychosocial outcomes. The patients' understanding, recall and/or satisfaction with care in some cases increased when techniques were used to reinforce or record what was communicated. These techniques included taping of consultations, providing general information tapes, sending summary letters as a follow-up to consult, and/or including a support person in the clinical visit. The way in which a prognosis is communicated (e.g., the use of words or numbers, the discussion of survival or death as the outcome) and the time taken to explain information also influenced patients' emotional reactions and decisions about treatment.

Overall, there was little definitive evidence supporting the superiority of one specific method compared to another for communicating information. Further, evidence regarding the benefit of decision aids or strategies to facilitate better communication was inconsistent and patients varied in their desire for active participation in decision-making. However, the evidence confirmed that the nature of clinician-patient communication affects psychosocial outcomes in patients and their families. Hopefully, the systematic review that we have conducted and the guidelines that were developed will increase attention to informative and supportive communication of clinicians with cancer patients and lead to better communication and further research into this fundamental dimension of medical care. Info: http://www.cancercare.on.ca/pdf/pebc19-2s.pdf.

PSYCHOSOCIAL ONCOLOGY PROGRAM

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If there are topics or issues you would like us to address in the newsletter, let us know!
You can reach us at
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Cancer Care Ontario is the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, Cancer Care Ontario works to reduce the number of people diagnosed with cancer and make sure that patients receive better care every step of the way.

Psychosocial Oncology - Standards of Care: Prabhjot Minhas

Managing the health of cancer patients involves psychosocial, as well as biomedical treatments and interventions. Health care systems currently address biomedical concerns very well, but can lack in their management of psychosocial issues. Studies have shown a significant impact of psychosocial problems on the health of patients and families, as well as an impact on the overall health care system. These issues, if left unaddressed, result in increased patient suffering, undermined adherence to prescribed treatments and impeded patient recovery; it is, therefore, imperative that these issues be addressed.

The application of standards of care will be increasingly important as the health care system grows in its understanding of the need for psychosocial treatment. Having provincial standards of care would help to ensure that psychosocial issues are well managed. Provincial standards of care would also be beneficial in engaging different stakeholders within the health care community including health care providers, funders and patients and their families. Furthermore, standards provide a target against which performance can be measured, which in turn can drive quality improvement and change.

The existing Canadian Association of Psychosocial Oncology (CAPO/ACPO) standards are under revision. There are also two standards of care present in the literature which were developed in the U.S. The National Comprehensive Cancer Network (NCCN) has developed standards for *distress management* and Institute of Medicine (IOM) has written standards for *the delivery of psychosocial health services*. The scope of the NCCN standards is specific to distress management, whereas, the IOM standards encompass a greater sphere and address all aspect of the management of psychosocial care. The Psychosocial Oncology Committee has determined that adaptation of the IOM and NCCN standards to the Ontario practice environment would be appropriate. To this end these standards have been tabled at the PEBC for consideration. For more information contact:

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What's Happening In The Regions: Psychosocial Oncology Rounds: Diane Manii

The committee members on the Psychosocial Oncology Program were surveyed with regards to their interest in attending PSO Provincial Rounds. Interest was very positive and high. Consideration was given to which structure would best suit the differing needs of various regions. The group decided to structure the rounds on a monthly basis during lunchtime—a time when most would try to attend.

It was clear that the top 2 issues of interest were Survivorship and Program Development. Therefore the theme for the first year is going to be Interdisciplinary Collaboration in Psychosocial Oncology.

For the inaugural year, The Ottawa Hospital Cancer Centre has generously offered to present on the development of their interdisciplinary care Psychosocial Oncology Program. The group will continue to update and debrief on what works and what does not.

"Information isn't power. It's a burden. Share information, and you share the burden of leadership as well." (Jack Stack)

Different professions will be presenting their role as part of the PSOP and the types of interventions they provide.

Psychosocial Oncology Rounds will be held on the second Friday of every month from 12pm until 1pm. With exception the inaugural round in September will be held on September 5th, 2008. Teleconference information and presentation slides will be posted on WebEx for PSOP members. Please join in.

For more information contact Diane Manii, Acting Program Manager, Ottawa Hospital Cancer Centre at: