

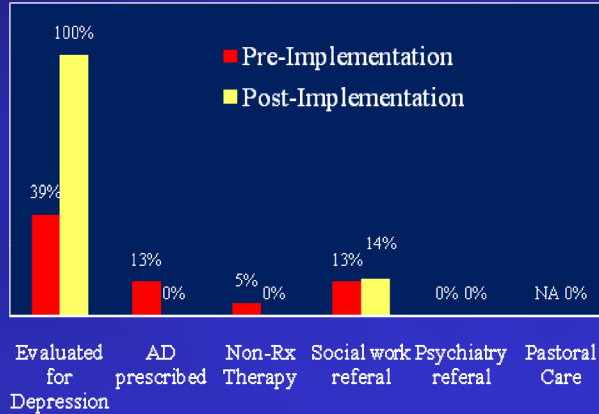
# Implementation of the NCCN Distress Tool in a Community Oncology Clinic

Michele Wood Pharm.D., Karen Finkbiner Pharm.D., Michael Oszko Pharm.D., BCPS

## Background

- Preliminary results from the Antidepressant Use in the Oncology Clinic Study revealed that only 39% of patients had a documented evaluation of depression.
- Results also revealed that 13% of patients were prescribed an AD, 5% participated in non-Rx therapies, 13% were referred to social work, and 0% were referred to psychiatry for depression or emotional distress.
- These results led to the implementation of the NCCN distress screening tool to help identify patients in distress or at risk for developing depression.

## Preliminary Results



Visit	Distress Scores > 5	Sample Size
1	71%	N = 14
2	50%	N = 8
3	17%	N = 6
4	25%	N = 4
5	0%	N = 0

## Results

- The tool did not increase participation in non-Rx therapies, AD prescribing, referrals to social work, psychiatry or pastoral care.
- The NCCN distress tool led to 100% documentation of depression evaluation in patients that participated.
- Overall patients distress scores decreased at each visit.

## Conclusion

- Implementation of the NCCN distress tool dramatically increased documentation of depression evaluation, therefore it may be a useful tool.
- The tool did not demonstrate a significant increase in referrals to social work, psychiatry, or pastoral care.
- Further study with an extended study duration is needed to fully determine the impact of the NCCN distress tool and its effect on current practice.

## Purpose

- To determine the impact of the NCCN distress tool on depression evaluation and treatment.

## Primary Endpoint

- Percentage of patients referred to social work, psychiatry and pastoral care

## Secondary Endpoints

- Percentage of patients with a documented evaluation of depression
- Percentage of patients participating in non-Rx therapy
- Percentage of patients prescribed an antidepressant
- Patients distress scores at each office visit

## Methods

- The NCCN distress tool was presented at the end of the patients first office visit and at each follow up visit.

## Limitations

- Short study duration & small sample size
- New procedure requiring education
- The tool was implemented at the same time as data collection, leading to missed opportunities in data collection
- Psychiatry referral resources not readily available
- Patients lost to follow up

## Inclusion Criteria

- New oncology patients referred to the clinic from February 1, 2010 to March 31, 2010.

## Disclaimer

- Authors have no conflict of interest to disclose in relation to this presentation.

