MEASURING THE VALUE OF TELEPHONE DISTRESS SCREENING AND REFERRAL ON RESOURCE UTILIZATION AND DISTRESS IN PATIENTS WITH MULTIPLE MYELOMA

Vicki Kennedy, LCSW, Joanne Buzaglo, PhD, Sara Goldberger, LCSW-R

Cancer Support Community, Washington, DC

CANCER SUPPORT COMMUNITY
A Global Network of Education and Hope

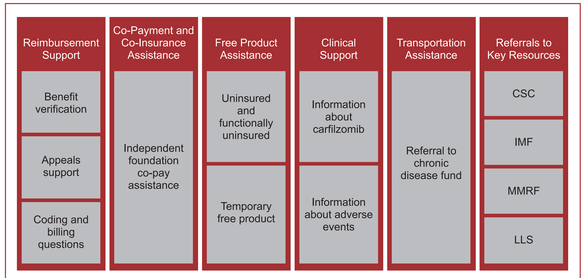
INTRODUCTION

- There is a growing awareness of the importance of integrating psychosocial care into routine practice in oncology[1]
  - New American College of Surgeons Commission on Cancer accreditation standards require that patients with cancer be screened for psychosocial distress as a part of an initiative to treat the "whole patient" and ensure quality care[2]
- Distress screening at pivotal points along the disease continuum can identify problems before a crisis event occurs, allow patients to voice concerns and gain information, and improve the use of healthcare resources[3]
  - While up to 40% of patients experience significant levels of distress, fewer than 10% of patients actually use psychosocial supportive services, often due to lack of awareness and access[4]
- While screening is a new requirement in 2015, a recent survey found that only about 50% of patients in academic centers reported that they were asked about distress, and substantially fewer were asked about distress if they were treated in a nonacademic setting (where most patients are treated)[5]
  - A gap in care remains as 21% of patients who were asked about distress did not receive a referral to supportive services[5]
- Pharmaceutical patient assistance programs are traditionally overlooked as a critical access point for psychosocial care
  - These programs are provided to assist patients in gaining access to medication, as well as with reimbursement for medications, but they often have limited knowledge about how to help patients and their caregivers with psychosocial distress
- By integrating distress screening, referral, and follow-up services as part of a model patient access program, patient access to psychosocial care, levels of distress, and satisfaction with care have been improved
- The Cancer Support Community (CSC) is a global nonprofit organization that provides evidence-based support programs to patients and families. CSC collaborated with Onyx Pharmaceuticals, Inc., an Amgen subsidiary, to be part of the integrated patient assistance program Onyx Pharmaceuticals 360™ (Onyx 360) to screen and refer patients and caregivers facing advanced multiple myeloma (MM) for psychosocial services
  - Unlike standard reimbursement programs, the goal of this innovative program is to deliver integrated biopsychosocial care with reimbursement assistance
- We report results on the impact of distress screening on the use of resources offered by Onyx 360 and the effect of these resources on patient distress levels over time

METHODS

- The Onyx 360 program was initiated in 2012, and a brief distress screening tool was introduced in late December 2013
  - Patients with advanced MM were enrolled in Onyx 360 after contacting the program and speaking with an oncology nurse advocate or after being referred to Onyx 360 by a caregiver or healthcare provider
- Patients were asked 4 distress screening questions by an Onyx 360 oncology nurse advocate during an initial phone call:
  - On a scale from 0 to 10, where "0" is the lowest level of distress and "10" is the highest level of distress, how would you rate:
    1. Your overall level of distress today?
    2. Your level of concern about practical issues such as home care, transportation, finances, etc?
    3. Your level of concern about family, work, or home life?
    4. Your level of concern about emotional issues or coping with MM?
- For each screening question, the reported distress level was classified into 1 of the following categories:
  - A distress level of 0 to 3 was considered low
  - A distress level of 4 to 6 was considered moderate
  - A distress level of 7 to 10 was considered high
- After completing baseline distress screening, patients were given the opportunity to enroll in Onyx 360 services, which include reimbursement and clinical support, transportation assistance, and real-time referrals to key resources, including the Chronic Disease Fund, the International Myeloma Foundation, the Multiple Myeloma Research Foundation, the Leukemia & Lymphoma Society, and the CSC **(Figure 1)**
  - Consenting patients and caregivers were transferred to CSC, whose licensed mental health professionals conducted further assessment and offered patients and caregivers free supportive counseling, resource referral, group support, and treatment decision counseling
- Patients were scheduled to be rescreened with the 4 questions approximately 30 days after the initial call
- Patients were evaluated for changes in levels of distress between the initial and follow-up distress screening calls if they met the following criteria:
  - New to Onyx 360 at the time of the initial call
  - Reported moderate or high levels of distress for at least 1 screening question during the initial call
  - Completed a follow-up call
  - Answered the same screening questions on the initial and follow-up calls

Figure 1. Features of Onyx 360



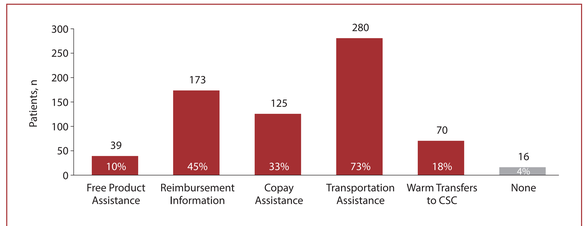
CSC, Cancer Support Community; IMF, International Myeloma Foundation; LLS, Leukemia & Lymphoma Society; MMRF, Multiple Myeloma Research Foundation.

RESULTS

Impact of Baseline Distress Screening on the Use of Psychosocial Services

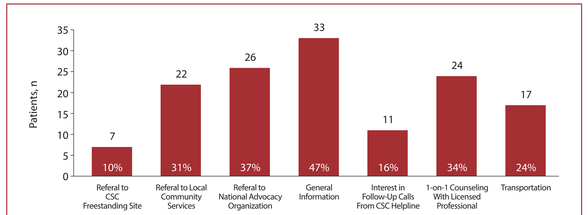
- Between March 4, 2014, and April 3, 2015, 565 patients in the Onyx 360 program were screened for baseline distress levels
- During the initial distress screening call, 459 patients (81%) reported moderate or high levels of distress
- Of the patients who reported moderate or high levels of distress and who were also new to Onyx 360 at the time of the initial call (n=382), 366 (96%) subsequently enrolled in at least 1 Onyx 360 service **(Figure 2)**
  - Seventy patients (18%) enrolled in services offered by the CSC **(Figure 3)**
  - Sixteen patients (4%) did not enroll because they discontinued treatment with carfilzomib or declined services

Figure 2. Enrollment into Onyx 360 services[a] for moderately and highly distressed patients (n=382[b])



[a]Patients were allowed to enroll in more than 1 service.
[b]Includes only those patients who were new to Onyx 360 at the time of the initial call.
CSC, Cancer Support Community.

Figure 3. Enrollment into CSC services[a] for moderately and highly distressed patients (n=70[b])

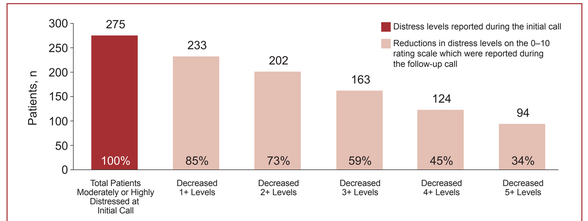


[a]Patients were allowed to enroll in more than 1 service.
[b]Includes only those patients who were new to Onyx 360 at the time of the initial call.
CSC, Cancer Support Community.

Impact of Onyx 360 Services and Programs on Distress Levels Over Time

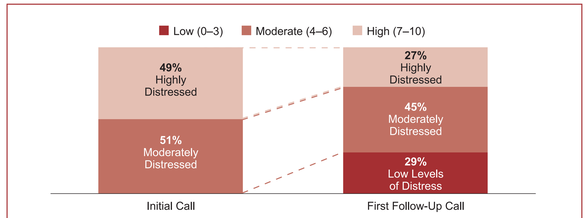
- On average, patients completed a follow-up call 26 days after the initial call
- A total of 275 patients were evaluated for changes in their levels of distress between the initial and follow-up calls
- Among the 275 patients who were evaluated for changes in distress over time, the levels of distress decreased significantly between the initial and follow-up call (one-tailed t-test, $P<.001$)
- During the follow-up call, 233 patients (85%) reported lower levels of distress for at least 1 screening question since the initial call **(Figure 4)**
  - For at least 1 of the questions, 163 patients (59%) reported a follow-up level of distress that was at least 3 levels below their initial level of distress on the 0–10 rating scale
- 175 of the 275 patients specifically reported a moderate or high overall level of distress (distress screening question 1) during the initial call
  - Among these patients, the mean reduction in the reported overall level of distress between the initial and follow-up calls was 1.7 levels on the 0–10 rating scale
  - The percentage of patients who reported a high level of overall distress decreased between the initial and follow up calls (49% vs 27%, respectively; **Figure 5**)
- Among patients who reported a high level of distress in the initial call, the mean reduction in the reported overall level of distress by the follow-up call was 2.8 levels on the 0–10 rating scale

Figure 4. Reduction in distress levels that occurred for at least 1 distress screening question between the initial and follow-up distress screening calls among patients who initially reported moderate or high levels of distress for 1 or more screening questions (n=275[a])



[a]Includes only those patients who were new to Onyx 360 at the time of the initial call.

Figure 5. Levels of overall distress (distress screening question 1) at the initial and follow-up distress screening calls among patients who initially reported moderate or high levels of overall distress (n=175[a])



[a]Includes only those patients who were new to Onyx 360 at the time of the initial call.

CONCLUSIONS

- Using a very brief distress screening measure that was easy to administer by phone, the Onyx 360 program identified patients with psychosocial distress, provided patient access to psychosocial care, and meaningfully reduced levels of distress over time
  - The enrollment rate for Onyx 360 services was 96% among distressed patients who were also new to Onyx 360
  - Distress levels decreased after patients engaged with the resources and services within the Onyx 360 program
    - *This decrease was greatest in patients who initially had the highest levels of distress*
- Integrated distress screening, referral, and follow-up represents a new industry standard for patient access programs that improves psychosocial outcomes and overall satisfaction in patients with advanced MM
- The results reported herein support future studies to determine whether reduced levels of distress will translate into increased duration of therapy and increases in value to the patient and healthcare system

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CONFLICT OF INTEREST DISCLOSURE

Kennedy: *Onyx Pharmaceuticals:* Unrestricted grant funding. **Buzaglo:** *Onyx Pharmaceuticals:* Unrestricted grant funding. **Goldberger:** *Onyx Pharmaceuticals:* Unrestricted grant funding.

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