



# **Access to Supportive Care: Screening with Focus on Food Insecurity + Malnutrition**

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Director, Oncology Supportive Care + Screening  
HICOR Meeting  
October 2024

# Screening For All Patients

## Project Aim

- Meet requirements for Commission on Cancer required Distress Screening + CMS recommended Social Drivers of Health Screening for all active treatment patients at Fred Hutch SLU and Community Sites.

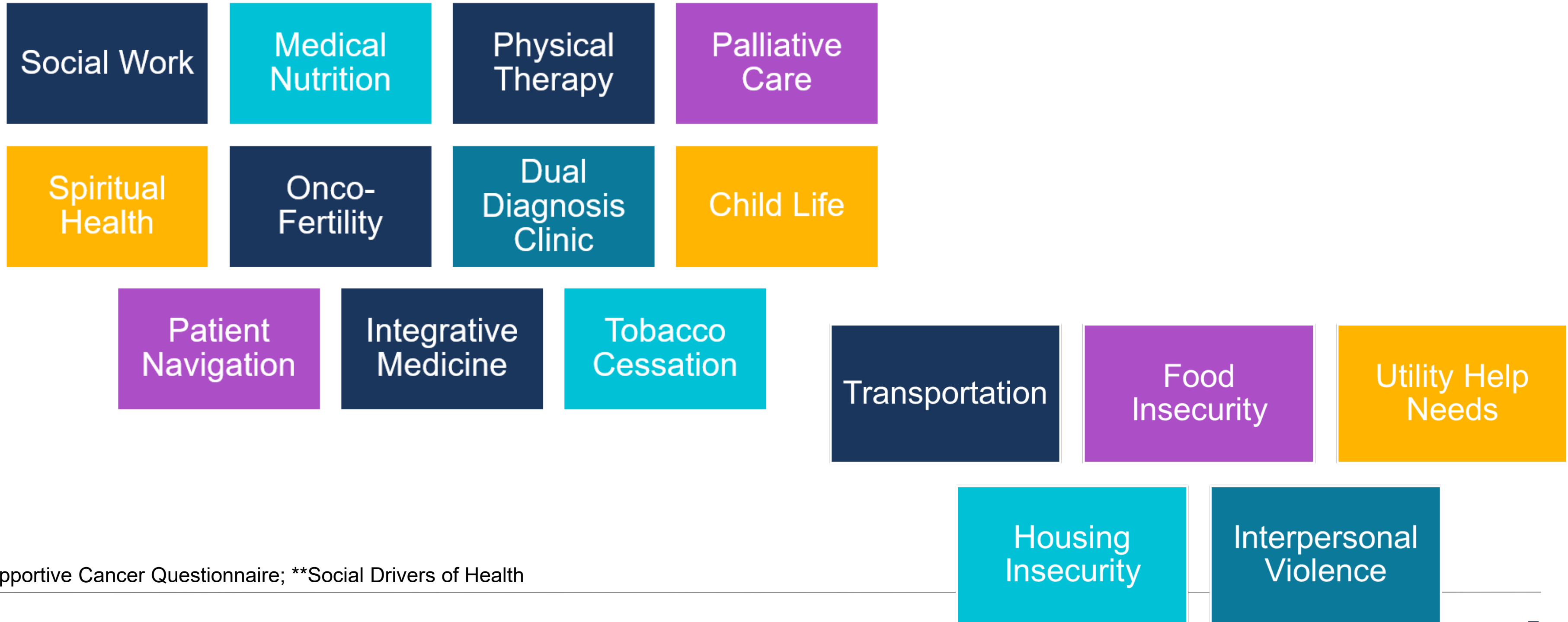
## Problem To Solve

- Complete Cancer on Commission (CoC) required Distress Screening at least one time during patient's first course of treatment to identify issues that may adversely affect treatment outcomes
  - **Distress Screening:** Physical, Psychological, Social, Spiritual, Financial
  - **CMS SDOH screening:** Transportation Needs, Food Insecurity, Housing Insecurity, Utility Help Needs, Interpersonal Violence

## Goal

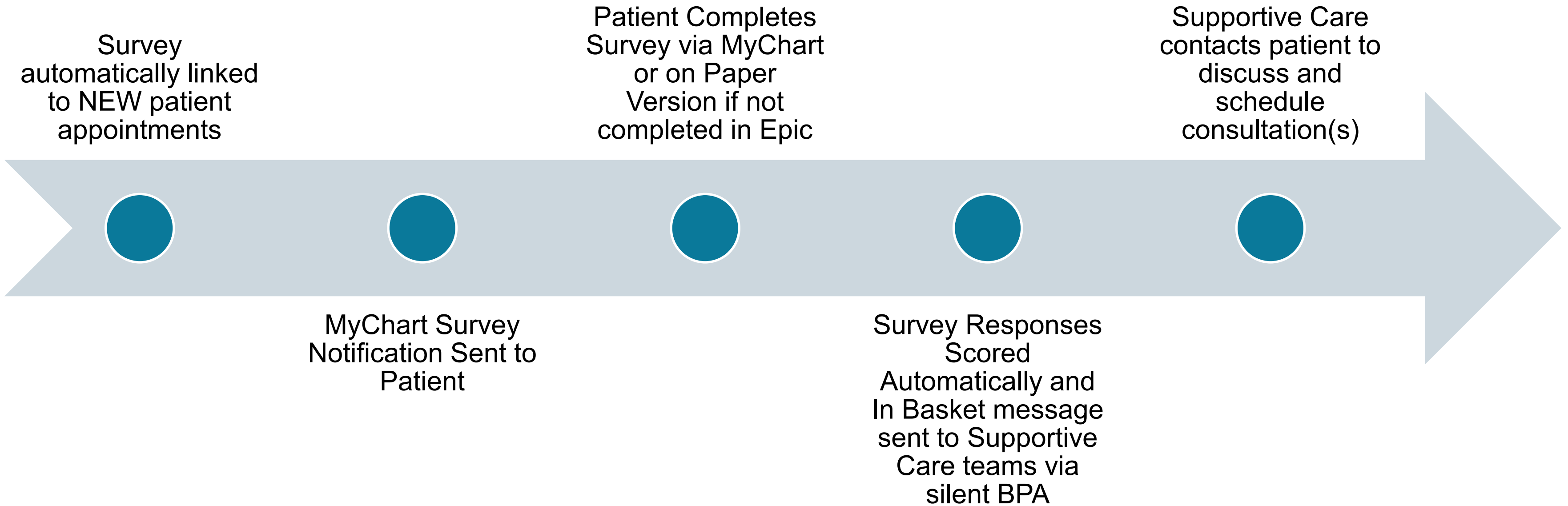
- 1. Standardize screening processes across clinics to increase screening completion rates and improve care coordination.
- 2. Help identify clinical and resource needs and link patients to onsite or community-based clinicians and/or resources.
- 3. Provide visibility to identified HRSN and/or Distress screening for care providers and regulatory reporting and to monitor efforts by developing a metrics reporting dashboard.

# SCQ\* embeds SDOH\*\* screening



\*Supportive Cancer Questionnaire; \*\*Social Drivers of Health

# Epic Screening Workflow



# Proactive Screening

Patients don't know what they don't know.

Full Survey launches when patients choose "**Active Treatment**".

Survey does not proceed with other three choices:

1. 2<sup>nd</sup> opinion
2. Screening Appt
3. Decline

UW Medicine Fred Hutch Cancer Center

Menu Visits Messages Test Results Medications

eCheck-In

Personal Info Insurance Sign Documents Questionnaires

### Fred Hutch Supportive Cancer Care Questionnaire

For an upcoming appointment with [REDACTED] on 7/11/2023

\* Indicates a required field.

\* What is the purpose of your initial appointment at Fred Hutch Cancer Center:

Active treatment at Fred Hutch (ex: chemo/surgery/radiation/transfusion)

For a second opinion/one-time consult (will receive treatment at another institution) Screening appointment (

Decline to answer

Continue Finish later Cancel

# Background + Definitions

**Food Insecurity:** *“Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”* USDA.

## Social Drivers of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

### FOOD INSECURITY MAY PRESENT IN A FAMILY AS:

Food Anxiety



Diet Monotony



Decreased Nutrition Quality



Inadequate Food Intake





# Food Insecurity Validated Screening: Hunger as Vital Sign

Within the past 12 months, you worried that your food would run out before you got the money to buy more?

Never true | Sometimes true | Often true | Decline

Within the past 12 months, the food you bought just didn't last and you didn't have the money to get more.

Never true | Sometimes true | Often true | Decline

Sometimes true or Often true → Food Insecurity questions

- A response of “sometimes true” or “often true” to either or both questions should trigger a referral for food security support
- Re-screen no sooner than every 30 days

**Chronic**

A long-term condition of food insecurity that is associated with structural poverty and low income.

**Episodic**

Due to unexpected hospital bill or diagnosis (like cancer).

**Cyclical**

Summer when children are not in school.  
Winter in cold climates when utilities cost more.

# Malnutrition Risk Validated Screening: Malnutrition Screening Tool

<p>Have you recently lost weight without trying? NULL: Yes 0: No 2: Unsure</p> <p><i>If yes, ask:</i> How much weight have you lost? 1: 2-13lb 2: 14-23lb 3: 24-33lb 4: 34lb+ 2: Unsure</p> <p>Have you been eating poorly because of a decreased appetite? 1: Yes, 0: No</p> <p>Are you currently getting tube feeds or parenteral nutrition? 1: Yes, 0: No</p>	<p>≥2 for sum of questions 1-3</p> <p><u>Yes</u> on last question</p>
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# Impact of Food Insecurity

## Malnutrition

- Treatment interruption
- ↑ length of stay
- Poor performance status
- Difficulty with Activities of Daily Living

## Mental Health

- Social isolation
- Stress
- Depression
- Anxiety
- *Food Insecurity is associated with a 257% higher risk of anxiety and a 253% higher risk of depression.*

## Lower Access

- To survivorship
- To self-care resources

# Fred Hutch Data: 1/17/23-9/30/24

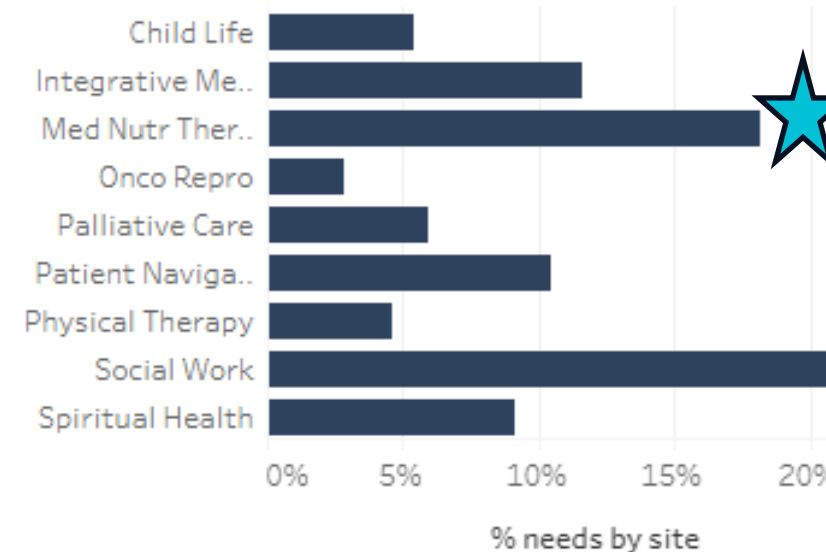
## Supportive Care Questionnaire

- n=943 + for tangible HRSN
- n=358 + for Food Insecurity

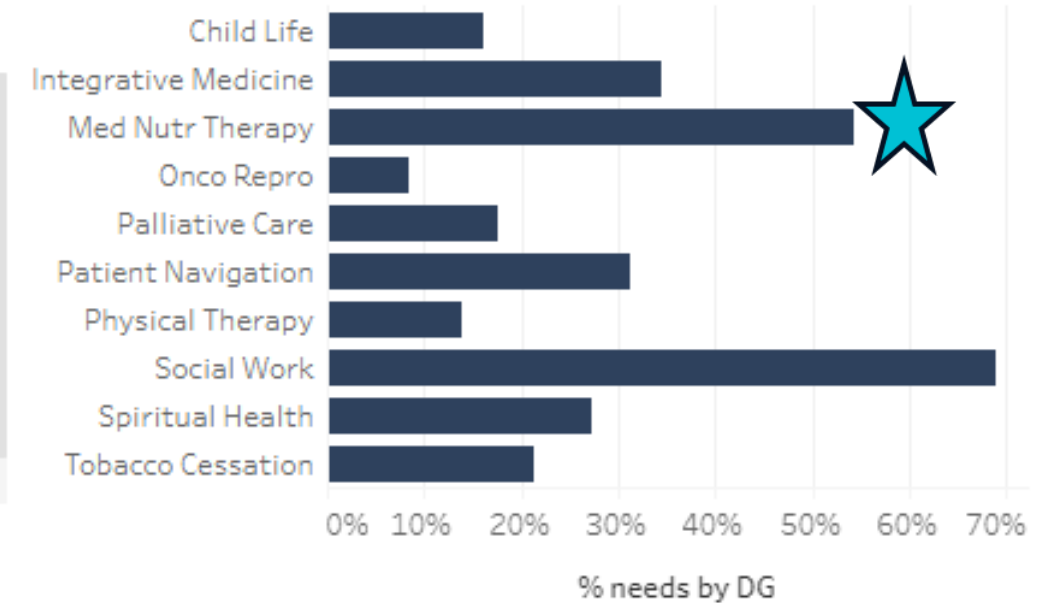
<b>Food Insecurity</b>	<b>358</b>
Housing	295
Financial Strain	254
Transportation	223

## Malnutrition Risk

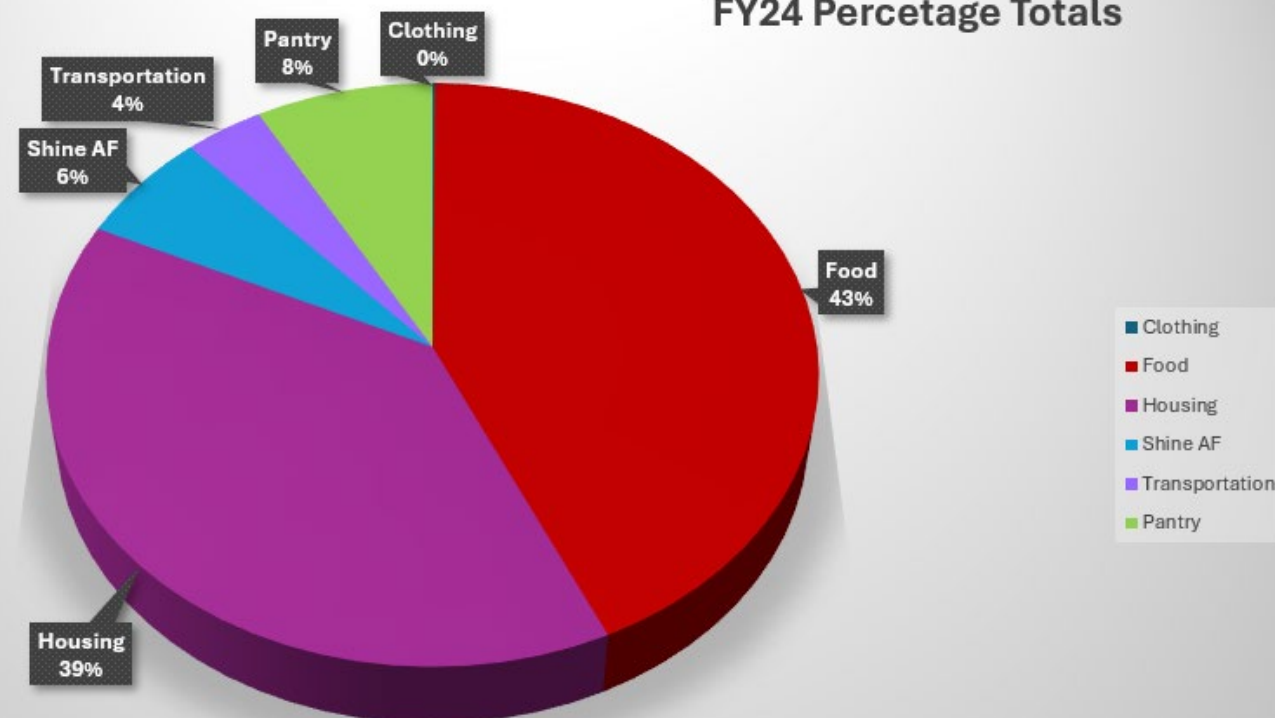
Supportive Care Needs by Site



Supportive Care Needs by Disease Group



FY24 Percentage Totals



# Impact on Nutrition Status

Patients undergoing active oncology treatment often have increased protein-calorie requirements.

Common need to adjust their diet due to nutrition-impact symptoms (anorexia, taste alterations, nausea, diarrhea, etc) and/or medically indicated diet modifications.

Food-insecure patients lack the flexibility in food purchasing and preparation that can mitigate these common cancer-related symptoms and/or diet requirements.



# Expanding Access To Palliative Care

Jenifer Curry, Director Case Management and Clinical  
Transformation



# Enhancing Member Experience Through Innovative Solutions

- **Geographic Mapping:** Created an internal geo map to match members with palliative care programs based on cohort criteria and location, ensuring timely and relevant connections.
- **Addressing Gaps in Care:** Identified areas with limited or no palliative care options, including rural and metro areas with highly specialized cohorts. Contracted with a telehealth partner to bridge these gaps.
- **Proactive Identification:** Our Clinical Transformation Team identifies members living with serious illness and collaborates with in-network providers through regular clinical meetings to discuss appropriateness and referrals.
- **Personalized Support:** Our internal Case Management Team engages with caregivers and members, discussing palliative care options and facilitating connections to services that align with their goals.
- **Expert Guidance:** Employed an internal palliative care specialist nurse to consult with teams and providers on effective conversations and approaches.
- **Provider Education:** Sponsor select in-network providers to participate in the Center to Advance Palliative Care (CAPC) program, enhancing their expertise and capacity to deliver high-quality care.





Virginia Mason  
Franciscan Health™

**Expanding support group access to pancreatic  
cancer patients**

Kathryn Swingle, MSW, LICSW  
Outpatient oncology clinic  
11/15/2024



# Statistics

According to the American Cancer Society, this year, an estimated 66,440 adults (34,530 men and 31,910 women) in the United States will be diagnosed with pancreatic cancer.

It accounts for 7% of all cancer deaths. The death rate has very slowly increased each year since 2000.

*Statistics adapted from the American Cancer Society's (ACS) publication, Cancer Facts & Figures 2024, the ACS website*

# Cancer health disparities in racial/ethnic minorities

Differences in diagnosis and treatment have been shown to contribute to some of the observed disparities in survival by race/ethnicity, especially for AA/Bs.

Factors such as:

Older age, minority race/ethnicity, lower SES, being uninsured or on Medicaid, higher comorbidity index and treatment at a non-academic center or a low-volume hospital have been inversely correlated with receiving standard therapy including surgery, and are also associated with patient refusal of treatment.

Zavala, V.A., Bracci, P.M., Carethers, J.M. *et al.* Cancer health disparities in racial/ethnic minorities in the United States. *Br J Cancer* **124**, 315–332 (2021). <https://doi.org/10.1038/s41416-020-01038-6>

# “Ominous Prognosis”



- Famous Individuals
- Family & Community Members
- Healthcare Practice

Doom. Fear. Helplessness. Resignation

For the 52% of people who are diagnosed after the cancer has spread to a distant part of the body, the 5-year survival rate is **3%**.



# VM Support Group Impetus

breast  
myeloma  
melanoma  
leukemia  
thyroid  
rectal  
glioblastoma  
ovarian  
lymphoma  
bladder  
breast  
myeloma  
melanoma  
leukemia  
thyroid  
rectal  
glioblastoma  
ovarian  
lymphoma  
bladder  
liver  
sarcoma  
pancreatic  
testicular  
esophageal  
cervical  
prostate  
kidney  
colon  
endometrial  
lung  
gallbladder  
gastric



# Pancreatic Cancer Support Group: Building Resilience

**Educational & supportive workshops for patients & caregivers facing pancreatic cancer.**

**A series of discussion workshops taking place at  
Virginia Mason Cancer Institute  
Currently being held via Zoom**

Facilitators: Kathryn Swingle, MSW, LICSW, Oncology Social Worker  
Jennifer Bryan, BSN, RN, OCN, Oncology Nurse Navigator

**Every other Tuesday from 10-11:30 AM**

**4/23/24, 5/7/24, 5/21/24, 6/4/24, 6/18/24, 7/2/24, 7/16/24, 7/30/24,  
8/13/24, 8/27/24, 9/10/24, 9/24/24, 10/8/24, 10/22/24,  
11/5/24, 11/19/24, 12/3/24, 12/17/24, 12/31/24**

**TOPICS Include:**

Managing Symptoms  
Navigating the World of Clinical Trials  
Mindfulness & Perspective  
Defining & Enhancing Quality of Life

**Please call 206-341-0930 to RSVP for registration and zoom instructions.**



# Topics

- Activity & Wellbeing
- Community & Advocacy
- Defining & Enhancing Quality of Life
- Financial Toxicity & Travel Strain
- Managing Symptoms
- Mindfulness & Perspective
- Navigating the World of Clinical Trials
- Nutrition & Maintaining Weight
- Palliative Care
- Supporting Self/Supporting Caregivers
- Role of Cannabis as a supportive medication
- Scanxiety



# Attendance Trends

## **10/2017 – 9/2018**

Average 5 participants per session, phone participation rare.

## **10/2023-10/2024**

Average of 15 participants per session

Average length of participation in the group is 2 years. We have one participant who has been a member since the inception of the group 7 years ago



# Testimonials

“I feel connecting with the Building Resilience support group is like connecting with my family.....my new family.”

“I can walk in and say / express / scream / cry / celebrate.....and everyone there gets it.”

“It's the safest environment to be in when you have this shitty disease.”

“We have a bond that is understood, you don't have to apologize for any emotion.”

“The programs that you schedule help me to understand my feelings better and carry on with more hope also.”



# Testimonials

“The inspiration I get from others that have survived some considerable time helps improve my attitude and feel there is still hope for the future. Others have told me that I am inspirational in this way to them as well.”

“I am thankful for our support group & the variety of speakers & information that is shared with us!”

“Sharing with other people who are dealing with similar issues because we are all dealing with pancreatic cancer is very positive! I have received helpful information from members of the group!”

# Testimonials

“I think it’s quite easy for me to say what this group offers me. And that is a reliable room full of people who, even though they are strangers, immediately know and understand exactly what I’m going through better than anyone else in my world. The other patients and support givers that I have met in our group have offered inspiring stories and heartfelt moments and I always leave feeling hopeful. We are connected to each other through this terrible turn of events in our lives to offer love, support and a familiar face ... with a deep understanding of all the ups and downs that come with this disease.”



**Thank You**



# Improving Support for Prostate Cancer Patients

Marty Chakoian  
November 15, 2024

Prostate cancer patient needs:

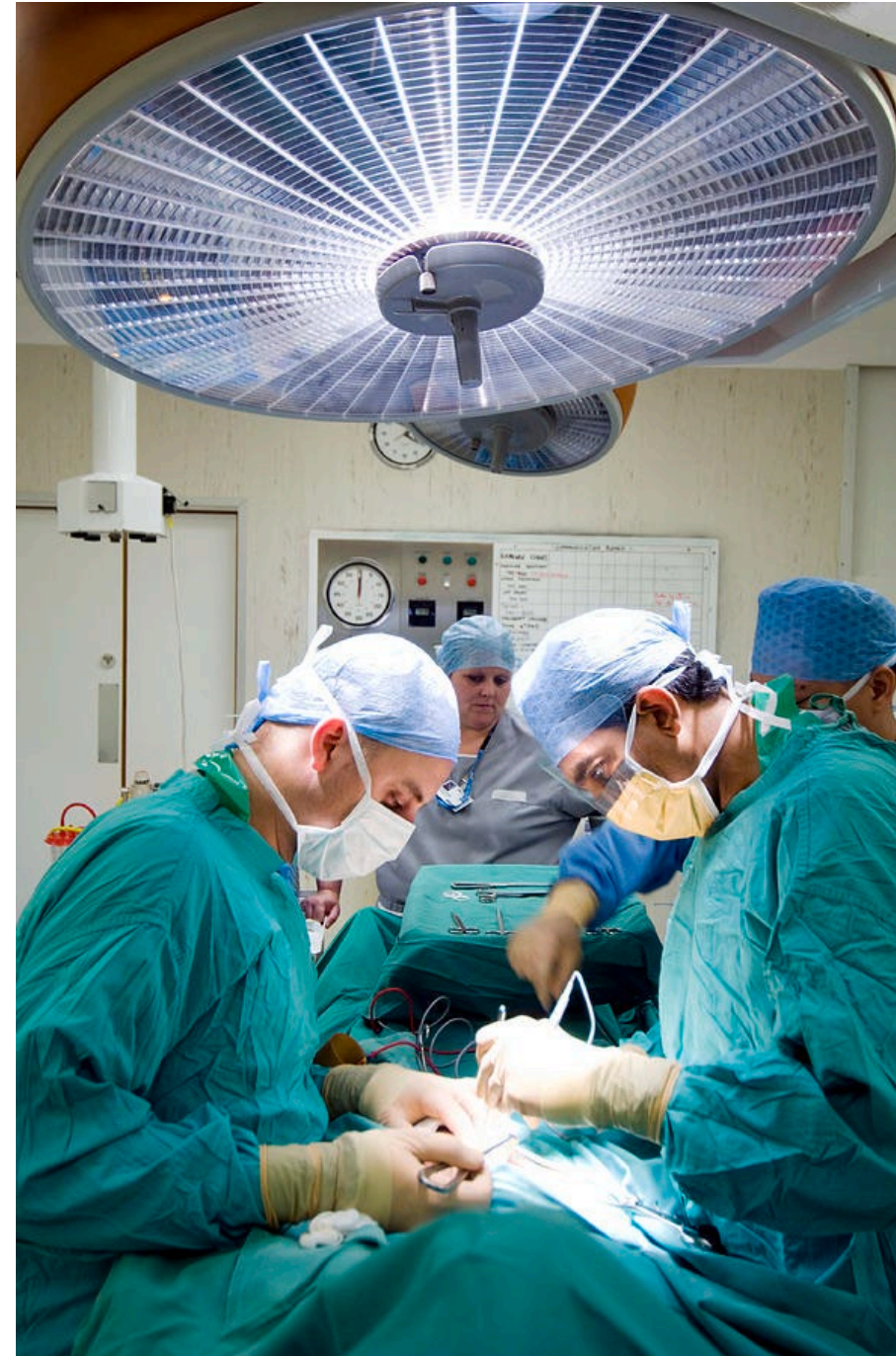
- Comprehensive support services
- Culturally appropriate care
- Shared decision-making





## The medical team

- PCP
- PA
- RN
- Urologist
- Medical oncologist
- Radiation oncologist
- Radiologist
- Pathologist



- “In this year's [ASCO Educational Book](#), Saraiya et al. published a thoughtful review regarding the importance of palliative and supportive care in the management of genitourinary (GU) malignancies.
- **“The integration of early palliative care into cancer treatment plans has been proven through numerous clinical trials to not only improve quality of life and well-being, but also increase overall survival.**
- “By being early and goal directed, this system identifies concerns before they happen. Beyond symptom control, this can include measures to improve quality of life, as well as mental well-being in the face of emotional and spiritual distress when patients face fear, anxiety, and depression regarding a cancer diagnosis.”

## Does it make a difference?

“The first [randomized study](#) in this area was published in the *New England Journal of Medicine* in 2010. Dr. [Jennifer] Temel et al. published a randomized study of early integration of palliative care in patients with metastatic lung cancer. **The study showed that those patients randomized to early palliative care lived longer; the benefit was similar to a drug that costs more than \$100,000 a year and required infusion every 3 weeks.**

“The intervention involved having patients meet with a palliative care team that worked with patients throughout their journey and help them with their physical, emotional, and other symptoms. Some studies in other diseases or all cancer have suggested that there may be a benefit in terms of patients living longer with integration of palliative care.”

-Dr. Biren Saraiya, [ASCO Reading Room | Biren Saraiya, MD, on Palliative and Supportive Care in Genitourinary Cancers | MedPage Today](#)



## The medical team

- PCP
- PA
- RN
- Urologist
- Medical oncologist
- Radiation oncologist
- Radiologist
- Pathologist



## The rest of the team

- Psychiatrist/psychologist
- Physical therapist
- Sex therapist
- Exercise physiologist
- Dietician
- Financial counsellor
- Navigator/guide
- Support group referral



People in the groups often

- Talk about what it's like to have cancer
- Help each other feel better, more hopeful, and not so alone
- Learn about what's new in cancer treatment
- Share tips about ways to cope with cancer



*Taking Time*, NIH Publication No. 18-2059



# Good Dog Karl





Recognizing and responding to each patient's cultural identity:

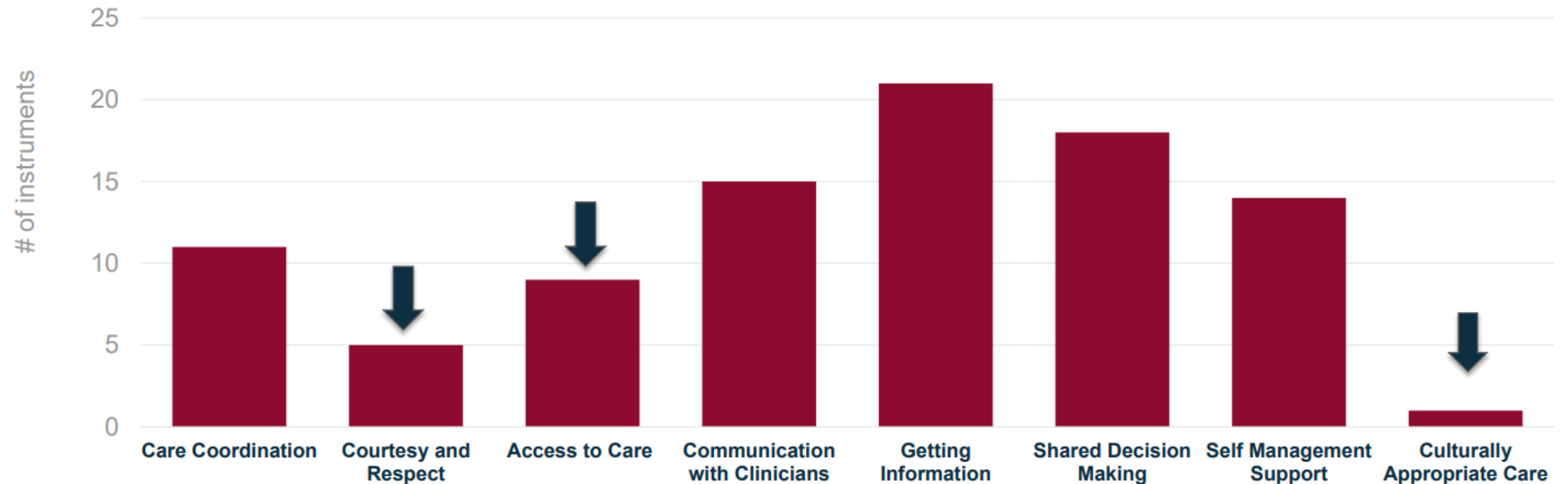
- Race
- Ethnicity
- Age
- Language
- Level of education
- Socioeconomic status
- Place of origin
- Gender
- Sexual orientation



# Culturally appropriate care is neglected

## Preliminary data: Understudied aspects of patient experience

Fewer instruments assessed domains of culturally appropriate care, courtesy and respect, and access to care.



AHRQ Patient Experience Domains

Brenda Adjei  
Assoc. Director  
Office of Healthcare  
Delivery and Equity  
Research, NCI



Decisions throughout the prostate cancer journey

- PSA test?
- Biopsy?
- Treat it or no?
- Which treatment? Surgery, radiation, focal therapy, or?
- Hormone therapy? Chemo? Radioligand?



What patients need

- Information
- Permission
- Engagement





- Comprehensive, integrated services
- Culturally appropriate offices, clinicians, materials
- Patient empowerment and decision ownership





Contact me for more

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**[Us TOO in Seattle \(ustooinseattle.com\)](http://ustooinseattle.com)**

**[ZERO Prostate Cancer \(zerocancer.org\)](http://zerocancer.org)**



# Questions?