



JCECC Conference 2021

A pilot program on Early Psychosocial Care Service (EPCS)
for incurable cancer patients in Queen Mary Hospital

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Background & Objectives

- Early Psychosocial Care Service for incurable cancer patients (EPCS service) was implemented in the Department of Clinical Oncology (COD) Queen Mary Hospital (QMH) from 2018 to 2020
- Target: incurable cancer patients with emotional distress



**What we do is early
palliative – psychosocial care**

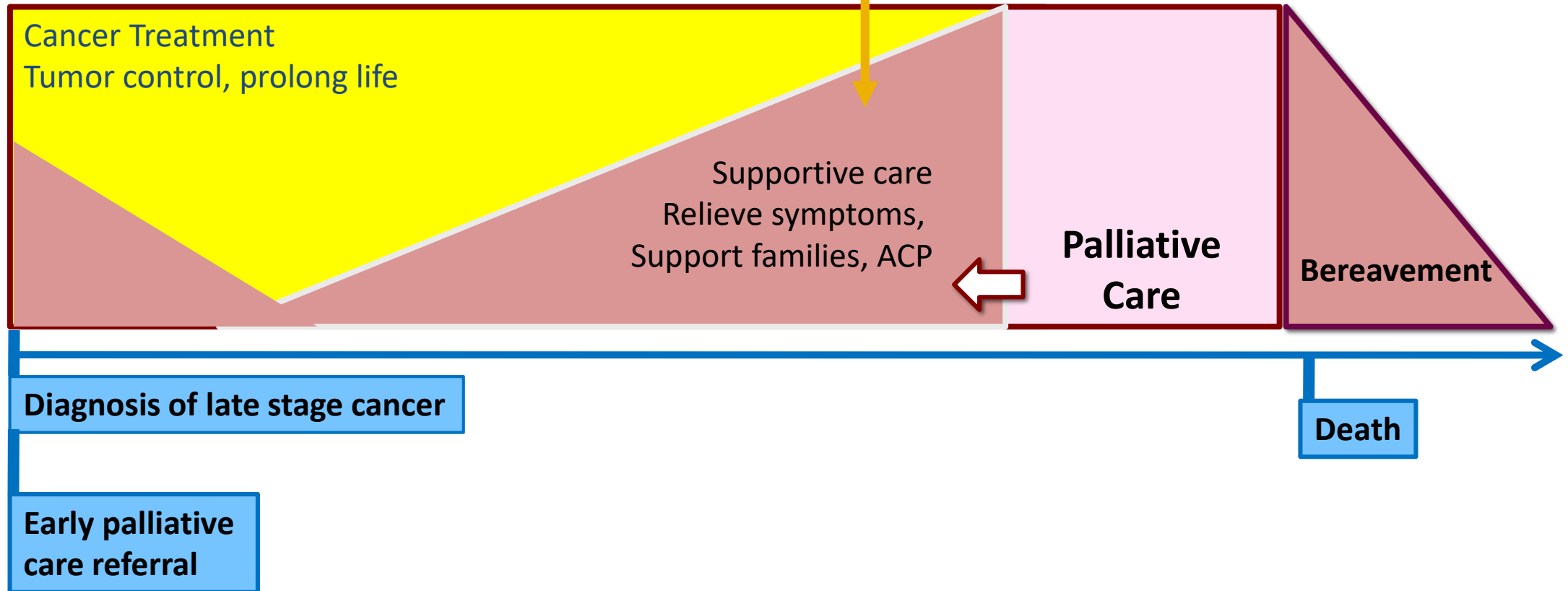


Fig 1. Integration of palliative care and oncology service
Extracted from Dr. T C Lam (2017)



Methodology

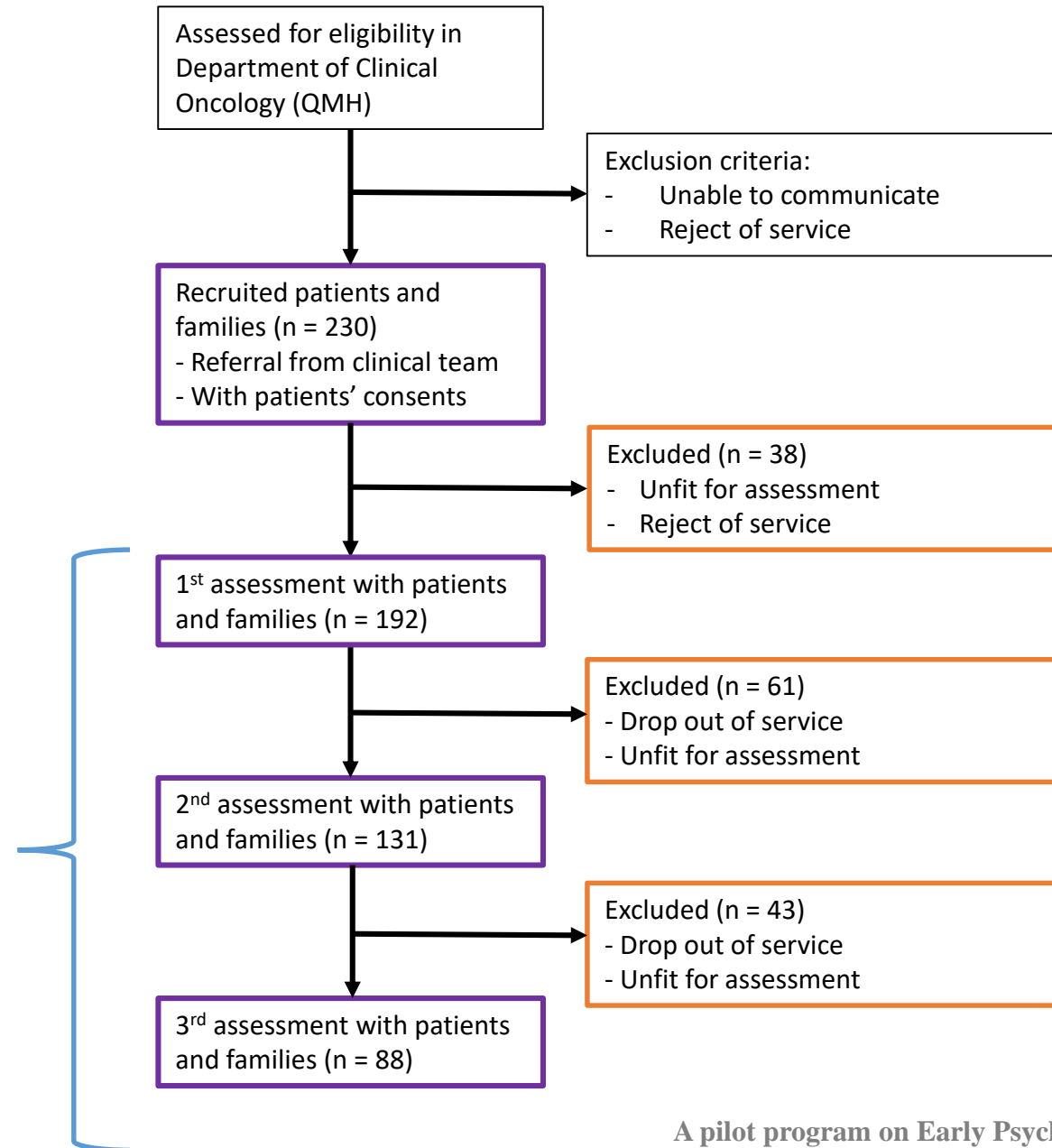
Research design | Retrospective time series single group design

Sampling | Purposive sampling with inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">- Incurable cancer patients with emotional distress identified by clinical team	<ul style="list-style-type: none">- Unable to communicate- Reject of service

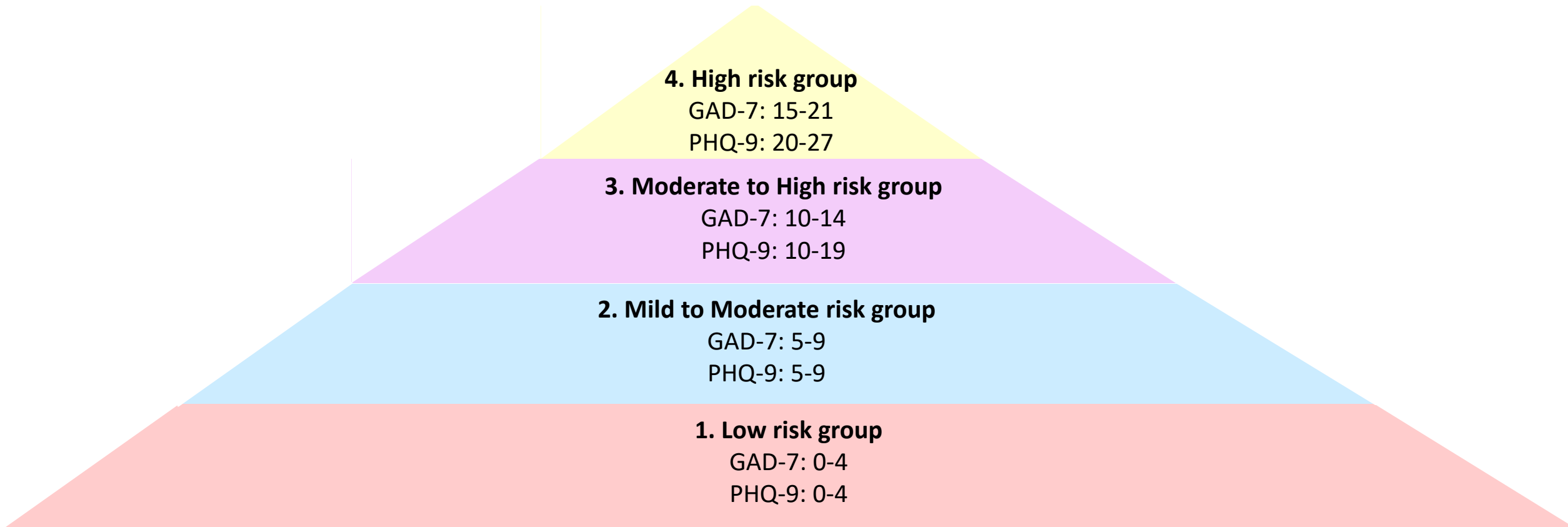
Data collection | July 2018- July 2020

Sampling Procedure





Risk stratification



MSW's **clinical judgement** was significant in identifying patients' risk level with genuine needs

Stepped Care Model

Risk Level	Level of Intervention	Key Interventions by MSW	Collaboration with CCSU & PRC
1 Low risk level	1. Structured screening of psycho-social needs	<ul style="list-style-type: none"> Needs Assessment Information giving Empathetic communication 	<ul style="list-style-type: none"> General Psychosocial Support and Resource Education
2 Mild to Moderate risk level	2. Assessment /Screening of psychosocial distress and adjustment problems	<ul style="list-style-type: none"> Enhance coping skills and problem solving through empowerment techniques such as, problem solving, managing own emotion, care for caregiver Mapping and bridging of social resources and intervention 	<ul style="list-style-type: none"> Share caring pack with inspiring message on disease adjustment Network to HKWC Caregiver Support Network Psycho educational group
3 Moderate to High risk level	3. Assessment on complex and complicated grief	<ul style="list-style-type: none"> Counselling (individual & family) Specific psychosocial interventions e.g. family conflict, multiple loss and grief Interventional therapy for complicated grief 	<ul style="list-style-type: none"> 24 hrs service hotline resources to ensure prompt access for support after office hrs Therapeutic group work
4 High risk level	4. Diagnosis of psychopathology	<ul style="list-style-type: none"> Bridging of specialist for psychological & psychiatric intervention Refer to CP/psychiatrist 	
General Assessment on risk level (with clinical assessment on patient's behavioral indicators)			

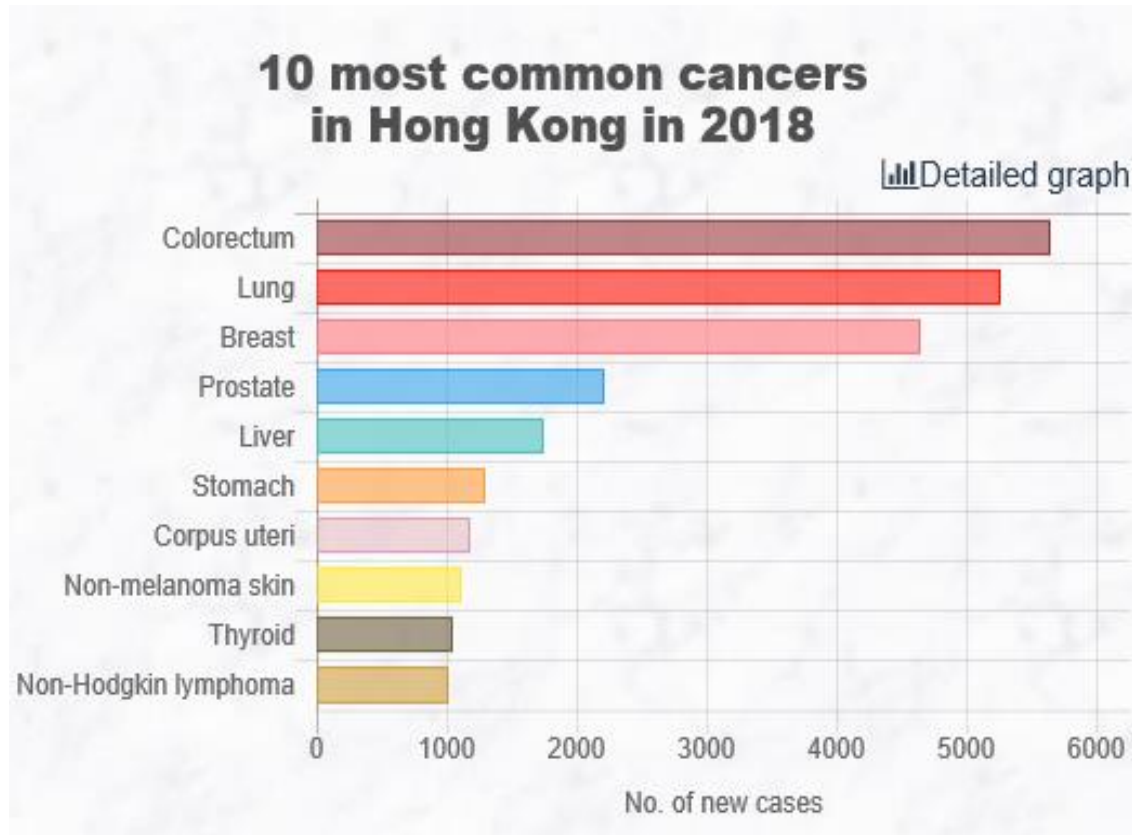


Results

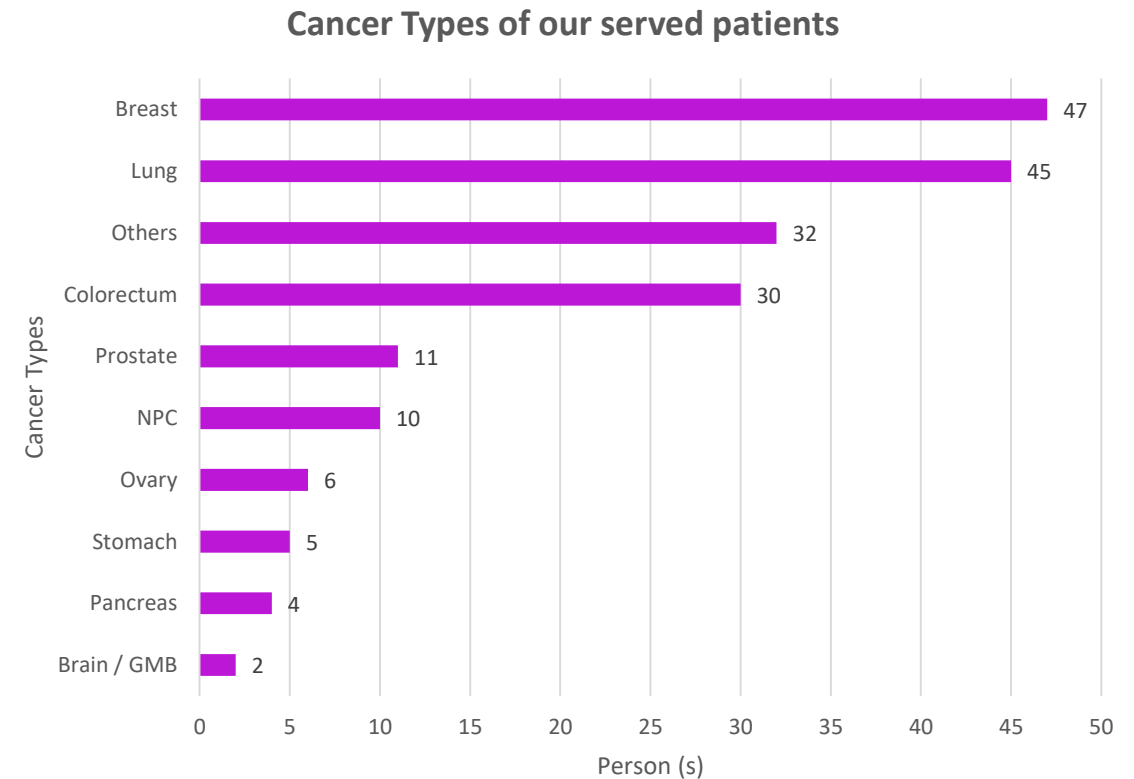
- Socio-demographic data
- Findings from GAD-7, PHQ-9, MCSI
- Sharing in Psychosocial and Therapeutic groups intervention

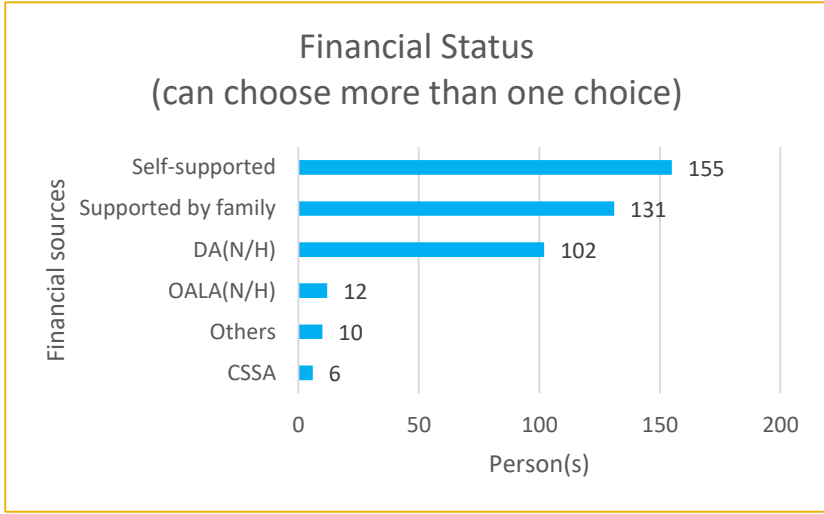
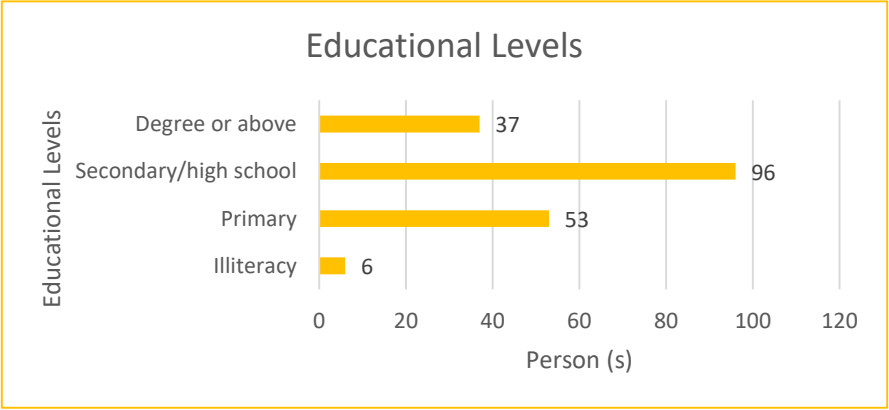
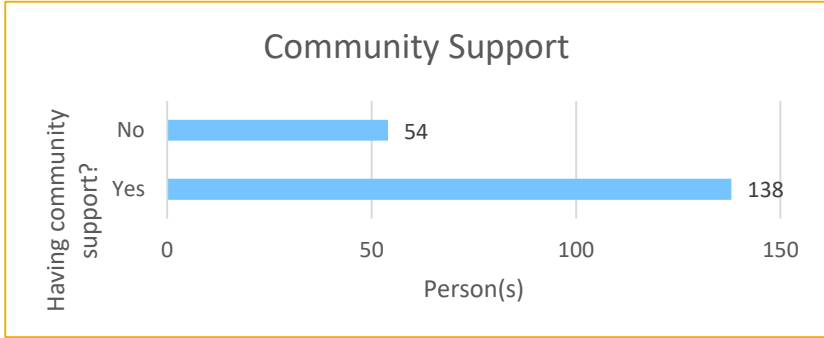
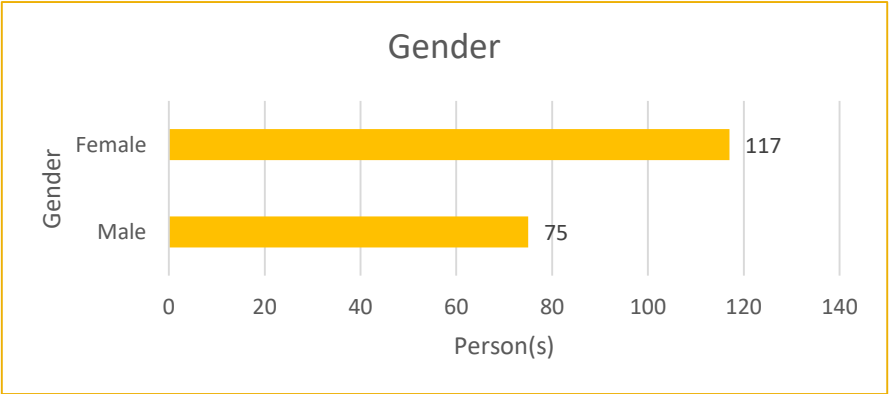
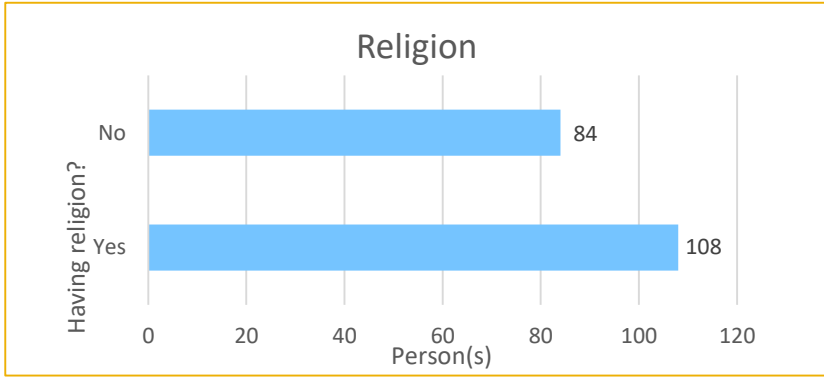
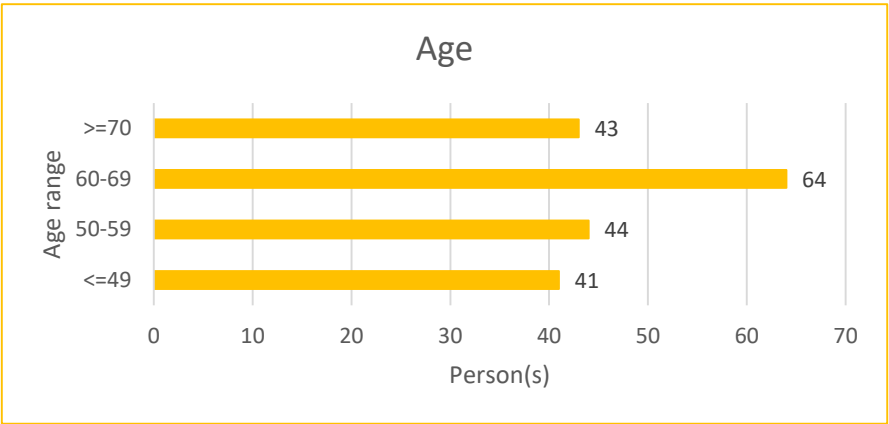


Results | Socio-demographic data



(Hong Kong Cancer Registry, 2021)

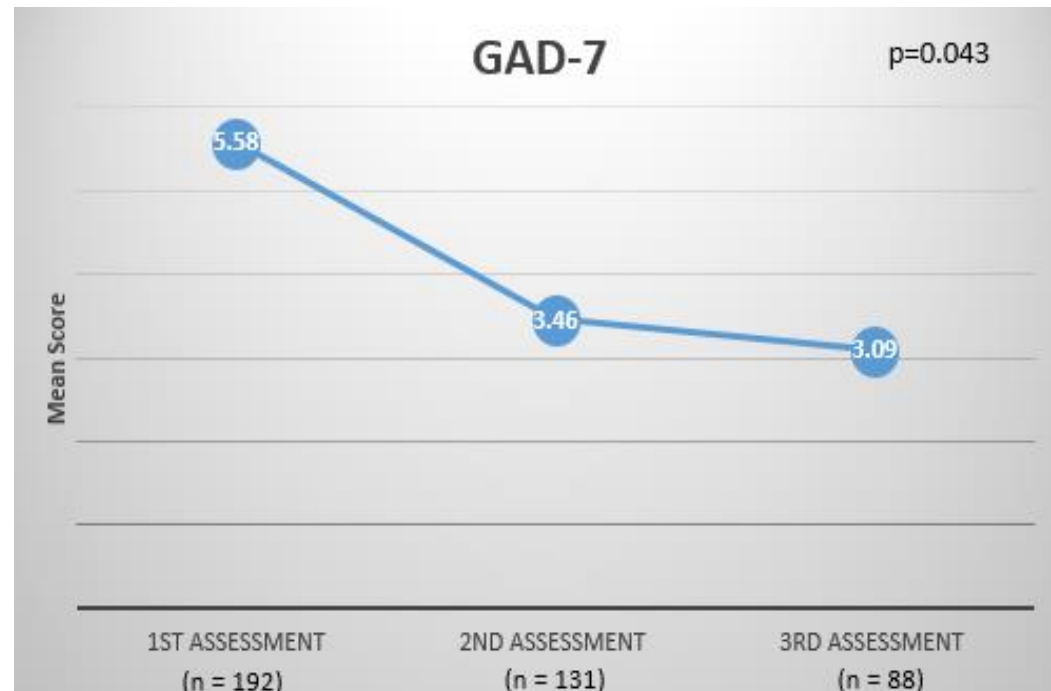




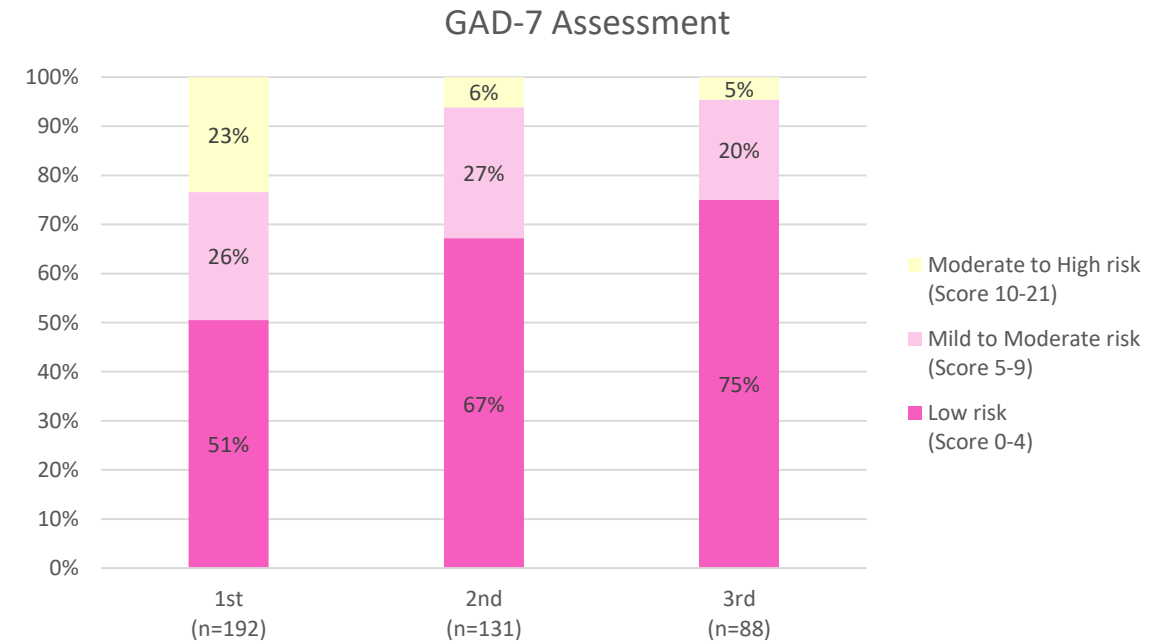


Results | Findings from GAD-7, PHQ-9, MCSI

- Generalized Anxiety Disorder Scale (GAD-7)



Anxiety level was significantly decreased after intervention

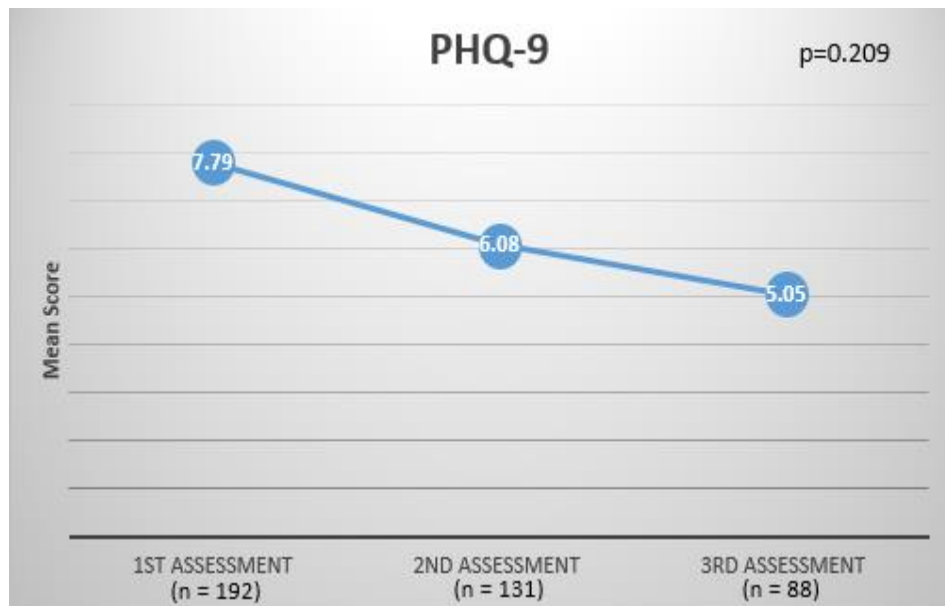


*Significant if $p \leq 0.05$ using repeated measured anova

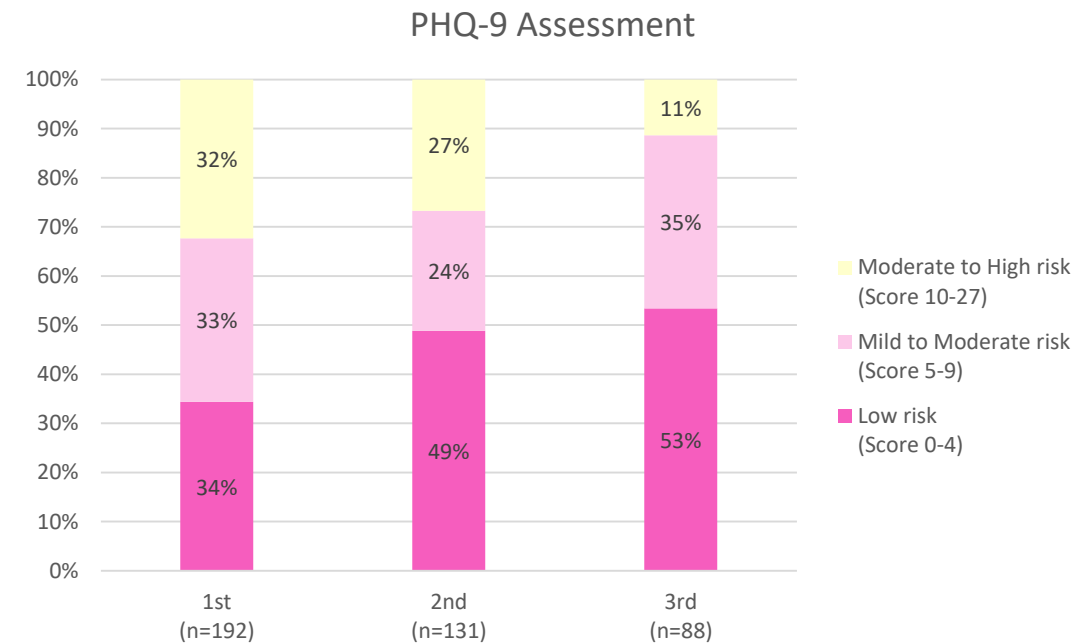


Results | Findings from GAD-7, PHQ-9, MCSI

● Patient Health Questionnaire (PHQ-9)



*Significant if $p \leq 0.05$ using repeated measured anova



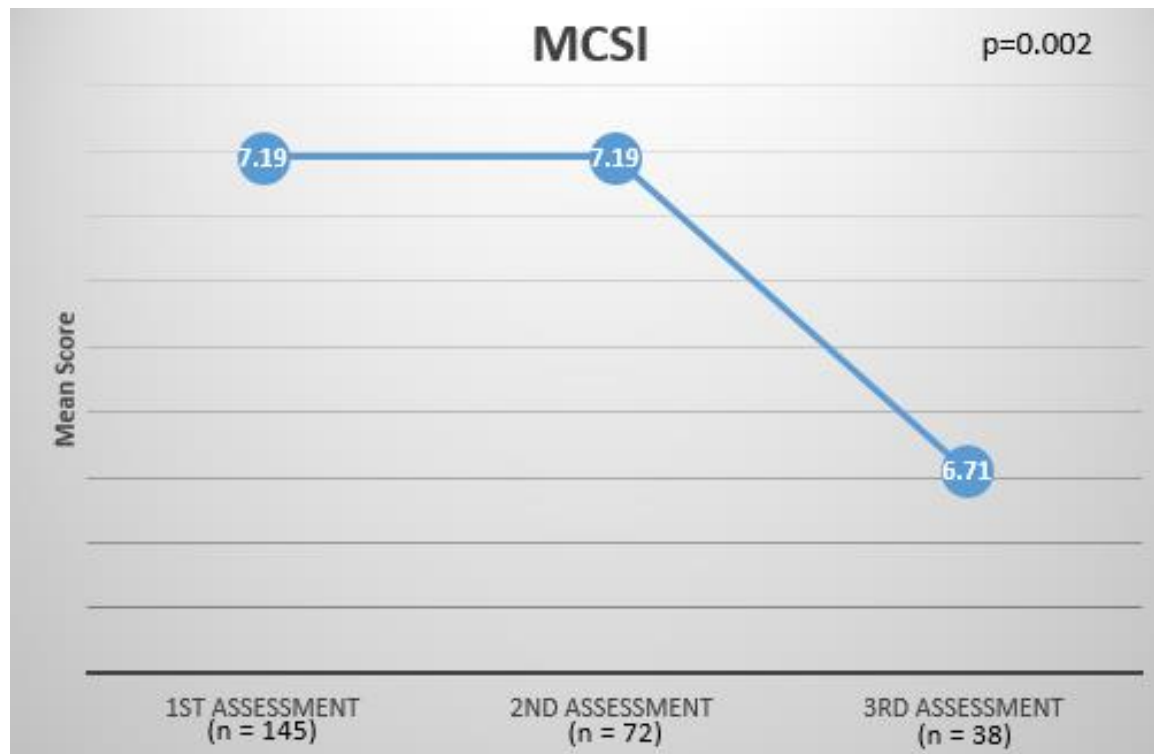
Depression level was not significantly decreased

1. More variables in depression level e.g. physical symptoms/ treatment side effects
2. Incongruence expressed rating with facial expression
3. Importance of MSW's clinical judgement

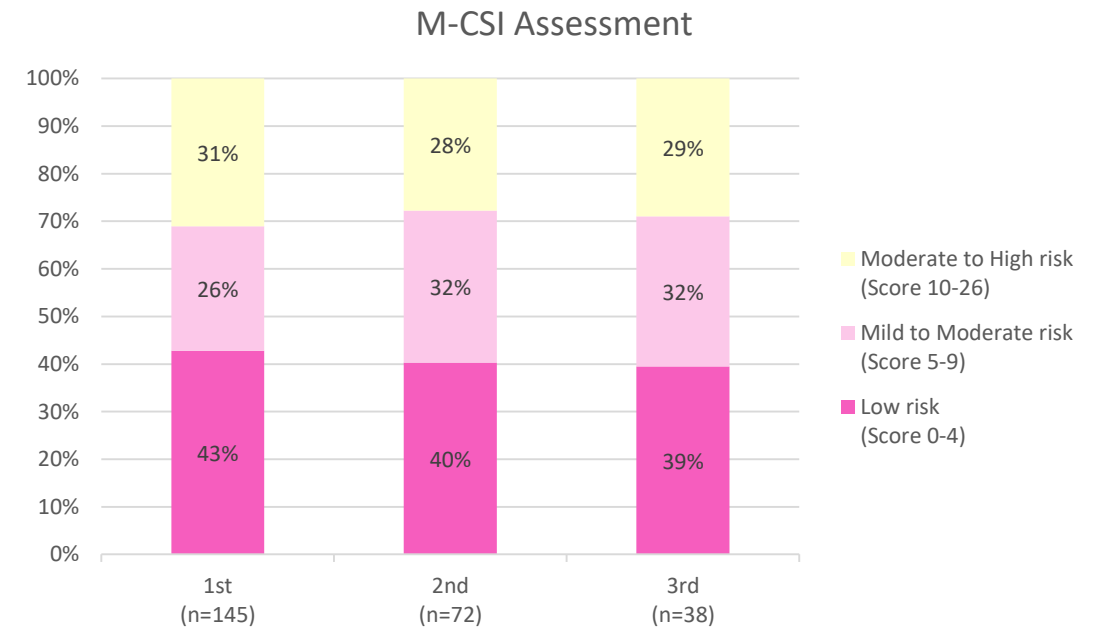


Results | Findings from GAD-7, PHQ-9, MCSI

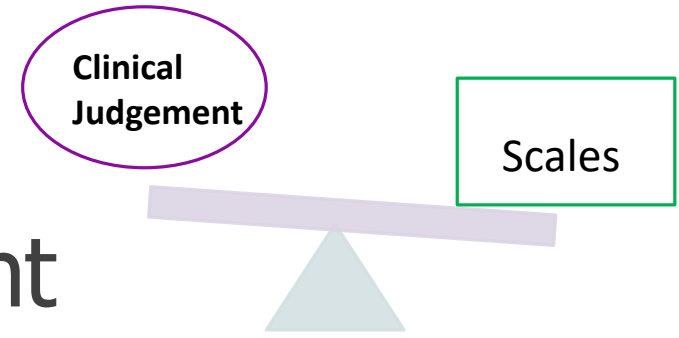
- The Modified Care Giver Strain Index (MCSI)



Care giver stress was significantly decreased after intervention



*Significant if $p \leq 0.05$ using repeated measured anova



Measurement Scale & Clinical Judgement

Case scenario	GAD-7 (1 st Assessment) - Scoring (0-21)	PHQ-9 (1 st Assessment) - Scoring (0-27)	M- CSI (1 st Assessment) - Scoring (0-26)	Behavioral indicators (e.g. facial expression / tone / body language)
Case 1	3	21 (high risk)	Reject screening	Both patient and carer were very anxious in the intake process
Case 2	9	3	Couldn't reach relative for screening	Suicidal ideation was expressed
Case 3	2	4	21 (high risk)	Patient had incongruence speech while wife was very anxious during the intake process

Common problems encountered by patients & families










- i) Illness adjustment
- ii) Emotional problem due to treatment process, changes in treatment plan and symptoms control along the patient care pathway
- iii) Lack of community support

* In general, patients found difficulty in the rating of GAD-7. Both assessment scoring and the behavioral indicators of patients (+/- relative) were significant

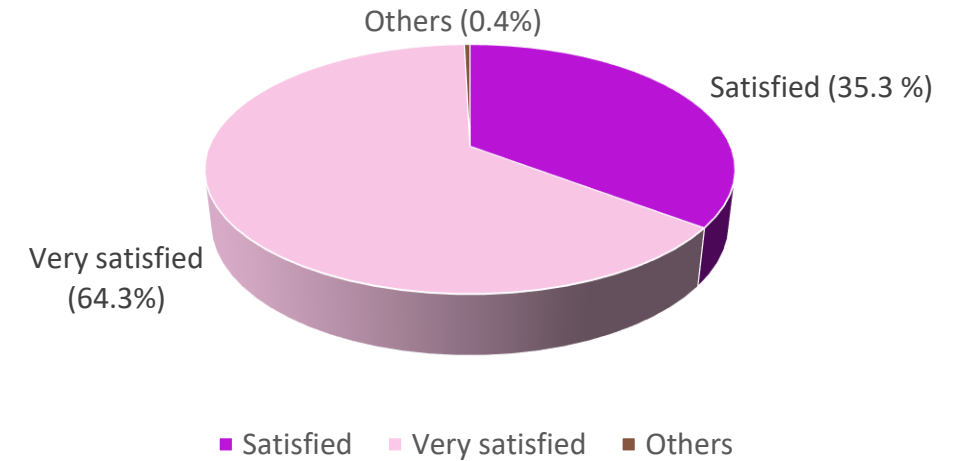


Results | Sharing in Psychosocial and Therapeutic groups intervention



Therapeutic groups	Photos
Educational Talks	  
Spiritual Care programs	  
Psychosocial and Therapeutic groups	  

Satisfaction of Psychosocial Groups



Therapeutic groups and volunteer training participants: 200



Discussion



Vision and Scope

What We Aspire and What the Framework Is about

In formulating this Framework, our goal is to improve the health of our patients through improving the accessibility and the quality of cancer services we provide. We believe the care that patients receive should be appropriate to their needs, and should be delivered through the concerted efforts of different healthcare professionals along the care journey in a sustainable manner. With this principle in mind, HA set out the following vision for the cancer services:

Vision for HA Cancer Services

The vision for HA cancer services is that "all cancer patients receive timely, coordinated and patient-centred care in their cancer journey". HA will strive to provide timely, equitable and quality cancer services to our patients.

(Hospital Authority 2019)

- Timely

- Coordinated



- Patient-centered care



Projecting
incidence of
cancer in
2030 will be
> **42,000**



Conclusion



1. Patients and their families were overwhelmed by different health and social problems right after being diagnosed incurable cancer. Their psychosocial needs should be addressed by proactive identification and multi-dimensional support.
2. Measurement scales facilitate timely risk screening and triage for different levels of interventions. Meanwhile, MSW's clinical judgement is equally significant.
3. Patient's anxiety level and caregiver stress were significantly decreased after MSW's psychosocial intervention. Since the change of depression level are multi-factorial, further study with control group design may enrich our understanding on comprehensive psychosocial needs of incurable cancer patients.
4. Collaboration with Patient Resource Centre (PRC) / Cancer PRC can enhance multi-dimensional psychosocial support for patients and families.



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Multi-disciplinary Team/Queen Mary Hospital

Spiritual Care Units and Professional volunteers/Queen Mary Hospital

All Community partners





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Q&A



THANK YOU

“In every end, there is also a beginning.”
— Libba Bray (2003)

