

INTRODUCTION

- Approximately 1 in 5 individuals with cancer have depression, a four-fold greater prevalence compared to the general population.
- Fewer than half of cancer patients with depression receive behavioral health services, with rural areas especially underserved.
- Depression screening is a critical part of comprehensive cancer care; however, there is no standard recommendation regarding program implementation.

OBJECTIVE

- Investigate clinical teams' attitudes towards patient depression screening
- Identify strategies and barriers
- Improve depression screening and inform a clinic workflow

MATERIALS AND METHODS

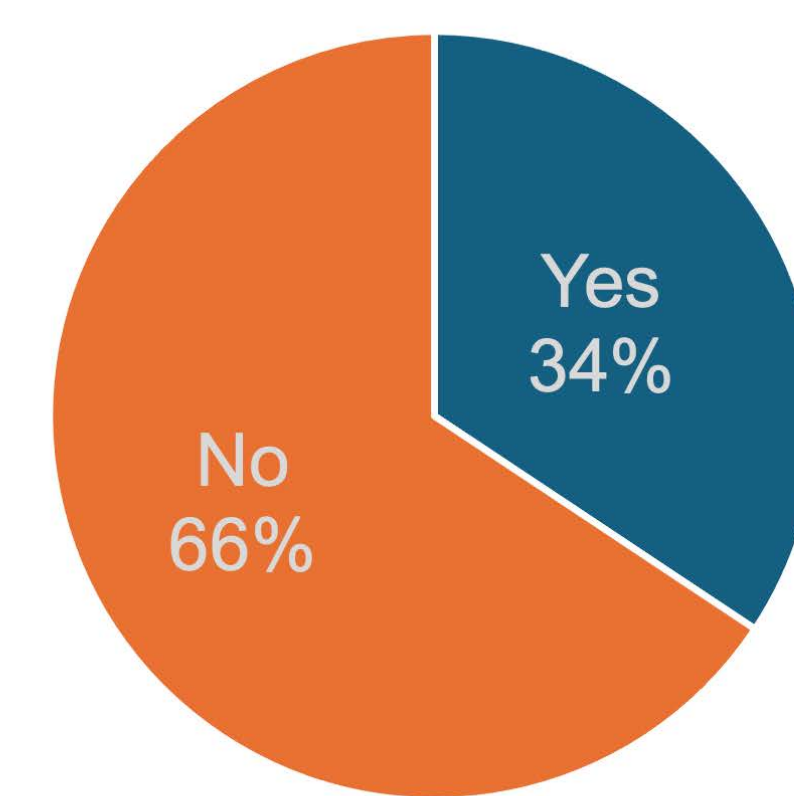
- Survey patient-facing members of the oncology care team at ECU Health Greenville cancer clinics
- Perform a needs assessment in an outpatient rural oncology program

Figure 1. Respondent Demographics

Roles	Respondents	Years in Role	Respondents
Attending Physician	18	<1	12
Trainee Physician	6	1-5	30
Nurse Practitioner	6	6-10	23
Physician Assistant	2	11-20	18
Nurse	38	>20	15
Specialty	Respondents		
Medical Assistant	12	Medical Oncology	46
Radiation Therapist	9	Radiation Oncology	24
Patient Navigators	5	Surgical Oncology	13
Other (Clinical Addiction Counselor, Pharmacist)	3	Gynecologic Oncology	12
		Other (OB/GYN, General Surgery)	2

RESULTS

Figure 2a. Percentage of care team members who currently perform depression screening



2b. Percentage of care team members who have performed depression screening in their career

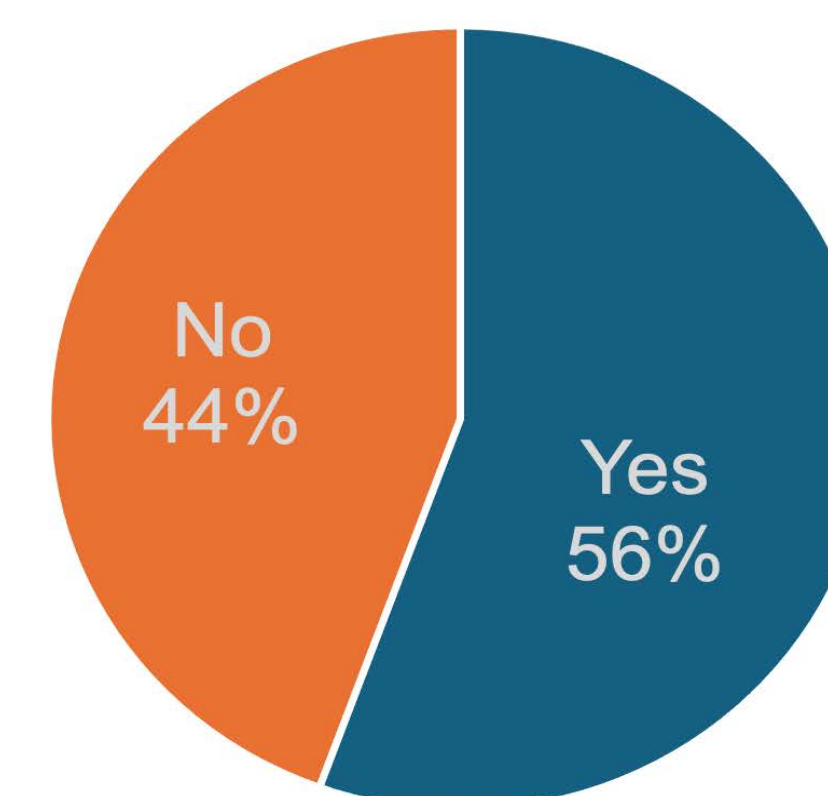


Figure 3. Perceived ability of interdisciplinary team to implement a screening program

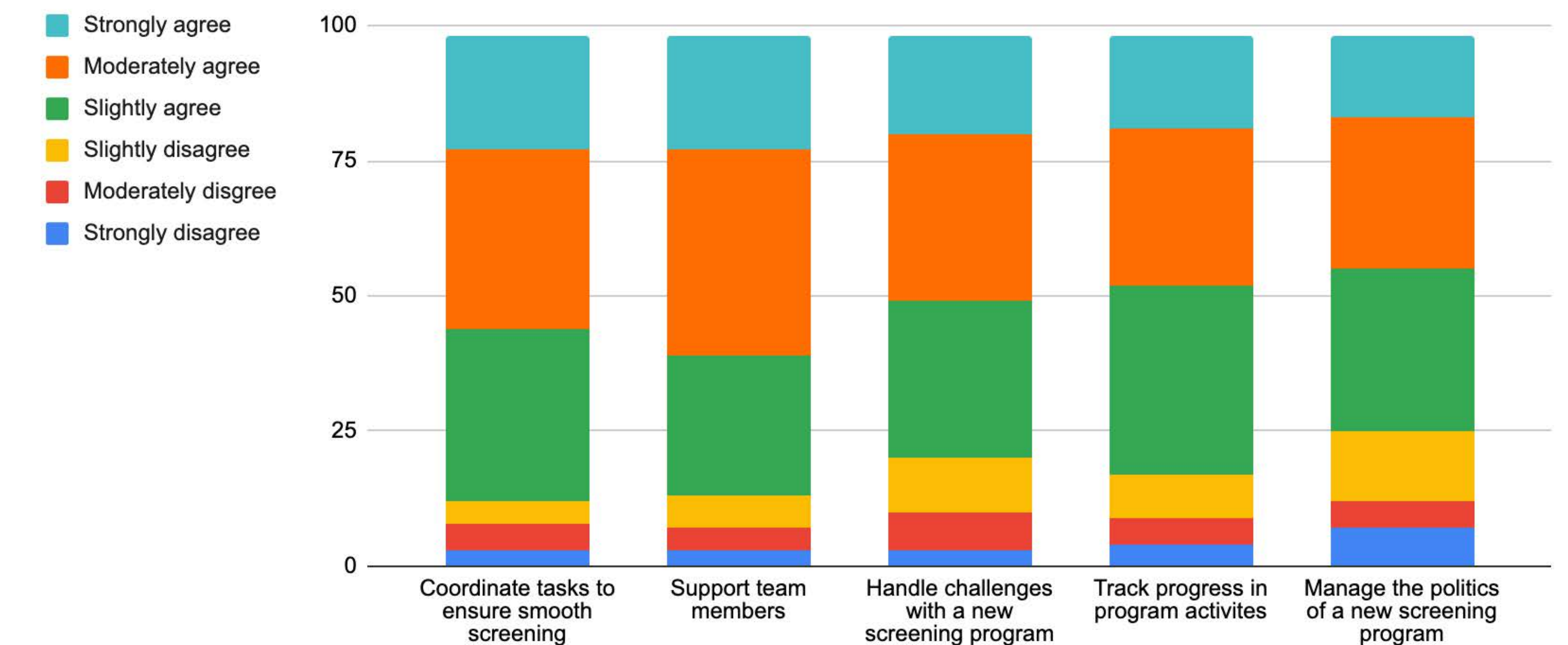


Figure 4. System-wide components for implementing a depression screening program

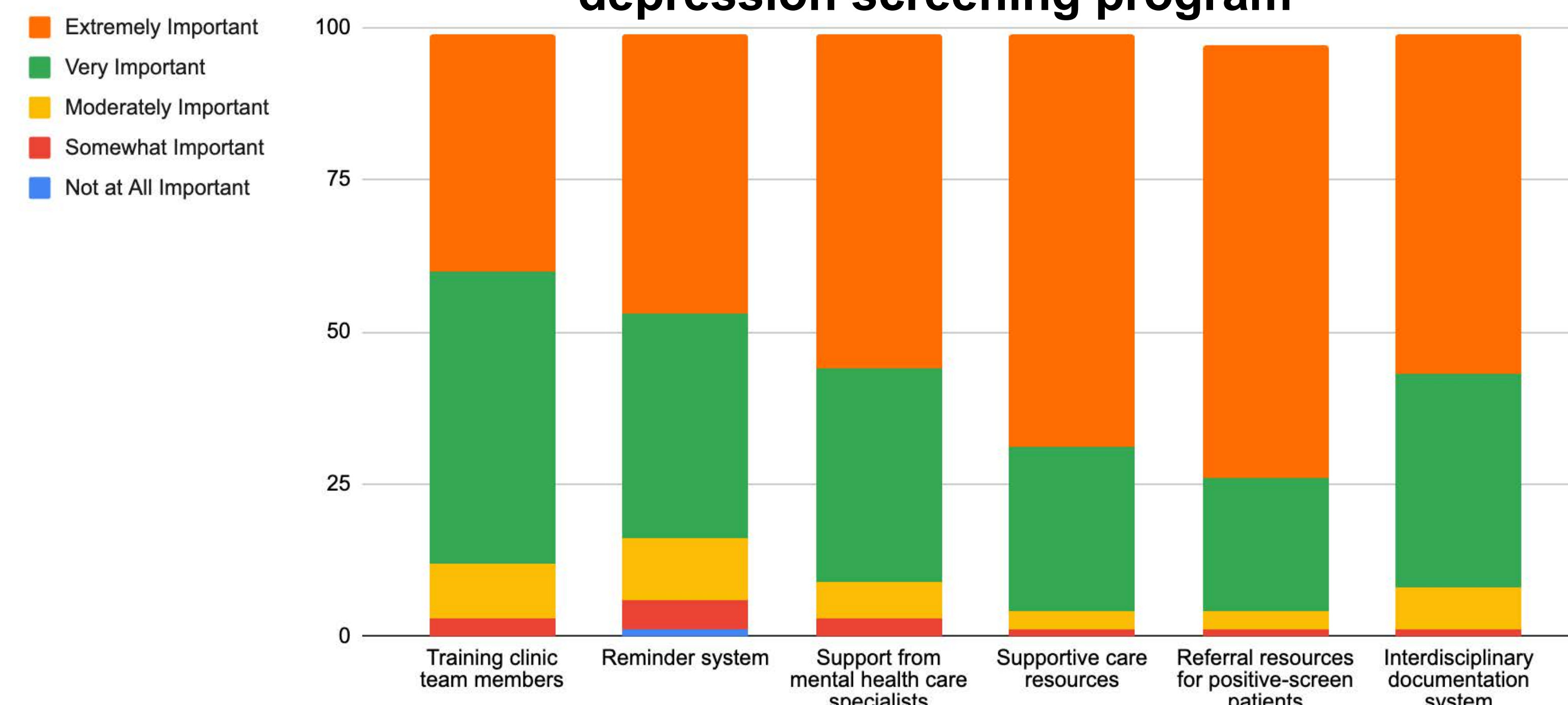


Figure 6. Clinical team's confidence communicating with patients with depression

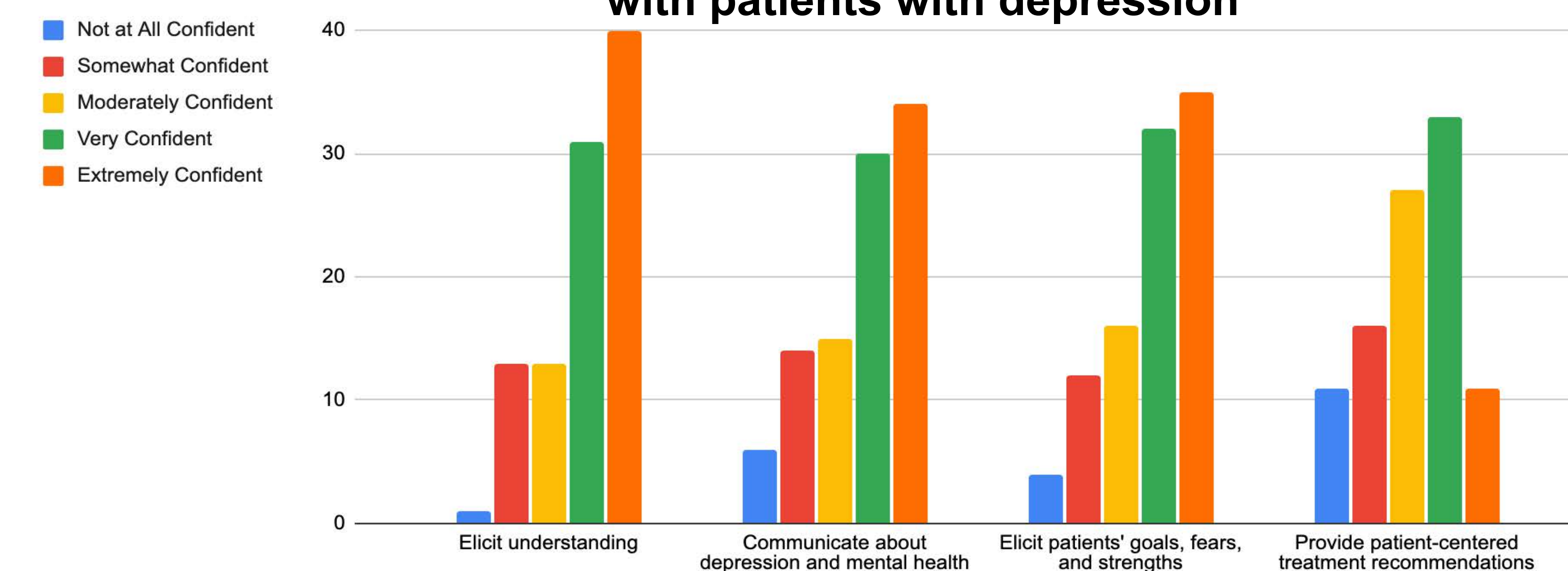


Figure 7. Confidence in delivering depression screening

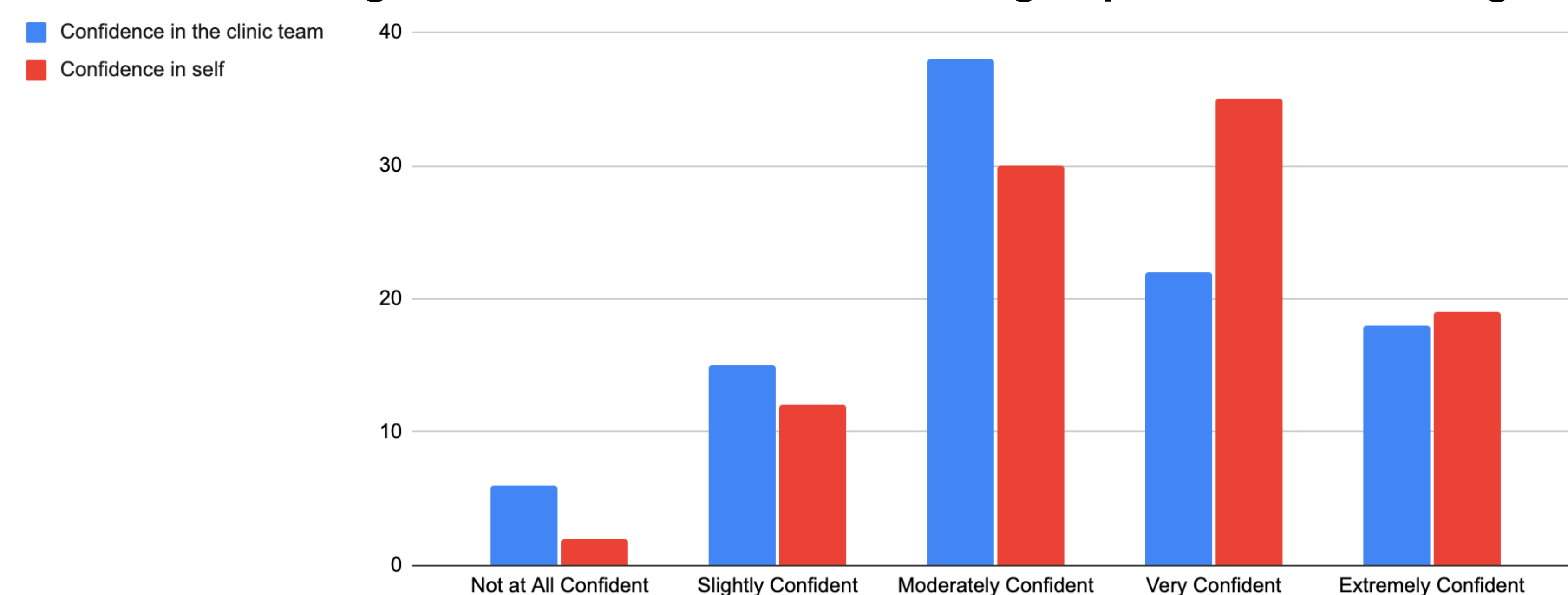
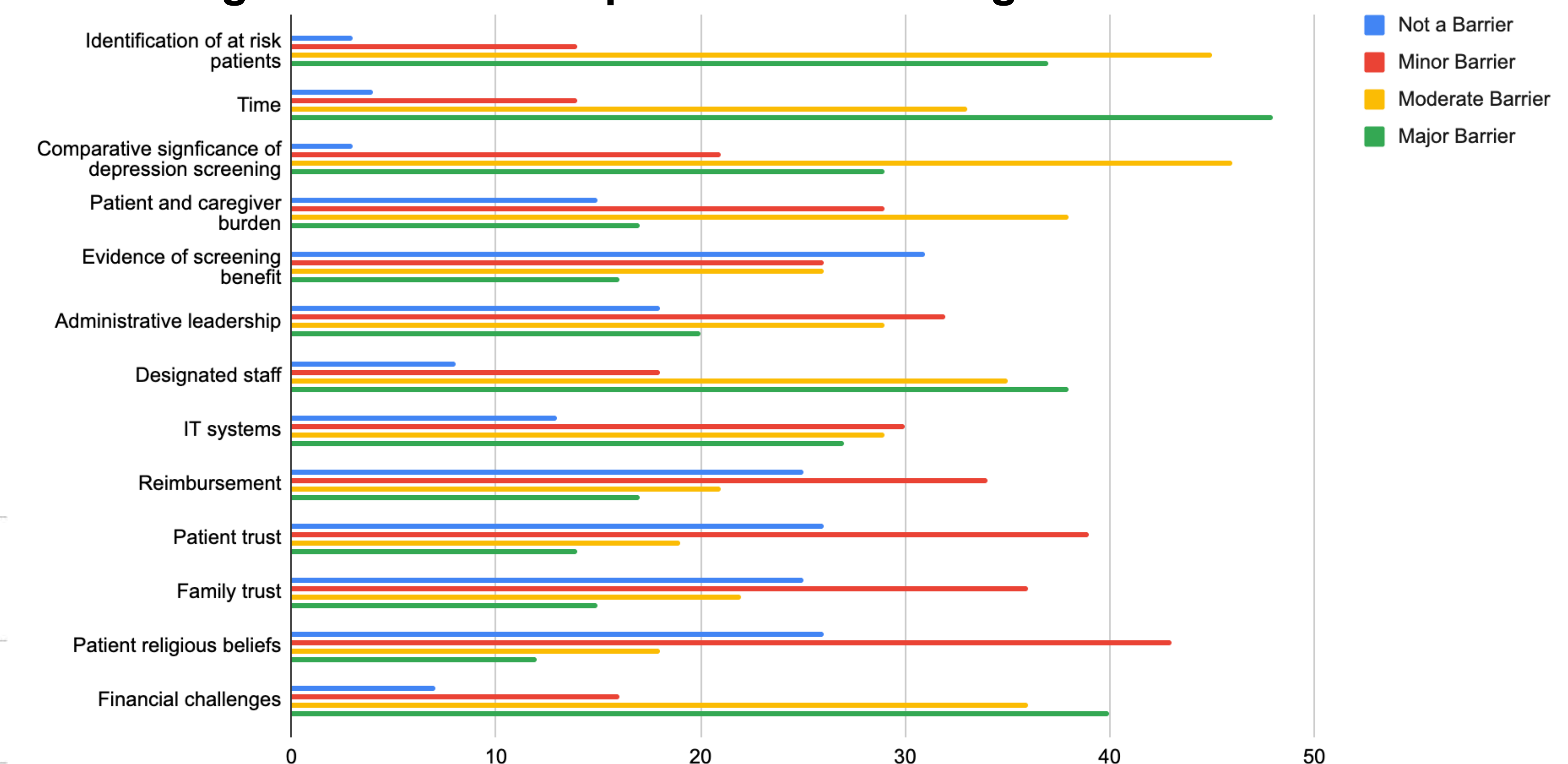


Fig 5. Barriers to depression screening in cancer clinics



CONCLUSION

- Although most oncology care team members at ECU Health do not currently perform depression screening, most are confident in their personal and clinic's ability to deliver this healthcare service.
- Supportive care and referral resources were identified as important strategies for program implementation; time and patient financial challenges were the barriers of highest concern.
- Next steps: compare responses at outreach clinic sites and develop an implementation strategy for depression screening.

REFERENCES

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