# Combining Psychology, Rehabilitation and Palliative Care into a Multi-Specialty Clinic

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#### Background

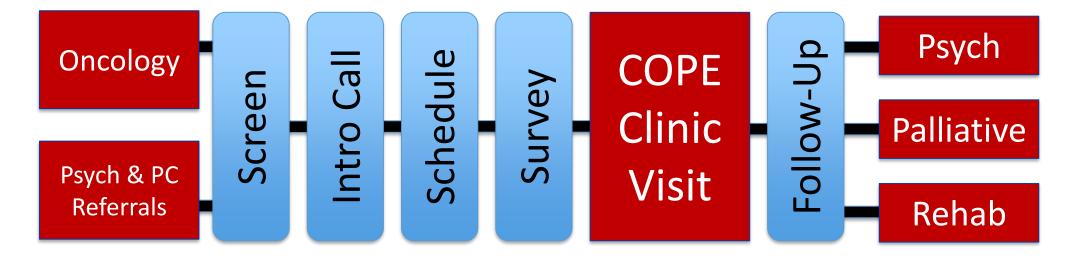
- Multiple outpatient supportive care services at academic cancer center
- Cross-over of some patients allows for increased collaboration
- Program development
  - Psychology Mature
  - Palliative Care Mature
  - Onco-Rehab Establishing
- Dreaming and planning since 2018
- Clinic space extremely valuable
- Leadership solicited innovation
- COVID unlocked telehealth upgrade

## Logistics

- Technology <sub>F</sub>
- PHQ-9 Survey – REDCap GAD-7 **PROMIS-29 v2.0** EHR – EPIC
  - Telehealth Zoom (EHR Integration)
- Worked with billing on multiple visits billed
- Avoid time-based billing since sharing time
- Pilot phase Aug 2020-Nov 2020
- Sustainability phase starts April 2021
- Patients new to each service
- Early in their disease course

Concurrent outpatient evaluation with three supportive care specialists utilizing telehealth and pre-visit surveys increases access to patients early in their cancer illness.

#### Patient Flow



### Findings & Limitations

- Screening important to find needs in 2 of 3 area
- Pre-visit surveys extremely helpful, low burden
- Seeing younger patients, within 8 weeks of dx
- Learning from direct observation of each other
- Visits are intense, patients fatigue towards end
- Positive informal feedback
- Clinic is currently during admin time, limits growth
- Limited numbers so far 6 total patients

### Visit Structure – 75 min

#### Pre-visit (15m)

Review

Discuss

survey

- Psychology Personal history
- Palliative Symptoms, ACP chart review
- Plan approach

#### Visit (55m)

- Nurse Introductions, Orientation
- Rehab Functional Status, symptoms
- Psychology Coping, mental health
- Nurse Review, wrap-up and debrief
- Review
- findings Review follow-up

Debrief

(5m)

Discuss teaching points

## **Future Directions**

- Moving clinic from admin to regular clinic hours
- Involve other clinicians from our divisions
- Strong leadership support, potential philanthropy
- Add longitudinal survey, research component
- Include more oncologists slowly to handle volume
- Involve trainees, other disciplines (SW, dietician)

**ESAS**