

Oncology social work services in the community oncology setting

The Jack Ady Cancer Centre experience

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ABSTRACT

Today's patient-centred cancer care requires full attention to both quantity and quality of life. Patient safety, comfort and ability to function call upon the efforts of a multidisciplinary healthcare team.^{1,2} Oncology social work continues to develop as an integral component of comprehensive cancer care.^{3,4,5,6} Core service areas and competencies have been defined for oncology social work and, as a result, a variety of patient-centred roles have evolved.^{7,8,9,10,11} Oncology social workers now provide a number of vital supports to those coping with cancer: patients, but also the local community and other healthcare workers. They help patients cope with their cancer diagnosis all along the disease continuum,

reduce anxiety, manage support groups, and assist the transition to survivorship or palliation.^{12,13,14,15,16} There has been widespread adoption of oncology social work programs in Canadian tertiary cancer centres. In the community oncology cancer care setting, such services, when they are present, need to be structured somewhat differently. This paper describes the design and functioning of the oncology social work program in a busy community cancer program to meet its growing patient care needs.

Keywords: community cancer care, oncology social work, community oncology social work services, inter-professional teams, psychosocial oncology

INTRODUCTION

There has been a major shift in the delivery of cancer care in Canada over the past 2 decades. The current emphasis has moved to a patient centred care approach coupled with the delivery of therapy closer to home. A significant number of treatments that would previously have been provided in tertiary care centres are now being administered in the community setting. In some provincial jurisdictions, more than 50% of all cancer therapies are now delivered in the community setting.^{1,2}

When patients receive their actual cancer treatments in the community setting, a corollary should be that the full spectrum of ancillary services, including dietary, rehabilitation and psychosocial services should also be readily accessible in the community.² In the case of oncology social work, when comprehensive services are available on-site, it means that patients receiving their radiation or chemotherapy closer to home are not then forced to travel elsewhere to meet supportive care needs.^{15,16,17}

Alberta Health Services (AHS) is guided by the principle of "Enabling the system to provide patients access to appropriate health services and information when they need it (i.e. provide the right service, in the right place, at the right time)." The Jack Ady Cancer Centre (JACC), which operates out of the Chinook Regional Hospital in Lethbridge, Alberta, is one of 4 AHS regional cancer centres. The JACC provides service to a population of close to

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100,000 in Lethbridge itself, along with another 50,000 to 60,000 Albertans in surrounding communities. The clinic is currently funded for 2 full-time radiation oncologists, 2 full-time medical oncologists and 1 oncology nurse practitioner. The multidisciplinary JACC cancer care team includes dietary therapy, physiotherapy and psychosocial support, as well as the services of nurse navigators and advanced clinical pharmacists^{1,2}.

HISTORY OF SOCIAL WORKER/PYCHOSOCIAL SERVICES AT THE JACC

Under the Health Professions Act, social workers in Alberta are regulated members of the Alberta College of Social Workers and must adhere to the Standards of Practice set out by the College.^{8,10} The Canadian Association of Social Workers defines social work as “a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems.”^{9,10} Social work is concerned not only with individual and personal problems, but also with broader social issues such as poverty, unemployment and domestic violence. Within oncology, social workers are part of an interdisciplinary team that provides person- and family-centred care to those affected by the diagnosis of cancer.^{5,6,7,17} Education for social workers can range from diploma level, through bachelor’s and master’s degrees, right through to the doctoral level.

Prior to 2015, no standard baseline for social work classification or qualification existed across the Regional Cancer Centres. Social workers were employed with a variety of educational backgrounds and experiences. Work was recently undertaken to evaluate baseline service needs, and oncology social work was recognized as a specialized area of service delivery.^{8,9,10,11} Alberta Health Services now distinguishes Level 2 social work, requiring at least a bachelor’s degree, from Level 1 by the wider range of assessment and counseling services involved, including enhanced independence and greater clinical judgment. AHS’s standard Level 2 job description includes duties such as interventions,

counseling, support services, discharge and aftercare plans. The Level 2 classification was adopted as the standard across Regional Cancer Centres.¹¹

It is within this framework that social work services at the JACC have evolved over the past 2 decades, with the number of service hours increasing over time to meet the needs of the growing number of patients receiving care at the cancer centre. Services have become more comprehensive, with the provision of counseling services in addition to basic resource support. Currently, the centre employs a full-time master’s-prepared social worker with a Level 2 Health Sciences Association of Alberta classification.

CURRENT OPERATING STRUCTURE AND FUNCTION OF ONCOLOGY SOCIAL WORK SERVICES AT THE JACC

Scope of practice

The current social worker at the JACC functions in a full-time capacity as a vital member of the multidisciplinary team, providing supportive care services.^{5,6,7} These services are available to the entire oncology population living in the Lethbridge area and therefore also include patients receiving care in other AHS cancer centres, including one of the tertiary centres, as well as smaller community cancer centres.

The program is designed to support patients in 2 broad areas: practical needs and emotional needs.^{3,5,7,10} Practical needs often involve accessing resources from multiple provider organizations, including private, government-run and not-for-profit programs, that each deliver some aspect of care. Social work assistance ranges from providing information, to dealing with financial issues or medical insurance coverage, helping navigate the disability insurance process, undertaking advance care planning (personal directives, enduring power of attorney, wills, goals of care designation etc.), as well as helping with transport.^{5,7,8,10} In Alberta, cancer centre social workers also help patients access the Alberta Cancer Foundation Patient Financial Assistance program, which provides significant assistance with cancer-related expenses for eligible patients (Table 1).

Addressing emotional needs includes consideration of emotional distress: studies have shown that 35% to 45% of all cancer patients and their families experience significant distress, while the figure may approach 70% for those in palliative care. Other areas of emotional support include counselling related to illness adjustment, depression and anxiety management, sexual health issues, grief and loss, palliation, and survivorship concerns. Facilitation of groups and educational classes are used to address emotional concerns, while encouraging patients to support one another and provide suggestions for managing the challenges a cancer diagnosis presents to the patient and their family.^{5,6,10,17}

Table 2 details the current scope of community oncology social work practice at the JACC.

Social work services in Regional Cancer Centres such as the JACC are somewhat different from those provided in tertiary and community settings with regard to degree of specialization, means of service delivery and the scope of practice of individual practitioners.

TABLE 1. Financial resources commonly used by people diagnosed with cancer

- Alberta Cancer Foundation Patient Financial Assistance program
- Canada Pension Plan – Disability or Retirement
- Alberta Seniors Benefits
- Special Needs Assistance for Seniors
- Employment Insurance
- Old Age Security
- Guaranteed Income Supplement
- Assured Income for the severely handicapped
- Income support
- Private insurance/disability programs

TABLE 2. Current scope of practice - JACC oncology social worker

- Financial resource assessment
- Assistance with navigating government programs, Workers Compensation Board benefits, not-for-profit organizations such as the Alberta Cancer Foundation, disability insurance etc.
- Access to drug treatment
- Counselling and emotional support for patients and their family members
- Assisting with decision-making and life planning
- Serving as patient and family advocate within the healthcare system
- Liaising with the patient navigator and other team members to ensure patients obtained all components of the care plan
- Helping patients transition to palliative care, hospice or survivorship
- Referring patients and families to appropriate community agencies
- Facilitating education and support groups
- Supporting other care team players as they try to educate patients

The size of tertiary centres allows for employment of multiple social workers specialized in either practical assistance or counselling, while social workers in regional centres must provide both types of support, be knowledgeable about a vast range of programs, and develop a variety of skills. In smaller community cancer centres, social work services are provided almost exclusively by telephone. Patients from both community and regional centres are often referred to tertiary centres for psychological care. Differences in service model delivery and overall staffing levels within Alberta are outlined in **Table 3**.

TRIAGE AND REFERRAL PROCESS

Any patient receiving care at an AHS cancer centre is eligible for referral to the social work program, so long as their need is related to the cancer treatment or disease process. An AHS Putting Patients First form has been developed for use with the screening for distress intervention in ambulatory cancer settings. This tool helps to rapidly prioritize patients based on physical, informational, practical, financial and emotional needs.

The triaging of individual referrals is performed by the local social worker and is based on the information gathered by the social work referral form and/or the Putting Patients First form. The current goal is to generate a response within 1 to 3 business days. Patients may self-refer to social work

services, but in actual practice, most referrals originate from healthcare professionals from within and outside the cancer program, including physicians, nurses, other members of the comprehensive healthcare team including physiotherapists and dietitians, and care navigators, with whom social workers collaborate to help patients obtain services. The triage process is illustrated in **Figure 1**, while a breakdown of referral sources is detailed in **Figure 2**.

ANALYSIS OF CURRENT PROGRAM: FUNCTIONAL DATA

The JACC social worker is employed in a 1.0 full-time-equivalent capacity to provide weekday daytime service. Over the 2017 calendar year, the social worker carried a caseload of 235 unique patients who made a total number of 644 initial and followup appointments. This caseload also includes patients who attended a support group or educational session. The percentage time devoted to different services is detailed in **Figure 3**.

DISCUSSION

When the profession first emerged in the 1960s, oncology social work was primarily focused on providing palliative care.⁴ Formal professional development and networking programs came later with the formation of the National Association of Oncology Social Work. In the United States, the first annual conference was held in New York City in 1984, sponsored by the American Cancer Society.⁴

As oncology social work evolved, it developed a number of other services for people living with cancer and their families. Today this dynamic growing specialty has become a vital component of comprehensive cancer care.^{12,13,14,16,17} A number of direct service tasks have been added to the portfolio, including screening and psychologic assessment, facilitating adjustment to illness, counselling and individual family and group support, discharge planning, referral and advocacy.^{5,6,7,10}

The social worker's participation as part of the multidisciplinary team usually begins at the time of the patient's initial diagnosis and continues throughout the disease trajectory. Oncology social workers are trained to recognize the interconnectedness of an individual's internal and external realities and are thus uniquely qualified to address psychologic and social wellbeing in relation to overall illness.^{5,6,8,10} Oncology social workers help the team move beyond focusing exclusively on disease processes, to take a broader view of other practical matters that may significantly affect an

TABLE 3. Overview of social work services by cancer care setting in Alberta

Cancer centre type	Tertiary cancer centres (2 sites)	Regional cancer centres (4 sites)	Community cancer centres (11 sites)
Scope of practice	Two types of social worker – resource social workers and clinical social workers	Sole-provider social workers responsible for both resources and counselling	Social workers responsible for resources and counselling via phone and virtual connection
Current total provincial staffing	12 FTE*	4.0 FTE	1.3 FTE

*FTE = full-time equivalent

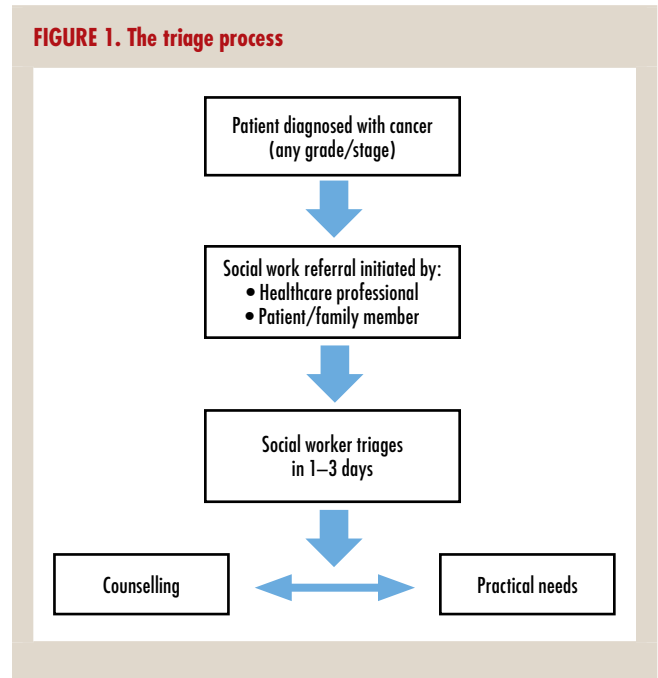
individual's quality of life.^{9,12,13,14} Approximately 40% of the JACC oncology social worker's time is spent on patient counselling, family support and advanced care planning.

Changes in care complexity, delivery and outcomes have increased the focus on the oncology social worker's role as patient advocate.^{5,6,17} Treatments are more demanding and last a longer time: more patients are living with cancer as a prolonged chronic illness.^{5,6,7,10} The social worker often plays a central advocacy role for individual patients as they undergo treatment and later move into the post treatment phase.^{5,6} The processes for informed consent for treatment, as well as patient participation in decision-making, frequently involve oncology social workers, who facilitate communication and mutual understanding between patients and care providers.^{3,7}

Surprisingly little tangible information has been published in relation to the actual triaging and distribution of oncology social work services, including virtually nothing specifically in relation to the community oncology setting. Our data from the JACC oncology social worker's practice documents show how this wide variety of roles and functions may be incorporated within the community oncology setting.

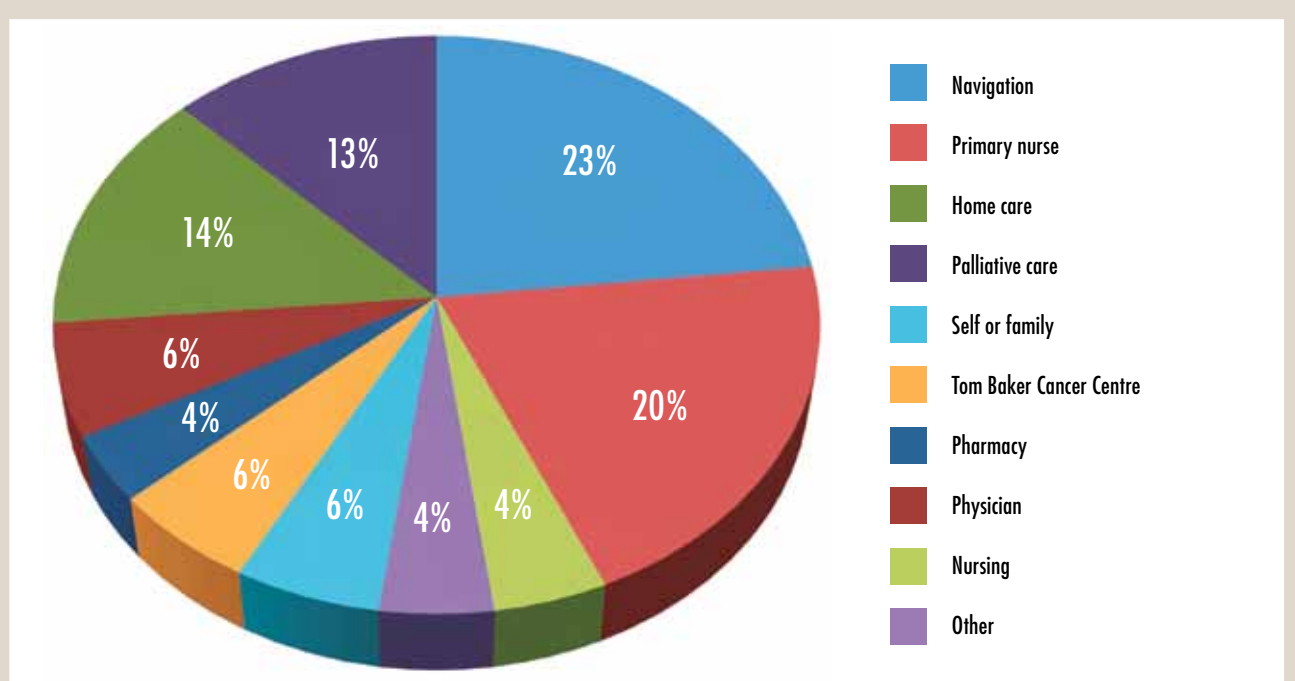
FUTURE EVOLUTION

The role of oncology social workers is likely to continue expanding in the coming years in regional and community cancer care settings. There is a currently a major AHS initiative underway to expand clinical trials participation outside of tertiary centres. This is an area where social workers have not been widely used: one large survey of oncology social workers found that 75% of respondents had rarely if



ever engaged in discussions related to clinical trials.⁷ As centres such as the JACC become increasingly involved in clinical trials recruitment, social workers may be needed to help clients cope with the complexity of the processes and choices involved.^{5,6,7,10} In the development of clinical practice guidelines, oncology social workers would contribute a unique


FIGURE 2. Referral sources



perspective to identifying priority patient selection and optimal interventions.^{5,7,10}

Creative solutions are needed to assure that communities outside of major centres can access services that are increasingly recognized as vital to producing the best outcomes in cancer care. These may include an increased role for telehealth, remote clinical supervision of counselling to improve social worker skills, and opportunities to develop skill sets in areas such as sexual health and survivorship.^{12,13,14,16} Additional social work resources will likely be required. Standardized survivorship and transition-of-care classes have been piloted in conjunction with the provincial transition and patient navigation teams and are in the process of being edited for province-wide use.

CONCLUSIONS

Over several decades, oncology social work has evolved from a purely palliative focus to a multifaceted discipline involved at all stages of a cancer patient's care. The oncology social worker has become a vital member of the comprehensive cancer care team. Within community oncology, social workers assume multiple roles, which are likely to expand even further as the trend to provide care closer to home continues. This article explores the structure and functioning of social work services in one community oncology setting, may help to understand and support future development of these services. 

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FIGURE 3. Time devoted to different social work services provided at JACC in 2017

