

A simple intervention benefits cancer patients while saving hospitals money, study shows

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Cancer patients who received specialized mental health support as part of their treatment plan were more likely to see improvements in their

quality of life and reductions in pain, depression and fatigue, according to a study led by researchers at the University of Pittsburgh School of Medicine.

In addition to lasting improvements in patients' quality of life, researchers observed lower risk of cardiovascular disease in family caregivers, as well as substantial cost savings to the health care system. The findings from a Phase III clinical trial were published today in *The Lancet*.

"The current standard of care, which includes screening patients for these symptoms and referring them to a provider for [treatment](#), is not working," said lead author of the study Jennifer Steel, Ph.D., professor of surgery, psychiatry and psychology at Pitt. "Our integrated screening and treatment program provides meaningful support to patients and can save hospitals millions of dollars by preventing readmissions."

Numerous studies have shown that symptoms such as depression and pain are associated with higher rates of emergency room visits and readmissions to the hospital, higher health care costs and poorer survival. For nearly two decades, screening for these symptoms and referral for treatment has become standard of care for cancer centers in the U.S., Canada, Europe and Australia. Yet, various barriers prevent the majority of patients from initiating treatment. Steel and her team wanted to change that.

Out of 459 participants in the Phase III trial that was run at UPMC Hillman Cancer Center in Pittsburgh, half were assigned to the integrated screening and stepped collaborative care intervention group and connected with a trained social worker or counselor for weekly Cognitive Behavioral Therapy (CBT) sessions. Those sessions were integrated into the cancer care plan and held weekly for at least eight to 12 weeks via telehealth. Patients were also offered medication treatment

if CBT alone did not provide a substantial benefit.

Traditional strategies involved with CBT include identifying and changing automatic thoughts, relaxation techniques, and changing core beliefs about oneself or one's environment. The CBT sessions also focused on the reduction of pain and fatigue by improving sleep hygiene and increasing [physical activity](#).

At the six-month follow-up, patients who were assigned to the stepped collaborative care group had greater improvements in emotional, physical and functional well-being than patients who were referred to a provider in their community for treatment. Importantly, those improvements persisted even one year after the intervention was initiated.

Patients receiving mental health treatment also had fewer emergency room visits and readmissions within 90 days, and shorter hospital stays, thus cutting down on costs to the health care system. The study showed that even if the collaborative care intervention was offered to patients for free, hospitals could expect to save upward of \$4 million for every 250 patients. It is the first U.S.-based collaborative care intervention in the context of cancer to show such cost savings.

"Preserving or improving [quality of life](#) while undergoing treatment for cancer is our goal, and for some patients, it is as important as survival," said Steel. "We hope our findings may shift the paradigm in the way in which we screen and treat these symptoms, while at the same time provide meaningful support to patients."

More information: Patient, family caregiver, and economic outcomes of an integrated screening and novel stepped collaborative care intervention in the oncology setting in the USA (CARES): a randomised, parallel, phase 3 trial, *The Lancet* (2024). [DOI:](#)

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