

Hematology Oncology Social Work Quality Improvement Initiative: The Critical Role of Timely Social Work Support in Patient-Centered Cancer Care: A Responsive Practical Proactive Approach (RPP)

Elaine Gustetic, LCSW

Mayo Clinic

Jennifer Markowitz, LCSW, OSW-C

Mayo Clinic

Jennifer Graham, LCSW

Graham.jennifer@mayo.edu

Mayo Clinic

Emaline Johnson, CMA

Mayo Clinic

Valentina Alaimo, MSW, RCSWI

Mayo Clinic

Karrie Dolan, LCSW

Mayo Clinic

Barbara Lubrano di Ciccone, M.D.

Mayo Clinic

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Abstract

Purpose

The devastation and impact of a new cancer diagnosis can be compounded by psychosocial challenges that can significantly affect patient outcomes. Historically at Mayo Clinic Florida, social work contact with newly diagnosed hematology oncology patients occurred at various and inconsistent times during treatment. Baseline data revealed that 2.16% of these patients received social work contact ranging from 2 to 43 days after diagnosis. Referrals were typically initiated following elevated distress screening or provider-identified needs. This quality improvement initiative explored the impact of embedding early clinical social work services to increase timely social work support for patients and awareness of the role of social work and resources.

Methods

All patients newly diagnosed with hematological malignancy were scheduled for first contact with social work within two weeks of meeting with their medical provider. During the first social work appointment, psychosocial screening was performed and social work role and resource education was provided. A follow-up consultation was scheduled if needs were identified.

Results

96 out of 122 (78.6%) newly diagnosed patients had social work contact for an initial screen during this quality improvement project. There was a 76.44% increase from baseline in the number of patients receiving social work support as a result of this initiative. 52.08% of the newly diagnosed patients proceeded from this initial screening to a scheduled social worker consult.

Conclusion

Early and proactive social work outreach through a Responsive Practical Proactive (RPP) approach improved access to psychosocial care and helped address gaps between distress screening and timely intervention.

INTRODUCTION

The number of cancer diagnoses and subsequent deaths around the world is growing rapidly. In 2022, GLOBOCAN reported approximately 20 million new cancer cases and 9.7 million cancer deaths globally [1]. Beyond the physical impact of cancer, patients often experience emotional, psychological, social, and financial strain that can disrupt daily functioning and significantly affect patient outcomes and engagement in medical care.

About one-third of cancer survivors suffer from increased rates of depression and anxiety which can exacerbate psychosocial distress and impair quality of life (QOL) and recovery [2]. A Cochrane systematic review in nonmetastatic breast cancer patients suggests that psychological interventions are helpful in reducing anxiety and depression [3]. Additionally, the ASCO Guideline Updates (2023) recommends psychological interventions, particularly Cognitive Behavioral Therapy (CBT), as a first-line treatment for anxiety and depression across all cancer patients [10].

Each patient is an individual system reflective of unique biological, psychological, and social needs [4]. Timely and responsive patient-centered care is key to addressing psychosocial needs. As such, distress management, inclusive of screening and patient response, is “well documented as an important component of evidence-based approaches to optimizing cancer outcomes and is a key component of whole-person cancer care” [5]. According to literature review and project findings, social work support efficacy may be compromised by gaps between screening and referral, patient unawareness, and delayed referrals.

DESIGN / METHODS

This quality improvement initiative aimed to explore and address the gap between psychosocial distress screening and timely social work intervention for hematology oncology patients by implementing a proactive model of care, identified as the RPP approach. A Fishbone Diagram created by the team allowed us to visualize the potential causes and effects of this gap, which informed the process of this initiative (Fig. 1). Barriers were identified including inconsistent provider referrals, lack of a standardized outreach plan, lack of patient awareness of social work services, possible stigma of utilizing social work services, and lack of defined referral timing. Referral timing was mostly informed by elevated distress screeners or by provider based on identified patient needs. Distress screening included the Cancer and Treatment Distress (CTXD) measure [11], investigator developed questions, Patient-Reported Outcomes Measurement Information System Computer Adaptive Testing (PROMIS CAT) for anxiety and depression [12], and advance directive questions.

Using the RPP approach, all newly diagnosed hematology oncology patients with malignancies were proactively scheduled during the intervention phase, for a 30-minute phone or video consultation with a hematology-oncology licensed clinical social worker (LCSW) within two weeks of meeting with their medical provider. The patient list was manually generated daily through a calendar review of providers. During the first social work phone call, the social worker oriented the patient to the role of the social worker as part of the patient's care team and the ways in which social work can offer support as part of ongoing psychosocial care during the patient's oncology treatment at Mayo Clinic. A brief psychosocial assessment took place and resources were offered. Psychosocial needs included emotional support and coping with medical diagnosis and impact, financial, lodging, transportation assistance, employment education, nutrition referrals to specialists in the community, insurance navigation, advanced care planning, mental health resources, integrative medicine referrals, and assessing caregiver supports. If psychosocial needs were identified, a full psychosocial consult appointment was scheduled. If

psychosocial needs were not identified, social work contact information was provided to the patient, and the social worker remained available for any emerging needs. The baseline measurement period was from March 24 to September 5, 2025, during which 231 newly diagnosed patients were assessed. Baseline data revealed that 2.16% of these patients received social work contact ranging from 2 to 43 days after diagnosis. To address this gap, the goal was set to increase timely social work contact for new patients to 35% (a 33% improvement) by March 6, 2026 in which patients would be scheduled within two weeks of diagnosis. The intervention was operationalized from September 8, 2025, to March 6, 2026. Data were compiled in a spreadsheet and analyzed at the end of the collection period.

A brief three-question post-survey with single and multiple-select questions was sent to patients via the patient portal following their first phone call appointment with Hematology Oncology Social Work (Fig. 2). Each of the questions solicited written reply via portal message response or answered in a phone call follow up with a member of the social work team and gathered in data collection. The survey results were measured as part of the patient feedback process in alignment with the RPP approach of this initiative that champions patient-centered care.

The project was accepted by the Quality Improvement Project Committee.

RESULTS

Baseline data revealed that 2.16% of newly diagnosed patients had contact with a social worker. Intervention data revealed that 96 out of 122 (78.6%) newly diagnosed patients participated in social work's first screen via phone. Of the patients who took part in the first screen with social work via phone, 52.08% of them were scheduled for a full social work consult as follow up, indicating a substantial level of unmet need identified through early outreach.

Patient survey (Fig. 2) responses for single-select question 1 that ascertained patients' perceived helpfulness of the initial social work phone contact totaled 28 responses for strongly agree, 12 for agree, 5 for neutral, 0 for disagree, and 2 for strongly disagree. Patient survey responses for multiple-select question 2 demonstrated that patients found a variety of helpful information discussed during first contact including community and oncology resources (20 responses), financial concerns (18 responses), emotional support (17 responses), lodging resources (14 responses), advanced care planning (11 responses), support groups (9 responses), other concerns (8 responses), and government/employment benefits education (1 response). Patient survey responses for question 3 that ascertained patients' perceived likelihood to contact social work in the future totaled 29 responses for strongly agree, 8 for agree, 6 for neutral, 1 for disagree, and 3 for strongly disagree. There were a total of 47 survey respondents. Overall, patient responses suggested high perceived usefulness of the initial contact and an increased likelihood of future engagement with social work services.

DISCUSSION

There was an increase of 76% in patient contact with social work from the baseline period, reflecting an increase after implementation of the Responsive Practical Proactive approach (Fig. 3). These findings suggest that a proactive and standardized outreach model improves access to psychosocial care compared to traditional reactive referral processes. The increase in utilization indicates the barriers, such as inconsistent referrals and limited awareness, may have contributed to low baseline engagement rather than lack of patient need. Early introduction of social work may also help reduce stigma by reframing it as a routine part of comprehensive cancer care. Intentional and foresighted social work outreach using the RPP model demonstrates promise in bridging gaps between psychosocial distress screening and timely social work intervention.

While the nature and cause of distress remain undetermined and varies among patients, research informs that physical symptoms and functioning correlate with its manifestation [6]. Due to the individual nature of distress manifestation, the team recognizes that timeliness of social support services offered is key to covering the gambit of each patient's unique journey as some may require social support sooner while others may necessitate it later or not at all. Any complex and multidimensional system may benefit from a timely, responsive and attentive approach to meet needs as aligned with best practice and established standards of care. Best practice in cancer care is rooted in a patient-centered approach inclusive of psychosocial support and a well-rounded multidisciplinary team [7].

Patient survey responses gathered from the Post Social Work Initial Phone Call Follow Up Survey (Fig. 2) further corroborates the need for social work as a member of the multidisciplinary care team during a patient's cancer journey. Survey responses were not comprehensive of all the patients who participated in initial contact with social work or who received support due to opting out of survey. Of the responses gathered, a majority of survey respondents found social work support and resources helpful, identified nonmedical needs, and a perceived likelihood to contact social work for future help if necessary. In addition, the variant nature of the responses gathered further support that each patient maintains diverse needs that may benefit from a patient-centered approach.

Experiencing distress, apart from meeting criteria for a psychological disorder, is a common experience during and after treatment among hematology oncology patients; points of distress can relate to fear of recurrence, physical impairment, and uneasiness surrounding transition to survivorship and return to pre-treatment life [8]. Further data recognizes a correlation between advanced cancer and depression as part of the umbrella of emotional distress. Behavior therapy has been studied as part of care for advanced cancer and found to show benefit in increasing patient QOL [9]. As such, distress management reflective of screening and response is a foundational support to a patient's cancer journey if effectively carried out. Effective patient identification coupled with ease of access to supportive services allows a greater number of patients to benefit from distress management interventions [5]. Limitations include single-site design, manual patient identification process, and survey participation. Future social work process development includes expansion to a broader diagnosis base, including all oncology social work specialties at Mayo Clinic Florida, to serve the needs of more patients. Future work should focus on

automating referral processes and evaluating long-term outcomes such as distress reduction, treatment adherences, and healthcare utilization.

CONCLUSION

The Response Practical Proactive (RPP) approach may serve as a foundational model for enhancing patient-centered cancer care and improving patient quality of life by increasing psychosocial support availability across varied social work practice areas. This model provides a practical framework for integrating early psychosocial intervention into standard oncology care. Further development, including automation of referrals and expansions to broader patient populations, may improve sustainability and overall impact.

Declarations

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Competing Interests

The authors have no relevant financial or non-financial interests to disclose.

Author Contributions

Initiative conception and design, including material preparation, data collection, and analysis, were performed by Elaine Gustetic, LCSW, Jennifer Markowitz, MSW, LCSW, Jennifer Graham, 7 of 11 MSW, LCSW, Emaline Johnson, CMA, and Valentina Alaimo, MSW, RCSWI. The first draft of the manuscript was written by Valentina Alaimo, MSW, RCSWI, Jennifer Graham, MSW, LCSW, and Jennifer Markowitz, MSW, LCSW. Karrie Dolan, LCSW and Barbara Lubrano di Ciccone, M.D. contributed to the review and editing of the manuscript. All authors commented on previous versions of the manuscript, read, and approved the final manuscript.

Ethics approval

This initiative was performed in line with the principles of the Quality Academy at Mayo Clinic in Florida. Approval (Quality Improvement Project (QIP) #7947) was granted by the Quality Fellows Program Subcommittee through Mayo Clinic College of Medicine and Science. No ethical approval is required.

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Figures

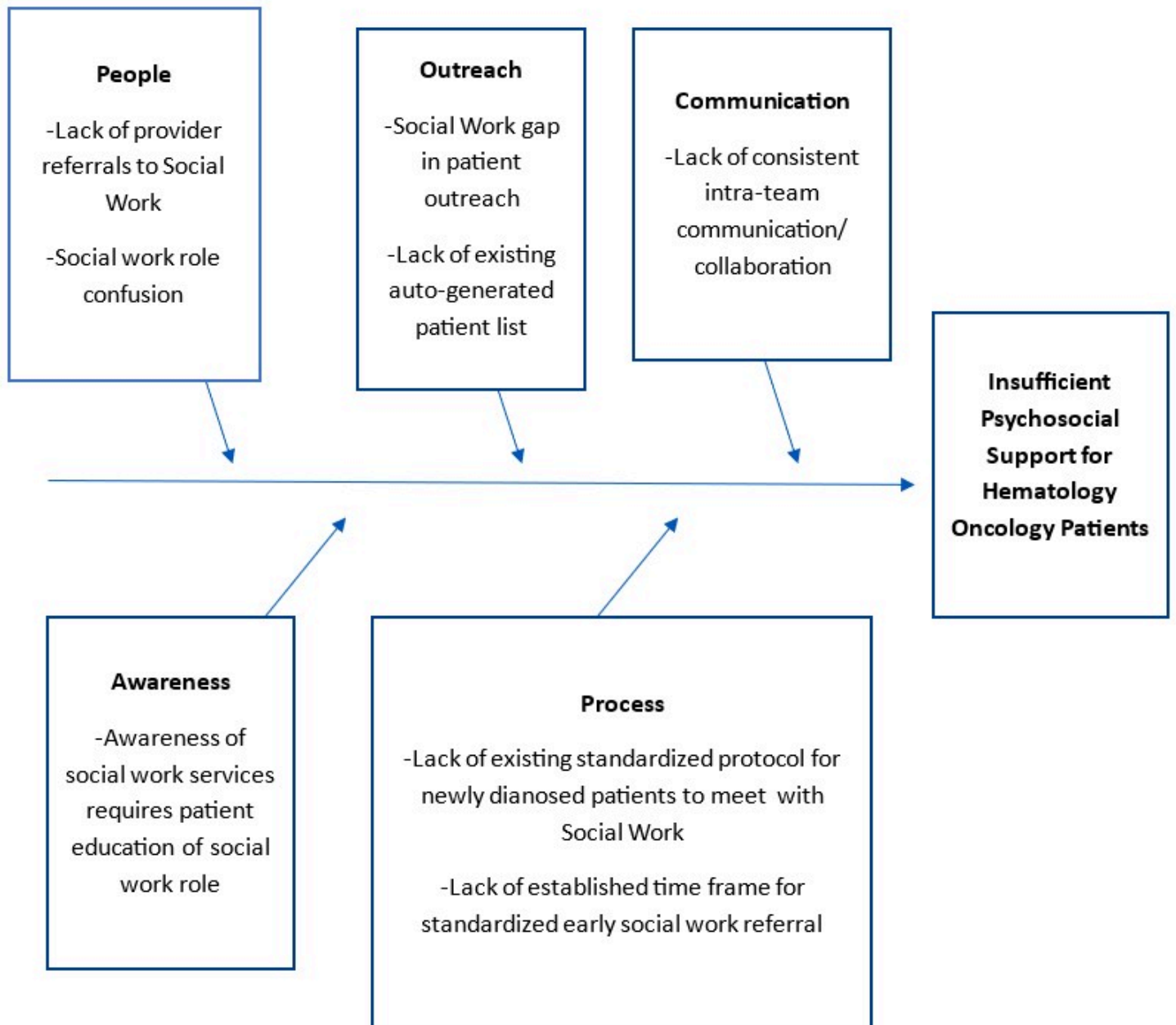


Figure 1

Fishbone Cause & Effect Diagram

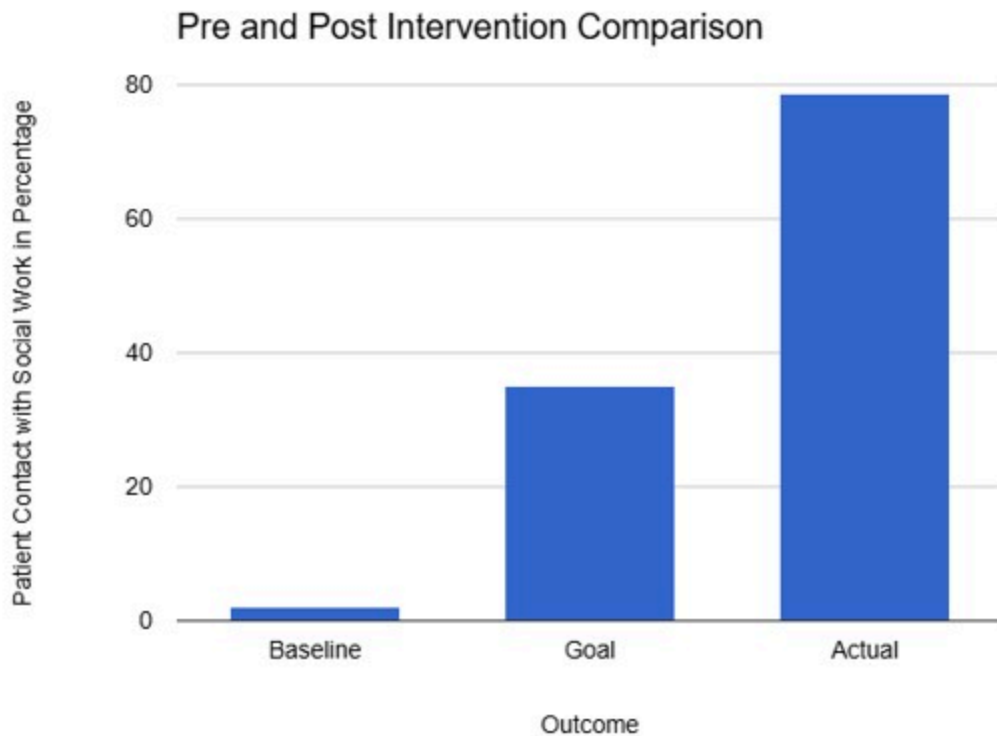


Figure 2

Post Social Work Initial Phone Call Follow Up Survey

1. Using the scale below, please rate the following statement: "I found my recent social work appointment to be helpful."

1 - Strongly disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly agree

2. What information was most helpful for you from this social work appointment? (Select all that apply)

- A. Lodging Resources
- B. Emotional support
- C. Community and Oncology resources
- D. Advanced Care Planning
- E. Support Groups
- F. Financial Concerns
- G. Government/Employment Benefit education
- H. Other

3. How likely are you to contact social work in the future should a need arise?

1 - Very unlikely 2 - Somewhat unlikely 3 - Neutral 4 - Somewhat likely 5 - Very likely

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Figure 3

re vs Post Comparison