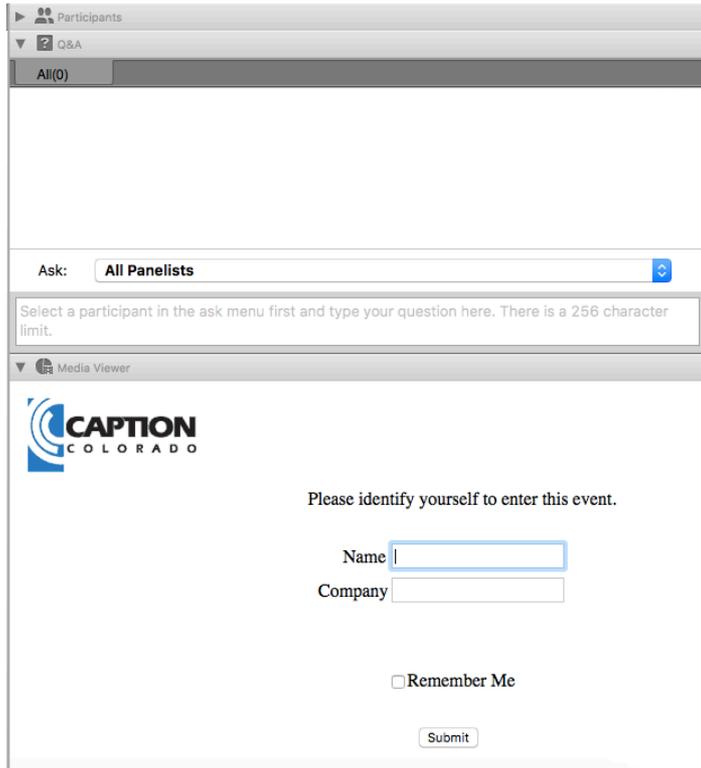


Using IT to Support Systematic Screening and Treatment of Depression in Cancer: PA-18-493 (R01) & PA-18-492 (R21)

Healthcare Delivery Research Program
Division of Cancer Control and Population Sciences

Using WebEx and webinar logistics



The screenshot displays the WebEx interface with two main panels. The top panel is the Q&A section, which includes a 'Participants' header, a 'Q&A' dropdown menu, and a list of participants currently set to 'All(0)'. Below this is an 'Ask:' dropdown menu currently set to 'All Panelists'. A text input field is provided for questions, with a note: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.' The bottom panel is the 'Media Viewer' section, featuring the 'CAPTION COLORADO' logo and a registration form. The form asks the user to 'Please identify yourself to enter this event.' and includes input fields for 'Name' and 'Company', a 'Remember Me' checkbox, and a 'Submit' button.

- Submit questions at any time during the presentation. Type into the Q&A feature on the right of the interface and press “submit”
 - Closed captioning is available by selecting the Media Viewer Panel on the right hand side of your screen
- To connect to the live audio, we recommend having the system call you. Enter your telephone number (include area code) and select “Call Me” OR dial in to the session at:
 - **Conference #:**
 - **Access Code:**
- This webinar is being recorded

Webinar presenter

Gurvaneet Randhawa, M.D., M.P.H.

Medical Officer

Health Systems and Interventions Research Branch

Healthcare Delivery Research Program

National Cancer Institute

National Institutes of Health

Email: Gurvaneet.Randhawa@nih.gov

Webinar Overview

- **Background**

- Division of Cancer Control and Population Sciences
- Grant Mechanisms

- **Funding Opportunity Announcement Details**

- Topic background
- Goals and scope of FOAs
- Application dates
- Resources

- **Questions**

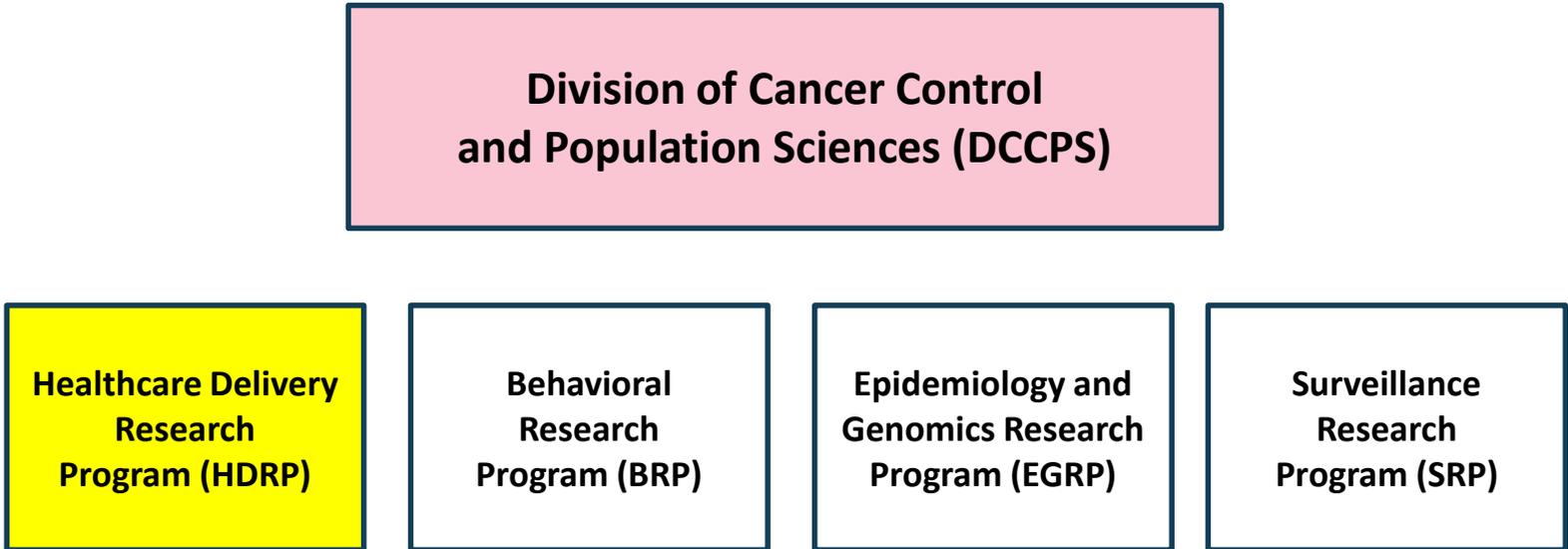
- Questions about specific aims or grant application details will not be addressed

Background

*Using IT to Support Systematic Screening and
Treatment for Depression in Cancer*

PA-18-493 & PA-18-492

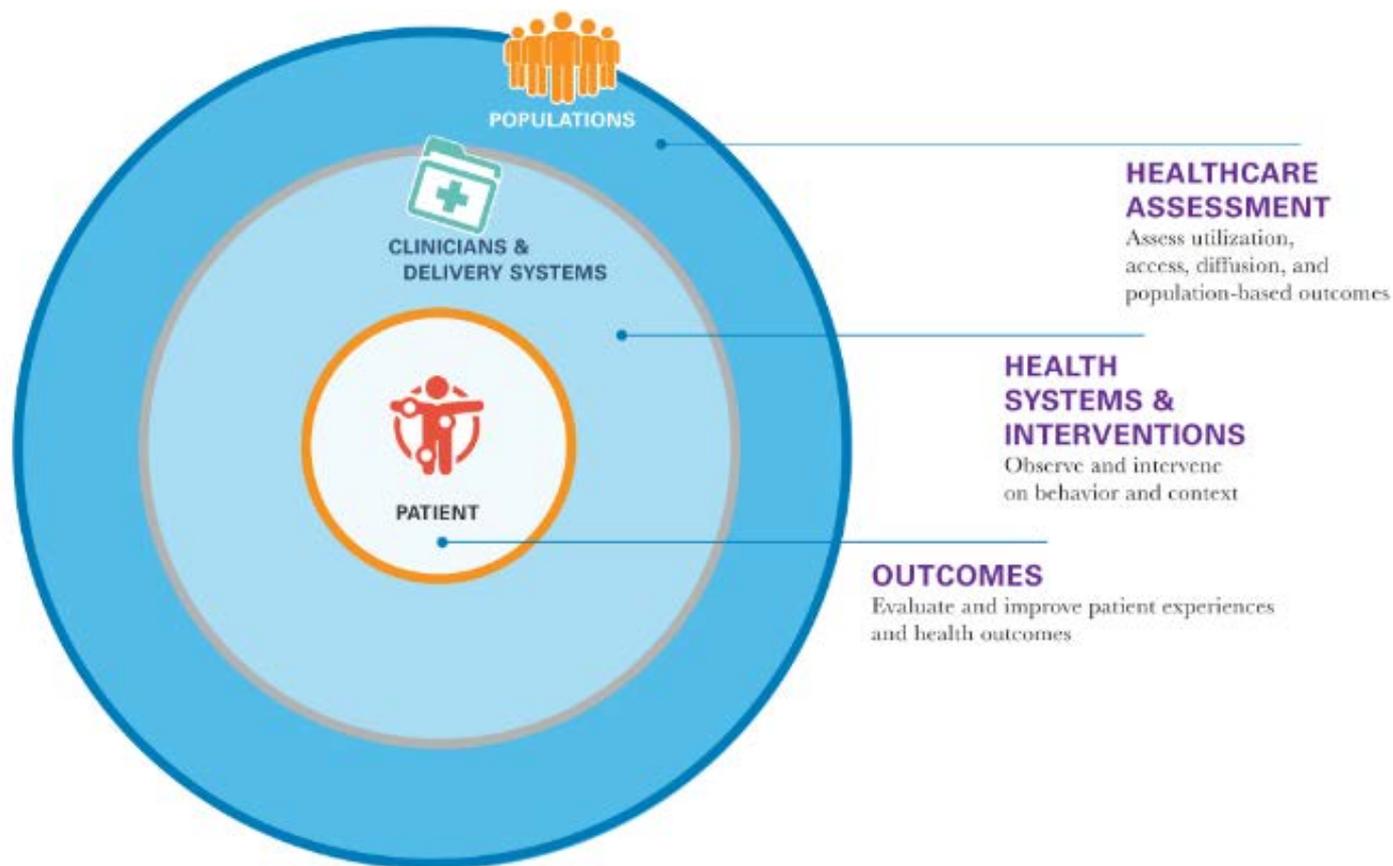
NCI DCCPS organizational structure



<https://healthcaredelivery.cancer.gov>

HEALTHCARE DELIVERY RESEARCH PROGRAM

Advancing innovative research to improve the delivery of cancer-related care



How we fund grants

- Although most of our portfolio consists of investigator-initiated (unsolicited) grants, HDRP also supports grant applications in specific areas of interest
 - Requests for Applications (RFA)
 - Identifies the specific receipt date(s), the estimated amount of funds earmarked for the initiative, the number of awards likely to be funded, and any specific criteria for scientific peer review; applications received in response to a particular RFA are reviewed by an Institute's Scientific Review Group
 - Program Announcements (PA)
 - Most PA applications are submitted with a standing receipt date and are reviewed with all other applications received at that time using standard peer-review processes
 - Program Announcement (PAR)
 - Program announcements with special receipt, referral, and/or review considerations

Grant mechanisms – R01 and R21

NIH Research Project Grant (R01)	NIH Exploratory/Developmental Grant (R21)
<ul style="list-style-type: none">▪ Support a discrete, specified, and circumscribed research project▪ Most commonly used grant program▪ No specific dollar limit<ul style="list-style-type: none">▪ Advance permission required for \geq\$500K direct costs in any year▪ 3-5 years funding	<ul style="list-style-type: none">▪ Supports new, exploratory, and developmental research projects▪ Sometimes used for pilot and feasibility studies▪ Preliminary studies are discouraged▪ Combined budget for direct costs for the two-year project period usually may not exceed \$275,000▪ Up to 2 years funding

FOA Details

*Using IT to Support Systematic Screening and
Treatment for Depression in Cancer*

PA-18-493 & PA-18-492

Depression Adds to the Cancer Burden

- Clinical depression is common in cancer (up to 24% of patients)

Krebber et al, Psycho-oncology, 2014

- Depression decreases quality of life, increases risk of suicide, decreases adherence to treatments
- Depression increases healthcare utilization and costs

Screening for Depression is Recommended

- Several instruments can **accurately** screen and diagnose depression
- Many **efficacious** therapies are available to treat depression
- USPSTF and ASCO guidelines **recommend** depression screening
 - USPSTF: **Systems** in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up

Collaborative Care: Effective Delivery Model

- Collaborative care treatment programs **coordinate** delivery of interventions across a multi-disciplinary clinical team (nurse, social worker, psychologist, oncologist, psychiatrist, primary care provider)
- Collaborative care-based programs are effective in treating depression in cancer patients

Sharpe et al, Lancet, 2014

- Collaborative care is **resource-intensive**; hard to implement in routine practice

Depression is Poorly Managed in Routine Oncology Care

- In absence of systematic screening for depression, oncologists **under-diagnose** depression in cancer patients

Passik et al, J Clin Oncol, 1998; Fann et al, Gen Hosp Psychiatry, 2008

- Depression is **under-treated** in cancer patients:
 - **73%** of patients with depression did not receive any effective treatment

Walker et al, Lancet Psych, 2014

- **27%** of older cancer patients with new depression received no treatment

Alwhaibi et al, Psych Services, 2017

Barriers to Delivery of Depression Care

- **Shortage** of mental health providers, especially in rural states
 - Psychiatrists: 5.2 in Idaho vs 24.7 in Massachusetts (per 100,000)
 - Psychologists: 7.9 in Mississippi vs 76 in Massachusetts (per 100,000)

Olfson, Health Aff, 2016

- Difficulty in **coordinating care** among various providers

Patel et al, J Oncol Pract, 2017

- Inadequate patient-physician communication due to **limited time**

Greenberg, JNCI Monogr, 2004

Potential Care Delivery Solutions enabled by IT

1. Use telemedicine to connect mental health providers in academic centers to community oncologists
2. Develop easy-to-use and useful clinical decision support tools to improve care coordination
3. Develop patient-facing apps to help with care coordination
4. Use clinic-based mobile devices or computer kiosks to conduct depression screening

Goals of PA-18-493 (R01)

- Identify new IT-enabled delivery models to screen and treat depression in cancer patients
- Test feasibility of implementing these models in a variety of oncology practice settings, especially those serving underserved populations
- Test effectiveness of these models, and their components
- Evaluate sustainability and scalability of these models

Goals of PA-18-493 (R21)

- Identify new IT-enabled delivery models that support systematic screening and treatment of depression
- Test the feasibility of implementing these new models in a variety of oncologic practice settings, including those serving under-served populations
- Test the usability and potential effectiveness of the IT-specific components of these new delivery models in an oncology practice setting

Scope of the FOAs

- **All** oncology practice settings (e.g. academic cancer centers, community cancer centers, oncology practices)
- Support use of **established**, evidence-based screening and diagnostic **instruments** for depression, and efficacious **treatments**
- Support use of appropriate mix of qualitative and quantitative methods to evaluate the effectiveness of the new IT-enabled delivery models
- Patient-, provider-, and system-level **outcomes** are of interest (e.g. depression, adherence, communication, satisfaction, timeliness, costs)
- Encourage research on **sustainability** and **scalability** of the new delivery model

IT Design Considerations

- Encourage the use of human-centered design principles
- User may be a clinician, clinical team, or a patient (or combination)
- Helpful to understand the clinical workflow and clinical needs relevant to depression care in oncology practice before designing the delivery model
- Consider sustainability and scalability of the IT-enabled delivery model

Potential Roles of IT in the Care Delivery Model

May be used to:

- Support communication between clinicians or between clinicians and patients and caregivers
- Improve care coordination
- Support depression screening or treatment (or both)
- Collect and analyze data
- Present data for decision support

Additional IT Considerations

- Use available standards and existing best practices to:
 - facilitate interoperability
 - protect patient privacy
 - ensure compatibility with an organization's cyber-security protocols
- Assemble multi-disciplinary research teams (e.g. IT experts, clinicians, human factors engineers, communication scientists, clinical epidemiologists)

Read the FOAs very carefully!

- Application Due Dates: **Standard dates apply**
- Earliest Due Date: **June 5, 2018 (R01); June 16, 2018 (R21)**
- Earliest Project Start Date: **April, 2019**
- PA Expiration Date: **May 8, 2021(R01); May 16 (R21)**
- Start the process early! Allow time for registration in the System for Award Management, eRA Commons, and Grants.gov

Resources

- Today's webinar and FAQ will be posted on our website: <https://healthcaresdelivery.cancer.gov/media>
- Connect with your HDRP Program Director early!
 - Check the FOA for contact information
 - Staff listing: <https://healthcaresdelivery.cancer.gov/about/staff>

Stay connected with us!

Subscribe to our email listserv using the link on our homepage:
healthcaredelivery.cancer.gov



Follow us on Twitter: [@NCICareDelivRes](https://twitter.com/NCICareDelivRes)

Questions