Referrals and uptake of services by distressed callers to the Cancer Council Information and Support telephone service

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BACKGROUND
→ Patient-centred cancer care includes emotional, informational and practical support that is personalised and inclusive of family and friends
→ Up to 45% of cancer patients experience distress and would benefit from psychosocial support
→ Evidence suggests some patients do not action referrals
→ The degree to which sub-optimal referral uptake occurs in Australian telephone support services is unknown

AIMS
① Types of services used
② Proportion who received and actioned a referral
③ Associations between referral to a service and callers’ characteristics
④ Associations between uptake of a referred service and callers’ characteristics

NEW KNOWLEDGE
① CIS call-backs are potentially a more acceptable form of support compared to specialist psychological services
② Barriers to telephone-based psychological services is ongoing for older age peoples’
③ Caregivers’ preferences for support and priorities need investigating

PARTICIPANTS
N=598
Female 74%
Caregivers 42%

Distress level 6.77µ (SD 1.74)
Non-metropolitan 29%

Patient 58%

Almost all distressed patients and caregivers received a referral for additional support (97%-98%)
Highest referrals: Information materials (71%-77%)
CIS call-backs (51%,43%)
Practical support (52%,45%)

Association between older age and referral uptake was significant (p=0.03)

RESULTS

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Uptake of received referrals by service type

Association between older age and referral uptake was significant (p=0.03)

REFERRAL OPPORTUNITIES
→ Real-time telephone transfers for CIS services
→ Referral coordinator for older age people

METHOD
→ Structured Triage and Referral by Telephone (START) Trial recruited distressed callers to Cancer Council 13 11 20 (CIS) service
→ Participants completed a 3-month telephone survey