

Integrating ePRO-Directed Palliative Care Referrals into Oncology Practice: Insights from Clinician Focus Groups



Gabriela Sanders,¹ Delaney Reese MS,² Kaley Jean MPH,² Loretta Pearson,² Tara Kaufmann MD, MS^{1,2}
Geisel School of Medicine at Dartmouth¹, Dartmouth Cancer Center²

INTRODUCTION

BACKGROUND

- Patients with **advanced cancers** often have **high symptom burden** and **psychosocial** needs, yet **palliative care (PC) referrals occur late** in the illness course.
- **Early, concurrent PC improves quality of life**, symptom control, satisfaction, and sometimes survival.
- Dartmouth Cancer Center's electronic symptom management (**eSyM**) system collects electronic patient-reported outcomes (**ePROs**) to track symptoms during treatment.
- PRO-CONNECT Study (*90 patients; 2:1 randomization; 2 years*) is testing whether **ePRO data can prompt timely and appropriate palliative care referrals**.

OBJECTIVES

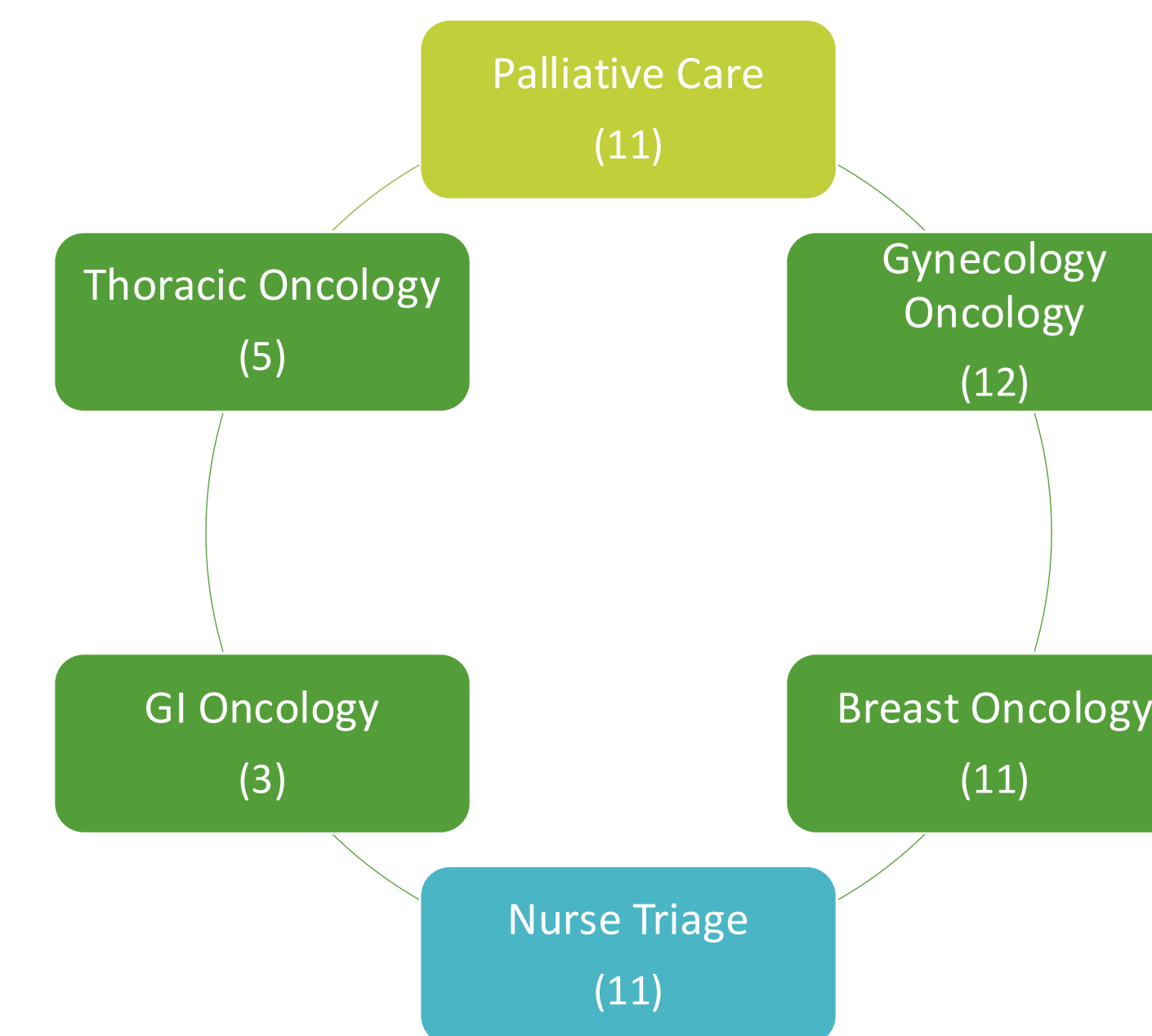
Assess **clinician perspectives** on integrating **ePRO-triggered PC referrals** into the EMR.

Identify **barriers** and **facilitators** to interdisciplinary workflow integration.

Use **qualitative feedback** to refine the referral workflow before pilot testing.

METHODS

- Conducted in-person, **semi-structured focus groups** (May - Aug 2025)
- **53 participants** from 6 clinical teams
- Focus groups co-facilitated and analyzed with support from the Center for Program Design & Evaluation



CLINICIAN FEEDBACK

Feasibility & Workflow Integration

- Clinicians **supported using ePRO alerts** to standardize referrals.
- Emphasized keeping workflows simple and non-disruptive
- Agreed that **oncologists should review alerts before referral**, avoiding automatic referrals to PC.

Team Coordination & Capacity

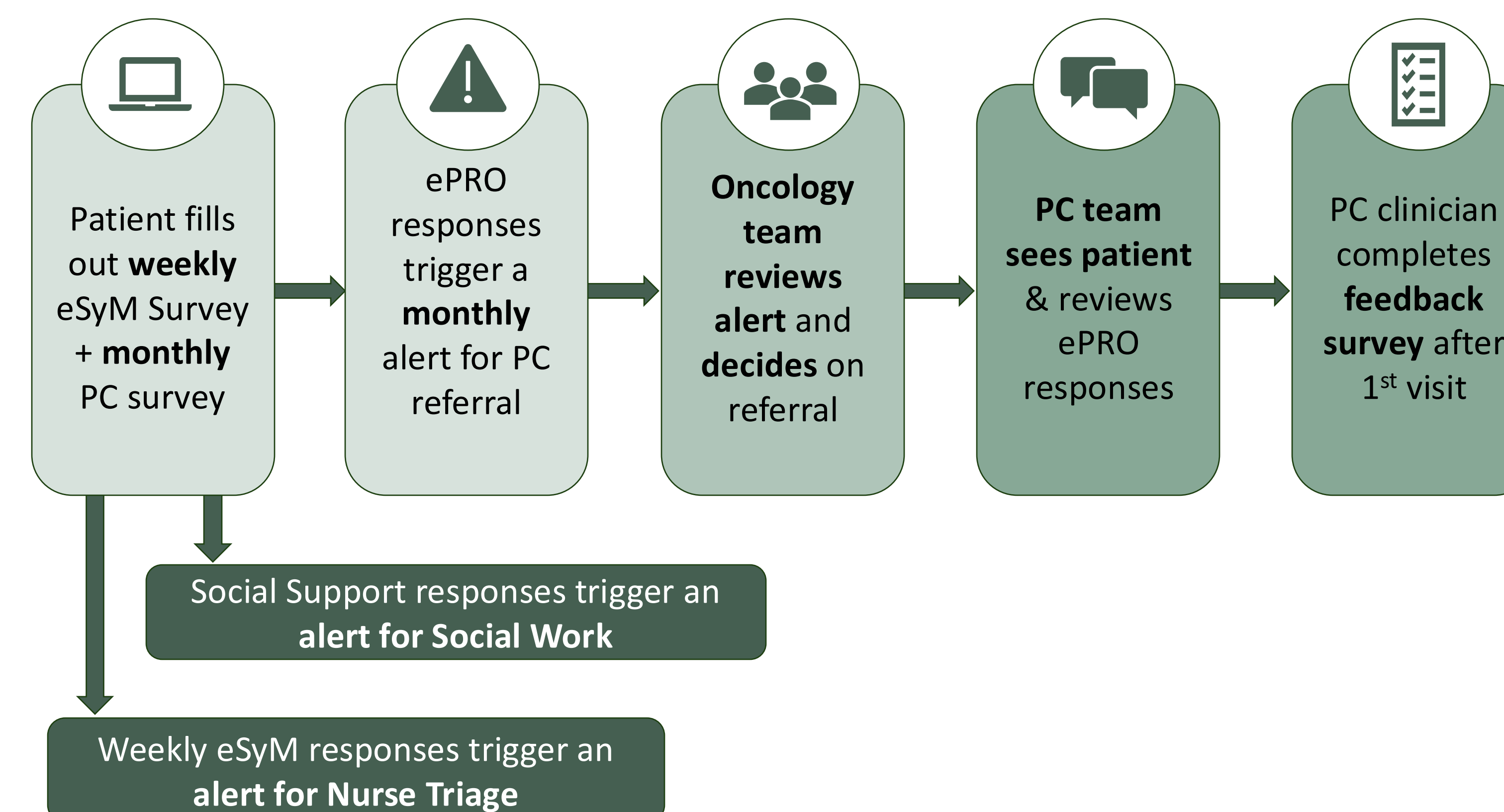
- PC teams supported ePRO screening but **worried about limited capacity and 3–4 week wait times**.
- Oncology and nursing teams asked for **clearer roles** for owning alerts, contacting patients, and communicating with PC
- Suggested including **social work** to help triage alerts.

Communication & Patient Engagement

- Reframe of palliative as **supportive care** to build patient trust and reduce stigma.
- **Coordinators or nurses follow up with patients** to explain the referral and assist with scheduling.

CLINICIAN-GUIDED REFERRAL WORKFLOW

Clinician focus-group input shaped a streamlined, team-based referral process that aligns with clinical workflow realities.



NEXT STEPS

- Pilot the finalized workflow in one oncology disease group (Fall 2025)
- Evaluate referral rates, timeliness, and clinician satisfaction.
- Next: Incorporate patient and caregiver perspectives through the **Partnership Academy** to refine patient communication and engagement.