

Impact of early psychosocial assessment in outpatient palliative care

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Introduction

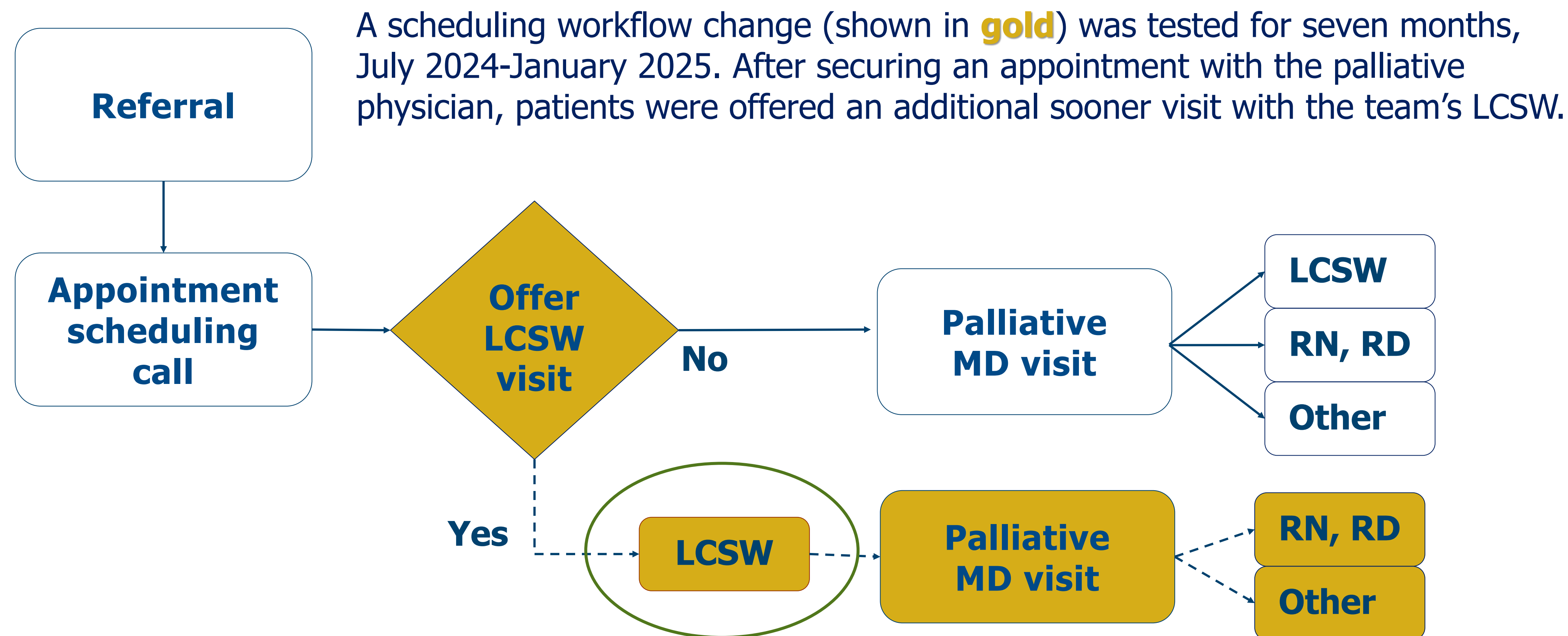
A growing literature demonstrates benefits of early integrated ambulatory palliative care for people with advanced cancer, and clinical guidelines identify palliative care as a key component of quality cancer care. Too often, however, access to these services is limited by workforce shortage, misperceptions about palliative care, and other systemic barriers. Nationally, the need far exceeds the availability of specialist palliative care services. Interventions that improve efficiency and extend specialist palliative care services to more patients are therefore critically important.

A quality improvement initiative addressed the problem of long wait times (reaching 6-8 weeks) for new patient appointments in an outpatient palliative care clinic of the UC Davis Health Comprehensive Cancer Center. Early psychosocial assessment with a licensed clinical social worker (LCSW) was explored as a strategy to ameliorate referral wait times and establish an effective triage process.

Methods

Prompted by a short-term physician provider shortage and increasing wait times for the palliative care clinic, an optional introductory visit with the team's LCSW was offered to newly referred patients. The visit was:

- A 60-minute patient / family interview
- Optional, framed as an opportunity for psychosocial support, connection with palliative care team, and assessment of urgent needs
- A comprehensive assessment covering social support, functional status, coping and emotional distress, understanding of illness, and patient/family goals and worries.

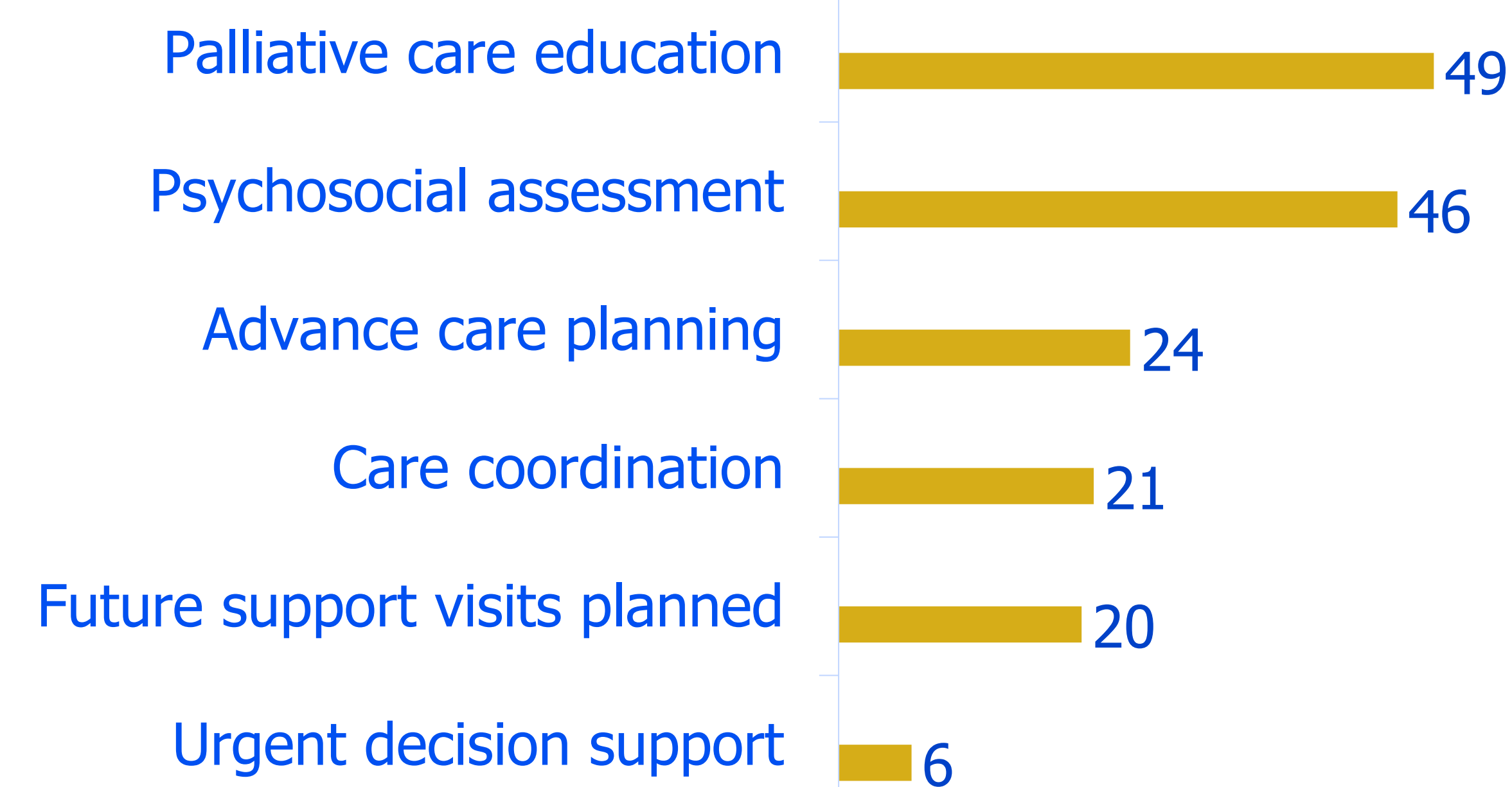


Results

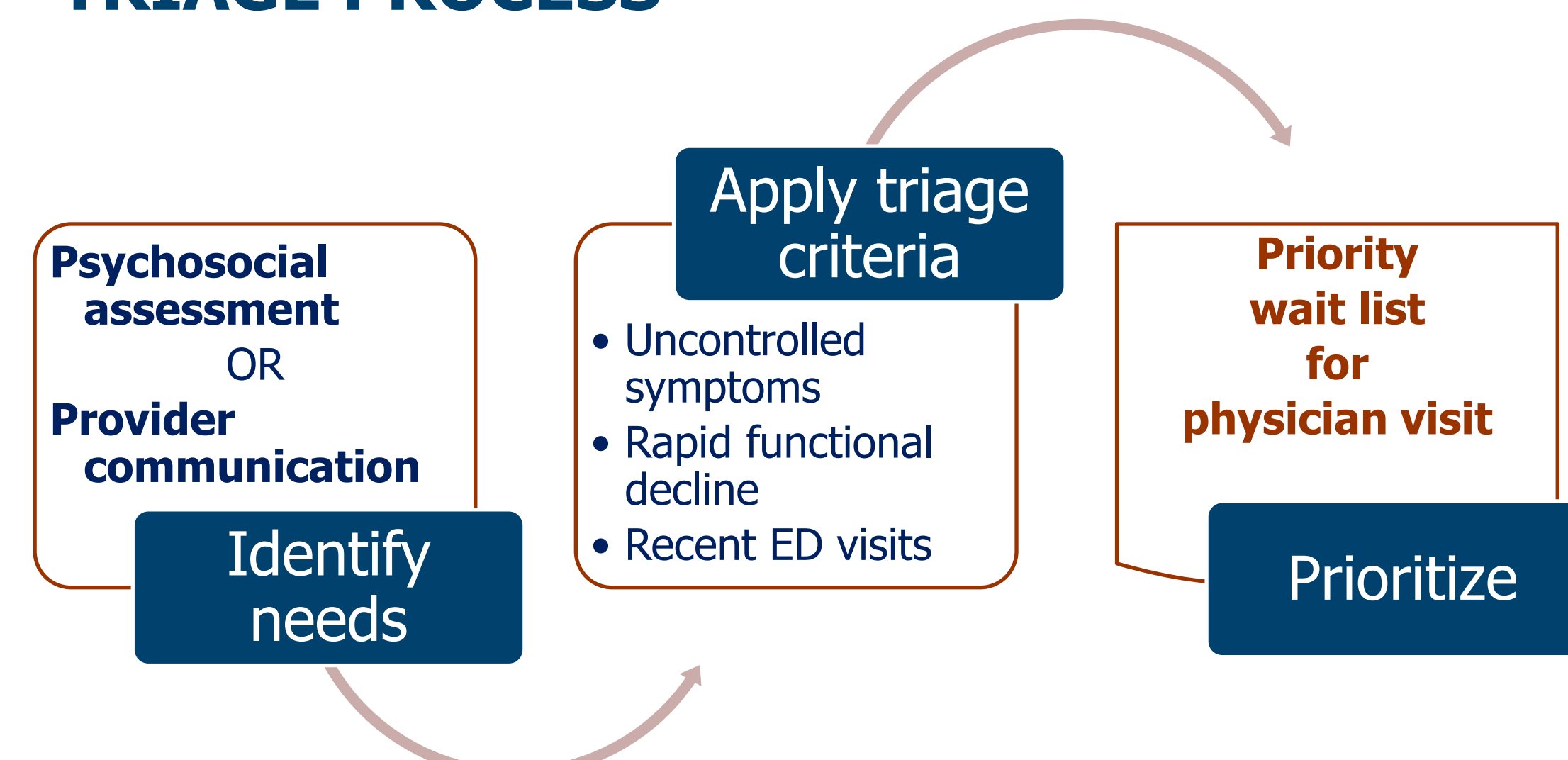
In the 7-month study period, 49 early social work assessments were completed. Uptake increased gradually, reaching about half of all patients by month 7. Wait time from referral to first visit was 65% shorter for those who opted for the LCSW-first visit (median 14 days vs 40 days for MD).

Each assessment included a mix of services, based on need. All 49 visits included education about palliative care, and almost all patients (46) engaged in a full psychosocial assessment, which allowed for documentation of psychosocial concerns prior to the physician visit.

SERVICES PROVIDED

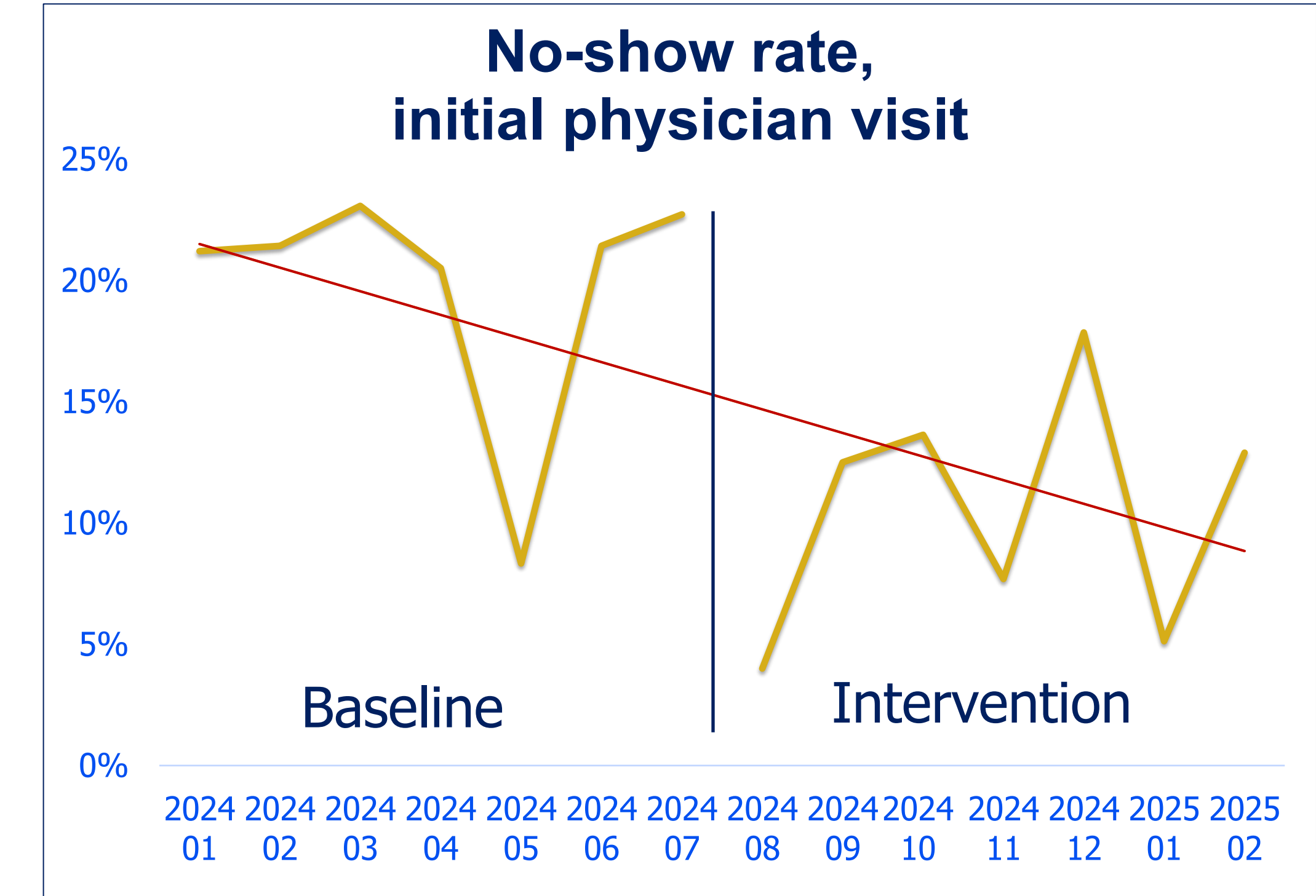
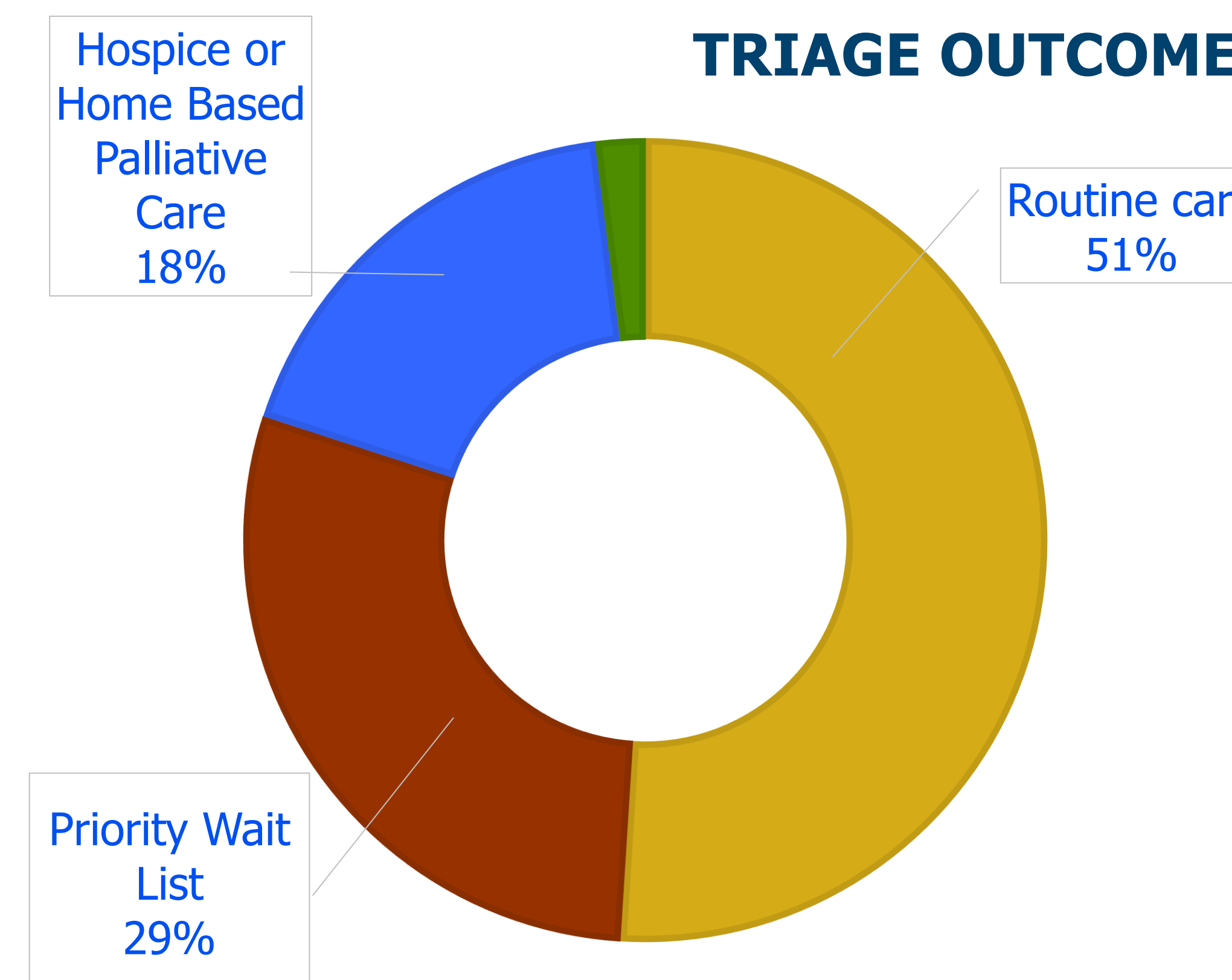


TRIAGE PROCESS



The early social work assessment enabled a triage mechanism for new patient referrals. Patients with acute needs were moved to a priority wait list.

TRIAGE OUTCOMES



The no-show rate for initial physician visits dropped by 47% after the intervention began (19% Jan-Jul 2024 vs 10% Aug 2024-Feb 2025).

Discussion

Early social work assessment offered several benefits:

- Responded to patient needs for information and support.
- Allowed patients to be seen more quickly.
- Initiated advance care planning and supportive counseling.
- Activated an effective triage process.
- Supported physician providers. MD comments included "Having a skilled summary gives me a headstart in my new patient visits," "Patients arrive calmer and more prepared..."
- With 18% of cases re-routed to hospice or home-based palliative care based on the social work assessment, families received more timely in-home support AND clinic capacity was preserved for those most in need of the ambulatory service.
- Early social work assessment was associated with improved overall new patient appointment completion for physician visits. The "no-show" rate dropped by nearly half after the project began.