

**PIMSH21: Screening and Achieving Resolution or Improvement of Distress for Cancer Care**

--High Priority Type: Outcome

--Measure Type: Patient-Reported Outcome-based Performance Measure (PRO-PM)

**2026 COLLECTION TYPE:**

QCDR-- Practice Insights by McKesson in Collaboration with The US Oncology Network

**DATA SOURCE USED FOR THE MEASURE:**

Practice Insights by McKesson in Collaboration with The US Oncology Network QCDR - EHR; NCCN Distress Thermometer or other standardized distress screening tool

**DESCRIPTION:**

Percentage of patients 18 years and older with an active cancer diagnosis who are screened for distress AND if screen is positive, achieve resolution or improvement within 6 months for at least 1 of their concerns.

**This measure will be calculated with 2 performance rates:**

- 1) Percentage of patients 18 years and older with an active cancer diagnosis who are screened for distress using a comprehensive, standardized tool which assesses physical, emotional, social, practical, and spiritual concerns.

**AND**

- 2) Percentage of patients 18 years and older with an active cancer diagnosis who screen positive for distress using a comprehensive, standardized screening tool and achieve resolution or improvement within 6 months for at least 1 of their concerns.

The measure contains two submission criteria which aim to identify patients who were screened for distress (Submission Criteria 1) and of those patients who screened positive for distress, did corresponding interventions following a positive distress screening lead to meaningful improvement or resolution within 6 months (Submission Criteria 2). By separating this measure into various submission criteria, the MIPS eligible clinician or practice will be able to better ascertain where gaps in performance exist and identify opportunities for improvement. For accountability reporting in the CMS MIPS program, the rate for Submission Criteria 2 is used for performance.

**SUBMISSION CRITERIA 1:** Patients 18 years and older with an active cancer diagnosis who are screened for distress using a comprehensive, standardized tool which assesses physical, emotional, social, practical, and spiritual concerns.

**DENOMINATOR (SUBMISSION CRITERIA 1):**

Patients 18 years and older with an active cancer diagnosis who have at least 2 qualifying encounters during the performance period

**Denominator Criteria (Eligible Cases):**

Patients 18 years and older AND  
 Active diagnosis of cancer  
 AND  
 Two patient encounters during the performance period

**TELEHEALTH:**

Patient encounters for this measure conducted via telehealth are allowable.

**DENOMINATOR EXCEPTION:**

Patient declined assessment

**DENOMINATOR EXCLUSION:**

Patients who are enrolled in hospice during the performance period

**NUMERATOR (SUBMISSION CRITERIA 1):**

Number of patients who are screened for distress using a comprehensive, standardized tool which includes screening for physical, emotional, social, practical, and spiritual concerns.

**NUMERATOR NOTE:**

Comprehensive distress screening may include additional areas of concern, depending on the screening tool used.

**SUBMISSION CRITERIA 2:** Patients 18 years and older with an active cancer diagnosis who screen positive for distress using a comprehensive, standardized screening tool and achieve resolution or improvement within 6 months for at least 1 of their concerns.

**DENOMINATOR (SUBMISSION CRITERIA 2):**

Patients 18 years and older with an active cancer diagnosis who screened positive for distress using a comprehensive, standardized distress screening tool.

**Definitions:**

**Distress** – includes physical, emotional, social, practical, and spiritual concerns

**Positive Screening Result** – Clinicians should follow the guidelines that accompany the standardized distress screening tool selected for their patient population. For example, the NCCN Guidelines for Distress indicate for patients screened using the NCCN Distress Thermometer, a positive screen requiring additional follow up is any distress score equal to or greater than 4 on a scale of 0-10. In the absence of a distress score, 1 or more boxes checked within the physical, emotional, social, practical, and spiritual concerns section of the NCCN Distress Thermometer indicates a positive screen result.

**Denominator Identification Period** – July 1<sup>st</sup> of the previous performance period through June 30<sup>th</sup> of the current performance period.

**Denominator Criteria (Eligible Cases):**

Patients 18 years and older AND

Active diagnosis of cancer  
 AND  
 Two patient encounters during the performance period

**TELEHEALTH:**

Patient encounters for this measure conducted via telehealth are allowable.

**DENOMINATOR EXCEPTION:**

Patient declined assessment  
 Patient declined assistance

**DENOMINATOR EXCLUSION:**

Patients who have died prior to 6-month follow up.  
 Patients who are actively enrolled in hospice during the 6-month follow up.

**NUMERATOR (SUBMISSION CRITERIA 2):**

Patients who report resolution of at least 1 concern or improvement to comprehensive distress score within 6 months.

**NUMERATOR NOTE:**

Improvement is defined as a reduction in the patient’s overall distress score (i.e. scale of 0-10). Resolution is defined as the patient indicates that they no longer need assistance for 1 or more concerns that were identified during initial screening. The absence of a concern charted during a subsequent screening is indicative of resolution.

If more than one screening occurs during the 6-month follow up, refer to the latest (most current) screening results.

If needed, at the request of the patient it is appropriate for a family member or caregiver to assist with the completion of the screen.

If no follow up screen occurs during the 6-month follow up period, this is considered numerator not met.

**CLINICAL RECOMMENDATION STATEMENTS:**

This measure is endorsed by The US Oncology Network.

In the pursuit of delivering effective healthcare, clinicians have traditionally focused on diagnosing and treating medical conditions. However, an emerging body of evidence highlights the profound impact of distress on overall patient well-being and health outcomes. Distress screening plays a vital role in cancer care due to the high prevalence and significant impact of distress among patients. Between 25–50% of individuals with cancer experience distress which can interfere with their ability to cope with illness.(Zebrack, 2017) This distress not only affects mental health but also leads to poorer treatment adherence and outcomes. Patients experiencing high levels of distress are more likely to miss appointments, skip medications, or struggle to follow medical advice, which can compromise their care and even increase mortality risk.

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To address this, routine distress screening has become a standard practice in accredited cancer centers. Tools like the NCCN Distress Thermometer allow care teams to quickly identify patients in need of psychosocial support. These screenings help identify needs early and connect patients with appropriate resources such as local resources, counselors or support groups. Research has demonstrated that serious psychological distress is associated with increased healthcare utilization and expenditures among cancer survivors, underscoring the importance of early identification and intervention to mitigate downstream costs and complications (Han et al., 2015). By integrating these tools into regular care, providers can proactively manage distress before it escalates, improving both patient well-being and treatment effectiveness. The benefits of addressing distress extend beyond emotional health. Patients who receive support are more likely to adhere to treatment plans, which improves outcomes and survival rates.

Additionally, managing distress reduces emergency department visits and hospitalizations, as patients are better equipped to manage symptoms and follow care instructions. There is a correlation between high distress and greater use of acute or emergency medical services. This can happen for a few reasons: distressed patients may not communicate problems early to their doctors, possibly leading to unmanaged symptoms that escalate to emergencies. They might also have less social support or impaired judgment under stress, causing them to seek emergency care for issues that could have been managed earlier in a clinic setting. Managing distress can therefore help reduce avoidable ED visits. A notable study published in the *Journal of the National Comprehensive Cancer Network (JNCCN)* in 2017 looked at 55 cancer centers that implemented comprehensive distress screening programs. The study found that cancer programs with high adherence to distress screening protocols (meaning they consistently screened patients and provided follow-up care for those in need) had significantly fewer emergency visits and hospital admissions in their patient population. In fact, these centers saw an 18% reduction in ED visits and a 19% reduction in hospitalizations in the period following the screening, compared to centers with poorer screening adherence. (Zebrack, 2017) This suggests that early identification and management of psychosocial problems (for example, intervening when a patient is overly anxious about a symptom or when they lack transportation to a clinic) can prevent crises that lead to emergency care.

#### References:

National Comprehensive Cancer Network. Measuring and addressing health-related social needs in cancer. Available at: <https://www.nccn.org/docs/default-source/oncology-policy-program/HRSN-WG-Recommendations.pdf>.

Han X, Lin CC, Li C, de Moor JS, Rodriguez JL, Kent EE, Forsythe LP. Association between serious psychological distress and health care use and expenditures by cancer history. *Cancer*. 2015 Feb 15;121(4):614-22. doi: 10.1002/cncr.29102. Epub 2014 Oct 23. Erratum in: *Cancer*. 2015 Nov 1;121(21):3925-6. doi: 10.1002/cncr.29542. PMID: 25345778; PMCID: PMC4492528.

Holland, J. C., & Bultz, B. D. (2013). Distress screening and the integration of psychosocial care into routine oncologic care. *Journal of the National Comprehensive Cancer Network*, 11(5S), 687–693.

Jacobsen, P. B., & Wagner, L. I. (2013). Using the science of psychosocial care to implement the new American College of Surgeons Commission on Cancer distress screening standard. *Journal of the National Comprehensive Cancer Network*, 11(2), 214–221.

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Zebrack, B., Kayser, K., Bybee, D., Padgett, L., Sundstrom, L., Jobin, C., & Oktay, J. (2017). A Practice-Based Evaluation of Distress Screening Protocol Adherence and Medical Service Utilization. *Journal of the National Comprehensive Cancer Network J Natl Compr Canc Netw*, 15(7), 903-912. Retrieved Jul 18, 2025.

**QCDR MEASURE RATIONALE:**

Monitoring distress screening rates is a vital quality improvement strategy in oncology care, as it provides actionable insights into how consistently and effectively patients' psychosocial needs are being identified and addressed. By tracking these rates over time, physicians and care teams can pinpoint gaps in screening implementation and evaluate the impact of interventions aimed at improving compliance. This data-driven approach supports accountability and continuous improvement, ensuring that distress screening becomes a routine and reliable part of patient care.

Patient-reported outcome measures (PROMs) enable monitoring of distress and enhances care quality. PROMs enable patients to regularly report symptoms, concerns, and emotional states, allowing care teams to detect problems early and tailor interventions. This approach not only improves clinical outcomes and patient satisfaction but also reduces healthcare costs by preventing complications and unnecessary hospital visits. Ultimately, distress screening and PROMs transform emotional well-being into a measurable, manageable aspect of cancer care, ensuring patients receive holistic, patient-centered support throughout their treatment journey.

Addressing both clinical and psychosocial needs is essential to delivering comprehensive cancer care. While clinical interventions target the biological aspects of disease, psychosocial care addresses the emotional, cognitive, and social dimensions that significantly influence patient outcomes. Ultimately, consistent monitoring of distress screening rates not only ensures compliance with national guidelines but also fosters a more responsive, patient-centered environment. By integrating psychosocial care into routine oncology workflows, healthcare systems can enhance patient engagement, improve quality of life, and achieve better clinical outcomes—demonstrating that emotional and psychological well-being are not peripheral, but central, to effective cancer care.

*These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.*

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