Introduction

- Scleroderma- rare, autoimmune, multisystem disease lacking patient resources and research on coping. Providers focus on physical manifestations, not the psychosocial aspects of disease.
- Psychosocial needs- coping with body image disturbances, depressive symptoms, anxiety, low self-esteem, and medical complications (Leon et al., 2014).
- Individually-tailored interventions that address both medical and psychosocial needs- coping with body image disturbances, depressive symptoms, anxiety, low self-esteem, and medical complications (Leon et al., 2013).
- Early detection and treatment of psychosocial problems in scleroderma is pivotal to improved long-term outcomes and quality of life (Leon et al., 2014).

Methods

- Chart reviews for coping keywords: mood, cope, psychosocial
- Table 1. Sample Demographics (n=6)

<table>
<thead>
<tr>
<th>Race (%)</th>
<th>Employment Status (%)</th>
<th>Level of Education (%)</th>
<th>Fellowship or training in scleroderma (%)</th>
<th>Yr of direct pt care to scleroderma pt mean (median, IQR)</th>
<th>Board Certified (%)</th>
<th>Yr Board Certified mean (median, IQR)</th>
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<tbody>
<tr>
<td>More than one race: 3W/2A/1MTOR (50, 33.3, 16.7)</td>
<td>FT (100)</td>
<td>MD (100)</td>
<td>6Y (100)</td>
<td>16.67 (12, 20)</td>
<td>6Y (100)</td>
<td>14.5 (9, 17)</td>
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<td>IQR indicates Interquartile Range; M, Male; F, female; W, White; A, Asian; MTOR, More than one race; FT, Full Time; MD, Medical Doctor; Y, yr; Yrs, years</td>
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<th>Aims</th>
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<tr>
<td>1. To increase provider engagement to assess patient coping</td>
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<td>2. To increase providers addressing coping during clinical visits</td>
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Aim 1- Wilcoxon signed rank test for pre post survey.
- Median difference- 1.5 (p=0.11)
- Aim 2- Chi square comparing 2018 and 2019 Epic charts (X^2=0.83, p=0.77) for coping keywords
- 6.7% increase in documented coping keywords from 2018-2019

Results

- Sample 1-6 scleroderma providers participated in the pre post test intervention
- Questionnaire- Scleroderma and Comfort with Coping (6 Yes/No questions)
- Chart reviews for coping keywords: mood, cope, psychosocial
- Sociodemographic information on Sample 1

Discussion

- Exposure to the coping engagement intervention resulted in an incremental increase (non-significant) in the Scleroderma and Comfort with Coping Assessment scores.
- Likely this was due to a ceiling effect at baseline.
- Existing literature confirms that persons diagnosed with scleroderma face coping-related challenges with lack of resources and lack of provider support for the psychosocial aspect of the disease (Millet et al., 2018).
- By engaging the providers, more persons diagnosed with scleroderma had coping addressed during their clinical visit evidenced by more charts containing the coping keywords following the session.
- Although the provider sample was under-powered to show a statistical effect on the engagement from the intervention, there was a small positive change, which suggests that providers are starting to understand the importance of coping and that it is feasible to address during clinical visits.
- This also means that more persons diagnosed with scleroderma are having their psychosocial needs met.

- Limitations
  1. Small sample size- 6 providers
  2. Two brief engagement sessions- adding sessions might have increased engagement
  3. Urgency meetings were on Fridays- Monday huddles before clinic might have been helpful
  4. Lacking providers embracing coping- did not measure provider comfort
  5. Providers were not specifically instructed to document coping- it might have been discussed, but not documented.

Strengths

- First step to incorporating coping into the standard clinical template in the Epic chart
- Engaged providers to understand the importance of addressing the whole person

Acknowledgements

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