A Survey of Hospital Medicine Providers’ Experiences with Patients with Somatic Symptom Disorders

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Background
• Somatic symptoms disorders (SSDs) represent a set of physical symptoms (e.g., gastrointestinal complaints, weakness, paralysis, dizziness, pain) for which the etiology cannot be readily identified by medical testing (e.g., lab work, imaging).
• Clinical care pathways for SSDs reduce length of stay, sub-specialty consultations, and median costs.
• As Children’s Hospital Colorado (CHCO) does not currently have a standard care pathway for these patients, we sought to identify providers’ perceptions of caring for these patients in current state.

Objective
To survey hospital medicine providers at CHCO on their experiences caring for patients with SSDs towards informing quality improvement efforts.

Methods
• A REDCap survey was emailed to 187 of CHCO hospital medicine providers (attending physicians, fellows, residents, and advanced practice providers) in March 2021.
• Survey questions were developed to understand clinicians’ perceptions of caring for SSD patients with focus on the emotional impact for providers, hospital resource use, adequacy of treatment, and care transitions.
• The survey included 12 items each with a 5-categorical response scale, a question about the respondent role, and an optional comment box.
• Analysis included descriptive statistics for survey responses and thematic analysis of free text responses.

Results
Table 1. Demographics of Survey Respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% (n)</th>
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<tbody>
<tr>
<td>Role</td>
<td></td>
</tr>
<tr>
<td>Attending physician (MD/DO)</td>
<td>71 (45)</td>
</tr>
<tr>
<td>APP (PA, NP)</td>
<td>14 (9)</td>
</tr>
<tr>
<td>Fellow</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Resident (2nd year and above)</td>
<td>6 (4)</td>
</tr>
<tr>
<td>Intern</td>
<td>5 (3)</td>
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</tbody>
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Figure 1. Resources Used by Somatic Symptom Disorder Patients

- SSD patients’ complexity requires more time than non-SSD patients
- Feel pressure to provide higher level of medical workup
- Diagnosis of SSD led to increased LOS
- SSD diagnosis led to increased discharge length

Figure 2. Emotional Impact of Somatic Symptom Disorder Patients

- SEDs contribute to feeling stressed, fatigued, frustrated, or burned out
- Diagnosis of SSD led to increased distress, antagonism, tension, stress, or conflict between medical team and family

Figure 3. Hospital Treatment of Somatic Symptom Disorder Patients

- Importance of starting treatment for SSD patients in hospital
- Amount of SSD patients starting to receive treatment in hospital

Figure 4. Diagnosis and Follow-Up of Somatic Symptom Disorder Patients

- Confidence in PCP’s ability to manage follow-up for SSD patients
- Frequency of agreement of patients and families with SSD diagnosis
- Ease to access Psychiatry consultation service to aid with accurate diagnosis of SSD during hospitalization

Conclusions
• Most providers perceive higher resource use (usually, always) by patients with SSDs, including length of stay.
• Most providers reported emotional impact (usually, always) related to working with patients with SSDs, and about half reported increased tension or stress between medical team and family.
• Providers emphasized importance of starting treatment for SSDs in the hospital, though reported that over half of them are not receiving that treatment during admission.
• About half of providers reported confidence in PCP’s ability to manage SSDs.
• Providers reported a high level of discrepancy (71% sometimes) regarding families’ agreement with an SSD diagnosis.

Limitations
• Data are from a single institution and conclusions might therefore not necessarily be generalizable to other institutions and their settings.

Implications
This work shows that there is an unmet need for an enhanced interdisciplinary care model or care pathway to improve patient/family outcomes and provider experience for hospitalized children with SSDs.

References available upon request