Developing and Implementing Standards for Psychosocial Care of Adults with Cancer

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Overview

• Describe key activities and strategies that have accelerated progress in identifying and addressing psychosocial needs of adults with cancer as part of routine clinical care

• Offer “lessons learned” that may be applicable to efforts to improve routine psychosocial care for children and families affected by cancer
Turning Point in Psycho-Oncology

Major Conclusions

• Psychosocial health problems are common and contribute to functional impairment, poorer adherence, and adverse medical outcomes

• Resources exist to deliver effective services to those with psychosocial needs
Turning Point in Psycho-Oncology

Major Conclusions

• Unfortunately, many people with cancer who could benefit from these services do not receive them.

• Need mechanisms to identify patients with psychosocial health needs and link them to appropriate services.
Recommendation: Standard of Care

All parties establishing or using standards for the quality of cancer care should adopt the following as a standard.

All cancer care should ensure the provision of appropriate psychosocial health services by:

- identifying each patient’s psychosocial health needs
- designing and implementing a plan that includes linking the patient with needed psychosocial services

IOM, 2007 (www.iom.edu)
Guidelines vs. Standards

Clinical Practice Guidelines

- Systematically developed statements designed to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances

Standards of Care

- Diagnostic or treatment processes clinicians should follow for certain classes of patients, illnesses, or clinical circumstances
## Moving Evidence-Based Interventions Into Practice

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Adapted from Kerner et al, *Cancer Cause Control* 2005;16(S1): 27-40
## Moving Evidence-Based Interventions Into Practice

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### Moving Evidence-Based Interventions Into Practice

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Moving Evidence-Based Interventions Into Practice

**Science Push**
Documenting, improving, and communicating the intervention for wide population use

**Delivery Capacity**
Building the capacity of relevant systems to deliver the intervention

**Market Pull/Demand**
Building a market and demand for the intervention

Increase the number of:
- systems providing evidence-based supportive care
- practitioners providing evidence-based supportive care
- individuals receiving evidence-based supportive care

**ULTIMATE GOAL:**
Improve population health and well-being

Adapted from Kerner et al, *Cancer Cause Control* 2005;16(S1): 27-40
Clinical Practice Guidelines

• Systematically developed statements designed to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances

Standards of Care

• Diagnostic or treatment processes clinicians should follow for certain classes of patients, illnesses, or clinical circumstances
American College of Surgeons Commission on Cancer

CoC Accredited Programs By State (1506)
2012 – American College of Surgeons (ACoS) Cancer Program Standards: Ensuring Patient Centered Care

Standard 3.2: Psychosocial Distress Screening

Cancer committee develops and implements process to integrate and monitor on-site psychosocial distress screening and referral for psychosocial care
Standard 3.2  Psychosocial Distress Screening

- **Timing of screening**: minimum of one time per patient at pivotal visit
- **Tool**: preference given to standardized, validated instruments with established clinical cut-offs
- **Assessment and referral**: evaluation to confirm presence of needs and link patients to services
- **Documentation**: Needs to be documented in medical record
Recommendations for the implementation of distress screening programs in cancer centers: Report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) joint task force

William F. Pirl MD, MPH, Jesse R. Fann MD, MPH,
Joseph A. Greer PhD, Ilana Braun MD, Teresa Deshields PhD,
Caryl Fulcher MSN, Elizabeth Harvey PhD, MPH, Jimmie Holland MD,
Vicki Kennedy LCSW, Mark Lazenby PhD, Lynne Wagner PhD,
Meghan Underhill PhD, Deborah K. Walker DNP, James Zabora DSW,
Bradley Zebrack PhD, Wayne A. Bardwell PhD, MBA
Distress Screening Implementation

Alliance for Quality Psychosocial Cancer Care¹
- Resource guide for meeting CoC standard
- Best practices (program examples)
- Comprehensive national listing of psychosocial services

NCI-Funded Training Programs for Professionals
- Screening for psychosocial distress (McCorkle)²
- Training healthcare professionals to implement psychosocial screening (Loscalzo)³

¹www.cfah.org/about/alliance-for-quality-psychosocial-cancer-care
²www.apos-society.org/screening/
³www.cityofhope.org/supportive-care-training-implementing-biopsychosocial-screening
Recommendation: Quality Oversight

Organizations setting standards for cancer care should:

- Create mechanisms that can be used to measure and report on the quality of oncology care
- Develop and use performance measures for psychosocial health care as part of quality oversight activities

IOM, 2007 (www.iom.edu)
Designed to create a culture of self-examination and improvement
More than 900 registered practices nationwide,
over 6,200 medical oncologists;
Core
- Care Documentation
- Chemo Administration
- Pain Management
- Smoking Cessation

Disease-Specific Modules
- Breast Cancer
- Colorectal Cancer
- Non-small cell Lung Cancer
- Non-Hodgkin’s Lymphoma
- Gynecologic Cancer

Domain-Specific Modules
- End of Life Care
- Symptom/Toxicity Management

QOPI®

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QOPI®

Core

- Care Documentation
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- **Psychosocial Care**

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Quality of Psychosocial Care

Development of American Psychosocial Oncology Society (APOS) Indicators

- Reviewed IOM and NCCN documents to identify key issues in provision of psychosocial care
  - Identifying distressed patients
  - Developing a care plan for distressed patients
- Developed methods for coding quality indicators from medical records
- Adopted by QOPI for core in 2009

Jacobsen et al, Psycho-Oncology 2011;20:1221-7
APOS/QOPI Indicators

- Is there evidence in medical chart that current emotional well-being was assessed within one month of first visit with medical oncologist?

Jacobsen et al, Psycho-Oncology 2011;20:1221-7
Changes in Delivery of Psychosocial Care

Emotional Well-Being Assessed?

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Quality of Psychosocial Care

APOS/QOPI Indicators

- Is there evidence in medical chart that current emotional well-being was assessed within one month of first visit with medical oncologist?

- If problem with emotional well-being was identified, is there evidence action was taken to address the problem or explanation provided for no action being taken?

Jacobsen et al, Psycho-Oncology 2011;20:1221-7
Changes in Delivery of Psychosocial Care

Action taken among patients with a problem?
Recommendation: Support for Uptake

- Need large-scale demonstration and evaluation of various approaches to provision of psychosocial care in accordance with standards
- Should show how standard can be implemented in different settings with different populations

IOM, 2007 (www.iom.edu)
Delivery of Psychosocial Care
NCCCP Psychosocial Matrix Assessment Tool

- Designed for use by community cancer centers as self-assessment tool
- Used by NCCCP sites to evaluate and improve psychosocial care services
- Criteria drawn from IOM report recommendations

• Ratings of 1 (lowest) to 5 (highest)
  Communicates importance of psychosocial needs and care
  Identifies psychosocial health needs
  Designs and implements psychosocial plan of care
  Conducts follow-up, re-evaluation, and adjusting of plan
  Provider education and competencies
  Quality oversight

Adapted from Forsythe et al, Psycho-Oncology 2013;22:1953-62
Delivery of Psychosocial Care

- Links cancer patients with needed psychosocial services

<table>
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<th>Level</th>
<th>Criterion</th>
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<tr>
<td>1</td>
<td>Resources, services, and care strategies identified but no systematic referral pathway</td>
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<tr>
<td>2</td>
<td>Level 1 + systematic referral pathways in place; staff trained in basic psychosocial services</td>
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<tr>
<td>3</td>
<td>Level 2 + mental health professional on site for consultation</td>
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<tr>
<td>4</td>
<td>Level 3 + mental health professional with training in care of cancer survivors on site to provide services</td>
</tr>
<tr>
<td>5</td>
<td>Level 4 + adequate resources available on site for all patients who need services</td>
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Changes in Delivery of Psychosocial Care

Baseline

Level 1 responses: 60
Level 2-4 responses: 31.9%
Level 5 responses: 8.1%

Changes in Delivery of Psychosocial Care

Baseline

- Level 1 responses: 31.9%
- Level 2-4 responses: 8.1%
- Level 5 responses: 60%

2 years post-entry

- Level 1 responses: 15.6%
- Level 2-4 responses: 59.4%
- Level 5 responses: 25%

Lessons Learned (I)

• Many years of sustained effort are required to achieve real progress
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• Publishing clinical practice guidelines is necessary but not sufficient for changing clinical practice
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- Review by and recommendations from authoritative organizations (e.g., IOM) can greatly assist in generating care standards and action plans
Lessons Learned (I)

- Many years of sustained effort are required to achieve real progress
- Publishing clinical practice guidelines is necessary but not sufficient for changing clinical practice
- Review by and recommendations from authoritative organizations (e.g., IOM) can greatly assist in generating care standards and action plans
- Coordination among primary professional organizations (e.g., APOS, AOSW, ONS) critical for carrying out action plans
Lessons Learned (II)

• Standards of care more likely to be followed if endorsed by accrediting organizations (e.g., CoC)
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• Aligning action plans with initiatives of major professional organizations (e.g., ASCO’s QOPI) can greatly extend reach
Lessons Learned (II)

• Standards of care more likely to be followed if endorsed by accrediting organizations (e.g., CoC)

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• Diversity of oncology care settings must be recognized and addressed in promoting adoption of standards
Lessons Learned (II)

- Standards of care more likely to be followed if endorsed by accrediting organizations (e.g., CoC)
- Aligning action plans with initiatives of major professional organizations (e.g., ASCO’s QOPI) can greatly extend reach
- Diversity of oncology care settings must be recognized and addressed in promoting adoption of standards
- Providers want and need expert assistance in formulating and implementing changes to improve psychosocial care for their patients
Thank You