Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs
Common Psychosocial Problems

- Lack of info, knowledge, skills to manage illness
- Anxiety, depression, other emotional distress
- Impaired work, school, other roles
- Financial problems
- Lack of transportation, other logistical resources
- Lack of social supports
A Problem with Care for Cancer

- 28% of patients report doctor doesn’t pay attention to other than medical care;
- 33% of ASCO members report no screening for distress
- Only 3 of 18 members of National Comprehensive Cancer Network routinely screen all patients for distress
Patients also report health care providers do not:

• consider psychosocial care integral to quality cancer care.
• understand psychosocial needs, know about resources, or refer.

President’s Cancer Panel 2003, 2004
Why should health care providers concern themselves with patients’ psychosocial problems?
Unmet psychosocial needs:

• Increase death and disease burden; e.g.
  – Social isolation comparable to smoking & cholesterol
  – 66% higher risk of dying within 6 yrs in socially isolated women with breast cancer (Kroenke, 2006)

• Prevent good health care; e.g.,
  – 8 percent of families having a member with cancer delayed or did not receive care because of cost.

• Reduce patient adherence to treatment; e.g., depression:
  – Impairs thinking; e.g. memory
  – Weakens motivation
  – Promotes poor coping; e.g., smoking, medication misuse, unhealthy eating
Other Adverse Effects of Stress

- Depression
  - 20-25% experiencing major stressful events develop depression.
- Onset / progression of other diseases; e.g.,
  - heart disease
- Imbalance in neuro-endocrine & immune system functions and components; affecting e.g.,
  - Cell growth and replication
  - Tumor metabolism and evasion of body’s defenses
Can something be done to address psychosocial stress?
<table>
<thead>
<tr>
<th>Psychosocial Need</th>
<th>Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about illness, treatments, health, services</td>
<td>• Provision of info; e.g., on illness, treatments, effects on health, and psychosocial services, and helping pts/families understand and use this info</td>
</tr>
</tbody>
</table>
| Help coping with emotions                     | • Peer support programs  
• Counseling/psychotherapy  
• Pharmacological management of mental symptoms |
| Help managing illness                          | • Comprehensive illness self-management/self-care programs |
| Financial planning / counseling / daily management | • Behavioral/health promotion interventions; e.g.,  
  – Provider assessment/monitoring of health  
    behaviors (e.g., smoking, exercise)  
  – Brief counseling  
  – Patient education |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance (e.g., health, disability) counseling</td>
<td>• Provision of resources</td>
</tr>
<tr>
<td>Eligibility assessment /counseling for benefits; e.g., SSDI</td>
<td>• Family / caregiver education</td>
</tr>
<tr>
<td>• Supplemental financial grants</td>
<td>• Assistance with ADLs, IADLs, chores</td>
</tr>
<tr>
<td>• Legal protections / services, e.g., under ADA / Family and Medical Leave Act</td>
<td>• Cognitive testing / educational assistance</td>
</tr>
<tr>
<td>Assistance changing behaviors to minimize impact of disease</td>
<td>• Financial planning / counseling / daily management</td>
</tr>
<tr>
<td>Help managing disruptions in work, school, and family life</td>
<td>• Insurance (e.g., health, disability) counseling</td>
</tr>
<tr>
<td>Material and logistical resources, e.g., transportation</td>
<td>• Eligibility assessment /counseling for benefits; e.g., SSDI</td>
</tr>
<tr>
<td>Financial advice / assistance</td>
<td>• Supplemental financial grants</td>
</tr>
</tbody>
</table>
How to make sure patients who need services receive them
Model Interventions Meeting
Criteria

• RWJ Building Health Systems for People with Chronic Illnesses (Palmer and Somers, 2005)

• Chronic Care Model (ICIC, 2007)

• Clinical Practice Guidelines for Distress Management (NCCN, 2007)

• Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (Australia, 2003)

• Improving Supportive and Palliative Care for Adults with Cancer (NICE, 2004)

• Collaborative Care of Depression in Primary Care (Katon, 2003)

• Three Component Model (3CM™)

• Project IMPACT Collaborative Care Model (Unutzer et al., 2002)

• Partners in Care (Wells et al., 2004)

• Promoting Excellence in End-of-Life Care Program (Byock et al., 2006)
Common Components of Effective Interventions

- Process to Identify Patients with Needs
- Care Planning
- Mechanisms to Link Patients to Services
- Support for Illness Self-Management
- Mechanisms for Coordinating Care
- Follow-up on Care Delivery
Model for the delivery of psychosocial health services.

Effective Patient–Provider Communication

Patient/Family

Patient–Provider Partnership

Provider Team

Identification of Psychosocial Needs

Development and Implementation of a Plan To:

Link patient / family with needed services

Support patients:
- Provide information
- Identify strategies to address needs
- Provide emotional support
- Help pts manage illness/health

Coordinate care

Follow-up and Re-evaluation
Psychosocial health services

Psychosocial health services are psychological and social services and interventions that enable patients, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of illness and its consequences so as to promote better health.
Enough is now known to support a standard of care for the delivery of psychosocial health services in cancer care.
Recommendation 1: The 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:

– Facilitating effective communication between patients and care providers.

– Identifying each patient’s psychosocial health needs.

– Designing and implementing a plan that:

  • Links the patient with needed psychosocial services.
  • Coordinates biomedical and psychosocial care.
  • Engages and supports patients in managing their illness and health.

– Systematically following up on, reevaluating, and adjusting plans.
Implications for Cancer Care Providers

*Ruth McCorkle RN, PhD*
Florence S. Wald Professor of Nursing and Director, Center for Excellence in Chronic Illness Care
Yale University School of Nursing

*Lee Schwartzberg MD*
Medical Director, The West Clinic
Recommendation 2: Health care providers.

All cancer care providers should ensure that every cancer patient within their practice receives care that meets the standard for psychosocial health care. ...

Commitment from practice leadership

Work redesign
Different approaches for implementing the standard of care

1. Collocating and integrating psychosocial and biomedical health care

2. Using local resources

3. Using remote providers

4. Combining approaches
Clinical Practice Tools/Approaches

**Standard**
1. Pt-Provider communication
2. ID needs
3. Link with providers
4. Support illness self management
5. Coordinate care
6. Follow-up

**Some Tools / Approaches**
- Routine patient visits
- Patient letter
- Patient self-screening
- Health behavior assessment / intervention
- Refer to free, community/remote services
- Repeat screening, monitoring by phone, involving patients,
“The inability to solve all psychosocial problems permanently should not preclude attempts to remedy as many as possible—a stance akin to treating cancer even when the successful outcome is not assured.”
Implications for Advocacy Organizations

Diane Blum MSW, Executive Director, CancerCare
Patient Needs

• Well functioning patient-provider partnership, characterized by good communication

• Knowledge about psychosocial health services which will assist the patient in participating in care

• Support in communicating about / using these services
Role of Advocacy Organizations

• Strengthen the patient side of the patient-provider partnership
• Utilize tools that have been found to be effective
• Strengthen the patient side of the relationship through provision of new tools and services
A Standard for Cancer Care

As a person diagnosed with cancer, you should expect to have:

- Satisfying communication with doctors, nurses, and others treating your cancer.
- Doctors, nurses, and others treating your cancer ask you about your needs for information and emotional and social support.
- A health care person or team who works with you to develop and carry out a plan that:
  - links you to the information and support that you need;
  - coordinates your medical, emotional, and social care; and
  - helps you to manage your illness, treatments, and health.

If your doctors, nurses, or others who treat your cancer do not provide this type of care: Please ask for it!
In 2007, the Institute of Medicine set forth this new standard for cancer care*. We, too, believe that caring for the whole patient is an essential part of high-quality cancer care— and can help you get the psychosocial health services you need!

CANCERCare*
1-800-813-HOPE (4673)
www.cancercare.org

* found in report, Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, available at www.iom.edu/cancerwholecare.
Recommendation 3: Patient and family education.

Patient education and advocacy organizations should:

• educate patients with cancer and their family caregivers to expect, and request when necessary, cancer care that meets the standard for psychosocial care.

• continue strengthening the patient side of the patient–provider partnership . . . . . by providing tools and training in obtaining information, making decisions, solving problems, and better communicating with their health care providers.
Implications for Health Care Purchasers

Sherry Glied PhD, Chair

Department of Health Policy and Management, Mailman School of Public Health, Columbia University
Much is low cost or already reimbursable

**Element of Care**

1. Pt-Provider communication
2. ID needs
3. Link with providers
4. Support illness self management
5. Coordinate care
6. Follow-up

**Cost / Reimbursement**

- Provided for in E&M billing codes
- Performed by patient/family
- Standard office practice; e.g., referrals
- New billing codes; e.g. Health and Behavior Assessment codes
Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems.

The focus of the assessment is ... on the biopsychosocial factors important to physical health problems and treatments. The focus of the intervention is to improve the patient’s health and well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems.

Codes 96150-96155 describe services offered to patients who present with primary physical illnesses, diagnoses, or symptoms and may benefit from assessments and interventions that focus on the biopsychosocial factors related to the patient’s health status...

- **96150** health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient, initial assessment
- **96151** re-assessment
- **96152** health and behavior intervention, each 15 minutes, face-to-face; individual
- **96153** group (2 or more patients)
- **96154** family (with the patient present)
- **96155** family (without the patient present).
## Psychologist Claims Paid by Medicare, 2003–2005, by Type of Intervention, and Comparison 2005 Claims Paid for All Provider Types

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>96150</td>
<td>H/B Assessment</td>
<td>50,660</td>
<td>74,371</td>
<td>78,008</td>
<td>90,016</td>
</tr>
<tr>
<td>96151</td>
<td>H/B Reassessment</td>
<td>51,888</td>
<td>47,599</td>
<td>18,421</td>
<td>21,913</td>
</tr>
<tr>
<td>96152</td>
<td>H/B Intervention—face-to-face, individual</td>
<td>136,904</td>
<td>245,088</td>
<td>291,103</td>
<td>300,463</td>
</tr>
<tr>
<td>96153</td>
<td>H/B Intervention—group (two or more patients)</td>
<td>9,252</td>
<td>16,431</td>
<td>17,873</td>
<td>34,052</td>
</tr>
<tr>
<td>96154</td>
<td>H/B Intervention—family (with patient present)</td>
<td>6,129</td>
<td>7,003</td>
<td>7,508</td>
<td>7,942</td>
</tr>
<tr>
<td>96155</td>
<td>H/B Intervention—family (without patient present)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medicare does not reimburse for this type of intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>254,833</td>
<td>390,492</td>
<td>412,913</td>
<td>454,386</td>
</tr>
</tbody>
</table>
**Recommendation: Support from payers.**

1. Group purchasers should include provisions in their contracts and agreements with health plans that ensure coverage and reimbursement of mechanisms for identifying the psychosocial needs of cancer patients, linking patients with appropriate providers who can meet those needs, and coordinating psychosocial services with patients’ biomedical care.
**Recommendation: Support from payers.**

1. Group purchasers should include provisions in their contracts and agreements with health plans that ensure coverage and reimbursement of mechanisms for identifying the psychosocial needs of cancer patients, linking patients with appropriate providers who can meet those needs, and coordinating psychosocial services with patients’ biomedical care.

2. Group purchasers should review cost-sharing provisions that affect mental health services and revise those that impede cancer patients’ access to such services.
Recommendation: Support from payers.

1. Group purchasers should include provisions in their contracts and agreements with health plans that ensure coverage and reimbursement of mechanisms for identifying the psychosocial needs of cancer patients, linking patients with appropriate providers who can meet those needs, and coordinating psychosocial services with patients’ biomedical care.

2. Group purchasers should review cost-sharing provisions that affect mental health services and revise those that impede cancer patients’ access to such services.

3. Group purchasers and health plans should ensure …

   access to providers with expertise in the treatment of mental health conditions in individuals undergoing complex medical regimens such as those used to treat cancer.

Health plans whose networks lack this expertise should reimburse for mental health services provided by out-of-network practitioners with this expertise who meet the plan’s quality and other standards (at rates paid to similar providers within the plan’s network).
Recommendation: Support from payers.

1. Group purchasers should include provisions in their contracts and agreements with health plans that ensure coverage and reimbursement of mechanisms for identifying the psychosocial needs of cancer patients, linking patients with appropriate providers who can meet those needs, and coordinating psychosocial services with patients’ biomedical care.

2. Group purchasers should review cost-sharing provisions that affect mental health services and revise those that impede cancer patients’ access to such services.

3. Group purchasers and health plans should ensure coverage policies do not impede cancer patients’ access to providers with expertise in the treatment of mental health conditions in individuals undergoing complex medical regimens such as those used to treat cancer. Health plans whose networks lack this expertise should reimburse for mental health services provided by out-of-network practitioners with this expertise who meet the plan’s quality and other standards (at rates paid to similar providers within the plan’s network).

4. Group purchasers and health plans should include incentives for the effective delivery of psychosocial care in payment reform programs; e.g., pay-for-performance, pay-for-reporting initiatives — in which they participate.
Implications for Standard Setting Organizations

Jimmie Holland MD,
Wayne E. Chapman Chair in Psychiatric Oncology
Memorial Sloan-Kettering Cancer Center
Two common pathways to quality improvement

• Performance measurement

• Using performance measures to leverage change
Obstacles to QI initiatives on psychosocial health care for cancer patients

• less well-developed measures of the delivery of psychosocial health services, and

• a less well-developed mechanism to ensure the application of measures and standards.
Recommendation 6: Quality oversight.

Organizations setting standards for cancer care (e.g., NCCN, ASCO, ACS’ Commission on Cancer, ONS, APOS) and other standards-setting organizations (e.g., National Quality Forum, NCQA, URAC, Joint Commission) should:

- Create oversight mechanisms for measuring and reporting on the quality of ambulatory oncology care (including psychosocial health care).

- Incorporate requirements for identifying and responding to psychosocial health care needs into their protocols, policies, and standards.
Recommendation 6: Quality oversight.

Organizations setting standards for cancer care (e.g., NCCN, ASCO, ACS’ Commission on Cancer, ONS, APOS) and other standards-setting organizations (e.g., National Quality Forum, NCQA, URAC, Joint Commission) should:

– Create oversight mechanisms for measuring and reporting on the quality of ambulatory oncology care (including psychosocial health care).

– Incorporate requirements for identifying and responding to psychosocial health care needs into their protocols, policies, and standards.

– Develop and use performance measures for psychosocial health care in their quality oversight activities.

NCI, CMS, and AHRQ should fund research focused on the development of performance measures for psychosocial cancer care.
Implications for Research Funders

Sherrie Kaplan PhD,
Associate Dean for Clinical Policy and Health Services Research,
University of California at Irvine School of Medicine
Limitations in Taxonomy and Nomenclature
Recommendation: Standardized nomenclature.

To facilitate research on and quality measurement of psychosocial interventions, NIH and AHRQ should create and lead an initiative to develop a standardized, transdisciplinary taxonomy and nomenclature for psychosocial health services.

This initiative should aim to incorporate this taxonomy and nomenclature into such databases as the NLM’s Medical Subject Headings (MeSH), PsycINFO, CINAHL, and EMBASE.
Recommendation 4: Dissemination and Uptake.

NCI, CMS, AHRQ should, individually or collectively, conduct a large-scale demonstration and evaluation of various approaches to the efficient provision of psychosocial health care in accordance with the standard.

This program should demonstrate how the standard can be implemented in different settings and populations, and with varying personnel and organizational arrangements.
Recommendation 9: Research priorities

• Clinical tools and strategies for:
  – Improving patient-provider communication and patient decision-support.
  – More comprehensive screening instruments to identify individuals with psychosocial health needs.
  – Needs assessment.
  – Illness and wellness management.
  – Effectively linking patients with services and coordinating care.

• Services to treat mental problems and assist patients to practice healthy behaviors, such as smoking cessation, exercise, and diet

• Standard outcome measures for assessing effectiveness.

• Reimbursement arrangements to promote and reward psychosocial health care.

• Delivery of services to vulnerable populations; e.g., low literacy, older adults, socially isolated, and cultural minorities.
Implications for Care of Other Chronic Conditions

Ed Wagner, MD
Director, Group Health Cooperative
W.A. McColl Institute for Healthcare Innovation Center for Health Studies
Comorbidities of Cancer Survivors

• 42% have other chronic conditions
  – 28% cardiovascular
  – 9 % diabetes
  – 5 % asthma
  – 5 % emphysema
  – 5 % ulcer disease

• Nearly half over age 65

• 11% with limits in ADLs

Effective Delivery of Psychosocial Health Care

- RWJ Building Health Systems for People with Chronic Illnesses (Palmer and Somers, 2005)
- Chronic Care Model (ICIC, 2007)
- Clinical Practice Guidelines for Distress Management (NCCN, 2007)
- Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer (Australia, 2003)
- Improving Supportive and Palliative Care for Adults with Cancer (NICE, 2004)
- Collaborative Care of Depression in Primary Care (Katon, 2003)
- Three Component Model (3CM™)
- Project IMPACT Collaborative Care Model (Unutzer et al., 2002)
- Partners in Care (Wells et al., 2004)
- Promoting Excellence in End-of-Life Care Program (Byock et al., 2006)
<table>
<thead>
<tr>
<th>Model</th>
<th>Identification of Patients with Psychosocial Health Needs</th>
<th>Care Planning To Address Those Needs</th>
<th>Mechanisms to Link Patients to Psychosocial Health Services</th>
<th>Support for Illness Self-Management</th>
<th>Mechanisms for Coordinating Psychosocial and Biomedical Care</th>
<th>Follow-up on Care Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Health Systems for People with Chronic Illnesses (Palmer and Somers, 2005)</td>
<td>Risk and eligibility screening; needs assessment</td>
<td>Yes</td>
<td>Care management†</td>
<td>Yes</td>
<td>Multidisciplinary team care; pooled funding</td>
<td>Outcome measurement</td>
</tr>
<tr>
<td>Chronic Care Model (ICIC, 2007)</td>
<td>No</td>
<td>Yes</td>
<td>Linkage to community resources; Case management for complex cases</td>
<td>Yes</td>
<td>Clinical information systems; team care</td>
<td>Use of information systems to accomplish this; Planned or structured follow-up visit</td>
</tr>
</tbody>
</table>

† Care management includes linkage to community resources, Case management for complex cases.
Definition of chronic diseases

“They are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care”

The definition of chronic disease used in the National Library of Medicine’s Medical Subject Headings (MeSH).
Addressing psychosocial needs should be an integral part of quality cancer care [and care of other chronic illnesses].

All components of the health care system involved in cancer care should explicitly incorporate attention to psychosocial needs into their policies, practices, and standards addressing clinical care.

These policies, practices and standards should ensure psychosocial health services to all patients who need them.