The Virtual Tumor Board for Mental Health and Cancer Equity

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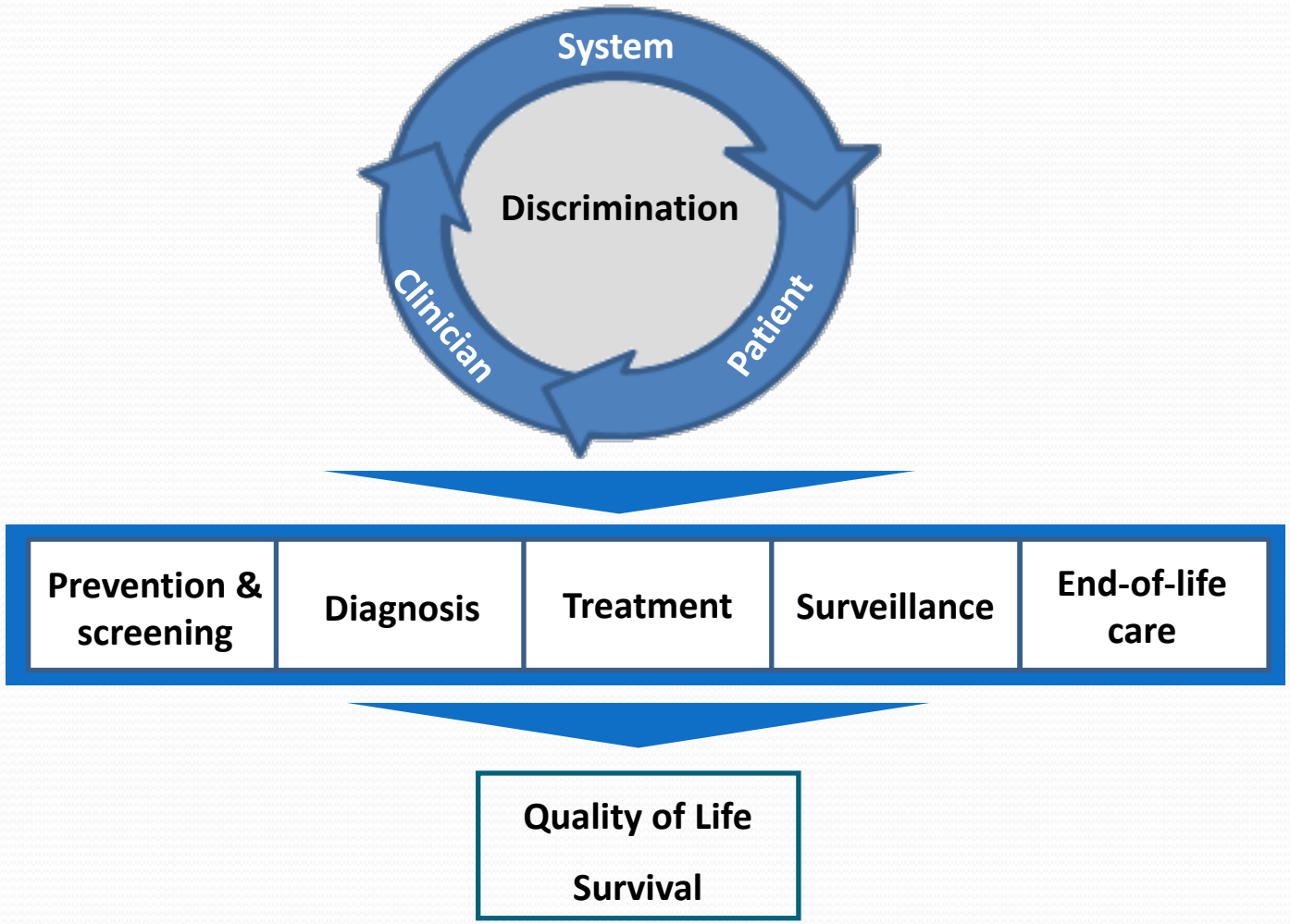
Inequities in cancer care contribute to premature cancer mortality and increased suffering for people with serious mental illness.



Irwin et al, Cancer, 2014

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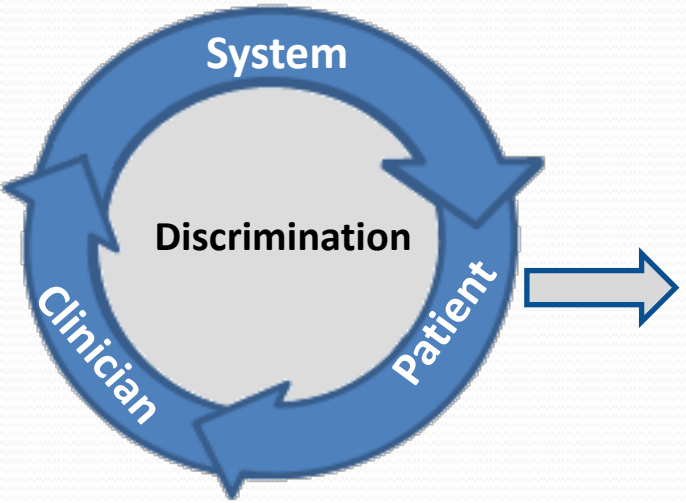

Untreated symptoms impact illness understanding and communication.

"It's extremely difficult because she doesn't have insight into the risk if she doesn't get treatment." – Mental health nurse

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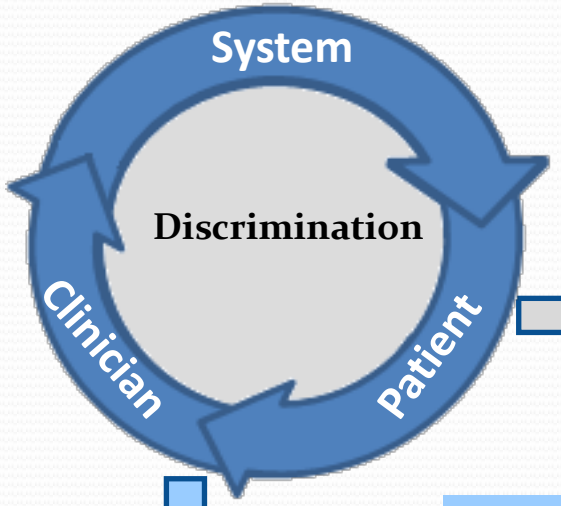

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Clinicians lack comfort, specialized training, and time to care for patients with complex needs.

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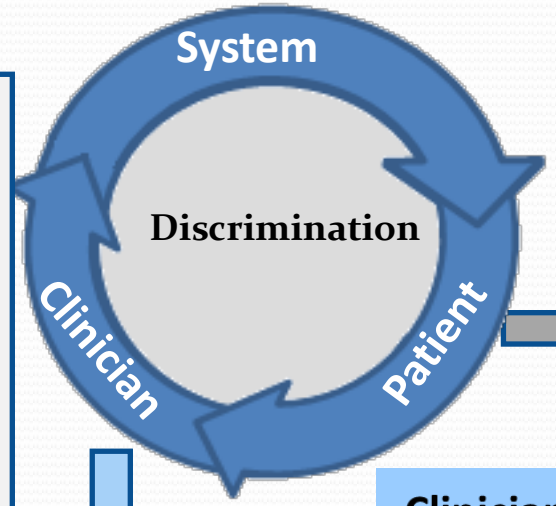

Untreated symptoms impact illness understanding, communication, and follow-up.
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Mental health care and cancer care are fragmented; psychosocial care is inadequate.
"One of the biggest barriers is lack of access to psychiatry, and with cancer care, we can't wait."
- Medical Oncologist

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Individuals with mental health disorders have been systematically excluded from clinical trials.

“There are people who falsely assume that patients can't give informed consent or won't understand…people kind of write off this population.”

-Medical Oncologist

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Humphreys et al, Journal of Psychiatric Research, 2015
Irwin, Moy, et al, Journal of Clinical Oncology, 2019

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Innovative, multi-level approaches are needed to build capacity to deliver integrated cancer and mental health care.

CHALLENGES

Mental health discrimination is pervasive.

Mental health care remains inadequate and fragmented from specialty and primary care.

Default approaches worsen disparities.

LESSONS LEARNED

Be transparent.

Build person-centered, strengths-based teams.

Use technology pragmatically and flexibly.

Create and sustain Communities of Practice beyond the cancer center and health system.

Adapt evidence-based models guided by implementation science.

Apply social justice and human rights frameworks to guide best practices.

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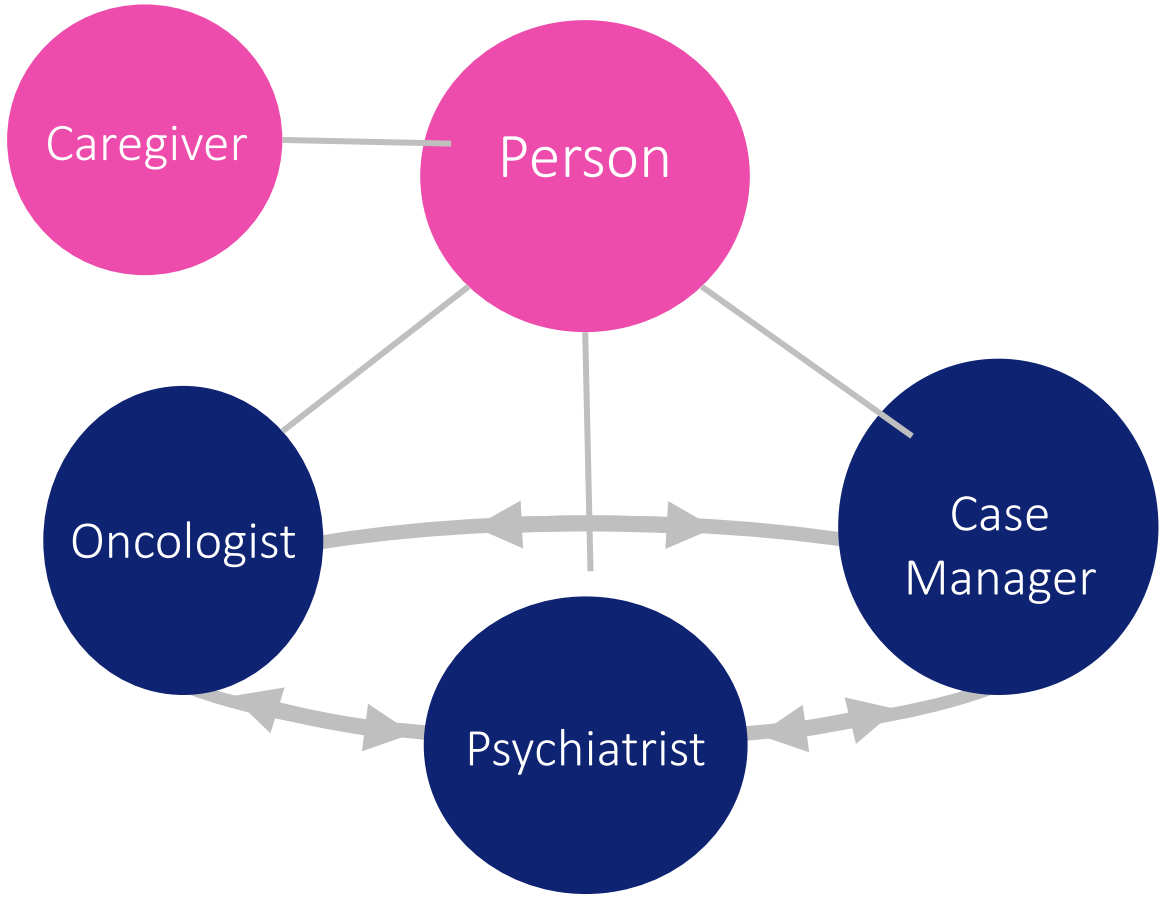
BRIDGE is person-centered collaborative care that addresses barriers to cancer care proactively and engages a diverse team to improve cancer outcomes.



Proactive identification using available information from health record

Person and caregiver-centered

Team-Based

Systematic weekly case review

Evidence-based interventions for cancer and mental illness

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Irwin et al, NEJM, 2016

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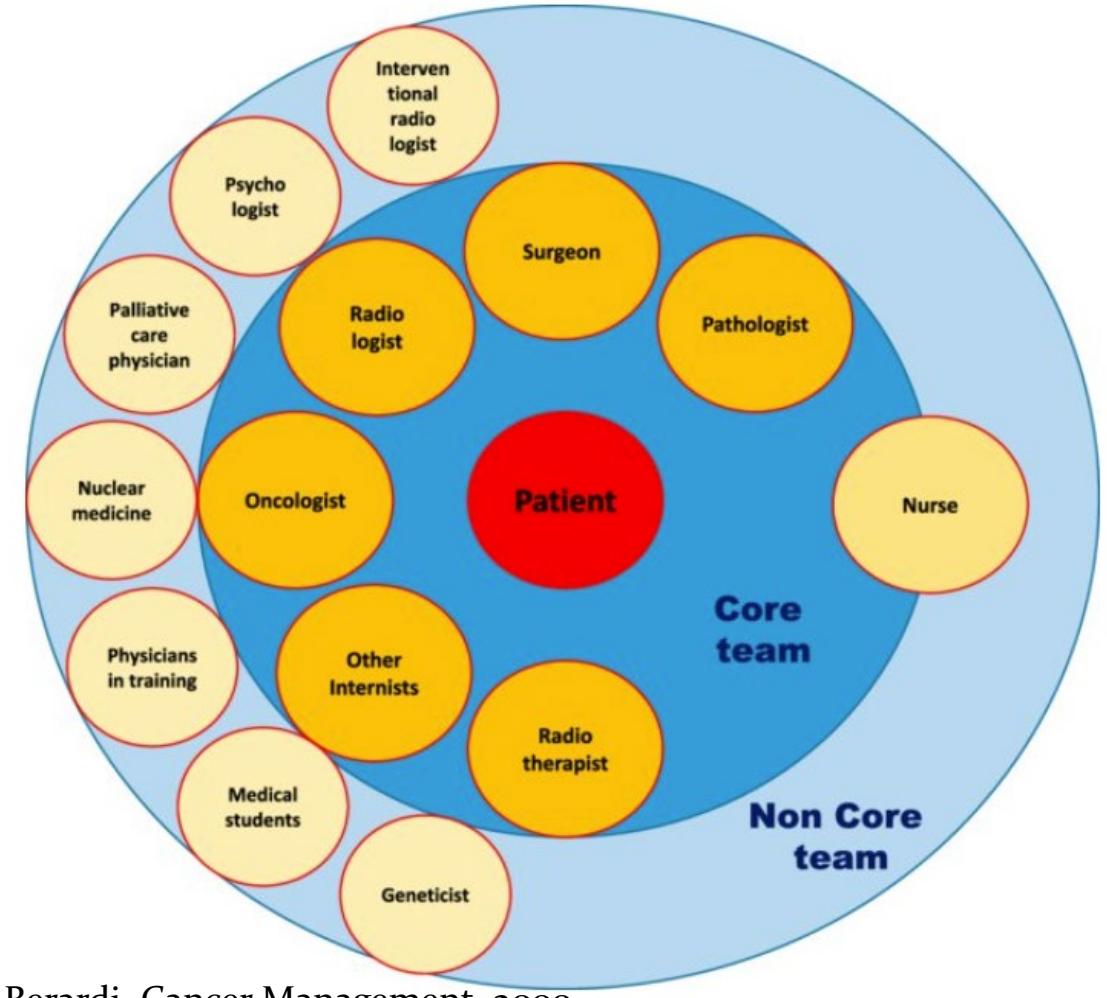
Tumor boards are multidisciplinary teams that meet regularly to discuss new/complex cases, decide on a treatment plan, and share best practices.

Who is in the room?



Berardi, Cancer Management, 2000

Standard of care for comprehensive cancer centers

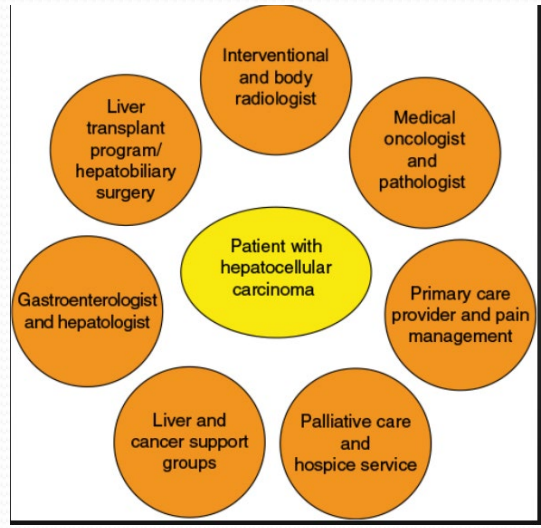
Can be delivered virtually

Do tumor boards work?

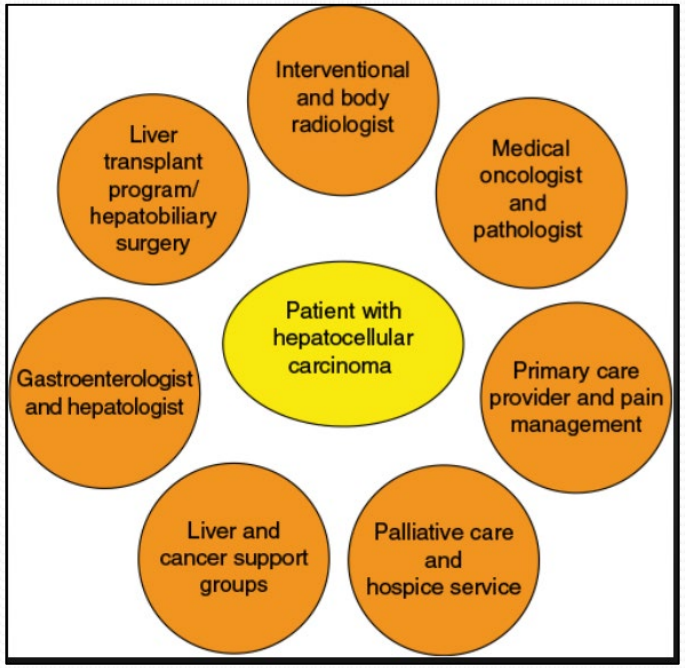
To improve patient care/outcomes?

For clinicians?

What outcomes matter?



We developed the Virtual Equity Tumor Board to promote access to clinical trials and integrated cancer and mental health care.



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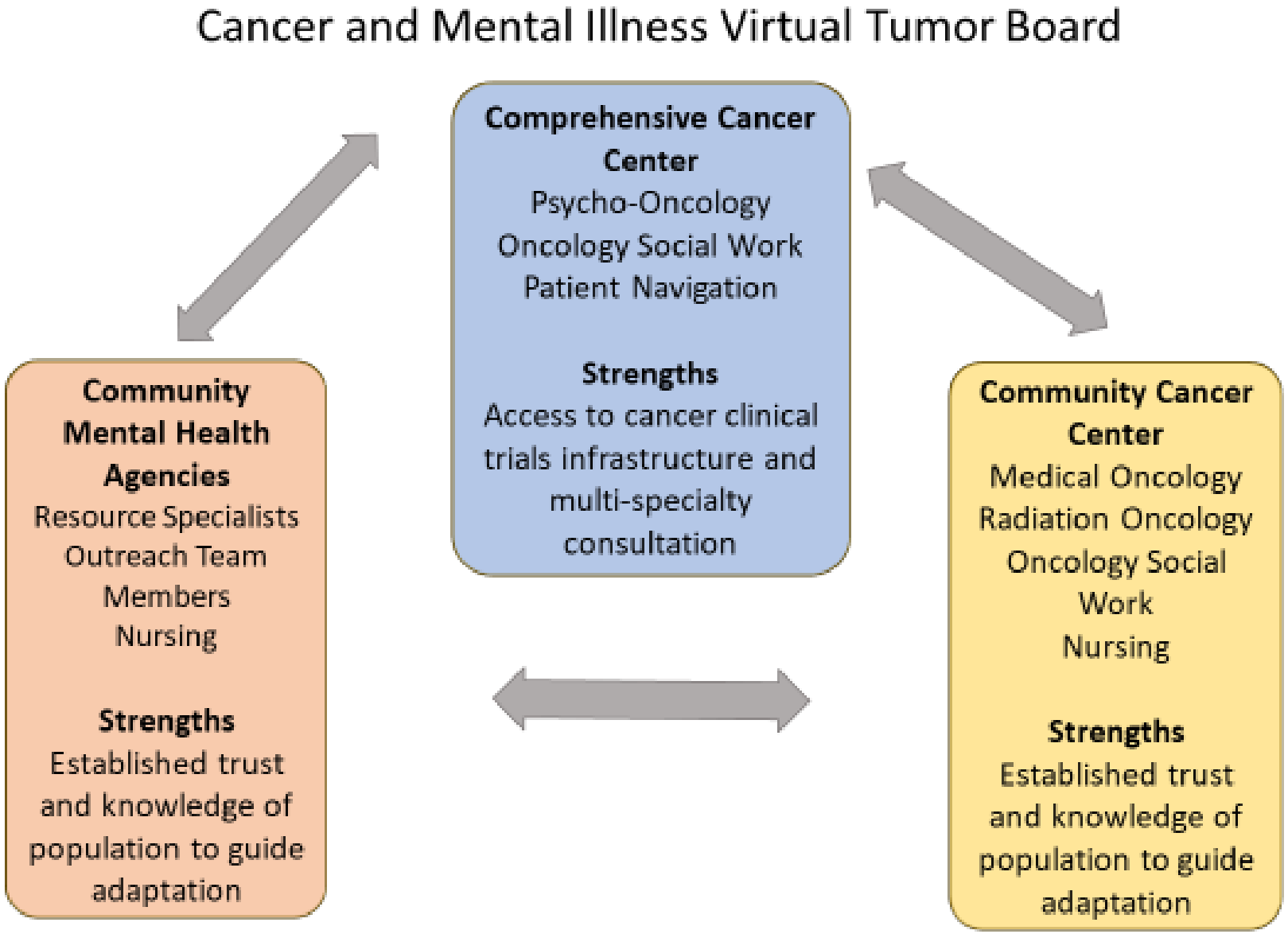
Virtual models have potential to build capacity for psycho-oncology services and address barriers to care.



Irwin et al, JOP, 2022

The Virtual Cancer and Mental Health Tumor Board

Challenge: Lack on-site psycho-oncology care and navigation at community cancer site

Context*:* Higher poverty and mental illness vs main campus, high demands on time for oncology/nursing, longer waits for mental health care, staffing crisis post covid-19

Strengths:

- Community hospital with commitment to cancer screening, inpatient care, psychiatry
- Mental health agencies serving shared population, commitment to closing mortality gap
- Long-term nurses and residential staff with deep knowledge of community organizations
- Dedicated oncology champion, culture of participating in tumor boards

Shared Purpose: Increase access to mental health/oncology expertise on North Shore

Who is Community of Practice? (group with expertise, get better at something by coming together)

Core elements of the Cancer and Mental Health Tumor Board

Assess Context: Build Community of Practice

Proactive approach: Patients identified by population-based registry/oncology and mental health referrals
Pragmatic use of technology: HIPAA-compliant video-conference x 45 minutes every 2-4 week

Co-Learning: Collaborative case discussion and sharing of ideas across disciplines, roles, and sectors

- Begin with what matters to participants, establish shared purpose, be attentive to power dynamics
- Brief best practices integrated into sessions by facilitators
- Address barriers to accessing psycho-oncology expertise and specialty oncology care

Person-Centered, strengths-based assessment

- Frame in terms of whole person including values and strengths
- Address social determinants/resource-related barriers to care
- Create integrated cancer and mental health treatment plan

Track outcomes that matter: Consider patient, clinician, systems, implementation

To advance equity, we need more than bridges.

The Mother Tree Project

We need to nurture untapped strengths and create networks.

Multi-site implementation-effectiveness trials and coalition building are needed to inform best practices and increase reach to community settings.

Thank you!

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TOGETHER WE WILL ENSURE THAT MENTAL HEALTH
IS NEVER A BARRIER TO CANCER CARE

DF/HCC · Massachusetts General Physicians Organization · American Cancer Society · NCI Community Oncology Research Program · MoodNetwork · Mass DMH Department of Mental Health · NAMI Massachusetts · NSMHA North Suffolk Mental Health Association · MGH 1811

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