Psychosocial Health

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HARVARD MEDICAL SCHOOL

Disclosures

- No disclosures

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There are not enough mental health providers

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And the mental health system is not designed for high volumes of patients

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And the mental health system is not designed for high volumes of patients,

But there is a solution, collaborative care.

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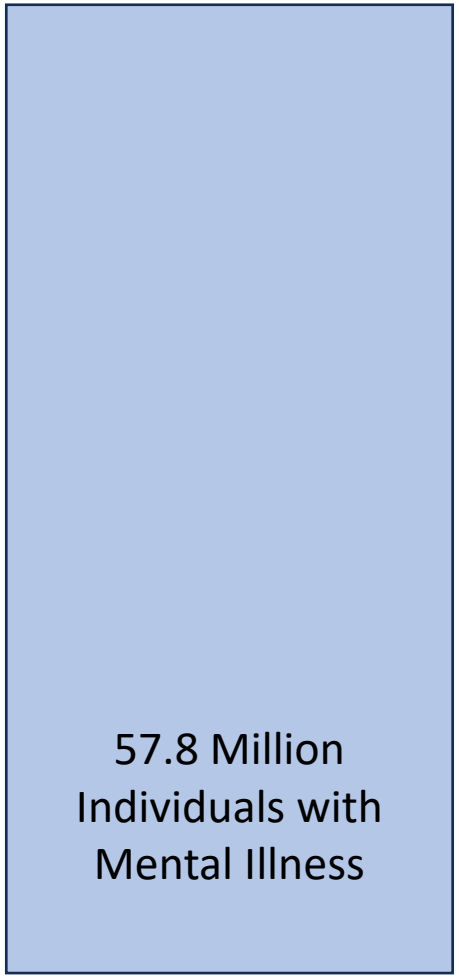

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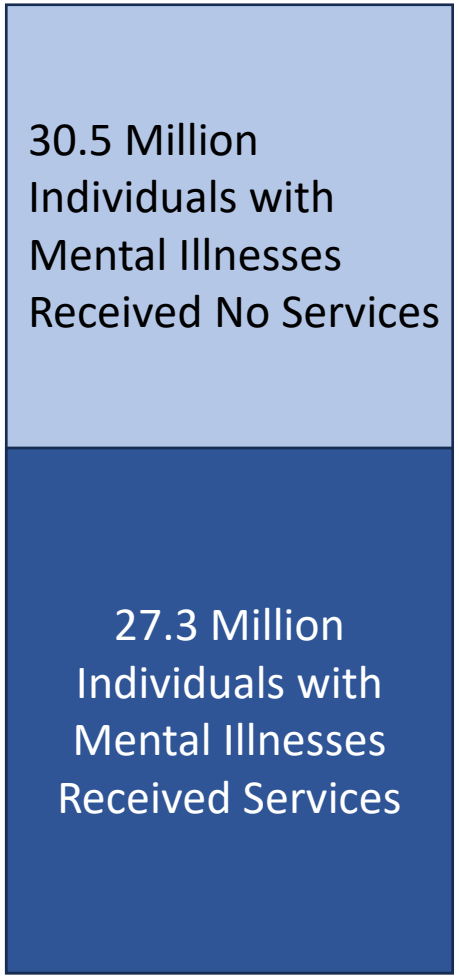
www,samhsa.gov/data/report/2021-nsduh-detailed-tables



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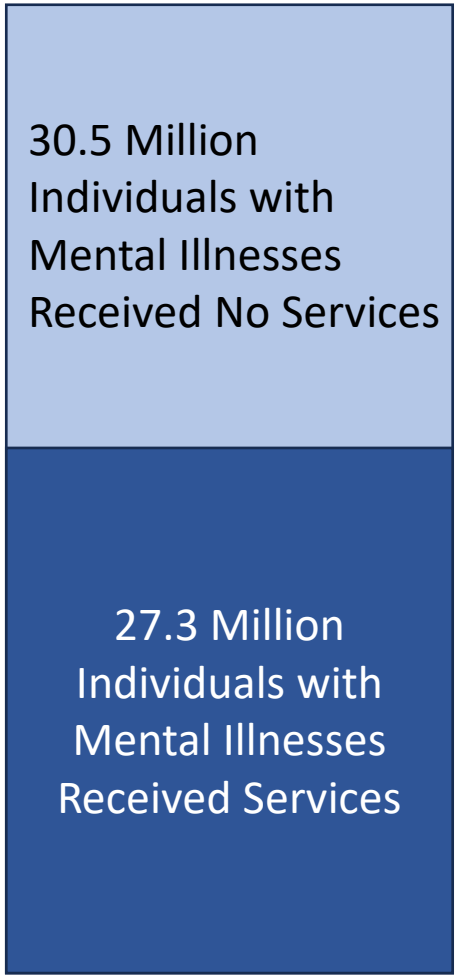
www,samhsa.gov/data/report/2021-nsduh-detailed-tables

160 Million People in the US live in Health Professional Shortage Areas for Mental Health



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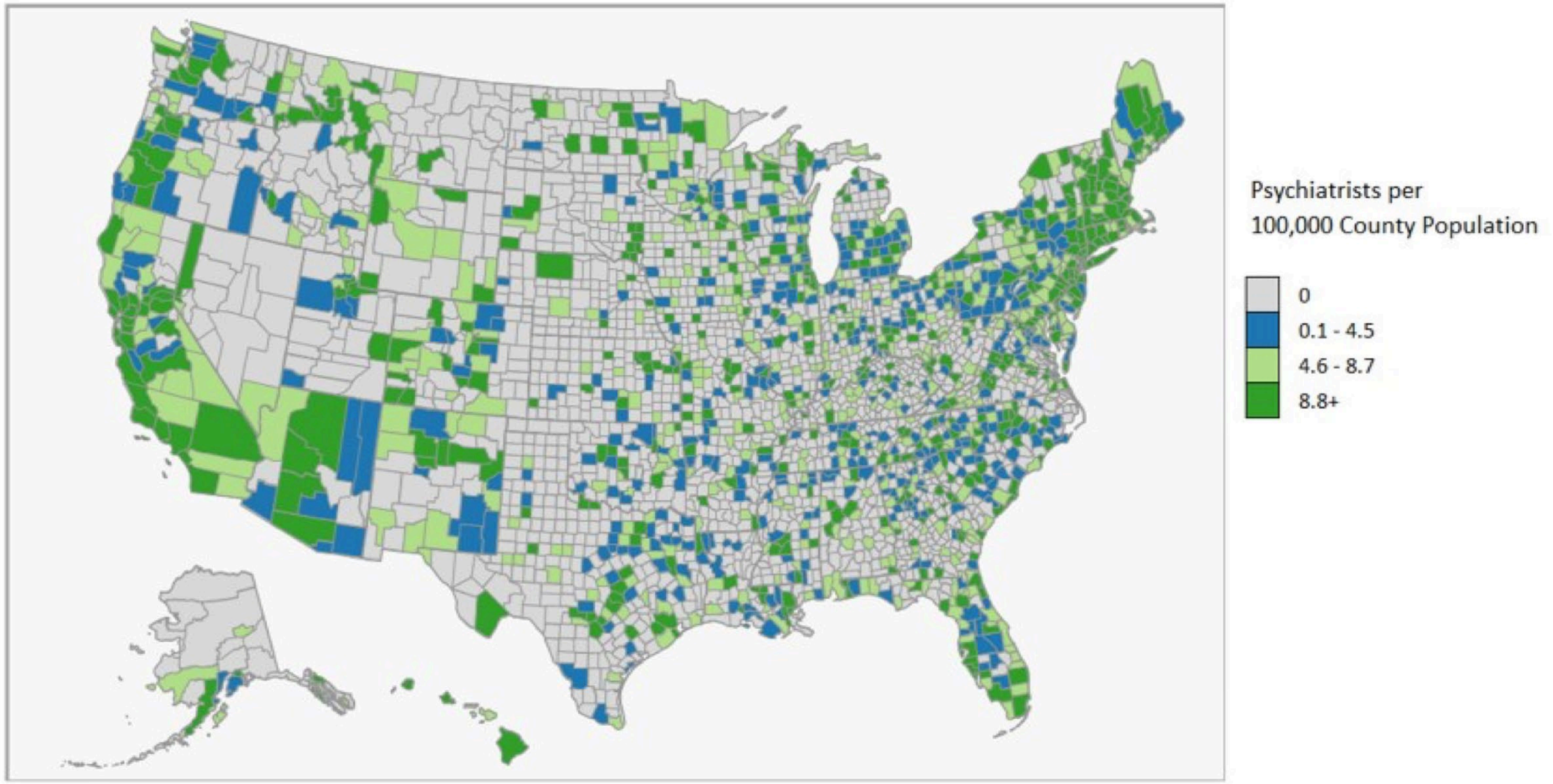
data.hrsa.gov/topics/health-workforce/shortage-areas

www,samhsa.gov/data/report/2021-nsduh-detailed-tables

Figure 1. Map of Psychiatrists per 100,000 Population by U.S. County



University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the US Psychiatric Subspecialty Workforce. Ann Arbor, MI: UMSPH; 2018.

Mental Health Service Utilization

	No Reported History of Cancer (n=90,737)		Self-Reported History of Cancer (n=4,878)	
	Used Mental Health Services % (SE)	Needed Mental Health Services, Did Not Receive Because of Cost % (SE)	Used Mental Health Services % (SE)	Needed Mental Health Services, Did Not Receive Because of Cost % (SE)
Total	5.7 (0.1)	1.6 (0.0)	7.2 (0.4)	2.3 (0.2)
Mental Health Problems	32.7 (1.2)	15.3 (0.8)	34.6 (3.3)	16.1 (2.5)

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Hewitt M and Rowland JH. Mental health service use among adult cancer survivors: analyses of the National Health Interview Survey. J Clin Oncol 2002; 20: 4581-4590.

Psychosocial Care in Oncology

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Psychosocial Care in Oncology

- Primary psychosocial care:
  - Oncology providers, oncology nurses, medical assistants, PCPs

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Psychosocial Care in Oncology

- Primary psychosocial care:
  - Oncology providers, oncology nurses, medical assistants, PCPs

- Specialty psychosocial care:
  - Social workers
  - Psychologists
  - Nurses
  - Licensed mental health counselors
  - Psychiatrists
  - Chaplains

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2009 American Psychosocial Oncology Society (APOS) Survey

- 79% of comprehensive cancer centers and 76% of community-based treatment centers offer individual counseling
- 76% of comprehensive cancer centers and 61% of community-based treatment centers offer psychiatric consultations
- 41% had 3-10 psychosocial employees; 19% of comprehensive cancer centers and 39% of community-based treatment centers has less than 3
- Social workers the most frequent clinicians

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Deshields, et al. The state of psychosocial services in cancer care in the United States. *Psycho-Oncology* 2013; 22:699-703.

Common Models of Psychosocial Care

- Co-located
  - Dedicated psychosocial services available to patients in an oncology practice, embedded in or near oncology services
- Off site
  - Referrals to psychosocial services in the community
- Collaborative care

Pirl, et al. Framework for planning the delivery of psychosocial oncology services: An American Psychosocial Oncology Society task force report. *Psycho-oncology* 2020, 29(12):1982-1987.

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Common Models of Psychosocial Care

Referral-Based

- Co-located
  - Dedicated psychosocial services available to patients in an oncology practice, embedded in or near oncology services
- Off site
  - Referrals to psychosocial services in the community

- Collaborative care

Pirl, et al. Framework for planning the delivery of psychosocial oncology services: An American Psychosocial Oncology Society task force report. *Psycho-oncology* 2020, 29(12):1982-1987.

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Referral-Based Models

- Current and historic model of mental health care is not designed for high volumes
  - Standards of care result in longer visits with less patients
  - Opposite of population health

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- Leads to rationing services
  - Prioritizing patients in active treatment

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Referral-Based Models

- Current and historic model of mental health care is not designed for high volumes
  - Standards of care result in longer visits with less patients
  - Opposite of population health
- Leads to rationing services
  - Prioritizing patients in active treatment
- Even less mental health resources in the community now

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What About Telehealth?

Helps with geographic barriers to access

Helps with transportation and mobility barriers

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What About Telehealth?

Helps with geographic barriers to access

Helps with transportation and mobility barriers

In referral-based models, services are still limited by the same number of mental health providers.

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Psychosocial Care in Oncology is Population Health

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Psychosocial Care in Oncology is Population Health

Multidisciplinary Population Health Approaches Are Needed to Increase Access to Services

Pirl, et al. Framework for planning the delivery of psychosocial oncology services: An American Psychosocial Oncology Society task force report. *Psycho-oncology* 2020, 29(12):1982-1987.

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Collaborative Care

Wayne Katon, MD
University of Washington

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Guiding Principles

- There will never be enough mental health providers, so mental health care needs to integrated into medical care
- Except for psychotic disorders, bipolar disorder, and delirium, behavioral treatments (therapy) are at least as effective as psychiatric medications
- Resources can be deployed more efficiently in a stepped-care approach
- While care may be less intense, using evidence-based strategies/treatments will ensure effective care
- Screening and tracking are essential in caring for populations

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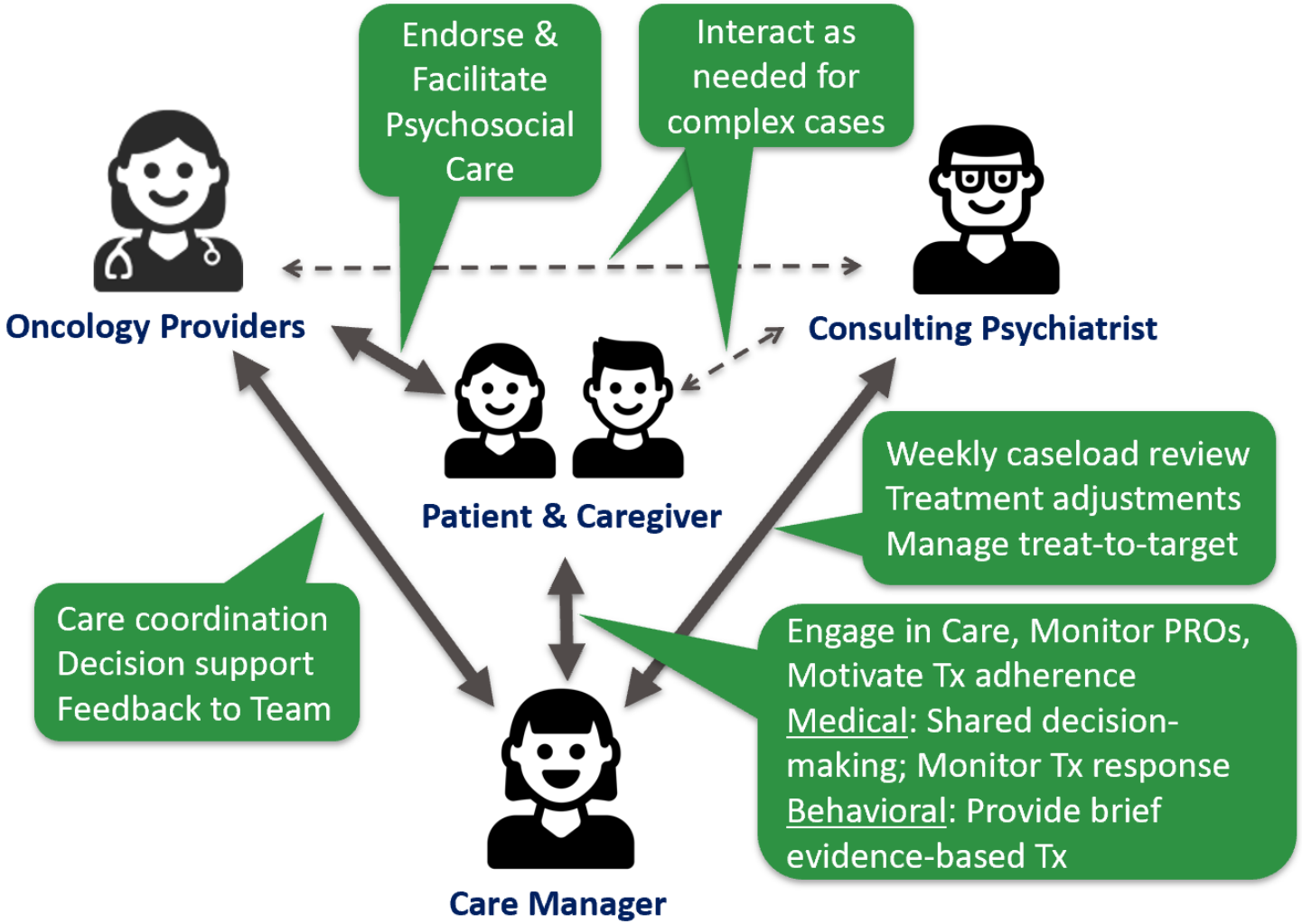
Collaborative Care Model



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Jesse Fann, Fred Hutchinson Cancer Center

4 Key Components of Collaborative Care

1. Care manager
2. Population-based care with screening, tracking, registry
3. Measurement-based care, treat to target
4. Weekly meetings with consulting psychiatrist

Medicare Learning Network. *Behavioral Health Integration Services*. February 2022. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf

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Randomized Controlled Trials of Collaborative Care in Oncology

Study	Setting	Population	Outcomes
Strong et al. (2008)	Cancer center clinic, UK.	Adults diagnosed 6-45 months ago with cancer, and with major depression (N = 200)	CoCM more effective for depression, anxiety, fatigue, and quality of life at 3 and 6 months and cost-effective over 12 months
Ell et al. (2008)	Public safety net medical center oncology clinic, US	Low-income, predominantly female Hispanic patients with cancer, >90 days after cancer diagnosis, with major depression, dysthymic disorder, or both. (N = 472)	CoCM more effective at 12 and 24 months for depression, as well as better social/family, emotional and functional well-being, physical & mental functioning, and quality of life
Fann et al. (2009)	18 Primary care clinics, US	60 years old and older with cancer diagnosis and major depression, dysthymic disorder, or both. (N = 215)	CoCM more effective at 6, 12, and 18 months for depression. Functioning, quality of life, fatigue, and suicidal ideation also improved.
Kroenke et al. (2010)	16 community-based oncology practices, urban and rural, US	Adults with cancer and depression, cancer-related pain, or both. (N = 405)	CoCM more effective at 12 months for depression, pain severity & interference
Sharpe et al. (2014)	3 cancer centers and associated clinics, Scotland	Adults with a cancer prognosis of >1 year predicted survival and major depression for at least 4 weeks (N = 500)	CoCM more effective at 6 mos. in depression. CoCM group also with less pain, anxiety, fatigue & with improved physical, social & role functioning and quality of life.
Walker et al. (2014)	3 cancer centers, Scotland	Adults with primary lung cancer with a cancer prognosis of >3 months predicted survival and major depression for at least 4 weeks (N = 142)	CoCM more effective at reducing depression severity, as well as anxiety, role functioning, quality of life, and perceived quality of care

Collaborative Care

- Evidence-based with almost 100 RCTs, 6 specifically in oncology
- Increases access and improves outcomes
- Increases patient and provider satisfaction
- CMS created special billing codes so that it can be supported through reimbursement
- Consistent with newly updated ASCO Guidelines for Depression and Anxiety
- Oncology better poised to implement collaborative care compared to primary care

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Wu, et al. Collaborative care: a solution for increasing access to psychosocial care in cancer programs and practices. *Cancer Issues* 2023: 38(4).

Tsao, et al. A Positive Distress Screen…Now What? An Updated Call for Integrated Psychosocial Care. *J Clin Oncol*. 2023 Jul 13:JCO2202719. Epub ahead of print.


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Providence
Hartford
CONNECTICUT
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New Bedford
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Atlantic Ocean
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Nantucket Island
42°

Psychosocial Services + Palliative Care

- Overlap in services, overlap in assessments at visits
- Greater pool of providers with some overlap in skills
- More efficient use of resources
- One-stop shopping for referrals for supportive care

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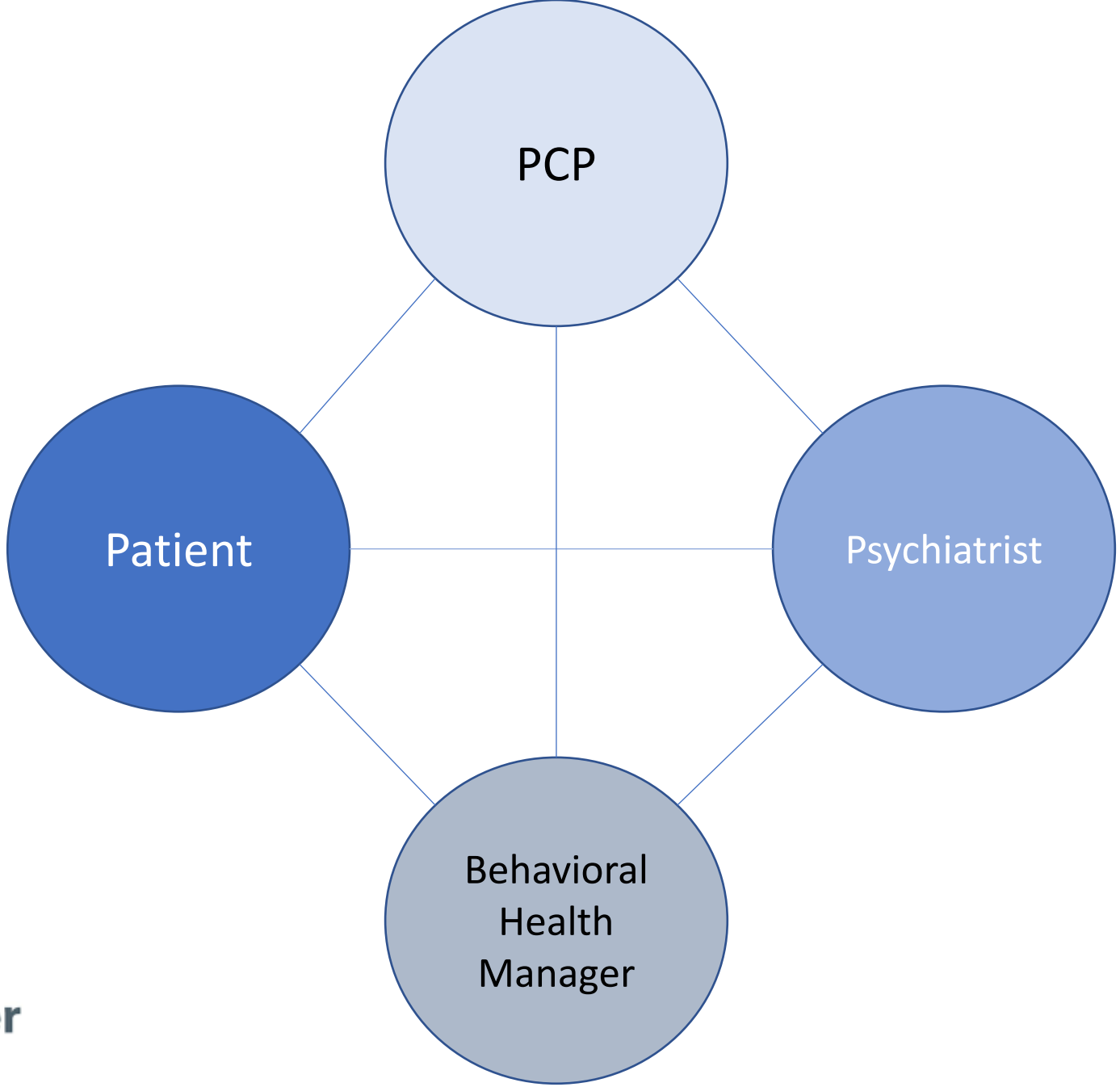

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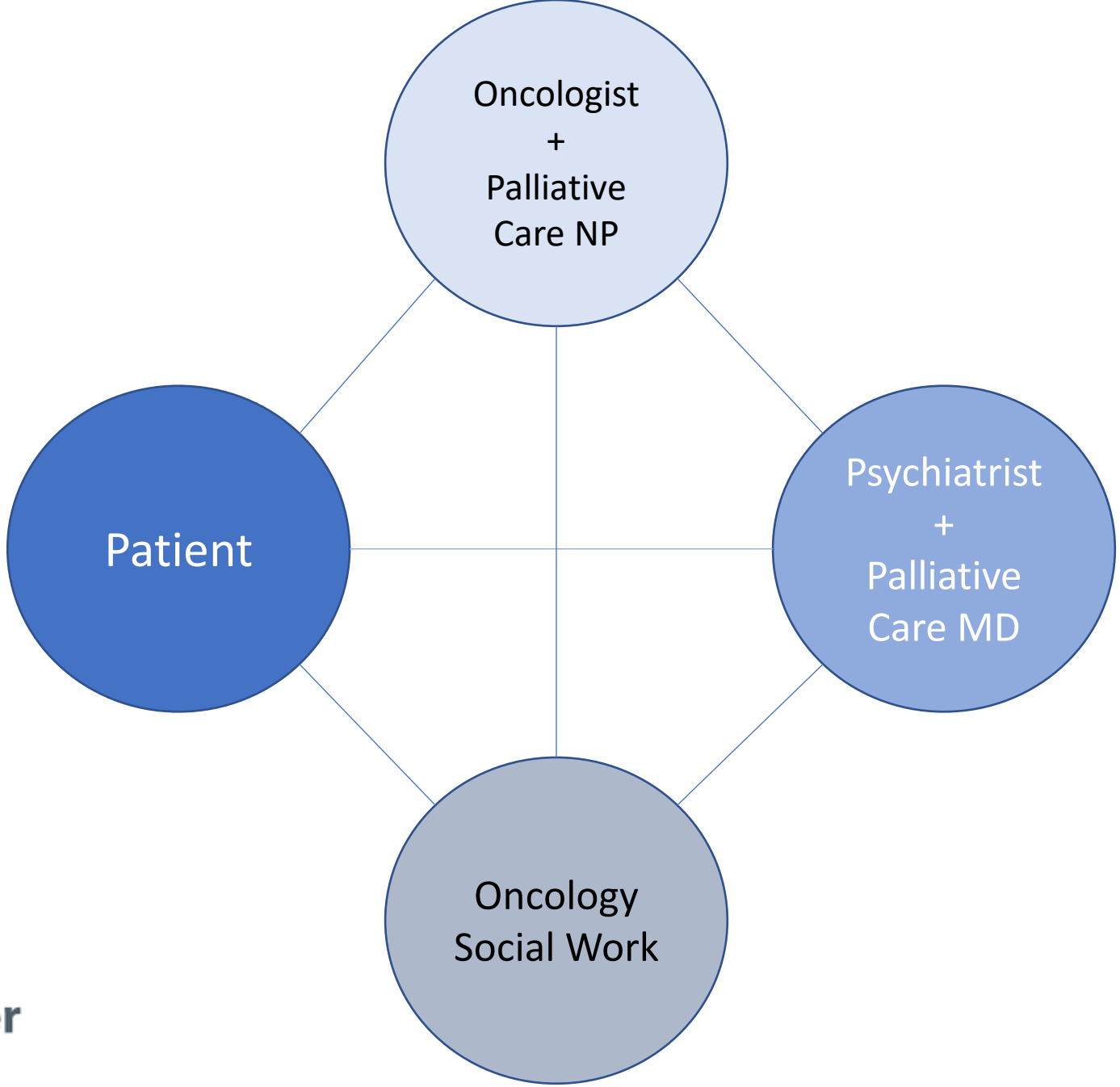

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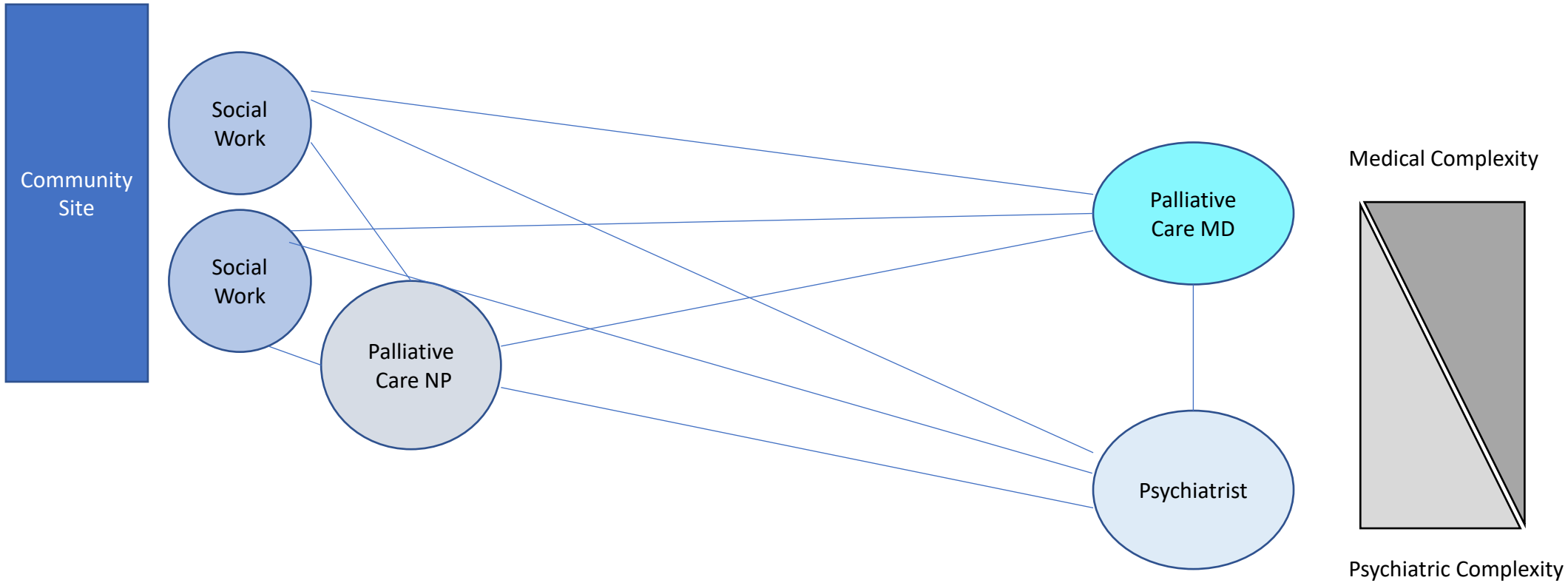

Main Campus

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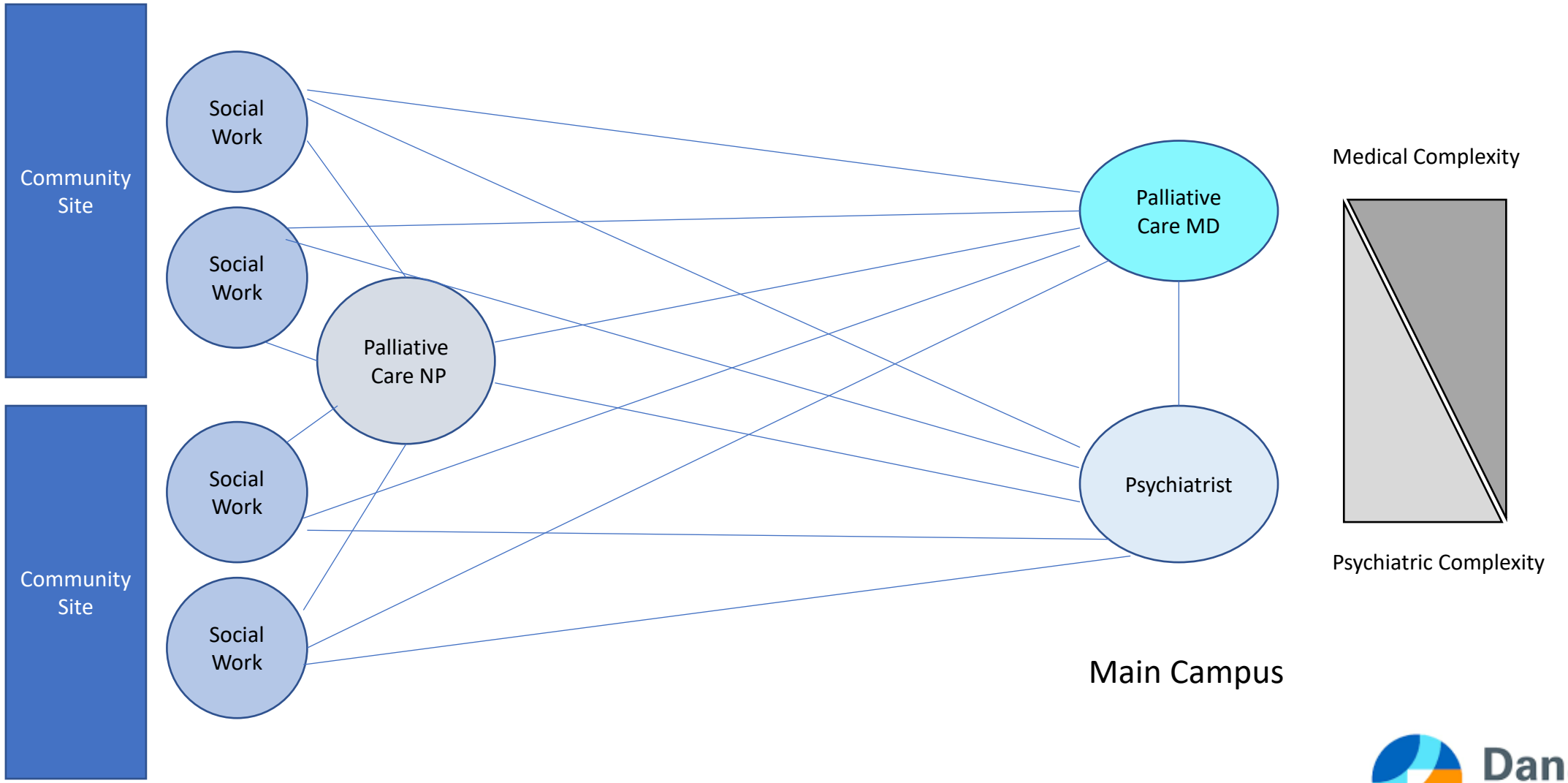

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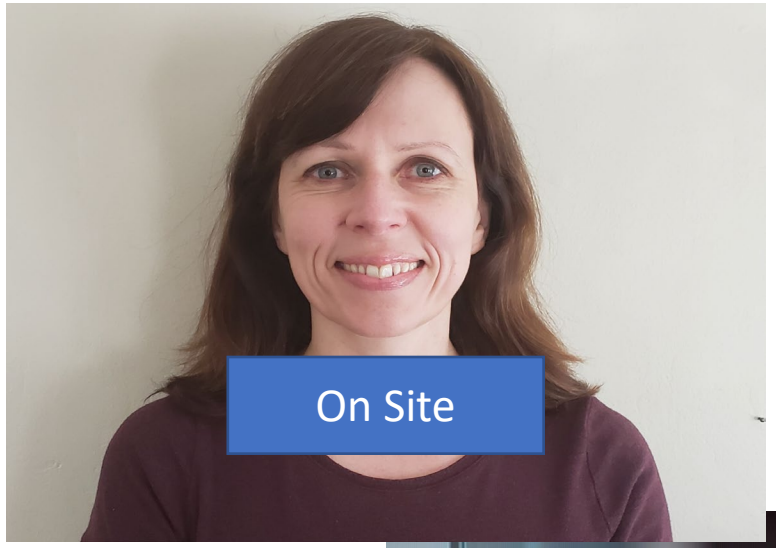
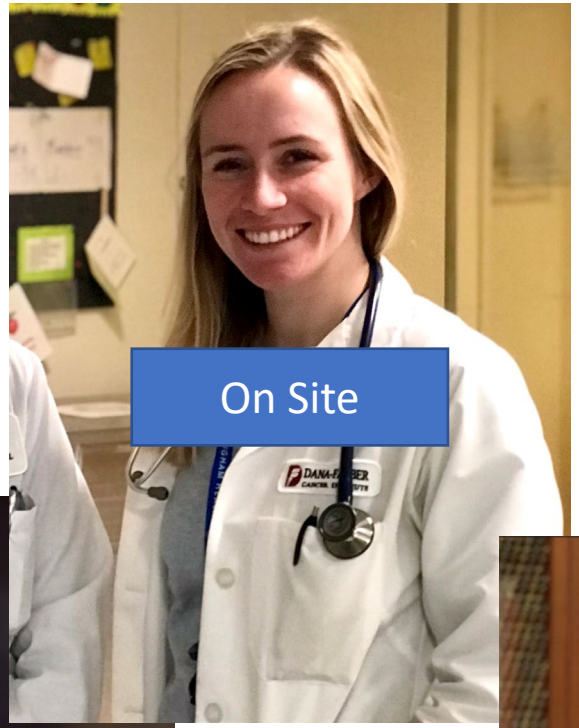
DFCI Merrimack Valley Supportive Oncology Collaborative Team

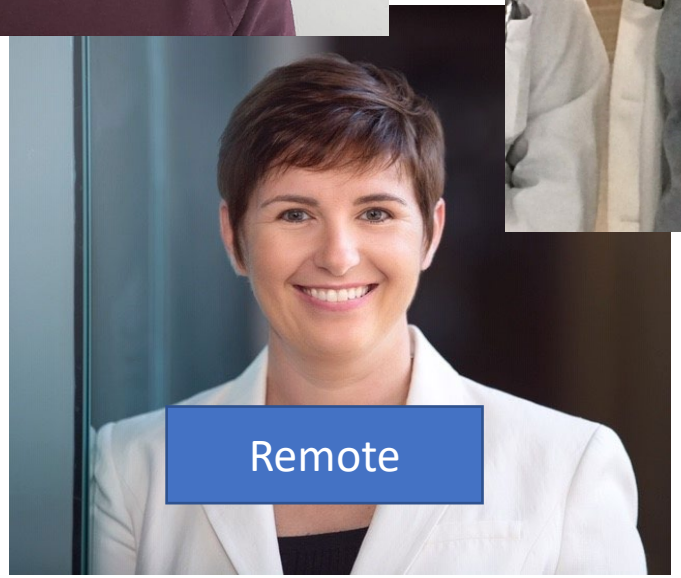
Lenka Phelps, Social Worker



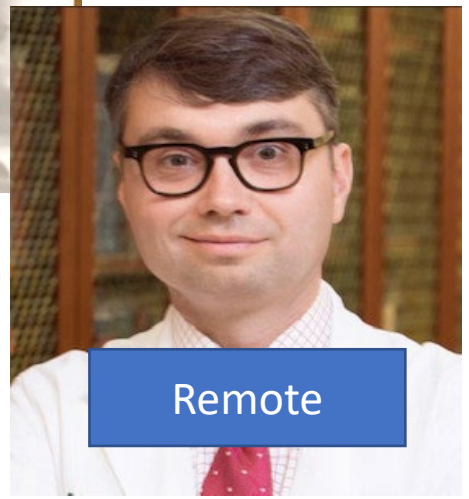
Hilary McGuire, Palliative Care NP



Kate Lally, Palliative Care Physician



William Pirl, Psychiatrist



How does is work?

Comprehensive evaluation with standardized validated instruments completed by oncology social work and/or palliative care PA/NP

Initial plans of care started: counseling and behavioral interventions

Weekly case rounds: patients discussed weekly, similar to tumor boards, with psychiatrist, psychologist, and palliative care physician

Plan of care determined: which could include behavioral therapy interventions, medication recommendations, team interventions, or more medical evaluation

Re-evaluation if patients are not improving

Flexibility of Collaborative Care Model

- Connecting with local mental health providers and bridging care
- Coordinating care with local mental health providers
- Psychiatrists consulting with PCPs for patients post-treatment

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Why aren’t we all doing collaborative care?

- Not really known outside of psychiatry and primary care

- Disruptive
  - Requires training to implement
  - Reformation of teams across service lines
  - Accountability
  - Implementation of screening and tracking systems

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Association of Community Cancer Centers' *Call to Action*: Delivery of Psychosocial Care in Oncology Summit

- Collaboration among ACCC, APOS, and Association for Oncology Social Work (AOSW), led by Krista Nelson, LCSW
- Promote collaborative care and integrated models
- Manuscript in ACCC journal, *Cancer Issues*
  - Collaborative Care: A Solution for Increasing Access to Psychosocial Care in Cancer Programs and Practices
- Developing training initiatives

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Thank You

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