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Advising the Nation. Improving Health.

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 ?

Psychosocial Needs and Formal Services to Address Them (1/2)

Psychosocial Need	Health Services
Information about illness, treatments, health, services	<ul style="list-style-type: none">• Provision of info; e.g., on illness, treatments, effects on health, and psychosocial services, and helping pts/families understand and use this info
Help coping with emotions	<ul style="list-style-type: none">• Peer support programs• Counseling/psychotherapy• Pharmacological management of mental symptoms
Help managing illness	<ul style="list-style-type: none">• Comprehensive illness self-management/self-care programs

Assistance changing behaviors to minimize impact of disease

- Behavioral/health promotion interventions; e.g.,
 - Provider assessment/monitoring of health behaviors (e.g., smoking, exercise)
 - Brief counseling
 - Patient education

Material and logistical resources, e.g., transportation

- Provision of resources

Help managing disruptions in work, school, and family life

- Family / caregiver education
- Assistance with ADLs, IADLs, chores
- Legal protections / services, e.g., under ADA / Family and Medical Leave Act
- Cognitive testing / educational assistance

Financial advice / assistance

- Financial planning / counseling / daily management
- Insurance (e.g., health, disability) counseling
- Eligibility assessment /counseling for benefits; e.g., SSDI
- Supplemental financial grants

How to make sure patients who
need services receive them

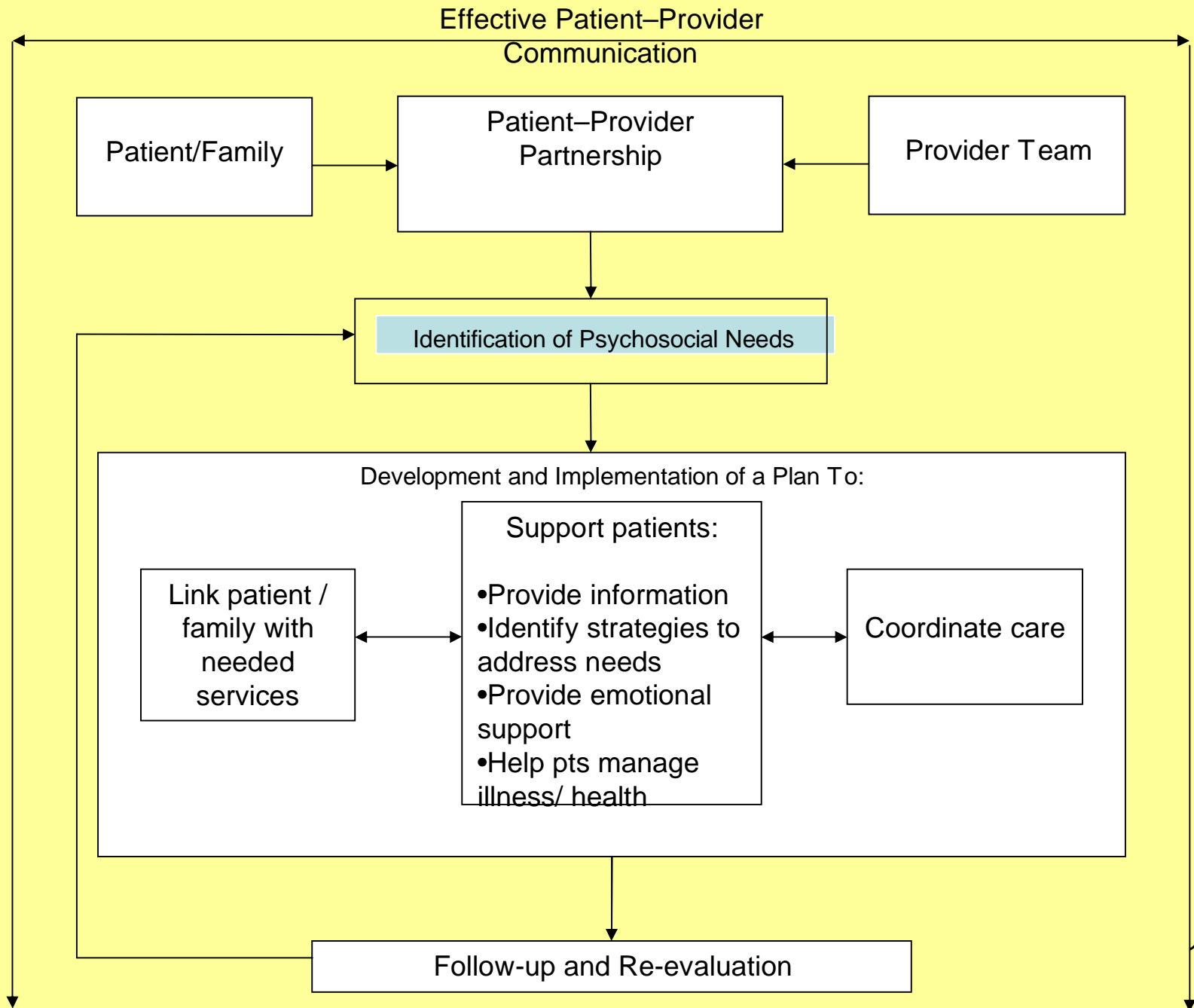
Model Interventions Meeting Criteria

- 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.



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.cancercares.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:

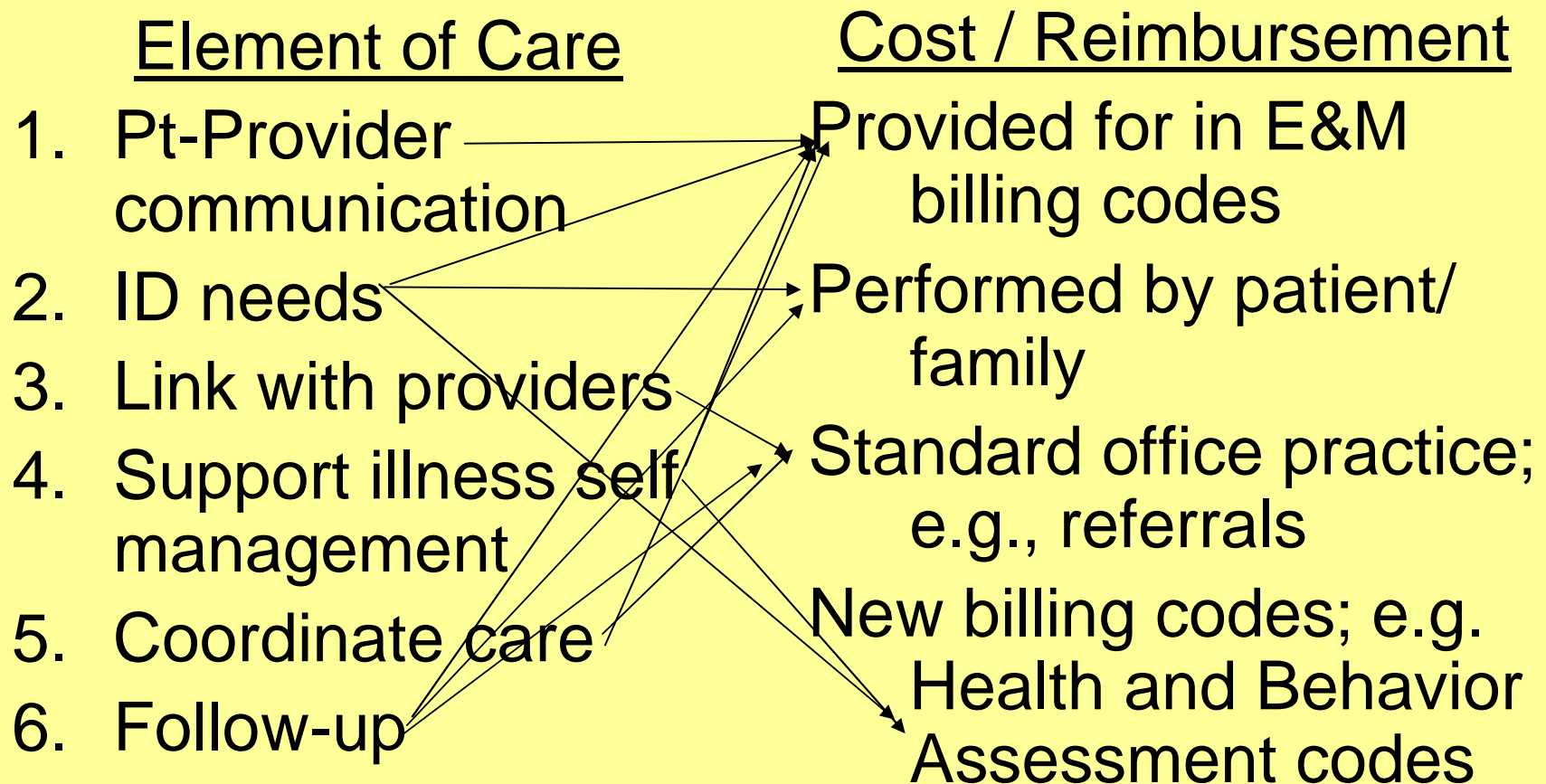
- **educate patients with cancer and their family caregivers to expect, and request when necessary, cancer care that meets the standard for psychosocial care.**
- **continue strengthening the patient side of the patient–provider partnership by providing tools and training in obtaining information, making 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



Health and Behavior Assessment / Intervention billing 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

Code	Description	2003 Psychologist Claims	2004 Psychologist Claims	2005 Psychologist Claims	2005 All Provider Claims
96150	H/B Assessment	50,660	74,371	78,008	90,016
96151	H/B Reassessment	51,888	47,599	18,421	21,913
96152	H/B Intervention—face-to-face, individual	136,904	245,088	291,103	300,463
96153	H/B Intervention—group (two or more patients)	9,252	16,431	17,873	34,052
96154	H/B Intervention—family (with patient present)	6,129	7,003	7,508	7,942
96155	H/B Intervention—family (without patient present)	Medicare does not reimburse for this type of intervention			
Total		254,833	390,492	412,913	454,386

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.**

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

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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).

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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,
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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

Source: NHIS (Hewitt, et al. 2003)

Effective Delivery of Psychosocial Health Care

- RWJ Building Health Systems for People with Chronic Illnesses (Palmer and Somers, 2005)
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TABLE 4-1 Models for Delivering Psychosocial Health Services and Their Common Components

Common Components ^a						
Model	Identification of Patients with Psychosocial Health Needs	Care Planning To Address Those Needs	Mechanisms to Link Patients to Psychosocial Health Services	Support for Illness Self-Management	Mechanisms for Coordinating Psychosocial and Biomedical Care	Follow-up on Care Delivery
Building Health Systems for People with Chronic Illnesses (Palmer and Somers, 2005)	Risk and eligibility screening; needs assessment	Yes	Care management ^b	Yes	Multidisciplinary team care; pooled funding	Outcome measurement
Chronic Care Model (ICIC, 2007)	No	Yes	Linkage to community resources; Case management for complex cases	Yes	Clinical information systems; team care	Use of information systems to accomplish this; Planned or structured follow-up visit ⁵¹

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).

CANCER CARE FOR THE WHOLE PATIENT

MEETING PSYCHOSOCIAL HEALTH NEEDS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

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.