

# Integrated Psychosocial Oncology

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# Speaker Disclosures

Jesse Fann, Ailey Armstrong

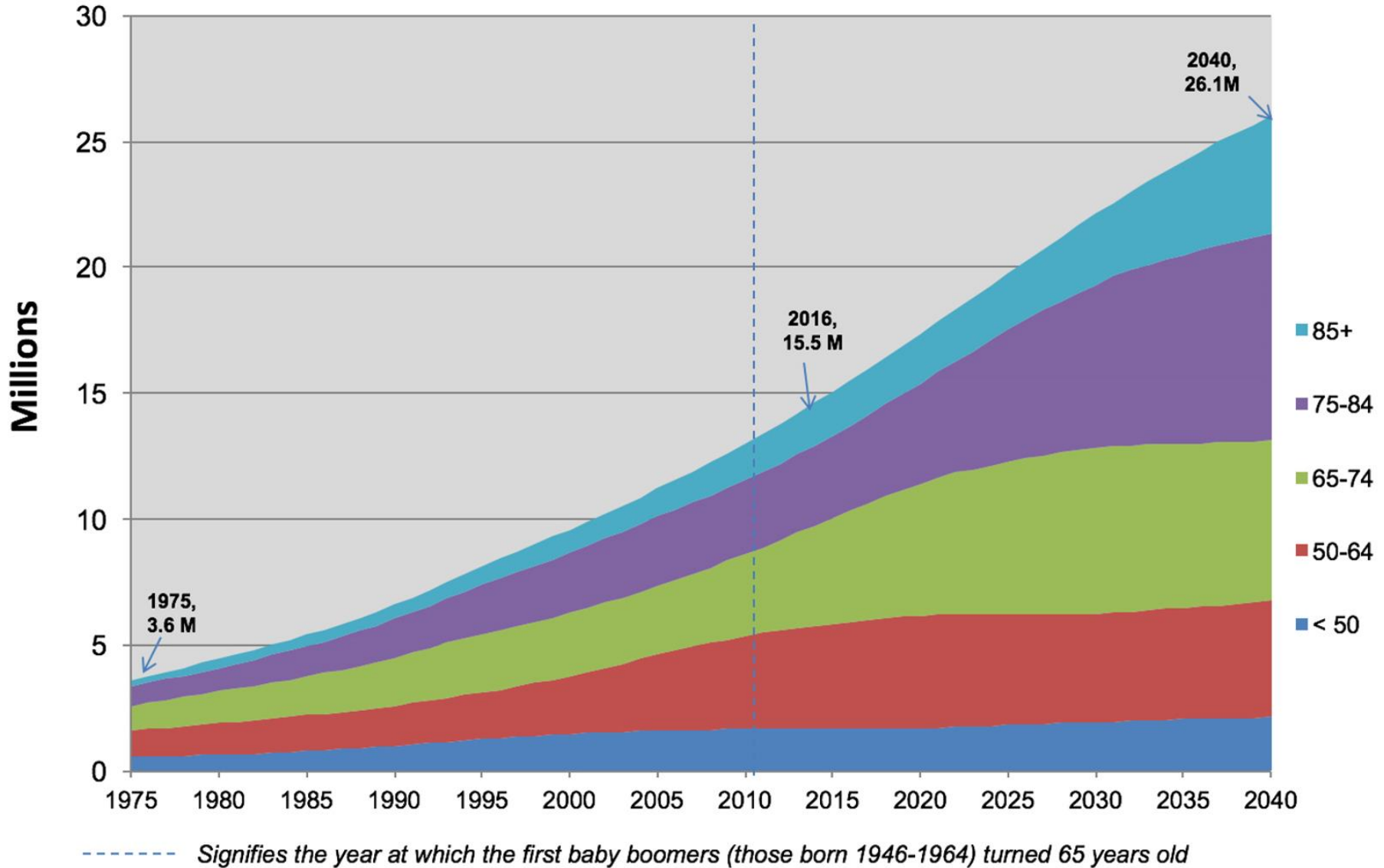
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Research Funding (Fann)	NIH, PCORI, DHHS
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# Learning Objectives

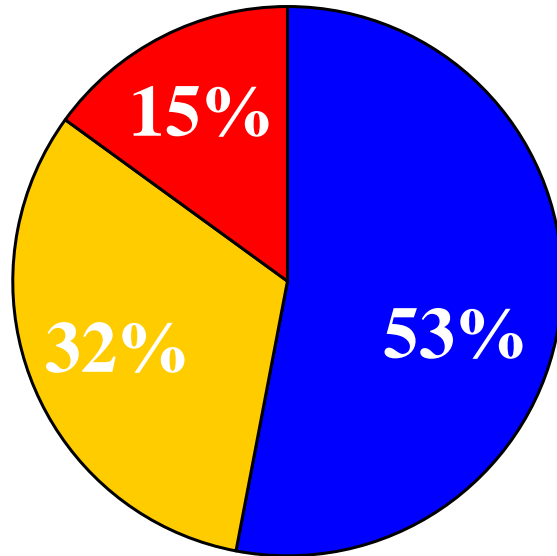
- Describe the importance of integrating psychosocial care into cancer care
- Demonstrate how the collaborative care model can be applied to provide a population-based approach to integrated psychosocial oncology care
- Recognize opportunities and strategies for adapting principles of collaborative care to diverse cancer populations and healthcare systems

# Estimated Cancer Prevalence by Age In US



 **Integrated Care Training Program**

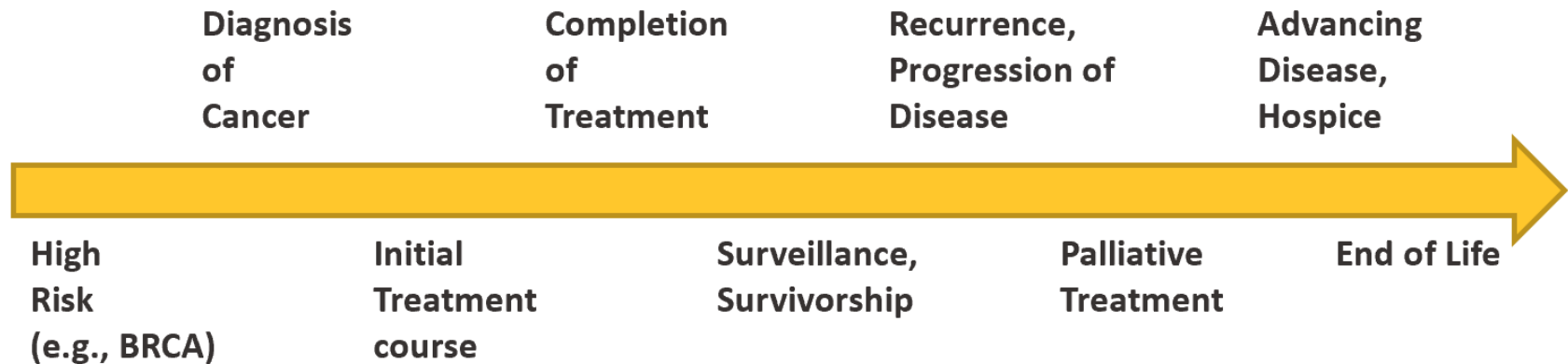
# Mental Health Conditions & Cancer



- No disorder
- Adjustment d/o
- Major Dx

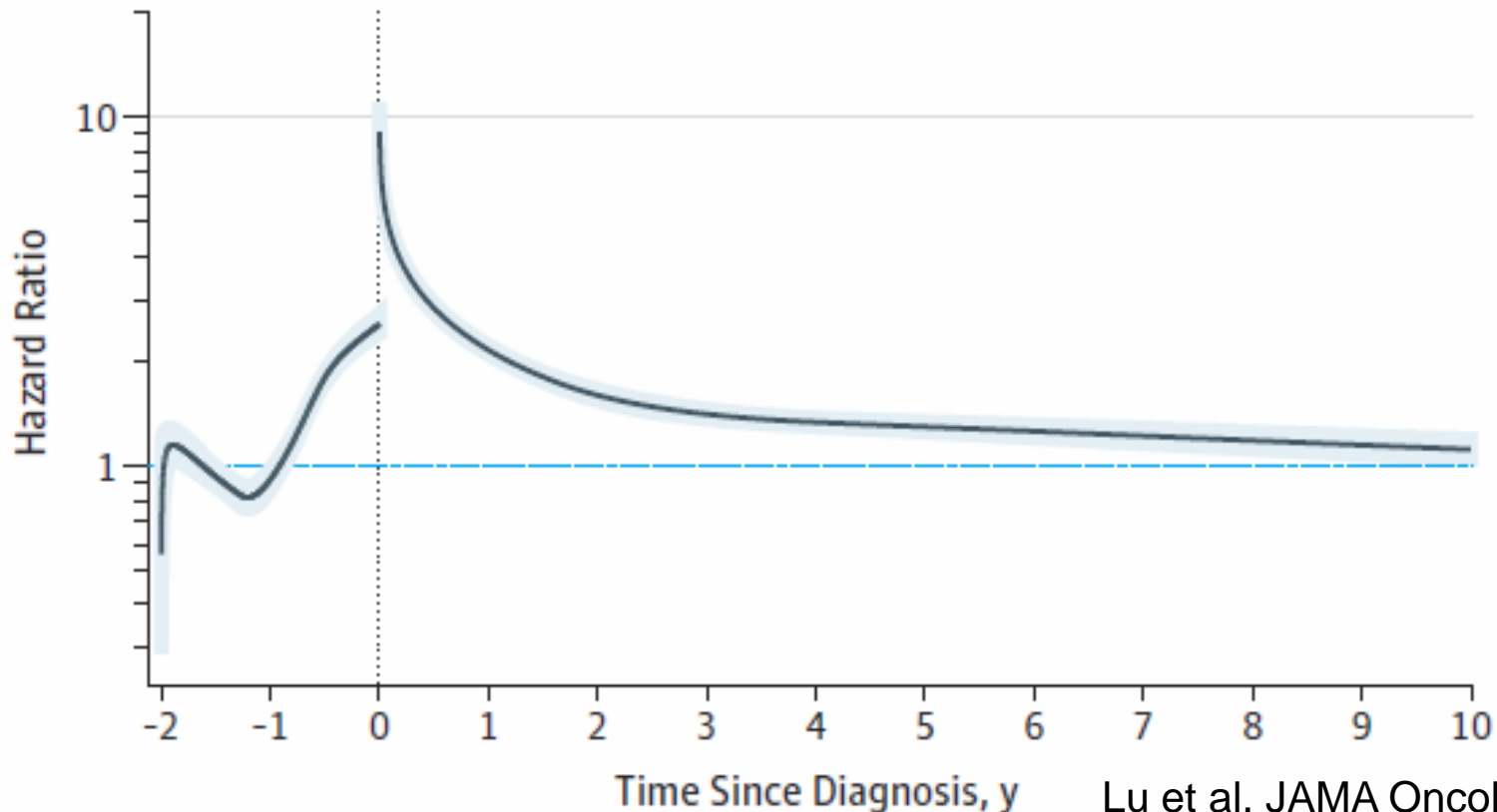
e.g., Suicidal, Major Depression, Panic Disorder, PTSD, Substance Abuse, Delirium, Dementia

**3-4x** Rates of Depression & Anxiety during COVID pandemic



# Mental Health Conditions Before & After Cancer Dx

Figure 1. Hazard Ratios and 95% CIs of Depression, Anxiety, Substance Abuse, Somatoform/Conversion Disorder, and Stress Reaction/ Adjustment Disorder Before and After Cancer Diagnosis in a Matched Cohort Study in Sweden, 1999 to 2010



# Distress by tumor site

N=4,496 patients

Brief Symptom Inventory (BSI)

Caseness by site:

– Lung	43%
– Brain	42%
– Pancreas	36%
– Head & Nec	35%
– Breast	33%
– Colon	32%

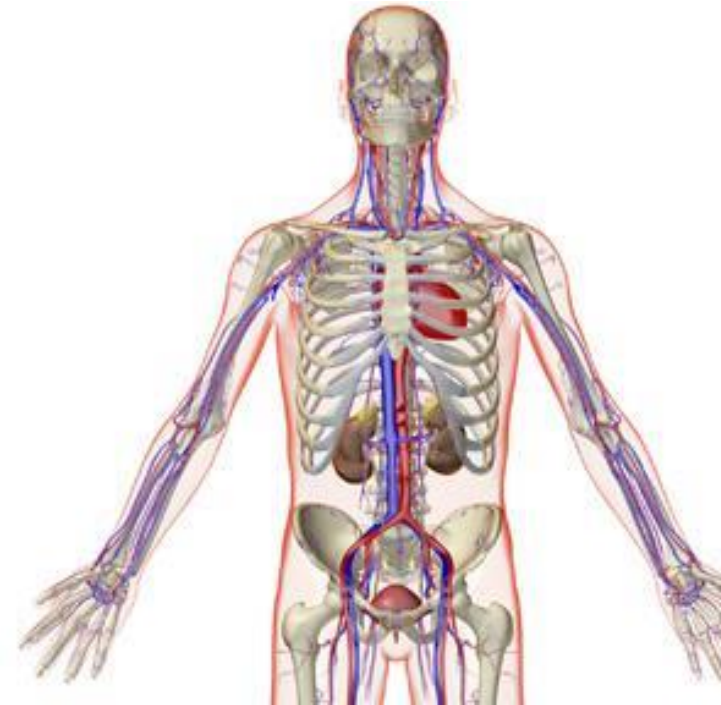
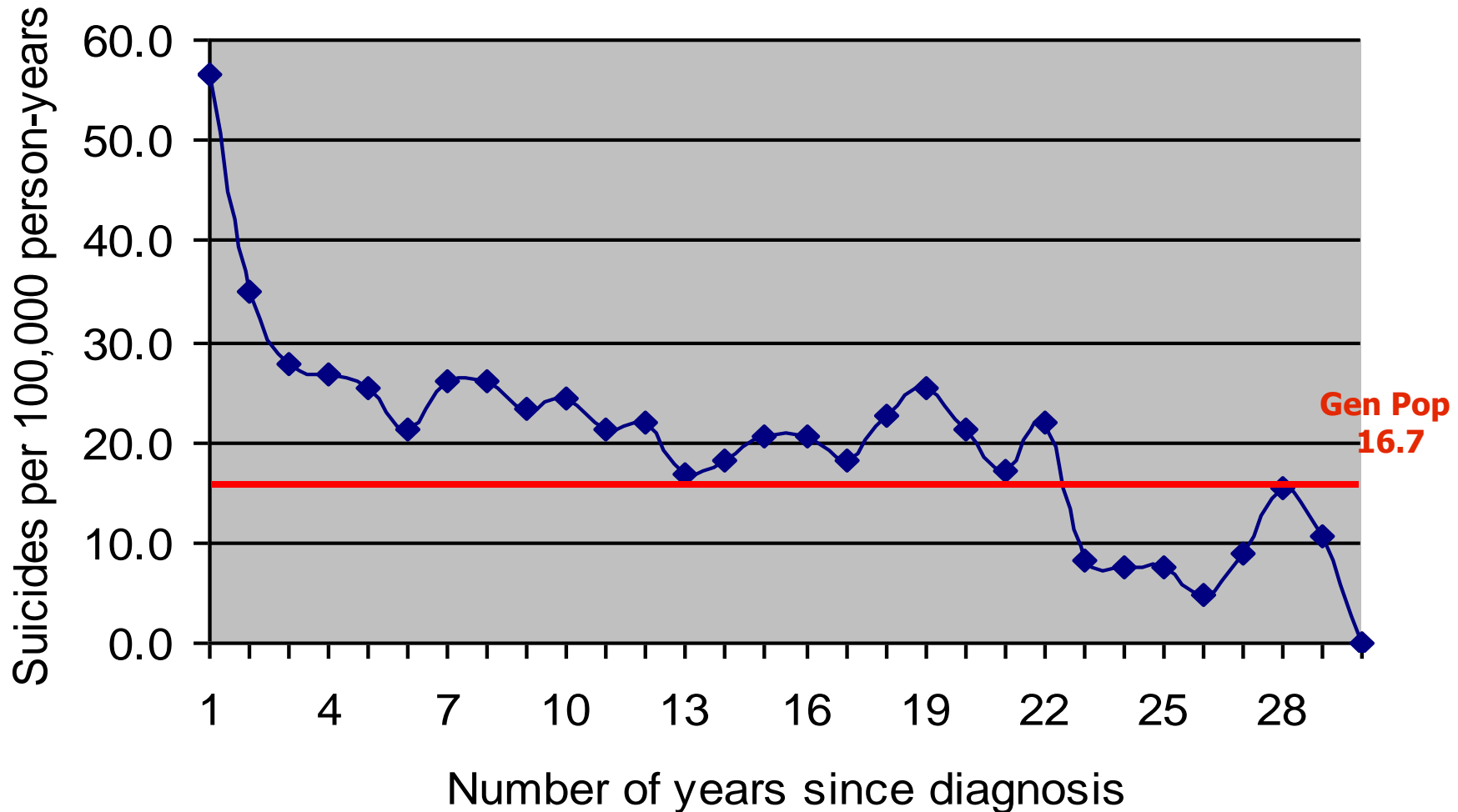


Photo: [www.telegraph.co.uk](http://www.telegraph.co.uk)

Zabora et al, PsychoOncology 2001

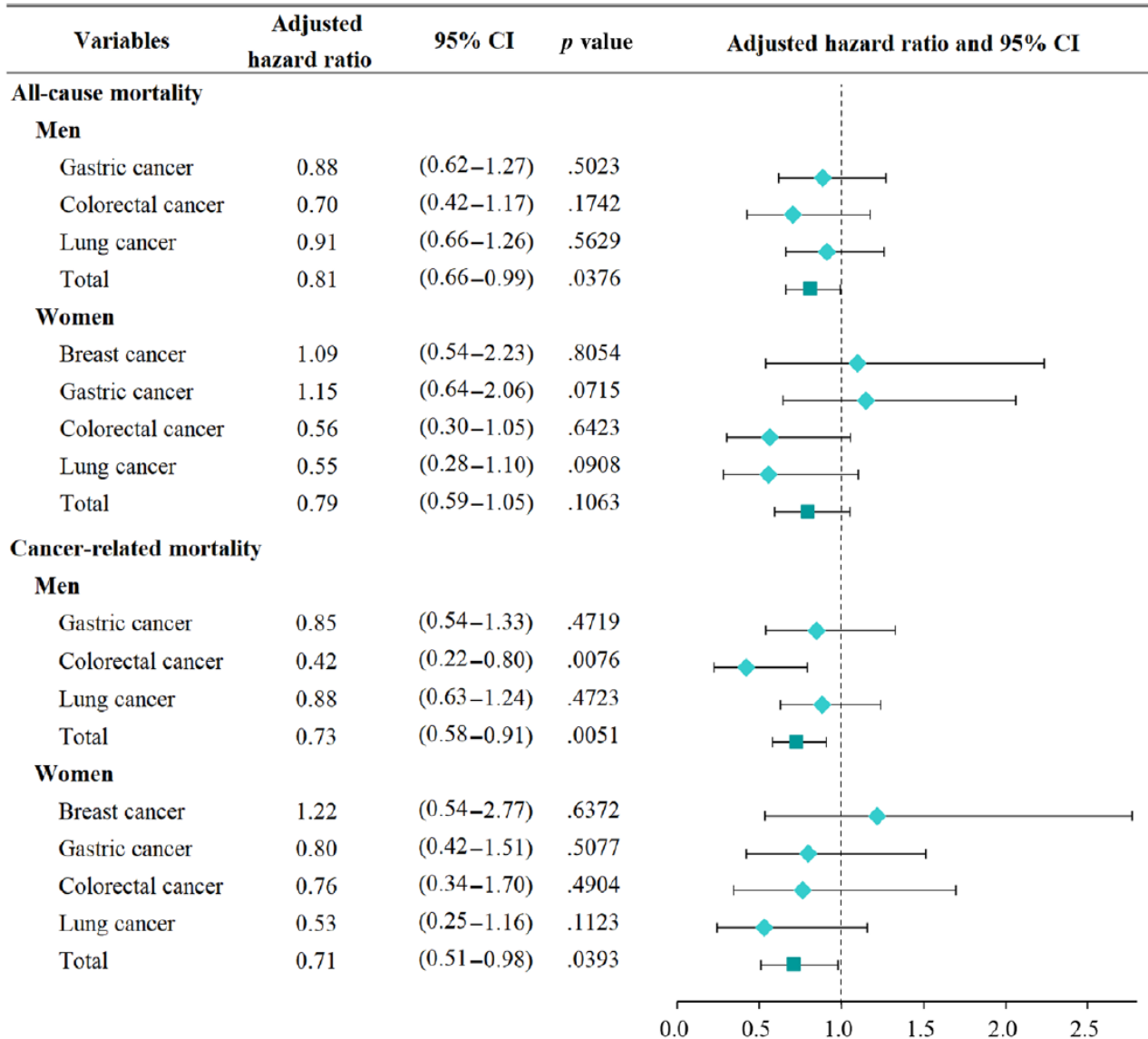
# Suicide rates after cancer diagnosis



 **Integrated Care Training Program**



# Mortality Associated with Receiving Psychiatric Tx within 30 Days from Psychiatric Dx in Cancer Pts



Korean National Health Insurance Claims Data (N=1,025,340)

# Depression and healthcare utilization in patients with cancer

- 5,055 cancer patients, 561 with depression dx.
- Depressed patients:
  - Had more **annual non-MH healthcare visits** (aRR = 1.76, 95% CI = 1.61–1.93)
  - Were more likely to have an
    - **ED visit** (OR 2.45; 95% CI 1.97–3.04),
    - **Hospitalization** (OR 1.81; 95% CI 1.49–2.20)
    - **30-day readmission** (OR 2.03; 95% CI 1.48–2.79)
- Increased ORs when comorbid with Anxiety
- More MH visits assoc. w/ lower healthcare costs

adjusting for age, gender, race/ethnicity, insurance type, medical comorbidities, length of time with cancer, and metastatic status

Mausbach et al, 2017, 2018, 2020

# Standards of Care for Distress Management

- IOM, Cancer Care for the Whole Patient: (2008)
- NCCN Practice Guidelines for Distress Management
- American College of Surgeons, Commission on Cancer (CoC)
- National Quality Forum (NQF)
- ASCO: QOPI, Anxiety & Depression CPG
- Survivorship Care Plans



NATIONAL  
QUALITY FORUM



Commission  
on Cancer®



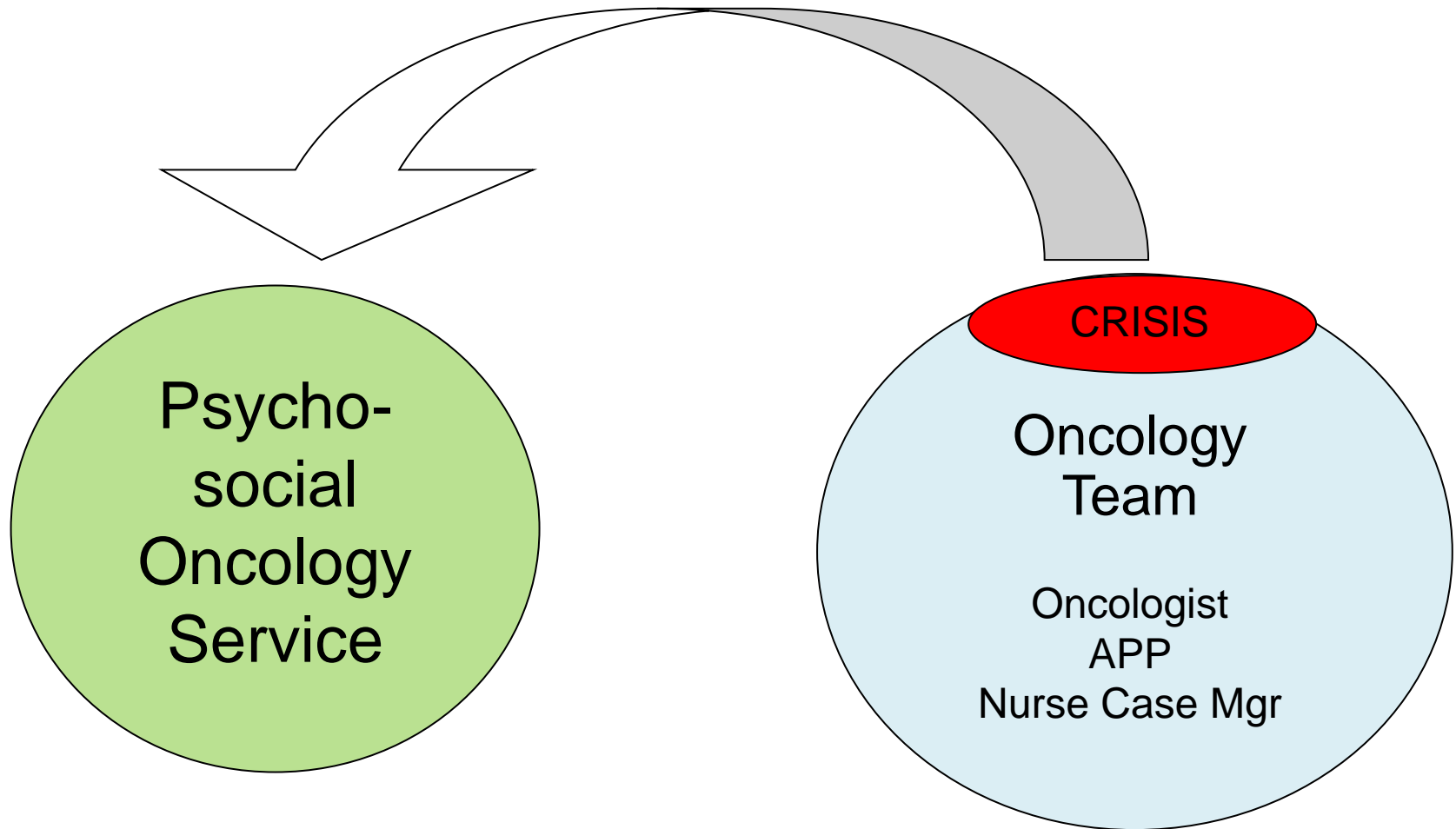
INSTITUTE OF MEDICINE  
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National  
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PRACTICE INITIATIVE

# Traditional Referral Model



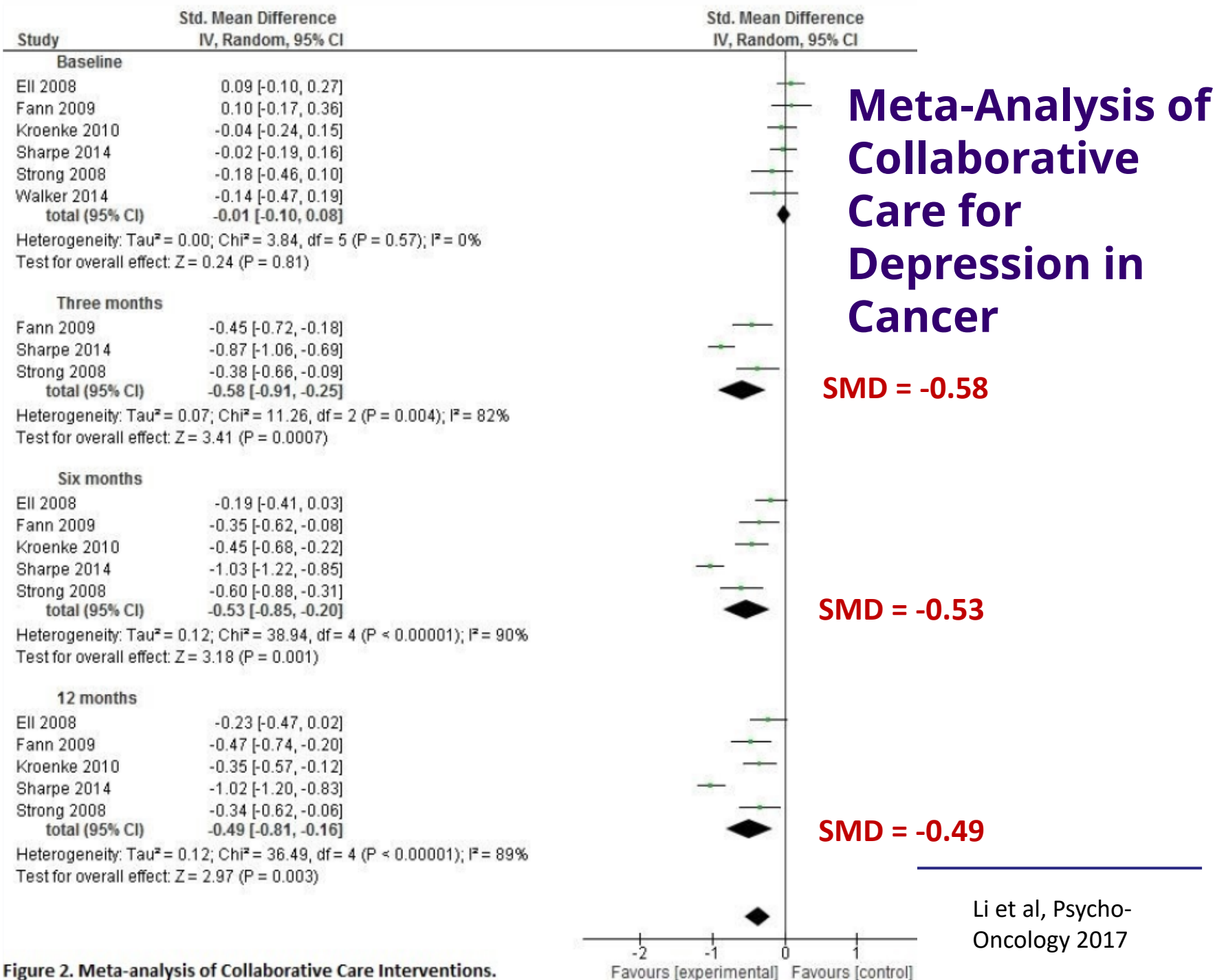


Figure 2. Meta-analysis of Collaborative Care Interventions.

# Evolution of Fred Hutch Cancer Center's Psychosocial Oncology Program



**Fred Hutch**  
Cancer Center



**1995**

**FRED HUTCHINSON**  
CANCER RESEARCH CENTER

Started Psychiatry & Psychology Consult Service for Fred Hutch BMT program (~0.2 FTE psychiatrist, 0.2 FTE psychologist)



**2001**

**Seattle Cancer Care Alliance**  
Fred Hutch · Seattle Children's · UW Medicine



Seattle Cancer Care Alliance (SCCA) opened to treat all cancer diagnoses. CoCM proposed as model of psychosocial oncology care.



**2010**

Piloted CoCM in BMT, Breast, Lung-Head & Neck Clinics. Results presented to Medical Executive Committee.



**2011**

Integrated Psychosocial Oncology Program (IPOP) rolled out to entire Cancer Center





>8,000 new patient Tx episodes per year

>80,000 clinic visits/year (150 inpt. beds)

**Plus 5 Community Sites**



# Supportive Cancer Care Questionnaire

MyChart: Baseline, q2-months, Tx transitions





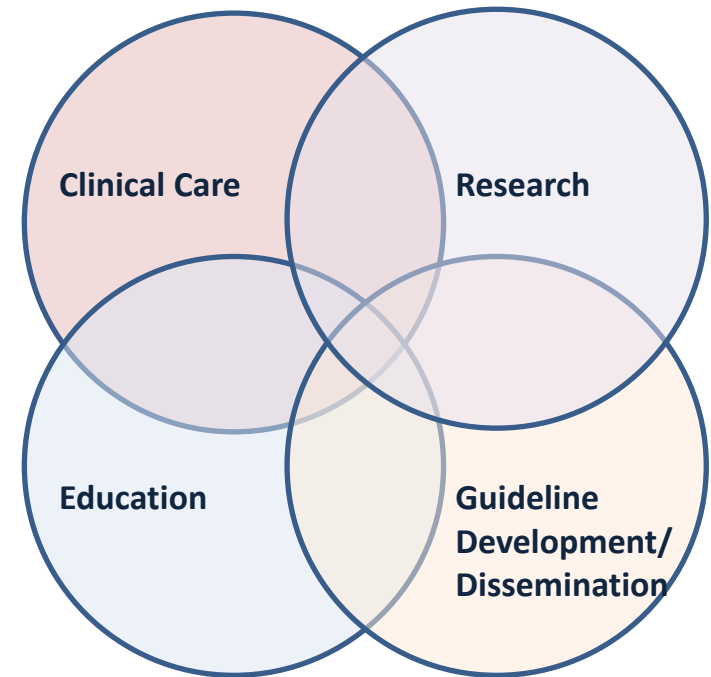
# Fred Hutch Psychosocial Oncology Program Vision



**Fred Hutch**  
Cancer Center

Mission is to optimize the health and well-being of people with cancer by delivering the best person-centered psychosocial (emotional, psychological, and social) care through integrated clinical care, education, and research

- To lead the way in meeting the psychosocial needs of people with cancer
- To train the next generation of psychosocial oncology leaders and providers and to broadly disseminate the best population-based, integrated psychosocial oncology care
- To perform innovative and rigorous research to improve understanding and care of the psychosocial needs of people with cancer and their families and caregivers





# Department of Psychosocial Oncology



Fred Hutch  
Cancer Center

- **Integrated, team-based, collaborative care model**  
([since 2010](#))
- **Psychiatry/Psychology, SW and Patient Navigation** are:
  - Critical components of the **continuum of psychosocial determinants of health**
  - Closely aligned in their goals & interventions to **decrease psychosocial distress and barriers to health**
  - Interdependent components of our **stepped care model**

## Tangible Needs

Housing  
Transportation  
Financial assistance  
Insurance questions (partner with Patient Financial Svc.)  
Employment concerns  
Cultural concerns (need for cultural liaison between patient & oncology team)

## Clinical Needs

Suicidal ideation  
Depression, demoralization  
Anxiety, panic  
Phobias (e.g., procedures)  
PTSD  
Sleep disturbance  
Fatigue  
Cognitive deficits, delirium  
Substance use (**Dual Dx Clinic**)  
DWD / end of life issues  
Grief  
Non-adherence  
Personality disorders  
Behavioral challenges  
Decisional capacity  
Body image / sexuality  
Pre-existing MH conditions

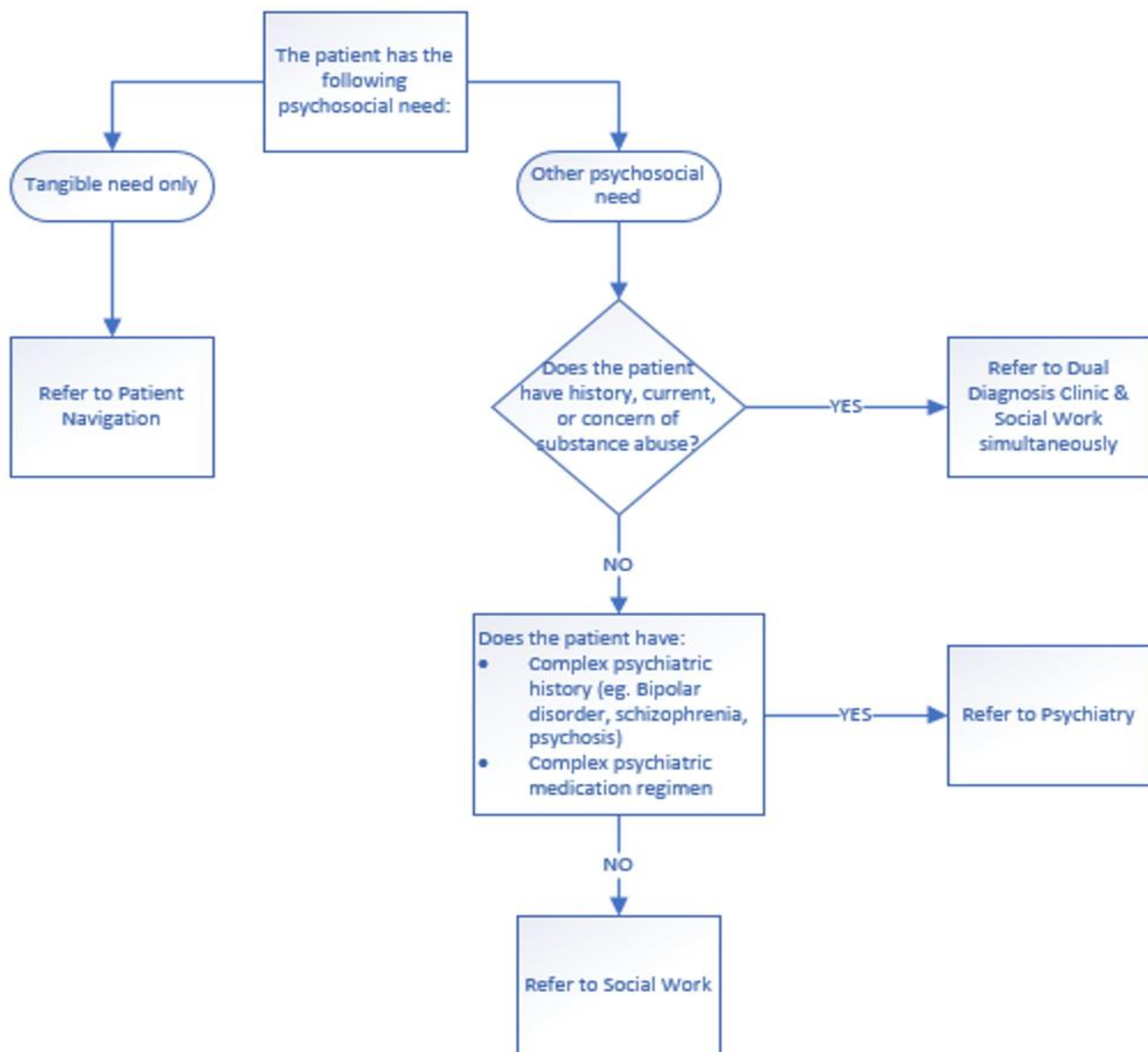
# Psychosocial Oncology Staffing

## Staffing

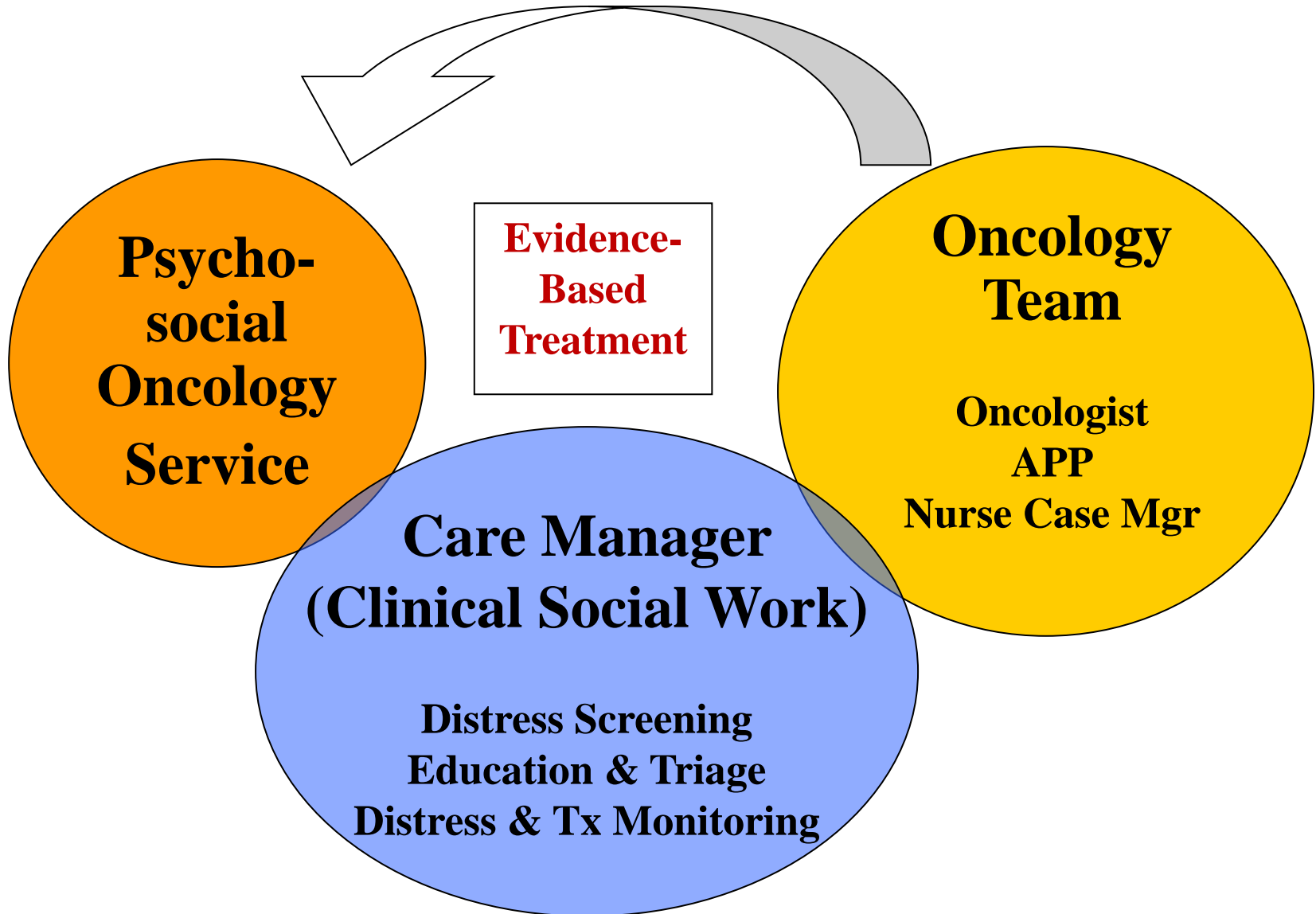
Psychiatry & Psychology	Social Work	Navigation	Department Support
<ul style="list-style-type: none"><li>• 3.1 cFTE Clinical Psychiatry</li><li>• 0.8 cFTE Clinical Psychology (0.1-0.2 Admin per provider)</li><li>• 1.0 FTE APP</li><li>• 1.0 FTE Clinical Nurse Coord</li></ul> <ul style="list-style-type: none"><li>• Fellows<ul style="list-style-type: none"><li>- CL Psychiatry</li><li>- Addiction Psychiatry</li><li>- Heme-Onc</li></ul></li><li>• Clinical Psychology intern</li><li>• Psychiatry residents</li><li>• Psychology student</li></ul> <ul style="list-style-type: none"><li>• 1.0 FTE PCC</li></ul>	<ul style="list-style-type: none"><li>• 14 FTE Clinical Social Work (Split by Disease Groups)<ul style="list-style-type: none"><li>-South Lake Union</li><li>-UWMC-NW</li><li>-Peninsula (rural)</li><li>-Proton Center</li></ul></li><li>• 1.0 FTE Manager</li><li>• 1.0 FTE Supervisor</li></ul> <ul style="list-style-type: none"><li>• Social Work interns</li></ul> <ul style="list-style-type: none"><li>• 1.5 FTE PCC (SW &amp; Navigation)</li></ul>	<ul style="list-style-type: none"><li>• 6.0 FTE Navigators (Incl. focus on African American, Indigenous, Spanish speaking, breast patients)</li><li>• 0.8 FTE Supervisor</li></ul>	<ul style="list-style-type: none"><li>• Administrative Team (shared with other Supportive Care Services)</li></ul>

# Psychosocial Referral Guidance

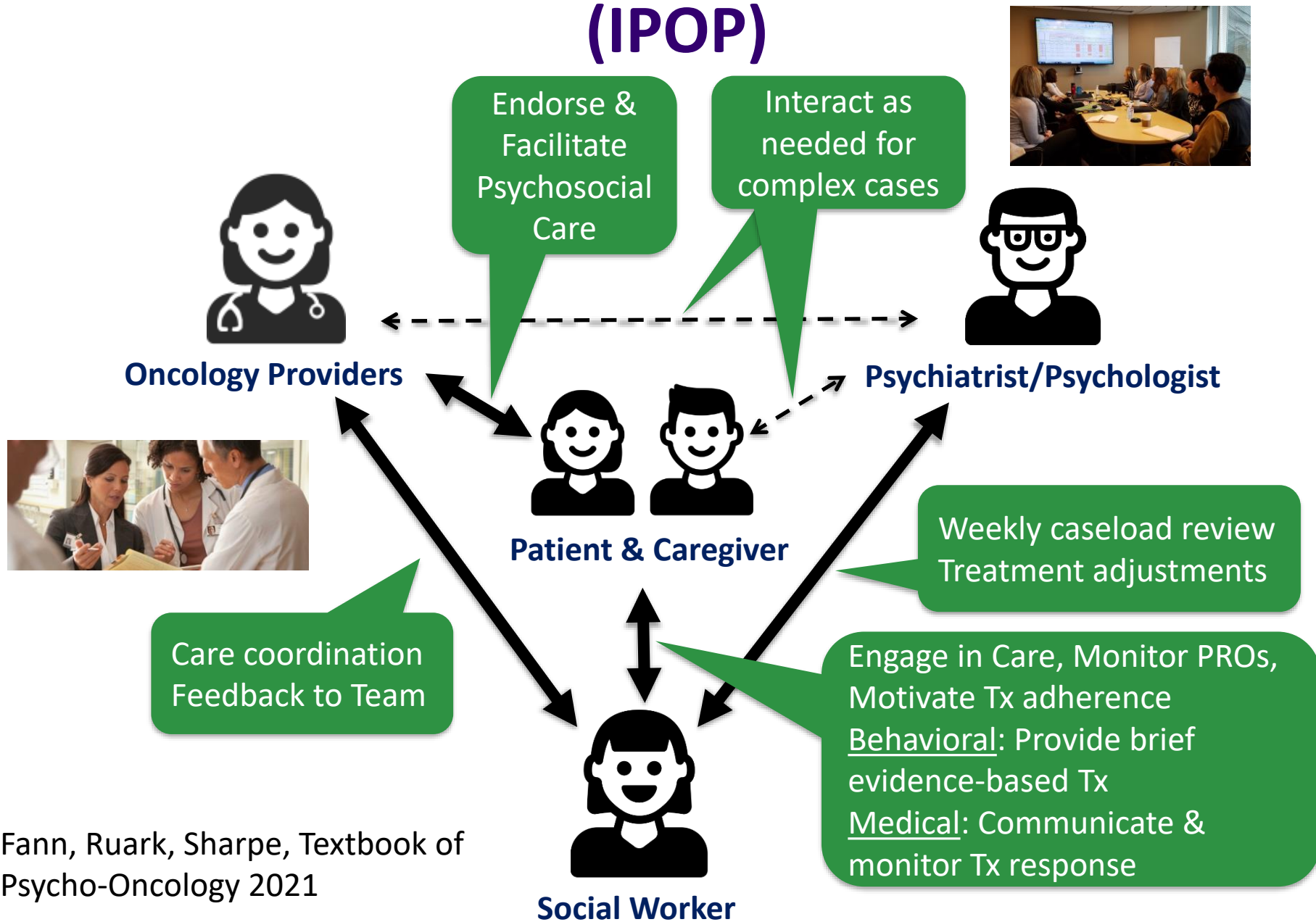
2/3/2021



# Integrated Psychosocial Oncology



# Integrated Psychosocial Oncology Program (IPOP)





# Monitor identification of distress and treatment adherence & outcomes

## Care Manager Level

### Caseload Overview

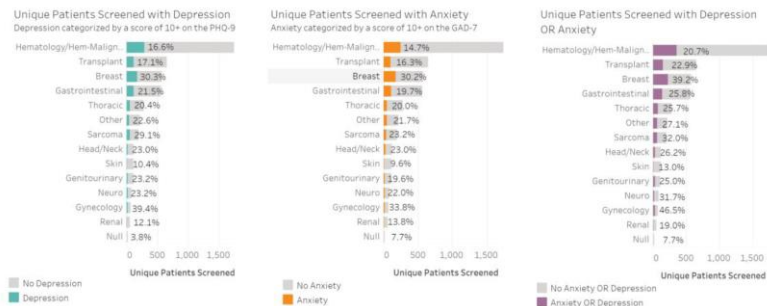
**IPOP Tracking Log**

1) Press "Ctrl+U" to refresh the page **ONLY** once this worksheet is used.  
 2) Make sure all other versions of the template are CLOSED before pressing "Ctrl+U".  
 3) Do NOT use this worksheet if fewer than 2 ACTIVE patients are in the Patient Tracking worksheet.  
 4) Do NOT make changes in the text on this worksheet. Only use the specific functions in Row 4. If a cell value is changed, press "Ctrl+Z" immediately to undo it.

View Report	Treatment Status	Name	Clinic Code	Treatment Status				PHQ-4			PHQ-9			GAD-7			Psychiatric Case Review	
				Date of Initial Assessment	Date of Most Recent Contact	Date Next Follow-up Due	Number of Follow-up Contacts	Initial PHQ-4 Score	Last Available PHQ-4 Score	Rate of Last PHQ-4 Score	Initial PHQ-9 Score	Last Available PHQ-9 Score	Rate of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	Rate of Last GAD-7 Score		
Active	Distressed	Foster, Jessica		5/15/2017	5/15/2017	7/14/2017	0	14	6	6	100%	18	18	100%	18	18	100%	
Active	Distressed	Rogers, Stephanie		8/12/2017	8/12/2017	10/11/2017	0	2	4	4	100%	18	18	100%	15	15	100%	5/21/2017
Active	Distressed	Martinez, Jose	TRANSPLANT	5/7/2017	6/1/2017	7/1/2017	3	16	4	4	100%	18	17	100%	17	16	100%	
Active	Distressed	Austin, Bob		7/14/2017	8/25/2017	9/24/2017	3	6	8	8	100%	11	15	100%	11	12	100%	
Active	Distressed	Stimely, Ali		6/30/2017	7/9/2017	8/4/2017	1	8	4	4	100%	13	13	100%	16	16	100%	7/1/2017
Active	Distressed	Mays, Lindsay		7/14/2017	7/14/2017	8/13/2017	0	6	1	1	100%	12	12	100%	10	10	100%	
Active	Distressed	Peterson, Elmer	WELL	8/1/2017	8/15/2017	9/14/2017	1	3	4	4	100%	12	10	100%	10	7	100%	8/2/2017
Active	Distressed	Jones, Billie	WELL	7/7/2017	7/14/2017	8/15/2017	1	7	5	0	0%	10	7	70%	16	7	44%	7/10/2017
Active	Distressed	Penney, Max	TRANSPLANT	7/1/2017	8/24/2017	9/28/2017	3	8	2	2	25%	16	6	38%	18	3	17%	8/3/2017
Active	Distressed	Willings, Tom		7/12/2017	8/9/2017	10/4/2017	2	5	6	6	100%	20	3	15%	16	8	50%	8/1/2017
Active	Distressed	Smith, Jared	TRANSPLANT	6/16/2017	8/1/2017	8/31/2017	1	11	3	3	27%	8	2	25%	12	3	25%	
Active	Distressed	Wright, May	TRANSPLANT	3/18/2017	5/18/2017	7/18/2017	0	14	2	2	14%	0	0	0%	0	0	0%	5/20/2017

## Population Level

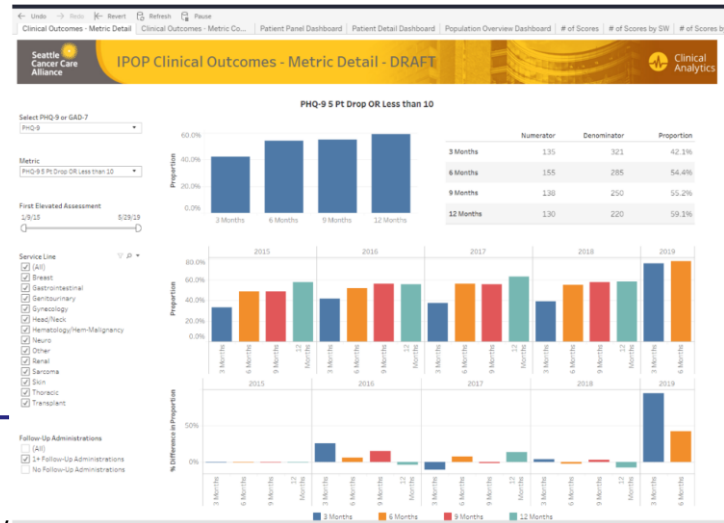
### Distress Rates



### Clinical Outcomes

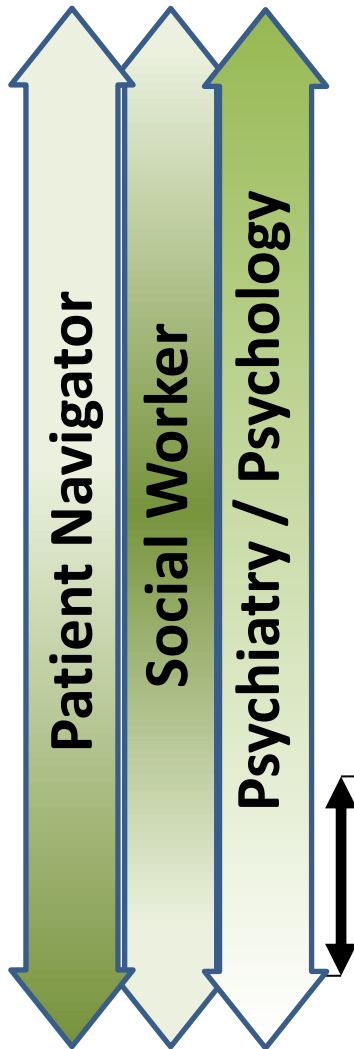
### Individual Patient Tracking

Excel screenshot of the IPOP Clinical Outcomes - Metric Detail - DRAFT spreadsheet. The spreadsheet shows columns for Patient Information, Distress Rates and Adherence, and Clinical Outcomes and Psychiatric Case Review. It includes a detailed view of patient data for Bob Austin and Jared Smith, including their PHQ-9 and GAD-7 scores over time and clinical notes.

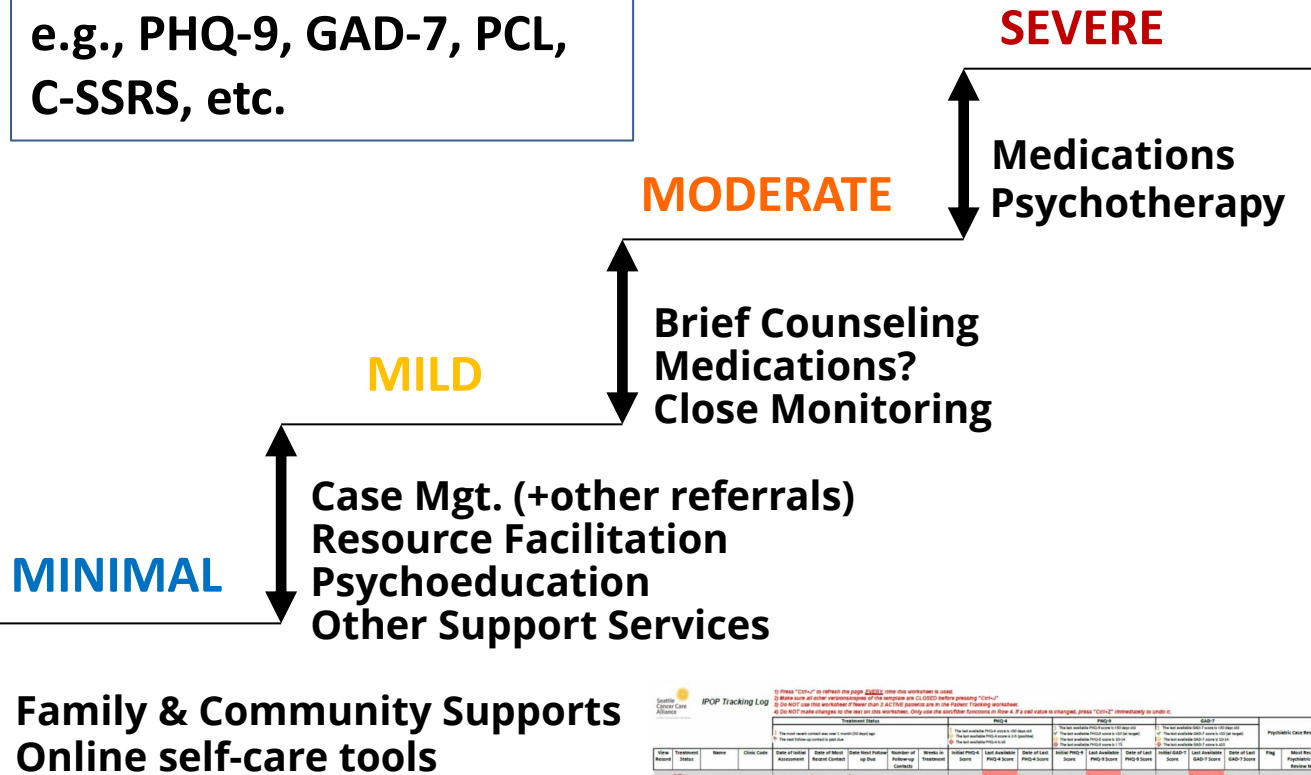




# Stepped Psychosocial Care



Distress severity based on validated measures, e.g., PHQ-9, GAD-7, PCL, C-SSRS, etc.



IPOP Tracking Log

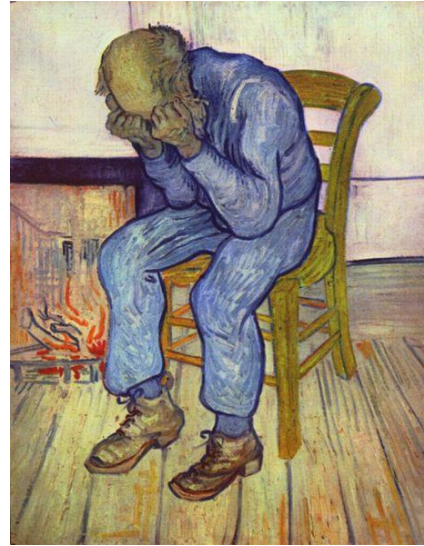
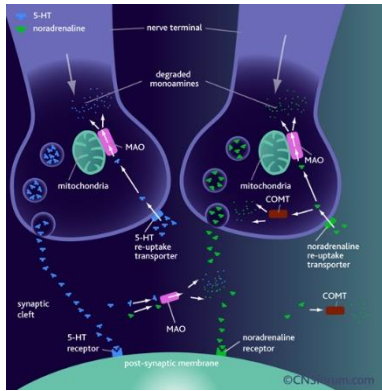
1. Please "click" on the page **LINK** on this worksheet to view.  
 2. Make sure all other tabs on the worksheet are **CLOSED** before pressing "Click".  
 3. Do NOT cut the worksheet if there are any **ACTIV** errors on it in the "Error" Tracking worksheet.  
 4. Do NOT make changes to the data on this worksheet. Only use the **scribble** functions in Row 4. If a cell value is changed, please "Click" immediately to undo it.

Name	Treatment Status	Name	Client Code	Treatment Dates				Status	Days to Treatment	PHQ-9 Score			GAD-7 Score			PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score
				Start of Assessment	End of Assessment	Start of Follow-up	End of Follow-up			PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score	PHQ-9 Score	GAD-7 Score										
Adler, Jessica				5/15/2017	6/15/2017	7/15/2017	0	14	6	4	6	10/20/17	18	18	10/20/17	18	18	10/20/17	18	18	10/20/17	18	18	10/20/17	18
Adler, Joshua				6/15/2017	6/15/2017	6/15/2017	0	2	4	4	4	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
Adler, Stephanie				5/15/2017	6/15/2017	7/15/2017	3	16	4	4	4	6/15/17	18	17	6/15/17	17	18	6/15/17	17	18	6/15/17	17	18	6/15/17	17
Martinez, Jose				7/15/2017	6/20/2017	6/20/2017	3	6	8	8	8	8/15/17	11	13	8/15/17	11	12	8/15/17	11	12	8/15/17	11	12	8/15/17	11
Austin, Bob				6/15/2017	7/15/2017	8/15/2017	1	8	4	4	4	6/15/17	13	13	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
Stoney, Allie				7/15/2017	7/15/2017	8/15/2017	0	6	1	1	1	6/15/17	12	12	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
McKay, Lindsay				7/15/2017	8/15/2017	8/15/2017	0	6	1	1	1	6/15/17	12	12	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
McDonald, Peter				6/15/2017	6/15/2017	6/15/2017	1	3	4	4	4	6/15/17	12	16	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
James, Mike				7/15/2017	7/15/2017	8/15/2017	1	7	5	6	6	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
Parsons, Mike				7/15/2017	8/15/2017	8/15/2017	3	8	2	2	2	7/15/17	20	16	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
Williams, Tom				7/15/2017	8/15/2017	8/15/2017	2	5	6	6	6	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18	18	6/15/17	18
Smith, David				6/15/2017	6/15/2017	6/15/2017	1	11	3	3	3	6/15/17	8	12	6/15/17	12	12	6/15/17	12	12	6/15/17	12	12	6/15/17	12
Wright, May				5/15/2017	5/15/2017	7/15/2017	0	14	2	2	2	6/15/17	0	0	6/15/17	0	0	6/15/17	0	0	6/15/17	0	0	6/15/17	0



# Tailoring Treatment Depression/Anxiety

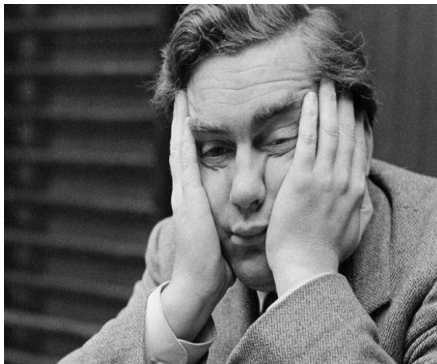
## Neurobiological Factors



## Cognitive Distortions



## Isolation, Avoidance, Few Pleasant Activities



## Psychosocial Adversity

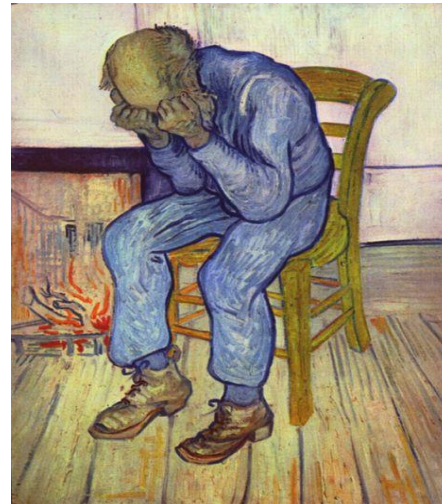


## Sedentary, Substances



# Tailoring Treatment Depression/Anxiety

**Pharmacotherapy, Light**



**Cognitive Behavioral,  
Mindfulness Therapy**



**Behavioral Activation**



**Social Support /  
Problem Solving Tx**

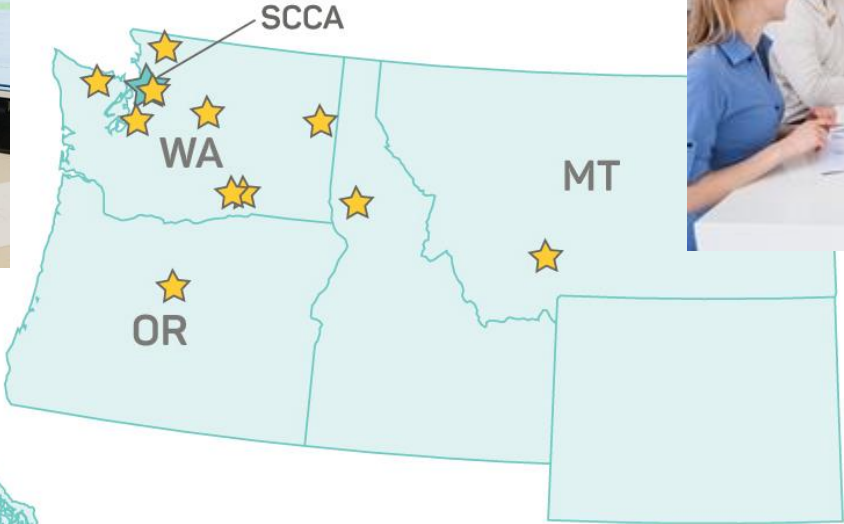
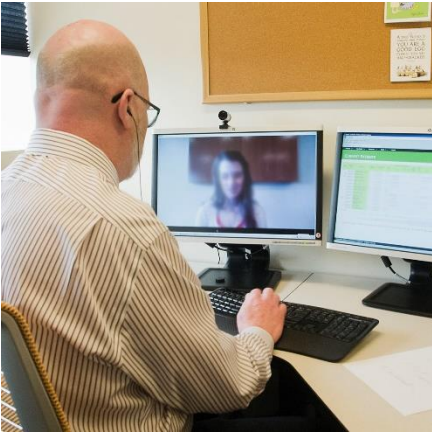


**Motivational Interv.,  
Exercise**



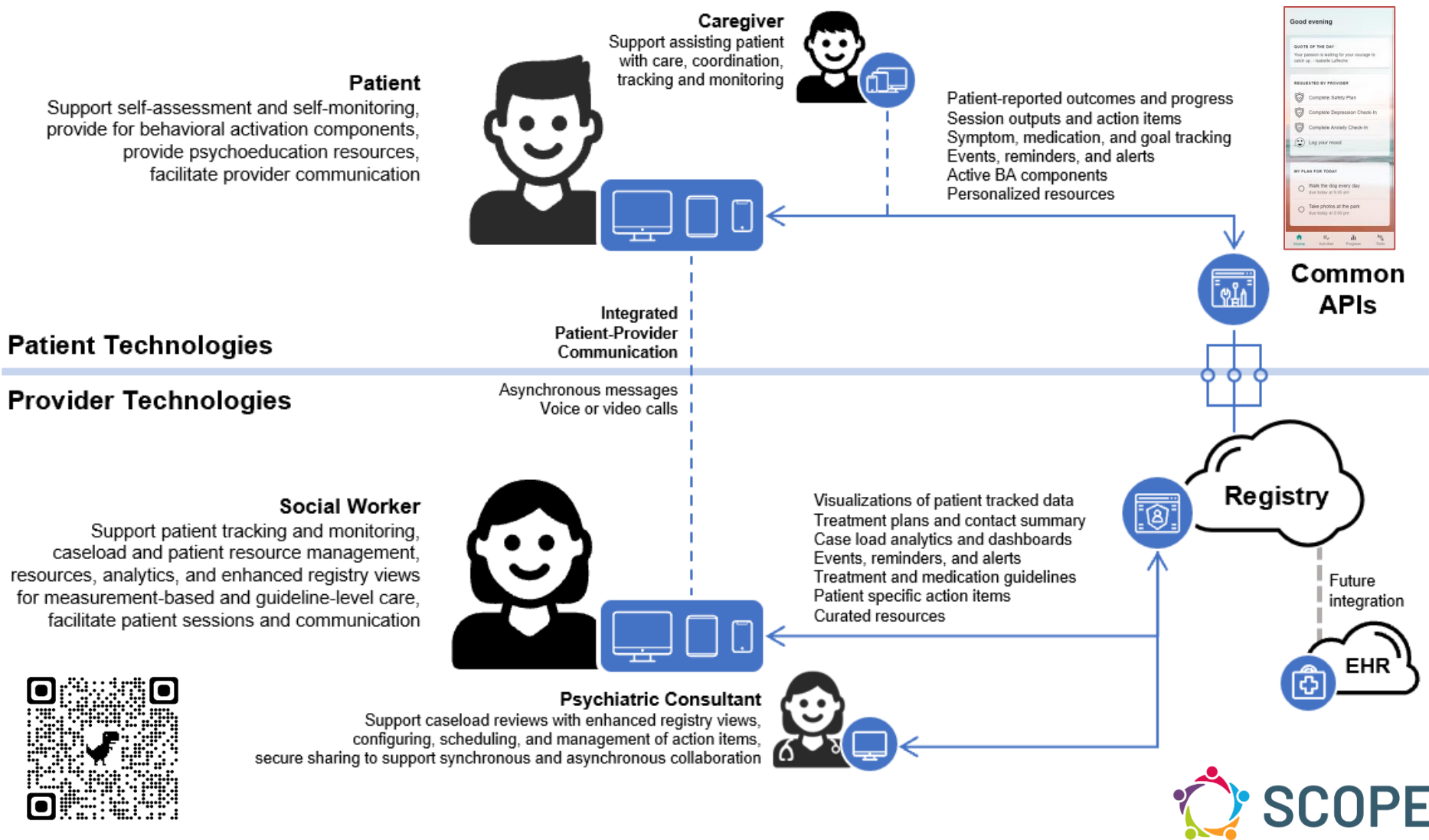


# IPOP Scalable using Telehealth



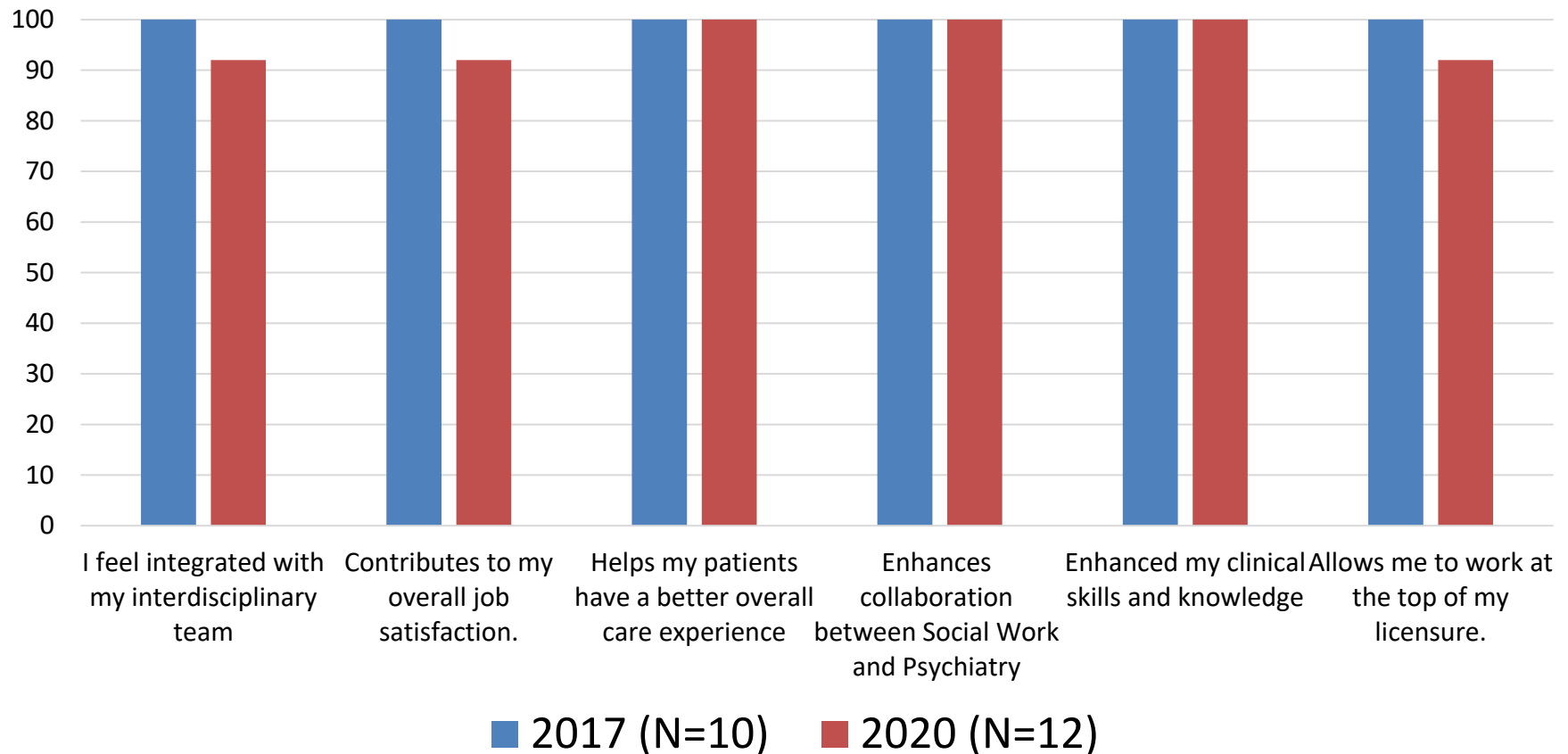
Verbaska-Fotolia

# Using Technology to Optimize Collaborative Care Management of Depression in Urban & Rural Cancer Centers (NCI R01 pragmatic trial)



# IPOP Social Work Satisfaction Survey

% Responding 'Agree' or 'Strongly Agree'



Courtnage, Bates, Armstrong et al, Psycho-Oncology 2020

# Takeaways

- Consider starting with a (successful) pilot
- Be in it for the long haul; Stay mission-driven
- Identify & nurture your oncology champions
  - Provide ongoing engagement & education of oncology providers (e.g., in-services, grand rounds)
- Support providers & staff (e.g., admin time, dedicated peer support activities)
- Be visible as a unified team, raise up team members
- Engage whole team in training & research missions
- Collect accurate data to support resource requests
- Continue to innovate, e.g., integrate SUD, SMI, Pall. Care
- Integrate psychiatry, psychology, SW training programs

# Takeaways

- **Ongoing challenges**

- Recruitment, retention, pipeline (e.g., fellowships) of providers with psycho-oncology expertise
  - Some turnover at startup is common
- Maintaining standard work/workflows, core competencies, CoCM & intervention fidelity (combating 'drift')
  - Develop continuing education modules
- Coordination across Supportive Care Services
- Transitioning Pts following cancer treatment





# Thank you