Integrated Psychosocial Care for Survivors: What The Primary Care Behavioral Health Model Can Offer

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No COI to disclose
Overview

- Psychosocial care for survivors
  - Psychosocial needs
  - Need for integrated care
- Primary Care Behavioral Health Model
  - Adaptation for survivorship care
    - Provider roles & services
    - Implementation examples
    - Advantages & challenges

- Survivors months & years post-treatment
- Generalizing across groups (ages, gender, diagnoses)
- Implications will differ according to your practice setting and population
Psychological Outcomes in Survivors

• Most cohort & populations based studies indicate survivors at increased risk for poor psychosocial outcomes
Psychological Problems: Depression & Anxiety

- Common in general population but more prevalent in survivors
  - Particularly anxiety
  - Particularly earlier in survivorship
  - Particularly younger survivors

Increased symptoms reported more consistently than increase in diagnoses

Depression and anxiety in long-term cancer survivors compared with spouses and healthy controls: a systematic review and meta-analysis

Alyx J Mitchell, David W Negusson, John Gill, Jim Paul, Paul Symonds
Post-Traumatic Stress: Symptoms v. Disorder

PTS Disorder:
• Not common in survivors (<10%)
• Survivors not typically > controls

PTS Symptoms or Sub-threshold PTSD
• More common in survivors’ (10-20%)
  ➢ Survivors more commonly report symptoms not PTSD diagnosis
Cancer Specific Concerns: Fear of Cancer Recurrence (FCR)

• Can occur:
  • Across diagnoses
  • Many years after treatment
• Low intensity in most cases (80%) but not all!
Health Related: Mind/Body Syndromes

- Syndromes strongly affected by interplay of biological, social & psychological factors
  - Fatigue
  - Insomnia
  - Pain
  - Sexual health
  - Cognitive changes
  - FCR
Psychosocial Morbidity: Medical Risk Factors

- Intensity and site of treatment
  - CNS, Head & Neck, BMT, disfiguring
- Physical health & functioning
  - pain, limitations, insomnia, chronic conditions, “poor” health
- Current medications
  - Chemoprevention, chronic disease related
- What are the implications for psychosocial care?
Symptom Severity

- Majority of survivors (75-80%) are well-adjusted
  - Higher prevalence of symptoms but not psychiatric diagnoses
- What are the implications for psychosocial care?

- Pirl et al. 2009. JCO
- Sanchez-Varela, et al., 2013. Psych-Onc
- DeLaage et al., 2016. PHemOnc
- Ross et al., 2003. NEJM
- Rasic et al., 2008, Psych-Onc
Symptom Severity

- **High Distress**
  - Clinical range
  - Significant impairment

- **Mild Distress**
  - Moderate impairment

- **Low Distress**
  - No impairment

Model & figure adapted from Anne Kazak
Summary: Implications for Integration

- Psychosocial morbidity, but moderate severity & prevalence
  - Methods for identifying those (~20-30%) in need
  - Be prepared for range of severity; rarely major mental illness
- Common mental health concerns & biopsychosocial problems
  - Range resources & interventions (e.g., anxiety, depression, fatigue, fertility, sexual health, insomnia)
- Psychosocial adaptation tied to physical health
  - Knowledge and access to survivorship team
- Long-term medical follow-up after cancer therapy
  - Patients and providers need help: we can serve both
Integrated Care

Cancer survivorship in the USA 4

Provision of integrated psychosocial services for cancer survivors post-treatment

Christopher Recklitis, Karen L. Syrjala

Meeting the psychosocial needs of patients with cancer has been recognised as a priority within oncology care for several decades. Many approaches that address these needs have been developed and described; however, until recently much of this work had focused on patients during treatment and end-of-life care. With continued improvement in therapies, the population of cancer survivors who can expect to live 5 or more years after cancer diagnosis has increased dramatically, as have associated concerns about how to meet their medical, psychosocial, and health behaviour needs after treatment. Guidelines and models for general survivorship care routinely address psychosocial needs, and similar guidelines for psychosocial care of patients with cancer are being extended to address the needs of survivors. In this Series paper, we summarise the existing recommendations for the provision of ongoing psychosocial care to survivors, as well as the challenges present in providing this care. We make specific recommendations for the integration of psychosocial services into survivorship care.

Table 3: Steps for integration of mental health services in a survivorship model of care

Recklitis & Syrjala, Lancet Oncology, 2017
Integrated Care Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Brief description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robinson and Reiter (2007)</td>
<td>Primary Care Behavioral Health Model and Primary Care-Mental Health Integration initiative</td>
</tr>
<tr>
<td>Funderburk et al (2013)</td>
<td>In these care models, behavioral health providers are placed into primary care settings to work collaboratively with the primary care team to provide integrated mental health care. The role of the behavioral health provider includes providing assessment, consultation, and brief focused mental health care in the primary care setting, as well as referral to mental health specialty care when needed</td>
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<tr>
<td>Tsan et al (2012)</td>
<td>Rehabilitation model</td>
</tr>
<tr>
<td>Alfano et al (2012); Wade and de Jong (2000)</td>
<td>The rehabilitation approach emphasizes an integrated approach to care aimed at helping patients to maximise their functioning across physical, social, psychological, and vocational or educational domains. The rehabilitation model emphasizes the need to assess the overall burden of symptoms and to provide coordinated care, an emphasis on optimising function, and the importance of patient education and self-management</td>
</tr>
<tr>
<td>Haaga (2000); Reid et al (2003)</td>
<td>Stepped-care models</td>
</tr>
</tbody>
</table>

Table 4: Medical care models relevant to psychosocial care for cancer survivors
Primary Care Behavioral Health Model

- Behavioral health providers (BHPs) in primary care collaborate with PCPs to provide integrated BH care.
- Detect & address broad spectrum of behavioral health needs
  - Prevention, early identification & quick resolution of problems
  - Not a replacement for specialty MH care; alternative or bridge

Integration of Mental Health/Substance Abuse & Primary Care; AHRQ, Evidence Report/Technology Assessment #173
Integrated Primary Care Behavioral Health Services, Operations Manual, VA Health Care Network
“Survivorship” Behavioral Health Strategies

▷ Support the oncology provider in identifying & treating behavioral problems

▷ Resolve some problems in survivorship context, but refer most to the community
  ○ Refer to specialized behavioral care or PC as needed

▷ Temporarily co-manage survivors requiring focal BH services, as part of survivorship care

▷ Oncology provider as overall care manager
  ○ Provider & survivor are consumers of BH care
Survivorship Behavioral Health Roles

**Oncology MD/NP Team Leader**
- Oversees medical and behavioral health care
- Front-line BH provider
- Refers to BH and other specialists

**BHP as consultant**
- Easily accessible in PC setting
- Scheduled & unscheduled visits
- Assessment, education, treatment for broad array of concerns
- Problem-focused
- Brief interventions
- Resources & Referral
Survivorship Behavioral Health Model

Support oncology provider in identifying behavioral problems

• BH Services
  – Case Identification
  – Referral & Resources
  – Consultation & Education
  – Evaluation & Brief treatment
  – Case-management
Case Identification

• Oncology providers as front-line BH assessors
  - Identified survivors sent on for BH assessment
• BH provider assist with scope and methods
  • Selecting targets (depression, substance use, insomnia?)
  • Selecting methods
  - Health history forms
  - Self-report checklists
Instructions: Please check off any symptoms that you have had since your last visit.

D. HEALTH SCREENING

MOUTH AND THROAT
- Gum problem
- Oral pain
- Dry mouth
- Mouth sores
- Difficulty swallowing

NEUROLOGICAL
- Seizures
- Numbness/tingling
- Weakness
- Speech problems
- Balance problems
- Tremors/involuntary movements
- Headache/migraines

NOSE AND SINUSES
- Frequent colds
- Nosebleeds
- Sinus trouble

MUSCULOSKELETAL
- Joint or muscle stiffness/weakness
- Joint swelling/redness
- Decreased range of motion
- Bone fractures

BEHAVIORAL
- Anxiety or panic
- Depression
- Confusion
- Irritability
- Hopelessness/suicidal thoughts
- Memory/attention issues

URINARY
- Increased frequency or urgency
- Pain or burning
- Blood in urine
- Incontinence (loss of bladder control)

LUNGS
- Wheezing
- Shortness of breath
- Cough

EARS
- Hearing changes
- Ringing in ears

GASTROINTESTINAL
- Heartburn/indigestion
- Decreased appetite
- Nausea and/or vomiting
- Abdominal pain
- Change in bowel habits
- Blood in stool
- Pain with bowel movements

EYES
- Sensitive to light
- Visual field changes
- Cataracts
- Excessive tearing or dry eye
- Momentary loss of sight

HEAR
- Ch
- Diz
- Ra
- Leq
- Wc
- Hic

SKIN
- Ra
- Itch
- Ch, or

ENDO
- Die
- Kp

OTHE
- Fe
- Ch
- Night sweats
- Sleep problems
- Fatigue
- Weight loss/gain

- Brief to complete & evaluate
- Fits medical setting
- Prioritizes patient perspective
- Minimizes stigma
Symptom Checklists: Practicality

- Self-report is efficient & standardized
- Well accepted by survivors
- Screening forms may inform evaluation but not stand alone as the evaluation
Perini Clinic Schema

**Clinic Visit**

- Parent & Patients (> age 12) complete clinic forms

- Scored & reviewed by staff & Medical Provider
  - BH Concerns?

**Behavioral Health Requested**

- Yes
  - Consultation
    - Hand-off
      - “Warm” or “Cold”
      - Phone/video/in person

**BH Specialist**

- Evaluates Survivor
  - In-person assessment
    - Same/other day
  - Phone follow-up
  - Refer out

 Administrative staff
 Offers BH care when scheduling
Responding to Identified Needs

- Referral to external resources
- Consultation to provider and/or patient
- Assessment of survivors
  - Interview
  - Triage focus— where to from here?
  - One stop shopping—
    - Oncology providers need to feel you are “on it”
    - Survivors need a responsive point of contact
Resources

• Available to providers & survivors
  – Information on symptoms & treatments (e.g., teaching sheets, NIMH),
  – Support groups, advocacy groups
  – Books, workshops
  – Mental health referrals
• Broad range of topics—anxiety, sex & dating, education & employment, sleep, fatigue—like a PCP!
Education & Support Programs

• Collaborative disease specific programs
  – Educate survivors about medical late-effects
  – Psychosocial challenges

• Psychosocial support for survivors with health challenges
  – Education/support group: fertility, dating, education
  – Low-intensity behavioral intervention: fatigue, insomnia, sexual
Executive Functioning Skills Group

GOAL MANAGEMENT TRAINING

- Increases awareness of goal management, problem solving, and planning difficulties.
- Teaches skills to help improve attention, cognitive behavior strategies, and mindfulness.

Brigham and Women’s Hospital

Executive Functioning Skills Group

- Current schedule: Monday, 5:30-7:30
- Location: Classroom

Please call for any questions.

Date: April 26, 2018
Time: 11 AM to 12:15 PM

Blum Resource Center - Yawkey 1

Attn: Dr. D. Birdsell, Dr. P. Buxman

Step 1: Help with Insomnia After Cancer Treatment

Led by Christopher Beckles, PhD, MPH, Perini Family Survivor Center (STEP) is a one-session educational program that helps patients make changes to their lifestyle, sleep habits, and sleep environment. This one-hour workshop helps participants to create a sleep plan. Registration is required. For eligibility and registration information, please refer to the back of this flyer.

Date: Thursday, April 26, 2018
Time: 11 AM to 12:15 PM
Blum Resource Center - Yawkey 1

Education & Support
Low-intensity Survivor Interventions

- Sharon Bober: 1-session sexual health intervention for women (NCI: R03CA153815)
- Clara Hungr: Brief group fatigue intervention
- Christopher Recklitis: Educational video promoting sun protection (NCI: R03CA230818)
- Eric Zhou & Christopher Recklitis: 1-session synchronous online intervention for insomnia (NCI: R21CA261863 & R21CA267857)

Assessment & Triage

• Evaluate symptoms
  – Duration, severity, **impairment**
  – Context & supports
  – Survivor preferences

• Evaluate in context of physical health
  – Hormonal, cardiac, neurological, anemia, nutrition
  – Medication effects
Intervention

- Routine Supportive & Preventive Care
  - Reassurance & anticipatory guidance
  - Education & information
  - Self-help & support resources
- Coaching within self-management frame
- Monitoring—ongoing access to BH
- Assessment may be the intervention

Low Distress
- Low/no impairment

Husson et al., 2011. Ann Onc
Stanton, 2010. JCO
Jacobsen, 2009. JCO
Recklitis & Syrjala, 2017. Lancet Onc
Intervention

- Assessment Focus
  - Urgent/emergent needs
  - Likely diagnoses
  - Treatment experiences
    - Past/present care team

- Referral to specialty mental health
- Follow-up

High Distress
- Clinical range
- Significant Impairment

Kearney J, et al., 2016
Refer to Specialized MH Care

- MH expertise supports a “bridge” to specialty MH care
- Routine Supportive & Preventive Care
- Guide to mental health treatment
  - Reassurance & anticipatory guidance
  - Diagnostic/prognostic information
- Education & information
  - Information on types of treatment and providers
- Self-help & support resources
  - Guidance on insurance
  - Help identify likely providers
  - Follow-up & monitoring
  - Service intensity in-line with survivor needs & resources
**Intervention**

**Mild Distress**  
• Moderate impairment

**Potentially most complex**

**Targeted Care**

• Further evaluation
  • Symptom focus
  • Interference & distress?
  • Priorities & preferences

• Offer a range of options
  • Self-help/supportive
  • Mental health care

• Not time-limited offers
• Follow-up/monitoring/access

**Routine Care**
• Education, information, monitoring
• Reassurance & anticipatory guidance
• Self-help & support resources
Brief Treatment in Survivor Setting

- **Short-term focal problem treatment**
  - Limited number of (brief) treatment encounters
  - Focal problem is acute & agreed upon
  - Address barriers to care
  - Often address cancer-related issues (late-effects, identity, intimacy)
  - Co-management of current medical challenge

➢ Resist the call to provide all care to all survivors
Brief Treatment: Example

• 55-year-old survivor with progressing cardiomyopathy had angry outburst at cardiology.

• On-the fly intake session (45 mins).
  • Articulate, “high functioning,” no significant MH history.
  • Frustrated & “ineffective” at cardiology.
  ➢ Managing expectations & problem solving
  ➢ Non-judgmental observation—observe and reflect
Brief Treatment: Example

• 2 follow-up visits; 30 mins pre-/post cardiology

➢ Adjusting expectations & preparing for visits helped

➢ Insight! “I reverted to child role,” “not acting like myself,” and “expecting to be taken care of by MD.”

• Significant progress and treatment terminated

• Referral to community therapy if needed

➢ Progress toward goals is the indication for termination
Psychosocial Care in Cancer Settings:

- Cancer center **can** provide optimal care
  - Access to survivor (convenience, trust)
  - Understanding of treatment & late-effects
  - Integration with medical care
- Cancer center **may not always** provide optimal care
  - Focus is on oncology follow-up
  - Patients may have complex medical needs
  - May not be looking for behavioral health care
  - Lack of BH expertise & resources
  - Distance & availability are barriers
  - Plays into denial or resistance to treatment
  - Maintains dependence on cancer center
Resolve Problems in the Community

Effective Referrals

• Connect survivors with community resources
  • Including Primary Care
  • Address barriers to care

• Promote development & integration with community--work/school/peers/survivors/chronic disease groups
Referral Support

Referral Support

Clinical Psychologist: Have a formal referral process for mental health treatment. Often work as part of a team to provide comprehensive care.

Social Worker: Advocate for the patient and coordinate services. Can help with financial assistance and housing.

Nurse Practitioner: Can provide medication management and support for medication side effects.

Referral Support

Clinical Psychologist: Have a formal referral process for mental health treatment. Often work as part of a team to provide comprehensive care.

Social Worker: Advocate for the patient and coordinate services. Can help with financial assistance and housing.

Nurse Practitioner: Can provide medication management and support for medication side effects.
Persistence pays off

Jill–

I spent some time this morning looking into resources for your patient and his family. Below you will see the information I think it would be helpful to pass along to them. I am also attaching a copy of this information, and a booklet on helping children with grief.

My #1 suggestion is that they look into a consultation with staff from the Children’s Room who can help them learn more about what is available—they also have information about summer camp programs that you mentioned they might be interested in.

You mentioned patient has a counselor at school which is a great resource. I did not include any information about other counseling programs in their area, but suggest if he needs additional individual counseling they can get referral information from the school, or pediatrician. They can also contact the Elliot Center (https://www.elliots.org/behavioral-health-clinics/) for information about their programs in the Lynn area.

Resources

Bereavement resources for families after death of an infant
1. The Children’s Room provides grief support to children, teens, and families
   https://childrensroom.org/about/

2. The Massachusetts Center for Unexpected Infant and Child Death
   http://www.magriefcenter.org/home

3. First Candle
   https://firstcandle.org/bereavement-support/
   If you or someone you know has experienced a loss, call our grief line at 800-221-7437

4. Maternal Child Health Library
   Listing of resources for families http://www.mchlibrary.org/collections/suid-sids/Bereavement/index.php

5. The Good Grief Program. A written resource for parents to help children grieving a loss is attached.
I wanted to follow-up with you after our meeting a few weeks ago. At that time, I suggested that you could look into some stress-reduction programs to help you manage the stress you have been experiencing related to your health concerns. Below you will see a list of resources you may want to look into. I look forward to our follow-up meeting in September to hear how you are doing and to think together about any other resources you might be interested in.

Please feel free to contact me before our scheduled meeting if needed.

Best regards,

Christopher Recklitis

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**Stress Reduction Resources**

Books available from Amazon and other sources.


Instructor led stress reduction programs.

- The Massachusetts General Hospital Cancer Center has several stress reduction programs including one for cancer survivors specifically.
  https://bensonhenryinstitute.org/services-treatments-services/
- The Center for Mindfulness at UMass Memorial Health Center offers mindfulness and stress reduction programs.
  https://www.umasshealth.org/umass-memorial-medical-center/services-treatments/center-for-mindfulness/mindfulness-classes
- Online courses that can be done independently.
  - https://thehappinesstrap.com/8-week-program/ The Happiness Trap Online Program. 8 weeks. Self-Paced. 1-2 hrs per week.
  - https://www.learntolive.com/ Learn to Live has developed several different online program stop help individuals overcome anxiety, insomnia, depression and other issues.
Motivation for Care

- Survivors may have limited interest in care
  - Stigma, costs, inconvenience
    - Low intensity symptoms & need to return to pre-illness role
- Respect autonomy, open honest communication
  - Focus on their own goals
  - Educate to inform their decisions
  - Build in follow-up—be creative!

- Wish to forget about cancer, other times want to—acknowledge, integrate, cope with it
PCBH Resources

https://www.umassmed.edu/cipc/pcbh/overview/

https://integrationacademy.ahrq.gov/

Primary Care Behavioral Health Integration and Care Utilization: Implications for Patient Outcome and Healthcare Resource Use

Review article:

Patient outcomes associated with primary care behavioral health services: A systematic review

Financing the Primary Care Behavioral Health Model

The Impact of Brief Interventions on Functioning Among those Demonstrating Anxiety, Depressive, and Adjustment Disorder Symptoms in Primary Care: The Effectiveness of the Primary Care Behavioral Health (PCBH) Model
PCBH Resources
PCBH: Challenges

- Requires change in:
  - Oncology & BH roles—Flexibility!
  - Systems, training, management, resources
- Person power & reimbursement
- BH problems may be intractable:
  - Limits on services, insurance,
- Difficult to demonstrate value-added
  ➢ Valuable guide for BH integration in survivorship care
Cancer survivorship in the USA 4

Provision of integrated psychosocial services for cancer survivors post-treatment

Christopher J. Reddick, Karen L. Syddall

Meeting the psychosocial needs of patients with cancer has been recognized as a priority within oncology care for several decades. Many approaches that address these needs have been developed and described; however, until recently much of this work had focused on patients during treatment and end-of-life care. With continued improvement in therapies, the population of cancer survivors who can expect to live for 5 or more years after cancer diagnosis has increased dramatically, as have associated concerns about how to meet their medical, psychosocial, and health behaviour needs after treatment. Guidelines and models for general survivorship care routinely address psychosocial needs, and similar guidelines for psychosocial care of patients with cancer are being extended to address the needs of survivors. In this Series paper, we summarise the existing recommendations for the provision of routine psychosocial care to survivors, as well as the challenges present in providing this care. We make specific recommendations for the integration of psychosocial services into survivorship care.

- Define psychosocial needs and health behaviours to be screened and then treated or referred
- Select assessment methods
- Identify survivors requiring psychosocial or health behaviour intervention
- Include psychosocial needs in survivorship care plan
- Promote patient-provider communication
- Establish co-location of care for survivorship specialist and behavioural health provider

- Define parameters for what is and is not part of the care offered to survivors
- Make psychosocial and health behaviour evaluation and monitoring a routine component of survivorship care
- Designate screening and triage plan
- Highlight psychosocial needs as part of comprehensive care and ensure needs and interventions to address them are understood by all providers
- Facilitate intervention understanding, shared decision making, and follow through on the care plan
- Remove stigma and other barriers to initiation of care
PCBH: Advantages of Flexibility

- Tailored to meet needs of:
  - Local population
  - Oncology providers
  - Care system
- Utilize local strengths & resources
  - Medical services and expertise, resources
  - Navigators, social work, nursing
  - Start with what you have
- Community programs
  - Medical, social, advocacy, faith-based
Clinical & Research Colleagues

- Jill Brace-O’Neill MS, PNP
- Lisa Diller, MD
- Eileen Duffey-Lind MS, PNP
- Lisa Kenney, MD
- Larissa Nekhlyudov, MD
- Lynda Vrooman, MD
- Sharon Bober, PhD
- Eric S. Zhou, PhD
- Briana Bice, MA
- Jaime Blackmon, MA
- Grace Chang, MD
- Lydia Chevalier, PhD
- Clara Hungr, PhD
- Cheryl Medeiros-Nancarrow
- Alexis L. Michaud, BA