

CANCER CARE FOR THE WHOLE PATIENT

MEETING PSYCHOSOCIAL HEALTH NEEDS



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Chapter 5

Implementing the Standard of Care

Approach 2: Provision of Psychosocial Health Services Using Local Resources

and Thriving, a comprehensive program for those having completed cancer treatment and having no signs of disease, as well as a program for people being treated for stage 3 or 4 cancer. Group programs are provided free of charge to participants as a result of extensive partnerships with area health care providers, employers, and others whose contributions pay for the services. Although individual counseling generally requires payment of a fee, Kansas City Turning Point provides up to five counseling visits free of charge to KCCC patients or family members if the patient has advanced disease. Turning Point is unique in that its services are not just for individuals dealing with cancer, an approach that may be more feasible in less densely populated areas that may have fewer patients with cancer and fewer community organizations dedicated to cancer care. The number of individuals being served by Turning Point is growing at an average rate of 64 percent annually.⁹

KCCC NPs also help patients manage their illness by providing them detailed, one-on-one education on treatment and management of the side effects of chemotherapy. Psychosocial health issues are addressed not only during but also after treatment. KCCC has a survivorship program that provides education about the adjustments required after treatment. Patients are given the *LiveStrong*[®] Survivorship Notebook, which contains information on the emotional effects of cancer. In addition, NPs meet with patients approximately 2 months after completion of treatment to address survivorship issues.

Care coordination and follow-up are provided by the NPs, who perform these activities as part of their regular patient care. KCCC bills and receives reimbursement for NP assessment, linkage, coordination, and follow-up activities from both government and nongovernment payors (this reimbursement approach is discussed in Chapter 6). No other foundation or special funding subsidizes these activities. KCCC does have a fund set up with the greater Kansas City Community Foundation, but is restricted from using these funds to subsidize the costs of operations; rather, this money is used to fund communitywide cancer education, awareness, and prevention activities. Another fund, created by one patient's family, provides oral chemotherapy drugs to patients who cannot afford them; this fund is administered by Cancer Action, which processes applications and determines eligibility.

Tahoe Forest Cancer Center (TFCC), located in Truckee, California (in the Lake Tahoe community), is another example of using community resources to deliver psychosocial health services to patients with cancer. In this case,

⁹Personal communication, Moira A. Mulhern, PhD, CEO of Turning Point, March 15, 2007.

a major source of resources is the community's 30-bed hospital, Tahoe Forest Hospital. A relocated oncologist and Tahoe Forest Hospital created a solo physician ambulatory oncology practice that routinely incorporates attention to psychosocial health needs as part of oncology care. The solo oncologist uses hospital personnel to help address psychosocial needs of patients.

TFCC's multidisciplinary staff of oncology nurses, social workers, physical therapists, and others are employees of the hospital (which also owns the free-standing ambulatory oncology office). Through these staff (who also work at the hospital), TFCC offers psychological services; social services; nutritional counseling; rehabilitation therapy; and support group meetings for cancer patients, family, and friends at the hospital's local Center for Health and Sports Performance. TFCC also offers the *Look Good . . . Feel Better Program*[®] and provides or links to a variety of other patient supports and resources on its website (<http://www.tahoecancercenter.com>).

Patients with psychosocial needs are identified during office visits or weekly meetings of the entire team. (The center does not yet use a standard screening tool.) Physicians link patients to psychosocial services by checking off "psychosocial evaluation" on a disposition sheet after patient visits. The staff schedules an appointment with the social worker, who then provides the necessary linkages to the psychosocial team. Coordination of biomedical and psychosocial care takes place at weekly team meetings. Follow-up is performed at these meetings and in the interim by TFCC nurses. Patients are supported in managing their cancer and its treatment in several ways. Each patient receiving chemotherapy spends 1 hour with a TFCC nurse for education about chemotherapy. In addition, patients receive customized printouts from the American Society of Clinical Oncology's (ASCO's) People Living with Cancer that provide specific details regarding their disease and planned treatments. TFCC also solicits volunteers from the community to provide assistance and companionship to patients receiving chemotherapy and help with other patient needs. TFCC's 250 patients are covered by a variety of insurers, including Medicare (18 percent), commercial insurance (61 percent), and Medicaid (19 percent); 2 percent pay out of pocket or are uninsured.¹⁰

Discussion

This approach is feasible for many oncology providers because of substantial growth in the number of providers of psychosocial health services

¹⁰Personal communication. Laurence J. Heifetz, MD, Medical Director, Tahoe Forest Cancer Center, August 10, 13, and 28, 2007.