

NCCCP Cancer Psychosocial Care Assessment Tool Modeled for Whole-Person Care

PSYCHOSOCIAL HEALTH SERVICES are those psychological and social services that enable cancer survivors, their families, and health care providers to optimize biomedical health care and to manage the psychological/behavioral and social aspects of cancer and its consequences so as to promote better health.

Multidimensional culturally informed psychosocial health needs screening to include:

- **Emotional/Mental Health Needs** (ie: anxiety, depression, coping, sexuality)
- **Practical Problems** (ie: concrete needs and illness-related concerns - financial, transportation, housing)
- **Social Problems** (ie: lack of social support/resources, vocational impact, insurance)
- **Support Needs** (ie: personal, social, medical, spiritual)

Category	Elements for Consideration	Levels				
		1	2	3	4	5
1. Communicates to the cancer survivor and family the importance of psychosocial needs and care	<ul style="list-style-type: none"> • Letter • Brochures • Posters • Structured discussion with oncology healthcare team members 	No systematic process in place	*	Communicates via at least one mechanism on at least one occasion	*	Communicates via multiple mechanisms on multiple occasions with participation from physicians; provides focused education on psychosocial needs



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Survivorship & Palliative Care Subcommittee.

Psychosocial Care Assessment Tool Version 2.0 approved by the Executive Subcommittee on 7/9/09.

This tool has not been validated.

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2. Facilitates effective patient/provider communication a. Provides training in patient/provider communication for staff	<ul style="list-style-type: none"> Creates rapport Elicits patient perspective Demonstrates empathy Manages uncertainty Shares decision-making Enables patient self-management 	No systematic process in place	*	Patient communication skills training available for patient care providers	*	Patient communication skills training required for all patient care providers
	b. Monitors effectiveness of patient/provider communication	<ul style="list-style-type: none"> Patient surveys Provider surveys 	No systematic process in place	*	Quality of communication assessed by patients on a random basis	*
3. Identifies psychosocial health needs of cancer survivors	<ul style="list-style-type: none"> Data collection method Timing/periodicity 	Not systematically done; reliance upon survivors to volunteer information or provider to observe or inquire during clinical conversations	Random/inconsistent screening conducted	Screening consistently conducted using a standardized method with all survivors upon initial encounter/treatment initiation	Level 3 plus when positive screen, a comprehensive assessment is also conducted	Level 4 plus reassessments covering defined timeframes from diagnosis throughout follow-up



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4. Designs and implements psychosocial plan of care. a. Links cancer survivor/ family with needed psychosocial services b. Engages and supports cancer survivor in managing their illness and health c. Coordinates psychosocial and biomedical care	Culturally-sensitive psychosocial resources, services, and care strategies identified for meeting needs of survivors	Level 1 plus systematic referral pathways in place for addressing needs; staff trained in basic psychosocial needs	Level 2 plus mental health professional available on site for consultation.	Level 3 plus mental health professional with training in care of cancer survivors is available on site to provide psychosocial services	Level 4 plus integration of comprehensive services with adequate mental health services available to meet the needs of all patients who need those services	
	Generic cancer survivor education materials available	*	Level 1 plus variety of media/ modes (ie: audio, visual, and/or opportunities for group learning, such as behavioral change programs)	Level 3 plus tailored education specific to cancer survivor/ family situation (type of cancer, treatment, language, literacy level)	Level 4 plus provision of therapeutic emotional support, including consultations and/or supportive materials, to address the behavioral change process	
	Initial psychosocial assessment data documented and available to healthcare team	*	Level 1 plus specific personnel responsible for psychosocial care management and interdisciplinary communication	*	Level 4 plus reassessment prompts, revisions to plan of care as appropriate, and follow-up communication with primary oncology team	



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5. Conducts follow-up, re-evaluation, and adjusting of psychosocial treatment plan.	<ul style="list-style-type: none"> How are current services working Any new needs 	No systematic process in place	*	Systematic follow-up completed and documented in all cases for survivors having a positive screen	*	Level 3 plus structured mechanism in place to manage survivors who need treatment intensification or adjustment
6. Provider education and competencies	<ul style="list-style-type: none"> Continuing and/or inservice education Initial and/or annual competencies 	No systematic process in place	Providers stay current with psychosocial literature	Level 2 plus some ongoing education and competencies related to psychosocial care	Level 3 plus provision of ongoing psychosocial educational opportunities for non-psychosocial staff	Level 4 plus systematic, ongoing training of best-practices and new issues in psychosocial care.
7. Quality oversight	<ul style="list-style-type: none"> Internal and external quality measures 	No systematic process in place	*	Use of internal quality measures to obtain feedback on psychosocial programs offered and/or referred to	*	Level 3 plus utilization of external quality measures specific to psychosocial support for individuals with cancer

*In some cases, there are not 5 levels of care. In categories where there is less than 5 levels, assign a score based on the highest level of criteria met.



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NCCN defined periods of increased vulnerability for distress:

- Symptom suspicion
- Work up/staging
- Diagnosis
- Awaiting treatment
- Change in treatment modality
- End of treatment
- Discharge from hospital following treatment
- Stresses of survivorship
- Medical follow-up and surveillance
- Treatment failure
- Recurrence/progression
- Advanced cancer
- End of life

References:

Adler, N.E., & Page, A.E. (2008). *Cancer care for the whole patient: Meeting psychosocial health needs*. Washington, D.C.: National Academies Press.

Epstein, R.M., & Street, R.L. (2007). *Patient centered communication in cancer care: Promoting healing and reducing suffering* (NIH Publication No. 07-6225). Bethesda, MD: National Cancer Institute.

National Comprehensive Cancer Network. (2009). *NCCN clinical practice guidelines in oncologyTM: Distress management v2.2009*. Fort Washington, PA: Author.



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