

Integrating Psychosocial Care into Comprehensive Cancer Care

The Challenge of Cancer Care Today

More people are living longer with cancer than ever before: the number of cancer survivors in the U.S. today is over 13.7 million; that number is expected to increase to 18 million in the next 10 years. In fact, 41% of Americans are expected to receive a cancer diagnosis in their lifetime, which translates to 1 in 3 women and 1 in 2 men. (Howlader)¹

- Psychosocial needs often go unrecognized or untreated:
 - Distress is a significant problem for one-third to one-half of all patients. (Carlson)
 - Distress is under-diagnosed in cancer patients. (Katon)
 - 87% of cancer survivors report at least one psychosocial issue as “moderate” or “severe.” (Research and Training Institute)
 - Distress may interfere with the ability to cope with cancer, its symptoms and treatment. (NCCN)
- The cost of care increases alongside distress:
 - Depression has been shown to cause a 50% increase in health care costs for individuals with chronic disease (Katon)
 - \$8,400 more in health care costs in one year per individual with depression (Jeffery & Linton)
- Standard setting and professional organizations require distress screening:
 - The 2008 Institute of Medicine report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, states that it is not possible to provide high-quality cancer care without assessing psychosocial health needs and providing psychosocial health services.
 - The American College of Surgeons Commission on Cancer’s 2012 Patient-Centered Standards stipulate that by 2015, all 1,500 of the cancer centers the Commission accredits must screen patients for distress and refer patients with distress for psychosocial services; these centers provide care for 70% of newly diagnosed cancer patients in the United States.

What is Psychosocial Care?

In its 2008 report, *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*, the Institute of Medicine (IOM) defines psychosocial health services as “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.” Examples of these services include, but are not limited to: distress screening, 1:1 or group support, financial counseling, nutritional counseling, etc.

¹ Please see page three for a list studies referenced in this document

Why Does Psychosocial Care Matter?

1. Psychosocial Care Improves Health Outcomes

- Depression reduces the ability of patients with chronic disease to adhere to medical regimens (Katon)
- Psychosocial interventions improve health outcomes and survival rates:
 - improved functional status and immune biomarkers (Andersen 2007)
 - reduced emotional distress, anxiety, depression, and health related quality of life (Faller)
 - reduced recurrence and death (Andersen 2008)

2. Psychosocial Care Reduces Health Care Utilization and Costs

- Early diagnosis of distress and psychosocial interventions reduce healthcare utilization and costs by an average of 20%(Carlson)
- Per person savings averaged \$1,759 (Carlson)
- Early studies suggest that effective psychosocial intervention can cost as little as approximately \$60

3. Social and Emotional Distress Leads to Direct Impact on a Patient's Normal Activities

- A recent study by CSC's Research and Training Institute demonstrated the top patient stressors to be:
 - eating and nutrition
 - worry about the future and what lies ahead
 - exercise and being physically active
 - feeling too tired to do the things you need or want to do
 - changes or disruptions in work, school or home life
 - worrying about family, children and/or friends
- This same study demonstrated that screening and intervention can reduce distress by 25% in just one month (Gayer)

Current Support for Integration of Psychosocial Care

A number of professional and standard setting organizations have recognized the importance of and mandated social and emotional care as a part of their quality recommendations and/or measures. These include:

- Institute of Medicine of the National Academies: *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*
- Patient-Center Outcomes Research Institute (PCORI): *2012 Research Agenda*
- American College of Surgeons Commission on Cancer: *2012 Patient-Centered Standards*
- American Society of Clinical Oncology: *Quality Oncology Practice Initiative (QOPI)*
- Community Oncology Alliance: *Oncology Medical Home*

It is now more important than ever for the federal government to lead efforts to integrate psychosocial care

As the largest single health care payer, the Federal government must keep pace with innovations in health care delivery and also pave the way to ensure that psychosocial care is integrated into comprehensive cancer care. The Cancer Support Community launched the Cancer Policy Institute on June 19th and among our key priorities is working closely with Congress to ensure that all people with cancer, and particularly those receiving Medicare benefits (60% of new diagnoses are made in people eligible for Medicare; by 2030 that number will be 70%), receive a distress screening early in their cancer journey.

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