NCCCP Cancer Psychosocial Care

Matrix 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***	• 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

Category	Elements for Consideration	Levels				
		1	2	3	4	5
2. ***Facilitates effective patient/provider communication*** a. Provides training in patient/provider communication for staff	• 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	• Patient surveys • Provider surveys	No systematic process in place	*	Quality of communication assessed by patients on a random basis	*	Quality of communication assessed by patients on a routine basis
3. ***Identifies psychosocial health needs of cancer survivors***	• 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

Category	Elements for Consideration	Levels				
		1	2	3	4	5
4. ***Designs and implements psychosocial plan of care.*** a. Links cancer survivor/ family with needed psychosocial services		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
b. Engages and supports cancer survivor in managing their illness and health		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
c. Coordinates psychosocial and biomedical care		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

Category	Elements for Consideration	Levels				
		1	**2**	**3**	**4**	**5**
5. ***Conducts follow-up, re-evaluation, and adjusting of psychosocial treatment plan.***	• 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***	• Continuing and/or inservice education • Initial and/or annual competen-cies	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***	• 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.

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 oncology™: Distress management v2.2009.* Fort Washington, PA: Author.

SCORING

Category:

1. _____

2a. _____

2b. _____

3. _____

4a. _____

4b. _____

4c. _____

5. _____

6. _____

7. _____

Total Score: _____ out of 50

Organization Name: _____

Date Completed: _____