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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Elements for Consideration</th>
<th>Levels</th>
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| 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 |
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<tr>
<td>2. <strong>Facilitates effective patient/provider communication</strong>&lt;br&gt;a. Provides training in patient/provider communication for staff</td>
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<tr>
<td></td>
<td>- Creates rapport&lt;br&gt;- Elicits patient perspective&lt;br&gt;- Demonstrates empathy&lt;br&gt;- Manages uncertainty&lt;br&gt;- Shares decision-making&lt;br&gt;- Enables patient self-management</td>
<td>1&lt;br&gt;No systematic process in place</td>
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<tr>
<td></td>
<td>b. Monitors effectiveness of patient/provider communication</td>
<td></td>
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<tr>
<td></td>
<td>- Patient surveys&lt;br&gt;- Provider surveys</td>
<td>1&lt;br&gt;No systematic process in place</td>
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<tr>
<td>3. <strong>Identifies psychosocial health needs of cancer survivors</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- Data collection method&lt;br&gt;- Timing/periodicity</td>
<td>1&lt;br&gt;Not systematically done; reliance upon survivors to volunteer information or provider to observe or inquire during clinical conversations</td>
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<td>a. Links cancer survivor/ family with needed psychosocial services</td>
<td>Culturally-sensitive psychosocial resources, services, and care strategies identified for meeting needs of survivors</td>
<td>Level 1 plus systematic referral pathways in place for addressing needs; staff trained in basic psychosocial needs</td>
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<tr>
<td>b. Engages and supports cancer survivor in managing their illness and health</td>
<td>Generic cancer survivor education materials available</td>
<td>*</td>
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<tr>
<td>c. Coordinates psychosocial and biomedical care</td>
<td>Initial psychosocial assessment data documented and available to healthcare team</td>
<td>*</td>
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| 5. Conducts follow-up, re-evaluation, and adjusting of psychosocial treatment plan. | • How are current services working  
• Any new needs                                                                 | 1  
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 competencies                                                | 1  
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                                                  | 1  
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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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.
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:
