



Making the Business Case for Hiring an Oncology Psychologist

By Jeffrey Kendall, PsyD, LP

The oncology psychologist helps cancer patients and families manage 1) their psychological reactions to the disease, 2) the behavioral components of coping with the cancer and its side effects, 3) the role of the family in supporting the person with cancer, and 4) the social factors associated with diagnosis and treatment. More specifically, oncology psychologists assist people in coping with the stress from the cancer diagnosis, difficult physical treatments, disability, fatigue, pain, as well as with other quality of life (QOL) impairments that can occur before, during, and after treatment. These multivariate side effects contribute to emotional distress among cancer patients and can lead to the inability to work or fulfill other social roles. Side effects can exacerbate pre-existing psychosocial stressors such as low income, lack of health insurance, and weak or absent social supports.

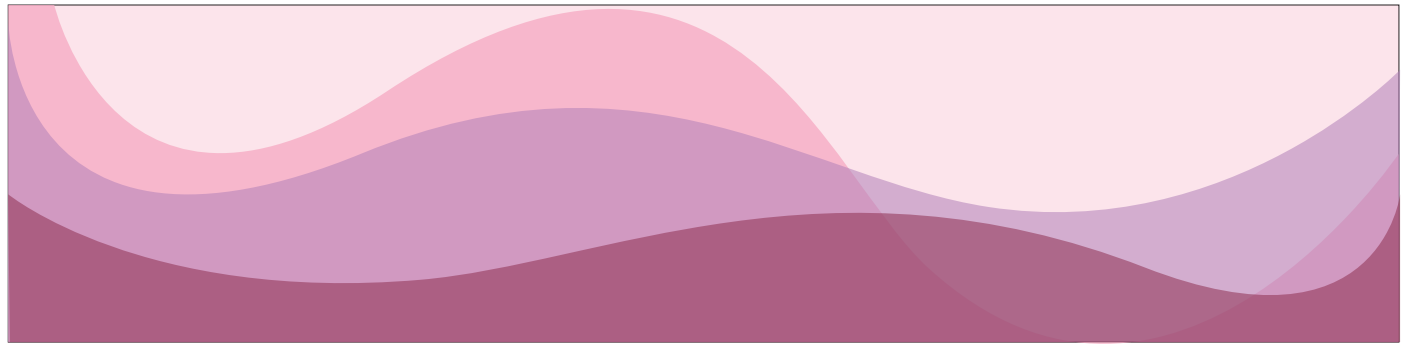
THE PROBLEM

Stress associated with a cancer diagnosis has been shown to induce considerable psychological morbidity, with 25% to 58% of all cancer patients indicating significant levels of distress.¹⁻³ Two subgroups of patients exist within these individuals who evidence high distress: those who meet the criteria for psychiatric illnesses, such as major depression or adjustment disorders (up to 25% of all patients), and those who report distress levels that do not meet criteria for a psychiatric diagnosis but that interfere significantly with QOL and functional status (15% to 20% of all patients).¹⁻⁵

Recognition of cancer's emotional and social consequences has led to increased focus on patients' psychosocial functioning. Specifically, the term "distress" defines unpleasant psychological, social, and/or spiritual experiences that interfere with the ability to cope effectively with a cancer diagnosis, its symptoms, and subsequent treatments.^{6,7} Prevalence of psychological distress varies by type of cancer, time since diagnosis, degree of physical and role impairment, amount of pain, prognosis, and advanced disease.^{3-5,7} Distress often varies as a patient progresses through cancer treatment,^{8,9} and problems may remain for months and years after initial diagnosis.^{10,11} Distress has serious implications for cancer patients' medical outcomes because it is a potential risk factor for non-adherence to treatment, poorer QOL, and potentially reduced survival rate.

Even cancer patients who do not meet criteria for a psychiatric diagnosis may experience worries, fears, and other forms of psychological distress that impact daily functioning. Feelings of guilt, loss of control, anger, sadness, and uncertainty are common in people with cancer.¹⁰⁻¹³ Additionally, many cancer patients experience fear of recurrence, concerns about body image, and problems with family members.^{12,14,15} Cancer patients can also face spiritual and existential issues involving faith, mortality, and the meaning of death. Some cancer survivors report feelings of anger, isolation, and diminished self-esteem in response to such stress.¹⁶

Families of cancer patients also have psychological needs.^{17,18} For a family member, a cancer diagnosis creates fear and concern about the suffering the patient might



experience. Family members' psychological distress can be as severe as that of the patient. A meta-analysis of studies of psychological distress in both patients and their informal caregivers (mostly spouses or partners) found that the psychological distress of patients and their informal caregivers generally was parallel over time, although when the patient received treatment, caregivers experienced more distress than the patient.^{18,19} Thus, helping family members manage their distress may have a beneficial effect on the QOL for people with cancer.

THE SOLUTION

Getting patients who are experiencing moderate to severe distress to a trained professional for screening is important. The National Comprehensive Cancer Network (NCCN) developed standards of care for distress management with the first step being identification of distress through screening.⁶ The three pillars of distress management as related to screening are:

1. Recognize, monitor, document, and promptly treat distress at all stages of disease.
2. Identify the level and nature of distress as part of oncology screening.
3. Screen all patients at their initial appointment, at appropriate intervals, and as clinically indicated especially with changes in disease status.

The Association of Community Cancer Centers (ACCC) published a white paper based on lessons learned from several ACCC member programs describing different processes for operationalizing distress screening.²⁰ Distress screening can follow a simple five-step process:^{6,20,21}

1. Screen patients for distress at regular intervals using a validated instrument with well-established cutoffs. Screening results should be reviewed in a timely manner and communicated with the treatment team.
2. Evaluate patients who have a screening score that exceeds the cutoff threshold. A trained clinician should

assess the source and intensity of the distress and refer the patient to an appropriate professional.

3. Refer patients who have been assessed as having moderate to severe distress for proper clinical/behavioral intervention.
4. Follow-up to provide patients and the care team information about the screening, assessment, and intervention outcomes.
5. Ensure all screening, referral, and follow-up activity are documented within the medical record.

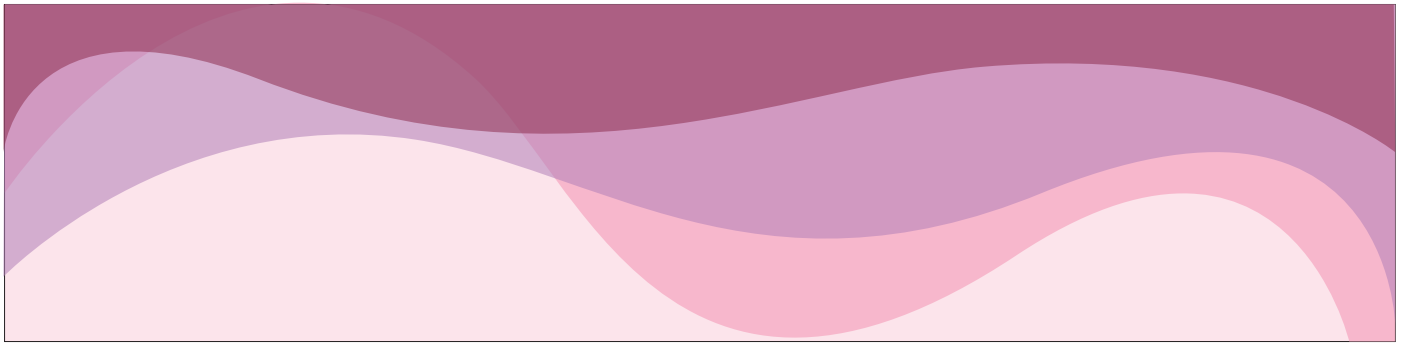
IMPROVING QUALITY OF CARE

The effectiveness of psychosocial interventions for the management of emotional and social stressors with cancer patients have been well documented since the 1990s.²²⁻²⁵ These combined results indicate people with cancer who take part in psychosocial interventions have been shown to report lower levels of depression, anxiety, and improved quality of life.²⁴ More specifically, a meta-analysis found that relaxation and behavioral modification improved functional adaptation and symptom control.²³

Psychosocial interventions, such as problem-solving, cognitive-behavioral therapy, and family and group support, can help reduce cancer-related stress. Specifically, techniques such as identifying unhelpful thoughts about their illness, reframing and reconstructing those thoughts, and relaxation training can help reduce anxiety and depression in people with cancer.²⁶

REDUCING HEALTHCARE COSTS

Although the effectiveness of a range of psychosocial interventions for people with cancer has been established, one barrier to their implementation in routine clinical care is the relatively few peer-reviewed cost-effectiveness studies of psychosocial interventions for cancer patients and survivors. One of the first studies examining cost-effectiveness of psychosocial care for cancer patients reported that many psychosocial interventions



for cancer resulted in a reduction of subsequent healthcare use and savings in medical expenditure, particularly related to ongoing treatment for depression.²⁷ A 2016 review examining cost-effectiveness of psychosocial care concluded that psychosocial interventions can be a cost-effective approach in cancer care.²⁸ More specifically, six of eight studies reviewed demonstrated cost-effectiveness of psychosocial interventions compared with the next best alternative.²⁸ Additionally, review findings support the use of cognitive-behavioral therapy since three of six studies demonstrated this therapy was the most cost-effective clinical approach. The authors concluded that emerging evidence suggests that offering information, emotional support, and psychological care to cancer patients and survivors can be cost-effective.²⁸

CASE STUDY ONE²⁹

A landmark study conducted at The Ohio State University Comprehensive Cancer Center looked beyond patient-reported symptoms to actual biomarkers and immunity measures to understand how mental stress impacts immunity. The findings were clear: immunity improves as stress goes down. Patients who received a psychological intervention showed significant improvements in anxiety, perceived social support, better dietary habits, and even a reduction in smoking; these patients were also better able to maintain their chemotherapy regimens when compared to those in the control group. Behavioral therapy interventions (one session per week for four months) included strategies for reducing stress, improving mood, establishing good health behaviors, and adhering to cancer treatment. Patients undergoing psychotherapy avoided fats, increased physical activity, and decreased the number of cigarettes smoked each day.

CASE STUDY TWO³⁰

In 2009 Southside Regional Medical Center, Petersburg, Va., committed to developing a comprehensive psychosocial

program that would not only meet the needs of its patients and families, but also support its efforts to become accredited by the American College of Surgeons' Commission on Cancer (CoC). Specifically, the addition of a psychosocial program helped Southside Regional Medical Center meet CoC standards for navigation, psychosocial services, psychosocial distress screening, palliative care, survivorship, cancer committee membership, and quality improvements. The cancer program also believed its psychosocial program helped to increase referral sources and resources, which, in turn, helped it meet additional CoC standards related to community outreach, prevention and screening, clinical trials, rehabilitation, nutrition, public reporting of outcomes, risk and genetic assessments, and quality studies.

BILLING & REIMBURSEMENT

Outpatient appointments with a licensed psychologist are billed through standard psychotherapy CPT codes. There are two categories of CPT codes that can be used, depending on what your local payers will reimburse. The CPT codes listed below do not represent the full list. The standard psychotherapy codes are:

CODE	DESCRIPTION	TIME ALLOTMENT
90791	Psychiatric/psychological diagnostic interview without medical services (intake interview)	No time length defined
90832	Individual psychotherapy	16-37 minutes
90834	Individual psychotherapy	38-52 minutes
90837	Individual psychotherapy	53 or more minutes

In addition, psychologists can use Health and Behavior codes. These CPT codes represent psychological services for patients diagnosed with physical health problems. Health and behavior assessment, conducted through health-focused

clinical interviews, observation, and clinical decision-making, includes evaluation of the patient's responses to disease, illness or injury, outlook, coping strategies, motivation, and adherence to medical treatment. ●

CODE	DESCRIPTION	TIME ALLOTMENT
96152	Health and behavior intervention provided to an individual to modify the behavioral, cognitive and biopsychosocial factors affecting the patient's physical health.	15 minutes
96154	Health and behavior intervention provided to a family with the patient present.	15 minutes

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The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the cancer care community. Founded in 1974, ACCC is a powerful network of 25,000 multidisciplinary practitioners from 2,100 hospitals and practices nationwide. As advances in cancer screening and diagnosis, treatment options, and care delivery models continue to evolve—so has ACCC—adapting its resources to meet the changing needs of the entire oncology care team. For more information, visit acc-cancer.org

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