2021 CANCER & MENTAL WELLBEING EDUCATION TRAINING SERIES: A Call to Action – Exploring Solutions Across the Continuum of Cancer Care

Wednesday, September 22, 2021

1:30 – 2:30 pm ET

Closed captioning:

https://www.streamtext.net/player?event=CancerEducationSeriesDay4

Welcome!

Tamanna Patel, MPH
Director,
Practice Improvement

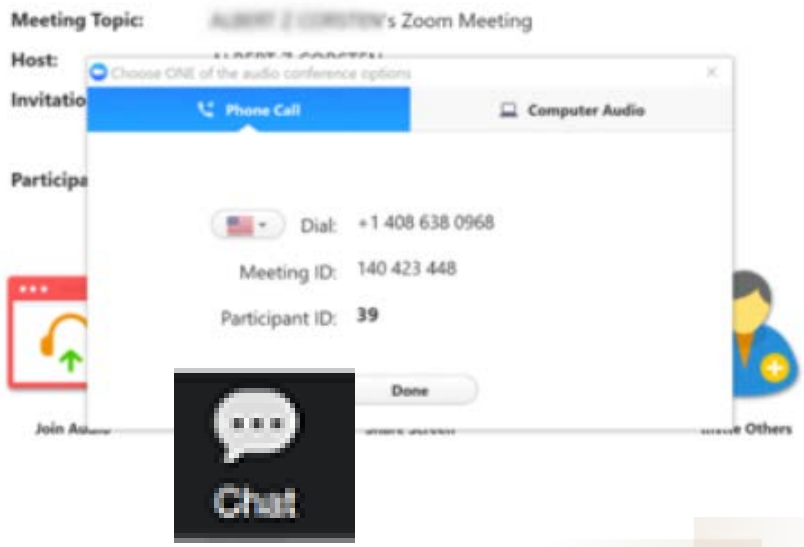
Samara Tahmid
Project Manager,
Practice Improvement

Hope Rothenberg
Project Coordinator,
Practice Improvement

NATIONAL COUNCIL for Mental Wellbeing

Housekeeping

- This workshop is being recorded. All participants are muted placed in “listen-only” mode.
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chat box or using the Q&A panel.
- Access to closed captioning:
  - https://www.streamtext.net/player?event=CancerEducationSeriesDay4
- Slide handouts and recording will be posted here:
  - https://www.bhthechange.org/resources/resource-type/archived-webinars/



NATIONAL COUNCIL for Mental Wellbeing

National Behavioral Health Network for Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenged
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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networking for HEALTH EQUITY

APPEAL

Nuestras Voces (Our Voices)

THE CENTER FOR BLACK HEALTH & EQUITY

KEEP IT SACRED NATIONAL NATIVE NETWORK

Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

A consortium of eight national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.

Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.

https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm

Geographic Health Equity Alliance
A CADCA Initiative

national lgbt cancer network
ADVOCATING FOR HEALTH EQUALITY

SelfMade Health Network

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2021 CANCER & MENTAL WELLBEING EDUCATION TRAINING SERIES: A Call to Action – Exploring Solutions Across the Continuum of Cancer Care

- Session 1: Sexual and Gender Minority Inclusion in Comprehensive Cancer Care Coffee Chat
- Session 2: Enhancing Cancer Care for Rural Communities
- Session 3: Race to Comprehensive Cancer Care for All Panel Discussion
- Session 4: Engaging and Supporting Low-Income Communities: Cancer and Mental Health
- Session 5: From Screening to Survivorship: Mental Wellbeing, Cancer Care and COVID-19
- Session 6: On the Road to Recovery & Wellness: What Providers Need to Know About Mental Health Treatment & Cancer
- Session 7: Mental Health and Cancer: Person-centered Collaborative Cancer Care

Access all our archived sessions at www.BHtheChange.org

Learning Objectives

- Assess the inequities in cancer treatment for individuals with mental health and substance use challenges.
- Examine barriers to care for people with severe mental health challenges.
- Explore strategies to reduce disparities across the continuum of care.
- Gain skills to integrate person-centered resiliency-oriented cancer care for individuals with mental health and substance use challenges.

Today's Featured Speakers

Kelly Irwin, MD, MPH,
Assistant Professor, Psychiatry,
Harvard Medical School;
Director, Collaborative Care and Community Engagement Program,
Massachusetts General Hospital

Amy Corveleyn, MSW, LICSW,
Program Manager, Collaborative Care and Community Engagement Program,
Massachusetts General Hospital

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Meeting People Where They Are: Increasing Access to Mental Health and Cancer Care

Kelly Irwin, MD, MPH
Amy Corveleyn, MSW, LICSW
Collaborative Care and Community Engagement Program
Massachusetts General Hospital Cancer Center
ENGAGE: The Cancer and Mental Health Collaborative
September 22, 2021
https://engageinitiative.org @endtheinequity

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MONGAN INSTITUTE
MASSACHUSETTS GENERAL HOSPITAL PSYCHIATRY
ENGAGE

MASSACHUSETTS GENERAL HOSPITAL
CANCER CENTER

"Everyone who is born holds dual citizenship in the kingdom of the well and the kingdom of the sick.

Although we all prefer to use only the good passport, sooner or later, each of us is obliged to identify ourselves as citizens of that other place."

- Susan Sontag, *Illness as Metaphor*

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Cancer Center

Mental Health Clinic

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Brain illness is too often invisible and unspoken…

Myth 1: Mental illness is uncommon.

Myth 2: People affected by mental illness die primarily from suicide and violence.

Myth 3: Individuals with mental illness cannot participate in clinical trials.

But does not have to be.

Reality 1: Serious mental illness is common among patients with cancer and inadequately treated.

Reality 2: 80% of mortality gap driven by medical illnesses including cancer and inequities in access to care.

Reality 3: Individuals with mental illness can and *have* participated in our clinical trial, and more work is needed.

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Individuals with serious mental illness are dying prematurely, primarily from medical illness.

A Woman in Massachusetts

82

80% of mortality gap is from medical illness.

…with Serious Mental Illness served by Department of Mental Health

52

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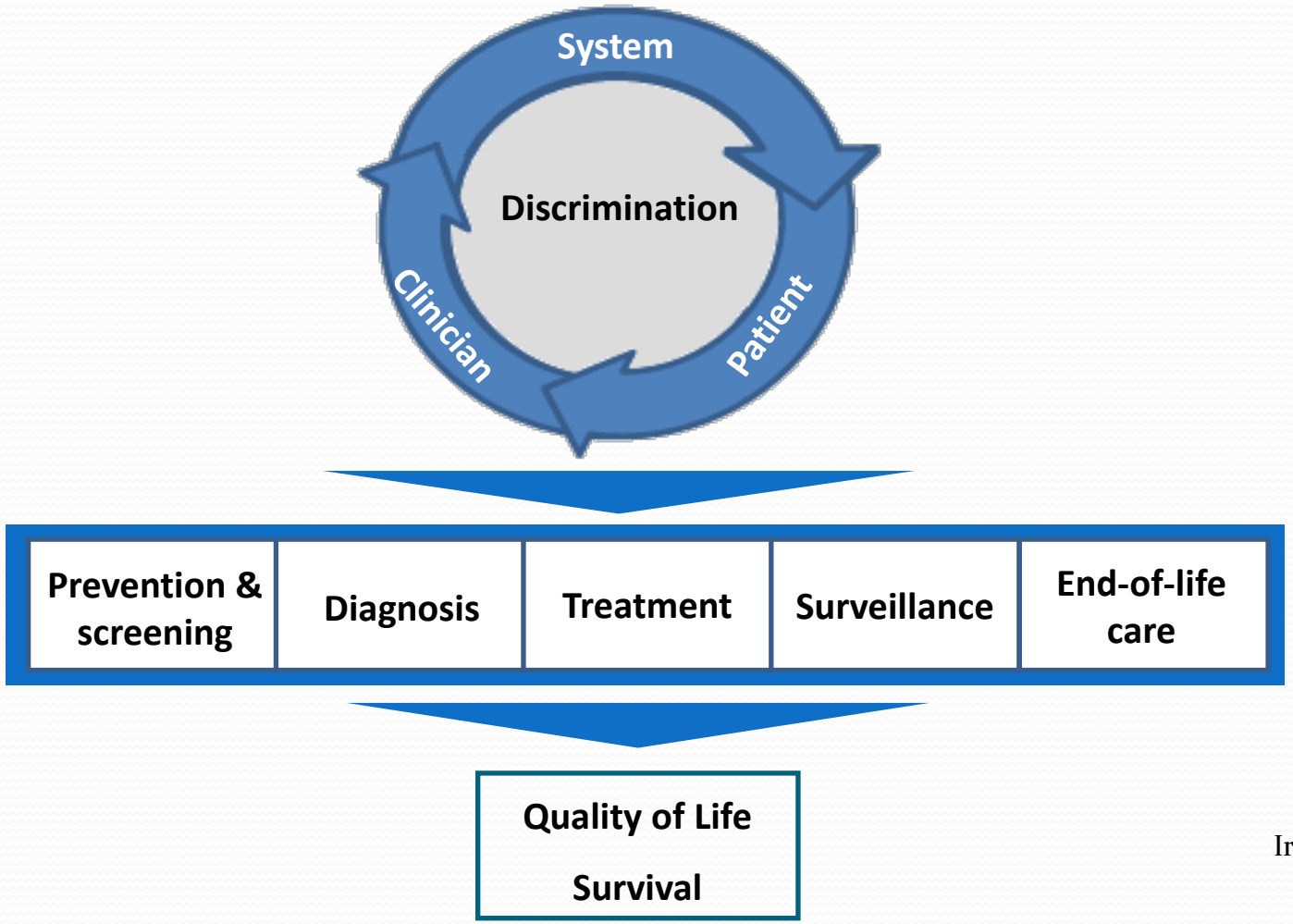
Inequities in cancer care contribute to premature cancer mortality and increased suffering for people with serious mental illness.



Irwin et al, Cancer, 2014

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Individuals with mental illness are frequently excluded from clinical trials.

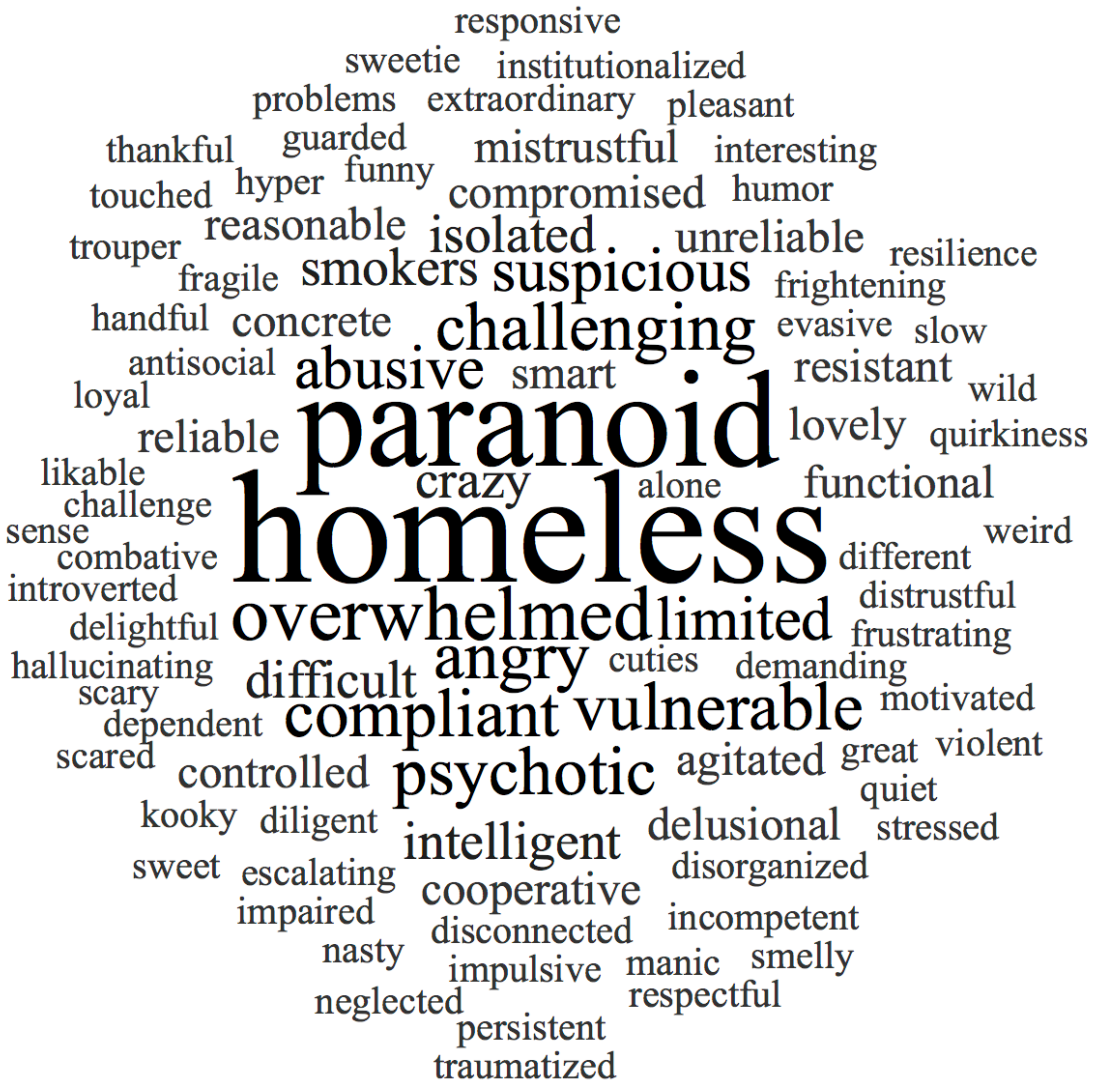
"There are people who falsely assume that patients can't give informed consent or won't understand…people kind of write off this population."

-Medical Oncologist

Humphreys et al, Journal of Psychiatric Research, 2015
Irwin, Moy, et al, Journal of Clinical Oncology, 2019

Access to mental health treatment at cancer diagnosis may promote equitable cancer care for individuals with schizophrenia.

Words matter.
We do not always agree on language. Who gets to decide?



Beginning with person-first language emphasizes the dignity and humanity of each person and affirms the right for people to identify themselves how they choose

Ask what the person prefers to be called, begin with names

Ask about strengths.

Use language you would use with the person you are describing. We aim to open up the conversation and decrease shame.

Apply to clinical assessment tools and inclusion/exclusion criteria

We apply a person-centered lens to increase access to cancer care and research for people with serious mental illness.

1. Developed **Bridge**: Person-Centered Collaborative Care for patients with serious mental illness at cancer diagnosis

2. **Successfully piloted care delivery model:** Phase II trial demonstrated the feasibility, acceptability, and suggests positive impact on cancer care delivery

3. **Leading first randomized trial** examining the impact of Bridge on cancer care

4. **Building the Cancer and Mental Health Collaborative (The Engage Initiative)** to strengthen partnerships, extend reach, and decrease disparities in cancer outcomes.

5. **Our stakeholder board** (experts by experience, clinicians, researchers, advocates) guides our agenda for change.

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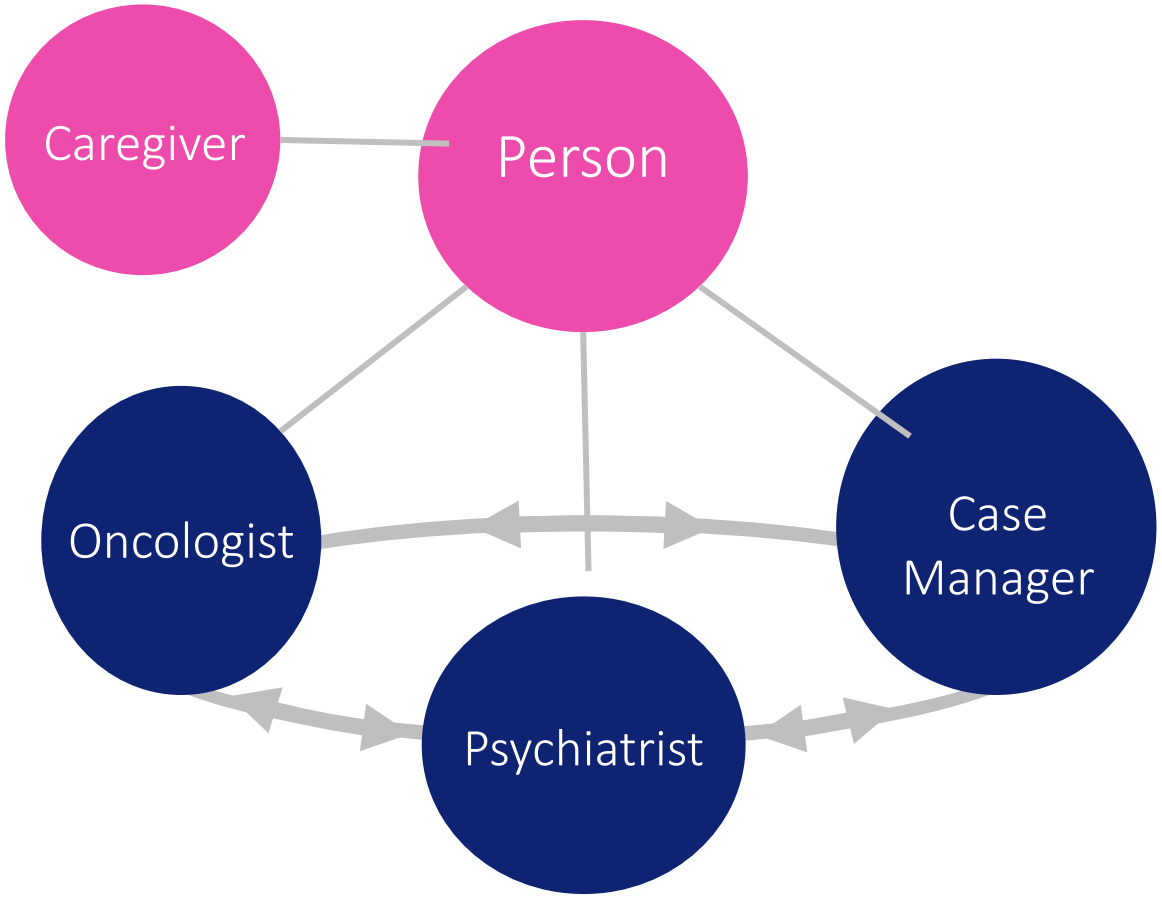
Bridge is person-centered collaborative care that addresses barriers to cancer care proactively and engages a diverse team to improve cancer outcomes.



Proactive

Person and caregiver-centered, strengths-based

Engages a Team

Systematic weekly case review

Evidence-based interventions for cancer and mental illness

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Irwin et al, NEJM, 2016

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A few pearls about person-centered care (and research).

- Meet the person where they are: Location (home, hospital, shelter), cognitively, emotionally
  - Assess illness understanding
  - Ask about hopes and fears
  - Ask about both strengths and barriers to care
- Ask: How can we be helpful? To the person? Caregiver?
- Find an ally, any ally
- Partner proactively with oncology team to inform cancer treatment plan
- Be thoughtful about autonomy vs. need to understand the risks and benefits of decisions: consider involuntary evaluation and hospitalization

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During the pandemic, we have witnessed escalating mental health needs, gaps in care, and sometimes feel helpless.

Resident, skilled nursing: “I see more bodies coming in than going out. It’s just a matter of time.”

Older adult: “I’m scared to go to the hospital, and I’m scared to stay home.”

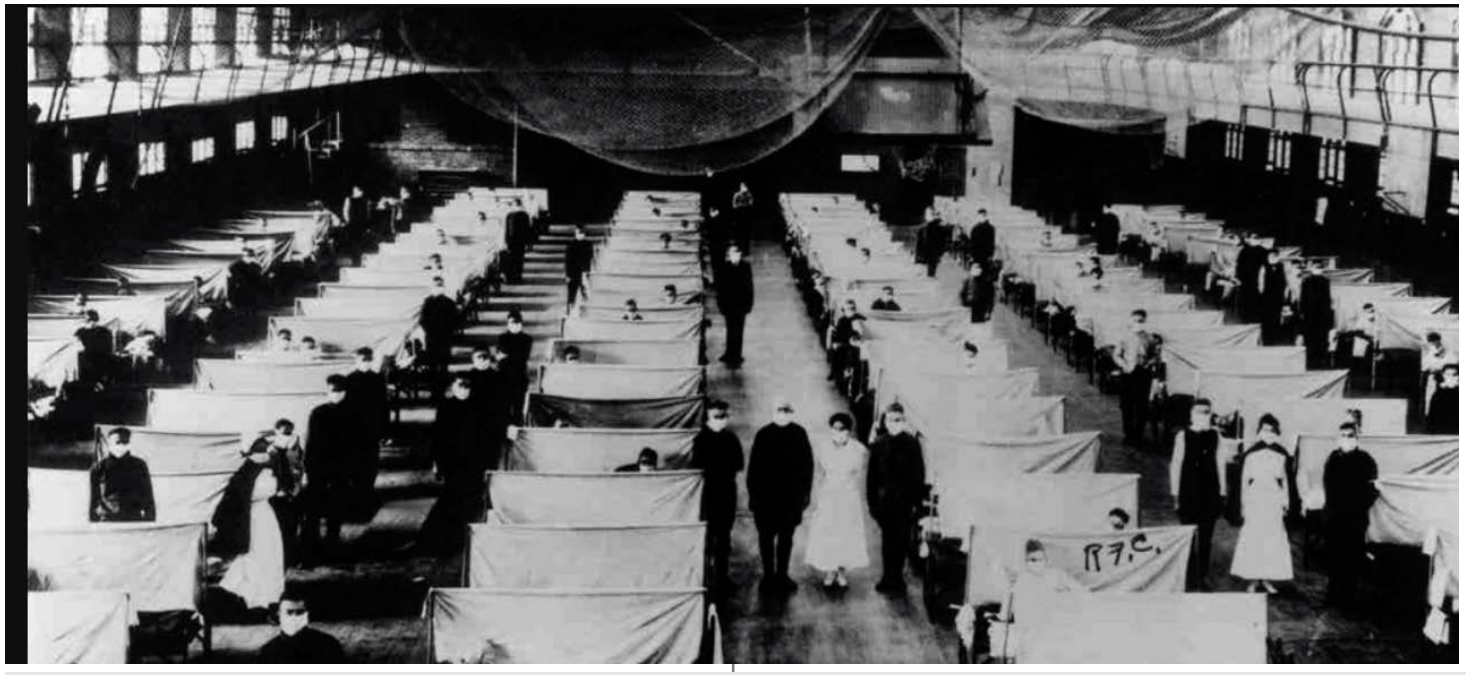
Social worker: “I’m always on alert. I worry about my patients dying alone. I worry that my patients with mental illness are falling through the cracks. I worry about my family’s safety.”

Navigator: “Not everyone has a smart phone or a consistent phone number.”

Caregiver: “People get lonely in group homes too.”

Psychiatrist: “I worry about the people we can’t reach. I feel like a failure all the time.”

Profound disruption leads to innovation and the risk of compounding inequities.



CALL TO ACTION:

Who Aren't We Reaching?

Impact of Systemic Racism and Mental Health Discrimination

What Changes Can Be Sustained?

Who aren’t we reaching?

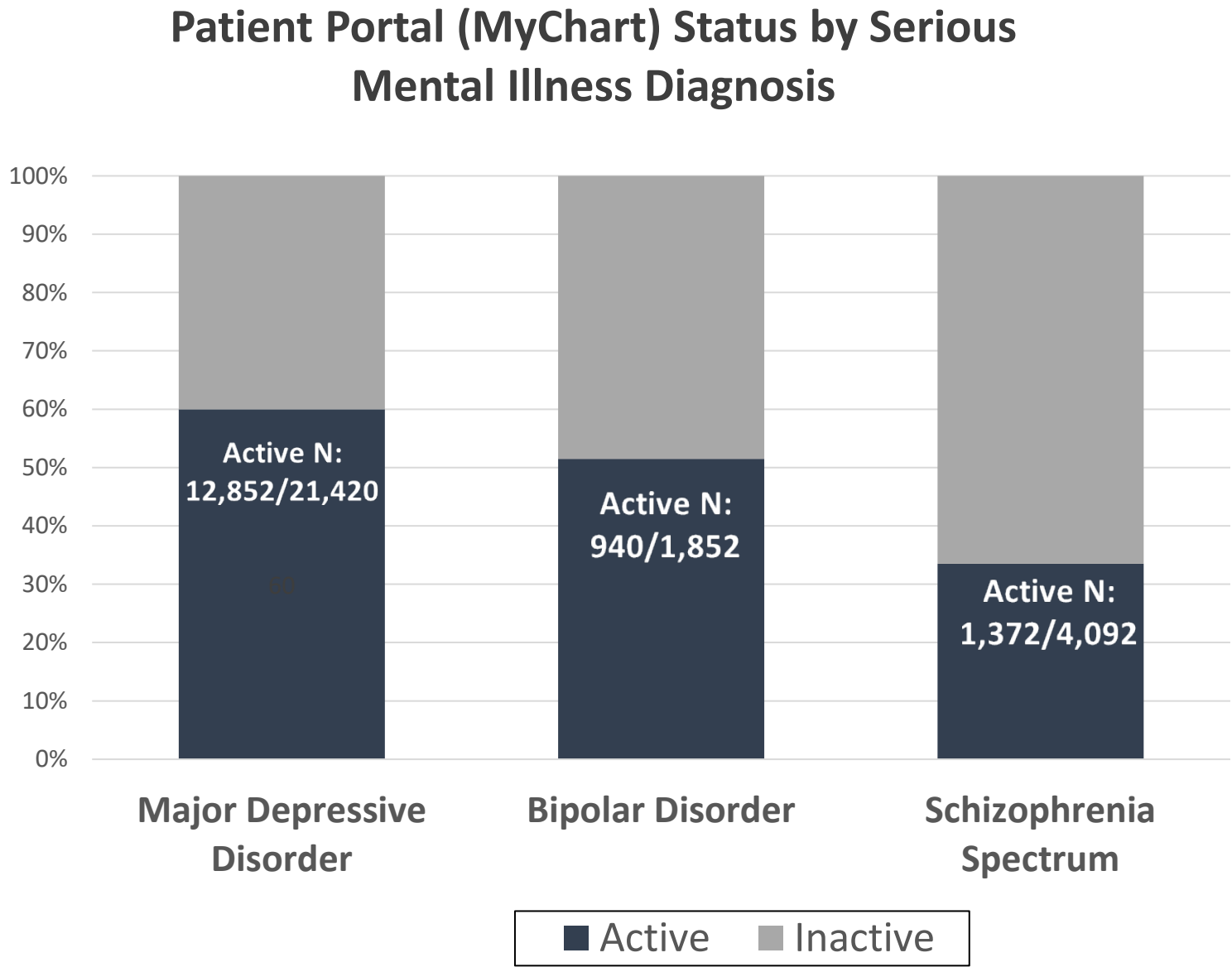
1 in 7: No consistent phone
4 in 7: Phone only
2 in 7: Can access virtual visit

Isolation: Decreased in-home services and caregiver support

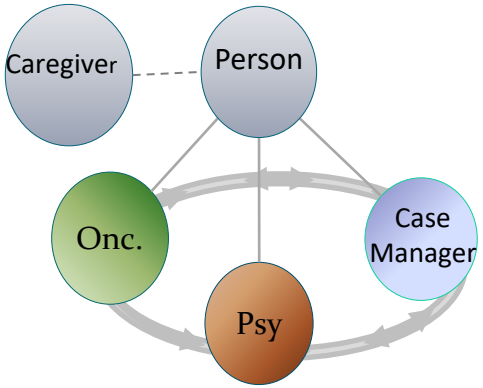
Under-resourced, hard-hit settings: Skilled nursing, mental health system, shelter, prison

Compounded inequities: Poverty, health literacy, immigration status, language, racism, discrimination due to mental illness

Most patients with cancer and serious mental illness cannot access the patient portal, the default approach to virtual care.



The Bridge intervention was feasible, acceptable and there was significant unmet need.



Goal	Result
Enroll 30 patients in 15 months	30 patients enrolled in 4 months
50% of approached patients consent to enroll in study	90% of eligible patients consented
75% of enrolled patients complete all assessments	100% had comprehensive assessment 88% completed all self-report measures

5/6 patients who previously declined cancer treatment received all recommended cancer care during the trial.

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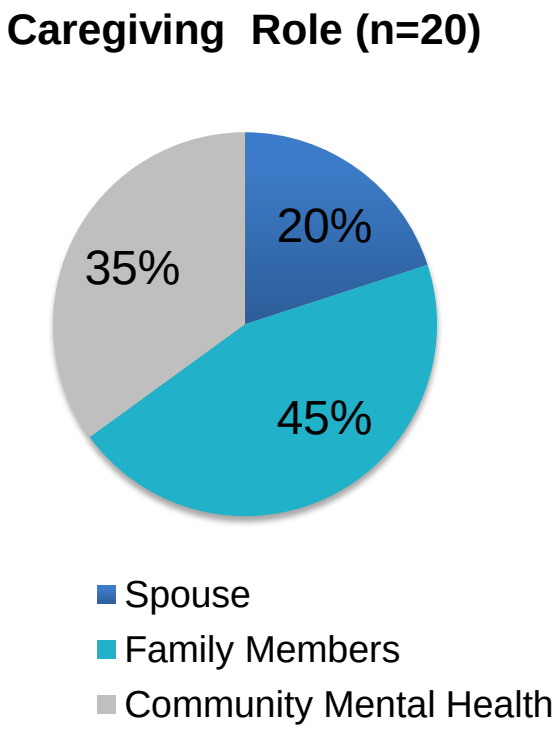
Caregivers for patients with serious mental illness and cancer included family and community mental health staff



It has been overwhelming, hard to determine how her mental illness is affecting her health, and her symptoms are enhanced by her mental illness. -Daughter

It's been extremely difficult because she doesn't have any insight in the risk if she doesn't get treatment.
-Community mental health staff

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"I didn't feel wanted. I had a lump for 6 months, and I could feel them dismissing me. The team listened to me and that was the difference between life and death."

- Ady, woman with breast cancer and bipolar disorder

Caregivers valued combined mental health and oncology expertise:

"She came from oncology, understood schizophrenia, and could tell us what to expect. I've never had a provider with both perspectives."
- Adult daughter of woman with schizophrenia and GI cancer

Oncologists valued the proactive approach and availability of psychiatry

"She would not have received care otherwise." – Medical Oncologist

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BRIDGE Randomized Trial of Person-Centered Collaborative Care

Aim 1: To assess the effect of Bridge on disruptions in cancer care

Aim 2: To assess the effect of Bridge on patient and caregiver-reported outcomes

Aim 3: To identify barriers and facilitators to implementing and disseminating the Bridge intervention in the community

Patient Inclusion Criteria:

Invasive breast, lung, gastrointestinal, or head and neck cancer treated with curable intent
Patients can participate without caregivers

Procedures: Patients randomized 1:1 to Bridge or Enhanced Usual Care stratified by existence of caregiver

Primary Outcome: Cancer care disruptions evaluated by oncologist consensus panel

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How do we meet people where they are during the pandemic?

What was lost?

Home and community-based visits

Seeing patients in person in the clinic

Caregiver accompaniment to visits

What was gained?

More comfort asking why not, decreased regulatory barriers

Increased access to telehealth, decreased geographic barriers

Key questions:

How do we build trust?

How do we reach our population? And keep them engaged?

How do we partner with overburdened clinicians?

When is in-person care necessary?

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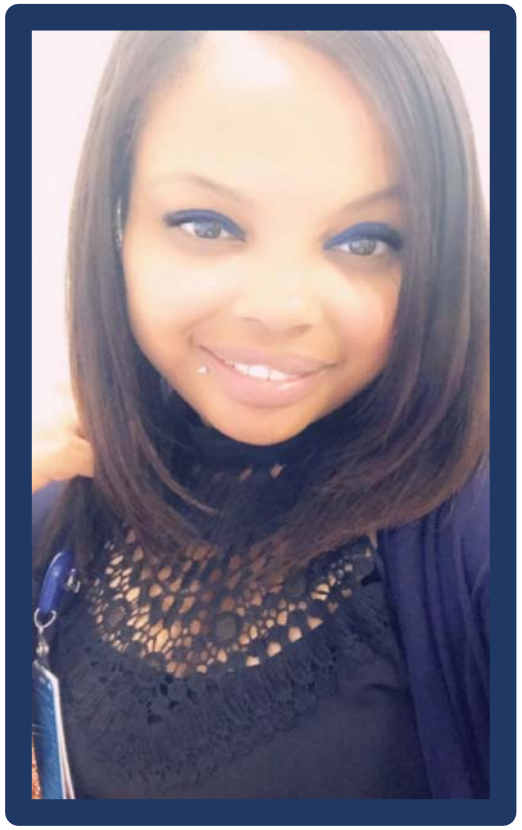
Ausubel Pichardo
Patient Navigator, MGH Cancer Center



Shukriyah Brown
Community Navigator
Mass General Cancer Center
Psychiatric Oncology

Creative Engagement

Person-centered engagement plus technology

Out of the box thinking

Partnership

Policy Change

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Meeting people where they are during the pandemic: Addressing multi-level barriers including mental health stigma

To build trust, begin with patient and caregiver needs

Start with the why: Underscore need to develop new solutions

Assess access, comfort, and preferences for use of technology

Offer choices about modalities, discuss goals to use technology outside of healthcare

Build capacity to use technology and design for sustainability.

If the person doesn’t have a phone, ask who can we partner with?

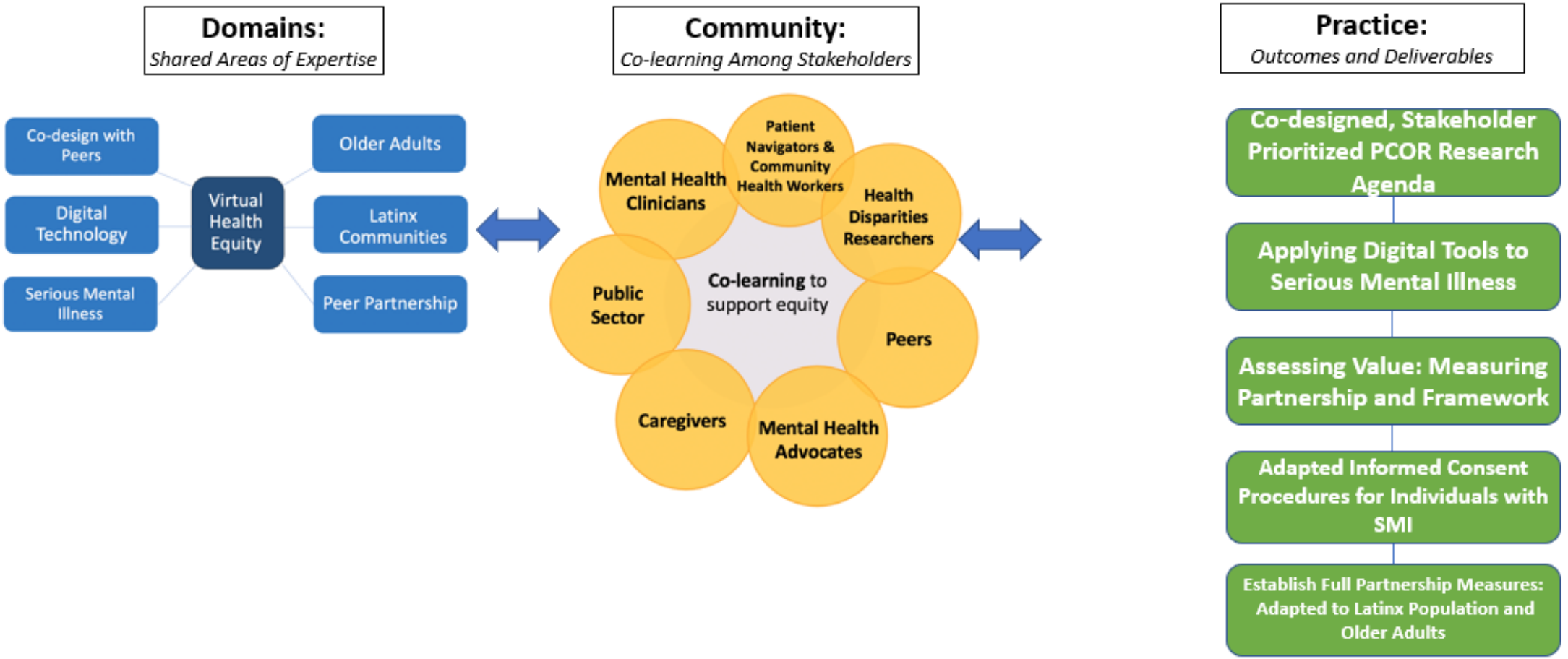
Persistence, call for coalitions

What do we need to learn together?

- How have we adapted during the pandemic?
  - What works well? For whom? What challenges are you facing?
  - As clinicians? As researchers?

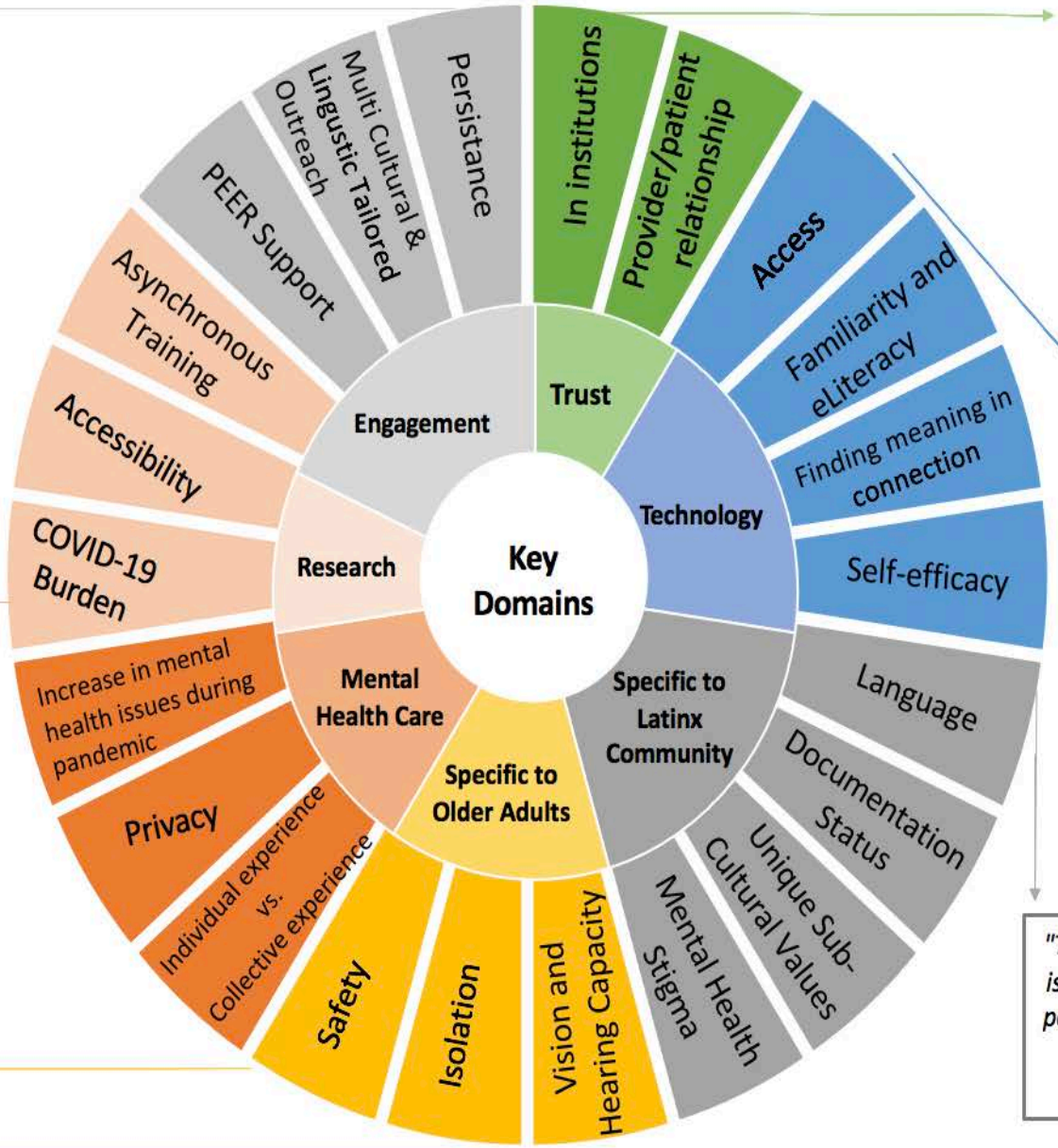
- When is in-person care needed? Impact on utilization or health outcomes?
- What are next steps when telehealth is not possible?
- How do we include caregivers?
- How do our boundaries as clinicians shift to meet patient needs?

We established a Community of Practice to Advance Health Equity for Older Adults with Serious Mental Illness during COVID-19.



Support from a Patient-Centered Outcomes Research Engagement Award, Special Cycle (PI, Irwin)

Community Of Practice



"I've spent probably half of my visits, sometimes, teaching people how to use technology and also just asking them why it matters to them. 'Is there some reason this could be helpful to you in your life, not just in your healthcare?'

"It's a little bit harder [for the patient] to understand why they need the service...It's kind of like the paranoia kicking in, at least for me. That's been my difficulty in getting them to engage and entrust in the service."

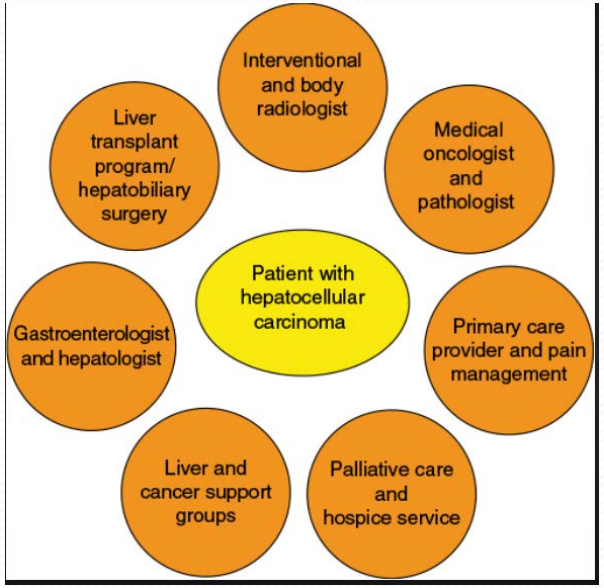
"What are the [technology] options? For many-- for this patient, it's like there's no other options, so are we offering no care for them?"

"The increased level of anxiety and depression among the general population and having that kind of weigh on how much you're willing to do to commit to something or do something extra."

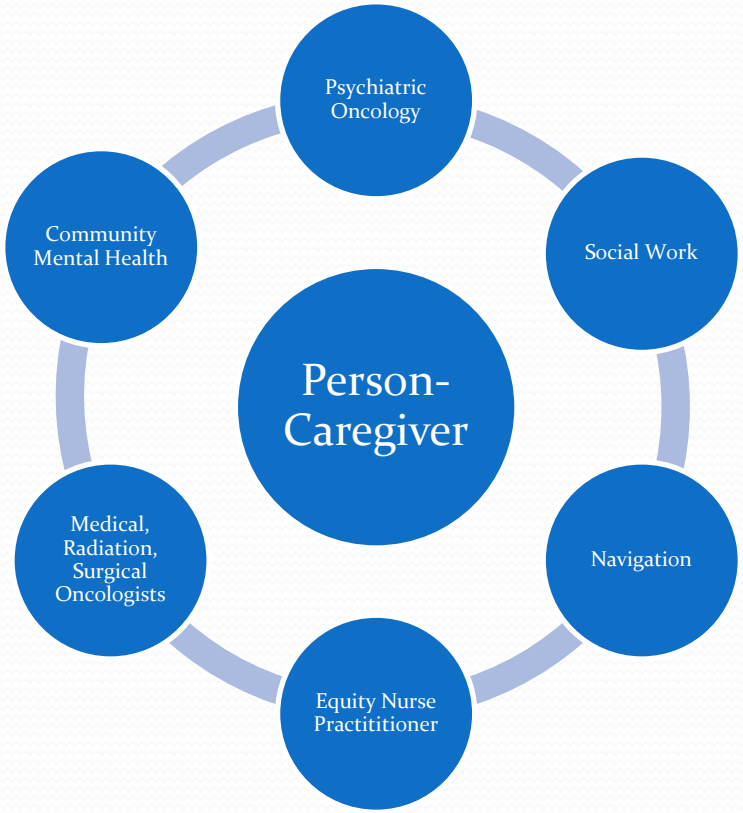
"Some of our older persons served who are living in the group home, they were going to the day program every day. Monday to Friday, six hours a day. And now they're cooped up and they're fearful. They're in their rooms."

"The first thing that I can think of is the instruction. How do we tell people to engage in technology... that is not available in their language?"

We developed and piloted a Virtual Equity Tumor Board to promote access to clinical trials and integrated cancer and mental health care.



Eliot



BOSTON MEDICAL CENTER

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TREFLER FOUNDATION

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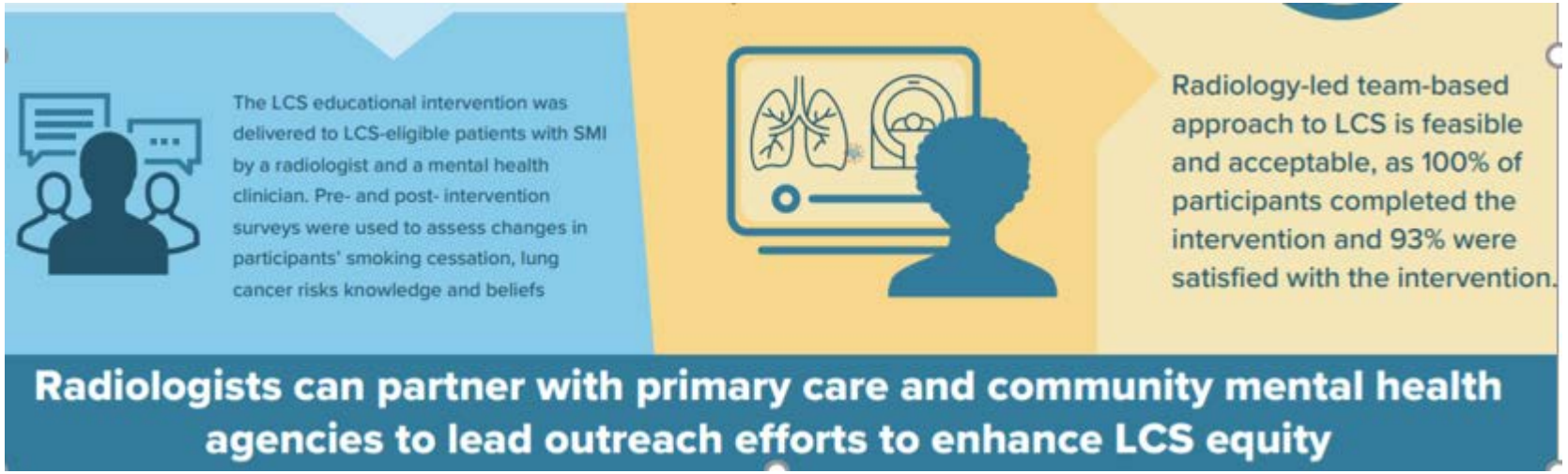
To advance equity, we need bridges and team care that meets people where they are across care and community settings.

Prevention: Same-day mammography, referrals from residential staff direct to radiology
Embedding lung screening shared decision making in community mental health

Treatment 2nd opinion consultations to clinicians and patients in the public mental health system, co-design of interventions with peers



Flores et al, JACR, 2021

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Despite national mandates, we lack access to adequate psycho-oncology care.

Witnessing unnecessary suffering:
A call for action and policy change to increase access to psycho-oncology care
Irwin, Loscalzo, Psycho-oncology, 2020

Affordable: Address barriers to insurance coverage and reimbursement including telephone and complexity of care, address financial toxicity

Available: Fund psycho-oncology teams within cancer centers, develop streamlined referral pathways and networks with community clinicians that can deliver expert, integrated care, fund digital navigators

Accessible: Provide flexible treatment modalities and timing based on mental and physical health needs, adapted for language, culture

Acceptable: Elicit patient, caregiver, and community perspectives and fund interdisciplinary teams including digital navigators, peer specialists, community health workers that can expand access and be cultural brokers to build trust

Accountable: Measure outcomes that matter, gather data on racism and discrimination due to mental illness, partner with stakeholders to design research and take rapid action to inform policy and practice change

There's really no such thing as the 'voiceless.'
There are only the deliberately silenced, or the preferably unheard."
- Arudhati Roy

I pledge to ensure mental illness is never a barrier to cancer care.

Join Us! http://engageinitiative.org

ENGAGE

EndTheInequity
KellyIrwin_MD

Engageinitiative.org

MGHEngage@partners.org

Engage Initiative

Bridging the Divide: Virtual Town Hall

Virtual Engagement Toolkit

Friday October 1st, 2021 10:00AM - 12:00PM EST

Please join us to discuss best practices to use technology, digital tools, and telehealth to increase access to mental health care and cancer care.

Featuring voices of peers, caregivers, and older adults affected by mental illness particularly those from Latino/a communities, older adults, and individuals in group settings.

We will also be celebrating our **Bridge Award winners** in recognition of their efforts to champion mental health equity.

Breakout Room & Translation / Closed Captioning in Spanish

This event is free and open to all.

For questions or more information, please contact: **MGHengage@partners.org**

This event was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (#EAIN-00130).

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TOGETHER WE WILL ENSURE THAT MENTAL HEALTH
IS NEVER A BARRIER TO CANCER CARE

DF/HCC

MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

AMERICAN CANCER SOCIETY

NCI Community Oncology Research Program

MoodNetwork

Mass DMH Department of Mental Health

NAMI National Alliance on Mental Illness Massachusetts

NSMHA North Suffolk Mental Health Association

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Thank you!

The persons served, caregivers, and coalition members
National Cancer Institute
Trefler Foundation
Patient-Centered Outcomes Research Institute Engagement Award
Mentors: Elyse Park, Andrew Nierenberg, William Pirl, Joseph Greer
Clinical Research Team: Amy Corveleyn, Shukriyah Brown, Catherine Callaway, Maura Barry, Keenae Tiersma, Zoe Nelson, Emily Gorton, Samar Shaquar, Efren Flores
North Suffolk Mental Health, Massachusetts Dept of Mental Health
Massachusetts General Cancer Center, Mongan Institute for Health Policy
Cancer Outcomes Research Program

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Questions?

Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.

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