



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Cancer and Mental Wellbeing Education Training Series

The Role of Behavioral Health Providers on Tumor Boards

Thursday, March 23, 2023

2:00 – 3:00 pm ET

Welcome from NBHN!



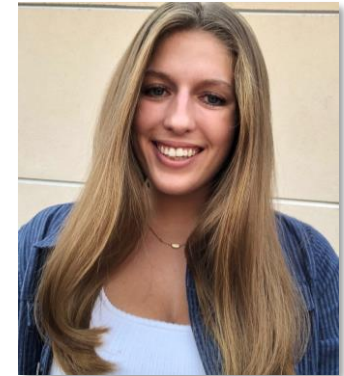
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Housekeeping



This webinar is being recorded. All participants are placed in “listen-only” mode.



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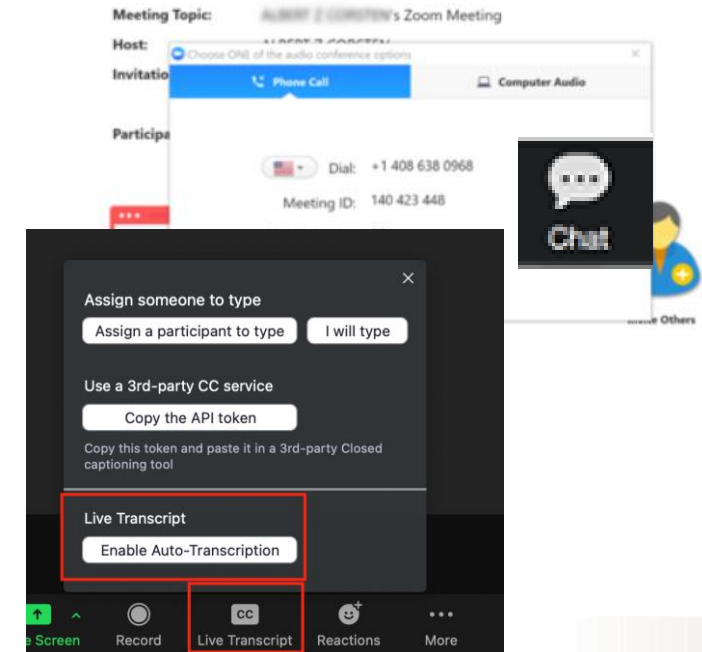
Submit questions by typing them into the chat box or using the Q&A panel.



Access closed captioning by enabling live transcript.



Slide handouts and recording
<https://www.bhthechange.org/resources/2022-cancer-and-mental-wellbeing-education-series-part-2/>



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



#BHthechange

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Webinars & Presentations

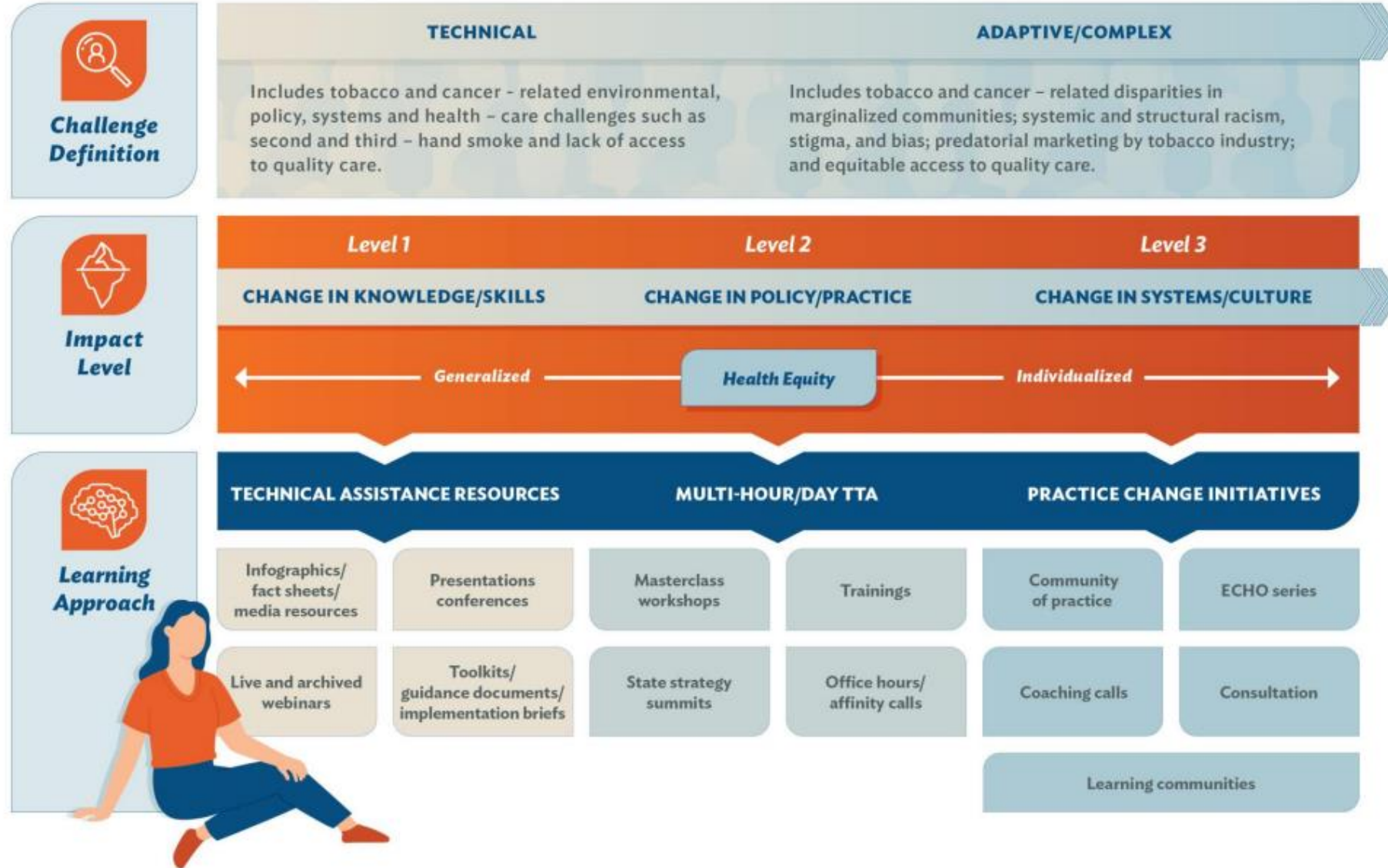
State Strategy Sessions

Communities of Practice



National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda





National Behavioral Health Network

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

NBHN's learning agenda is designed to advance health equity by...



Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.



Improving the availability, accessibility and effectiveness for cessation and counseling services.



Addressing social and political that influence tobacco and cancer-related disparities.



Implementing trauma-informed resilience oriented prevention and cessation messaging.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Building, championing, and implementing tobacco-free policies, plans and laws.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.

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Cancer and Mental Wellbeing Education Training Series

Goal: Identify opportunities across multiple levels to address cancer-related disparities among individuals with mental health and substance use challenges.



Today's Learning Objectives

During today's event, you'll:

- ❖ Learn about tumor board models and their role in equitable and integrated cancer care.
- ❖ Discuss the benefits of including behavioral health providers on tumor boards.
- ❖ Identify strategies to bridge provider communication in cancer care.



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



Adapting the Tumor Board for Mental Health and Cancer Equity

Cancer and Mental Wellbeing Training Series, The National Council for Mental Wellbeing

Kelly Irwin, MD MPH

Amy Corveleyn, MSW LICSW

Massachusetts General Hospital Cancer Center

Engage: The Cancer and Mental Health Collaborative



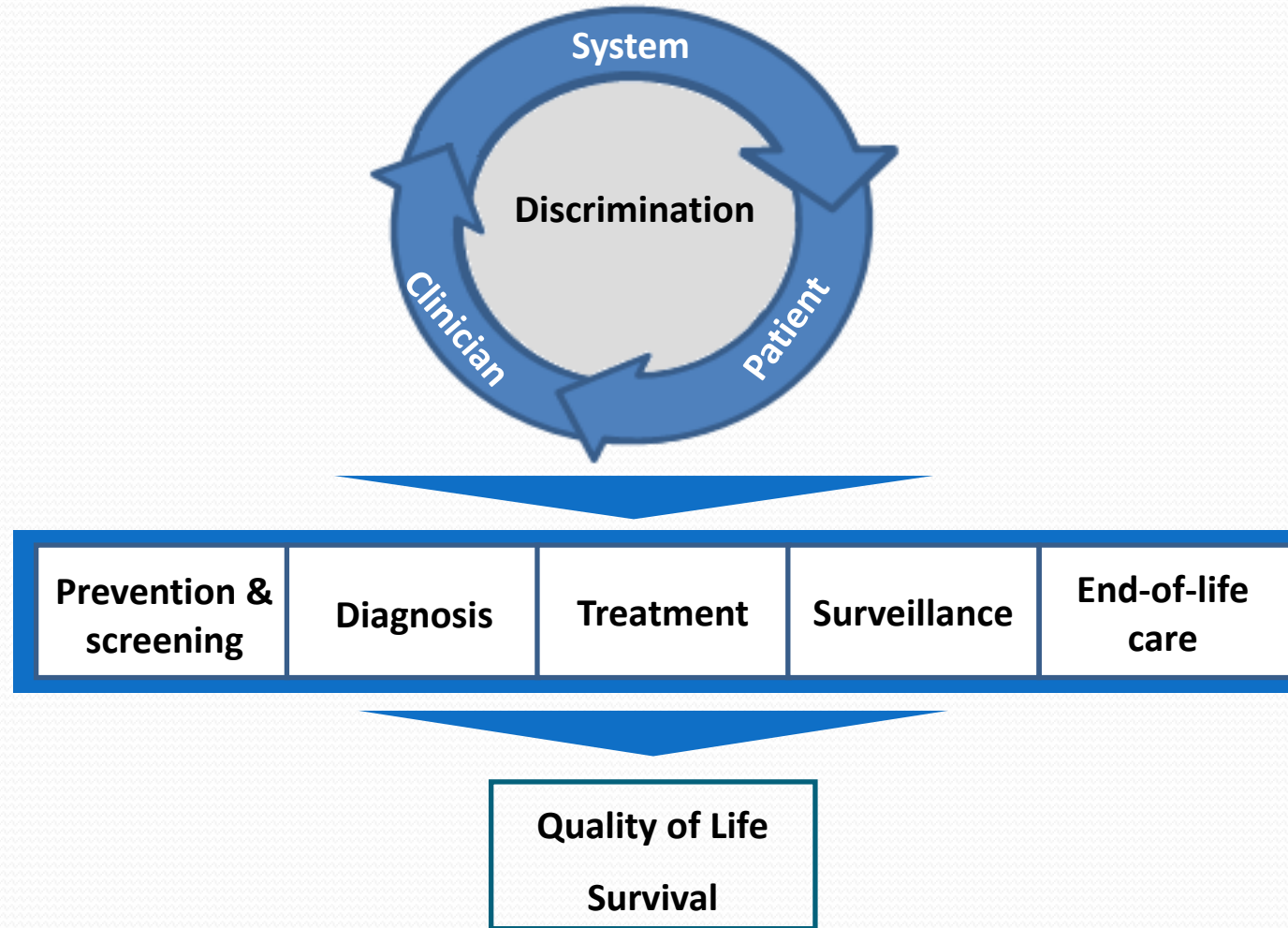
Cancer Center



Mental Health Clinic



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



Irwin et al, Cancer, 2014

Challenge 1: Mental health discrimination is pervasive.

Challenge 2: We lack access to adequate psycho-oncology care; fragmentation places burden on patients, caregivers, and clinicians

Challenge 3: Default approaches widen disparities.

We need to keep it real.

1. Our healthcare system is failing marginalized populations and this leads to unnecessary suffering and preventable death.
2. Our healthcare system is failing us.
3. We continue to undervalue mental health in our society.

Be transparent: We need structural change (not more resilient clinicians)

Build person-centered teams: Begin with strengths

Adapt evidence-based models to extend reach, use technology creatively

Build community of practice beyond the healthcare system

Apply social justice and human rights frameworks to guide best practices and policy change

To advance equity, we need bridges and to meet people where they are



Prevention:

Same-day mammography

Residential staff identify individuals at high cancer risk; psychiatrists prescribe tobacco cessation medications

Embed lung screening shared decision making in community mental health

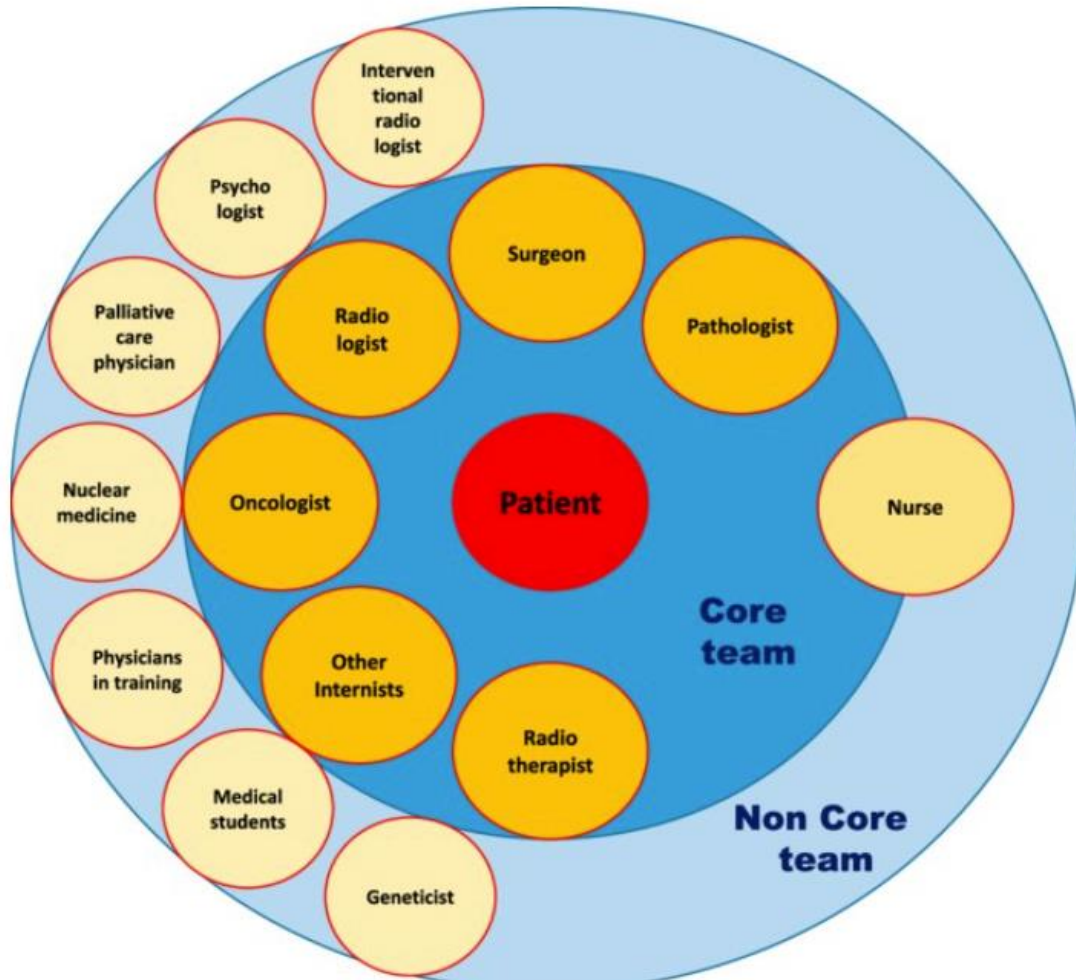
Treatment

2nd opinion consultations to clinicians and patients in the public mental health

Adapt the tumor board model to include mental health and community organizations

Tumor boards are multidisciplinary teams that meet regularly to discuss new/complex cases, share best practices and decide on a treatment plan.

Who is in the room?



Berardi, Cancer Management, 2000

Standard of care for comprehensive cancer centers

Common approaches

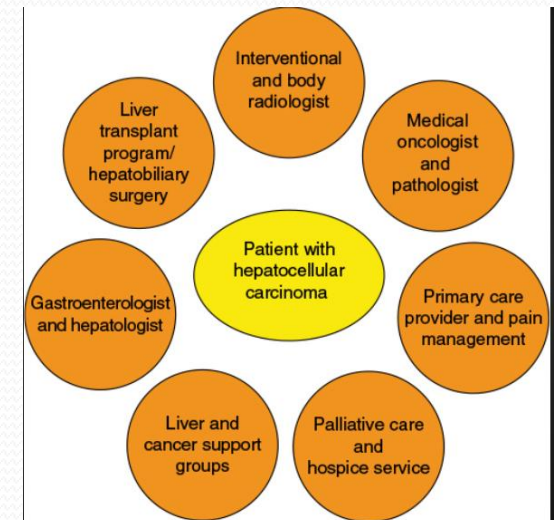
- Focus on cancer type, treatment, or special population
- Can be delivered virtually

Do tumor boards work?

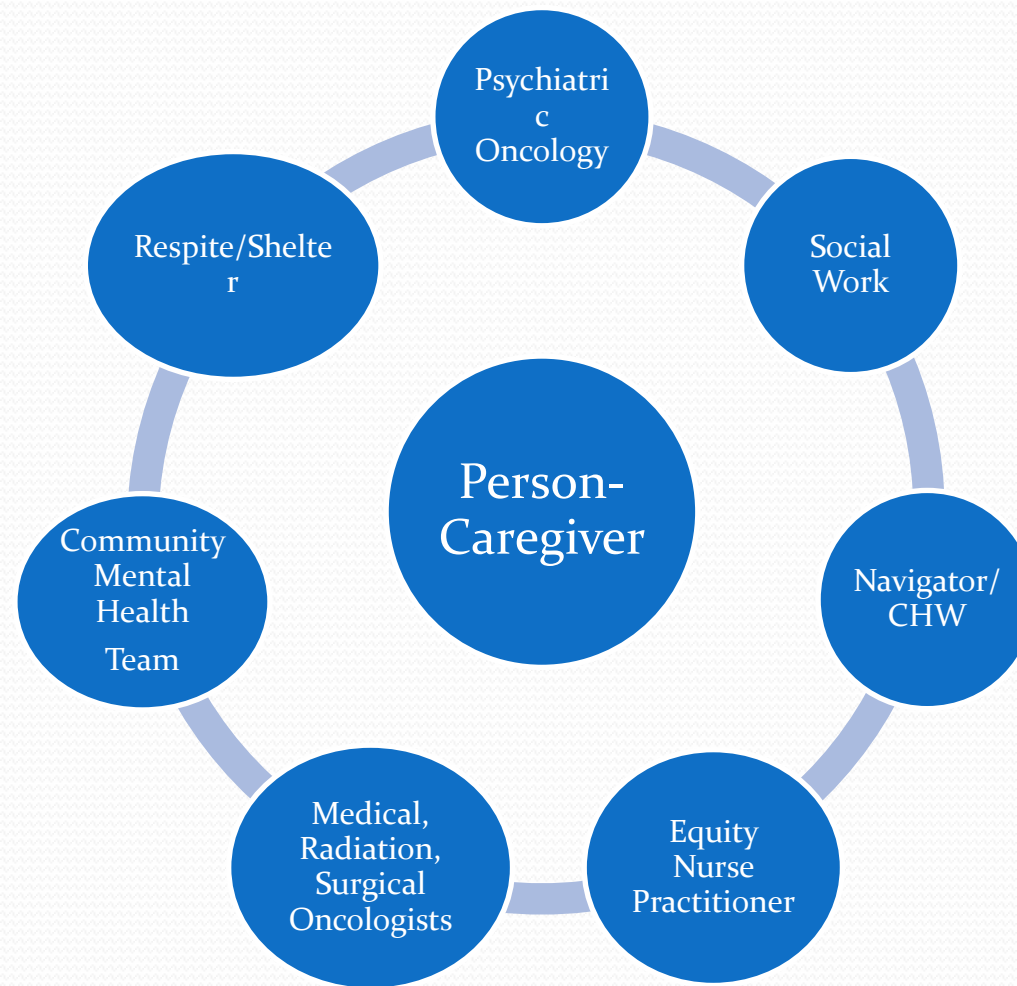
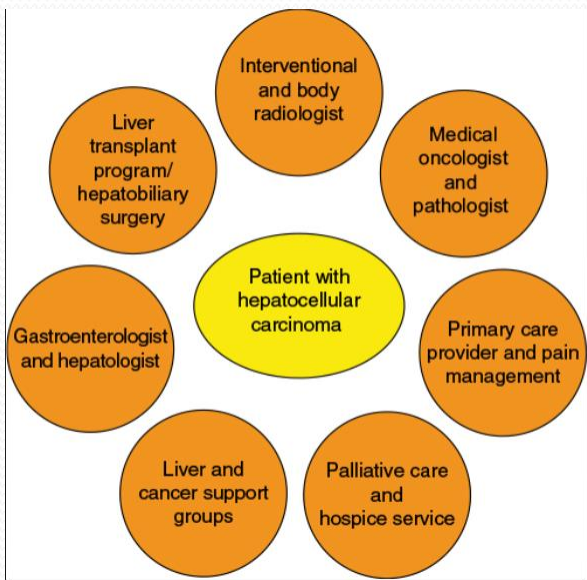
To improve patient care/outcomes?

For clinicians?

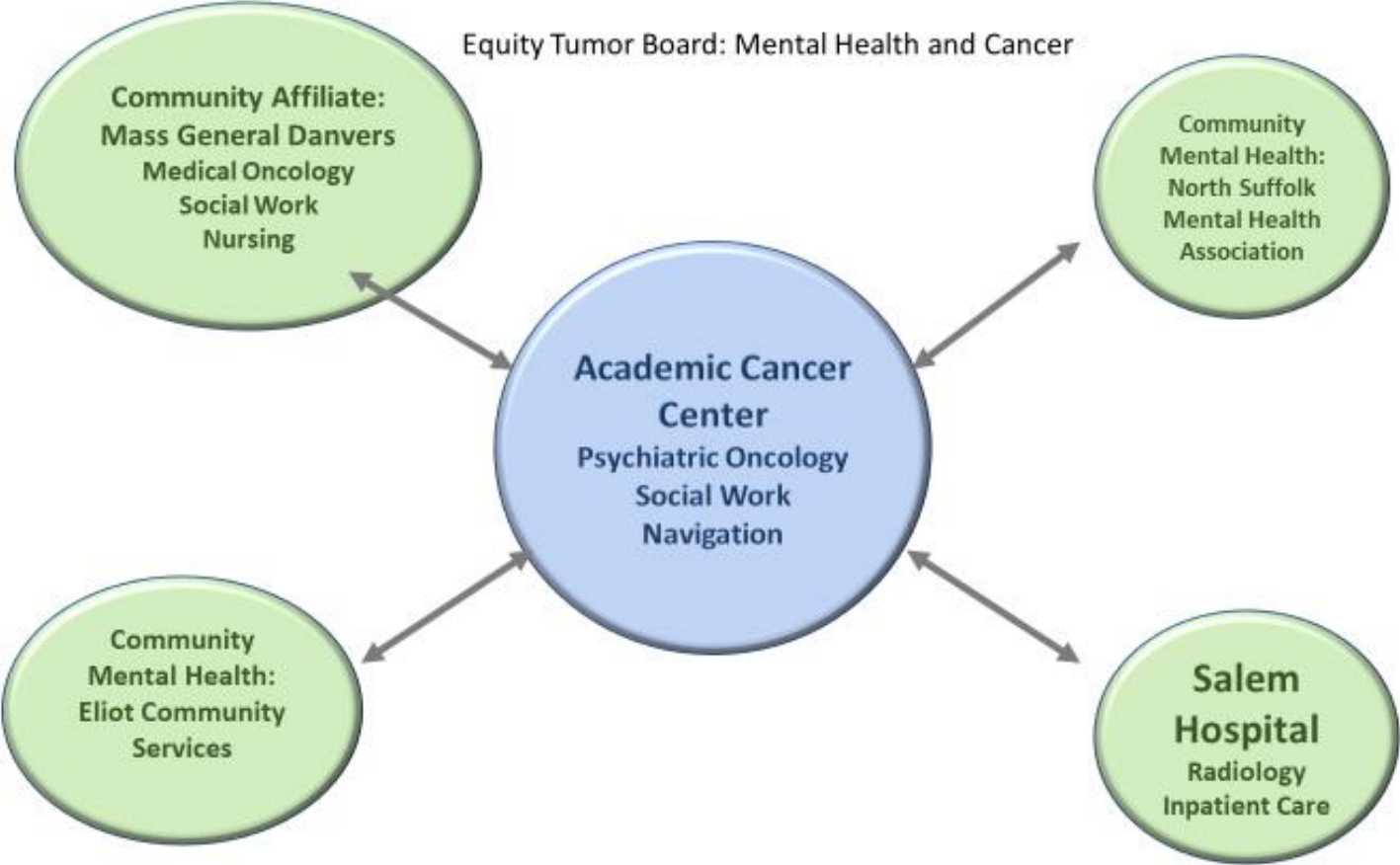
What outcomes matter?



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

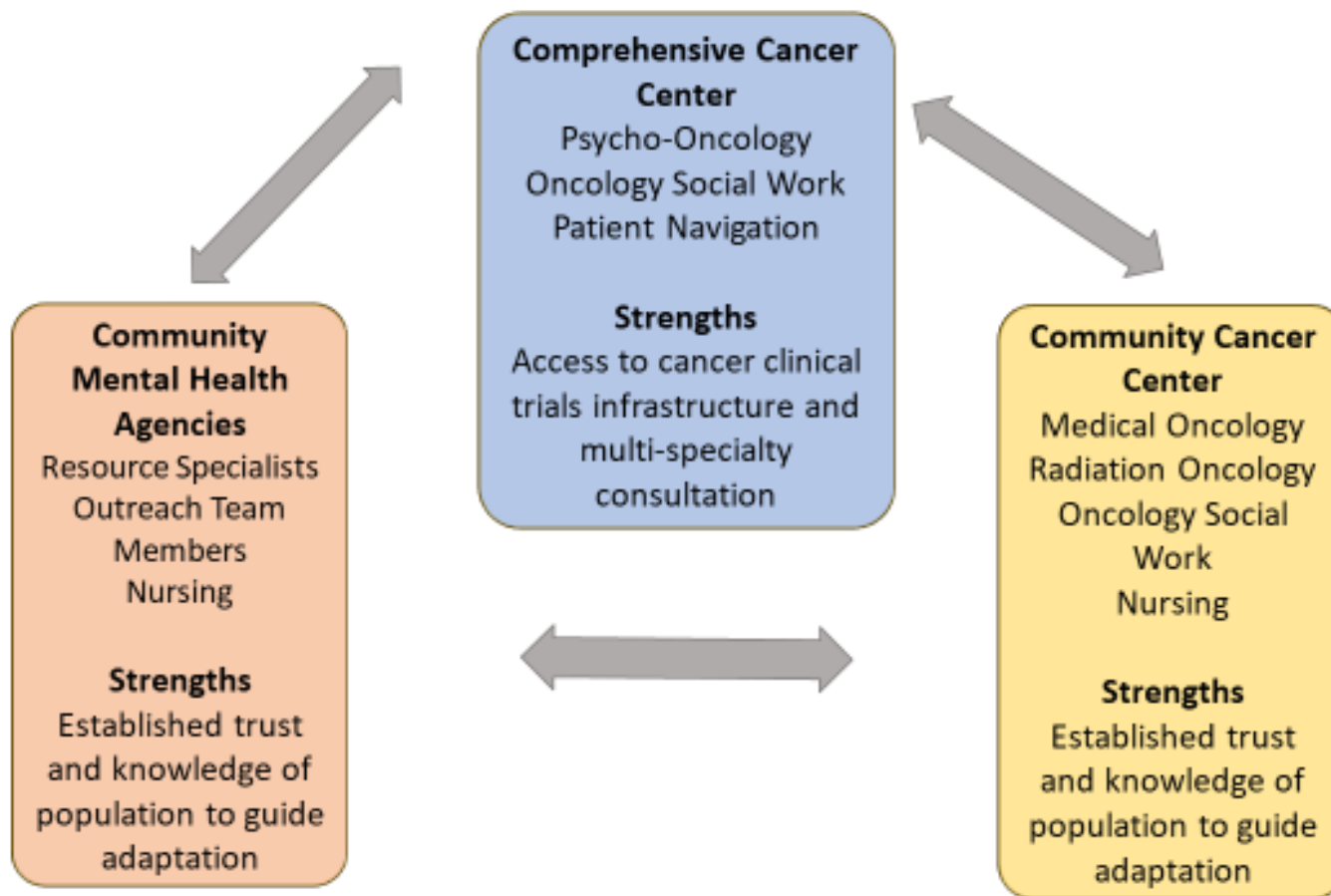


We developed a Cancer and Mental Health Tumor Board that connected a cancer center affiliate with a community mental health agency.



Cancer and Mental Illness Virtual Tumor Board

Virtual models have potential to build capacity for psycho-oncology services and address barriers to care.



The How

- Cases sent in ahead of time or identified by population-based registry
- Co-learning principles and sharing of best practices across disciplines/systems
- Person-centered approach informed by targeted patient assessment and collaborative discussion
 - Frame in terms of patient and caregiver priorities and values
 - Address social determinants and other resource-related barriers to care
 - Identify patient and team strengths
 - Address barriers to accessing psycho-oncology expertise and specialty oncology care
 - Assess need for collateral information, establish current care team
- Create integrated cancer/mental health treatment plan that identifies who is responsible for next steps and patient communication

How can care change? What is the role of the behavioral health team?

- Proactive identification vs. crisis management
- Person-centered approach makes it possible to identify strengths and values of person beyond cancer/mental illness and connect to broader community
- Communication improves across disciplines and systems
 - Increase understanding of resources
 - Can coordinate follow-up and streamline referrals
- Barriers can be addressed in the moment
- Can build relationships to increase access to team outside of tumor board setting
- Model best practices to decrease stigma about substance use and serious mental illness

Who can benefit from tumor boards?

- Patients
- Caregivers
- Oncology Teams
- Community Mental Health Agencies
- Community/region

How do we need to adapt the model to design for equity?

How might you focus a tumor board: Cancer screening/tobacco cessation, access to cancer treatment/palliative care, or a region/community

Facilitated Discussion

Who needs to be in the room?

How best to bridge communication with patient or caregiver?

How to adapt the model for a region or target population?

Dorothy

- 65-year-old woman with breast and lung cancer and bipolar disorder
- Supported through community mental health agency
- No therapist
- No consistent housing
- Needs follow up for both cancers
- No other supports within her system

How might you respond in your current role in behavioral health?

What changed at the tumor board?

- Identified patient proactively using registry embedded in medical record
- Bridged oncology, hospital and community mental health teams
- Discussed case together and developed plan

Key strength identified: Front line community mental health nurse key ally to develop person-centered strategy and have follow up across settings

Strategy: Social worker attended oncology appointment with patient to ensure linked to community mental health team

Impact: Patient got needed care from both oncologists, oncology team and mental health teams supported, communication improved

David

- 70-year-old male with a lung nodule and schizophrenia living in a group home
- Group home staff worried about nodule
- Patient does not think nodule is a problem and will not get it biopsied
- Patient has fixed thoughts (delusions) that it is not possible for him to have cancer

How did this work?

- Tumor board received referral from outpatient community agency
- Discussed patient's care in tumor board and made a plan for our team to meet with him, his guardian and the group home manager
- Patient able to see value in having nodule checked
- Patient met with oncologist who reviewed scan with him and his team
- Seeing scan allowed him to see nodule and he agreed to biopsy
- Patient did not have cancer

Strength identified: Long-term relationship with group home staff and guardian, openness to medical appointments and discussion

Strategy: Virtual joint visit with trusted allies, reviewed scans together

What changed?

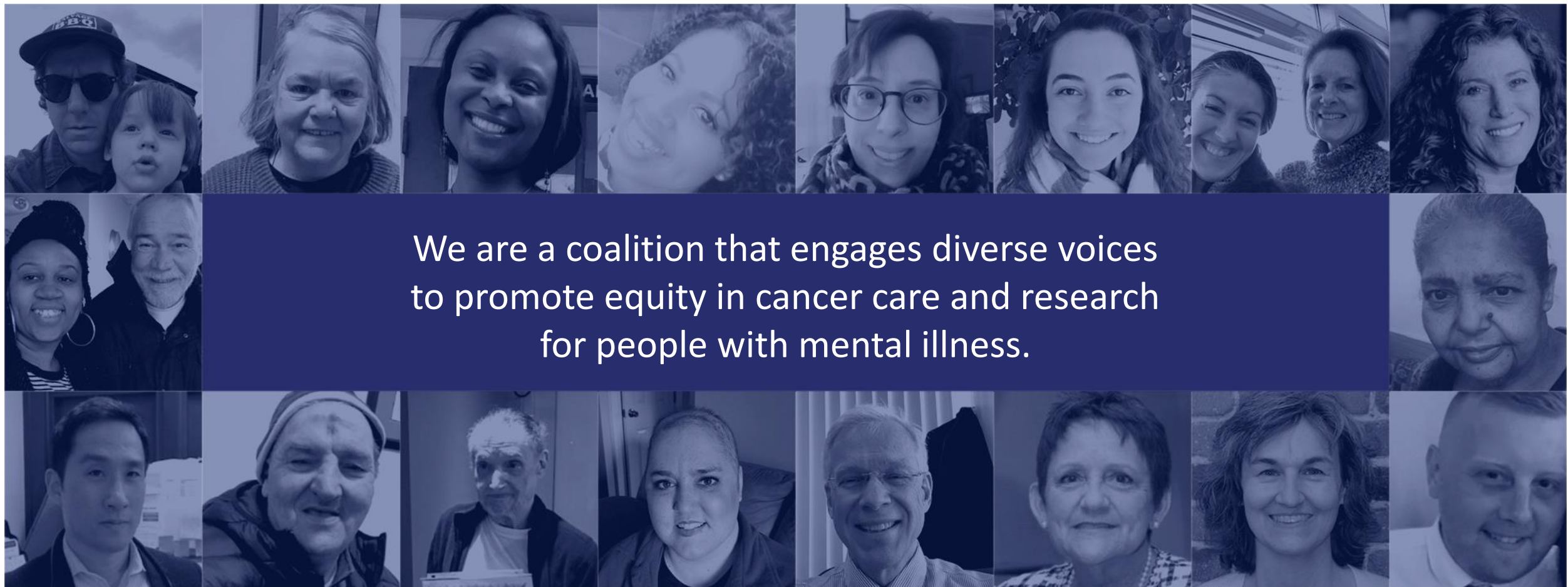
- Tumor board allowed for discussion about person centered approach; patient preferred video visit and to look at images
- Model led to team meeting with patient and his allies which built trust
- Recommendations from tumor board gave oncologist guidance when meeting with patient
- Patient appreciates continuing to meet with oncologist for surveillance
- Community mental health clinicians and oncologists have referred additional patients

Adapting the Tumor Board Model for Mental Illness and Cancer: A Single Arm Pilot Trial

Aim 1: Refine the procedures and measures used to implement a person-centered tumor board for mental health and cancer iteratively based on feedback from tumor board participants and patient participants

Aim 2: Assess the feasibility of patient identification, enrollment and retention and the feasibility and acceptability of the tumor board model according to tumor board participants and patients.

Aim 3: Explore impact of the virtual tumor board model on patient, clinician, and systems-level outcomes to inform a follow-up randomized control trial.



We are a coalition that engages diverse voices to promote equity in cancer care and research for people with mental illness.



This collaborative was partially funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (#7219-MGH).

Thank you!

ENGAGE

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



 EndTheInequity
KellyIrwin_MD

[Engageinitiative.org](https://engageinitiative.org)

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 Engage Initiative



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Thank You!

Please take a moment to fill out the BRIEF survey which will pop up on your screen.

