

AOSW 2026



Annual Conference

June 10-12, 2026

Portland Marriott Downtown Waterfront
Portland, Oregon USA

Pre-Conferences: June 9, 2026

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Lowering the Threshold, Raising the Reach: Virtual Strategies to Strengthen Behavioral Healthcare in Oncology Settings

Grace Anderson, LCSW
Protocol Behavioral Health

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Learning Objectives

- Participants will be able to identify the limitations of traditional distress screening tools (e.g., PHQ-9, NCCN Distress Thermometer) in detecting moderate but clinically significant mental health needs among oncology patients.
- Attendees will learn how to describe how implementing a virtual-first collaborative care model can expand behavioral health capacity and improve access to psychosocial support in community oncology settings.
- Participants will be able to apply lessons learned from this program to develop or adapt screening thresholds, referral workflows, and culturally responsive care practices within participants' own oncology or behavioral health settings.

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Background & Current State

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Mental Health Burden in Oncology

- Behavioral health challenges spike during cancer treatment and materially impact patient care
- *More than 50%* of patients experience a psychiatric issue during their cancer journey
- The incidence of more severe issues is *~3x higher* than the general population
- Sleep disturbance affects *30–60% of patients* during active treatment

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Question

- How many of you have had a patient screen as “fine” on a PHQ9 or NCCN Distress Thermometer and you knew they weren’t?

We’re going to spend this session talking about those patients, and how we can rise to meet their needs.

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How We Currently Screen: PHQ9 or NCCN DT

- How many of your programs screen using the PHQ9? Using the NCCN Distress Thermometer?
- How often do patients receive these screeners?
- For this discussion and exercise let's focus on the PHQ9

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How We Currently Screen: PHQ9

- Strengths:
 - Well known, brief, validated
 - Most widely used screener
 - Designed to capture depressive symptoms and severity
- Limitations:
 - Can miss distress in the forms of insomnia or anxiety
 - Patients with severe distress in other areas can score as “mild” or “fine” on the PHQ9

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How We Currently Refer

- a clinically significant or “moderate” score on the PHQ9 is a 10 or above
- a clinically significant or “cut off for higher screening” on the NCCN is a 4

We know that many offices raise the benchmark for referral or screen less frequently due to limited support

~~resources~~

How many of your programs have a referral threshold that is *higher* than the clinically significant scores listed here?

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Who Are We Missing?

When only one screener is used, and when the referral threshold is raised in order to triage for limited resources, patients fall through the cracks.

- Patients with mild-to-moderate distress often score 6–12 — below many referral thresholds
- These patients are not in crisis. They are functioning. They will not self-identify
- Even if all patients scoring a 10 and above on the PHQ9 were seen, those with lower scores still have needs that may going unmet

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Who Are We Missing?

The mid-level patient

- Not in crisis. Not suicidal. Not flagging on screening.
- Sleeping 3–4 hours a night, anxious before every appointment, disengaging quietly
- When asked, says: “I’m fine. I know other people have it worse.”
- Comes to appointments. Takes their medications. Looks like they’re coping, but may be crying when alone.

How many of you have a patient right now that fits this description?

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So How Do We Help?

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Utilizing Telehealth Support for Oncology Behavioral Health

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Using Telehealth To Expand Access and Meet Demand

Goal: Increase access to behavioral health care for a greater number of patients

- **Barrier:** Many patients under-report or have distress that is not accurately captured in existing screening processes, preventing appropriate referrals
- **Solution:** Expand screening processes to increase accurate capture of patient distress

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Using Telehealth To Expand Access and Meet Demand

Goal: Increase access to behavioral health care for a greater number of patients

- **Barrier:** Staffing and training a larger behavioral health team to accommodate all patients in need is a significant challenge, particularly in rural, dispersed, or underserved areas
- **Solution:** create or expand the remote branch of the behavioral health team to meet the newly increased referral volume

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Case Study - Our BH Program

- Utilized the Collaborative Care Model to seamlessly integrate a behavioral health team
- Hired clinicians to staff a fully remote BH team utilizing phone and Zoom for patient contact
- Conducted in-depth discovery to work alongside existing staff, workflows, and provider preferences

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Case Study - Our BH Program

- Hire and train BHCMS on psycho-oncology specific techniques and interventions
- BHCMS are able to provide effective, actionable support, tailored to each patient
- Utilizing a combination of video and phone visits allowed care to be tailored to patient's preferences, ability, and energy level, leading to more frequent contact
- Working out of the practice EHR provided visibility of documentation, patient updates, and created a truly collaborative team

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Case Study - Multi State Community Oncology Practice

- 66 office locations across 5 states
- 120+ MDs, DO, APPs
- No existing behavioral health teams or supportive services
- PHQ9s delivered every 3 months, on paper by MAs in the office
- Scores of 13 and above referred to patient's insurance for BH support after provider discussion with patient

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Case Study

- Lowered referral threshold to an 8 or above on the PHQ9 and flagged to the provider who has final say on submitting or discontinuing the prompted referral
- Providers are able to refer anyone who requests support or who may benefit, regardless of PHQ9 score
- Remote BH team member reaches out to patient within 48 hours of referral (usually same day)
- Patients complete a comprehensive intake visit with a Behavioral Health Care Manager (BHCM)

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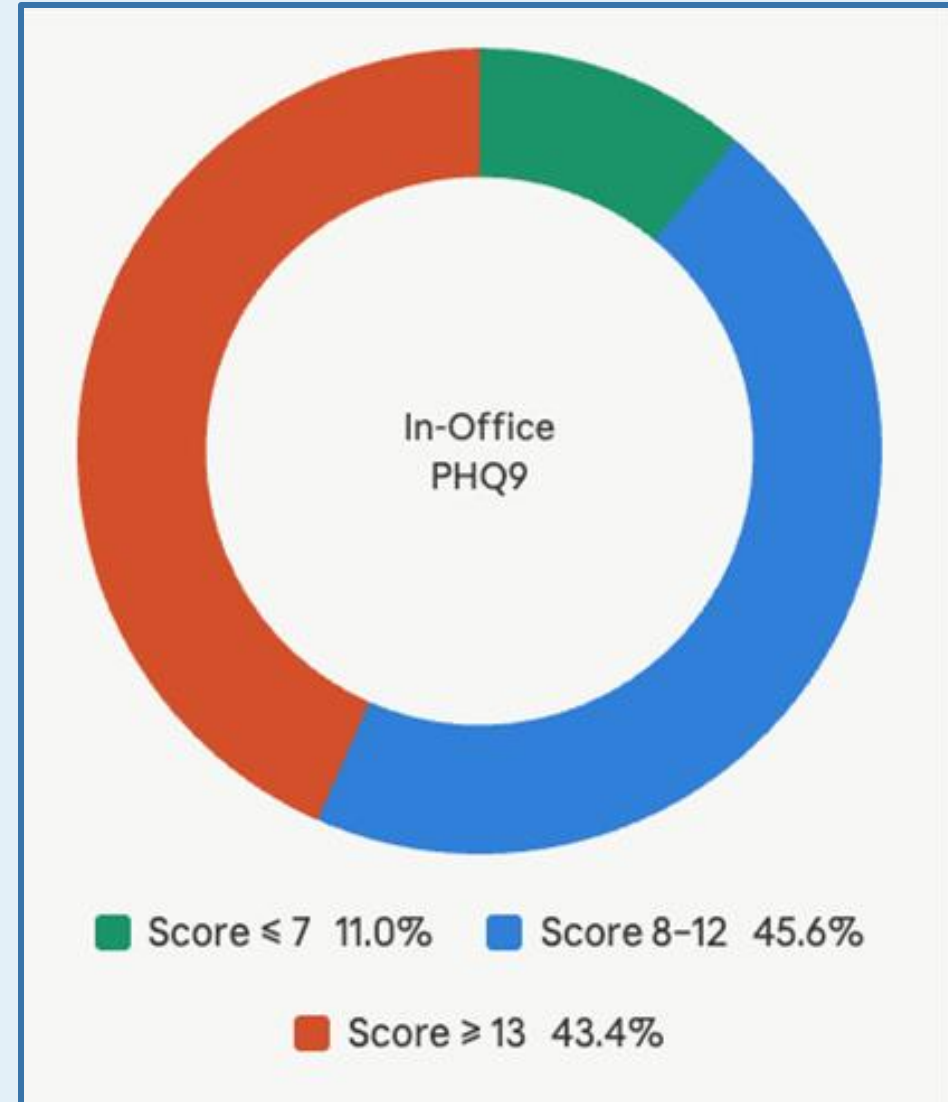
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Case Study - Findings

September 2025 - April 2026

- **56.6%** of patients referred for behavioral health support scored below a 13 on the in-office PHQ9
- **45.6%** of patients referred had a PHQ9 score between 8-12
- Under previous referral thresholds these patients may not have been referred for services
- Let's dive deeper into the outcomes of the intake visit that these patients had with our team



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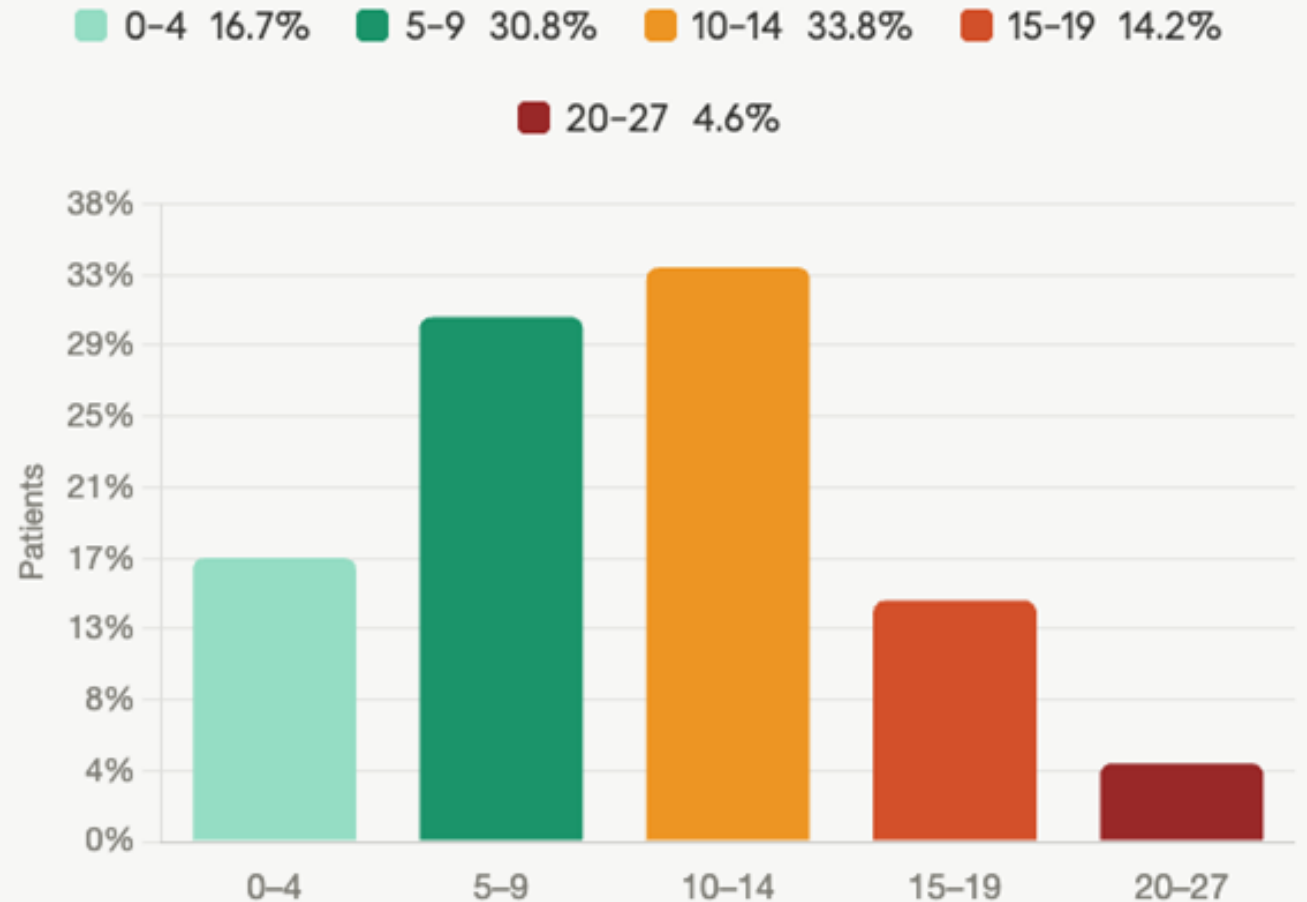
Case Study - Findings

Of the patients that scored a 12 or below on their “In-Office PHQ9” *and* successfully completed an intake with our team,

43.8% of patients scored above a 10 on the PHQ9 in their behavioral health intake

Intake PHQ9 Distribution

In-office PHQ9 score ≤ 12



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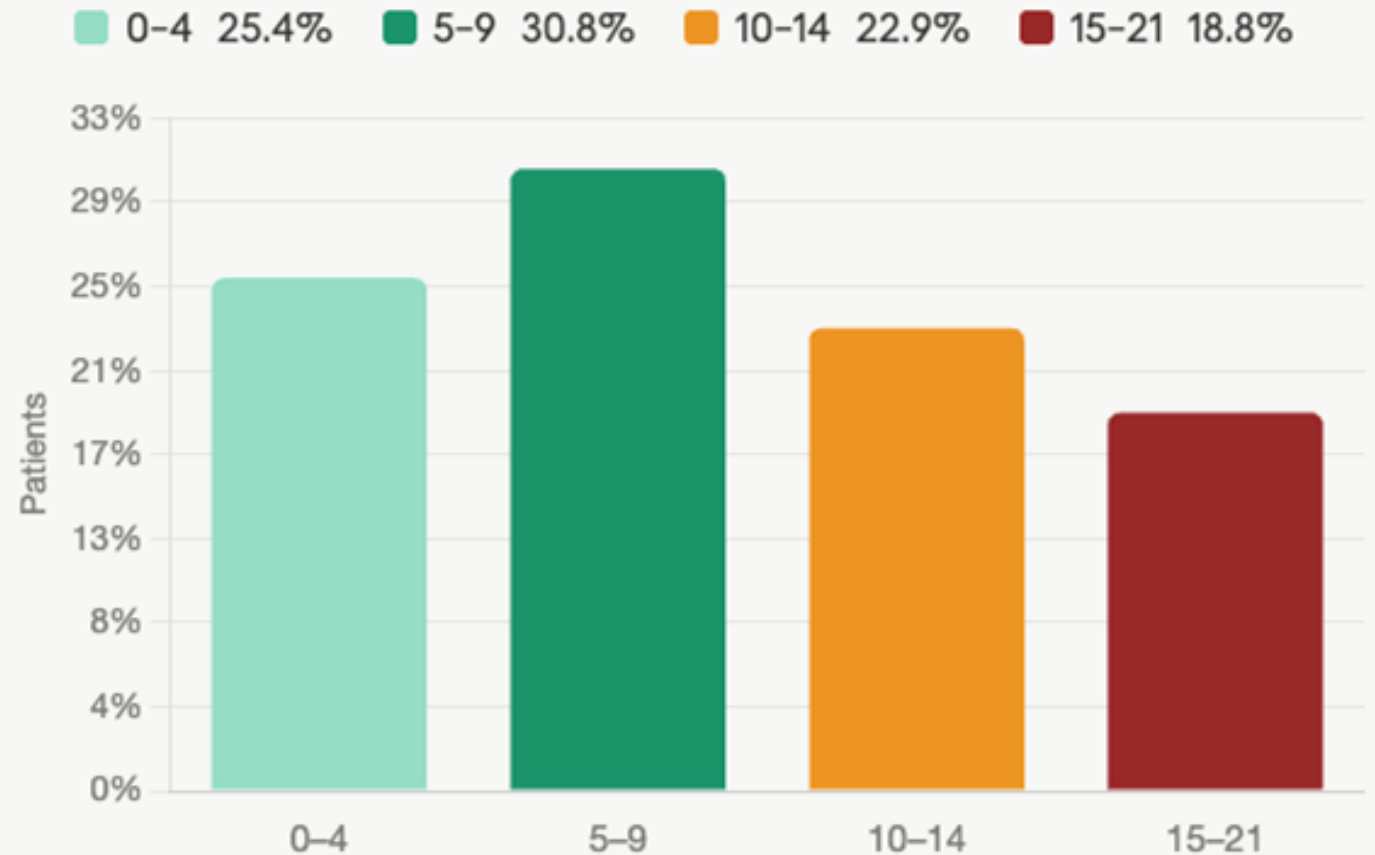
Case Study - Findings

Our intake includes a GAD7 for every patient, and for those in the <12 group:

40% of patients scored above a 10 on the GAD7 in their behavioral health intake

Intake GAD-7 Distribution

In-office PHQ9 score ≤ 12



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Case Study - Findings

If indicated, patients also take an ISI during their intake visit. For our <12 group:

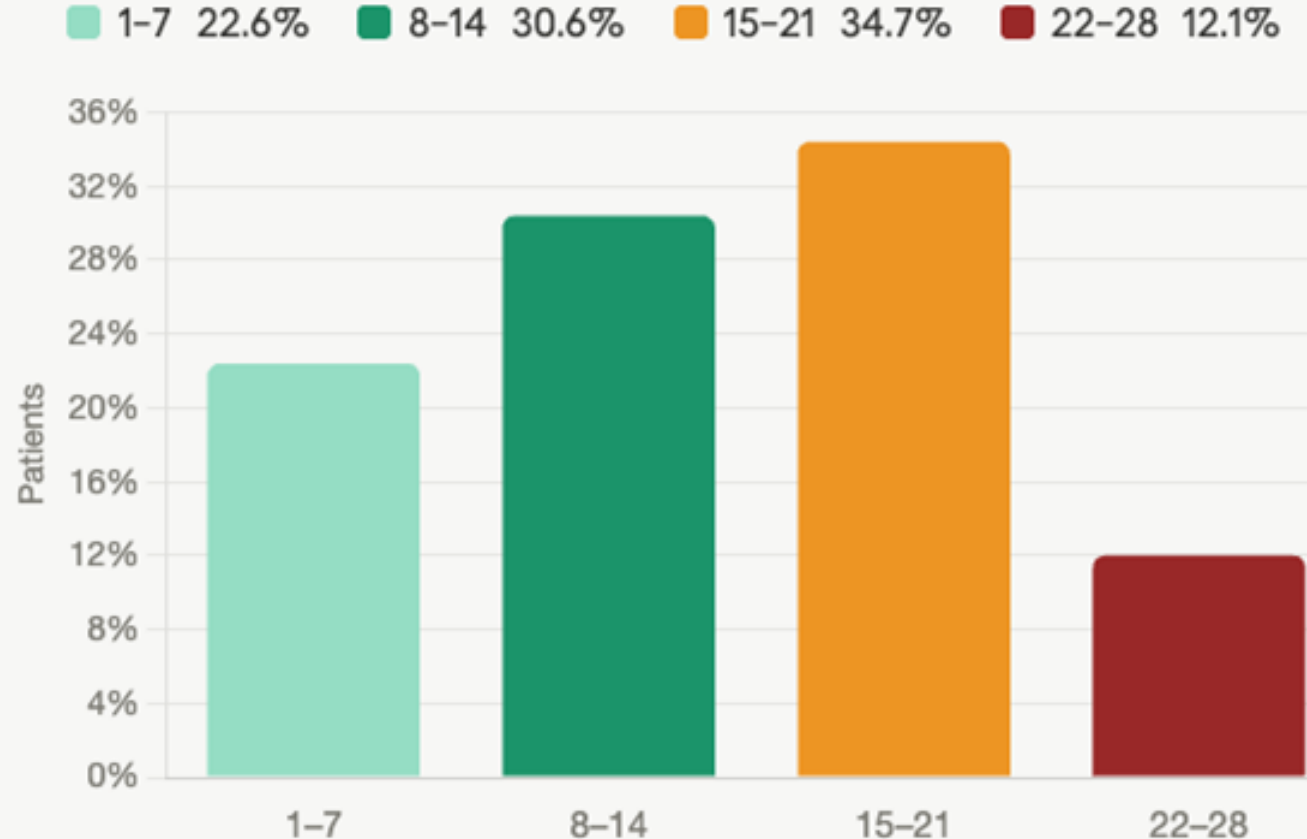
24.2% of the total group scored above a 15 on the ISI

46.8% of those that completed an ISI scored a 15 or above

51.7% completed an ISI, indicating some level of sleep disturbance

ISI Distribution

In-office PHQ9 score ≤ 12 — patients who completed ISI



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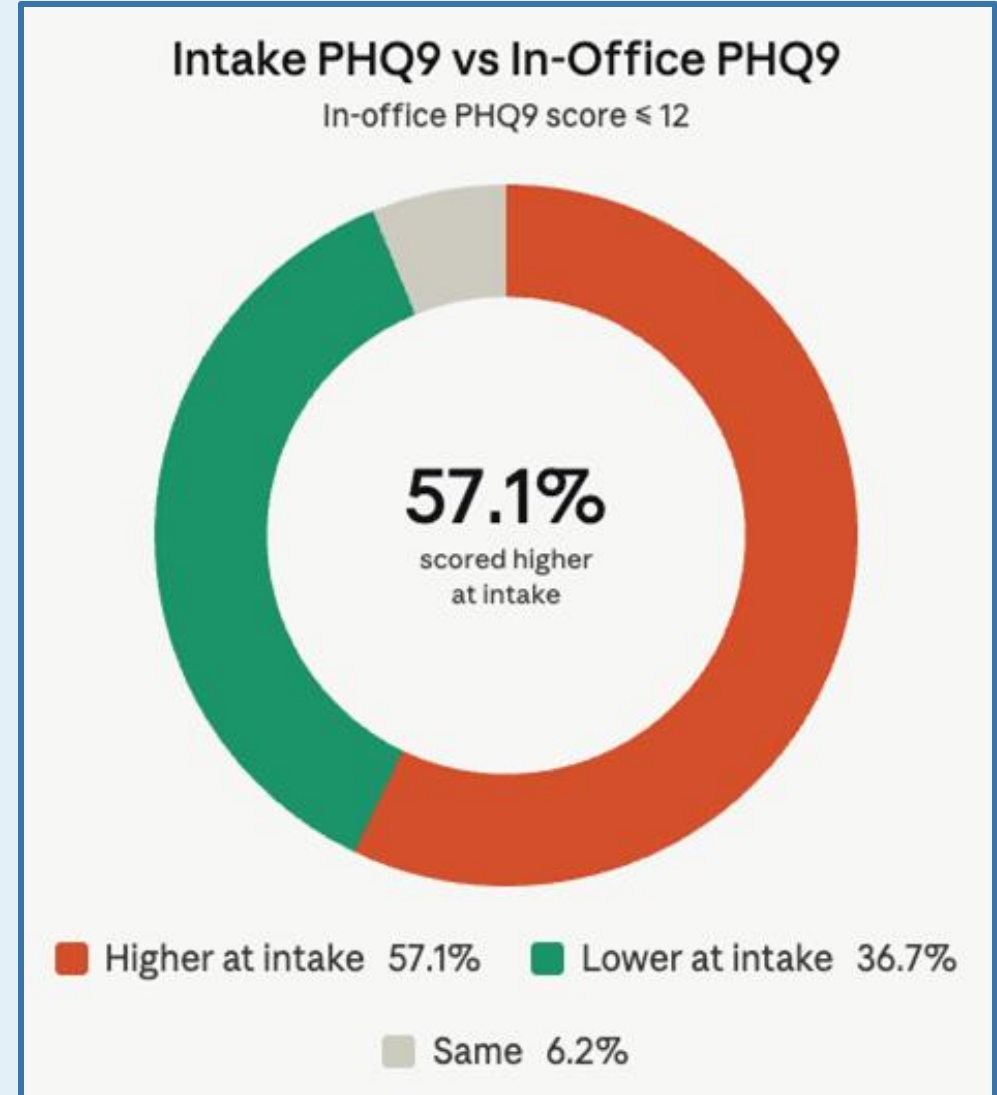
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Case Study - Findings

We also found that **57.1%** of patients who scored below a 12 on their In-Office PHQ9 scored higher on the PHQ9 done by the behavioral health team at their intake visit



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Findings Summary

- Lowering the screening threshold and widening the scope of screenings revealed more widespread patient distress, particularly around sleep disturbance
- While a change in PHQ9 score from in-office to intake can be attributed to a number of factors, the change in assessment administrator and setting (MA vs BHCM, in-office vs dedicated BH visit) is worth continued exploration
- The increase in identified patient need validates the expansion of the behavioral health team
- Utilizing a virtual team gave us the flexibility and capacity to meet the increased need

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Implications

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Implications for Patients, Providers, Programs & Payors

- Early and accurate identification of patient issues allows for more targeted interventions (behavioral activation, CBT-I, coping skills)
- Support of “mid-level” patients reduces the risk of increased mental health issues down the line that could impact treatment adherence
- Increasing patient support and communication leads to early detection and resolution of barriers to treatment
- Overall reduction in total cost of care, ER visits, inpatient admissions
- Overall increase in treatment adherence, participation in care, patient satisfaction

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Activity

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Activity

Let's meet 3 "mid-level" patients

- James — Prostate cancer, ADT, PHQ-9 score of 7
- Denise — Breast cancer, chemotherapy, PHQ-9 score of 6
- Ramon — Lung cancer, immunotherapy, PHQ-9 score of 6

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Activity

Instructions

- Start on Side “A” with the patient profile, answer the first question
- THEN flip to side “B” and answer the rest of the questions
- Move to the final sheet, fill in your answers on both sides of the page

You have 15 minutes

We'll come together to debrief and discuss.

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Activity - Debrief

- What did the additional screeners reveal that the PHQ-9 couldn't?
- What's the biggest barrier in your setting — identifying these patients, or serving them once you do?
- What did you take away from today that you're going to keep thinking about?

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Takeaways

All cancer patients, regardless of symptom severity or access barriers, deserve support

We know the need exists, how we rise to meet it is up to us

Lower the threshold. Expand the scope. Build capacity that scales

Virtual, collaborative care makes this operationally feasible

You don't have to choose between thoroughness and reach

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Q&A

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Thank You!

Grace Anderson, LCSW
Protocol Behavioral Health
grace@protocolcares.com

LinkedIn



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Citations

- Anderson, D., Vlachostergios, P. J., Simpson, L., Bruce, S. S., Fitzpatrick, N., Connell, J., Christodoulis, E., & Kamposioras, K. (2025). A feasibility study of distress screening with Psychometric Evaluation and referral of cancer patients. *Scientific Reports*, 15(1). <https://doi.org/10.1038/s41598-025-94538-5>
- Fernando, A., Tokell, M., Ishak, Y., Love, J., Klammer, M., & Koh, M. (2023). Mental health needs in cancer – a call for change. *Future Healthcare Journal*, 10(2), 112–116. <https://doi.org/10.7861/fhj.2023-0059>
- Gentile, D., Klink, A. J., Jeune-Smith, Y., Gajra, A., & Feinberg, B. A. (2022). Mental health care for oncology patients in community settings. *Journal of Clinical Oncology*, 40(16_suppl). https://doi.org/10.1200/jco.2022.40.16_suppl.e18525
- Shaffer, K. M., Turner, K. L., Siwik, C., Gonzalez, B. D., Upasani, R., Glazer, J. V., Ferguson, R. J., Joshua, C., & Low, C. A. (2023). Digital Health and Telehealth in cancer care: A scoping review of reviews. *The Lancet Digital Health*, 5(5). [https://doi.org/10.1016/s2589-7500\(23\)00049-3](https://doi.org/10.1016/s2589-7500(23)00049-3)
- Steel, J. L., George, C. J., Terhorst, L., Yabes, J. G., Reyes, V., Zandberg, D. P., Nilsen, M., Kiefer, G., Johnson, J., Marsh, C., Bierenbaum, J., Tajeja, N., Krauze, M., VanderWeele, R., Goel, G., Ramineni, G., Antoni, M., Vodovotz, Y., Walker, J., ... Geller, D. A. (2024). Patient, family caregiver, and economic outcomes of an integrated screening and novel stepped collaborative care intervention in the oncology setting in the USA (CARES): A randomised, parallel, phase 3 trial. *The Lancet*, 403(10434), 1351–1361. [https://doi.org/10.1016/s0140-6736\(24\)00015-1](https://doi.org/10.1016/s0140-6736(24)00015-1)
- Ownby, K. K. (2019, March). Use of the distress thermometer in clinical practice. *Journal of the advanced practitioner in oncology*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6750919/>

Patient Profile

James comes to his transfusion appointment and completes a PHQ-9 in the waiting room. He is pleasant and cooperative, telling the medical assistant he is "doing alright, just tired." He attributes all symptoms to his blood disorder and denies feeling depressed. His wife accompanies him to every appointment.

When asked more carefully, he reports sleeping only 4–5 hours per night for months. He wakes around 3am unable to return to sleep, lying awake thinking about whether his counts will keep dropping and what escalating treatment would mean for his wife, who has her own health issues. He doesn't call this anxiety — he calls it "just reality."

PHQ-9 Results

PHQ-9 Item	Score	Frequency
Little interest or pleasure in doing things	1	Several days
Feeling down, depressed, or hopeless	0	Not at all
Trouble falling or staying asleep, or sleeping too much	2	More than half
Feeling tired or having little energy	2	More than half
Poor appetite or overeating	0	Not at all
Feeling bad about yourself / worthlessness	1	Several days
Trouble concentrating	1	Several days
Moving or speaking slowly / restlessness	0	Not at all
Thoughts of self-harm or suicide	0	Not at all
TOTAL — Below referral threshold (score < 10)	7	

PHQ-9 score below 10 — not referred under standard screening protocols.

What expanded screening would you add for this patient, and why?

Your answer:

Insomnia Severity Index (ISI)

ISI Item	Score	Range
Severity of sleep onset difficulty (falling asleep)	1	0-4
Severity of sleep maintenance difficulty (staying asleep)	3	0-4
Severity of early morning awakening	3	0-4
Satisfaction with current sleep pattern	3	0-4
Interference of sleep problems with daily functioning	2	0-4
Noticeability of sleep problems to others	1	0-4
Level of distress caused by sleep problems	3	0-4
TOTAL — Moderate Clinical Insomnia (Score 16)	16	

What did the PHQ-9 miss for this patient?

Your answer:

What is the downstream risk if this goes unaddressed?

Your answer:

Patient Profile

Denise completed chemotherapy and radiation four months ago and is now on hormone therapy. She presents as upbeat — "just glad it's over" — and staff note she seems to be coping well.

What Denise doesn't volunteer: she hasn't slept well since diagnosis. She wakes multiple times per night, often in a sweat from hormone therapy, her mind going immediately to recurrence. She has stopped mentioning this because she feels she should be grateful. She describes feeling "wired but exhausted" and has quietly stopped socializing.

PHQ-9 Results

PHQ-9 Item	Score	Frequency
Little interest or pleasure in doing things	2	More than half
Feeling down, depressed, or hopeless	0	Not at all
Trouble falling or staying asleep, or sleeping too much	2	More than half
Feeling tired or having little energy	1	Several days
Poor appetite or overeating	0	Not at all
Feeling bad about yourself / worthlessness	0	Not at all
Trouble concentrating	1	Several days
Moving or speaking slowly / restlessness	0	Not at all
Thoughts of self-harm or suicide	0	Not at all
TOTAL — Below referral threshold (score < 10)	6	

PHQ-9 score below 10 — not referred under standard screening protocols.

What expanded screening would you add for this patient, and why?

Your answer:

Insomnia Severity Index (ISI)

ISI Item	Score	Range
Severity of sleep onset difficulty (falling asleep)	2	0-4
Severity of sleep maintenance difficulty (staying asleep)	3	0-4
Severity of early morning awakening	2	0-4
Satisfaction with current sleep pattern	3	0-4
Interference of sleep problems with daily functioning	3	0-4
Noticeability of sleep problems to others	2	0-4
Level of distress caused by sleep problems	4	0-4
TOTAL — Moderate-Severe Insomnia (Score 19)	19	

GAD-7

GAD-7 Item	Score	Range
Feeling nervous, anxious, or on edge	2	0-3
Not being able to stop or control worrying	3	0-3
Worrying too much about different things	2	0-3
Trouble relaxing	2	0-3
Being so restless it's hard to sit still	1	0-3
Becoming easily annoyed or irritable	1	0-3
Feeling afraid as if something awful might happen	1	0-3
TOTAL — Moderate Anxiety (Score 12)	12	

What did the PHQ-9 miss for this patient?

Your answer:

What is the downstream risk if this goes unaddressed?

Your answer:

Patient Profile

Ramon was flagged after a routine PHQ-9 at infusion. He is quiet and polite, says he feels "okay" and is "not a complainer." He denies depression and says his family is supportive. His score is low and he would not be referred under the prior threshold.

In a more open conversation: Ramon smoked for 30 years and believes he caused his own cancer — stated matter-of-factly, without overt distress. He hasn't told his children the full extent of his diagnosis. He attends all appointments but has quietly stopped asking his oncologist questions because he feels he doesn't deserve to "make a fuss."

PHQ-9 Results

PHQ-9 Item	Score	Frequency
Little interest or pleasure in doing things	2	More than half
Feeling down, depressed, or hopeless	0	Not at all
Trouble falling or staying asleep, or sleeping too much	1	Several days
Feeling tired or having little energy	2	More than half
Poor appetite or overeating	0	Not at all
Feeling bad about yourself / worthlessness	1	Several days
Trouble concentrating	0	Not at all
Moving or speaking slowly / restlessness	0	Not at all
Thoughts of self-harm or suicide	0	Not at all
TOTAL — Below referral threshold (score < 10)	6	

PHQ-9 score below 10 — not referred under standard screening protocols.

What expanded screening would you add for this patient, and why?

Your answer:

GAD-7

GAD-7 Item	Score	Range
Feeling nervous, anxious, or on edge	1	0–3
Not being able to stop or control worrying	2	0–3
Worrying too much about different things	1	0–3
Trouble relaxing	2	0–3
Being so restless it's hard to sit still	1	0–3
Becoming easily annoyed or irritable	1	0–3
Feeling afraid as if something awful might happen	1	0–3
TOTAL — Mild-Moderate Anxiety (Score 9)	9	

What did the PHQ-9 miss for this patient?

Your answer:

What is the downstream risk if this goes unaddressed?

Your answer:

From Patient to Program

Identifying the need is step one. Virtual programming is how you meet it.

The gap these patients live in

The patients you just reviewed are functioning — which is why they get missed. They don't meet the threshold for intensive services, but they carry distress that compounds over time. What delivery model in your setting could reach this cohort?

What happens to these patients in your current system?

Why virtual programming fits this cohort

Think about your own setting. Which of these barriers does virtual delivery help address for mid-level patients?

The biggest access barrier virtual programming removes in my setting:

Step 1 — Design your expanded screening pilot

Which screener(s) would you add? What would you track over 20–30 patients?

Screener(s) I would add and data I would collect:

Step 2 — Match findings to a virtual delivery model

What virtual touchpoint could your team sustainably offer this cohort — check-ins, groups, care management?

The virtual model that fits my setting:

Step 3 — Build your case for leadership

"In a [X]-patient pilot, [X]% of patients below our referral threshold demonstrated clinically significant _____ — needs unaddressed under our prior process. A virtual _____ model would allow us to serve this cohort without proportionally increasing overhead, while reducing downstream risk for _____."

My one-sentence case: