From Screening to Intervention: Developing a Multidisciplinary Workflow for Psychosocial Crisis Care in Oncology

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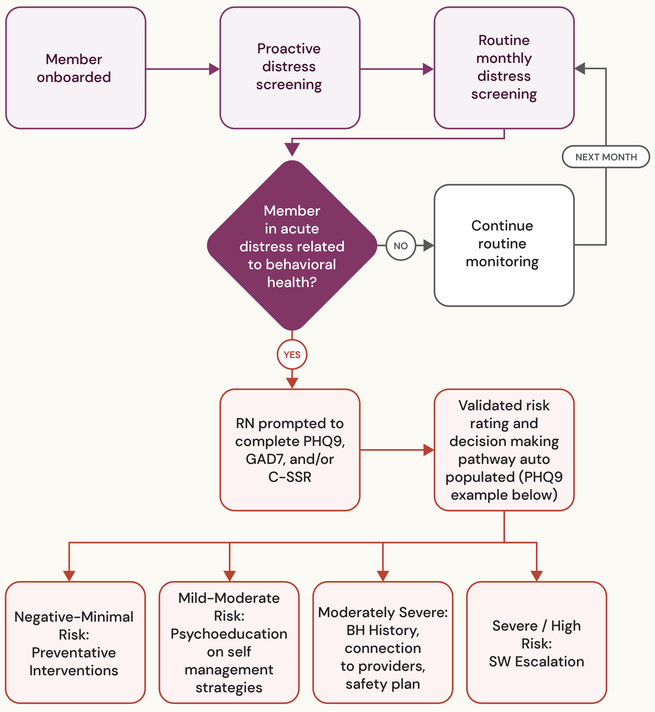
Background

Thyme Care (TC) is an interdisciplinary, value-based care model that improves member experience, outcomes, and cost through proactive support. Psychosocial oncology care is inherently interdisciplinary, requiring coordinated assessment of distress, depression, anxiety, and suicide risk across the cancer continuum. (Yang, et al., 2022) Members with advanced cancer face complex systemic and behavioral health challenges, and suicide rates remain significantly higher than in the general population.

Many oncology practices lack resources to expand screening beyond the Distress Thermometer to the delivery of psychosocial oncology care, leaving emotional distress and behavioral health needs unmet or unidentified. As a result, members may experience acute psychological distress or suicidal ideation.

Methods

To bridge this gap, TC introduced the use of Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), and Columbia Suicide Severity Rating Scale (C-SSRS) to support timely clinical intervention. Implementing a multidisciplinary crisis risk screening workflow that engages nurses, clinical social workers, and advanced practice professionals enables standardized assessment and timely escalation. The collaborative Thyme Care model allows distress to be assessed by multiple disciplines across the care continuum, necessitating a clearly defined workflow with delineated roles and responsibilities. The goal of these interventions is to reduce the likelihood of member's non-adherence to medical care and to identify, intervene and mitigate the distress of members.

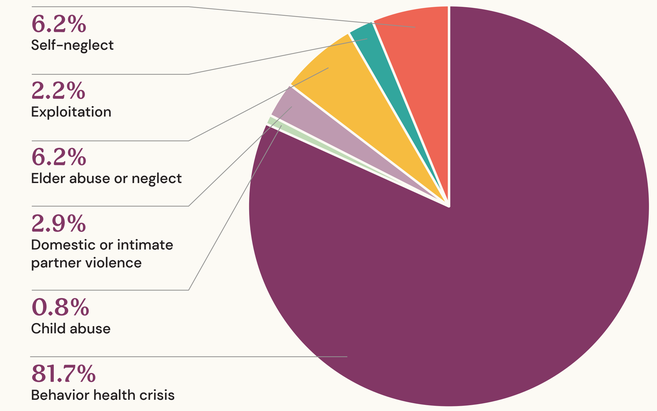


The triage process continues to evolve but the structure remains the same. The value of the escalation process is the immediate interdisciplinary collaboration which allows Thyme Care providers to meet the needs of members with multi factor burdens. For example, a patient exhibiting severe anxiety may be escalated for social work urgent intervention, but the social worker is able to identify that anxiety is exacerbated by a pain crisis and can involve a nurse practitioner for pain management strategies, at that moment. The synergetic nature of the escalation process means real time guidance can be provided to nurses who have developed rapport with patients but are not used to discussing behavioral health concerns.

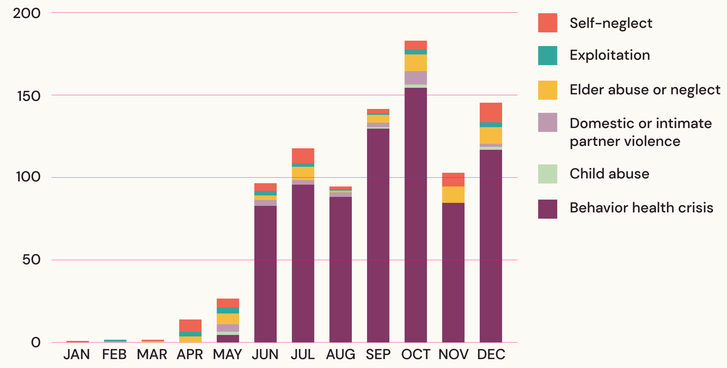
Results & Data

The data shows correlation between the benefit of multidisciplinary touchpoints and licensed assessment to more frequently identify potential elevated behavioral health needs which can then be addressed in a timely fashion. The multidisciplinary touchpoints also lead to a higher number of members being screened than if left to social work exclusively. Since oncology patients have a higher risk of behavioral health crises, it is imperative they are screened routinely so that interventions can be provided for those with acute onset and consistently for those with prior mental health needs.

Social Work Escalations in 2025



Type of Social Work Escalation by Month in 2025



Limitations

This implementation occurred within a single value-based oncology care model, potentially limiting generalizability. Although the PHQ-9, GAD-7, and C-SSRS are validated tools, they have not been fully validated across all remote screening contexts. Across disciplines efforts are made to provide opportunities for members to access and complete screening tools via text to enhance reliability and accessibility. Additionally, workflows evolved alongside team growth and provider education, limiting attribution of outcomes to specific components. Reliance on member self-report and remote modalities may under identify distress, and the absence of control or comparison data limits causal inference regarding psychosocial outcome.

Next Steps

Future efforts will focus on evaluating the impact of early, interdisciplinary screening on suicide risk and overall distress outcomes using longitudinal and comparative data. We will continue to refine remote screening methods to ensure accuracy and accessibility across diverse patient populations. Ongoing work will also enhance escalation pathways, expand social work capacity, and provide targeted education to care team members, ensuring timely, proactive, and coordinated interventions that support patients as treatment progresses and psychosocial needs evolve. Additional evolving efforts are being made in examining needs to capture additional data that can inform model shifts over time.

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