

# The Collaborative Care Model in Psychosocial Oncology

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# Association of Cancer Care Centers (ACCC)

Leading education and advocacy for the cancer care community

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ACCC translates clinical findings into “how-to” action

Designing quality and process improvement programs to help cancer teams accelerate integration of effective practices, guidelines, new treatment paradigms, and technical solutions into practice.

ACCC is a community of cancer centers

Representing more than 1,700 private practices, hospital-based cancer programs, large health care systems, and major academic centers across the country.

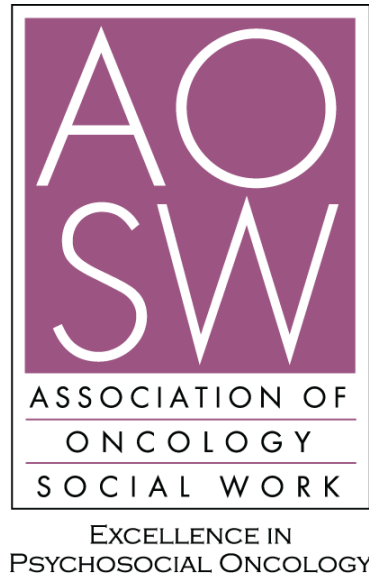
ACCC is a multidisciplinary association

Representing 40,000+ practitioners from clinicians to researchers, hospital executives, administrators, advanced practitioners, financial advocates, supportive care staff, and more.

\*ACCC has changed its name in 2024 from "Association of Community Cancer Centers" to the "Association of Cancer Care Centers." The change is a step forward to better align with the dynamic landscape of cancer care, while assuring our members, stakeholders, and the broader community that the values and principles we stand for remain unchanged.

# Thank you to our partners.

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# Learning Objectives

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Describe the rationale for collaborative care in psychosocial oncology

- Introduction to the history of Collaborative Care Model (CoCM) at ACCC
- Understanding the 'why' around CoCM
- What the future holds for CoCM education at ACCC

# Learning Objectives

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- Describe the principles and components of the Collaborative Care Model (CoCM) and explain the critical role of social workers in delivering coordinated psychosocial oncology care.
- Analyze strategies for implementing the CoCM in community cancer centers, including team composition, workflow integration, infrastructure requirements, and financial sustainability.
- Apply evidence-based approaches from CoCM webinars to enhance psychosocial assessment, intervention, and interdisciplinary collaboration in oncology practice.

# Advisory Committee

## Supporting the Education Program

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**Jesse Fann, MD, MPH**  
Medical Director, Department of  
Psychosocial Oncology  
*Fred Hutchinson Cancer Center*  
Director, Clinical Scientist Training Program  
*University of Washington*



**William Pirl, MD, MPH**  
Chair, Department of Psychiatry &  
Behavioral Sciences  
*Memorial Sloan Kettering Cancer Center*

# Psychosocial Care in Oncology Summit: Overview

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- To explore the current state of oncology supportive care, the Association of Community Cancer Centers (ACCC)—with its partners, the Association of Oncology Social Work (AOSW), the American Psychosocial Oncology Society (APOS) and with support from BeiGene—held a multistakeholder meeting, A Call to Action: Delivery of Psychosocial Care in Oncology Summit, on March 8, 2023, in Washington, DC.
- Participants included multidisciplinary oncology leaders, clinicians, social workers, psychologists, nurses, advanced practice providers (APPs), physicians, and patient advocates
- Activities included expert presentations, survey findings, breakout discussions, and collaborative action planning.
- Areas of focus identified were: Social Drivers of Health, Financial Barriers, lack of psycho-oncology specialist, and Cultural competency, diversity equity, inclusion and access barriers

# Psychosocial Care in Oncology Summit: Overview

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- Summit goals included:
  - Providing a forum for healthcare leaders, cancer care team members, and patient advocates to discuss the current state of mental health in oncology
  - Building a collaborative dialogue amongst interested stakeholders to identify action plans that address ongoing mental health issues for patients, caregivers, and cancer care professionals
  - Identifying effective screening tools, training, resources, and policies to address psychological distress in patients, caregivers, and cancer care professionals
  - Identifying barriers to providing and accessing timely and appropriate care for patients and caregivers experiencing psychological distress
  - Promoting strategies to foster resilience and a healthcare culture that mitigates burnout among all members of the cancer care team.

# A Call to Action

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## Promising Strategies Identified

- Integrated distress screening and use of technology/telehealth
- Community health worker partnerships and interdisciplinary collaboration
- Workforce training and improved awareness of psychosocial roles
- Policy and reimbursement advocacy to sustain services

## Top Priorities Moving Forward

- **Promotion of collaborative, integrated psychosocial care models across oncology**
- **Development of standards that support a sustainable “culture of care” and reduce provider burnout**

## Expected Impact

- Improved whole-person cancer care
- Increased access to psychosocial support
- Stronger oncology workforce and better patient outcomes

# Why This Work Matters

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- Cancer impacts emotional, psychosocial, social, and financial wellbeing beyond medical treatment
- Significant unmet mental health needs exist among patients and survivors
- High levels of clinician burnout and workforce strain persist
- Major barriers include:
  - Limited psychosocial staffing and psychiatric support
  - Financial barriers and social drivers of health
  - Workforce burnout and role strain
  - Lack of awareness and integration of psychosocial services.
- System-level change is needed to improve access, equity, and sustainability of services.

# Why Collaborative Care is Needed

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High prevalence of psychosocial distress among patients with cancer

- Significant unmet mental health needs and workforce shortages
- Traditional referral models leave patients untreated or lost to follow-up
- Psychosocial oncology requires a population health approach

Limits of traditional referral-based care

- Referrals without coordination or follow-up
- Co-location alone does not ensure quality or outcomes
- Patients may remain on ineffective treatments too long.

# Persistent Gaps in Psychosocial Care With Opportunities to Innovate

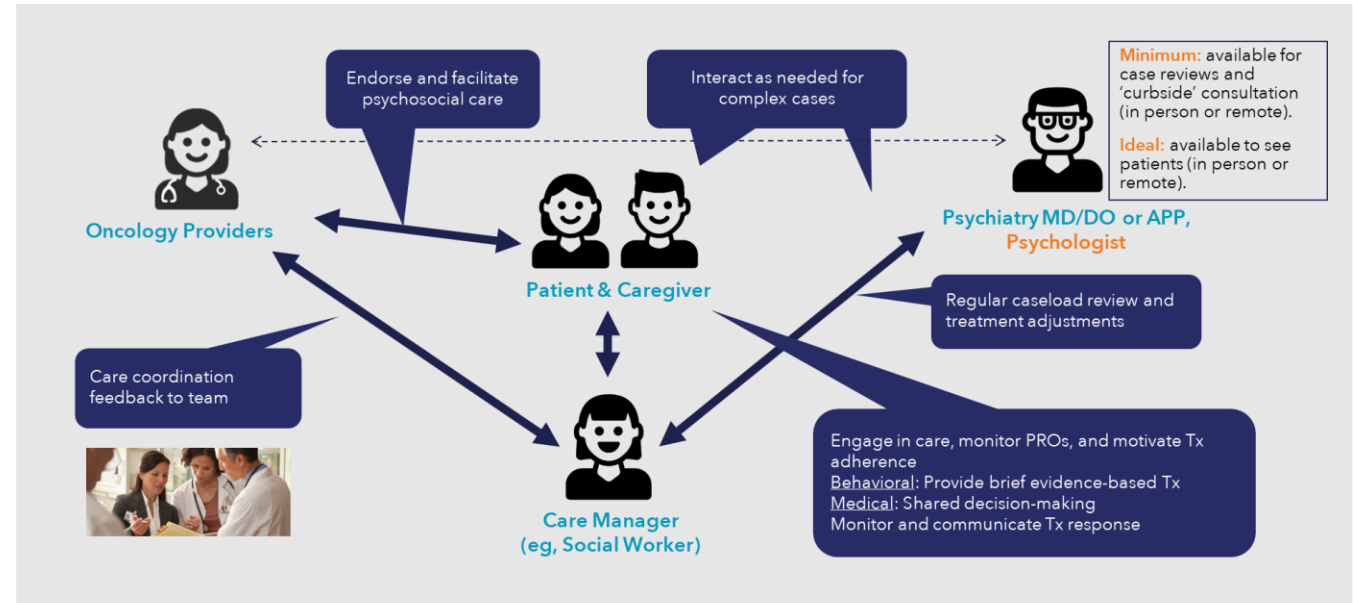
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Despite national guidelines recommending routine psychosocial screening:

- Many cancer centers lack **standardized processes for assessment and follow-up**
- System-level barriers include:
  - Limited behavioral health staffing
  - Fragmented communication between oncology and mental health providers
  - Lack of integrated care delivery models
- Result: **Unmet psychosocial needs and inconsistent care delivery**
- Growing recognition that integrated, team-based models are needed
- Shift toward:
  - Whole-person care
  - Value-based care models
  - Measurement-based and population-based management
- Opportunity to leverage existing workforce (eg, social workers) in more structured, scalable ways

# What Is Collaborative Care?

- Evidence-based, team-driven approach to integrating behavioral health into medical care
- Originally developed in primary care; increasingly adapted for oncology
  - Core team includes:
    - Social worker (care manager)
    - Consulting psychiatrist
    - Oncology clinicians
- Focus on systematic, coordinated, and patient-centered psychosocial support



# Core Elements of CoCM

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- **Proactive identification** of patients with psychosocial needs through screening
- **Care manager-led coordination** (often social workers)
- **Measurement-based care** (tracking symptoms over time)
- **Brief, evidence-based interventions** (eg, CBT-informed approaches)
- **Regular case review** with psychiatric consultation
- **Closed-loop communication** across the care team

# What makes CoCM different than other models

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- Population-based care grounded in universal distress screening
  - Patient-centered team care coordinated by a care manager
  - Measurement-based, treat-to-target approach
  - Evidence-based stepped care with psychiatric consultation
- Use of validated tools (eg, PHQ-9, GAD-7) over time
  - Supports treatment adjustments and stepped care
  - Identifies patients not improving
  - Enhances quality, accountability, and outcomes
- Required to prevent patients from falling through the cracks
  - Tracks symptoms, visits, interventions, and outcomes
  - Can range from spreadsheets to EHR-based dashboards
  - Supports population management and quality improvement
- Held every 1–2 weeks with interdisciplinary input
  - Prioritize safety concerns and persistent moderate-to-severe distress
  - Facilitate timely treatment adjustments
  - Documented plans shared across the care team
- Match intensity of care to patient needs
  - Brief interventions for most patients
  - Escalation to psychiatry or psychology when indicated
  - Supports efficient use of limited specialty resources
- Improved access to psychosocial care
  - Better patient and provider satisfaction
  - Reduced fragmentation and burnout
  - Financial sustainability through efficient, reimbursable care
- Care Manager (often oncology social worker): coordination, monitoring, brief interventions
  - Psychiatric Consultant (MD/APP): caseload review, treatment recommendations
  - Oncology Champion: advocacy, integration, and leadership support
  - Interdisciplinary collaboration across supportive care services
  - If resources allow: Patient Navigator, Clinical Psychologist, Psychiatric Nurse

# Core Team Collaboration

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## Center Leadership

- Show data documenting unmet need (eg, volume of positive screens, unscheduled & untreated patients, appt wait times, treatment dropouts, clinical outcome benchmarks).

## Oncology Teams – Be Present & Helpful

- Provides timely access to psychosocial expertise and care (eg, positive screens, referrals).
- Proactively helps with behaviorally challenging patients.
- **Social Work Leadership** – focus on win-win for both patients and providers.
  - Practice at top of licensure.
  - Increases integration into interdisciplinary oncology team.
- **Psychiatry Leadership**
  - Excellent setting for CL psychiatrists

# Central Role of Social Workers

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- Serve as the care manager and operational backbone of the CoCM
- Key responsibilities:
  - Conduct psychosocial assessments and risk stratification
  - Deliver brief therapeutic interventions
  - Coordinate care across disciplines
  - Facilitate communication between oncology and behavioral health
  - Support patient navigation and resource access
- Positioned to lead implementation and sustain workflows

# Implications for Social Work Leadership

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- Social workers are uniquely positioned to:
  - Lead care coordination and model implementation
  - Advocate for integrated psychosocial services
  - Demonstrate measurable impact on outcomes
- CoCM provides a structured framework to elevate the role of social work in oncology care delivery

# Evidence Supporting CoCM in Oncology

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- Demonstrated outcomes include:
  - Reduction in depression and anxiety symptoms
  - Improved patient engagement and adherence
  - Enhanced patient satisfaction and experience
- System-level benefits:
  - More efficient use of health care resources
  - Earlier identification and intervention
  - Structured documentation and tracking of outcomes
- Emerging data supports adaptability across community and academic settings

# Barriers to Adoption

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- Despite strong evidence, uptake remains limited due to:
  - Perceived complexity of implementation
  - Limited staffing and competing priorities
  - Lack of awareness of billing and reimbursement pathways
  - Need for infrastructure (EHR integration, workflows)
- Organizations often require:
  - Clear business case
  - Operational roadmap
  - Training and technical assistance

# ACCC CoCM Webinar Series

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- ACCC, in collaboration with APOS & AOSW, convened a summit to explore solutions
- Developed a two-part national webinar series (May & July 2025)
- Goals:
  - Build foundational knowledge of CoCM
  - Provide practical implementation strategies
  - Support interdisciplinary learning and engagement

# Webinar 1 – Foundations of CoCM

## Focus: Core principles and clinical application

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- Key topics:
  - Evolution of CoCM from primary care to oncology
  - Team roles and interdisciplinary collaboration
  - Social work competencies and responsibilities
  - Workflow integration and communication strategies
- Emphasis on building foundational understanding and readiness

# Webinar 2 – Operationalizing CoCM

Focus: **Implementation, sustainability, and business case**

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- Key topics:
  - Developing a business case for leadership buy-in
  - Billing, coding, and reimbursement structures
  - Organizational readiness assessments
  - Case examples from real-world oncology settings
- Included adaptations for community cancer programs









# Who Attended

- 530+ registered
- 350 attendees participated live:
  - 150+ social workers
  - 75+ nurses/navigators
  - 100+ leaders
  - + professionals from psychiatry, psychology, academia, and informatics.
- Strong engagement:
  - Active Q&A participation
  - Case-based discussions
  - Peer learning across institutions

Participation by Role



# Major Discussion Themes

Topic Area	Priority Level	What Audience Wants Most
Implementation and Operationalization	 VERY HIGH	Step-by-step startup, pilots, workflows, real-world examples
Staffing and Workforce Structure	 VERY HIGH	Roles, ratios, caseloads, limited staffing models
Leadership Buy-In and Collaboration	 VERY HIGH	Engaging oncologists, executives, multidisciplinary teams
Billing and Sustainability	 HIGH	Reimbursement, business case, financial models
Model Structure and Components	 HIGH	Core elements, registries, outcome metrics
System Integration	 MODERATE	EOM, community orgs, navigation integration
Resources and Training	 MODERATE	Patient workflows, caregiver support, follow-up
Clinical Care Delivery	 LOW-MODERATE	Tools, articles, examples, certification

# EVALUATION RESULTS (n=93)

Strong feedback underscores the value and impact of our education.



**92%**  
reported gaining  
new knowledge



**91%**  
plan to apply or  
share learning



**4.8/5**  
average rating for  
content and speakers

## PARTICIPANTS HIGHLIGHTED



**Practical tools and templates**  
Actionable resources to support implementation



**Real-world applicability**  
Strategies relevant across diverse  
cancer care settings



**Value of interdisciplinary collaboration**  
Shared learning across professions  
and roles



**Strong validation of education as  
a catalyst for adoption**  
Increased confidence to explore and  
advance implementation

## EDUCATION BUILDS READINESS FOR ADOPTION



AWARENESS



KNOWLEDGE



CONFIDENCE



IMPLEMENTATION



# 2026 ACCC Webinars & Office Hours

Mark your calendars and register for the remaining webinar in this 4-part series and an office hours session this fall.

Live Streaming Thursdays, 12:00 – 1:00 PM EDT

June 25

Building Scalable CoCMs:  
Integration Design, Pilot  
Execution, and Sustainability



Register  
Now

September 10

Office Hours:  
Synthesizing and Future  
Collaboration



Register  
Now

View First 3 Webinars On-Demand

Implementing Collaborative Care  
in Oncology



View  
Now

# Additional Resources

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ACCC Collaborative Care Resources ([journals.accc-cancer.org](https://journals.accc-cancer.org))



American Psychiatric Association Collaborative Care Training ([psychiatry.org](https://psychiatry.org))



AIMS Center University of Washington ([aims.uw.edu](https://aims.uw.edu))



PHQ-9 and GAD-7 ([phqscreeners.com](https://phqscreeners.com))

# Thank You!

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## Explore Additional Resources

Visit [acc-cancer.org/CoCM](https://acc-cancer.org/CoCM) to learn more.



Explore  
Now

## Have Questions?

Please contact Teresa van Oort,  
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[tvanoort@acc-cancer.org](mailto:tvanoort@acc-cancer.org).



Email  
Now



ACCC 43<sup>RD</sup>  
National Oncology  
CONFERENCE

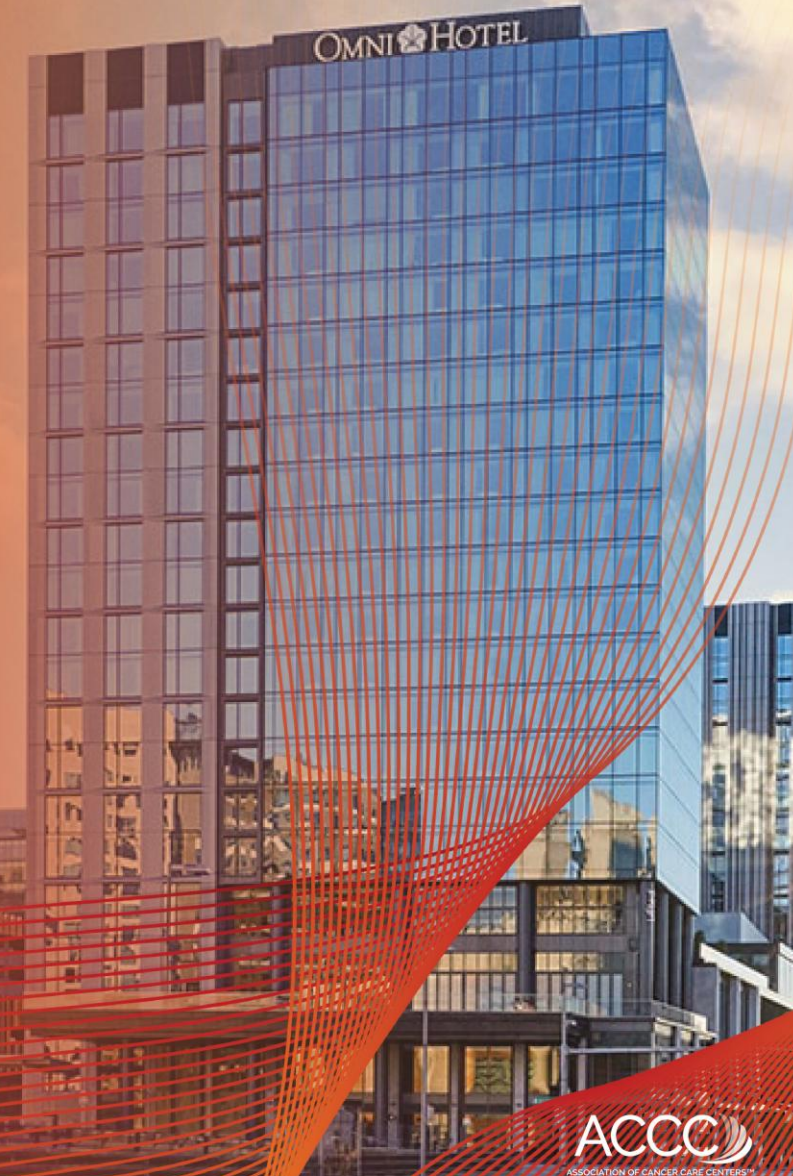
**Igniting Innovation**

**OCTOBER 21-23, 2026**

**Omni Boston Hotel at the Seaport  
Boston, MA**



Scan to lock in  
your early-bird rate!



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