


Collaborative Care in Specialized Populations

Supporting Oncology Practices & Improving Patient Outcomes

3rd Annual Collaborative Care Model (CoCM) Behavioral Health Care Manager (BHCM) Summit
April 30, 2025



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Disclosures


Alanna Robinson, LICSW 3rd Annual CoCM BHCM Summit • April 30, 2025

FINANCIAL RELATIONSHIPS	CONFLICTS OF INTEREST	AI USE DISCLOSURE
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Cerula Care Team Speaking Today



Alanna Robinson, LICSW
Head of Provider Success



Alanna Robinson, LICSW
Head of Provider Success, Cerula Care

Brings 20+ years of experience as a licensed clinical social worker at the intersection of clinical practice, integrated care, and psychosocial health innovation.

Designs and scales evidence-based programs across health systems — driving meaningful adoption and measurable outcomes for patients and care teams. At Cerula Care, partners directly with oncologists and their teams to strengthen workflows and co-design solutions for high-quality, coordinated psychosocial care in oncology.

Committed to advancing the Collaborative Care Model beyond primary care — ensuring patients facing cancer receive integrated behavioral support where they already receive their care.

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Agenda

- The Problem**
Psychosocial needs drive cancer outcomes yet most patients aren't getting care
- The Gap**
Why current models fail: inconsistent screening, no standard of care, capacity limits
- Case Study**
- Outcomes**
Industry-leading outcomes

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The Problem

Why psychosocial needs drive cancer outcomes — yet most patients aren't getting care

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Why Psychosocial Needs Really Matter

Cancer-related survival improves with psychiatric and psychosocial interventions

- Treatment Adherence**
Depression and anxiety are associated with reduced treatment adherence, and addressing these conditions helps patients complete their cancer therapy
 - Dysregulate diurnal cortisol patterns
 - Increase pro-inflammatory cytokines
- Biological Impact**
Stress and depression change core biology, reducing effectiveness of oncology treatment
 - Reduce natural killer cell activity
 - Affect gene expression in tumor suppression

Sources: 1. Lee SA et al., The Oncologist, 2020 2. Gallagher T et al., The Laryngoscope, 2020 3. Mirosevici S et al., Cancer Medicine, 2018 4. Berchuck JE et al., JAMA Oncology, 2020 5. Spiegel D, British Journal of Health Psychology, 2014 6. Antoni MHN, Brain, Behavior, and Immunity, 2012

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This Affects the Majority of Oncology Patients

3 / 5 PATIENTS

- Need psychosocial care
- Might not need care

3 out of 5 patients need to engage in evidence-based psychosocial care for better cancer outcomes

Yet most oncology practices lack the infrastructure to consistently identify and support these patients

The gap between need and delivery represents both a clinical and operational challenge

Sources: Cancer Support Community, PubMed, Texas Oncology

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Distress affects most oncology patients

Behavioral health is critical to cancer mortality—and the majority of patients are seeking help

60% Express feelings of sadness and fear	49% At risk for clinically significant anxiety
38% At risk for clinically significant depression	~45% Screen 4+ on the NCCN distress thermometer

Yet most patients do not mention their distress to their oncology team

Sources: 1. Cancer Support Community, Mental Health FactSheet 2. Michiel et al. (2016), PMID 19930195 3. Texas Oncology, Cancer, Body Image, and Mental Health

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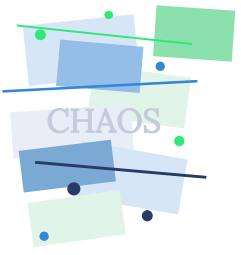
The Gap

Why current models fail — inconsistent screening, no standard of care, capacity limits

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The Current State of Psychosocial Care

"Everyone working hard, but a lot of things not working"



- INCONSISTENT SCREENING**
Some patients screened, many are not
- REACTIVE CARE**
Psychosocial support is reactive, not proactive
- CONFUSING NAVIGATION**
Patients unsure who they need to see
- INCONSISTENT TREATMENT**
1 visit vs. 4 visits — no standard of care
- CAPACITY CONSTRAINTS**
Social workers stretched beyond limits

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Current State Paradox


Psychosocial care for most patients is essential, yet not consistently operationalized — and therefore, less than 5% of patients get psychosocial care.

WHY?

- 1 Not Standard of Care**
Psychosocial support isn't embedded as a standard part of oncology treatment protocols
- 2 Not Measuring KPIs**
No consistent metrics to track psychosocial care delivery, outcomes, or patient satisfaction
- 3 Not Financially Scalable**
Current models lack sustainable reimbursement pathways to support growth

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The Ideal World



Every person diagnosed with cancer offered a psychosocial care team who works with their oncologist team through their entire cancer journey

AND THIS HAPPENS WITH CoCM

No extra work for an oncologist team, built into their everyday workflows

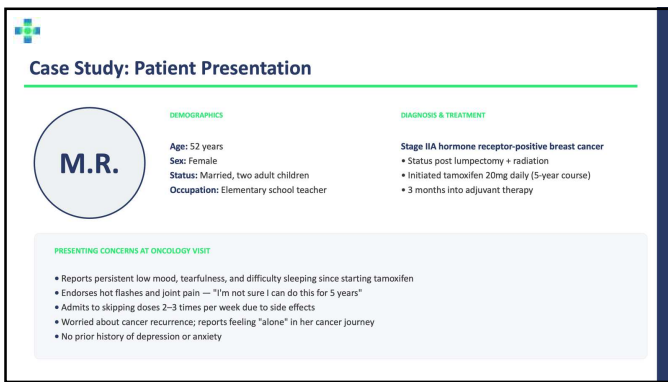
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Case Study

M.R. — A 52-year-old breast cancer patient on tamoxifen — and her CoCM journey

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Case Study: Patient Presentation

DEMOGRAPHICS

M.R.

Age: 52 years
Sex: Female
Status: Married, two adult children
Occupation: Elementary school teacher

DIAGNOSIS & TREATMENT


Stage IIA hormone receptor-positive breast cancer

- Status post lumpectomy + radiation
- Initiated tamoxifen 20mg daily (5-year course)
- 3 months into adjuvant therapy

PRESENTING CONCERNS AT ONCOLOGY VISIT

- Reports persistent low mood, tearfulness, and difficulty sleeping since starting tamoxifen
- Endorses hot flashes and joint pain — "I'm not sure I can do this for 5 years"
- Admits to skipping doses 2-3 times per week due to side effects
- Worried about cancer recurrence; reports feeling "alone" in her cancer journey
- No prior history of depression or anxiety

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Case Study: Initial Assessment & CoCM Engagement

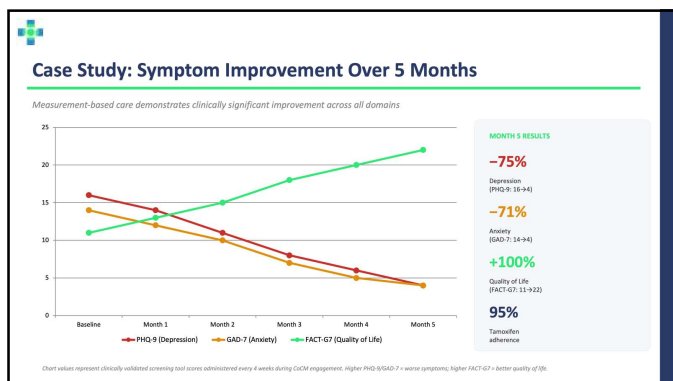
Oncology team refers M.R. to embedded CoCM Behavioral Health Care Manager (BHCM)

PHQ-9	GAD-7	FACT-G7	Adherence
Depression	Anxiety	Quality of Life	Tamoxifen
16	14	11	60%
Moderately Severe	Moderate-Severe	Below normative mean	Suboptimal (<80%)

INITIAL CoCM CARE PLAN

- ✓ Weekly BHCM sessions: Behavioral activation, CBT for cancer-related anxiety, sleep hygiene
- ✓ Psychiatric consultation: Reviewed with consulting psychiatrist; SSRI initiated for depression
- ✓ Adherence support: Side-effect management plan, pill organizer, daily reminders, partner involvement
- ✓ Care coordination: BHCM communicates weekly with oncology team via shared registry & EHR
- ✓ Measurement-based care: PHQ-9, GAD-7, FACT-G7 re-administered every 4 weeks

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Case Study: Outcome & Key Takeaways

PATIENT OUTCOME AT 5 MONTHS
M.R. completed her first year of tamoxifen with 95% adherence, achieved remission of depression and anxiety, and reported a meaningful return to her quality of life — including resuming work and family activities she had withdrawn from.

- Screening Beyond Mood**
 Depression and anxiety screening alone would have missed M.R.'s adherence concerns and quality of life decline. FACT-G7 and adherence metrics revealed the full clinical picture.
- Integrated Team-Based Care**
 Embedded BHCM coordination with oncology, psychiatry, and the patient's support system addressed root causes of nonadherence — side effects, isolation, and untreated psychiatric symptoms.
- Adherence Drives Outcomes**
 Improving tamoxifen adherence from 60% to 95% directly impacts long-term recurrence risk. Year 1 adherence reduces death/recurrence risk by over 100% (CANTO, n=1,177).

This is a composite case for educational purposes; details have been generalized to protect patient privacy.

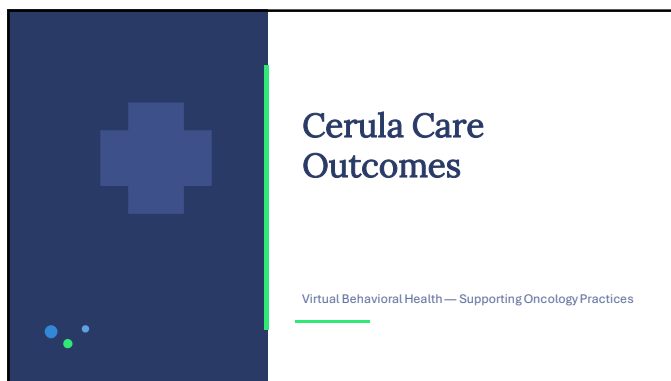
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Psychosocial interventions focus on key oncology KPIs

Cerula Care oncology KPI focus	Cerula Care Patient-Reported questions	Cerula Care psychosocial interventions (examples)
Oncology Appointment Adherence	Are you able to attend your scheduled oncology appointments? (If "No", focus on intervention)	Anxiety management, behavioral activation and care planning help patients prepare for and attend visits, including identifying rides or removing practical barriers.
Infusion Appointment Adherence	Are you able to consistently attend all planned cancer infusions or treatment appointments? (If "No", focus on intervention)	Anxiety management, infusion-specific coping plans, and psychiatric medication (when indicated) stabilize symptoms that reduce infusion adherence. Behavioral Activation and care planning help patients prepare for and attend infusion appointments, including identifying rides or removing practical barriers.
Non-Infusion Oncology Medication Adherence	Are you able to consistently take all non-infusion cancer medications as prescribed? (If "No", focus on intervention)	Routine-building, problem-solving barriers (fatigue, mood, cognition), and medication optimization support adherence.
Emergency Department Utilization	Have you needed to go to the ER due to cancer-related symptoms? (If "Yes", focus on intervention)	Ongoing symptom monitoring, psychiatric medication optimization, and care coordination before symptoms escalate to ED use.

Hanna et al., BMJ 2020 (Treatment delays & mortality) <https://doi.org/10.1136/bmj.n2140> | Herberman et al., Breast Cancer Res Treat 2011 (Medication adherence & survival) <https://doi.org/10.1007/s10548-010-1302-5> | NCCN Distress Management v1.2024 https://www.nccn.org/professionals/physician_gls/pdf/distress.pdf

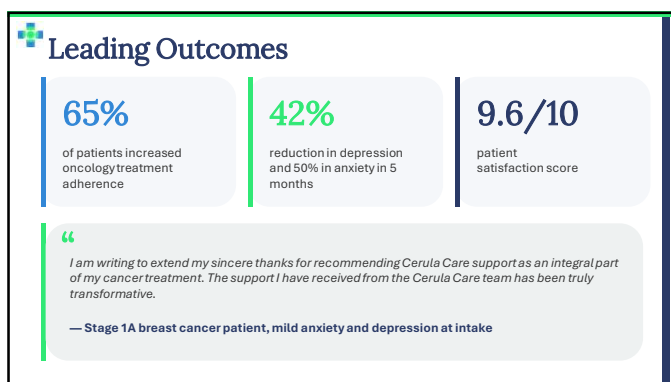
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Cerula Care Outcomes

Virtual Behavioral Health — Supporting Oncology Practices

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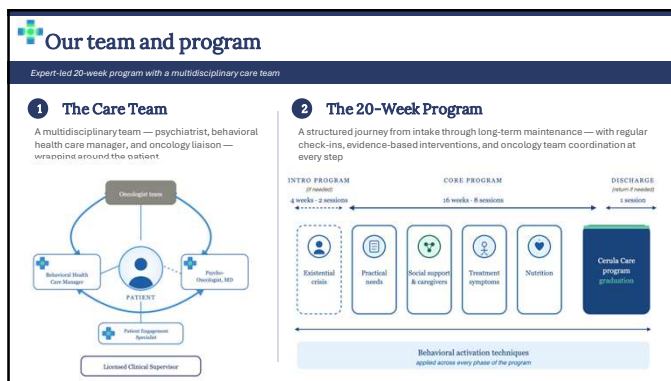


Leading Outcomes

- 65%** of patients increased oncology treatment adherence
- 42%** reduction in depression and 50% in anxiety in 5 months
- 9.6/10** patient satisfaction score

“ I am writing to extend my sincere thanks for recommending Cerula Care support as an integral part of my cancer treatment. The support I have received from the Cerula Care team has been truly transformative. — Stage 1A breast cancer patient, mild anxiety and depression at intake

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Our team and program

Expert-led 20-week program with a multidisciplinary care team

1 The Care Team
A multidisciplinary team — psychiatrist, behavioral health care manager, and oncology liaison — wraps around the patient.

2 The 20-Week Program
A structured journey from intake through long-term maintenance — with regular check-ins, evidence-based interventions, and oncology team coordination at every step.

INTRO PROGRAM (4 weeks - 2 sessions)
Emotional crisis

CORE PROGRAM (16 weeks - 8 sessions)
Practical needs, Social support & caregivers, Treatment symptoms, Nutrition

DISCHARGE (1 session)
Cerula Care program graduation

Behavioral activation techniques applied across every phase of the program

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The Evidence & Impact

Published research, KPI alignment, and patient impact

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ASCO and SABCS Publications

Industry leading collaborative care outcomes

ASCO 2025
Integrating collaborative care in oncology: Improving quality of life and mental health for patients with cancer


San Antonio Breast Cancer 2025
Improving Breast Collaborative Care Outcomes with a Data-Driven Approach to Improve Quality of Life, Address Adverse Events, and Support Patients' Needs

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Our Value Proposition

Accelerate cancer outcomes through excellent psychosocial care with a profitable reimbursable service

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 **Cerula Care Patient Testimonial**
Patient letter to Practice President

Good evening, [Practice President],

I am writing to extend my sincere thanks for recommending Cerula Care support as an integral part of my cancer treatment. [...]

The support I have received from the Cerula Care team has been truly transformative [...] the Cerula Care team brings deep expertise in supporting cancer patients, [...] I no longer feel alone in this journey; instead, I feel understood and supported.

I am also beginning to reframe my perspective—viewing cancer not solely as a curse but as an opportunity for personal growth, self-care, and improved well-being.

Thank you again for recommending Cerula Care. Their expertise and compassion have made a remarkable difference in my life.

- Stage 1A breast cancer patient, mild anxiety and depression at initial intake

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 **Thank You**



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