The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the "chat feature"

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact

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BEHAVIORAL HEALTH PROVIDERS RESPONSIBILITY IN MANAGING MEDICAL CONDITIONS: MAKING CLINICAL IMPROVEMENTS AND MEETING QUALITY METRICS

PRESENTED BY:
Suzanne Daub, LCSW
Kima Taylor, MD, MPH

Tuesday,
March 22, 2022
12:00 pm – 1:00 pm EST

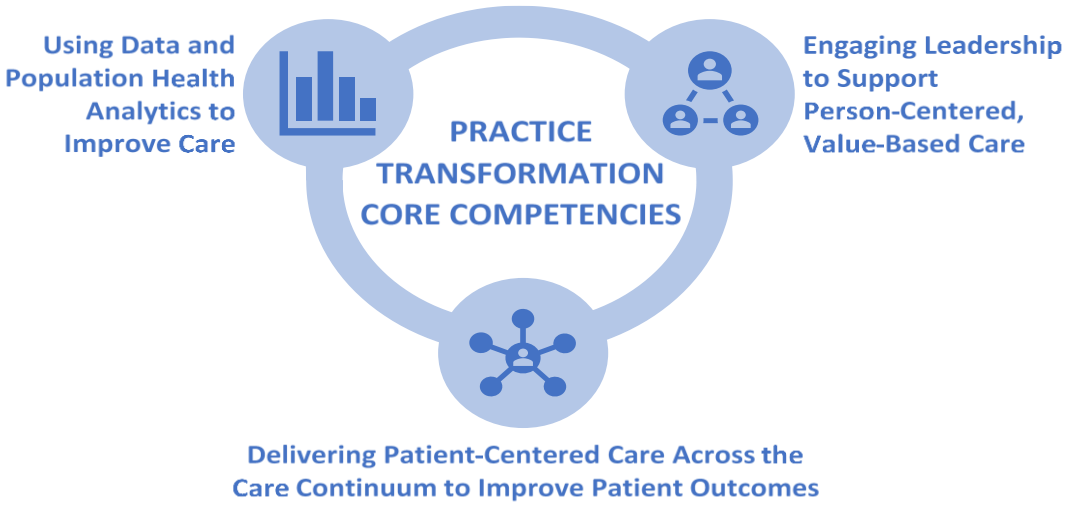
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?

- Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.

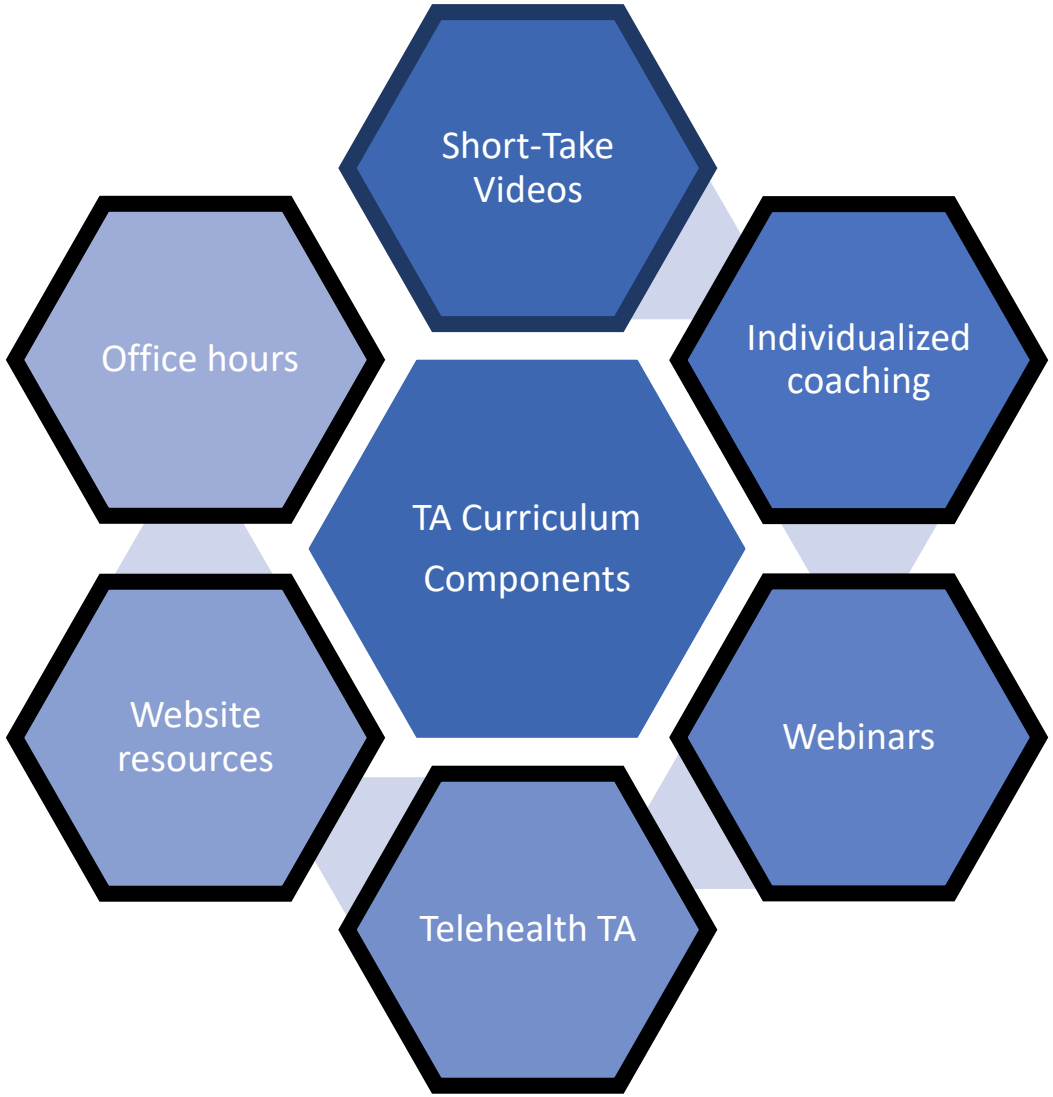
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



INTEGRATED CARE DC TECHNICAL ASSISTANCE

- The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- All material is available on the project website: Integratedcaredc.com
- Educational credit is offered at no cost to attendees for select elements.



INTEGRATED CARE DC UPDATES

Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
https://www.integratedcaredc.com/survey/

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DISCLOSURES

Faculty	Company	Nature of relationship
Elizabeth Wolff, MD, MPA CME Reviewer	No financial disclosures	N/A
Shelly Virva CE Reviewer	No financial disclosures	N/A
Suzanne Daub, LCSW Presenter	No financial disclosures	N/A
Kima Taylor, MD, MPH Presenter	No financial disclosures	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

CONTINUING EDUCATION CREDITS

- Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2022. Social workers completing this course receive 1 continuing education credits. To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation.

- Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.

- **<u>If you would like to receive CE/CME credit, the online evaluation will need to be completed</u>.** You will receive a link to the evaluation shortly after this webinar**.**

- Certificates of completion will be emailed within 10-12 business days of course completion.

AGENDA

Behavioral Health Providers Responsibility in Managing Medical Conditions: Making Clinical Improvements and Meeting Quality Metrics

- Welcome and Program Announcements
- Health Disparities for people with BH conditions
- Tobacco Use Disorder
- HIV and HEP C
- Closing Remarks/Q&A

OBJECTIVES

1. Describe the 5 As Model used to promote behavior change
2. Describe the scope of tobacco dependence
3. Deliver brief tobacco dependence interventions
4. Identify common self-management challenges with infectious diseases
5. Articulate brief, evidence-based techniques to encourage patients to change their unhealthy behaviors
6. Identify harm reduction techniques for HIV and Hep C among other infectious diseases
7. Describe ways to promote health equity in service delivery

Image permitted by DC Department of Health Care Finance

BEHAVIORAL HEALTH PROVIDERS RESPONSIBILITY IN MANAGING MEDICAL CONDITIONS: MAKING CLINICAL IMPROVEMENTS AND MEETING QUALITY METRICS

EXCESS MORTALITY ASSOCIATED WITH SEVERE MENTAL ILLNESS (SMI)

- People with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) have more medical illnesses, receive worse medical care than those in the general population, and die 25 years earlier than those in the general population
- Cardiovascular disease accounts for roughly 50%-60% of the deaths due to medical illness
- Solutions to the problem require attention to patient, provider, and system-level factors

Viron MJ, Stern TA. The impact of serious mental illness on health and healthcare. Psychosomatics. 2010 Nov-Dec;51(6):458-65. doi: 10.1176/appi.psy.51.6.458. PMID: 21051676.

MEDICAL COMORBIDITIES

- People with Bipolar Disorder shown to have more medical conditions than people with Schizophrenia

Medical Condition	Bipolar Disorder	Schizophrenia
Hypertension	81.8%	65.6%
Obesity	75%	73.5%
Diabetes mellitus	52.3%	55.9%
Metabolic syndrome	54.5%	47.1%
Thyroid dysfunction	47.7%	25.7%
Viral diseases	3.5%	13.5%

Mariano A, Di Lorenzo G, Jannini TB, et al. Medical Comorbidities in 181 Patients With Bipolar Disorder *vs*. Schizophrenia and Related Psychotic Disorders: Findings From a Single-Center, Retrospective Study From an Acute Inpatients Psychiatric Unit. *Front Psychiatry*. 2021;12:702789. Published 2021 Oct 1. doi:10.3389/fpsyt.2021.702789

REASONS FOR PREMATURE DEATHS

- Majority of deaths due to medical conditions such as cardiovascular disease, hypertension, diabetes, respiratory diseases and infectious diseases like HIV, Hepatitis and tuberculosis
- These conditions are associated with preventable risk factors such as decreased physical activity, side effects of medications, lack of access to culturally and linguistically effective health and social services
  - info_sheet.pdf (who.int)
- Unequal healthcare provision
  - Low rates of surgical interventions such as stenting and bypass grafting
  - Less likely to receive cerebrovascular arteriography or warfarin following stroke
  - Less likely to receive standard levels of diabetes care
  - Less likely to receive routine cancer screening
  - Less likely to receive medical treatments for arthritis

Lawrence D, Kisely S. Inequalities in healthcare provision for people with severe mental illness. *J Psychopharmacol*. 2010;24(4 Suppl):61-68. doi:10.1177/1359786810382058

HEALTHCARE SYSTEM ISSUES

- Separation of mental health services from other medical services
- Healthcare provider issues including the pervasive stigma associated with mental illness
  - Some healthcare providers regard people with SMI and SUD as being “difficult” or “disruptive”
- Who should own this?
  - Where is the ideal health home?
  - Should psychiatrists also be the PCP?
  - Initiatives in Community Behavioral Health: Care coordination, care management, health coaching

BEHAVIORAL HEALTH PROVIDER OPPORTUNITY

- Behavioral health providers have a broad range of evidence-based approaches aimed at helping people make behavior change
- Adapt interventions to assist individuals in making health behavior changes
  - Motivational Interviewing
  - Behavioral Activation
  - Acceptance and Commitment Therapy (ACT)
  - Cognitive Behavioral Therapy (CBT)

FOUNDATIONAL KNOWLEDGE FOR BH PROVIDERS

- Use behavior change strategies to help people make these key health behavior changes
  - Medication adherence and managing medication side effects
  - Diet and nutrition
  - Importance of exercise
  - Reducing/eliminating alcohol, tobacco, and other drugs
  - Managing treatment fatigue
  - Stress management

BUT I DIDN'T GO TO MEDICAL SCHOOL

- Learn the basics of health conditions
  - Medical providers can teach
  - PRACTICE HABIT
    - Reliable internet searches can provide basics
    - Never heard of that med? https://www.webmd.com/drugs/2/index

- Asthma
  - https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-basics
- Cardiovascular Disease
  - https://www.heart.org/en/
- Diabetes
  - https://www.diabetes.org/diabetes
  - https://www.cdc.gov/diabetes/basics/index.html
- Hypertension
  - https://www.cdc.gov/bloodpressure/facts.htm
- HIV
  - https://www.cdc.gov/hiv/basics/index.html
- Hep C
  - https://www.cdc.gov/hepatitis/hcv/index.htm
  - https://liverfoundation.org
- Metabolic Syndrome
  - https://www.heart.org/en/health-topics/metabolic-syndrome/about-metabolic-syndrome
- Obesity
  - https://www.americanobesity.org/index.htm
- Tobacco
  - https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/index.html

INTEGRATED CARE = TEAM CARE

Medical Provider

- Diagnostic and treatment plan
- Educate non-medical providers about key change targets

Behavioral Health Provider, Peer Specialist, Community Health Worker

- Implement and teach evidence-based behavior change strategies
- Motivate and monitor self management efforts

Patient

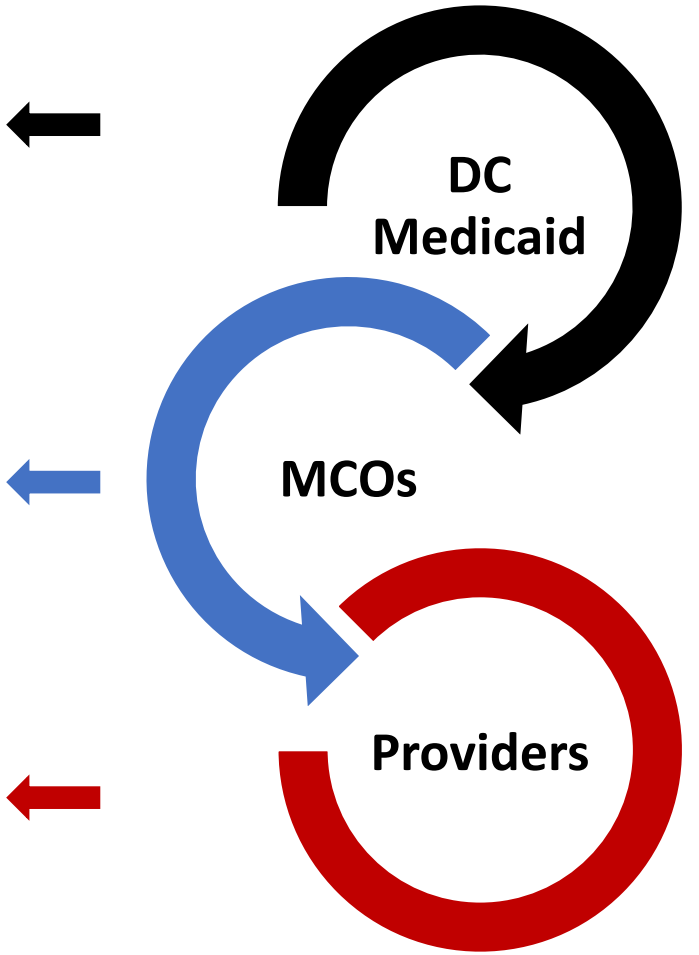
- Self-management education and support
- SDOH

QUALITY IN THE DISTRICT: A PRIMER

- In 2019, DC Medicaid set 5-year strategic priorities for managed care quality in the 2019-2023 Quality Strategy.

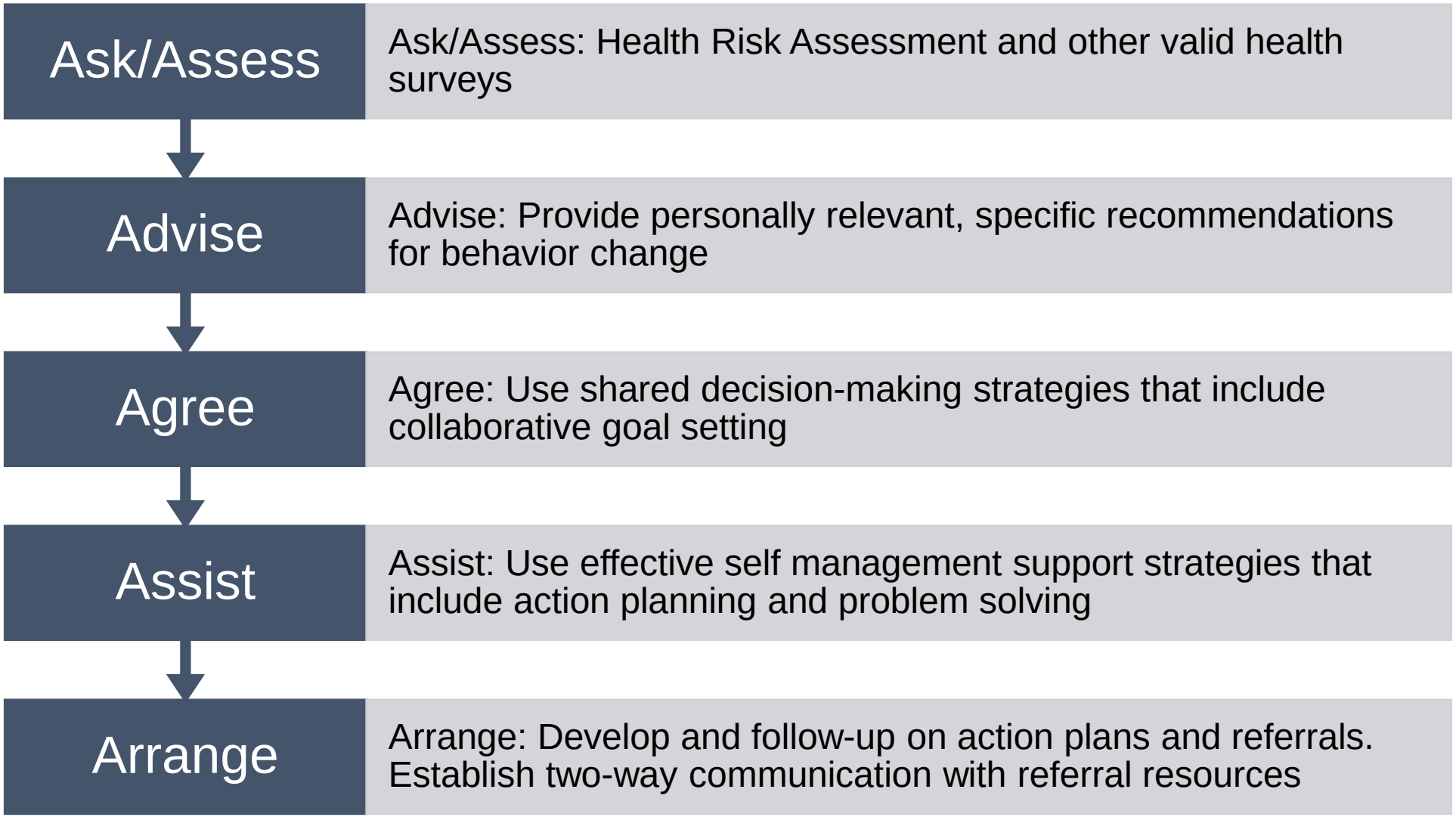
  - MCOs required to **report on quality:** HEDIS/CAHP metrics will be benchmarked by DC
  - MCOs get **paid for quality:** a portion of MCO payments is withheld and paid based on performance on non-emergent ER use, hospitalizations and readmissions

  - MCOs required to **pay providers for quality:** incentivize providers to improve health outcomes or achieve cost savings through value-based payment (VBP)/other alternative payment model (APM).



THE “5 AS” MODEL: A PRACTICAL APPROACH

THE "5 As" MODEL



APPLYING THE 5 As TO TOBACCO USE DISORDER

POLL: PERCENTAGE OF TOBACCO USERS ON MY CASELOAD

WHO USES TOBACCO?

- The 25 percent of Americans with mental disorders, including addiction, account for 40 percent of the cigarettes smoked in the U.S
- People who live in rural areas use all forms of tobacco at higher rates than people who live in urban areas

- Lipari R, Van Horn S. Smoking and Mental Illness Among Adults in the United Statesexternal icon. The CBHSQ Report: March 30, 2017. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration
- Cornelius ME, Wang TW, Jamal A, Loretan C, Neff L. Tobacco Product Use Among Adults – United States, 2019. Morbidity and Mortality Weekly Report, 2020. Volume 69(issue 46); pages 1736–1742. [accessed 2020 November 19].

WHY?

- Because they are addicted to nicotine
- Nicotine releases “gratification” producing chemicals in the brain
- Long term use of nicotine produces changes in brain function and structure
- Addictive properties related to rate of delivery to the brain

TOBACCO USE: A DISORDER OF *COMPULSION*

- Not exactly ready, or willing, or able
- *Hesitant*
- People want change, but don't want change
- "I desperately want to want to quit smoking"
- Ambivalent

"Come back when you're ready?"

TREATMENTS FOR TOBACCO DEPENDENCE

- Behavioral Treatments
  - Cognitive Behavioral Therapy
  - Motivational Interviewing
  - Mindfulness
  - Telephone support and quitlines

- Nicotine Replacement Therapy (NRT)
  - Bupropion
  - Varenicline
  - Medication combinations

https://www.drugabuse.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-are-treatments-tobacco-dependence

ASK/ASSESS: HRA AND OTHER VALID HEALTH SURVEYS

- Do you use tobacco?
  - What kind of tobacco do you use?
  - How much tobacco do you us?
  - How often do you use tobacco?
- Each time a clinician intervenes with a patient who uses tobacco, that patient's likelihood of quitting increases by 30%

Assessment of Motivation: Readiness to Quit Ladder

Instructions: Below are some thoughts that smokers have about quitting. On the ladder, circle the one number that shows what you think about quitting. Please read each sentence carefully before deciding.

10	I have quit smoking.
9	I have quit smoking, but I still worry about slipping back, so I need to keep working on living smoke free.
8	I still smoke, but I have begun to change, like cutting back on the number of cigarettes I smoke. I am ready to set a quit date.
7	I definitely plan to quit smoking in the next 30 days.
6	I definitely plan to quit smoking in the next 6 months.
5	I often think about quitting smoking, but I have no plans to quit.
4	I sometimes think about quitting smoking, but I have no plans to quit.
3	I rarely think about quitting smoking, and I have no plans to quit.
2	I never think about quitting smoking, and I have no plans to quit.
1	I have decided not to quit smoking for my lifetime. I have no interest in quitting.

Reprinted with permission from: Abrams DB, Niaura R, Brown RA, Emmons KM, Goldstein MG, Monti PM. *The Tobacco Treatment Handbook: A Guide to Best Practices*. New York: Guilford Press, 2003 (page 33). Adapted by the Center For Tobacco Independence.

http://makesmokinghistory.org/quit-now/for-providers/

ADVISE: PROVIDE PERSONALLY RELEVANT, SPECIFIC RECOMMENDATIONS FOR BEHAVIOR CHANGE

- Inform patients that quitting smoking is the most important change they can make for their long-term health

- The Public Health Service-sponsored Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update
- https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/references/quickref/index.html
- https://www.cdc.gov/tobacco/campaign/tips/quit-smoking/guide/index.html

AGREE: USE SHARED DECISION-MAKING STRATEGIES THAT INCLUDE COLLABORATIVE GOAL SETTING

- Determine Stage of Change and intervene accordingly
- Use Motivational Interviewing to explore ambivalence
  - What do I like/dislike about smoking?
  - How does smoking benefit me/What do I miss out on when I smoke?
  - How is smoking affecting my health?
  - How will my life get better/worse when I quit?

ASSIST: USE EFFECTIVE SELF MANAGEMENT SUPPORT STRATEGIES THAT INCLUDE ACTION PLANNING AND PROBLEM SOLVING

HMA INTEGRATED CARE DC

Set a Quit Date

- Choose a day in the next week or two
- Set yourself up for success. Pick a date that isn't already likely to be stressful one
- Get support. Let friends and family know you are planning to quit and explain how they can help

Not ready to quit?

- Practice Quitting Programs
- https://smokefree.gov/tools-tips/text-programs/practice-quitting/practice-quit

Visit smoke free.gov

- Sign up for a Smokefree text message/ Download a Smokefree app to get daily tips and support

Call the DC Quitline -1-800-Quit-Now (1-800-784-8669)

- Look for in-person smoking cessation counseling programs

ARRANGE: DEVELOP AND FOLLOW-UP ON ACTION PLANS AND REFERRALS. ESTABLISH TWO-WAY COMMUNICATION WITH REFERRAL RESOURCES

- Contact health insurance plan to find out if nicotine replacement medications are covered
- Discuss with the treatment team the best prescriber of Nicotine Replacement Therapy (PCP? Psychiatrist?)
- Get releases signed to share treatment plan with PCP and establish reciprocal communication

SUMMARY

- People with Serious Mental Illness (SMI) and Substance Use Disorder (SUD) die 25 years earlier than those in the general population, largely due to medical illnesses, and worse medical care
- BH clinicians can apply their knowledge and expertise in behavior change to health behaviors, making them extremely valuable members of the healthcare team
- The 5As model offers a practical structure and guide to addressing most health conditions
- Continual learning through research and collaboration with medical providers is a viable strategy for developing the skills needed to address medical conditions in behavioral health settings

REFERENCES

- Viron MJ, Stern TA. The impact of serious mental illness on health and healthcare. Psychosomatics. 2010 Nov-Dec;51(6):458-65. doi: 10.1176/appi.psy.51.6.458. PMID: 21051676
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Q&A

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EVALUATION

As a result of this webinar, I understand:

a. There are physical health disparities within the population of people receiving behavioral health services
b. Some of the preventable physical health conditions and their risk factors
c. Interventions I can make as a behavioral health provider
d. How to apply the 5A strategy to tobacco use disorders

WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CME or CE credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar**.**

- The webinar recording will be available within a few days at: https://www.integratedcaredc.com/learning/

- **Upcoming Webinar:**
  - **Perinatal Substance Use: Everything You Wanted to Know**, April 5, 2022, 12pm-1pm EST
  - **Harm Reduction Series Part 1: Harm Reduction Strategies,** April 13, 2022, 12:30pm-1pm EST

- For more information about Integrated Care DC, please visit: https://www.integratedcaredc.com/