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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IT'S A MATTER OF CONTEXT AND COMPASSION: UTILIZING CONTEXTUALISM TO PROMOTE ENGAGEMENT AND HEALTH BEHAVIOR CHANGE

HMA INTEGRATED CARE DC

PRESENTED BY:
Suzanne Daub, LCSW
David Bauman, PsyD

Tuesday, October 18th, 2022

12:00 pm – 1:00 pm EST

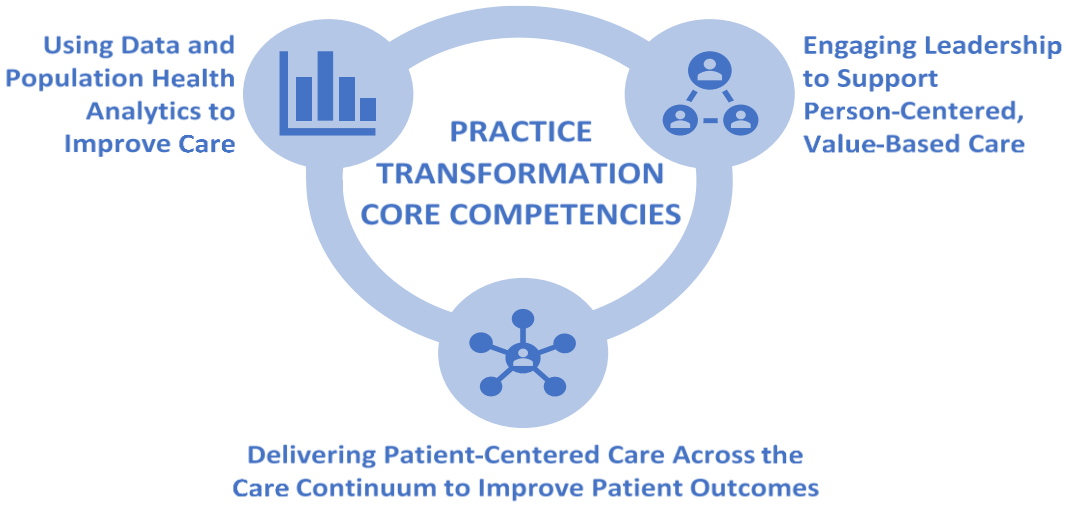
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial 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.

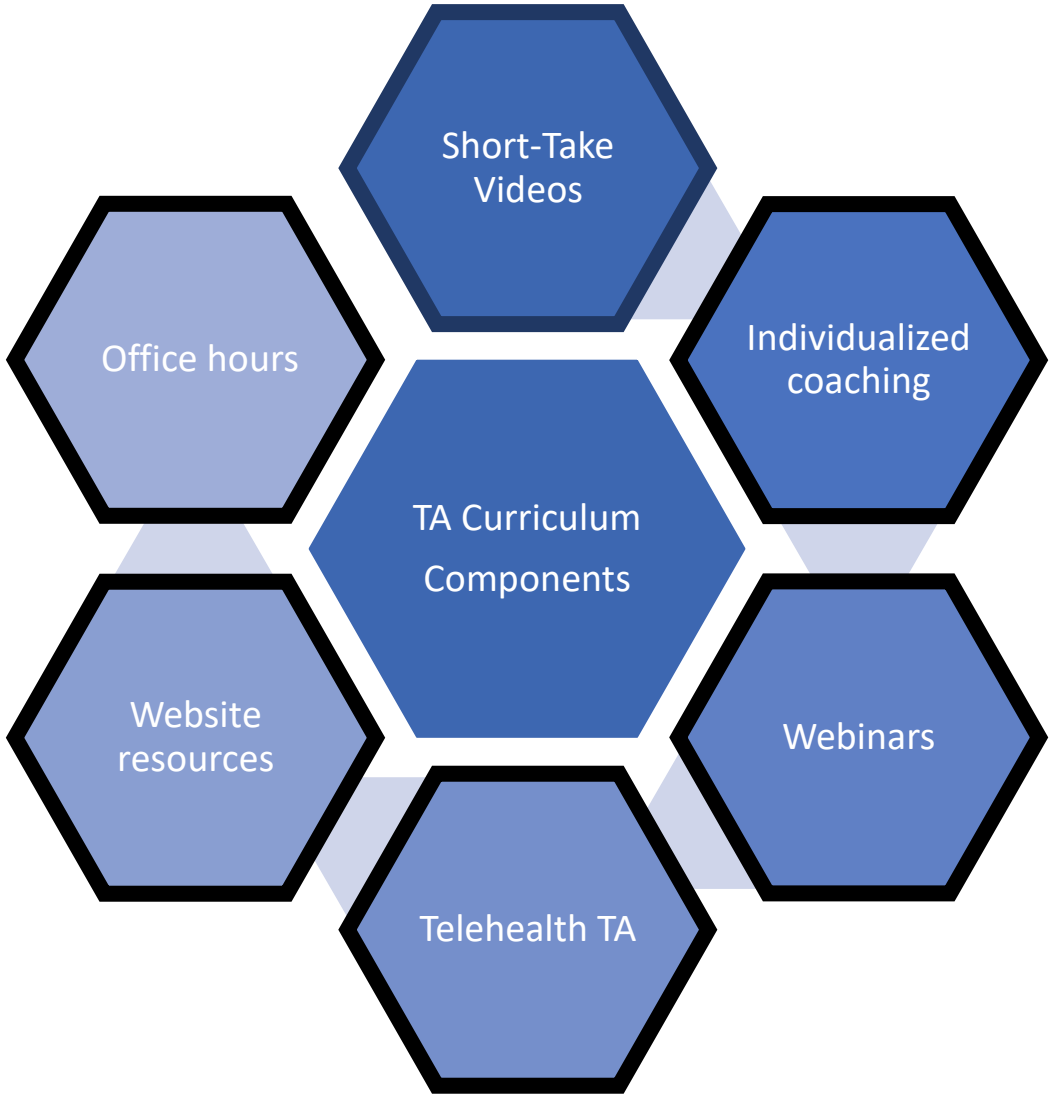
- Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

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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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	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 – 09/22/2025. 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. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.

- The AAFP has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 02/08/2022 to 02/07/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.

- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** 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

It's a Matter of Context and Compassion: Utilizing Contextualism to Promote Engagement and Health Behavior Change

- Welcome and Program Announcements
- Defining Primary Care Behavioral Health (PCBH)
- Functional Contextualism
- The Contextual Interview
- Putting it all Together
- Case Consultation
- Closing Remarks/Q&A

OBJECTIVES

1. Identify common lifestyle interventions recommended for many chronic conditions
2. Describe common reasons adherence rates for lifestyle interventions remain low.
3. Identify how to compassionately filter evidence-based lifestyle interventions through the patient's context.

Image permitted by DC Department of Health Care Finance

IT'S A MATTER OF CONTEXT AND COMPASSION: UTILIZING CONTEXTUALISM TO PROMOTE ENGAGEMENT AND HEALTH BEHAVIORAL CHANGE

DEFINING PCBH

- The Primary Care Behavioral Health Consultation model (PCBH) is a psychological approach to **population-based clinical health care** that is simultaneously **co-located, collaborative, and integrated** within the primary care clinic
- The goal of PCBH is to improve and promote **overall health within the general population**

Collaborative Family Healthcare Association, https://www.cfha.net/

THE BEHAVIORAL HEALTH CONSULTANT (BHC) ROLE IN PCBH MODEL: GATHER[1]

Generalist: The goal is to have the BHC work with patients of any age and any behavioral concern, from anxiety or tobacco use to parenting strategies

Accessible: The BHC should be available to help the primary care provider at all times during the workday

Team-based: The BHC is part of the health care team and participates in meetings and huddles about patient care

High productivity: To make this model work financially, the BHC must be able to see many patients each day. Many of these visits are short

Education: The BHC educates patients about health issues and the health care team about patients' psychosocial needs. The BHC supports the primary care provider in continued care of the patient

Routine: When making referrals to the BHC becomes part of the clinic's normal daily workflow

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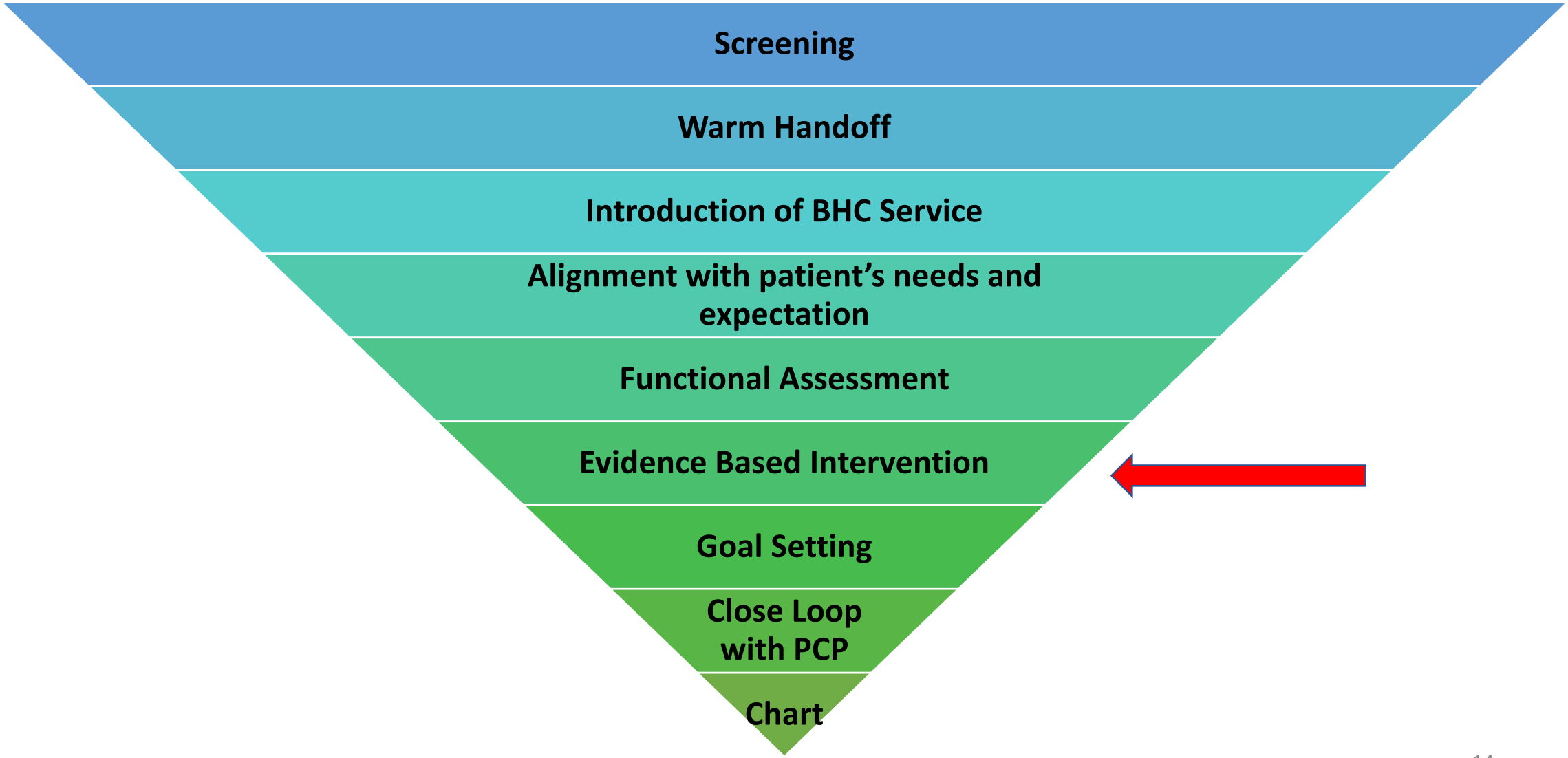
FOUR Cs[2]

- First Contact
- Comprehensive Care
- Continuity of Care
- Coordination of Care

PCBH VISIT STRUCTURE



BEFORE WE BEGIN THE JOURNEY…

Passionate about high fidelity to PCBH

- As well as contextual approaches to presenting concerns
- This is what drives us…

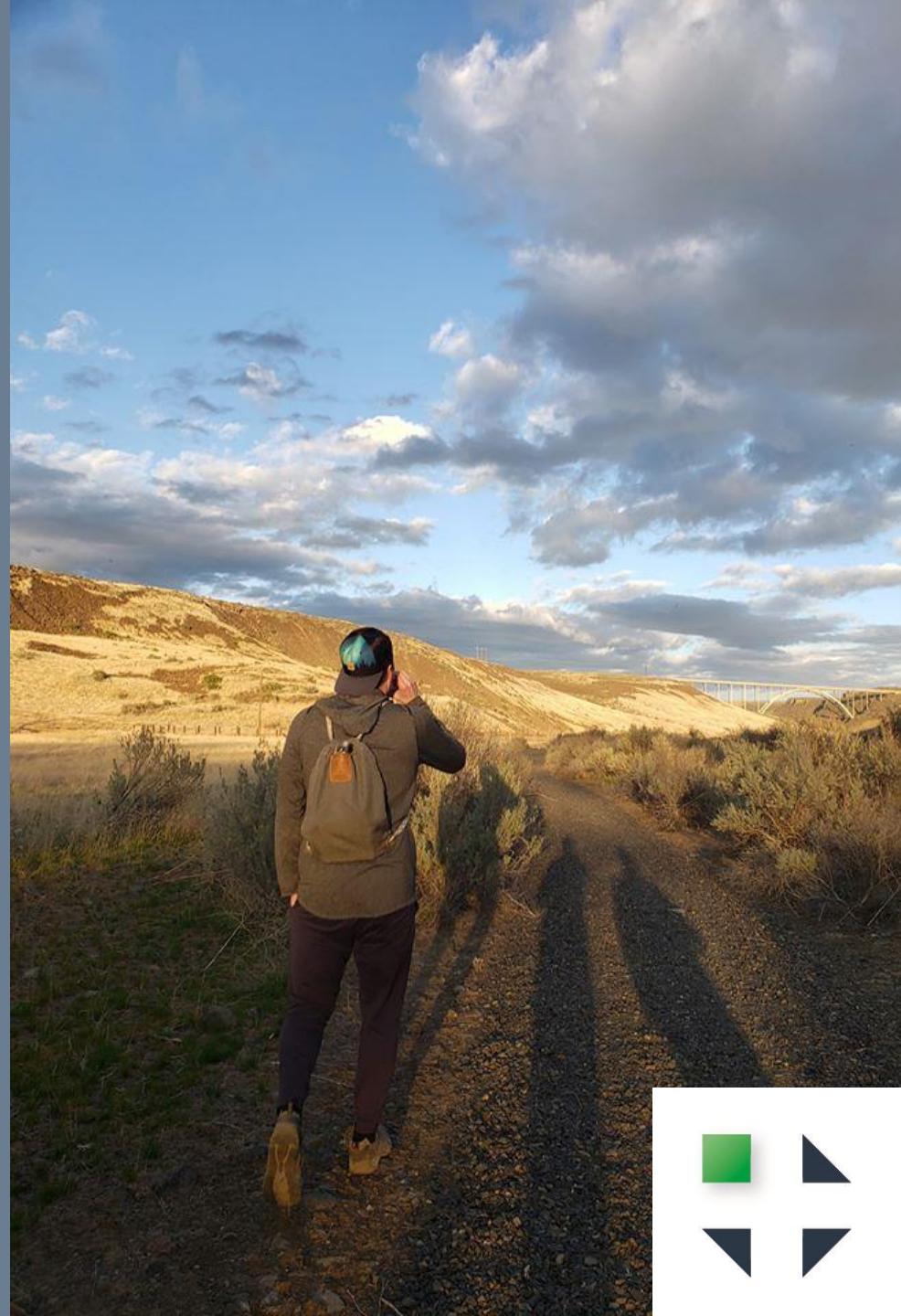
~~May~~ will say things that challenge some assumptions…

…And that is okay… that is the hope… here with you…

Perspectives aren't truths…

…Let's promise each other to rumble…

…Be kind on the journey…



TODAY'S FOCUS…

Common lifestyle factors that transcends many conditions…

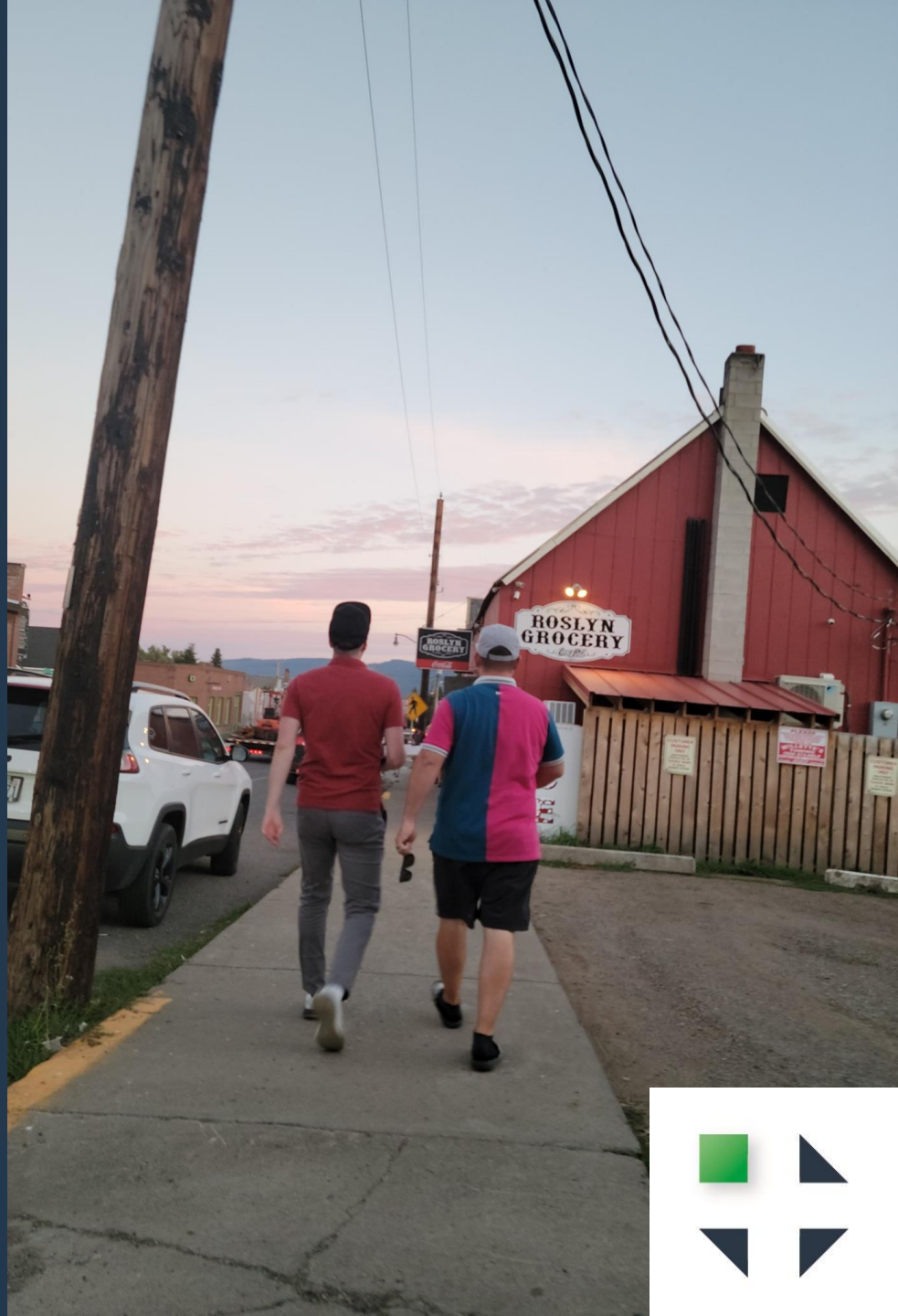
Reality of adherence rates…

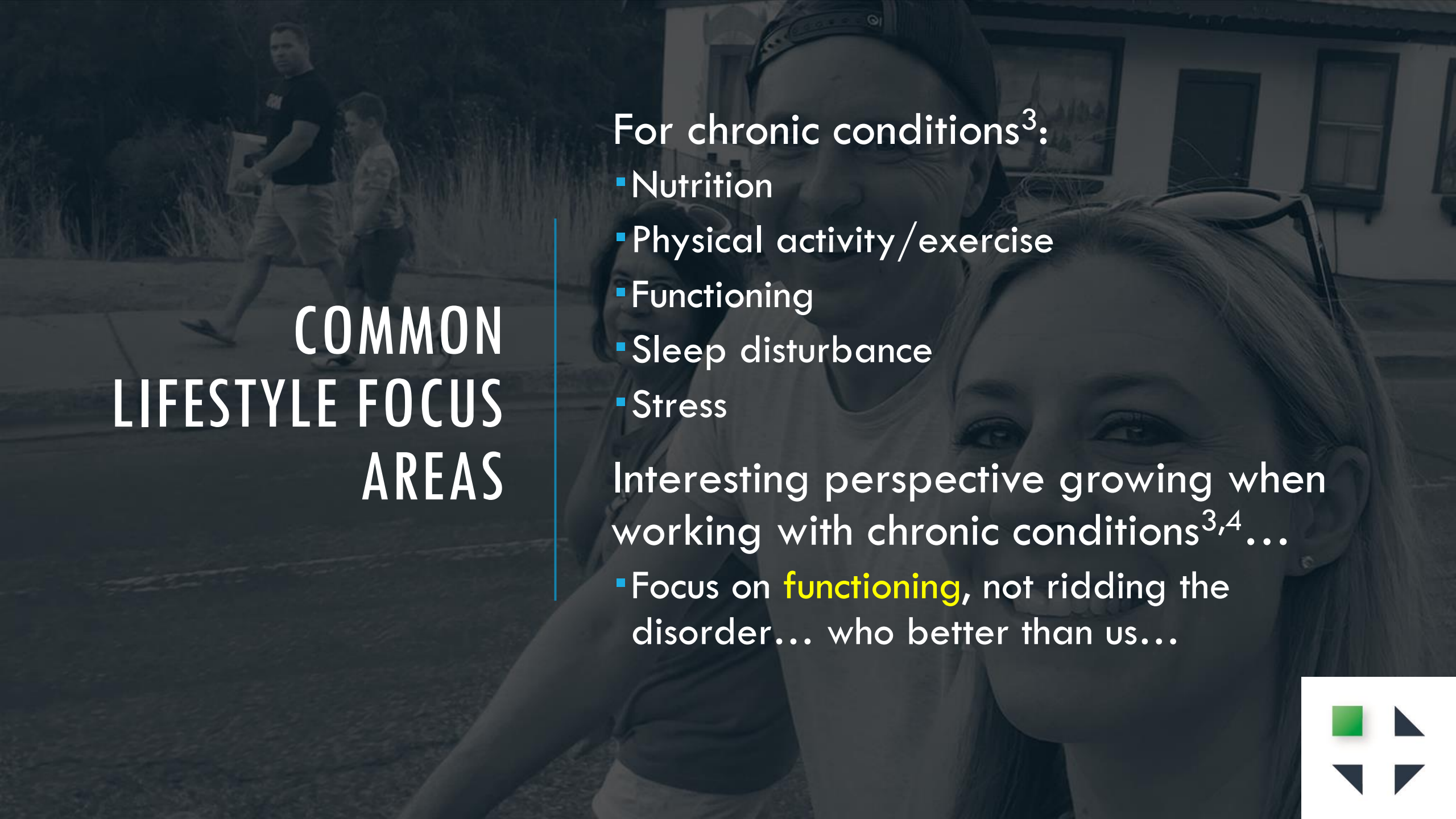
A contextual/compassionate approach to our efforts…

COULD A BHC SEE EVERY PATIENT?

Let's assume that we have enough people power and there are systems/workflows in place that allow it to happen, could a BHC have a meaningful encounter with every patient in your system?

- If so, with what would we intervene?





COMMON LIFESTYLE FOCUS AREAS

For chronic conditions[3]:

- Nutrition
- Physical activity/exercise
- Functioning
- Sleep disturbance
- Stress

Interesting perspective growing when working with chronic conditions[3,4]…

- Focus on functioning, not ridding the disorder… who better than us…

NOW... BEFORE WE GET ALL EXCITED...

Reality of treatment adherence…

- No research that we can help people change diet/exercise long-term[5]
- Across all conditions and all provider types, adherence is relatively poor
  - Estimated 50% of patients with chronic disease DO NOT adhere to treatment recs[6]
  - And, regularly, we don't have a clue…

It's a big problem too…

- Cost $300 billion to health systems[6]
- At least 125,000 deaths/year[7]
- Ten percent of hospital admissions; 23% of admissions to nursing homes[8]
- Huge frustration for providers[8]

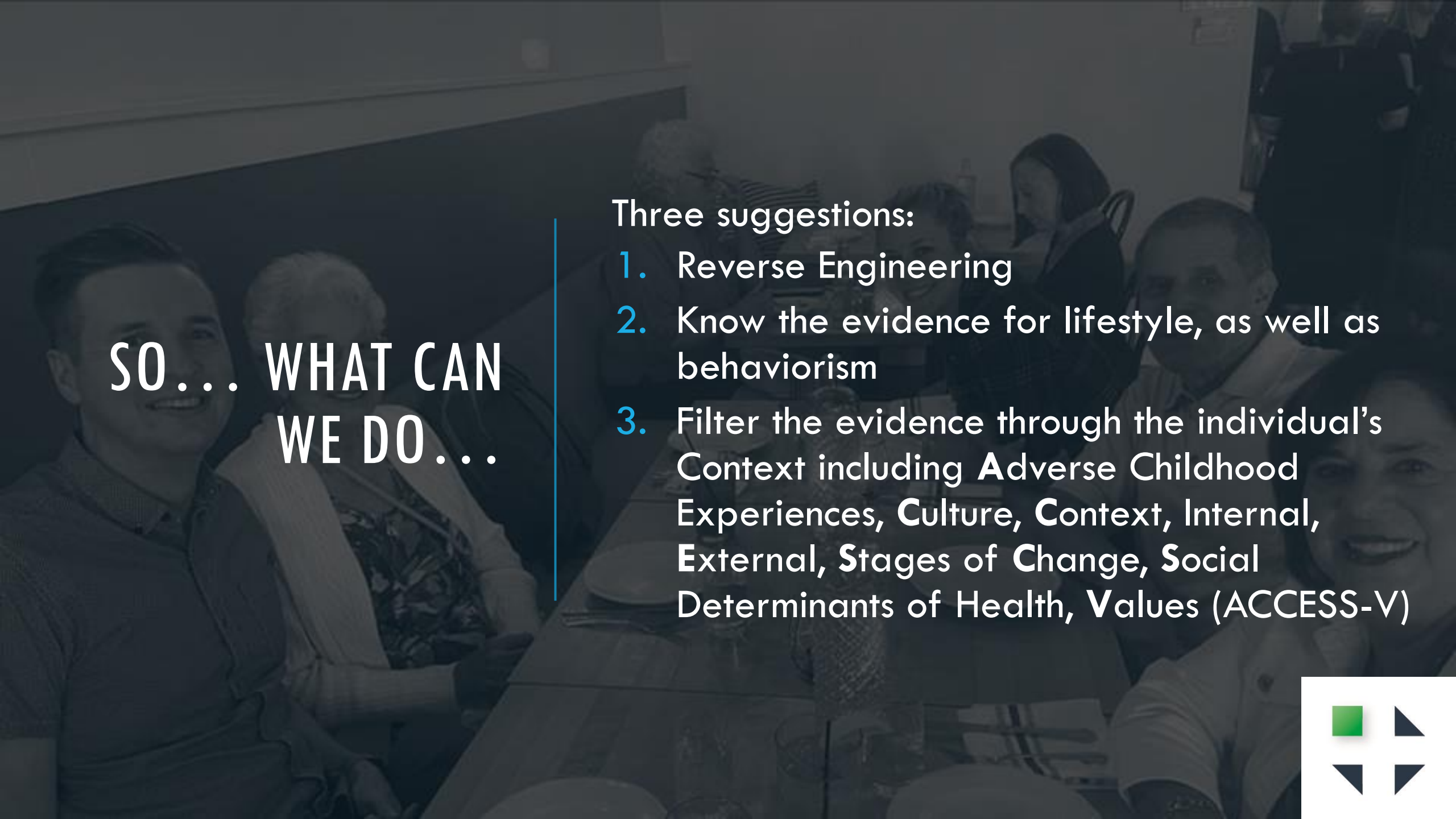
Think about how powerful an intervention could be if we improved…

NOW… THE OTHER PROBLEM…

Less, often, is more…

"To maximize quality of life, patients with multimorbidity must strike a daily balance between attending to their health problems… while avoiding the potential for their lives to be ruled by the demands of chronic disease management. Clinicians' well-meaning attempts to aggressively treat all conditions all the time, without sufficient attention to the whole person and his or her shifting priorities, may result in treatment recommendations that the patient finds overwhelming, unaffordable, or otherwise unrealistic."[3]

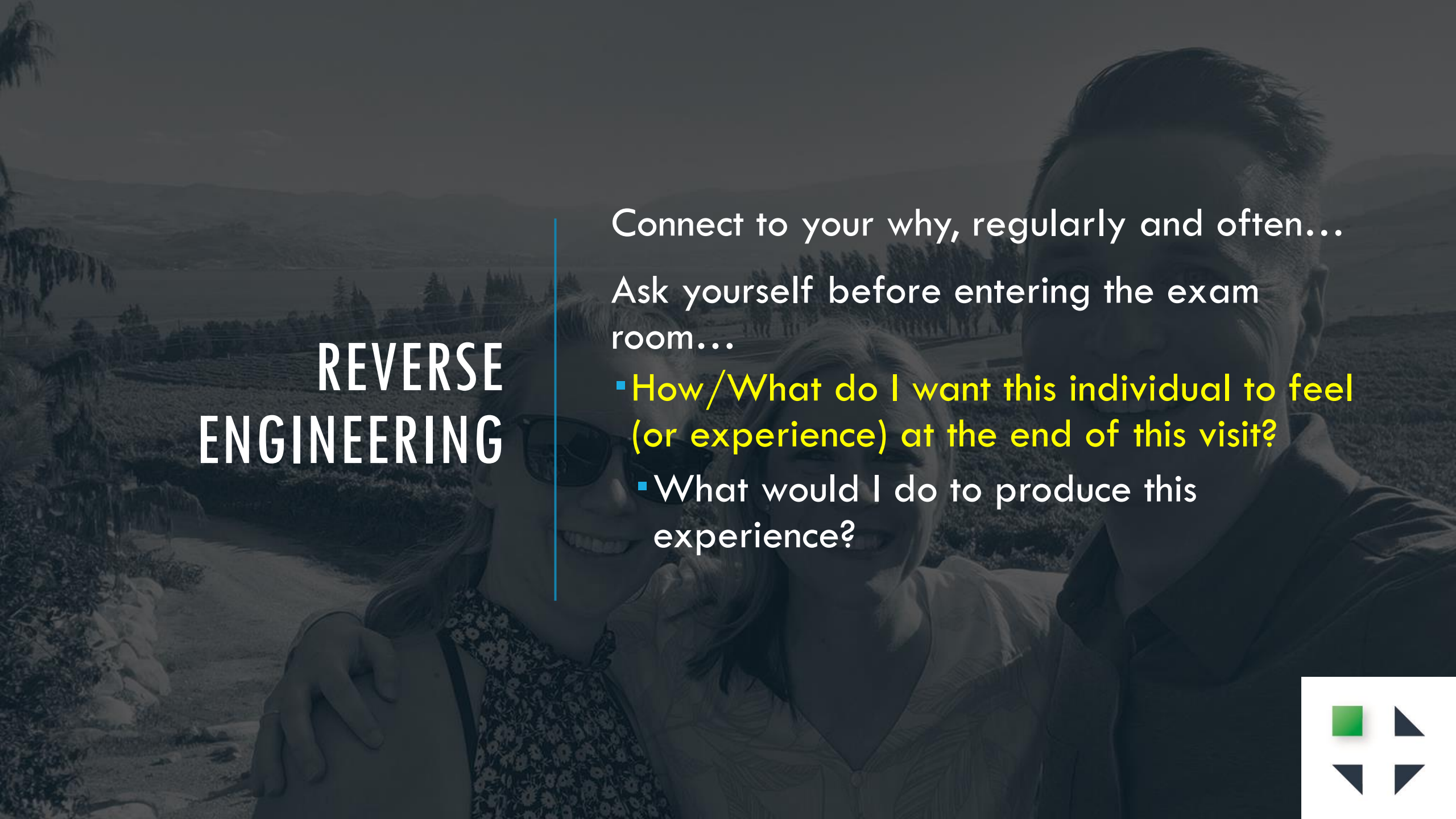
- What this means for us!!!



SO… WHAT CAN WE DO…

Three suggestions:

1. Reverse Engineering
2. Know the evidence for lifestyle, as well as behaviorism
3. Filter the evidence through the individual's Context including **A**dverse Childhood Experiences, **C**ulture, **C**ontext, Internal, **E**xternal, **S**tages of **C**hange, **S**ocial Determinants of Health, **V**alues (ACCESS-V)



REVERSE ENGINEERING

Connect to your why, regularly and often…

Ask yourself before entering the exam room…

- How/What do I want this individual to feel (or experience) at the end of this visit?
  - What would I do to produce this experience?

KNOW THE EVIDENCE FOR LIFESTYLE, AS WELL AS BEHAVIORISM

Must be *UpToDate* on evidence related to lifestyle and behavioral change

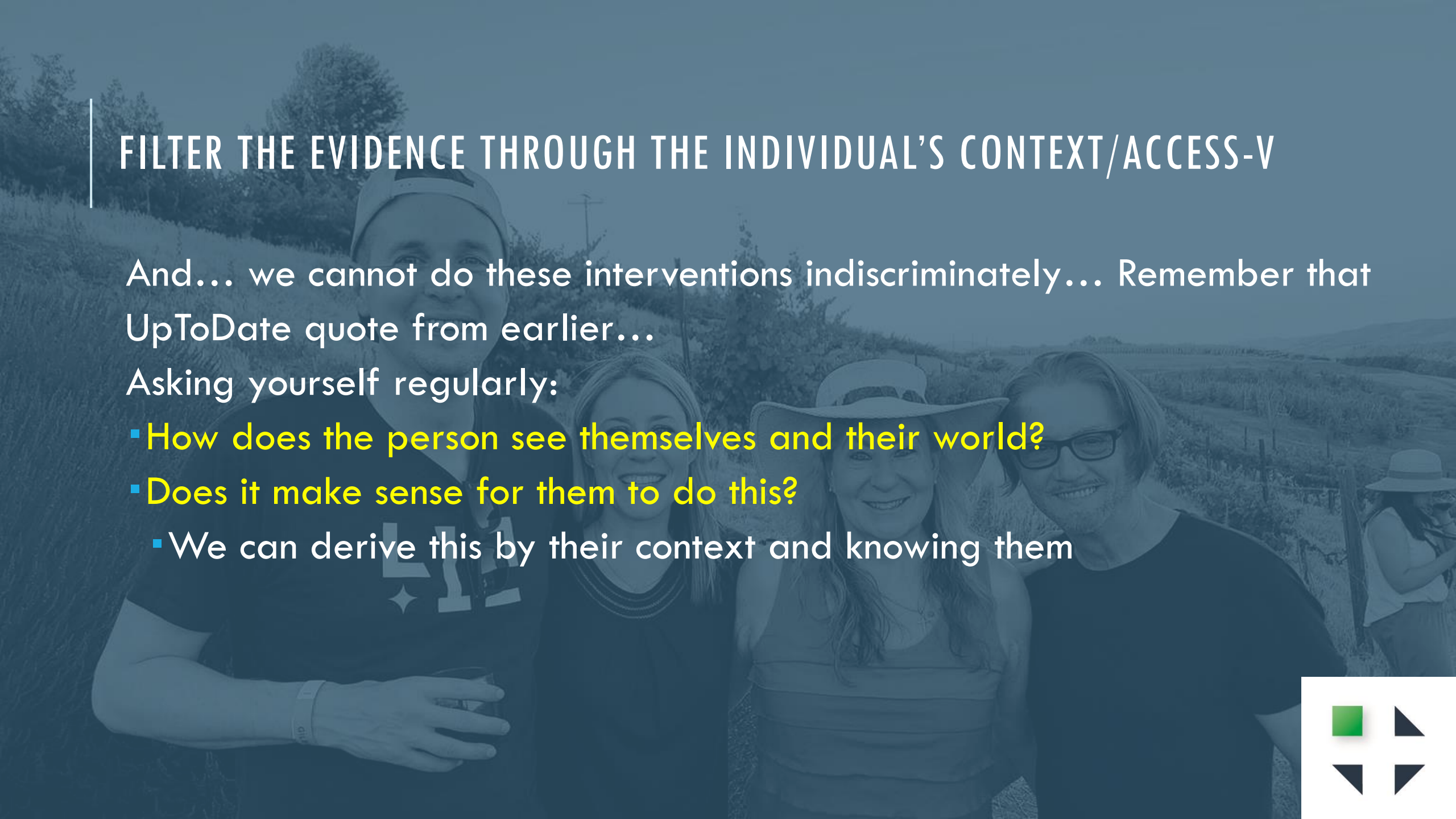
Remember, first line evidence-based interventions for chronic conditions and most MH:

- Nutrition
- Physical activity/exercise
- Functioning
- Sleep disturbance
- Stress

And, there are a number of behavioral interventions that can be useful…

- Behavioral activation – "Just do it"
- Stimulus control – "reminders, setting up the context to produce the behavior"
- Self-monitoring – Diaries and journals
- Social support – maybe the most predictive of all…

FILTER THE EVIDENCE THROUGH THE INDIVIDUAL'S CONTEXT/ACCESS-V



And… we cannot do these interventions indiscriminately… Remember that UpToDate quote from earlier…

Asking yourself regularly:

- How does the person see themselves and their world?
- Does it make sense for them to do this?
  - We can derive this by their context and knowing them

FILTER THE EVIDENCE THROUGH THE INDIVIDUAL'S CONTEXT/ACCESS-V

Less, is probably more…

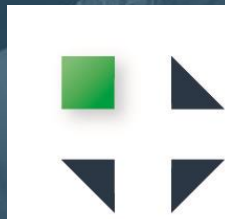
Remember, simply asking someone to set a goal may ignite an unwanted relational frame

- PB&J moments

The most evidence-based intervention for lifestyle may be love and compassion…

… and, remember, if a patient is not engaged… our efforts are pointless… engagement MUST be present

- Which, knowing context will naturally promote, as it changes how we interact with them…



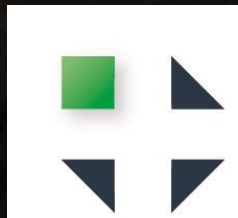
TO SUMMARIZE…

Lifestyle and behavioral change is OUR jam… really, could see every patient (if we had the people and system power)

Although… we aren't that great in helping people do so… thus, focus on:

- Reverse Engineering
- Know the evidence for lifestyle, as well as behaviorism
- Filter the evidence through the individual's Context/ACCESS-V

Create a context of curiosity, compassion, and, above all, love…



CASE PRESENTATION
DEBRA VEKSTEIN -- UNITY HEALTHCARE

HMA INTEGRATED CARE DC

- **Situation:**
  - 77 y.o. immigrant from El Salvador with recent DX of liver cancer and is currently undergoing radiation. Was referred due to depressed mood following her DX
- **Background**:
  - Pt has a h/o loneliness and social isolation and “just has a need to talk”. Has cried during both visits she’s had
  - Was actively receiving services at Centro Vida, a DC senior center; attendance was negatively impacted during COVID. Interest in attendance has waned over time due to “too many interpersonal conflicts” there. Pt feels “sad, useless, lonely and worried about her loss of independence”
  - Will refer her to Nueva Vida (New Life), a cancer support group for Latina clients and families at our next visit. https://www.nueva-vida.org/
- **Assessment:**
  - Pt is undergoing a lot of physical pain/ discomfort caused by the radiation TX. Her single 50 y.o. son is her primary support, and she feels a lot of guilt each time she needs his assistance. Strengths include hobbies she enjoys

CASE PRESENTATION
DEBRA VEKSTEIN -- UNITY HEALTHCARE

HMA INTEGRATED CARE DC

- **Questions to Group:**
  - What do you see my role being in this case?
  - Is this patient appropriate for brief intervention only, and what kind of support can I offer?

Q&A

CONTACT US

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TA Coach/SME
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REFERENCE LIST

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WRAP UP AND NEXT STEPS

- Please complete the online evaluation! **If you would like to receive CE or CME 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:**
  - ***PCBH Part 5: Behavioral Health Consultation: Handling Behavioral Health Emergencies in Primary Care***, November 15, 12:00-1:00pm EST

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