INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

The Webinar will begin promptly at 12:00pm

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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NEW DIAGNOSIS OF A CHRONIC CONDITION

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PRESENTED BY:
Marsha Johnson, LCSW
Suzanne Daub, LCSW

Tuesday,
May 16, 2023
12:00 pm – 1:00 pm ET

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 U.S. Department of Health and Human Services (HHS). A total of $3,500,365, or 81 percent, of the project is financed with federal funds, and $810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.

DHCF
Department of Health Care Finance

HMA

WHAT IS INTEGRATED CARE DC?

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- Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

1. Deliver **patient-centered care** across the care continuum
2. Use **population health analytics** to address complex needs
3. Engage **leadership** to support person-centered, value-based care

WHY PARTICIPATE IN INTEGRATED CARE DC?

INTEGRATED CARE DC
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- Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- Educational credit (CE/CME) is offered at no cost to attendees for live webinars.
- All DC Medicaid providers are eligible.

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INTEGRATED CARE DC UPDATES

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Are you receiving our Integrated Care DC Newsletters?

Check your inbox on the 1st and 3rd Tuesday for the Monthly Newsletter and the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
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

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- Health Management Associates (HMA), #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. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2022–09/22/2025. Social workers completing this course receive 1.0 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 American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 01/31/023 to 01/30/2024. 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.

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AGENDA

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New Diagnosis of a Chronic Condition

- Welcome and Program Announcements
- PCBH Overview
- Understanding Chronic Conditions
- The 5 As
- Discussion
- Q&A

LEARNING OBJECTIVES

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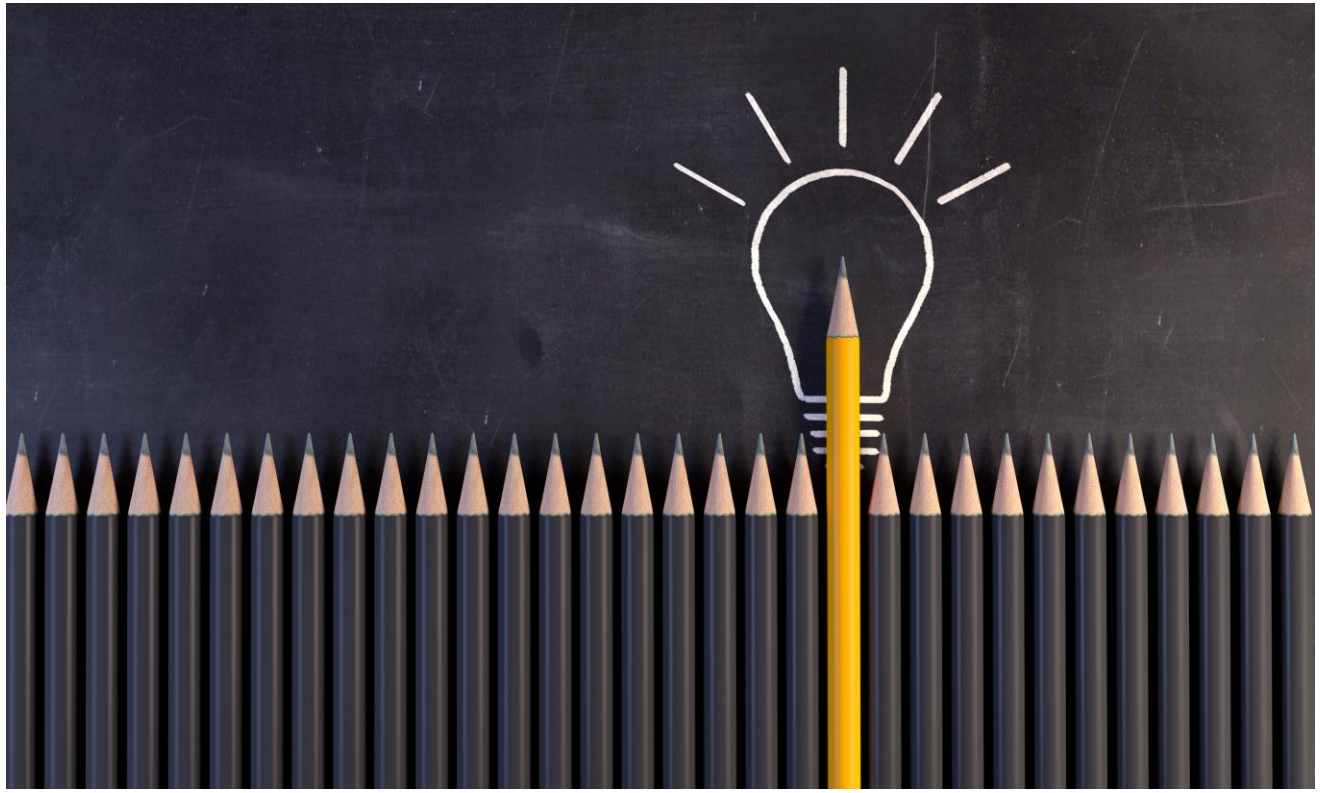
1. Describe two facts about chronic disease prevalence and/or cost.
2. Discuss the ideal position of a behavioral health consultant with respect to chronic conditions.
3. Apply the 5 As in working with a patient with a newly diagnosed chronic condition.



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PRIMARY CARE BEHAVIORAL HEALTH CONSULTATION MODEL

DEFINING PCBH

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- The Primary Care Behavioral Health (PCBH) Consultation model 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**

Serrano, N and Robinson, JB. (n.d.). *What is the Primary Care Behavioral Health Consultation model?* Collaborative Family Healthcare Association. https://members.cfha.net/page/PCBHFAQDefinition

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

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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

Robinson, P. J., & Reiter, J. T. (2016). Behavioral consultation and primary care: A guide to integrating services (2nd ed.). Geneva: Springer International.

UNDERSTANDING CHRONIC CONDITIONS

CHRONIC DISEASES IN THE UNITED STATES

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A chronic disease is a condition that lasts one year or more and requires ongoing medical attention or limits activities of daily living or both

- 90% of the nation's $4.1 trillion per year in healthcare costs can be attributed to people with chronic diseases and mental health conditions (CDC, 2021)
- 6 in 10 adults have one chronic disease and 4 in 10 adults have two or more chronic diseases (CDC, 2021)
- Chronic diseases are the leading causes of death and disability (CDC, n.d.)

MOST COMMON CHRONIC CONDITIONS IN THE U.S.

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Source: Hush Naidoo Jade Photography on Unsplash

1. Heart disease
2. Cancer
3. Diabetes

DISPARITIES IN CHRONIC DISEASE

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- Chronic conditions are more prevalent in people from socioeconomically deprived backgrounds. (Mair et al, 2020)
- Onset of a chronic disease reduces wages by 18%. (Thorpe et al, 2017)
- Americans with just one or two chronic illnesses in 2014 paid double the out-of-pocket costs compared to Americans without chronic conditions. (Butorff et al, 2017)
- People of color face higher rates of diabetes, obesity, stroke, heart disease, and cancer than whites. (Thorpe et al, 2017)

"People from socioeconomically deprived areas with chronic illness or multimorbidity have higher morbidity and mortality than their more affluent counterparts." (Mair et al, 2020)

INTERVENTION

THE OPPORTUNITY

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A significant determinant of positive coping outcomes is the presence of therapeutic interventions

- K. White et al. did a systematic review of the literature on chronic disease and coping
- Therapeutic interventions include:
  - providing more knowledge about the chronic condition
  - teaching coping skills
  - improving adherence behavior
  - exploring ways to gain satisfaction in work or life
  - examining the emotional consequences of illness
  - incorporating new healthcare technologies

IMPACT OF THERAPEUTIC INTERVENTIONS

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- Therapeutic interventions drove positive outcomes:
  - More positive moods
  - Greater disease acceptance
  - Increased quality of life
  - Improvements in patient knowledge and self-care behaviors

Source: FatCamera on iStock

IDEAL ROLE FOR A BHC

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- Therapeutic support for emotional response
- Keen understanding of stages of change
- Motivational interviewing skills to explore meaning and support self-management
- Focused time

THE FIVE As

THE FIVE AS

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- A health behavior change model designed for use with chronic illness care originally developed as part of the Chronic Care Model.
  - Assess
  - Advise
  - Agree
  - Assist
  - Arrange

ASSESS

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Symptoms

Risk factors

Behaviors

Attitudes

Preferences

ADVISE

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Knowledge and understanding

- Provide information about symptoms, treatments, long-term effects, and health behavior impact on disease progression

Emotions

- Normalize range of emotional responses to new diagnosis

Coping

- Discuss coping strategies that can be utilized

Self-management

- Describe specific self-management strategies

Life impact

- Share common impacts on life, relationships, functioning, and work

Specific, person-centered options for treatment, symptom reduction, and improvements to quality of life, health, and functioning

IMPORTANT CONSIDERATIONS FOR ADVISE

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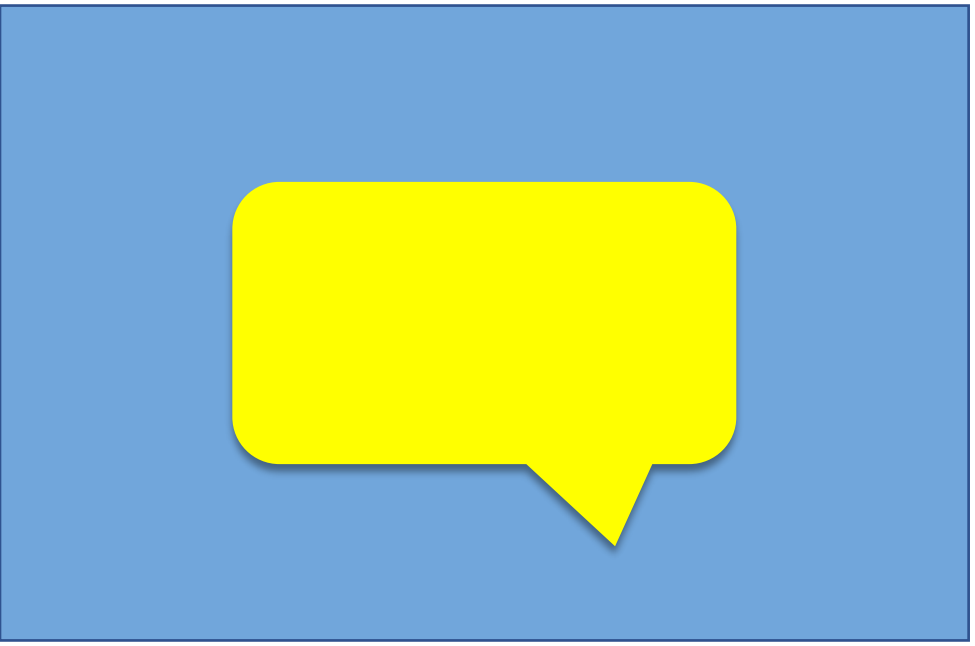

- Use advise sparingly if you are using motivational interviewing
- Ask permission before you advise
- Be mindful of information overload
- Consider impact of information
  - Too little anxiety can result in no sense of urgency to change
  - Too much anxiety can result in disengagement

AGREE

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- Collaboratively select goals based on patient interest and motivation to change
- Establishing stage of change will have a strong bearing on the “agree” step
- Motivational interviewing (MI) adherent strategies to strengthen commitment, assess readiness, and mitigate barriers are critical in this phase

ASSIST

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Knowledge and understanding

- Provide credible and evidence-based information and resources

Emotions

- Provide information about common reactions to new diagnoses

Coping

- Teach a coping strategy to mitigate stress of the diagnosis

Self-management

- Refer patient to self-management classes, support groups or other approaches to support self-management

Life impact

- Problem-solve impacts on life, relationships, work, and functioning

ARRANGE

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- Determine follow-up
  - Visit with BHC
  - Visit with PCP
  - Refer to self-management or support groups
  - Refer to specialty behavioral health
  - Phone call

Source: Microsoft Stock Images

DISCUSSION

Q&A

REFERENCE LIST

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WRAP UP AND NEXT STEPS

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- The webinar recording will be available within a few days at: www.integratedcaredc.com/learning
- **Upcoming Webinar:** *Engaging Families (PCBH Series Part 12),* Tuesday, June 20, 2023, 12:00 pm – 1:00 pm ET
- For more information about Integrated Care DC, please visit: www.integratedcaredc.com