HEALTH MANAGEMENT ASSOCIATES

Barriers to Care Series: Addressing Behavioral Health Issues

Million Hearts Grantee Technical Assistance
Recorded Webinar

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Addressing Social Determinants of Health	Virtual Care: Best Practices for Patient Engagement	Addressing Behavioral Health Issues
Recorded Webinar (September 2021)	Recorded Webinar (September 2021)	Recorded Webinar (October2021)

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In working with people with multiple chronic conditions:

- People with mental illness are more likely to abuse drugs and/or alcohol.
- Substance use puts the individual at increased risk for physical health issues
- Trauma and addiction are closely related.

Importance of care managers in supporting patients:

Build Hope!

- Simplify complexity,
- Help make tasks manageable,
- Build confidence in self-management ability,
- Encourage through failures & celebrate successes
- Support independent problem solving,
- Coordinate services with care team,
- Assess caregiver burden and support.

- **Stigma** may prevent patients from being vocal about their symptoms to their providers and seeking behavioral health care
- There are **cultural differences** in the way BH symptoms are manifested and treated
  - May be expressed in words or as physical symptoms such as headache, stomachache or backache
  - Health literacy may affect how symptoms are expressed
  - Treatment expectations may be for physical symptoms or spiritual support
  - Resources for diverse communities: https://adaa.org/diverse-communities

https://adaa.org/learn-from-us/from-the-experts/blog-posts/consumer/influences-cultural-differences-diagnosis-and

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- Engagement & development of a trusting relationship
- Assessment to identify needed services and refer to appropriate treatment or resources
- Outcome-focused planning
- Crisis prevention and intervention
- Natural support network

- **Engagement and developing a trusting relationship by identifying and meeting essential needs facilitates educating and motivating desire to reach a goal**
  - Pragmatic approach – start where the patient is to help engage and build a trusting relationship
  - Provide and respect choices – patient-centered
  - Present benefits of consent to coordinate care

SBIRT = Screening, Brief Intervention, Referral to Treatment

SBIRT has been found to be effective in early identification of patients at risk for substance use disorders, depression, and other mental health conditions and assisting in their treatment.

- **Screening within a trusting environment** to quickly assess needs and appropriate level of treatment
  - PHQ-9, GAD-7, AUDIT, DAST-10, CAGE-AID, NM ASSIST
- **Brief intervention** for a patient who screens positive
- **Referral** to appropriate local services

https://www.samhsa.gov/sbirt

Hargraves D, White C, Frederick R, Cinibulk M, Peters M, Young A, Elder N. Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: lessons learned from a multi-practice evaluation portfolio. Public Health Rev. 2017 Dec 29;38:31. doi: 10.1186/s40985-017-0077-0. PMID: 29450101; PMCID: PMC5809898. https://pubmed.ncbi.nlm.nih.gov/29450101/

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Best Practices for Implementing SBIRT

- Identify a Practice Champion
- Utilize an interprofessional team
- Define the details each SBIRT step within the team
- Align within office workflows
- Identify pre-screening tool
- Integrate withing EMR
- Develop relationships with referral partners
- Train staff

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- Learn community support resources
  - Encourage patient participation in effective community programs
  - Identify referral and communication processes
- Create connections with community organizations
  - Build individual connections to:
    - Avoid call-trees or wait lists
    - Resolve potential conflicts
    - Receive feedback on patient use of services
- Patient's central role in managing their services
  - Referral and linkage with chosen services

Outcome-focused planning

- Define the range of desired outcomes with the person
- Support achievement of desired goals through:
  - Accomplishment of smaller objectives
  - Gaining mastery of themselves and their environment
  - Accessing and accepting assistance from others in attaining goals
- Regularly review progress against collaboratively set goals
  - Anticipate potential problems and brainstorm options
  - Reinforce flexibility to adapt to changes
- Continue to motivate staying engaged in treatment
- Support mastery of basic skills to function independently
- Develop community supports

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- Collaborate with psychiatrists, therapists and other providers
- Coordinate services and integrate provider plans into a unified whole
- Support attendance at scheduled appointments:
  - Educate patient/ caregiver on the importance of maintaining scheduled appointments
  - Plan for transportation for appointments
  - Address language/ cultural needs
  - Address other barriers (i.e. childcare)
  - Schedule appointment(s)
  - Help patient/ caregiver prepare for the visit

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Crisis prevention and intervention

- Ensure a crisis prevention plan is established with off-hours crisis intervention arrangements
- Frequent contact with other treatment providers can signal an impending crisis
  - Convene case conference
  - Work to resolve problems
  - Develop approaches to keep patient in treatment

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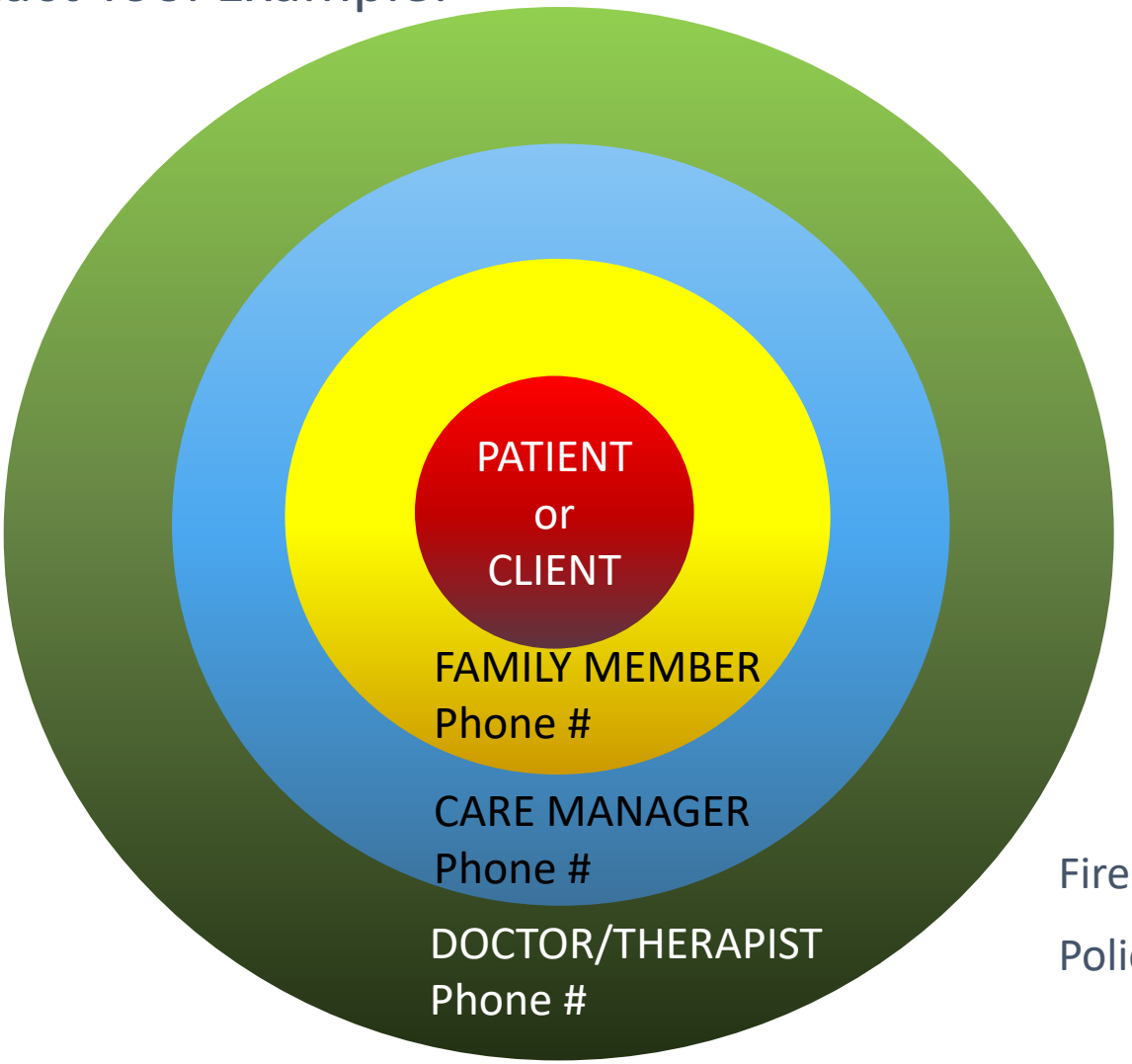
Contact Tool Example:



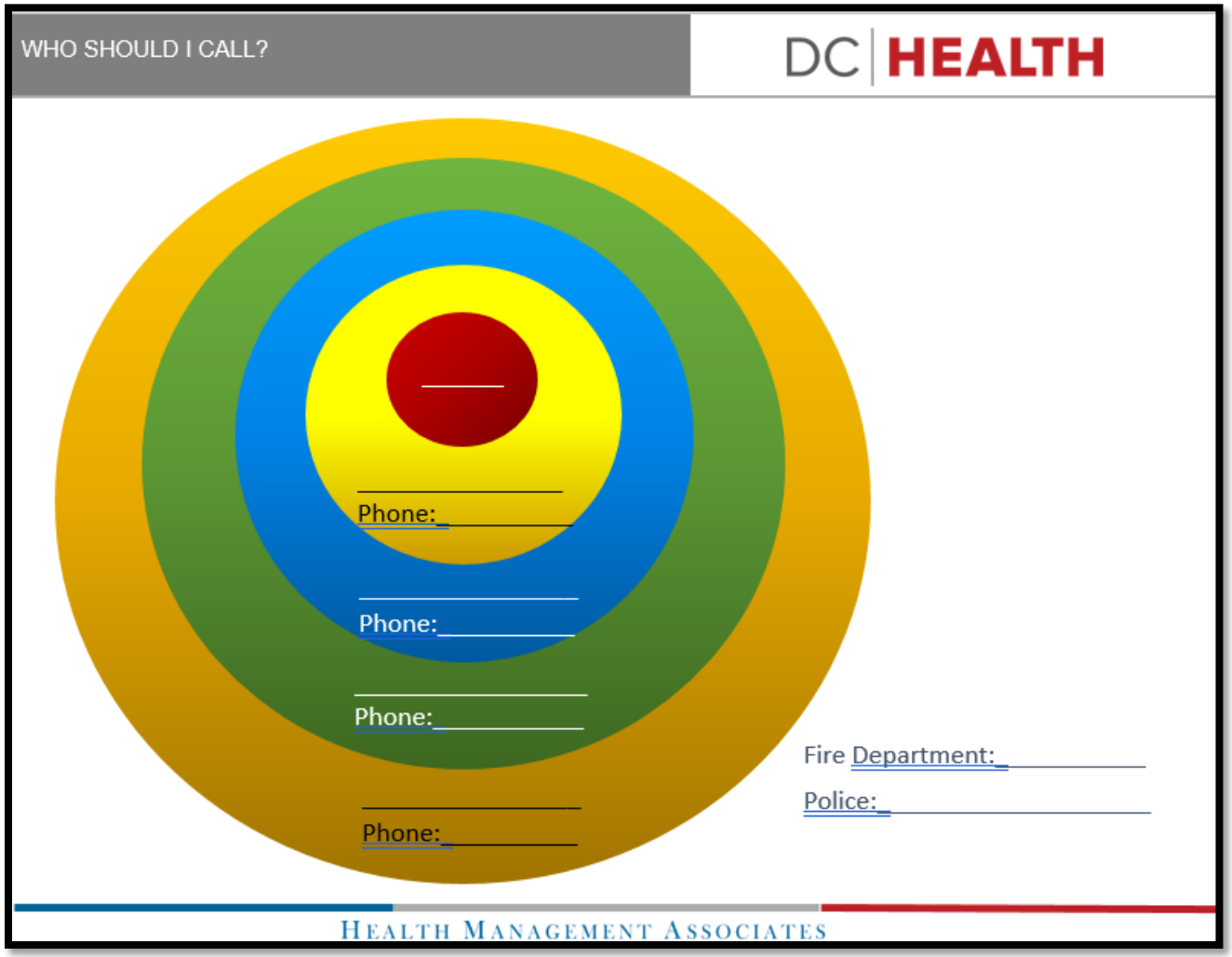
Add contact numbers for anyone that can be called to help the individual manage through likely crisis events:

- Extended family
- Children
- Friends
- Housemates
- Police
- 911
- Primary Therapist
- On-call numbers

Fire Department:_____

Police:_____

Actual Tool Available:



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Shame –
lack of willingness to attend visits or honestly admit struggles

- Health literacy/ numeracy barriers
- Diet/Exercise/Sobriety efforts
- Monitoring challenges

Depression –
lack of interest

Apathy:

"It's too much to deal with, so I won't…"

Financial or Life Stressors –
managing illness isn't a priority

Prioritizing managing health over life issues such as homelessness, food insecurity, justice involvement, etc. doesn't make sense

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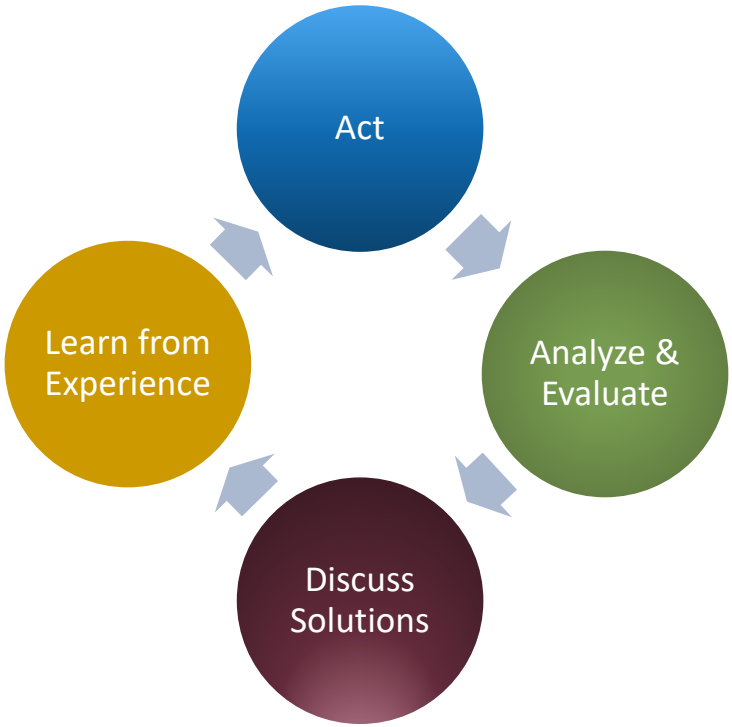
Self-managing chronic disease AND life is in-part a discovery as well as a learning process – what to eat, whether to attend an appointment, when to take meds, when to monitor, how to fit in exercise, when to call for help…

- Managing chronic conditions doesn't require perfection
- Analyze what was different
- Learn from it
- Discuss possible solutions
- Try new solutions & evaluate



https://www.diabeteseducator.org/living-with-diabetes/aade7-self-care-behaviors

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Coping with daily stress on top of managing a chronic illness can be overwhelming. Help patients think about healthy ways to cope with stress:

- Exercise
- Positive thinking
- Celebrate successes
- Seek support
- Be good to yourself

https://www.diabeteseducator.org/living-with-diabetes/aade7-self-care-behaviors

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- Work to identify natural supports & informal resources
- Emphasize the patient's central role
- Include family members & caregivers
- Monitor caregiver strain & offer support
  - Caregiver Strain Index: http://www.npcrc.org/files/news/caregiver_strain_index.pdf
- Organize resources for ongoing support

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