RN Care Manager in Behavioral Health Settings

The Expanding Role of Nurses in Whole Person Care
Tuesday, May 22, 2018
Spokane, WA

The Healthier Washington Practice Transformation Support Hub
Housekeeping – Facilities & Materials

- Breaks
- Lunch
- Bathrooms
- Training Folders
- Continuing Nursing Education

<table>
<thead>
<tr>
<th>TIME</th>
<th>LOCATION</th>
<th>SESSION TITLE</th>
<th>PRESENTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 AM</td>
<td>Grand Ballroom Foyer</td>
<td>Arrival and Registration</td>
<td>Anne Shields MHA, RN</td>
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<td>Antwinett Lee EdD, MSN-CNS, RN</td>
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<tr>
<td>8:30 – 9:00 AM</td>
<td>Grand Ballroom Salons I-II</td>
<td>Welcome and Opening Remarks</td>
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<tr>
<td>9:00 – 9:15 AM</td>
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<td>Transition</td>
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<td>Common Medical Co-Morbidities in Serious Mental Illness (SMI) Populations</td>
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Welcome & Introductions

- John Kern MD
- Olga Felton RN, MSN, CENP
Audience Introductions

- Role
- Organization and location
- Describe your interest in the training
Common Medical Co-Morbidities in Serious Mental Illness (SMI) Populations

Session 1
Learning Objectives

• Recognize the impact of medical comorbidity on patients with serious mental illnesses

• Describe evidence-based treatment approaches for reducing cardiometabolic risk in this population

• Identify the roles for nurses in integrated care models, including behavioral health homes
My Sudden Introduction to the Mortality Gap

- Hard to pursue recovery goals when dead
- No one else is doing it
- Opportunity for frequent touches
- Now part of our mission
Background: Life Expectancy in SMI
Short and NOT IMPROVING

Contributing Factors: Individual

• Individual
  – Psychiatric symptoms
  – Health behaviors
  – Poverty
    • Limited Resources
    • Competing Priorities
Contributing Factors: Provider/treatment

- Metabolic effects of medications
- Inadequate training and time
- Lesser quality of care for medical conditions
Contributing Factors: System

- Fragmentation of physical health and mental health services and funding
Obesity

Underweight | Acceptable | Overweight | Obese

BMI Range

< 18.5 | 18.5-20 | 20-22 | 22-24 | 24-26 | 26-28 | 28-30 | 30-32 | 32-34 | > 34

No schizophrenia | Schizophrenia


Used with permission from the University of Washington AIMS Center
Prevalence of Current Smoking

Dickerson F, et.al., Psychiatr Serv 2013; 64 (1): 44
Impact of Antipsychotic Medications

Estimated Weight Change at 10 Weeks on “Standard” Dose


Used with permission from the University of Washington AIMS Center
Low Rates of Treatment for Medical Problems at Baseline in CATIE Phase 1 Trial

- The standards of care for managing patients with schizophrenia extend beyond psychiatric treatment

## Quality of Diabetes Care

<table>
<thead>
<tr>
<th>HEDIS measure</th>
<th>Any MH Dx, %</th>
<th>No MH Dx, %</th>
<th>Adjusted OR</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>43.8%</td>
<td>47.0%</td>
<td>0.88 (0.86-0.89)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Eye exam</td>
<td>51.1</td>
<td>58.9</td>
<td>0.73 (0.72-0.74)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>LDL screening</td>
<td>24.4</td>
<td>26.9</td>
<td>0.88 (0.86-0.89)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Medical attention for nephropathy</td>
<td>12.0</td>
<td>12.4</td>
<td>0.96 (0.94-0.99)</td>
<td>0.0023</td>
</tr>
<tr>
<td>At least 2 HEDIS measures</td>
<td>38.4</td>
<td>42.8</td>
<td>0.83 (0.82-0.85)</td>
<td>&lt;0.0001</td>
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*Druss BG, et.al. Medical Care 2012; 50(5): 428-433*
Counseling by CMHC Clinicians (n=154)

- Majority do not provide specific counseling on three CVD risk factors
- Healthier clinicians may be more likely to explicitly support healthy behaviors in clients
- Clinicians who had training were more likely to counsel

Chwastiak LA et al Psychosomatics 2013; 54: 328-335
What Can Reduce CVD Risk?

• Meta-analysis for AHRQ: 33 RCTs from 1980-2012
  • 28 studies addressed weight
  • One weight loss study of Schizophrenia and Diabetes

• Comprehensive review for NIMH (80 of 108 studies related to obesity)
  – Strong evidence for use of four interventions
    • Metformin for obesity
    • Lifestyle modification for obesity
    • Bupropion for tobacco cessation
    • Varenicline for tobacco cessation

2McKibbin CL, et al. Schizophr Res. 2006 Sep;86(1-3):36-44.
Behavioral Weight Loss Interventions

Most likely to be effective:
• Longer duration (24 weeks)
• Manualized
• Combined education and activity
• Both nutrition and physical exercise
• Evidence-based (proven effective by RCTs)

Less likely to be successful:
• Shorter duration
• General wellness or health promotion education-only
• Non-intensive, unstructured, or non-manualized interventions


Used with permission from the University of Washington AIMS Center
2014 Treatment Guidelines for Schizophrenia
(UK NICE)

• Routinely monitor weight and metabolic indicators of morbidity
• Combined healthy eating and physical activity program
• Offer relevant interventions for rapid or excessive weight gain, abnormal lipid levels or problems with blood glucose management
• Consider interventions for smoking cessation:
  – NRT; Bupropion, Varenicline

https://www.nice.org.uk/guidance/cg178/chapter/1Recommendations
National Demonstration of Integrated Care
(SAMHSA PBHCI)

• Primary Behavioral Health Care Initiative [PBHCI]
• 200+ CMHC’s in US over eight years.
  – Co-location of primary care
  – Use of registry
  – Care management
  – Health behavior change
...Did Not Improve Care or Outcomes

Change in Section H Indicators from Baseline to Most Recent Recording – Regional MHC 2015

- At-risk at Baseline
- Outcome Improved
- No Longer At-risk
Challenges

• No consistent care model
  – Variability in outcomes and quality of care
  – Hard to scale
• Primary care services were often not financially sustainable
• Nurse care manager role was not sustainable when grant funding ended
• Co-located is not the same as integrated
Never give up!
Missouri CMHC
Healthcare Homes

Show Me Outcomes

Year 5 | 2016
Overview

26 Missouri CMHC Healthcare Homes

24,844 Current Enrollment (as of 1.1.2017)

Length of Enrollment in Healthcare Home

- 60 months (1 year): 17%
- 49-59 months (8-9 years): 1%
- 37-48 months (3-4 years): 12%
- 25-36 months (2 years): 14.5%
- 13-24 months (1 year): 19.5%
- 1-12 months (1 year): 26%
DISEASE MANAGEMENT OUTREACH

CMHC Healthcare Homes outreach to individuals with complex medical conditions and high Medicaid costs, and who are not engaged with a behavioral health provider. This high risk population is identified by MO Medicaid, and a list is sent to providers to outreach. The disease management outreach population enrolled in Healthcare Home account for approximately 74% of the total savings of CMHC Healthcare Home program.

Outreach Population

Disease Management population enrolled in a CMHC Healthcare Home:

DM3700 N=2,899
ADA DM N=358

75% DM3700
Mental Health Outreach

38% ADA DM
Substance Use Outreach
Over the first 4 years, CMHC Healthcare Homes produced a net savings of $98 million!

Cost Savings (2012-2015)

Current per member per month (PMPM) rate for CMHC Health Homes is $85.23 (Jan 2016)
# of Hospitalizations and ER visits per 1000 Medicaid member months for CMHC Health Home participants as of 1.1.17 with at least 12 months HCH services
Small Changes ➔ Big Difference

- **Cholesterol** ↓10%
  - 10% ↓ in cardiovascular disease

- **Blood Pressure** ↓6mm/Hg
  - 16% ↓ in cardiovascular disease
  - 42% ↓ in stroke

- **Triglycerides** ↓10 mm/L
  - 5% ↓ in cardiovascular disease

- **HbA1c** ↓1 pt
  - 21% ↓ in diabetes related deaths
  - 14% ↓ in heart attacks
  - 37% ↓ in microvascular complications
Improving uncontrolled cholesterol

For individuals with LDL >100 at initial test result

N = 6,721

First Result: 130.7

Last Result: 110.7
Improving uncontrolled blood pressure

For individuals with SBP >140 and DBP > 90 at initial test result

SBP N = 2,659
DBP N = 2,326

SBP First Result: 153.1
SBP Last Result: 135.04
DBP First Result: 97.91
DBP Last Result: 85.22
Improving uncontrolled A1c

For individuals with A1c > 9.0 at initial test result

N = 909

First Result: 10
Last Result: 8.9

First Result: 10

\( \downarrow 1.48 \text{ points} \)
And Did I Mention Smoking?

- Unassisted quit attempt: 4-7% stop smoking. [2008 guideline]
- Physician advice: 10.2% [2008 guideline]
- >10 min counseling: 22% [Cochrane review]
- NRT increases chances of stopping smoking by 50-70% [Cochrane]
Role(s) of the Nurse

- Screen for chronic medical conditions
- Participate in treatment of risk factors
- Educate about risk reduction
- Advocate for and link with treatment
- Identify barriers and address
- Support adherence to pharmacologic treatment
Big Ideas – Session 1
Common Medical Co-Morbidities in Serious Mental Illness (SMI) Populations

Prompt

- Write down any big ideas from this session.
Questions and Discussion
# 15-Minute Break

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