Overview of Nurse Care Manager Roles Across Settings

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

The Healthier Washington Practice Transformation Support Hub
Welcome and Introductions

Anne Shields, MHA, RN
  • Associate Director, UW AIMS Center

Antwinett Lee, EdD, MSN-CNS, RN
  • Associate Dean, Undergraduate Nursing
• What brought you here today?

• Is there any particular program or strategy that you are particularly interested in learning about or discussing with others today?
# AGENDA

<table>
<thead>
<tr>
<th>TIME</th>
<th>LOCATION</th>
<th>SESSION TITLE</th>
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<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>8:30 – 9:00 AM</td>
<td>Grand Ballroom Salons I-II</td>
<td>Welcome and Opening Remarks</td>
<td>Antwinett Lee EdD, MSN-CNS, RN</td>
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<td>9:00 – 9:15 AM</td>
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<td>9:15 – 10:45 AM</td>
<td>Grand Ballroom Salon III</td>
<td>Overview: New Nursing Roles in Primary Care, Behavioral Health and Opioid Treatment Settings</td>
<td>Anne Shields MHA, RN</td>
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<td>10:45 – 11:00 AM</td>
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<td>11:00 – 12:00 PM</td>
<td>Grand Ballroom Salon III</td>
<td>Nurse Training and Technical Assistance Opportunities</td>
<td>Debra Cummins CDP</td>
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<td>Adjourn or Lunch (On Your Own)</td>
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<td>Anne Shields MHA, RN</td>
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<td>1:00 – 2:30 PM</td>
<td>Grand Ballroom Salon III</td>
<td>Optional Afternoon Session Sustainability: Staffing and Reimbursement Strategies incorporating Nursing Roles</td>
<td>Anne Shields MHA, RN</td>
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Whole Person Nursing Roles in Primary Care, Behavioral Health and Opioid Treatment Settings

Session 1
Learning Objectives

• Describe nurse roles managing common behavioral health conditions, like depression, in primary care settings

• Describe nurse roles managing common medical co-morbidities to serious mental illness (SMI) in behavioral health settings

• Describe the nurse care manager role in Opioid Use Disorder treatment

• Consider and share information regarding training recommendations or requirements beyond RN licensure, workforce and hiring considerations
Whole Person Care and the Expanding Role of Nursing

• Nurse Primary Care Manager
  – Target population: patients with serious mental illness
  – Typically work in community behavioral health settings

• Nurse Behavioral Health Care Manager
  – Target population: patients with depression, anxiety and other common behavioral health conditions
  – Typically work in primary care settings

• Nurse Care Managers in Opioid Treatment Networks
  – Providing care management in numerous kinds of settings
RN PRIMARY CARE MANAGER
Nurse Primary Care Managers

The Problem: Premature Mortality

Adult Medicaid enrollees with schizophrenia:

- Reduced life expectancy
- 25 years shorter than general population
- More than 3.5 times more likely to die of heart disease
- Diabetes and COPD cause of death 20-34 years

Olfson M et al. JAMA Psychiatry. 2015;72(12):1172-1181
Contributing Factors to Premature Death

- Individual
  - Psychiatric symptoms
  - Health behaviors
  - Poverty
- Providers and Treatment
  - Metabolic effects of medications
  - Inadequate training and time
  - Quality of care for med conditions
- Health System
  - Fragmentation of services
  - Funding

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Primary Care Nurse Manager Roles

• Identify high-risk individuals
• Patient education and engagement
• Individualized planning with patients
• Facilitate patient engagement
• Monitor health status and adherence to treatment
• Track outcomes in registries
• Track and manage care transitions (hospital discharge, ED visits)
RN Primary Care Manager Role
Missouri CMHC Healthcare Home (HCH) Program

HCH Eligibility Criteria:
• Serious and persistent mental illness/severe emotional disturbance or

• Mental health condition and a substance use disorder, or

• Mental health condition or a substance use disorder, and one of the following:
  Diabetes, COPD/Asthma, cardiovascular disease, developmental disability, BMI>25, tobacco use
Results?
Patient Outcomes?
Over 21,000 enrollees in first three years:
• Hospitalizations reduced 9%
• Estimated savings $31M
• Significant improvements in diabetes measures, BP control, lipids, other medical conditions
# Measurement-Based Treatment to Target

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<th>Primary Care Provider</th>
<th>RMHC Psychiatric Provider</th>
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<th>Standard monitoring labs last done</th>
<th>BMI</th>
<th>LDL</th>
<th>HbA1c</th>
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• Is anyone here working in or planning whole-person care strategies for SMI clients?
  – How is your strategy similar to or different from Missouri Health Homes model?

• WA State examples?
  – Bringing primary care onsite to CBHAs
  – Peer support strategies
  – Other ideas?
Behavioral Health Care Manager

- Active treatment role in depression, anxiety, other BH conditions frequently seen in primary care

- Role may also include managing medical comorbidities such as diabetes and heart conditions managed in primary care
Collaborative Care Team Approach

- PCP
- Patient
- RN BH Care Manager
- Psychiatric Consultant
- Rest of Primary Care Team

Core Program
New Roles
Additional Clinic Resources

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Nursing Role in Psychiatric Collaborative Care

• Provide care coordination and care management, working with patients and families

• Conduct proactive monitoring and provide brief interventions to patient, using treatment to target principles

• Coordinate adjustments to treatment plan with PCP and psychiatric consultant through caseload review
Nurses already widely used in this CoCM role in Washington State

- Providence NW and SW regions
- Swedish Medical Group
- PolyClinic
- Kaiser Permanente
Checkpoint – Discussion

• Why might practices prefer a nurse in this role?
• Why might practices NOT prefer a nurse?
• Does anyone have experience to share in hiring or training RNs in behavioral health treatment roles?
RN CARE MANAGER IN OPIOID TREATMENT NETWORKS
Core Beliefs

- Addiction Is Not a Moral Failure
- OUD Is Treatable
- People Get Better
- Relapse Is Expected
- Language Matters
MAT Models for Opioid Use Disorder that Utilize Nursing Functions

Office-Based Opioid Treatment (OBOT) Collaborative Care Model (Massachusetts)

Collaborative Care for Opioid/Alcohol Use Disorder

Hub & Spokes Model (Vermont)

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WA-STR Hub & Spoke Network

Regional Hub

• Serves a defined geographic area

• Responsible for assuring that at least 2 approved Medication Assisted Treatments (MAT) for OUD available on-site

• Primary focus on MAT induction and stabilization

• Primary care including CHCs and RHCs, opioid treatment programs, BH providers with existing MAT capabilities
WA-STR Hub & Spoke Network

Spoke Network

• Consists of a broad array of providers including primary care sites, BH providers, jails, homeless services, syringe exchange programs, tribal health services and faith communities

• Must be “willing and able to embrace Medication Assisted Treatments (MAT)”

• May provide MAT services

• Spoke care navigators conduct screenings, provide patient outreach and education, may assist with patient monitoring, social services
Hub and Spoke Opioid Treatment Networks To Date

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Massachusetts Collaborative Care Model

- RN care manager in central coordinating role
- Integrates addictions med & primary care
- Office-based, multidisciplinary team approach
- Core strategy at Massachusetts FQHCs
  - RN care managers work with caseloads of up to 100 patients in office-based Buprenorphine treatment
- Core strategy at Harborview Medical Center Adult Med, which also serves as a “Hub”
- Pediatric OUD treatment available at HMC in January 2018
OUD Collaborative Care Approach

- MAT Prescriber
- RN Care Manager
- Addictions Med and Psych Consultants
- Patient
- Navigator

New Roles

Core Program

Additional Clinic Resources

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Goal: increase access to OUD Tx by providing clinical support in an clinically effective & cost-effective manner
ADJUSTING OUD TX & MGMT OVER TIME

- Longer appointment intervals for stable patients
- Shorter appointment intervals for others
- Managing prescription intervals

- Support groups and other psychosocial support
- Other behavioral health services, medical co-morbidities
- Intensive outpatient treatment

- Team-based decisions for challenging patients
- Managing relapses
- Managing expected and unexpected: pregnancy, injury, family issues
Team Structure

Nurse Care Manager
- Initial Assessment
- Follow ups
- Urine Drug Screens
- Medication management
- Outreach

Care Navigators
- Transfer stabilized clients to spokes
- Keep clients at spokes
- All the difficult, social work-y stuff
- Outreach

Program Manager
- Programmatic oversight
- Manages care navigators
- Outreach

Medical Doctor
- Brief in-person client assessment within 1 week of induction
- Prescribes medication
- Available to RN for consultation
Low Barrier Treatment Strategies

“Treatment on Demand” Concept

“Low Barrier” Treatment

• Offer immediate induction into Buprenorphine treatment for OUD-affected individuals

• Offer access to Buprenorphine induction without requiring conventional BH treatment strategies such as abstinence or counseling
  – Successful pilot sites in King County
Checkpoint - Discussion

• Questions about OUD treatment?

• Concerns about or experience in staffing strategies for OUD treatment?

• Questions or reactions to concept of treatment on demand?
Before we end...

New Billing Opportunities for RN Care Managers

Nursing licensure now approved to bill for:

- Medicare Collaborative Care (CoCM)
  As of January 1, 2017

- WA Medicaid Collaborative Care (CoCM)
  As of January 1, 2018

More to follow in optional afternoon session today
Thank you!

ashields@UW.edu

University of Washington AIMS Center

Advancing Integrated Mental Health Solutions

https://aims.uw.edu/