

# **Behavioral Health Case Management & Health Outcomes call**

**Better Health Together – January 14, 2020**

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# Good Morning!

- **Who's with us today?**
- **Who was at the in-person gathering in November?**
- **Who's new?**





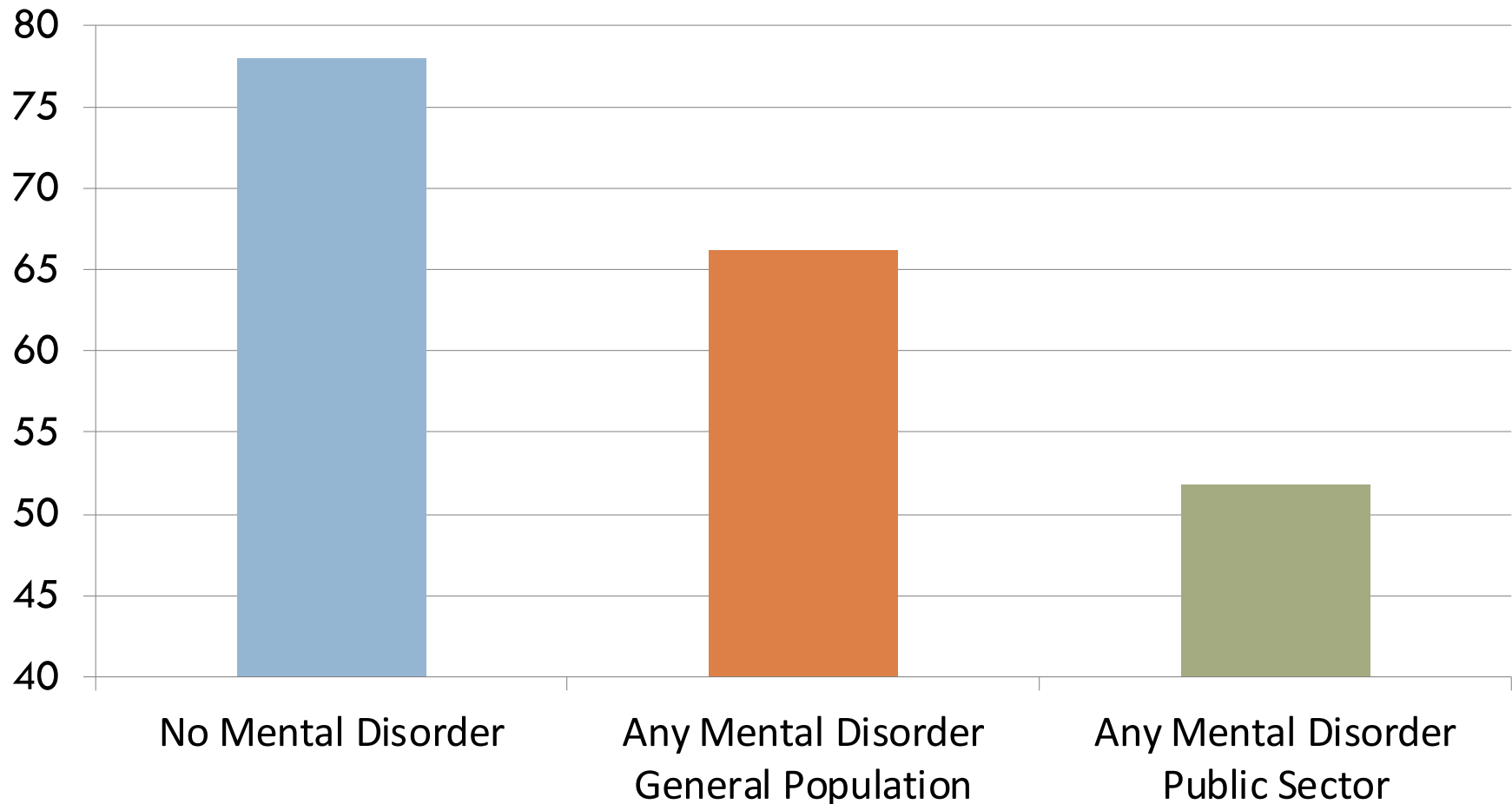
## Using today's call

- **Has anyone used the tools?**
- **Has anyone improved on the tools?**
- **Does anyone wish there were other tools?**
- **What other adventures in the care of our clients would be interesting to talk about?**





# Life Expectancy of People with Symptoms of SMI: Still Short and Still Not Improving



Bar 1 & 2: Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. *Med Care*. 2011 June;49(6):599-604; Bar 3: Daumit GL, Anthony CB, Ford DE, Fahey M, Skinner EA, Lehman AF, Hwang W, Steinwachs DM. Pattern of mortality in a sample of Maryland residents with severe mental illness. *Psychiatry Res*. 2010 Apr 30;176(2-3):242-5

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# Job Aids - 1

## About This Pocket Tool

When accompanying your client to meet with their PCP in-person or via phone, ensure that they are doing as much as they can - only provide support when needed. Maintaining a clients' autonomy in treatment promotes wellness and recovery (SAMHSA, 2019).

This pocket tool provides guidance on how you can help your client prepare for, participate in and follow-up on an appointment or phone call with their PCP.

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## Support Your Client in Calling Their PCP

### Before the Call

- Review reason for call (i.e. schedule appt, lab results, check in, solve a problem)
- Determine ONE question to ask
- Gather relevant information (i.e. client DOB, case numbers, insurance card, RX's)
- Write down/practice the ONE question
- Be prepared to take notes

### During the Call

- Remain cordial, even when frustrated
- Thank the staff you talk to by name
- Identify yourself & relation to client
- Give call reason in two sentences or less
- Ask for your clinic contact (if applicable)
- Take notes including: who was talked to, information received and next steps

### After the Call

- Briefly summarize notes in chart
- Develop next steps with client

**Support Your Client with  
a Primary Care Provider (PCP)  
Call or Visit**



# Job Aids - 2

## Accompany Your Client to a PCP Visit

### 1 - Before the Appointment

- Call the client the day before and check-in about:
  - Travel plans, arrival and appt. times
  - Payment for transport, co-pays, & RXs
  - Purpose of appt.
  - Items to bring to appt.
  - How the client is doing
  
- Prepare with your client the following:
  - Diabetes: glucometer, food diary, glucose logs
  - Hypertension: blood pressure readings
  - Current medication list (or bring bottles)
  - Recent labs (esp. from psychiatric provider)
  - Recent hospital discharge summary
  - Upcoming or future specialty appointments
  - Written notes about how the client is doing

## Accompany Your Client to a PCP Visit

### 2 - During the Appointment

- Write down how the client is doing:
  - New or ongoing problems?
  - How manageable is the care plan?
  - Questions about diagnosis or treatment?
  - Other relevant information?
  
- Comfort client if process is stressful or frightening
- Support check-in, as needed
  - Greet office staff & remind of your role
  - Offer items brought to appt.
- Sit with your client in the waiting area
  - Scan for possible triggers and avoid
- Offer to the join client in exam room
  - Explain that it is for advocacy & support
- If in exam room, refer to notes about how the client is doing only when needed to aid client

## Accompany Your Client to a PCP Visit

### 3 - At the end of the Appointment

- Ensure visit summary/treatment plan is in writing & understandable to both your client and you
  - Review with client
  - Ask clarifying questions of PCP as needed
- Assist client with next steps per new plan
  - Schedule next appointment
  - Lab testing
  - Pick up new prescription
- Plan next contact with your client
  - Write down contact date/time for the client
  - Specify necessary details i.e. where, who
- Ensure client has transport for returning home

### 4 - After the Appointment

- Report update to team or supervisor
  - Update psychiatric provider if more urgent or if medication change planned



# Job Aids - 3

[Zoom in (Ctrl+Plus)]



## What to Do When Your Client is Not Getting Healthier

It is often complicated to know how to even start to identify the barriers preventing our clients' health from improving. However, it is important to identify barriers as it allows us more effectively support our clients with their treatment plans. This tool is an organizing frame for case managers to help with this process. It is useful to keep this tool where it can be referred to quickly.

### Identifying Barriers and Strategizing Intervention

Ask your client how they feel about improving their health	1. Consider Possible Barriers	2. Explore Further	3. Initiate intervention strategy
Does not care or is apathetic		N/A	Motivational interviewing
Is hopeless or distracted by active psychiatric symptoms		N/A	Consult with psychiatric provider
Might not fully understand medical conditions and/or treatment plan		Find out what they already know.	Share patient education materials about medical conditions E.g., Hypertension, Diabetes, Smoking cessation

Asses Adherence	1. Consider Possible Barriers	2. Explore Further	3. Initiate intervention strategy
Inconsistent with medication		Find out why. - Too complicated or expensive? - Something else unpleasant? - Tactfully inquire about literacy	Make medications simpler. - Use med boxes, set alarms - Advocate for your client with the medical team.
Inconsistent with diet		Find out why. - Too complicated or expensive? - Something else unpleasant?	- Provide dietary teaching and support. - Advocate for your client with the medical team.
Inconsistent with activity plan		Find out why they are inconsistent. - Too complicated? - Too expensive? - Something else unpleasant?	- Behavioral activation - Advocate for your client with the medical team.
Inconsistent with another aspect of treatment plan, eg. CPAP machine		Find out why they are inconsistent.	eg. Fitting of CPAP machine  Advocate for your client with the medical team.



# Common medical conditions info – useful? More needed?

## Hypertension (HTN) – Commonly Asked Questions

This guide is designed to help case managers provide answers to common questions they may hear from clients about the chronic condition hypertension. It is helpful for case managers to keep this guide where they can refer to it quickly when they get questions from clients.

### What do I need to know about hypertension?

**What is hypertension?**  
A condition in which the pressure in the arteries is too high.

**Why is this a bad thing?**  
It increases the risk of heart attack and stroke.

**Is this the same thing as “High Blood Pressure?”**  
Yes. You will also see it abbreviated as HTN.

**How is it detected?**  
Through measurement with a blood pressure cuff. It is important to understand which BP numbers mean high blood pressure.

**If my blood pressure is high on one measurement, does that mean I have hypertension?**  
Not necessarily – an actual diagnosis usually requires two or more measurements and a primary care provider's diagnosis.

**If my blood pressure is elevated, does that mean I shouldn't worry about it?**  
No – hypertension USUALLY has no symptoms.

**How is hypertension treated?**  
With medication and close follow-up. Lifestyle changes that will reduce need for medication are also helpful.

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## Diabetes - Commonly Asked Questions

This guide is designed to help case managers provide answers to common questions they may hear from clients about the chronic condition diabetes. It is helpful for case managers to keep this guide where they can refer to it quickly when they get questions from clients.

### What do I need to know about diabetes?

#### What is diabetes?

A disease in which blood sugar is abnormally elevated.

#### Is it called by other names?

You may also hear it called diabetes mellitus. It is frequently abbreviated DM.

#### Why is elevated blood sugar bad?

Elevated blood sugar causes severe damage over time to blood vessels, kidneys, eyes, and nerves. Getting it under control can reduce the risk of death.

#### What causes diabetes?

It is mostly related to unhealthy weights. But it can also run in families.

#### How is diabetes diagnosed?

It is screened for in primary care clinics, and increasingly in behavioral health clinics, usually by use of blood tests such as HbA1c, pronounced “hemoglobin A one C.” These are usually checked every 3 to 12 months, as long as the diabetes is monitored by the treatment team.

#### Is it important to know the numbers for these screening tests?

Yes – you will check your blood sugar daily or more often at home with the use of an instrument called a glucometer. This helps check how treatment is working, or if it needs adjusting. You will be asked to bring a record of the measurements to medical appointments.

#### How is diabetes treated?

There is no cure, but medications such as metformin and insulin, as well as healthy eating and attempts to maintain a healthy weight can control sugar levels and limit the damaging effects on organs.

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## Hyperlipidemia – Commonly Asked Questions

This guide is designed to help case managers provide answers to common questions they may hear from clients about the chronic condition hyperlipidemia. It is helpful for case managers to keep this guide where they can refer to it quickly when they get questions from clients.

### What do I need to know about hyperlipidemia?

#### What is hyperlipidemia?

Hyperlipidemia is a condition in which cholesterol, a substance which normally circulates in the bloodstream, is present in excessive amounts.

#### Is this the same thing as “high cholesterol?”

Yes.

#### What is a “lipid?”

“Lipid” means “fat.” hyperlipidemia means too much fat in the bloodstream, in the form of cholesterol.

#### Why is this a problem?

Hyperlipidemia (or “elevated cholesterol”) increases the risk of heart attack and stroke.

#### If I am a vegetarian and eat no foods with cholesterol in them, does that mean I cannot have hyperlipidemia?

No, the body makes its own cholesterol in addition to that which a person eats. Reducing intake of especially saturated fats – those found in meat and dairy products – may reduce cholesterol to some degree. But vegetarians can have hyperlipidemia, too.

#### How is hyperlipidemia diagnosed?

With a simple blood test – people taking antipsychotic medication should have this done annually.

#### What are normal and abnormal cholesterol levels?

HDL is sometimes called “good cholesterol” – it has beneficial effects. HIGHER HDL levels are better - Think “H” as in “higher”. LDL is sometimes called “bad cholesterol.” LOWER LDL levels are better. Total Cholesterol should also be LOWER.

Men age 20 or older:	
Type of Cholesterol	Healthy Level
Total Cholesterol	125 to 200mg/dL
Non-HDL	Less than 130mg/dL
LDL	Less than 100mg/dL
HDL	40mg/dL or higher

Women age 20 or older:	
Type of Cholesterol	Healthy Level
Total Cholesterol	125 to 200mg/dL
Non-HDL	Less than 130mg/dL
LDL	Less than 100mg/dL
HDL	50mg/dL or higher

## Treat to Target: Physical Health Measures

Measure	Value	Condition
BMI	> 25	Overweight
	> 30	Obese
Blood Pressure	> 130/80	Hypertension/High Blood Pressure
	> 180/120	Hypertensive crisis (see MD or ER immediately)

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High Cholesterol