

Providing Navigation Services for Clients with Serious Mental Illness And Chronic Physical Health Conditions

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August 28, 2017

Behavioral Health: Providing Navigation Services for Clients with Serious Mental Illness (SMI) and Chronic Physical Health Conditions



Overview

- This is the second session of the “2017 Navigation Webinar Series”
- Each session will be interactive (e.g., polls and interactive chat functions), with 45 minutes of presenter-led discussion, followed by 15 minutes of presenter and participant discussions
- Video replay and slide presentation are available after each session at:
<https://www.resourcesforintegratedcare.com>

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- https://www.resourcesforintegratedcare.com/Behavioral_Health/2017_Navigation_Services_Webinar_Series/Providing_Navigation_Services

Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare and Medicaid Services (CMS) to ensure beneficiaries enrolled in Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to Medicare-Medicaid enrollees, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.
- To learn more about current efforts and resources, visit Resources for Integrated Care at:
<https://www.resourcesforintegratedcare.com>

Providing Navigation Services for Clients with Serious Mental Illness (SMI) and Chronic Physical Health Conditions

- **Developed by:**
 - The Lewin Group

- **Hosted by:**
 - The Medicare-Medicaid Coordination Office (MMCO)
Resources for Integrated Care

Introductions

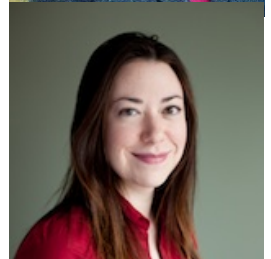
- **Alice Geis, DNP, APN, PMH-NP**

Director of Integrated Health, Trilogy Behavioral Healthcare
Assistant Professor, Rush University College of Nursing



- **Kimberly Smathers, MBA**

Managing Consultant, The Lewin Group



- **Laurie Carrier, MD**

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Assistant Professor, Northwestern University College of Medicine



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Patient Navigator / Clinical Nurse, Trilogy Behavioral Healthcare
Faculty Practice RN, Rush University College of Nursing



Webinar Outline/Agenda

- Polls
- Overview of Navigation Services
- Navigation Tip Sheets to Support Clients with SMI and Chronic Physical Health Conditions
- Navigating Care for Clients with SMI and Chronic Physical Health Conditions
- Best Practices for Providing Navigation Services
- Questions & Answers

Webinar Learning Objectives

Upon completion of this webinar, participants will be able to:

1. Identify key functions and services that navigators can provide;
2. Identify tangible steps to support individuals with SMI and chronic physical health conditions; and
3. Recognize ways to facilitate conversations with clients using RIC navigation tip sheets, to manage chronic conditions and mental illness.

Overview of Navigation Services

Alice Geis,
Director of Integrated Health, Trilogy Behavioral Healthcare



Common Navigation Tasks

- Supporting linkages across different types of services
- Serving as a communication hub
- Modeling advocacy in coordination of care
- Teaching self-management skills
- Providing wellness/health promotion, for example -
 - Interdisciplinary focus on wellness
 - Peer health coaches
 - Nursing integrated health assessments
 - Linkage to community wellness programming

The Importance of Navigation Services

- Vulnerable client populations, including those with serious mental illnesses:
 - Face a complex delivery system
 - Experience barriers to integrated and coordinated care
- Key considerations for individuals with SMI include:
 - Supporting those with both SMI and common physical health conditions (e.g. diabetes or those who smoke)
 - Morbidity and mortality related to modifiable risk factors
 - The need to align services with the Recovery Model
 - Use of client-centered care principles

Foundations of Navigation

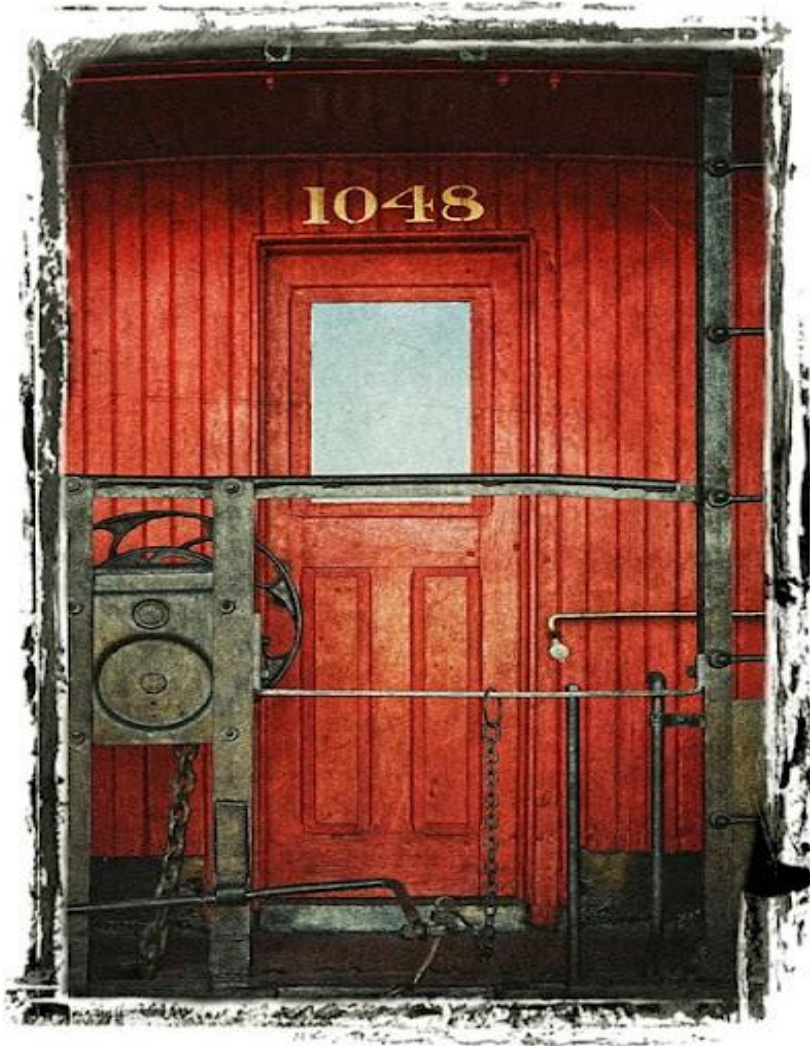
What is needed for an organization to be able to begin providing navigation services?

- Organizational support for navigation
- Leadership
- Resources
- Workforce and training

The **Navigation Organizational Assessment Tool (OAT)** is a self-assessment tool designed to assist organizations in determining their capacity to provide navigation services. Visit

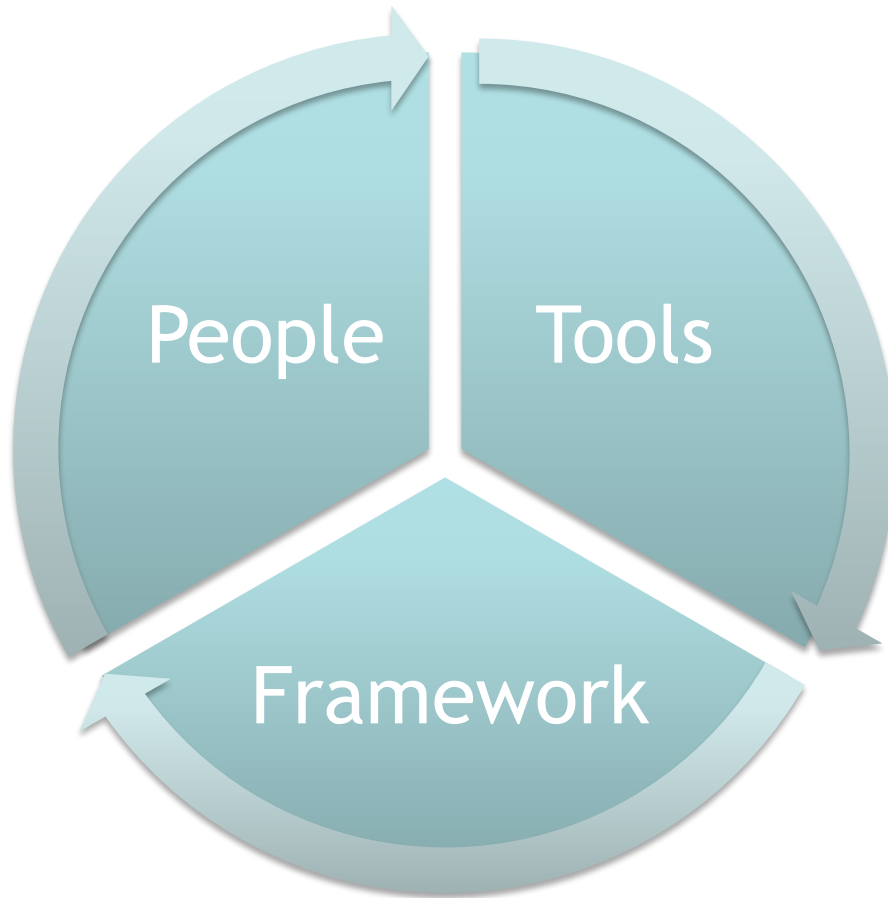
https://resourcesforintegratedcare.com/Behavioral_Health/Navigation_OAT to download the tool.

An Illustration of Organizational Support for Navigation: Smoking Cessation



- **System-wide navigation services support intervention to move to a smoke-free campus**
 - “Cessation Station” - dedicated space for those trying to quit smoking
 - Individual and group smoking cessation assistance
 - Dedicated phone line or “quit-line” access
 - Commitment of all staff, from peers to CEO

Navigation Elements



Key elements of providing navigation services include:

- Identifying the most appropriate **people**
- Using evidence-based **tools** and practices
- Applying **frameworks** for behavior change

Navigation Elements: People

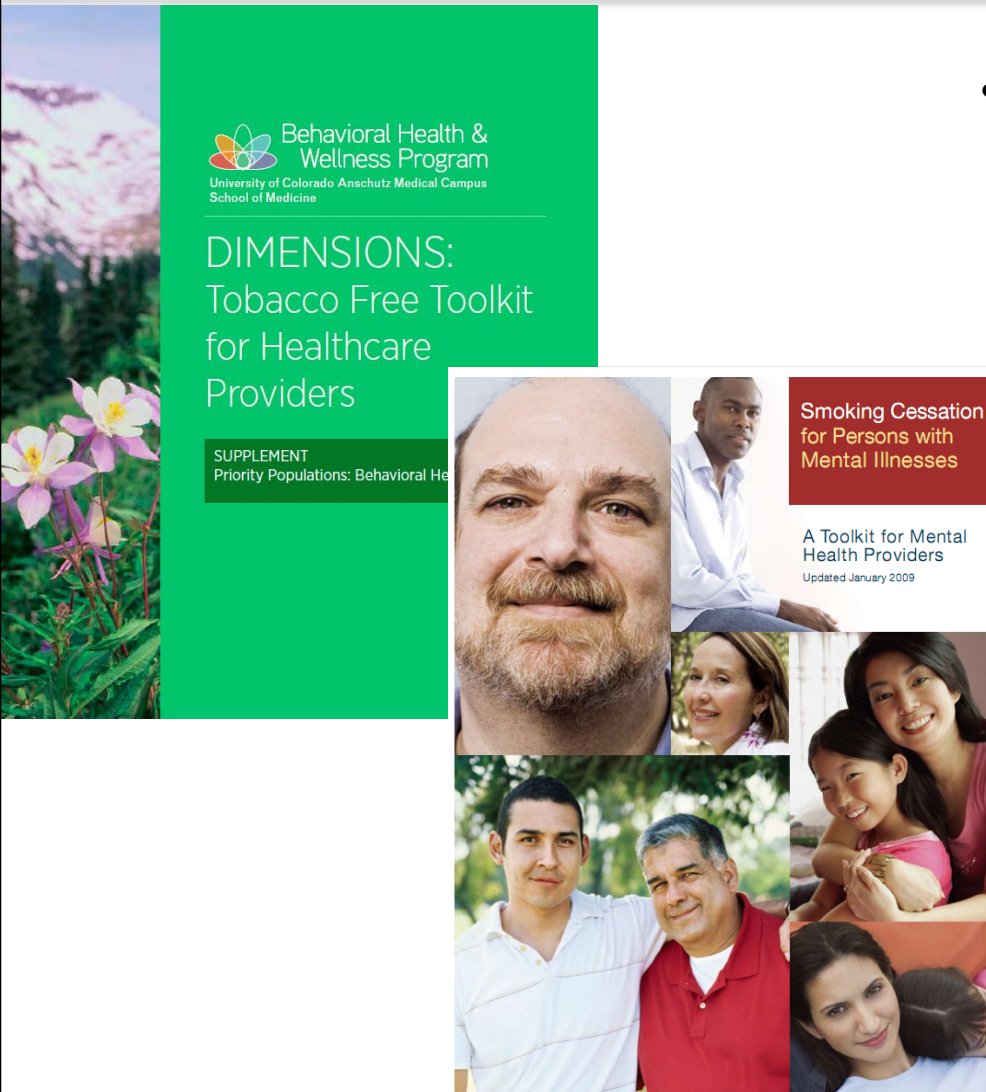
- Based on identified needs and available staff, match staff to navigation tasks
- Aim to have staff work at the top of their license/experience
- Staff providing these services may include:
 - Providers - physicians, nurse practitioners, physician assistants
 - Registered Nurses (RNs)
 - Licensed Social Workers or other Master's level clinicians
 - Case Managers (Bachelor's degree, unlicensed)
 - Peer Support Staff

Navigation Elements: Tools

The following tools are essential to the provision of navigation services:

- Evidence-based practices and disease-specific resources
 - Toolkits
 - “Readiness ruler”
 - Materials to educate navigators on special considerations for individuals with both SMI and physical health conditions
- Individual and group wellness interventions
 - Chronic illness self-management
 - Group exercise programs
- Integrated treatment plans

Navigation Elements: Tools (Example)



- Examples of helpful toolkits focused on smoking cessation specifically for individuals with mental illness

Available at:

- <https://www.bhwellness.org/toolkits/Tobacco-Free-Toolkit.pdf>
- https://www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf

Navigation Elements: Frameworks

Navigation services incorporate defined frameworks to guide staff:

Client-centered care

- Respectful of, and responsive to, individual preferences, needs and values

Motivational interviewing

- Technique to move individuals from indecision or uncertainty to finding motivation to accomplish goals

Harm reduction

- Practical strategies aimed at reducing negative consequences associated with substance use and other risky behaviors

Health behavior change

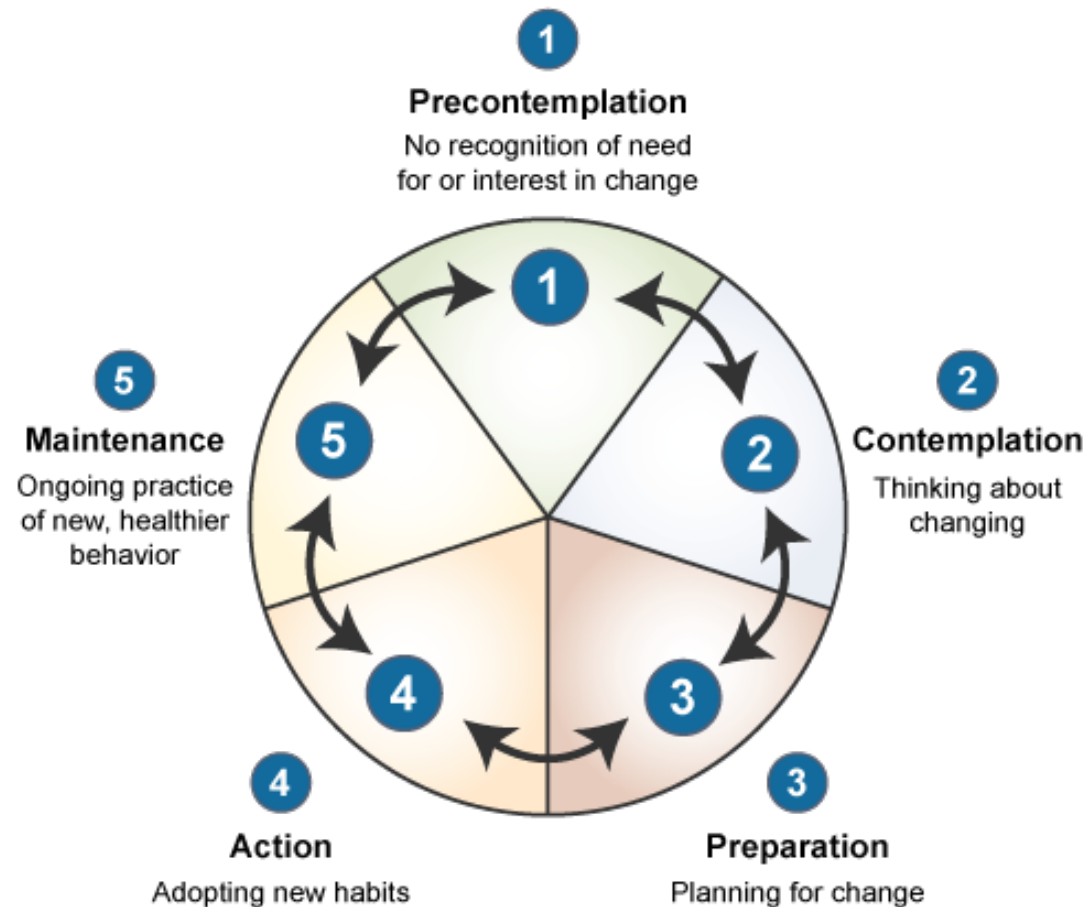
- Focuses on changing actual behaviors

Transtheoretical Model (Stages of Change)

- Assesses an individual's readiness to act on a new healthier behavior, and provides strategies, or processes of change to guide the individual

Navigation Elements: Frameworks (Example)

Stages of Change



Navigation Tip Sheets to Support Clients with SMI and Chronic Physical Health Conditions

Kimberly Smathers, MBA
Managing Consultant, The Lewin Group



Navigation Tip Sheets: Background

- Clients with SMI and co-occurring physical health conditions (including chronic smoking) benefit from navigation services that are mindful of this intersection
- Navigators can help clients by
 - Understanding the specific challenges and risk factors these clients may face
 - Using targeted strategies to support client self-management
 - Having a clear understanding of when to escalate concerns to clinical staff

Navigation Tip Sheets: Background

- Lewin collaborated with experts in behavioral and physical health care to develop tip sheets for navigation staff
- Available in English and Spanish at https://www.resourcesforintegratedcare.com/behavioral_health/navigation/tipsheet/overview
- Topics include the following:
 - Diabetes
 - Hypertension
 - Smoking cessation
 - HIV/AIDS
 - Congestive heart failure
 - Asthma/COPD

Navigation Tip Sheets

Smoking and Serious Mental Illness

Cigarette smoking is the number one preventable cause of death in the United States, causing approximately one out of every five deaths - more than 480,000 deaths each year. On average, smokers die 10 years earlier than nonsmokers. Nicotine, naturally present in the tobacco plant, is primarily responsible for smoking addiction. When an individual smokes a cigarette, nicotine enters the lungs, is absorbed through the bloodstream, and travels to the brain within seconds. Tobacco smoke also contains chemicals that are harmful to both the smoker and individuals that are exposed to secondhand smoke. There are over 7,000 chemicals in tobacco smoke, and at least 250 are known to be harmful.

SMOKING AND SERIOUS MENTAL ILLNESS

Individuals with serious mental illness (SMI) are more likely to smoke cigarettes than those without. Approximately one third of cigarettes in the US are smoked by adults with SMI, and over 60% of those with SMI are heavy smokers. Research indicates that smokers with SMI who successfully quit do not experience worsened symptoms. Smokers with SMI want to quit – and do – at rates similar to those of the overall population. Asking your client about smoking and advising smokers to quit is very important for promoting smoking cessation. If your client decides to quit smoking, the dose of their psychiatric medications may need to be reduced (since smoking may increase the breakdown of medicines in the body). An additional benefit to smoking cessation is that this decreased dosage may actually reduce side effects caused by some psychiatric medications. Research and experience show that coaching, prescriptions medications, and nicotine replacement therapies such as nicotine patches and gum are quite effective in helping adults with SMI to quit successfully.

BENEFITS OF QUITTING

- ✓ Lower heart rate and blood pressure
- ✓ Improved circulation and lung function
- ✓ Less coughing, wheezing, and phlegm
- ✓ Improved sense of smell and taste
- ✓ Reduced risk of cancer, particularly lung cancer
- ✓ Reduced risk for coronary heart disease, stroke, and chronic obstructive pulmonary disease
- ✓ Reduced risk of infertility in women of reproductive age
- ✓ More money! Stopping a one pack per day habit saves up to \$150 per month.
- ✓ Reduced exposure of family members and friends to secondhand smoke

NICOTINE WITHDRAWAL

When an individual stops smoking, the body has to adjust to no longer having nicotine. During this adjustment period, individuals may have withdrawal symptoms lasting a few days to a couple of weeks. Make sure that clients are aware of what they may experience during this time and that such feelings are temporary:

- Difficulty sleeping
- Feeling down or sad
- Feeling irritable, on edge, or grouchy
- Having trouble thinking clearly and concentrating
- Feeling restless, jumpy, or anxious
- Slower heart rate
- Feeling hungrier
- Headache

Be sure to monitor symptoms and refer clients to providers to adjust medications and provide additional support as needed during this adjustment period. Although withdrawal symptoms may stop after a few

Type 2 Diabetes and Serious Mental Illness

Diabetes is a disease that affects how the body uses sugar (glucose), one of the main energy sources for the body's cells. Glucose is obtained from food and enters the bloodstream when food is digested. In the adult population, the most prevalent form of diabetes is type 2 diabetes, which is the focus of this navigator tip sheet. In type 2 diabetes, insulin (a hormone that helps the body use glucose) does not work well or too little exists. Insulin is similar to a key that unlocks the doors to the cells of the body to let in the glucose from the bloodstream. In diabetes, cells that produce insulin become "exhausted" over time with the need to produce more and more insulin. This eventually leads to little or no insulin and no way for glucose to leave the bloodstream. When glucose can no longer enter into the cells from the bloodstream normally, blood sugar (glucose) levels can get too high and stay this way. Persistently high blood glucose levels can cause serious damage to other parts of the body (i.e., complications of diabetes), including the heart, kidneys, eyes, and nerves.

RISK FACTORS

Type 2 diabetes occurs more commonly in older adults and obese or physically inactive persons. Type 2 diabetes is strongly heritable, meaning that it is common within families and within certain ethnicities (African American, American Indian, Asian American, Pacific Islander, or Hispanic American/Latino heritage). It is also common among individuals with serious mental illness (SMI). Medications used to treat mental illness symptoms (e.g., quetiapine, risperidone, aripiprazole, olanzapine, and ziprasidone) can lead to obesity and increase the risk of developing type 2 diabetes. In sum, risk factors for type 2 diabetes include poor diet, physical inactivity, certain psychotropic medications, older age, and a family history of the condition.

SYMPTOMS

- ✓ Increased thirst and hunger
- ✓ Frequent urination
- ✓ Weight loss
- ✓ Fatigue
- ✓ Blurred vision
- ✓ Slow healing wounds

DIAGNOSIS

Any of the following:

- **Fasting Blood Glucose Test** – Blood glucose level of 126 mg/dl or higher after an 8-hour fast
- **Oral Glucose Tolerance Test** – Blood glucose level of 200 mg/dl or higher 2 hours after drinking a beverage containing 75 grams of glucose dissolved in water
- Random blood glucose level of 200 mg/dl or higher along with the presence of diabetes symptoms
- Hemoglobin A1c (a marker of long-term glucose levels) greater than or equal to 6.5%

Navigation Tip Sheets: Smoking Cessation

- Background on smoking and its intersection with mental illness
- Benefits of quitting
- Nicotine withdrawal symptoms
- Key points for navigators to share with clients
 - Impact on organs and appearance
 - Benefits to quitting at any age
- Links to additional resources
- A checklist to support the Ask / Advise / Assess / Assist / Arrange approach

Navigation Tip Sheets: Diabetes

- Background on diabetes and its intersection with mental illness
- Symptoms and diagnostic tests
- Practical tips for navigators
- Changes to “watch out for” (e.g. fruity breath smell, disoriented behavior, foot issues, depressive symptoms)
- A chart of actions navigators can take to support clients (can be integrated into team workflows). For example –
 - Support for daily glucose testing if needed
 - Ongoing check-ins related to diet, exercise and HbA1c tests
 - Annual reminders for lipid panel check, urine sample, foot exam, eye exam, etc.
- Additional Resources

Navigating Care for Clients with SMI and Chronic Physical Health Conditions

Laurie Carrier, MD
Medical Director, Heartland Health Centers



Navigating Care for Clients with SMI and Chronic Physical Health Conditions

- The care team, including patient navigators, should have and use resources that support them in:
 - Considering the standards of care for co-occurring physical conditions among clients with SMI
 - Addressing the specific physical and social needs of individuals with SMI and co-occurring conditions
 - Identifying specific warning signs that indicate the need to engage clinical staff

For all medical conditions, it is important to...

- Link clients to resources they may benefit from, such as:
 - Shopping for food, meal planning, nutritional counseling, strategies for cooking in limited environments (e.g., microwave or hot plate only)
 - Necessary equipment and appliances (e.g., glucometer, scale, blood pressure cuff, nebulizer, air conditioning, refrigerator)
 - Exercise groups
 - Educational workshops
 - Complementary medicine and stress reduction techniques (e.g. acupuncture, Tai Chi, Massage, Mindfulness practice, stress reduction classes and activities)
 - Substance use treatment

SMOKING CESSATION AND SMI

Smoking Cessation and SMI: Statistics

- 44 million Americans are current smokers
- 70% of smokers say they are “interested” in quitting
- 32% consult a healthcare provider about quitting
- Just over 1/3 of smokers seeking assistance are offered pharmacotherapy
- 15% are offered materials/counseling
- **Self-quitters have a success rate of 4 to 6%**

(CDC 2017)

Clients with SMI who Smoke

- Individuals with SMI...
 - ...represent an estimated 44.3 percent of the tobacco market (smoke 44.3 percent of cigarettes consumed in the US)
 - ...have nicotine dependence rates 2-3 times higher than the general population
 - ...suffer greater smoking-related medical illnesses and mortality
- Smoking rates by diagnosis:

▪ Major depression	45-50%
▪ Bipolar mood disorder	50-70%
▪ Schizophrenia	70-90%

**Tobacco use linked to approximately 50% of total deaths
in all three psychiatric conditions**

(Grant et al. 2004, Lasser et al. 2000)

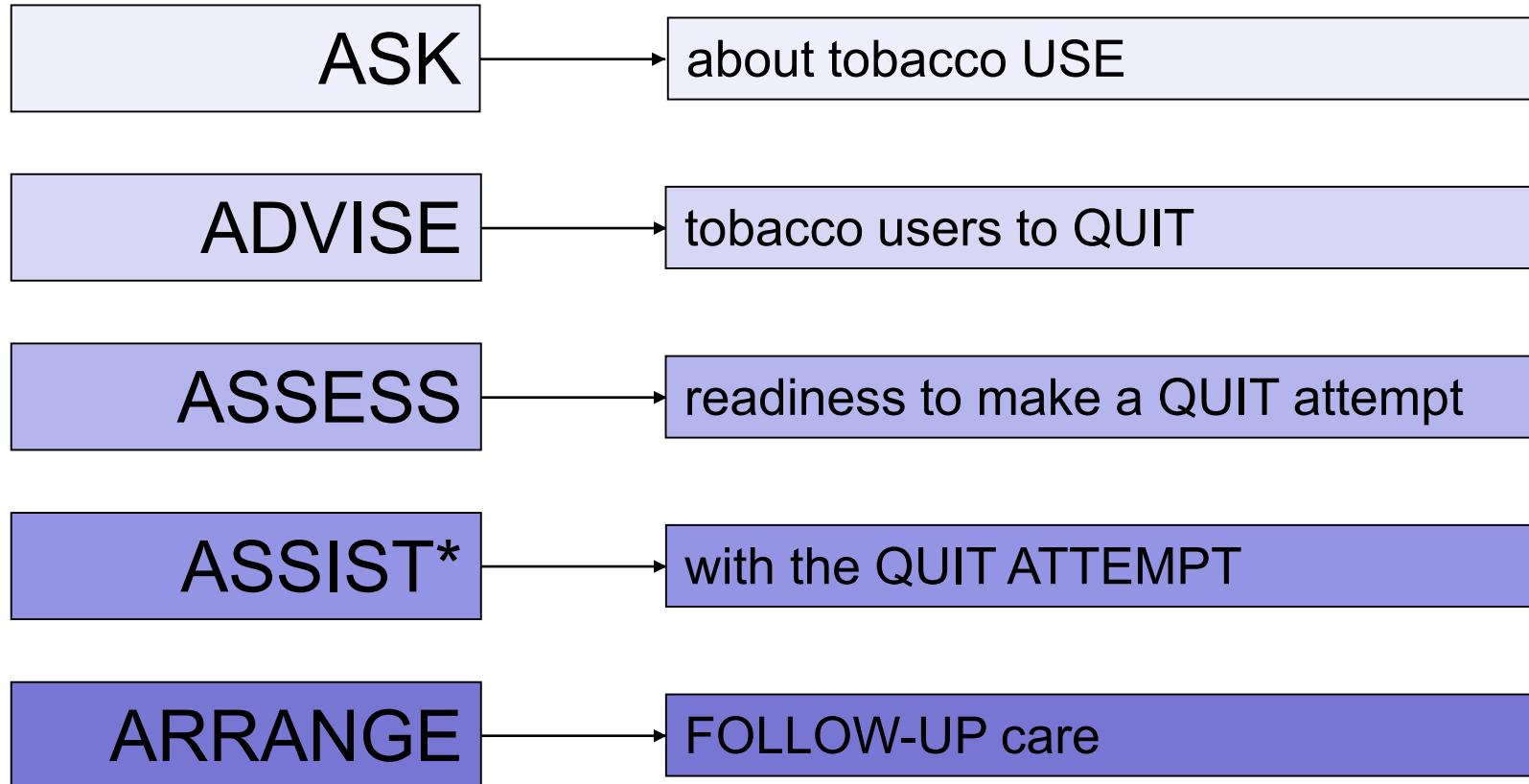
Why are smoking rates so high among clients with SMI?

- Biological predisposition
- Psychological reasons
 - Relieves tension/anxiety, becomes part of daily routine
- Social reasons
- Stigma
 - Providers often think smoking cessation is lower priority
 - Symptom management takes precedence over preventative health measures
- Providers may not encourage cessation due to misperceptions that clients with SMI are not interested in quitting or that cessation may worsen psychiatric symptoms

People with SMI...

- Want to quit smoking and want information on cessation services and resources (Morris et al., 2006)
- Can successfully quit using tobacco (Evins et al., 2005; George et al., 2002)
- Smoke at much higher rates than the general population, but are able to quit at rates close to the general population with additional support and resources (el-Guebaly et al., 2002)

Five A's for Treating Tobacco

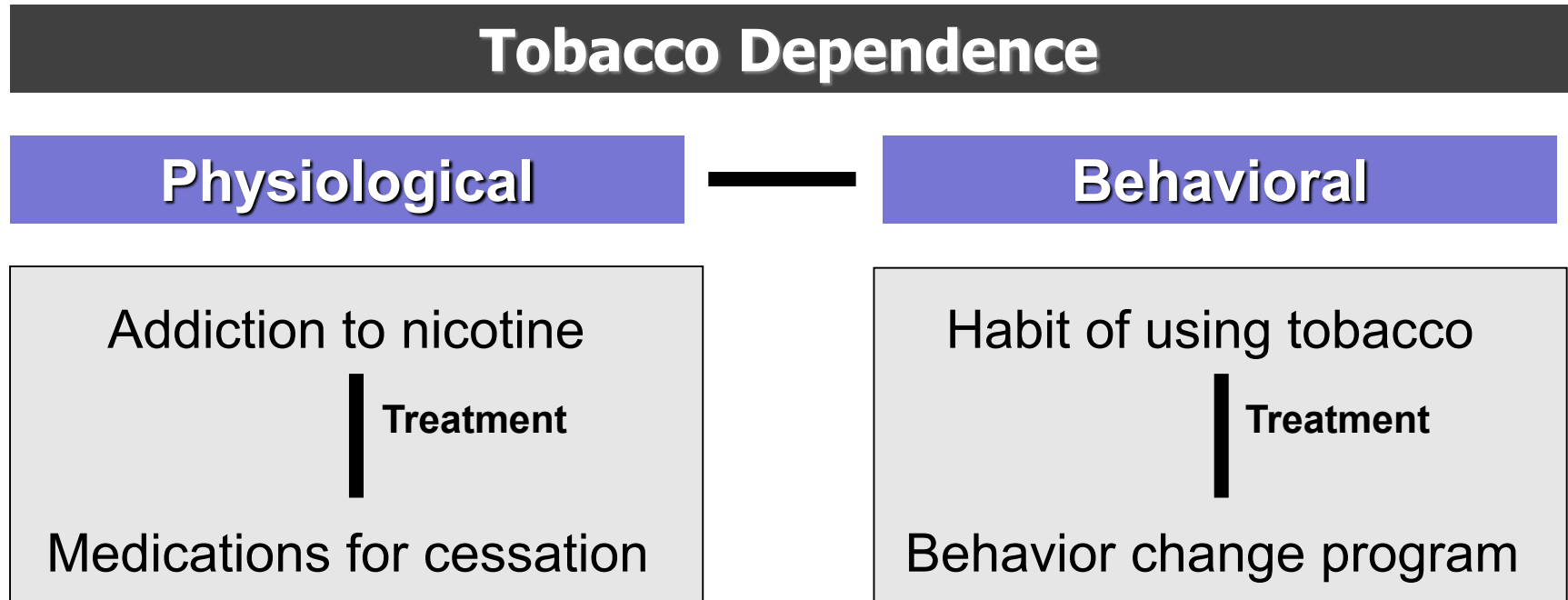


*medications, cessation materials

(Fiore 2008, AAMC 2007)

<https://www.ResourcesForIntegratedCare.com>

Tobacco Dependence: Managing a two-part problem



National guidelines recommend ALL smokers should be screened, advised to quit and offered treatment that address both aspects of dependence

(APA 2006, US PHS 2008, Fiore 2000)

Counseling Intervention Tips for Navigators and Providers

- Provide an empathic environment
- Set a quit date, ideally within 2-3 weeks, and encourage them to share
- Review past attempts, identifying what helped and what hurt
- Anticipate triggers or challenges in upcoming attempt
 - Problem solve how patient can avoid them or cope
- Be culturally appropriate, reflecting racial/ethnic groups' cultural values
- If not ready to quit, help the patient with “smoking-reduction” goal
- Note that if your client decides to quit smoking, the dose of their psychiatric medications may need to be reduced (since smoking may increase the breakdown of medicines in the body).

Management for specific SMI diagnoses?

Major Depression

- NRT, Bupropion, Varenicline

Good evidence of long term abstinence

(Thomas 2013, Gierisch 2012, Hughes 2007)

Schizophrenia

- NRT
- Bupropion
- Varenicline

Insufficient data

Good evidence of long term abstinence

Early evidence for but unclear at 6 m

(Gibbons 2013, Tsoi 2013)

Bipolar Disorder

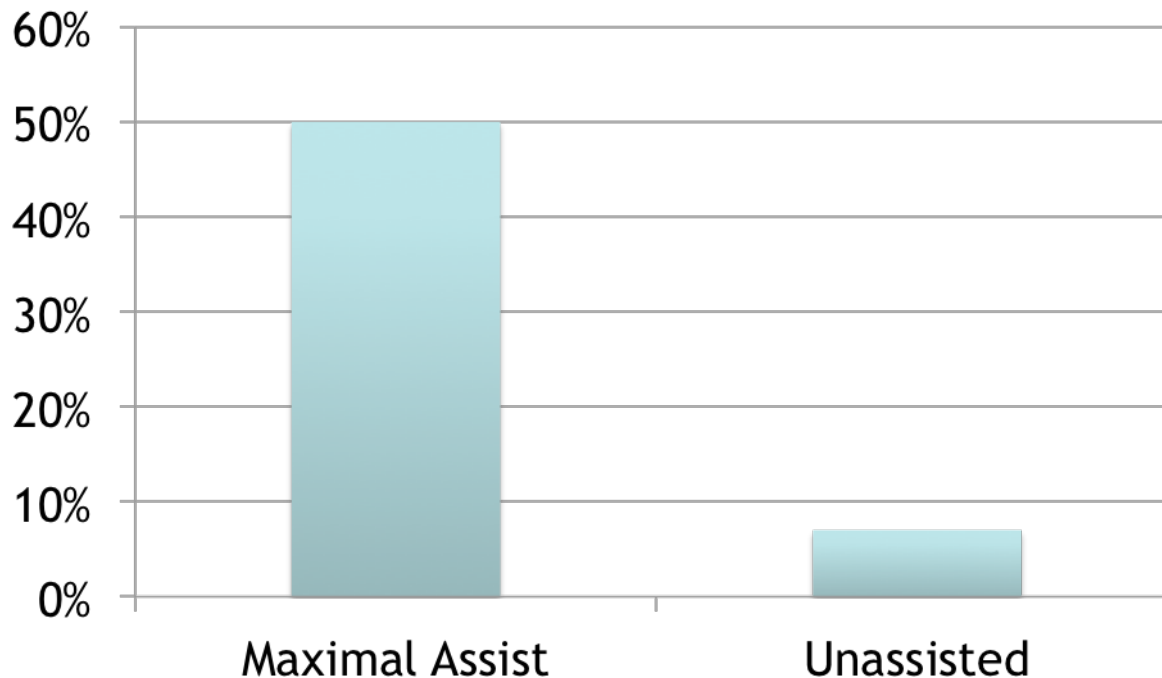
- NRT, Bupropion, Varenicline: Insufficient data
 - case reports of mania, 2 retrospective studies of smokers with mental illness (some with bipolar) showed safety

(Stapleton 2008, McClure 2010, George 2012)

Expectations and Maximizing Success

It's a learning process: reframe success!

12 Month Abstinence



(Zhu et al 2000, Hall et al 2004)

DIABETES AND SMI

Understanding Diabetes

- Diabetes is a disease that affects how the body uses sugar (glucose), one of the main energy sources for the body's cells
- In type 2 diabetes, insulin (a hormone that helps the body use glucose) does not work well or too little exists
- When glucose can no longer enter into the cells from the bloodstream normally, glucose levels can get too high
- This can cause serious damage to other parts of the body, including the heart, kidneys, eyes, and nerves

Risk Factors for Diabetes

- **Overweight adult** with one or more of the following:
 - Family history
 - Race/Ethnicity
 - History of gestational diabetes
 - Hypertension
 - Abnormal lipid levels
 - Signs of insulin resistance
 - Vascular disease
 - Inactive lifestyle
- If **none of the above**, age over 45

Note: Medications used to treat mental illness symptoms (e.g., quetiapine, risperidone, olanzapine, and clozapine) can increase the risk of developing type 2 diabetes.

Pharmacological Treatment

- Oral Medications
 - Many different types
 - Side effects
- Insulin
 - Sometimes only effective medication
 - Very high risk
 - Difficult administration
 - Refrigeration required
- Stable diet important for good control and safe medication use
- Need regular follow-up and monitoring

Self-Monitoring of Glucose

- **Metformin**: No need to monitor
- **Sulfonylurea**: 1-2 times daily while titrating
- **Insulin**: 4x day
- For **sulfonylurea** and **insulin** monitor for:
 - Heavy exercise
 - Illness

Nonpharmacologic Treatment

This is where navigators can particularly be impactful

- **Diet** – 5 servings of fruits and veggies, eliminate juices and concentrated sweets, refer to dietitian
- **Exercise** – 150 minutes weekly
- **Treatment** of comorbid conditions
- **Foot care** – Advise client to look at feet daily to check for ulcers and skin changes
- **Dilated eye exam** – Refer clients for exams
- **Smoking cessation support**
- **Immunizations** – Pneumonia 65+, annual flu shot

Navigators Should Watch Out For

- Significant changes in lab values compared to previous values
- A breath smell that is fruity or like nail polish remover
 - Indicating possible ketoacidosis, a potentially life threatening condition requiring immediate clinical attention
- Disoriented behavior or any rapid change in usual mental status or language, abnormality in the way the person walks or hold their arms in front of them, asymmetry in facial expressions
 - These could be signs of dehydration, poor glucose control, or stroke
- Clients mentioning high blood sugar readings, frequent urination, extreme fatigue or rapid weight loss

Navigators Should Watch Out For (cont.)

- Chest pain or any other unusual chest or abdominal symptoms that could be signs of heart disease (a frequent complication of diabetes)
 - In people with diabetes, especially women, the symptoms of heart attack are frequently atypical
- Non-healing ulcers or foot infections
 - Ask clients to take off their shoes so you can check for visible foot issues, and work with the primary care team for follow-up as needed
- Greater depressive symptoms
 - Persons living with diabetes, a persistent illness that affects much of their life, often experience depression and changes in mood

Best Practices for Implementing Navigation Services

TJ Thurlow, RN

Patient Navigator / Clinical Nurse, Trilogy Behavioral Healthcare



The Role of the Navigator

Navigators play a crucial role on the care team and perform a variety of roles and services, including:

- Assessments (initial and ongoing)
- Care planning
- Provider engagement and coordination
- Education
- Reinforcement of illness self-management behaviors
- Referrals
- Motivational interviewing
- Help choosing medications

Assessment and Planning

Integrated Health Assessment

- Assess key client factors
 - Health literacy
 - Ability to tolerate group interventions
- Identify client strengths and deficits
 - Client external support systems
 - Client cognitive level
- Align goals
 - Client motivation
 - Evidence based treatments
- Delegate responsibility for support
 - Staff training and client education for continued success
 - Inspire others to action

Smoking Cessation: Assessing Readiness

- Assessment of client interest in smoking cessation
- Conversation between the provider and navigator
- Motivational Interviewing
 - Readiness ruler
 - What is your main reason for quitting?
- Smoking cessation aids
 - Support client in identifying smoking cessation medication
 - Nicotine Replacement (NRT)
 - Bupropion/Varenicline



Smoking Cessation Aids: Nicotine Replacement Therapy

- Prescription considerations
 - Prior Authorization process may often miss the window of motivation for initiation of health behavior change
 - Grants and alternate funds to assist providers in obtaining NRT and other smoking cessation aids can help



Smoking Cessation: Ongoing Support and Education

- Assessment from staff about goal attainment
- Referral to group or scheduling individualized treatment
- Educational materials
 - Tip sheet
- Practice guidelines
 - Standardized care, customized to fit client needs
- Availability for follow up
 - Recognize that cravings will keep happening
 - Support clients in continuing to be ex-smokers
 - Encourage celebration of milestones

Diabetes Management: Initial Assessment

- Upon diagnosis, clients receive a brief assessment from the navigator during the visit that covers:
 - Individualized care planning
 - Client education
 - Provider, navigator, and client conversation
 - Prioritization of clinical recommendations
 - Medication coverage and Prior Authorization



Diabetes Management: Ongoing Support and Education

- Reinforcement of illness self-management behaviors
 - Assessment for understanding
 - Review of client generated data
 - Insulin and blood glucose logs
 - Food journals
 - Activity journals
- Referral to additional support
 - Occupational therapy
 - Psychoeducation
 - Identification of community resources
 - Food pantry, free meals, meal planning

Questions



Evaluation Form and Post-test

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