Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Substance Use Disorders

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Overview

- This session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 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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If You Are A:	Credit Options	Requirements
Option 1: National Association of Social Workers		
Social Worker	The National Association of Social Workers designates this webinar for a maximum of 1 Continuing Education (CE) credit hour. **Please note:** New York, Michigan, and West Virginia do not accept National CE Approval Programs for Social Work. New Jersey, Idaho, and Oregon do not recognize NASW National Approval.	1. Complete the pre-test at the beginning of the webinar 2. Complete the post-test with a score of 80% or higher by midnight May 17, 2019
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Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for 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 dually eligible beneficiaries, 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

Introductions

- **Louis Trevisan, MD**
  Associate Professor of Psychiatry,
  Yale University

- **Nicole MacFarland, PhD**
  Executive Director,
  Senior Hope Counseling

- **Elizabeth Baumann, LSW**
  Case Manager,
  Council on Aging of Southwestern Ohio

- **Sherri**
  Consumer

Learning Objectives

- Identify unique characteristics of substance use disorders (SUDs) among older adults
- Recognize effective strategies for screening SUDs among older adults and helping them transition from assessment to treatment
- Recognize how to provide tailored treatment, recovery support services, and community resources to older adults
- Identify opportunities to collaborate with clinicians, social workers, case managers, and caregivers to support older adults with SUDs

Webinar Outline/Agenda

- Poll Questions
- Meeting the Needs of Dually Eligible Older Adults with SUDs
  - Addiction & Geriatric Psychiatrist Perspective
  - Social Worker Perspective
  - Case Manager Perspective
  - Consumer Perspective
- Q&A
- Evaluation

Meeting the Needs of Dually Eligible Older Adults with SUDs: An Addiction & Geriatric Psychiatrist's Perspective

Louis Trevisan, MD

Associate Professor of Psychiatry
Yale University

SUD Among Older Adults is a Growing Issue

- The number of adults in the U.S. aged 50+ with SUD is projected to increase from 2.8 million in 2006 to 5.7 million in 2020[1]
- Older adults in the baby boom generation (born 1946-1964) misuse and abuse substances at higher rates than previous generations of older adults[2]

[1]Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research, 17*(1), 584. doi:10.1186/s12913-017-2538-z
[2]Lehmann, S. W., & Fingerhood, M. (2018). Substance-use disorders in later life. *The New England Journal of Medicine,379*(24), 2351-2360. doi:10.1056/NEJMra1805981

Dually Eligible Older Adults Are Particularly At Risk of Effects of SUD

- Dually eligible older adults are more likely to have a SUD diagnosis
  - 2.5 times higher than Medicare-only (estimates from a study of dually eligible beneficiaries in Massachusetts)[2]
- Older adults are:
  - More susceptible to effects of SUD due to physiological changes in metabolism[3]
  - More likely to have multiple chronic health conditions that may be aggravated by SUD[3]
  - More likely to use multiple prescription medications, including pain medication, and have increased risk of adverse interactions[3]
- Dually eligible older adults are also more likely to have a physical disability, cognitive impairment, or least one activity of daily living (ADL) limitation[4]
- **Takeaway:** Dually eligible older adults are at increased risk of complications or adverse events due to SUD

[2]Lehmann, S. W., & Fingerhood, M. (2018). Substance-use disorders in later life. *The New England Journal of Medicine,379*(24), 2351-2360. doi:10.1056/NEJMra1805981

[3]Clark, R. E., Leung, Y. G. H., Lin, W. C., Little, F. C., O'Connell, E., O'Connor, D. M., ... & Browne, M. K. (2009). Twelve-month diagnosed prevalence of mental illness, substance use disorders, and medical comorbidity in Massachusetts Medicare and Medicaid members aged 55 and over, 2005.

[4]Medicare Payment Advisory Commission and Medicaid and CHIP Payment and Access Commission. (2015). Data Book: Beneficiaries dually eligible for Medicare and Medicaid.

Use of Alcohol Among Older Adults

- Alcohol is the most commonly used and misused substance among older adults, and alcohol use disorder (AUD) is increasing among older adults[5]
- 14.5% of older drinkers consume alcohol at a level above the recommended limit, and 3% of adults aged 50+ have AUD[1]
- Alcohol use is more prevalent among individuals with lower incomes[6]

[1]Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. BMC Health Services Research, 17(1), 584. doi:10.1186/s12913-017-2538-z

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

[6]Hasin, D., Stinson, F., Ogburn, E., Grant, B. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry. 64(7):830-42.*

Opioid Use Among Older Adults

- 35% of adults aged 50+ with chronic pain reported misuse of their opioid prescriptions in the past 30 days[7]

For **dually eligible beneficiaries** specifically:

- They have higher rates of opioid use than Medicare-only beneficiaries
  - 44% of fee-for-service dually eligible beneficiaries received at least one opioid prescription in 2015 - versus approximately 31% in the Medicare-only population[8]
- Rates of opioid use are growing most quickly for older adults
  - The greatest rates of change for "high dose chronic" opioid use from 2006 to 2015 are among dually eligible adults 55-64 (28.1%) and 65-74 (25.6%)[8]

[7]West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, *149*, 117-121.

[8]Anderson, K. K., Hendrick, F., McClair, V. (2018). Data analysis brief: national trends in high-dose chronic opioid utilization among dually eligible and Medicare-only beneficiaries (2006-2015). Retrieved from https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/DataStatisticalResources/Downloads/OpioidsDataBrief_2006-2015_10242018.pdf.

Use of Tobacco Among Older Adults

- Tobacco is the leading cause of preventable death in the U.S.[5]
  - 14% of older adults used tobacco in the past 12 months[9]
  - Individuals with lower income and those enrolled in Medicaid are more likely to use tobacco[9]

- Dually eligible beneficiaries are more likely to smoke than Medicare-only beneficiaries, but less likely to receive advice to quit[10]

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

[9]Centers for Disease Control and Prevention. (n.d.). Current cigarette smoking among adults in the United States. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/

[10] Lied, T. R., & Haffer, S. C. (2004). Health status of dually eligible beneficiaries in managed care plans. *Health Care Financing Review*, *25*(4), 59–74.

Diagnosing SUD Among Older Adults Requires Tailored Approach

DSM-5 Criterion (Selected)	Consideration for Older Adults
Substance taken in greater amount than intended	Older adult may be impaired using the same amount taken when younger
There is persistent desire or unsuccessful effort to cut down or control use	Older adult may not realize use is problematic, especially with long-term use
Repeated use leads to inability to perform role in the workplace or at school or home	Role impairment is less pertinent; older adults more likely to be retired or living alone
Valued social or work-related roles are stopped because of use	Effect of substance use on social roles is less obvious if older adult is no longer working
Withdrawal syndrome occurs or patient takes substance to prevent withdrawal	Withdrawal syndrome can occur with more subtle symptoms such as confusion

[2]Table adapted from: Lehmann, S. W., & Fingerhood, M. (2018). Substance-use disorders in later life. *The New England Journal of Medicine,379*(24), 2351-2360. doi:10.1056/NEJMra1805981

Stressors Tied to Aging Can Contribute to Substance Use in Older Adults

- Be sensitive to potential aging-related stressors in routine visit interactions and during screenings for SUD
  - These stressors may lead to changes in substance use or be relevant considerations when choosing course of treatment
- As appropriate, ask older adults how changes such as those below have affected their life
  - Role and status change (e.g., retirement)
  - Income changes (potentially have a larger relative impact among dually eligible beneficiaries)
  - Physical health decline
  - Cognitive changes
  - Widowhood
  - Shrinking social networks
  - Loss of independence

Potential Indicators of SUD Among Older Adults

- Physical
  - Falls, bruises, burns
  - Poor hygiene
  - Malnutrition
  - Headaches
  - Incontinence
  - Dizziness
- Psychiatric
  - Disorientation
  - Memory loss
  - Difficulty in decision making
- Cognitive
  - Sleep problems
  - Anxiety
  - Depression
- Social
  - Family problems
  - Financial or legal problems
  - Social isolation
  - Running out of medication early or borrowing from others

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

SUD Screening Approaches

- The Center for Substance Abuse Treatment recommends screening for SUDs as a part of routine medical visits for adults 60 and over
- Alcohol:
  - **Cut-Annoyed-Guilty-Eye Opener (CAGE) Questionnaire**: 4-question in-person assessment, can be asked during visit, provides historical view
  - **Alcohol Use Disorders Identification Test-Concise (AUDIT-C):** 3-question in-person, shows if engaging in risky drinking currently; combine w/ CAGE
  - **Short Michigan Alcoholism Screening Instrument, Geriatric Version (SMAST-G)**: 10-question paper assessment, which can be used in waiting room prior to in-person visit
- Tobacco:
  - Older adults are generally willing to talk about their tobacco use, so just ask
  - **Fagerstrom Test for Nicotine Dependence (FTND)**: 6-question paper assessment, can be used in waiting room prior to visit
- Opioids:
  - **Screening Tool of Older Person's Potentially Inappropriate Prescriptions (STOPP)**: validated screening instrument for inappropriate prescribing in the elderly

[11]Center for Substance Abuse Treatment. (1998). Substance abuse among older adults: treatment improvement protocol (TIP) series 26. *DHHS Publication No. (SMA) 98*–3179.

[12]Rustin, T. A. (2000). Assessing nicotine dependence. *American Family Physician*, *62*(3).

[13]Gallagher, P., Ryan, C., Byrne, S., Kennedy, J., & O'Mahony, D. (2008). STOPP (screening tool of older person's prescriptions) and START (screening tool to alert doctors to right treatment). consensus validation. *International Journal of Clinical Pharmacology and Therapeutics. 46(*2):72-83.

Tips for Screening SUD Among Older Adults

- Use formal screening tools, but don't rely on them solely
- Use a supportive, conversational, and non-confrontational style
  - Asking directly about substance misuse may not be the best approach (e.g. "Do you have a drinking or drug use problem?")
  - Ask questions in non-judgmental way (e.g., "Do you sometimes take an extra pill to fall asleep or to cope with pain?")
- Discuss substance use in the context of a broader assessment that includes health and social needs and recent life events
  - Talk about substance use with the goal of promoting overall well-being
  - Be aware of the potential impact of aging-related changes and stressors
- Watch for physical, psychiatric, cognitive, and social changes that may indicate SUD. Ask – "Are you having unexplained symptoms or issues?"
  - Alcohol: GI distress, incontinence, depression, anxiety, confusion (withdrawal)
  - Opioids: falls, constipation, depression

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

[14]Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The alcohol use disorders identification test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, *26*(9), 881-885.

From Screening to Treatment: How to Engage Older Adults

- Some older adults may have less desire to reduce substance use due to a shortened sense of future
- Older adults may view substances, such as alcohol, as their "one last pleasure"
- How to overcome these barriers and encourage health promotion and treatment among older adults?
  - Give information on how substances can further shorten their future; older adults are generally receptive to receiving advice from doctors
  - Discuss balance between pleasure and the cost of losing control of their substance use (reductions in independence, worsening of physical health, etc.); engage in discussion of other activities they might enjoy
- Older adults have demonstrated treatment outcomes as good, or better, than those seen in younger groups

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

Treatments and Interventions for SUDs among Older Adults

- **Brief Interventions**:
  - Use motivational interviewing techniques and provide education about substance and its risk
  - Goal is to enhance motivation to change and connect older adults to more intensive treatments if necessary

- Be mindful if the older adult has some minor cognitive impairment
  - Simple and slower-paced is better
  - Ask them to repeat to make sure they have information correct

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

Brief Intervention for At-Risk Drinking Among Older Adults

- Two or three 10-15 minute sessions (best to conduct during regular visit when the topic naturally comes up in discussion)
- Education, assessment, and feedback
  - Supportive and non-judgmental approach
  - Clinician compares older adult's drinking to their peers and gives brief advice → often an effective approach for older adults
  - Focus treatment plans on establishing social supports (e.g., senior centers, exercise groups, religious support groups)
- Motivational strategies, goal setting, and behavior modification
  - Acknowledge that they are giving up or decreasing something that they enjoy
  - Focus on achievable goals (e.g., limiting to one drink per night to start, regular exercise)
- This approach is effective for decreasing alcohol consumption among older adults

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

[15]Moore, A., Blow, F., Hoffing, M., Welgreen, S., Davis, J., Lin, J., … Barry, K. (2011). Primary care based intervention to reduce at risk drinking in older adults: a randomized trial. *Addiction. 106*(1), 111-120.

Tip for Brief Interventions: F.R.A.M.E.S

- **F**eedback on personal risk, often provided from screening assessments
  - E.g., "drinking may contribute to an existing medical problem such as hypertension"
  - Older adults tend to respond better to feedback than younger adults
- **R**esponsibility for change comes from the older adult
  - E.g., emphasizing personal control
- **A**dvice for making a change comes from the clinician
  - Older adults often more receptive to doctor advice
- **M**enu of options is given to the older adult
  - Discussion of alternative goals and strategies to reduce drinking
- **E**mpathetic clinician style is more effective than confrontation
- **S**elf-efficacy will enable the older adult to pursue ongoing follow-up
  - Encourage optimism that chosen goals can be achieved

[16]National Institute on Alcohol Abuse and Alcoholism. (2003). Helping people with alcohol problems: a health practitioner's guide. National Institutes of Health Publication No. 3–3769..

Pharmacological Treatments for Older Adults with SUD

- Combination of pharmacological and nonpharmacological treatments are the most effective among older adults
- Medications for:
  - Alcohol use disorder: naltrexone, acamprosate, topiramate, disulfiram
  - Opioid use disorder: methadone, buprenorphine, and naltrexone
  - Tobacco use disorder: varenicline, bupropion, gum/lozenge, and nicotine patch
- Start with low dose and increase slowly, but keep going until you get to typical dose for an adult (if tolerated)
- Encourage medication adherence and encourage older adults to discuss any concerns or questions about their medications, including side effects (which are often easily managed) and potential drug interactions

[17]Chen, D., & Wu, L. T. (2015). Smoking cessation interventions for adults aged 50 or older: a systematic review and meta-analysis. *Drug and Alcohol Dependence*, *154*, 14-24.

Key Takeaways for Tailoring Services to Older Adults with SUD

- **Diagnosis and Screening**
  - Dually eligible older adults are at an increased risk of experiencing SUDs and associated adverse outcomes
  - Look for indicators beyond the DSM-V (physical, cognitive, social) when diagnosing SUDs among older adults
  - Recognize that physical health conditions may be side effects of substance use

Key Takeaways for Tailoring Services to Older Adults with SUD (cont'd)

- **Engagement Strategies**
  - Build rapport and discuss SUDs in the context of overall health
  - Support and non-judgmental approach is key; older adults should feel free to discuss any "slips" with a substance or raise their concerns
  - If cognitive impairment is a concern, provide additional time for older adults to process new content and ask them to repeat back key takeaways from the visit
- **Treatment and Intervention**
  - Brief intervention is a powerful step in initially addressing SUD for older adults
  - Combine pharmacological and nonpharmacological treatments
  - For medication treatments, start with low dose and increase slowly

Meeting the Needs of Dually Eligible Older Adults with SUDs: A Social Worker Perspective

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Senior Hope
Compassionate Chemical Dependency Care for Seniors and their Families

Services Offered at Senior Hope Counseling

- Serves approximately 120 older adults/year, including older adults who are dually eligible for Medicare and Medicaid
- Individual, family, and group services
- Non-intensive level of outpatient services
  - Clients are seen between 2-4 times a week
  - Clients are offered an individual session weekly or biweekly
- Day and evening treatment programs
- Tailored treatment programs for older adults with SUD
- Assessments, treatment planning, linkage, referrals, and discharge planning

Creating a Culture of Respect

- Foster a culture of support and respect
  - Listen carefully to what older adults have to say
  - Acknowledge their current needs
  - Tailor approach to meet the unique needs of older adults with SUDs (e.g., engage with family caregivers to discover additional needs, apply supportive and non-confrontational approach)
- Be mindful of hearing, vision, and mobility issues and adjust treatment approaches accordingly:
  - Talk slower for those with cognitive impairments
  - Offer larger prints for those with vision impairments

Early Onset vs. Late Onset SUD

- Early onset:
  - Use began <40 years (e.g., due to trauma early in life)
  - Generally have basic understanding of their SUDs and higher levels of substance-related physical health needs
  - Higher need for collaboration with primary care providers and screening for Adverse Childhood Experiences (ACEs)
- Late onset:
  - Use began >40 years
  - Usually began using substances due to life stressor (e.g., loss of partner, retirement, or new diagnosis)
  - Greater need to identify and tailor treatment towards stressors that may have precipitated increased substance use

[11]Center for Substance Abuse Treatment. (1998). Substance abuse among older adults: treatment improvement protocol (TIP) series 26. *DHHS Publication No. (SMA) 98*–3179.

Comorbid Conditions Among Older Adults with SUD

- Comorbidity is a serious, common concern among older adults with SUDs
  - Psychiatric symptoms, mental health diagnoses
  - Impaired Activities of Daily Living (ADLs)
  - Alzheimer's disease/dementias
  - Sleep disorders
- Dually eligible older adults are more likely to have comorbid conditions and may require additional comprehensive services and supports[4]
- Awareness of comorbidities can allow practitioners to provide more comprehensive services to older adults with SUDs (e.g., conducting PHQ-9 screening for mental health needs)

[4]Medicare Payment Advisory Commission and Medicaid and CHIP Payment and Access Commission. (2015). Data Book: Beneficiaries dually eligible for Medicare and Medicaid.
[18]Jacobs, M. (2016). Older adults and alcohol problems. *NIAAA Social Work Education Module 10C.* Retrieved from https://slideplayer.com/slide/4734556/.

Normal Aging Process Misconceptions

- Providers caring for older adults should receive training to recognize the normal aging process and its effects on SUDs, including substance tolerance changes and possible indicators of a SUD

Normal aging is:

- Sensory changes (e.g. hearing, vision)
- Mild cognitive changes (e.g. slowed thought process)
- Age-related sleep patterns (i.e. needing less sleep)

Normal aging is <u>not</u>:

- Depression
- Severe cognitive impairments
- Debilitating chronic diseases
- Frequent hospitalizations

[19]New York State Office of Alcohol and Substance Abuse Services. (n.d.). Overview: healthy aging. *Seniors and Health*. Retrieved from https://www.oasas.ny.gov/prevention/senior/HlthAg.cfm.

Tips for Assessing Older Adults with SUD

- Conduct comprehensive assessment to identify history of SUD, assess needs, and determine the appropriate level of care
  - Build rapport and develop trusting relationship prior to assessment
- Assess for Adverse Childhood Experiences – context helpful in considering course of SUD treatment
- If relevant, discuss how SUD and related behaviors may be impacting their adult children and grandchildren
  - This can motivate older adults to engage in screening and treatment
- If relevant, invite caregivers to join assessment and follow up sessions to provide insight and help determine appropriate level of care
- Ask for permission to communicate with others involved in the older adult's life to gather more information

Cognitive-Behavioral Therapy (CBT) for Older Adults with SUD

- CBT is an evidence-based psychotherapeutic approach to identify and alter sequences of thinking, feeling, and behaving that lead to problematic substance use
  - Can be useful for addressing patterns tied to adverse childhood experiences
  - May be of value in supporting adults dealing with common stressors of aging
- Older adults may benefit from:
  - Structured, instructional approach due to more common memory challenges
  - Reading or listening to key takeaways twice, with larger text or enhanced audio
  - Learning through multiple methods (e.g., both audible and visual, such as using blackboards or flip charts)
  - Additional time to process new content

For more information, see Substance Abuse Among Older Adults: Treatment Improvement Protocol (TIP) Series 26[11]

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654..

[11]Center for Substance Abuse Treatment. (1998). Substance abuse among older adults: treatment improvement protocol (TIP) series 26. *DHHS Publication No. (SMA) 98*–3179.

Peer Support for Older Adults with SUD

- Older adults may believe they are alone in dealing with their SUDs, but peer support programs may help to normalize their experiences and reduce isolation and stigma
- **Senior Hope's Alumni Program**:
  - Comprised of successful graduates of the outpatient SUD programs for older adults
  - Successful graduates can stay in touch with their peers who are at a similar life stage, continue to receive support, and begin to support others
  - Senior Hope also offers a peer-run AA meeting for older adults who engage in weekly support groups with one another

Tips for Running Age-Specific Groups for Older Adults with SUD

- If possible, group older adults together into age-specific cohorts
  - As some members may be experiencing cognitive changes, slow the pace of meetings, repeat content, and use enlarged text to account for visual deficits
- If you are unable to offer groups specific to older adults:
  - Ask group leads to be mindful of preferences that some older adults may share (e.g., limit profanity, talk slower)
  - Promote understanding of older vs. younger adult challenges (e.g., mobility and hearing issues for older adults vs. workplace challenges for younger adults)
- Older adults benefit from groups with smaller size (15 or fewer older adults ideally)
  - Due to more likely hearing loss, visual loss, and mild cognitive changes, smaller groups increase chance that older adults can fully participate in conversation
- Encourage older adults to:
  - Visit peer support groups prior to discharge from treatment to promote continuity and begin learning from their peers
  - Try more than one meeting before deciding whether it is a good fit[31]

[5]Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, *30*(3), 629-654.

Coordinating with Community Supports

- Appropriate community support can increase engagement in SUD treatment and bolster its effectiveness through a focus on needs of the whole person
- Community supports may include meals on wheels, transportation vendors, social clubs, employment services, housing support, legal services, self-help groups, and aging in place villages
- Tips for coordinating with community supports:
  - Find out from member what kind of support is most important to them
  - Reach out to local and state departments on aging and request information about available resources
  - Develop memoranda of understanding and partnership agreements for referrals with key community organizations
  - At time of intake, ensure that information can be sent and received with the older adult's primary care provider
  - Actively link older adult to community supports and follow up to confirm link was made
  - Where appropriate, involve caregiver or family members

Helping Older Adults Self-Manage their SUDs

- Help older adults structure their days and plan activities that give them a sense of purpose
- Assist older adult in finding age-specific SUD services in their respective communities
- Talk with older adult (and caregivers with consent) about removal of substances from the living environment
  - Determine if the older adult is safe or needs additional services or supports (e.g., a more supportive, supervised living environment)
- Work with the older adult to develop a relapse prevention plan, with phone numbers of supportive people and resources available to help them through their immediate needs
- Offer guidance to caregivers on potential SUD signs and symptoms (e.g., unexplained bruises, confusion, isolation)

A Case Example of a Senior Hope Counseling Client: Ms. S

- 57 year-old female with alcohol use disorder, cannabis use disorder, and depression
- Practitioner built rapport with Ms. S and then delivered the Adverse Childhood Experiences (ACE) Questionnaire
  - Ms. S disclosed early childhood sexual abuse for the first time
  - This led to substance use to cope with emotional distress
- Develop a treatment plan with Ms. S based on her personal goals, which helped Ms. S become engaged in her treatment
- Treatment consisted of individual and group sessions with an emphasis on CBT to help Ms. S realize that her childhood sexual abuse was not her fault
- Over time, Ms. S was able to address her underlying trauma and move forward with her recovery

Meeting the Needs of Dually Eligible Older Adults with SUDs: A Case Manager Perspective

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Communication is Key

- Substance use may be a part of the older adult's life, but it is not who they are
- How we speak with our older adult members builds the foundation for progress
- Learn your member's interests and remember them – let them know you care
  - Do some research on their interests, ensuring commonalities to speak about that will keep communication flowing
  - Use these interests and commonalities as a way to begin a discussion about their SUD

Promoting Engagement with Older Adults

- There may be some resistance upon initial contact and difficulty in reaching for follow up
- Strategies for building rapport:
  - Send a personalized greeting card upon enrollment with your business card enclosed
  - Ask the member questions to understand views on engagement and expectations
  - Talk about the older adult's preferred means of communication and preferred schedule
- Some older adults may not be ready to address their SUD:
  - Meet them where they are: determine their definition of the problem and work on addressing that
  - Older adults many identify other goals; focus on those goals – these efforts may ultimately lead them to realize a change related to substance use is needed

Overcoming Literacy Barriers

- Do not assume that your older adult members (or any of your members) are literate
  - Illiteracy does not equal unintelligence
  - Some individuals may have had to drop out of school and provide for their family
- It is okay to ask an older adult of about their literacy abilities; most will feel relieved that you asked. Consider asking:
  - “Would you like me to read this with you?”
  - “Do you need assistance filling this out?”

Facilitating Attendance at Appointments

- Dually eligible older adults with SUD may need assistance to attend SUD treatment appointments
  - Attend appointments with older adult if possible (or schedule time to call in on speaker phone)
  - May need someone to accompany them or to assist them with managing related appointment scheduling and pick-up times
  - May need someone to act as a note taker (particularly if they are not sober) to prevent missing vital information, and provide reminders post-appointment
  - May need added assistance from car/van to building if transportation provider does not provide this support
- Help the older adult engage their support system:
  - "Do you have a family member or friend who would be willing to ride with you and assist you during your appointment?"
  - "Is there anyone that you would be willing to meet you at your appointment and take notes for you?"
  - "Can I help you call someone to inform them of your scheduled appointment?"

Coordinate with the Care Team

- Don’t assume everyone knows how to or feels comfortable advocating for themselves
  - Older adults may have recently lost support systems who previously helped them
  - Some older adults may have questions they are unsure how to word to a physician or may think they aren’t important enough to ask
- Help the older adult schedule and prepare for appointments
  - Ask the older adult if they have a method for keeping track of appointments. If not, offer to write the appointment details in a planner with them
  - Assist with developing questions to ask the care provider: “Are there specific questions that you have when you go to your appointment? Would you like me to help you write them out and put them in your planner so you have them when you get there?”

Coordinate with the Care Team (cont'd)

- Hold care team collaboration meetings with the older adult present
  - It can hinder your rapport with an older adult if you are consistently having conversations with providers or physicians about the older adult's treatment without them present
  - Call the physician together if you have a question. Place the physician's office on speaker so the older adult can hear the full conversation
  - Older adult is at the center of care team, and has choice and control over his or her own care and care team recommendations
- Engage caregiver in helping to build the care plan and attending care collaboration meetings (with older adult's permission)
- Share the care plan during care collaboration meetings and ask for input into the assessment and goals

Case Example: Mrs. M

- 72-year-old dually eligible female
- Substance use disorders:
  - Moderate opioid use disorder (Percocet)
- Other health-related conditions:
  - Arthritis, chronic obstructive pulmonary disease (COPD), constipation

Communicating with Mrs. M

- Addressing substance use negatively can shut down communication and openness
  - Rather than: “I see that you’ve had problems with overtaking your pills.”
  - Try saying:
    - “How are you managing your medications?”
    - “How can I help to support you in sticking with your medication schedule? What are the barriers that would cause you to overtake or undertake your medications?”
    - “Do you need assistance in managing your medications? Do you have a pill organizer for each day of the week? Is it hard to read the labels on your medications bottles?”

Engaging Mrs. M

- Upon enrollment, Mrs. M would not answer the phone or open the door for the case manager
- Resolution:
  - Completed a drive by to Mrs. M's home and left a flyer on her door with my business card and photo so Mrs. M would recognize my face
  - Called from a non-private office number. Many older adults are fearful of answering private calls as many telemarketers as well as medical supply companies scam call older adults. Notify the older adult that your number will show as private if it does
  - These strategies were successful and I was able to gain contact with Mrs. M

Coordinating with Mrs. M's Care Team

- Mrs. M reported concerns of having her Percocet dosage reduced but felt fearful to discuss this with the physician
- Resolution:
  - During a home visit, I inquired as to whether Mrs. M would like me to facilitate the conversation between her and the physician
  - I called the physician's office and placed the office on speaker phone. I informed the office that the client was present for the call and had some concerns with her current dosage of medications she would like to speak with the physician about. Mrs. M continued the conversation but I was present for support
  - Through this the physician did not adjust her medications levels any further, he was able to discuss Mrs. M's opioid use disorder and supports available. This maintained rapport between the physician and Mrs. M

Helping Mrs. M Overcome Transportation Barriers

- Pill counts generally occur randomly and are monitored and initiated by the pain clinic directly to ensure compliance with medications prescribed
- Mrs. M could not attend random pill counts due to mobility issues and lack of transportation
  - **But** transportation for Mrs. M requires a three-day scheduling notice
- Resolution:
  - I called the pain clinic with Mrs. M and arranged for a home health nurse to come in home for pill count
    - This was not previously offered by the pain clinic
  - Sometimes coming up with solutions requires case managers to be resourceful and creative

Case Example: Mr. P

- 75-year-old dually eligible male
- Alcohol use disorder
- Other health-related conditions contributing:
  - Fatty liver disease, lower gastrointestinal (GI) resections, hypertension, type II diabetes, arthritis, tongue cancer (in remission)

Communicating with Mr. P

- Mr. P was not openly communicating with me and restricted the information provided. I needed to build rapport
- Resolution:
  - Upon noticing a bike in the living room, I asked if Mr. P enjoyed bike riding. Mr. P talked about the bike, which led to him saying that he will go for a bike ride when he feels tempted to drink. Now, each time I go to Mr. P's home I ask about his bike rides to get the conversation started
  - Tip: Notice what the older adult is wearing. If you are in the home, notice the surroundings. Look for topics to converse about that establish rapport

Engaging Mr. P

- Mr. P did not think he had an issue with substance use and did not have a desire to work on it
- Resolution:
  - I helped Mr. P identify goals that he thought were important. Mr. P expressed discontent with his current budget and wanted to have extra spending money at the end of the month
  - I encouraged Mr. P to evaluate his budget to see where he is spending the most money by writing every transaction down for a month and evaluating at the end of the month. I printed blank transaction forms for Mr. P to fill out
  - Mr. P realized he was spending a large portion of his budget on obtaining alcohol. This initiated Mr. P to realize that he may have a substance use disorder and allowed Mr. P to come to this conclusion on his own

Engaging Mr. P (cont'd)

- Mr. P is religious and attends communion in which wine is served for the communion
- He wanted to participate in communion without indulging in alcohol
- Resolution:
  - I assisted Mr. P in writing an anonymous letter to the church leader requesting to have a second option of grape juice for communion. I also helped Mr. P come up with a backup plan of bringing a bottle of grape juice to communion service if a second option was not provided

Coordinating with Mr. P's Care Team

- I requested to share Mr. P's care plan, which included a goal of attending one AA meeting per week, with his primary physician. The physician called to ask Mr. P to cut back on a half a glass of alcohol a day (i.e., 6 ounces of beer, 2.5 ounces of wine, 0.75 ounces of spirits) to improve GI function
  - This included the physician in Mr. P's goals related to his SUD, allowed for engagement with the physician, and added another support system for Mr. P to lean on when needed
- Tip: Create a person-centered care plan with the older adult that's centered around older adult's individual goals, not the goal you have for the older adult

Key Takeaways for Engaging and Supporting Older Adults with SUDs

- **Engagement and Communication**
  - Learn your members' individual interests and remember them – let them know you care
  - Meet older adults where they are: determine their definition of the problem and work on addressing that
  - Ask your older adult members about their literacy abilities
- **Care Coordination**
  - Help older adult members to schedule appointments and attend if possible to take notes and support follow-through
  - Assist older adults in developing questions to ask the care provider
  - Hold care team collaboration meetings with the older adult present

Meeting the Needs of Dually Eligible Older Adults with SUDs: A Consumer Perspective

Sherri

Consumer

Questions

Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at: https://www.resourcesforintegratedcare.com
- If you are applying for NASW CE credit, you must complete the post-test in order to receive credit: https://www.surveymonkey.com/r/SUD_Post_Test
- For more information about obtaining CEUs via CMS' Learning Management System, please visit: https://www.resourcesforintegratedcare.com/sites/default/files/BH_Older_Adults_with_SUD_Continuing_Education_Credit_Guide.pdf
- If you would like more information on behavioral health and substance use disorders in older adults, you can view previous webinars here:
  - Supporting Older Adults with Substance Use Disorders: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/SUD
  - Promising Practices for Meeting the Behavioral Health Needs of Dually Eligible Older Adults: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Behavioral_Health_Needs
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- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ

Resources

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