DIABETES INTEGRATION PILOT FOR INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS

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OVERVIEW

• Rationale for pilot
• Diabetes integration
• Pilot and Methods
• Results
• Lessons learned
• Next steps
501(c)3 non-profit
900+ employees
18,000 served/year
4 counties  Multnomah / Washington
Clackamas / Lane
75+ locations
4 health centers
$70M revenue
750+ housing units
Cascadia Behavioral Healthcare delivers whole health care – integrated mental health and addiction services, primary care, and housing - to support our communities and provides hope and well-being for those we serve.

We envision a community where everyone benefits from whole health care, experiences well-being, and has a self-directed, connected life.
RATIONALE
The problem... People with a mental illness suffer higher morbidity and have over twice the risk of mortality from all causes than those without a mental illness.

For example... Individuals diagnosed with a mental illness die from diabetes at around 3 times the rate of those without a mental illness diagnosis.
AT CASCADIA

- ~570 clients with diabetes or prediabetes
- 340 shared clients with CareOregon
  - 13% no PCP visit
  - 50% dental cleaning, 31% in past year
  - 24% HgA1c tested past 3 months, 61% past 6 months
- 28% depressive disorder/dysthymia
- 25% stress/trauma disorder
- 16% schizophrenia
- 11% bipolar disorder
Self-management programs exist

Not designed specifically for individuals with challenges around mental health
  • Medication complexity
  • Healthcare access barriers/underserved
  • Lack of attention to prevention and wellness
  • Stigma
  • More challenges around social determinants of health
DIABETES INTEGRATION AT CASCADIA
GOALS

• Improve diabetes-related health, physical and mental health
  • Client-level
  • Population-level

• Identify barriers to integrating care for clients with diabetes

• Develop a better model of healthcare integration
IMPLEMENTATION

• Improve diabetes-related health, physical and mental health
• Diabetes self-management group
• Access to preventative healthcare

• Identify barriers to integrating care for clients with diabetes
• Diabetes integration workgroup
• Communication (informal and formal with behavioral health staff)

• Develop a better model of healthcare integration
• Care coordination
• Panel management
IMPLEMENTATION CHALLENGES

• Staff
  o Buy-in
  o Fear of over-stepping, being “out of their scope”
  o Barriers

• Clients
  o Hierarchy of needs
  o Engagement
  o Rapport
  o Education
METHODS FOR DIABETES INTEGRATION PILOT
LIVING WITH DIABETES

• Diabetes self-management group tailored for individuals with mental illness (TTIM)ª

• Lightly adapted from TTIM curriculum for Cascadia
  • 13 weeks of sessions
  • Co-facilitated by clinician and Peer Wellness Specialist
  • 4 outpatient health centers (3 include primary care) and 2 supportive housing sites

• Care coordination and panel management for participants
CURRICULUM OVERVIEW

- Orientation and introductions; establishment of a therapeutic relationship; facts and misconceptions about mental illness and diabetes; intro to DM
- Challenge of having both SMI and DM, Stigma and coping; mental health, functioning and response to stress and DM; personal goal-setting
- Mental health profile; triggers of SMI relapse; personal action plan for coping with relapse
- Problem-solving skills; Talking with your health care providers; Communication role play
- Treatments for SMI and DM; Nutrition for physical and emotional health; Reading food labels
- Substance use and effects on SMI and DM; Problem-solving to feed your body healthfully
- Effects of exercise on physical and emotional health; daily routine and sleep habits
- Medications and treatments for SMI and effects on DM; Personal care plan
- Social supports; Physical activity and your community
- Taking care of your feet; staying on track with medication
- Illness management as a life-style; Acknowledgement of group progress; Setting the stage for Ongoing Illness Management and Recovery
- Oral health, mental health and diabetes
CARE TEAM MODEL OF CARE

Behavioral Healthcare

- Recovery Services / SUD clinician
- Peer wellness specialist
- Case Managers
- Psych RN
- LMP

Primary Healthcare

- Care Coordinator
- Certified Medical Assistant
- Panel Managers
- Primary Care RN
- PCP
PANEL MANAGEMENT IN PRIMARY CARE

• Identifying Patients
• Updating historical Labs
• Tracking patient navigation
• Scheduling follow-up appointments
• Tracking Durable Medical Equipment
Aug 19
Identify facilitators, date/time for group

Sept 10, Sept 24
Host trainings for facilitators

Sept 12-Sept 27
Outreach/recruitment

Sept 26-30
Follow-up calls and phone screen

Oct 1
Group starts and baseline data collection

Staff education outreach about pilot project
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OUTREACH

• Identify clients with diabetes or pre-diabetes
  • CCO, EHR data, clinicians
• Clinician -> initial outreach
• Diabetes Panel Manager -> follow-up calls to confirm interest
SESSION 2 AGENDA

• Goal Updates: 5 min
• Part one: Challenge of Mental Health and Diabetes: 7 min
• Part two: Coping with Stigma: 13 min
• Part three: Mental Health, Stress, and Diabetes: 17 min
• Part four: Personal Goal Setting: 20 min
• Summary of Today’s Lesson: 3 min
• Homework Assignment: Set a Personal Goal
LIVING WITH DIABETES SAMPLE

SESSION 5 AGENDA

• Review Homework & Goal Updates: 10 min
• Part one: Problem-Solving Skills: 15 min
• Part two: IDEA Approach: 15 min
• Part three: Provider Interaction Role Play: 15 min
• Summary of Today’s Lesson: 5 min
• Homework Assignment: Questions/Concerns to discuss with mental health and primary care providers & Bring in Two Food Labels
SESSION 8 AGENDA

• Review Homework & Goal Updates: 10 min
• Part one: Effects of Exercise on Physical and Emotional Health: 25 min
• Part two: The Importance of Daily Routine and Good Sleep Habits: 20 min
• Summary of Today’s Lesson: 5 min
• Homework Assignment: Building Activities/Exercise into the Week
OUTCOMES

• Physical health
• Mental health
• Healthcare utilization
• Diabetes self-management
• Self-efficacy (health)
MEASURES AND OUTCOMES

• Physical health
• Mental health
• Healthcare utilization
• Diabetes self-management
• Self-efficacy (health)

• Physical health status
• HgA1c
• Physical functioning
• Depressive symptoms
• Anxiety symptoms
• Emotional and social functioning
• Visits to PCP
• Last HgA1c test
• Last dental visit/cleaning
• Specialty care utilization
MEASURES AND OUTCOMES

- Physical health
- Mental health
- Healthcare utilization

- **Diabetes self-management**
- **Self-efficacy (health)**

- **Self-management activities**
- **Diabetes knowledge**
- **Self-efficacy in:**
  - Managing symptoms
  - Managing medications
  - Managing emotions, stress, negative feelings
RESULTS
LIVING WITH DIABETES CLIENTS

- Clients expressed interest at follow-up call: 75
- Clients enrolled in group: 29
- Clients engaged halfway through: 20
- Potential clients to complete follow-up survey: 19
ENGAGEMENT IN GROUP

- 19 participants still engaged in Round 1
- Baseline data on 18 participants

- < 50% of sessions
- 50-74% of sessions
- >=75% of sessions
PARTICIPANT ENGAGEMENT

• Challenges
  o Big commitment
  o Mental health
  o Physical health
  o Heat
  o Life!

• Response
  o Encouragement, support, connection
  o In-person follow-up by BH staff
  o Phone follow-up by facilitators and CC
  o Automated phone reminders
  o Snacks, swag
  o Promotion of HSO incentives

YES! I want my $15 gift card!
WHO IS PARTICIPATING?

Engaged clients are:

- 57 years old
- 75% Female
- 65% White
STAFF ENGAGEMENT

• **Challenges**
  - Competing demands
  - Knowledge, scope
  - Communication

• **Response**
  - Health Maintenance
  - Scrubbing Charts
  - Early involvement in work
  - Education
  - Buy-in
BASELINE HEALTH STATUS

SMOKING STATUS

- Nonsmoking: 53%
- Smoking: 47%

HgA1c

- Prediabetes
- Diabetes
- Poor control
BASELINE HEALTH AND FUNCTIONING

• General Health: 43% (out of 100)
• Physical Functioning: 29%
• Role Limitation-Physical Health: 20%
• Role Limitation-Emotional Health: 30%
Baseline Diabetes Self Care

Average number of days per week of diabetes self-care for:

- Diet: 2.75
- Physical Activity: 2.28
- Physical Care: 2.67
SELF EFFICACY MANAGING...

- Medication: Not confident vs. Somewhat/a little confident vs. Very confident
- Emotions: Not confident vs. Somewhat/a little confident vs. Very confident
- Symptoms: Not confident vs. Somewhat/a little confident vs. Very confident

Percent

0 20 40 60 80
- Clients seem engaged
- I have the tools to support my client(s) when they talk about the program
- I feel knowledgeable about the program’s goals
- Program is beneficial for clients
- Clients have positive attitude towards program
PROCESS EVALUATION
- GROUP

• Clients reported being very satisfied overall with:
  o The curriculum content
  o Ease of understanding the information presented
  o Feeling welcomed
  o Feeling comfortable sharing

• Bias in responses – Received a small proportion of total participants
PROCESS EVALUATION - INTEGRATION

• 6 out of 8 clinicians ask their clients about the program/their experiences usually or always

• 5 out of 8 clinicians usually support their clients in diabetes self-management (2 never or seldom do)

• 4 out of 8 clients initiate a conversation about the group/their experience half of the time or usually.
LESSONS LEARNED

• Recruitment
  - More systematized process due to challenges around integration
  - Involvement of clinicians
  - ID key point people
LESSONS LEARNED

• Delivery of intervention
  - Follow-up with clients re: missed groups
  - Support communication between facilitators care coordinator and implementation team
  - Physical space for group matters!

• Surveys
  - More time built in to group
MOVING FORWARD

• Round 2 begins 10/2
  o Changes based on lessons learned

• Evaluation

• Next steps
  o Scale
  o Ditch TTIM
  o Adapt
  o Incorporate into practice
  o Test in residential setting
Building the structures for improved integration!

• Primary care support for non-primary care patients
  o Primary Care RN: outreach, support and education
  o CMA: phlebotomy + point of care services for LMPs
  o Panel Management support

• Partnerships
  o CareOregon and DIP
  o Dental van

• Data-driven innovation using lessons from diabetes pilot
THANK YOU
Allison Brenner joined Cascadia 10 months ago to help lead population health research. Her goal is to leverage data and evidence-based research to improve health among individuals with mental illness and substance use disorder.
Harish Ashok is the Clinical Director of Primary Care. He joined Cascadia in January 2018 to help develop, open, and support Cascadia’s three integrated primary care clinics in conjunction with efforts to support CCBHC. Harish has worked in non-profit medical services for the past 7 years in varying capacities.
CARE COORDINATOR, DIABETES PANEL MANAGER

ALLY BIRCH, QMHA, BA

Ally Birch worked as a Care Coordinator at the Woodland Park Outpatient Clinic for two years, coordinating care with doctors, counselors, specialty providers and insurance. In her role she supports client care, and integrated healthcare at Cascadia. She currently works as the Panel Manager/Care Coordinator for the Diabetes Integration Project, to manage, track and support clients with diabetes.
FOUR HEALTH CENTERS

Clackamas
Garlington Plaza
Woodland Park
MEASURES IN DETAIL

• Physical health
• Mental health

• Healthcare utilization

• Diabetes self-management

• Self-efficacy (health)

• SF-36 \(^b\)
  • Physical health, mental health, functioning

• EHR and coordination with outside clinicians/staff

• Summary of Diabetes Self-care Activities measure \(^c\)
  • Brief Diabetes Knowledge Test (v2)

• Patient-Reported Outcomes Measurement Information System (PROMIS) self-efficacy \(^d\)
SESSION 1 AGENDA

• **Part one**: Setting the Stage: 20 min
• **Part two**: Facts and Myths about Mental Health and Diabetes: 20 min
• **Part three**: An Introduction to Diabetes: 15 min
• **Summary of Today’s Lesson**: 5 min
• **Homework Assignment**: None
Ways to Cope With Stigma

Search out and stay connected with people who provide support and do not judge me for having a mental illness.

- friends
- family members
- support/self-group
- mental health provider: therapists, psychiatrists, social worker, case manager

Continue to learn about my illness and improve on ways to manage and cope.

Help teach others about the illness in order to minimize misunderstandings and gain support.

Do not share illness-related symptoms and problems with individuals who will judge me or treat me badly because of it.

- friends
- family members
- support/self-group
- mental health provider: therapists, psychiatrists, social worker, case manager
1. Has any one ever used any of these in the past to deal with stress or symptoms of mental health concerns?

2. What kinds of coping responses can either worsen or improve Diabetes?

3. What would be coping responses to stress that could help BOTH mental health and Diabetes?
SESSION 3 AGENDA

• Review Homework & Goal Updates: 7 min
• **Part one**: Personal Symptom Profile: 17 min
• **Part two**: Triggers of Relapse: 13 min
• **Part three**: My Stress Action Plan: 20 min
• **Summary of Today’s Lesson**: 3 min
• **Homework Assignment**: Complete and Review Your Stress Action Plan
SESSION 4 AGENDA

• Review Homework & Goal Updates: 5 min
• Part one: Diabetes Complications: 10 min
• Part two: Benefits of Change: 10 min
• Part three: Symptoms of High/Low Blood Sugar: 20 min
• Part four: Importance of Blood Sugar Monitoring: 10 min
• Summary of Today’s Lesson: 5 min
• Homework Assignment: Home Practice Sheet #2: Checking your blood sugar
THE IDEA APPROACH

STEP 1 IDENTIFY THE PROBLEM
• What is the problem? What is keeping you from doing or getting what you want?

PROBLEM: I forget to take my morning medication for bipolar disorder.

STEP 2 DEFINE POSSIBLE SOLUTIONS
• Think of all of the possible ways to solve the problem. Do not judge them. Just write them down.

POSSIBLE SOLUTIONS:
• I could take all my medication at bedtime.
• I could talk to my doctor about giving me a medication that only needs to be taken once a day.
• I could just give up on the medication entirely since I am still depressed.
Financial hardship:

Eric is a 67 year old man on Medicare who has recently been prescribed Abilify (aripiprazole) by the psychiatrist who manages his mental health treatment. Eric has been taking an antidepressant medication (Zoloft) also prescribed by this clinician. While the Zoloft has helped Eric’s depression some, he still has some symptoms which prevent him from functioning at his best. His clinician has told him that the Abilify may further improve his depression if he takes it in addition to the Zoloft.

When Eric gets to the pharmacy to fill his prescription he finds out that the even with his Medicare the new medication will cost him about $300/month. He can not afford this and does not fill the prescription. A month later he goes in to see his clinician for a regularly scheduled appointment. He is a little embarrassed to say that he did not take the medication, but wonders if maybe there are some other treatment choices that would work as well but that are more affordable.
SESSION 6 AGENDA

- Review Homework & Goal Updates: 10 min
- **Part one**: Treatments for Mental Health and Diabetes: 10 min
- **Part two**: Nutrition for Physical and Emotional Health: 25 min
- **Part three**: Reading labels: 10 min
- **Summary of Today’s Lesson**: 5 min
- **Homework Assignment**: Find/Bring a Recipe to Share
SESSION 7 AGENDA

- **Review Homework & Goal Updates**: 5 min
- **Part one**: Substance Use, Mental Health, and Diabetes: 10 min
- **Part two**: Replacing Unhealthy Sugar and Fat: 20 min
- **Part three**: Problem-Solving to Feed Your Body Healthily: 20 min
- **Summary of Today’s Lesson**: 5 min
- **Homework Assignment**: Making Meals Healthier
SUBSTANCE USE AND DIABETES

• What kinds of problems in your emotional state has drug or alcohol use caused in the past?
• What kinds of problems in your Diabetes has drug or alcohol use caused in the past?
  • Were you able to solve or minimize these problems? If so, how did you do it?
  • Do you know any resources for getting help with a substance use problem?

In your binder is a list of local resources that can help with substance use
HOW DO I GET STARTED?

• You do not have to buy expensive equipment. You can get started with a **comfortable pair of walking shoes**

• You should choose exercise **shoes with proper balance and support** to protect your knees and back

• **Listen to your body.** Exercise should not be painful

• Make a **commitment to 8 weeks.** Your body may respond in 2 weeks but it may take 8 weeks to notice the benefit in your life

• If you do not enjoy the exercise, **try something else**

• Keep exercise **records**
SESSION 9 AGENDA

• **Review Homework & Goal Updates**: 5 min

• **Part one**: Medications and Psychological Treatments for Mental Health: 30 min

• **Part two**: A Personal Care Plan for Mind and Body: 20 min

• **Summary of Today’s Lesson**: 5 min

• **Homework Assignment**: Review Medication Profile and Personal Care Plan. Complete Personal Care Plan Sheet.
SESSION 10 AGENDA

• Review Homework & Goal Updates: 10 min
• Part one: Your Support System: 10 min
• Part two: Using your Available Supports: 20 min
• Part three: Types of Physical Activity and Your Community: 15 min
• Summary of Today’s Lesson: 5 min
• Homework Assignment: Discussing exercise with primary care provider
PLUS / MINUS / ALTERNATIVE EXAMPLE

• You might say
  • “John, do you have a minute?” If YES....
  • (plus) John, I really like it that you share with me.
  • (minus) Since I am trying to keep my diabetes under control, I really can’t eat all of the candy and chips that you give to me.
  • (alternative) Would you mind if we share them with someone else?

Time to practice! Try using the PMA strategy for a situation you have experienced.
SESSION 11 AGENDA

- Review Homework & Goal Updates: 10 min
- Part one: Taking Care of Your Feet: 10 min
- Part two: Staying on Track with Medications: 35 min
- Summary of Today’s Lesson: 5 min
SESSION 12 AGENDA

• Review Homework & Goal Updates: 10 min
• Part one: Illness Management as a Life-Style: 25 min
• Part two: Setting the Stage for Step 2: 10 min
• Part three: Acknowledgement of Group Progress: 10 min
• Summary of Today’s Lesson: 5 min
• Homework Assignment: None
SESSION 13 AGENDA

• **Review Homework:** 5min
• **Part one:** Dental Health and Diabetes: 30 min
• **Part two:** Population Health Surveys: 15 min
• **Part three:** Acknowledgement of Group Acheivement: 10 min
Why it’s important to take care of your teeth and gums and how to find a dentist

Alexa Jett, BSDH, EPDH
Oral Health Integration Manager