



Care Manager Meeting Highlights 10/29/20

Handouts from the presentations are attached to this email and on the NPO website (handouts and highlights under Care Manager User Group, handouts also under Care Manager Resources). This was strictly a virtual meeting due to COVID-19 from 3:00-5:00pm

Wendy Weckstein, PT MEd, Director of Wellness Services at Northern MI Psychiatric Services, Mindfulness Based Stress Reduction Course Overview

Please Review the attached Mindfulness Based Stress Reduction- MBSR Case Workers NPO Brief for contact and majority or information over the MBSR courses

Contact: Phone: 231-342-9634 Email: wendyweckstein@gmail.com . Wendy prefers cell phone! Please, do not hesitate to contact her for questions about the class or for a patient referral.

- NPO is in partnership with Northern MI Psychiatric Services and can offer the MBSR courses to the patients at a lower cost
 - Partial and full scholarships are available.
 - Even if someone can only afford \$1 a class
 - Registration information for scholarship help @ www.midfulnessstc.com
 - One Care Manager reports the scholarship process is very easy. She usually calls Wendy and explains “X” patients would be a great candidate, but they cannot afford the class
 - Class numbers are limited to create a more personal setting
 - Northern MI Psychiatric services has offered for two NPO CMs to take the class at no cost
 - **Congratulations to Kara Holcomb and Shelly Wood!**
 - One care manager reported patients that she has referred to the MBSR courses have greatly benefited and made huge strides in managing their anxiety and feel more confident in themselves. Care Management goes well in combination with this class.

Kevin DeBruyn, LMSW, Adaptive Counseling, Motivation Interviewing (MI)

- The Spirit and principles of MI
 - **Spirit**
 - Collaborative relationship- collaborating with the patient to help them resolve their ambivalence to change
 - Try to Evoke the patient’s reasons for change- help them Identify reasons for themselves
 - Focus on autonomy and free will. The ability to change or not change as the patient sees fit
 - **Principles- comes from the spirit**
 - RULE- Resist, Understand, Listen, Empower
 - Resist righting reflex- or educating the patient on why they should change
 - This helps us better understand the patient’s motivations
 - Listen with empathy and then empower
 - While going through the RULE process we are listening for change talk
- Listening for change talk and the role that desire plays in change talk
 - DARN CAT= acronym for change talk
 - **Desire- focus of conversation**
 - In Kevin’s experience, Desire can have a big impact when entering an MI session
 - Understanding desire can help determine what will motivate the patient. It speaks to what the patient really wants
 - It also helps the patient identify areas that they can make changes to help them reach their goal
 - How do you hear desire?
 - If the patient makes a direct statement, “I want to do X”
 - Behavior: a patient coming to the appointment for the first time
 - Often, we say we want to Accomplish Z but Y is still a barrier
 - Helps recognize conflicts in desire for further discussion

- How do we recognize our own desires as Care Managers regarding decisions that patients make or do not make?
 - Sometimes conflict can exist when a patient is doing well. For instance:
 - The clinician or Care Manager has the desire to reduce the patient's services because the patient is doing very well and meeting their goals. However, the patient is enjoying their level of service, they may be worried about what will happen with reduced services.
 - Another conflict of Desire: the physician wants the patient to work on their A1c and the patient feels the same. However, the patient does not want to change how the physician or Care Manager wants them to change.
 - This scenario can be common when working with Kids. The parents have a desire for their kids that the kids do not share such as doing their homework. One Care Manager shared; she has found herself naturally siding with the parents; this can backfire regarding the relationship with the child. The backfiring causes more resistant. Now, this Care Manager tries to approach the issue from another angle. For example, "what happens when you don't do your homework?" "I lose my phone" "Wow that must really suck, how does that make you feel"
 - Looking at the big picture. Taking the parents side, "hey you really need to do your homework," is more telling the kid what to do. This takes away the autonomy which is the spirit of MI. It does not help the patient evoke their own reasons for change.
 - Good questions to ask oneself as a Care Manager, "how do I talk less and listen more"
 - One care Manager feels it can be difficult to remember to use MI when you have been working with a patient for a long time, the relationship can get comfortable and not much change occurs.
 - Other challenges exist when the Care Manager feels to busy, wants to act as a cheerleader rather than reflect when someone is feeling down/ validate their feelings.
- Forgetting to utilize MI: How can we remember and take the time to use MI skills?
 - Always try to do the scaling questions at least when meeting a person for the first time
 - A red flag mentioned is frustration. This can portray conflict of desire because you feel like you are not being successful in helping the patient; This can be a big reminder to step back and utilize some MI
 - "Yeah buts" can also be an indicator for needing to utilize MI. When receiving a lot of Yeah buts, this may mean that the Care Manager is trying to problem solve.
 - Ability
 - Reason
 - Need
 - Commitment
 - And
 - Taking steps

Rachael Smart, MSN MHA, NPO, Updates

- How is it going
 - Are you working in the office or remote?
 - Majority of Attendees are currently working in the office. Some are a mixture of both
 - Most are not anticipating this to change
 - Are you busy right now?
 - Most attendees reported being more busy than normal because of COVID
 - A lot more anxiety, depression, severe depression, confinement for elderly, relationship issues, increasing frustration and sleep issues that normal. For those in the working with pediatrics this was reported to be especially difficult as kids are struggling between virtual school, in person school and back to virtual
 - Last spring in a CM meeting we discussed how helping patients get on a normal schedule or some sort of routine could help with this.

- Patients needing resources has also increased; utilities are a big need for people who have been laid off, the holiday season is especially hard on families in these situations
 - How are the Care Managers doing?
 - Everything is just hard right now, seems like mostly validation, normalizing, and emotional support are the key MI skills being used
 - Emotionally exhausted; it feels hard to help people because there are no answers or timelines to the pandemic
 - It was asked if anyone is doing anything to help them deal with this emotional exhaustion
 - One Care Manager bought her first house and is very excited! It is taking her mind off the negativity/ hard dealings at work
 - How can NPO help- in anyway even if unrealistic
 - Magic wand 😊
 - Sending a massage therapist to the office once a week 😊
 - Update from August Meeting: Kate Marrek

Scenario from August Care Manager Meeting: A 4-month-old baby transferred from Devos due to an aborted SIDS event. Had seizures and hypoxic brain injury. Needed follow up with several different specialties. CPS involved from Devos and a nurse at Devos who called to give a report, stating mom was very overwhelmed and needed a lot of help with coordination of care and if she no showed to any appointments it would be appropriate to file a CPS report.

At the new patient appointment, the care manager went in and spoke with mom about upcoming Devos appointments and role of care management in helping mom. Potential risk factors identified at that time where: caregiver stress, potential transportation difficulties, difficulty with care coordination and facilitation.

3 weeks later I called 5 different specialty offices in Devos to see if mom had made it to the scheduled appointments. Mom no showed to 3, one had to be rescheduled due to COVID, and one was not made yet. Tried to call mom 4 times that month, she never called me back. Spoke with a social worker at Devos who was also trying to get a hold of mom.

I met with mom face to face when she came in for a physical. Mom becomes very defensive saying she never missed an appointment. Explained to mom that I had called and spoken to each specialty office and was told she no showed to 3 different specialties. Then mom starts making excuses- she was sick, could not get her telehealth to work and it wasn't her fault. Explained to mom that in the future if stuff like that happens, she just needs to make sure she is contacting the offices to let them know and get the appointments rescheduled. I ask mom if she needs the phone numbers to call and reschedule appointments, mom states she has them and she will call and make appointments. Ask mom if she needs any help getting to appointments, mom states she does not. Mom seems very reluctant asking for help. Mom explains she is in the middle of a court case to get custody of her other two kids back and has a lot of health issues and appointments for herself. Again, explain the role of care management and how I can help mom.

I called Devos 2 weeks later to see if mom had rescheduled any of the appointments. Only one appointment out of 3 was rescheduled. Tried to reach mom and she did not answer her phone or return my calls, so this time I mailed a letter with all upcoming appointments and phone numbers if mom needed to reschedule, including phone numbers for the specialties she still needed to make appointments for. I included my number for any questions.

A month later called Devos to see if mom had made the final two appointments, she had not, and the referrals had been closed out. Tried to get a hold of mom again and she never returned my calls.

3 weeks later mom calls me back asking for a referral for ENT in TC since Devos would not see her anymore. Explained to mom about the no shows and that we could certainly do a referral to an ENT in Traverse City if that would be easier for her.

- Changes: Talked to mom a few times and she was getting back on track with going to appointments and utilizing resources. Today it was discovered that she started missing appointments again and Kate cannot seem to get ahold of her. Previously, the positive change resulted from Kate taking a different approach: Kate noticed she was getting frustrated with the situation so backed off telling her what to do and took

more of a, “what can I do to help you,” approach while trying to listen more and offer a lot of support. With this approach mom responded a lot better. Mom even got a job! Kate is wondering if that has facilitated in the new missing appointments.

- The positive take is that there was improvement at one point when MI was utilized. It is hard to say what the issue is here. Is it the new job, the current climate, our area has shut down more again, its holiday season or all things combined? Hopefully when contact is made more MI skills can be used to help mom get back on track.
 - One thing we learned from August success stories is that success can be a roller coaster. There are ups and downs. Often Success or improvement is followed by a relapse of behavior at some point.
 - Kate feels like she had improvement once before so she feels they can get there again. The previous improvement gives Kate the motivation to keep working with this situation.
 - **Great work in recognizing a new approach was needed and being able to turn this relationship around Kate!**

Next Meetings: 2021

- 2/18/2021
- 4/29/2021
- 6/17/2021
- 8/26/2021
- 10/28/2021
- 12/09/2021