

Care Manager Meeting Highlights 06/17/20

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

Pearl Baily, Director of Clinical Operations, Dental Clinics North (DCN)

- DCN has been around for 25 plus years.
- DCN is a nonprofit Dental Support Organization (DSO)
- DCN is unique to public health in the way DCN partners with local health departments.
- DCN is 80% Medicaid based and in some communities is the only Medicaid based dental program.
- DCN has a sliding fee scale for people with low income, no insurance, or an uncovered benefit.
 - There have been changes to the sliding fee scale since COVID. Roughly a 35% discount can be offered at this time which is still better than what a private dental practice can offer. Prior to COVID there was a 50-100% discount; hopefully, this will come back in 2022.
- DCN Does accept private insurance but most of the time they are out of network. DCN Encourages patients to find in network but also do not turn anyone away!
- Referrals are accepted from any external source: another health department, Father Fred, foster care homes, agencies in the communities. Some sources such as Father Fred may help with funding.
 - There are also programs to help to pay anywhere from 50-100%
- DCN is a full service general dental office that treats anywhere from routine dental treatments- emergency day of appointments depending on provider availability.
 - No cosmetic work such as whitening etc.
- Dentalclinicsnorth.org
 - 9 locations in Michigan
 - Main call center: (877) 321-7070; Also, Health Department of Northwest Michigan. This number can be given to patients.
 - They will be transferred to the clinic that is best for them.
 - Their first appointment is a preventive care and cleaning visit. However, if they have an urgent need, they can be seen within 24 hours.
 - Services available on website
 - Because associated with health departments they have health care workers who can help assist with other SDOH or insurance needs.
- Patients do not need to be a resident of the current county. Patients can receive care within any county. Sometimes a patient may need to travel out of their own county if for example a certain procedure is only available in another location.
- Care Managers may contact Pearl Bailey if needed: p.bailey@dentalclinicsnorth.org
- The practices should receive postcards with DCN information for patients via mail end of July to early August.

Shelly Wood, LMSW, Adaptive Counseling, Mindfulness Based Stress Reduction Course (MBRS) Up-date

Review from February up-date

- Shelly is a little less than halfway through the MBSR course and is pleasantly surprised how well it's going. She has had some very surprising revelations and highly recommends this course to anybody and everybody.
- There is some homework each week; It is not hard but can take some time. The course and homework require the person to slow down and think about things differently. Some examples are:
 - Body scan meditation 6x a week. This takes 15-20 minutes; Shelly reports it makes her fall asleep. This is focusing head to toe or toes to head while paying attention to anything you are feeling in the different parts of the body.
 - Practicing Attention Focus Meditation each day on your own for 10-15 minutes
 - This is an open format with no right or wrong way of doing. The purpose is to focus on what is going on in the body.
 - Choose one daily activity and give full attention to it such as brushing your teeth, going for a walk etc. Then think about how the activity went, were you able to focus? How did it feel?

- Pleasant events Calendar entry: Document a pleasant experience, what was the experience, were you aware of the pleasant experience while it was happening, how did your body feel and consider moods feelings and thoughts.
- Mindful eating
- Coming up Shelly has an 8-hour Day of Silence- She will fill us in on this during our June meeting.

Current up-date: Shelly still highly recommends this course to anyone and explained some activities and practices learned:

- Bringing awareness of reactivity: Actively explore using curiosity, creativity, acceptance, openness, compassion, fresh eyes, friendliness; engage actively with one of 5 senses to bring clarity and calmness of mind.
- Difficult communications calendar
 - Describe the communication: who was it with, what did you actual want to happen with the person or situation and what ended up happening, how did it make you feel, how could you have reacted differently.
 - Shared 2 quotes about stress and a Poem. *Please see the attachment Quotes MBSR*
 - Victor E Frankl- psychiatrist and holocaust survivor
 - Jon Kabat-Zinn
 - Wendy Weckstein
- Being mindful in brining awareness to communication and interpersonal relations: look for patterns and feelings; bring mindfulness to listening and speaking.
- Day of Silence - learning to quiet your mind and take everything in. An example is going for a walk and listening to the wind.
- There were people from all over the United States and even though this was virtual Shelly developed strong bonds with the class and even got tearful- It was such a great experience!

Scholarship and Upcoming Course Information:

- Reminder: scholarships are available.
 - *Contact Wendy Weckstein: Phone: 231-342-9634 Email: wendyweckstein@gmail.com . Wendy prefers cell phone! Please, do not hesitate to contact her for questions about the class, patient referral, or scholarship! She will work with what participants can afford.*
 - For upcoming Fall MBSR please see the following *attachment*:
 - *Fall Mindfulness Classes for Teens and Adults Flyer*

Jessica Parent, LMSW Thirlby Clinic and Adaptive Counseling & Kevin DeBryun, LMSW Adaptive Counseling and Case Management LLC Discussing Colaborative Care Management (CoCM)

- Thirlby Clinic started CoCM late fall of 2020 and is experiencing positive outcome! Jessica is personally really enjoying this program and the work that comes along with it; it has been a great experience so far. Many patients have reached remission and the providers seem to like it as well.
- CoCM is for mild to moderate depression and anxiety however some patients in the program fall a little out of the spectrum and may have co occurring conditions such as ADHD, Bipolar and or memory problems.
- The goal of CoCM is to expand psychiatry to a much broader audience by increasing access.
- Thirlby has had 38 patients go through the program. 20 of these patients are still active. Some patients have completed the program and others have been dismissed for varying reasons.
 - Patients are spending about 3-6 months in the program; Some patients from the beginning are still in the program lasting longer than 6 months. Jessica spends about five hours a week or 20 hours a month on CoCM.
 - CoCM is different than traditional Care Management regarding the administrative side and billing.
 - Billing is monthly and total time spent with the patient needs to be tracked much like with Chronic Care Management (CCM)
 - Thirlby was having high no show rates, but this seems to be improving. Perhaps the issue was the COVID climate.
 - Some screening is needed before acceptance into the program because not all referrals are appropriate.
 - Patient wanting medication therapy are great candidates.
 - More severe depression or anxiety issues are still referred out, but Jessica will follow along with these patients providing Care Management (CM) during the waiting period.
- CoCM has quick turnaround as far as the initial appointment and then medication needs and recommendations. It is easier to try different forms of intervention from therapeutic to behavioral in a shorter amount of time and offers much validation.

- Jessica prefers to perform the initial visit face-to-face however; it can be done virtually. Just recently Jessica has started having face-to-face visits.
- Social workers and RNs can be utilized for the CoCM Care Manager
 - The CoCM role is very similar to that of traditional CM in how the CM meets with patients. The difference is the meeting with the psychiatrist and a little more discussion around medications.
 - Some patients are referred out to a therapist and others work with the CoCM for behavioral activation, brief problem solving and Motivation Interviewing. It depends on the patient and if they had a therapist prior to enrolling in CoCM
 - If the patient already has a therapist Jessica has not needed to consult with them however It could happen.
- The CoCM meets with the psychiatrist weekly or bi-weekly depending how the practice functions and patient load. Prior to this meeting the CoCM meets with the patients and utilizes a tracking sheet to track progress. The tracking or review is sent to the psychiatrist prior to the meeting so that they have time to review. During the meeting, the psychiatrist provides recommendations to the CoCM who then communicates these to the provider. The patient does not see the psychiatrist.
 - GAD 7 and PHQ9 are required for tracking along with stressors and medication assessment.
 - Video: <https://aims.uw.edu/daniels-story-introduction-collaborative-care>
- Pediatric CoCM is still in the works with BCBSM. NPO plans to have a pediatric practice participating in the near future.
- CoCM is still new so it's difficult to determine barriers. The billing can be tricky to establish flow. Depending on the insurance there can be some hurdles. BCBSM, Medicare and Medicaid are usually covered. Medicaid has a 6-month preauthorization and then needs a re-authorization; this has not yet been experienced by Thirlby. Priority Health is the wild card and depend on the particular plan. NPO is conversation with priority about these issues.
- Jessica's favorite success story: Female patient in her 50s was struggling with depression; she was functioning enough to work. Otherwise, she would sleep until she needed to work. Through CoCM it was determined the dose of the antidepressant she was on was too high. Simply by decreasing the medication and working with the CoCM she had much improvement. Her sleep schedule became normal, and she became social again. This patient was very invested in the process including the therapeutic aspect. This is a very memorable case.
- Care Managers may contact Jessica with questions if needed: jessica@adaptivecounseling.com
- *Attached: BLANK CASE REVIEW TEMP*
 - This is what Jessica uses for each patient as part of her tracking to review with the psychiatrist

Rachael Smart, NPO Manager of Quality

- **Think blood pressure 2/1 using a team-based approach!**

Follow up with patients who have an elevated BP measurement within **2 weeks**, utilize a team-based approach and provide **1 week** follow-up calls to keep patients engaged.

Team Based Approach:

1. Appropriate team member notifies Care Manager or appropriate staff of patients with elevated blood pressure.
 2. Appropriate team member monitors risk of elevated blood pressure readings by utilizing reports such as ADT, High Utilizer, and Frequent ED use notifying the Care Manager or appropriate staff of patients who may benefit from the 2/1 approach.
 3. Planned visits are utilized to identify patients who may benefit from blood pressure counseling notifying the Care Manager or appropriate staff; this approach may lead to warm handoffs between the provider and Care Manager or appropriate staff.
 - a. Warm handoffs may occur if an elevated blood pressure occurs during the visit.
 - b. ***Idea! Run a blood pressure campaign in your office using the Blood Pressure 2/1 approach!***
- **SDOH process idea:** Templates matching the SDOH screening tool. Please contact Rachael Smart, rsmart@npoinc.org for more information

Next Meetings: 2021

- 8/26/2021 – Community Resources Assessment and Discussion- More information coming soon.
- 10/28/2021
- 12/09/2021