Role of Nurses in Health Home and Integrated Care Settings

May 31, 2018
Moderators

Aaron Williams, Senior Director, Training and Technical Assistance for Substance Use

Roara Michael, MHA, Senior Associate
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Nursing Roles, Responsibilities, and Value Proposition for Integrated Healthcare

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# Nursing Scope and Standards

## Standards of Care
- Assessment
- Diagnosis
- Outcomes Identification
- Planning
- Implementation
  - Coordination of Care
  - Health Teaching and Health Promotion
  - Consultation
  - Prescriptive Authority and Treatment
- Evaluation

## Standards of Professional Practice
- Ethics
- Education
- Evidence-Based Practice and Research
- Quality of Practice
- Communication
- Leadership
- Collaboration
- Professional Practice Evaluation
- Resource Utilization
- Environmental Health
A comprehensive, integrated, public health approach to the delivery of early intervention for individuals whose alcohol and/or drug use puts them at risk (SAMHSA, 2011).

Alcohol SBI is graded as Level B by the United States Preventive Task Force with the recommendation that this service be offered or provided in practice (US Preventive Task Force, 2014).
• A strategy used in a population to identify the possible presence of an as-yet undiagnosed disease in individuals without signs or symptoms (including individuals with presymptomatic or unrecognized symptomatic disease).

• Designed to identify disease in a community early.

• Screening prompts the need for assessment and is not used to diagnose.

How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?

How many times in the past year have you used a drug or used a prescription medication for nonmedical reasons? (for instance because of the experience or feeling it caused)
Determining Risk

Your Risk Level:

AUDIT
≥14
4-13 or + single question screen
0-3 or - single question screen

High Risk

DAST
≥3
1-2 or + single question screen
0 or - single question screen

At Risk

No/low risk
Standard 1. Assessment
The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or the situation.

**Generalist Level**
- Collects data across the lifespan on the amount, frequency, and pattern of alcohol, tobacco, and other drug use using reliable and valid screening tools that can include the: Alcohol Use Disorders Identification Test (AUDIT), Alcohol, Smoking, Substance Involvement Screening Test (ASSIST), and the CRAFFT for adolescents (Car, Relax, Alone, Forget, Friends, Trouble) Screening Tool, the Screening to Brief Intervention (S2BI) screen for adolescents, and Drug Abuse Screening Test (DAST).

**Graduate-level prepared RN and the advanced practice RN**
- Advocates and provides leadership in developing guidelines for the use of reliable and valid screening instruments.
Intervention

• Intervention
  • Brief (5-10 minute) conversation
  • Communicate screening results to other members of the health care team
  • Provide feedback of screening results to the patient – interpret the results
  • Engage in a conversation about the risk level and strategies for reducing risk

Alcohol reduction outcomes are superior for nurses who deliver ABIs when compared with the delivery of ABIs by other healthcare providers (Platt et al., 2016).
Generalist Level
• Implements the plan, underscores the neurobiological basis of targeted symptoms, and refutes moralistic explanations.
• Provides healthcare consumers with necessary information about the intended and unintended effects of proposed therapies, including medication treatment (e.g., buprenorphine, methadone, acamprosate, naltrexone, disulfiram, naloxone, nicotine replacement).

Graduate-level prepared RN and the advanced practice RN
• Coordinates with healthcare consumers, caregivers, and systems to implement the SMART plan.
• Leads interprofessional teams to implement the plan.
Treatment

• Treat
  • Brief treatment
    • About 5 to 12 sessions utilizing evidence-based approaches (e.g., Motivational Enhancement, Cognitive Behavioral Therapy)
  • Pharmacotherapy
    • Acamprosate, Disulfiram, Naltrexone
    • Naloxone
    • Buprenorphine, Methadone
Generalist Level

• Learns and utilizes evidence-based knowledge to guide practice in the prevention, identification and treatment of substance use disorders.

• Shares evidence-based knowledge with colleagues, patients, families, and communities.

Graduate-level prepared RN and the advanced practice RN

• Critically analyzes data and evidence to improve practice in the prevention and treatment of substance use disorders.

• Develops new practice approaches based on evidence to enhance consumer health in the area of substance use disorders.
Referral to Treatment

• Referral to Treatment
  • Resources within the health care system
  • Specialty treatment providers
  • Community resources
Generalist Level

• Comprehends criteria for appropriate level of and resources for substance use treatment.

• Utilizes a range of skills and resources to assist consumers in accessing timely and appropriate care for substance use disorders (e.g., use of motivational interviewing skills to promote person-centered care plan for treatment).

Graduate-level prepared RN and the advanced practice RN

• Provides leadership in identifying resource needs, reducing or eliminating barriers to accessing care, and promoting the creation of a variety of person-centered resources for the care of substance use disorders across the lifespan.

• Ensures appropriate recognition of resources used in providing care and treatment for substance use disorders (e.g., support for billing for SBIRT services), while seeking to reduce or eliminate the lack of resources that might present barriers to care (e.g., inability to bill for substance use services offered concurrently with other care).

Standard 9. Evidence-Based Practice and Research

The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.
Reimbursement

The Department of Health and Human Services, Centers for Medicare & Medicaid Services

- https://www.cms.gov

Cost-Benefit

Nursing Roles, Responsibilities, and Value Proposition for Integrated Healthcare

Teresa Jacobson, DBH, LPCC
Holistic Health Integration Project – Clermont County
Greater Cincinnati Behavioral Health Services
There is no wrong door for integrated care

Integrated care provided through Greater Cincinnati Behavioral Health Services

• 2 behavioral health sites with integrated primary care providers for clients diagnosed with Serious Mental Illness
• 11 primary care sites with embedded behavioral staff
• Assertive Community Treatment (ACT)
Nurses are often first contact for patients

• De-stigmatizing language
  • Person-centered
  • Trauma informed
  • Advocacy and education
  • Maximize connection and worth
  • Strength-based consultation

https://www.nami.org/stigmafree
Activate self-management

- Motivational Interviewing Skills – communication that helps clinicians resolve a person’s ambivalence about changing his or her own habits by exploring unique internal motivators and helping the patient identify his or her own goals (Rollnick, Miller & Butler, 2008)
  - Empathy
  - Support and develop discrepancy
  - Roll with resistance
  - Promote self-efficacy
  - Empower autonomy
Effective change interventions

• Cognitive behavioral strategies
• Provides structure and consistency
• Raises awareness
• Promotes positive health and wellness
• Engages client/patient
• Improves medication adherence

Example:
Health Anxiety –
Continuous worry about obtaining a serious illness or disease characterized by misinterpreting bodily sensations.

CBT is the most effective treatment for this condition (Lee, 2017)
Screening and assessment

- Focused and universal behavioral
  - SBIRT
  - PHQ-9
  - PC-PTSD
  - GAD-7
- Assess and evaluate
- Triage examples in behavioral health
Introduction and Communication

• Introduction of client/patient to team
  • Warm handoff
  • Appropriate referrals
  • Follow up

• Collaboration and consultation
  • Consistent
  • Model stigma-free language
  • Curbside/hallway consultation
Continuity of care

- Referrals to specialty providers
  - Collaboration with providers and specialists internal and external based on patient condition and eligibility
  - Optimize available health care resources
  - Integrates bi-directional critical care information
  - Follow up to facilitate care transition
  - Address barriers
  - Maximize self-management

Nurses are change agents (Salmond & Echevarria, 2017)
Nurse impact

- Nurses at every level of integrated care have an opportunity to impact patient’s experience of care, effectiveness of care, and efficiency

- The Institute for Healthcare Improvement

- Triple Aim Assessment Tool

- [http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/TripleAimReady.aspx](http://www.ihi.org/Engage/Initiatives/TripleAim/Pages/TripleAimReady.aspx)
Models of Care and Practice Activities

Dean Visk MSN RN
Director of Nursing Services at Greater Cincinnati Behavioral Health
SAMHSA-HRSA
Center for Integrated Health Solutions
Pre-Integration: Role of the Behavioral Health Nurse

- Health Indicator Collection
- Medication reconciliation and assisting with patient medication refills
- Administration of Long Acting Injections
- Wellness Education
- Medication self monitoring training
Potential Benefits of an Integrated Approach to Nursing Care

- Patient is treated holistically
- Better access to both behavioral health and primary care
- Decrease ED visits
- Decrease inpatient hospitalizations
- Increased patient satisfaction
- Liaison between primary and behavioral healthcare teams
- Increased patient adherence to treatment

Challenges With Developing Integrated Care Nurses

• Believing in Integration
• Hiring and Retention
• Training Needs
Believing in Integration

• Confidence and Competence

• Celebrate the Successes

• Share the Evidence
Hiring and Retention

• Looking for experience with primary and behavioral healthcare during the selection process
• Supporting and developing an integrated care practice culture within your organization
• Develop integrated care nurses through training and support
Training Needs and Resources for Integrated Care Nurses

- In house
- Community
- On going support and development
In House Training

Phlebotomy Practice Arm

This tool was used to help our behavioral health nurse refresh and renew their phlebotomy skills. We have also secured a contract with a lab service that provides a technician to draw blood and obtain specimens.
Community Resources

Building relationships with local nursing programs
On Going Support and Development

A Family's Glimpse on Resuscitation while in the Emergency Department

Introduction
This literature review was created in order to examine the topic of a family's glimpse on resuscitation while in the Emergency Department. The term resuscitation refers to the restoration to life or consciousness of one apparently dead, or whose heart and breathing have ceased (Rahman's Nursing Dictionary, 2003 p584). The family members refer to either the individual or relationship with whom the patient has shared a relationship. Nursing staff, doctors, and the professional from the emergency department also play a role in the resuscitation process. The presence of the family during resuscitation has become a controversial debate among medical and nursing staff inside the Emergency Department. Since there has been a lot of studies that have examined the feedback of the staff about this topic, the feeling of well-being and stress that are studied and written is somewhat evident. This review examines the perspective of the staff regarding family resuscitation, focusing on the psychological basis involved.

Patient's Perspective
This theme also examines the effects on the patients psychologically regarding the presence of their family during resuscitation inside the emergency department. As of this point, there has been not enough studies completed regarding the perspective of the patients on having their loved ones present to witness the resuscitation since there are some patients who do not survive the treatment.

Family's Perspective
This theme focuses on the views and effects on the family members on their presence inside the resuscitation room. A questionnaire study which was completed by Howard and Phillips (2000) in Shering Hospitals hospital has examined the impact of allowing the family members inside the room. The results have shown that 75% of the family members wanted that they could have been there during the attempt.

Role of the Integrated Care Nurse

- Assisting the primary care provider in providing true integrated nursing care
- Providing both primary care and behavioral health care
- Integrated wellness education
- Integrated team huddles
- Treatment team
- Triage in between appointments
- Collaboration medium between providers
- Empowering healthcare change in the population served
Integrated Nurse Education
Integrated Care Team Huddle
Integrated Care Nurse Care Coordinator

• Community nursing

• Collaboration with specialists

• Coordination of care

• Patient advocate for wellness

• Working in both behavioral health and primary care setting
### Clinical Improvements Data

### Services Outcome Measures (PBHCI only)

<table>
<thead>
<tr>
<th>Section H Indicator</th>
<th>Number of Valid Cases</th>
<th>At-risk at Baseline</th>
<th>At-risk at Second Interview</th>
<th>Outcome Improved</th>
<th>No Longer At-risk</th>
<th>Outcome Remained At-risk</th>
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</thead>
<tbody>
<tr>
<td>Blood Pressure - Systolic</td>
<td>207</td>
<td>38.2 %</td>
<td>26.6 %</td>
<td>14.5 %</td>
<td>20.8 %</td>
<td>17.4 %</td>
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<td>Blood Pressure - Diastolic</td>
<td>207</td>
<td>30.0 %</td>
<td>25.1 %</td>
<td>7.2 %</td>
<td>16.4 %</td>
<td>13.5 %</td>
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<tr>
<td>Blood Pressure - Combined</td>
<td>207</td>
<td>45.4 %</td>
<td>36.2 %</td>
<td>15.9 %</td>
<td>23.2 %</td>
<td>22.2 %</td>
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<tr>
<td>BMI</td>
<td>207</td>
<td>82.1 %</td>
<td>82.1 %</td>
<td>41.5 %</td>
<td>1.9 %</td>
<td>80.2 %</td>
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<tr>
<td>Waist Circumference</td>
<td>208</td>
<td>75.0 %</td>
<td>76.4 %</td>
<td>43.8 %</td>
<td>3.4 %</td>
<td>71.6 %</td>
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<tr>
<td>Breath CO</td>
<td>203</td>
<td>57.6 %</td>
<td>53.7 %</td>
<td>42.9 %</td>
<td>8.9 %</td>
<td>48.8 %</td>
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<tr>
<td>Plasma Glucose (fasting)</td>
<td>12</td>
<td>33.3 %</td>
<td>50.0 %</td>
<td>41.7 %</td>
<td>8.3 %</td>
<td>25.0 %</td>
</tr>
<tr>
<td>HgbA1c</td>
<td>0</td>
<td>0.0 %</td>
<td>0.0 %</td>
<td>0.0 %</td>
<td>0.0 %</td>
<td>0.0 %</td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>70</td>
<td>47.1 %</td>
<td>38.6 %</td>
<td>47.1 %</td>
<td>14.3 %</td>
<td>32.9 %</td>
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<tr>
<td>LDL Cholesterol</td>
<td>63</td>
<td>30.2 %</td>
<td>30.2 %</td>
<td>50.8 %</td>
<td>9.5 %</td>
<td>20.6 %</td>
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<tr>
<td>Tri-glycerides</td>
<td>79</td>
<td>60.8 %</td>
<td>70.9 %</td>
<td>43.0 %</td>
<td>5.1 %</td>
<td>55.7 %</td>
</tr>
</tbody>
</table>
Models of Care and Practice Activities

Yovan Gonzalez, MSN, FNP-BC
DNP Student Johns Hopkins School of Nursing
Family Nurse Practitioner
Roberto Clemente Center/Gouverneur Health
New York City Health + Hospital
Models of Care: Behavioral Health in Primary Care
Models of Care: Behavioral Health in Primary Care

- Medicine Department at Gouverneur
  - Approximately 50,000 visits annually
  - 32 primary care providers
  - 20 nurses
Models of Care: Behavioral Health in Primary Care

- Three Levels of Integration Where Nurses Have an Impact
  - Departmental Level
  - Organizational Level
  - Systems Level
Models of Care: Behavioral Health in Primary Care

- Departmental Level
  - Collaborative Care
  - Buprenorphine Clinic
  - Integrated Care Committee
Models of Care: Behavioral Health in Primary Care

• **Collaborative Care Model** (Vanderlip, Rundell & Avery, 2016)
  
  • Evidence-Based
  
  • Team Driven
  
  • Population-Focused
  
  • Measurement-Guided
  
• **Buprenorphine Clinic**

  • Team Driven – Physician, PCP, nurse coordinator, PCA
    
    • Nurse Coordinator
      
      • Initial screening
      
      • Routine assessment
      
      • Referral to treatment and other community resources
• Integrated Care Committee

• Interprofessional Team (Psychiatrist, nurse practitioner, social worker, psychologist)

• Cases are referred from primary care providers in the medicine department

• Drawing from their unique expertise, the members of the integrated team come to a consensus on the best care plan for patients referred to the team
Models of Care: Behavioral Health in Primary Care

- Organizational Level
  - Primary Care Behavioral Health Subcommittee
    - Adult Medicine
    - Pediatrics
    - Behavioral Health
    - Administration
• Systems Level

• Buprenorphine Project ECHO
  • The ECHO model connects primary care teams with experts via video conferencing
## Integrated Care: Continuous Quality Improvement

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Integration supports the organization’s mission to provide high</td>
<td>• Overburden staff</td>
</tr>
<tr>
<td>quality comprehensive, personalized healthcare to all</td>
<td>• Patient care is not fully integrated</td>
</tr>
<tr>
<td>• Leadership committed to improve patient outcomes</td>
<td>• EMR that does not capture important patient measures</td>
</tr>
<tr>
<td>• Multicultural staff that caters to multicultural patients</td>
<td>• Lacks substance use disorder department and substance use experts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Full integration will address a gap in patient care</td>
<td>• Competing organizational agenda</td>
</tr>
<tr>
<td>• Dissemination of SBIRT into practice</td>
<td>• Changes in leadership</td>
</tr>
<tr>
<td>• The organization will have the ability to expand this model to</td>
<td>• Changes in departmental structures and workforce</td>
</tr>
<tr>
<td>other ambulatory care clinics in the system</td>
<td></td>
</tr>
</tbody>
</table>
Models of Care: Primary Care in Behavioral Health

Roberto Clemente Center

GouverneurHealth

HRSA
Substance Abuse and Mental Health Services Administration
Roberto Clemente Center (RCC)
- Primary Care Staff (family nurse practitioner, nurse, PCA)
- Daily huddles
- Warm handoffs for patients that are referred from behavioral health to primary care and vice versa.
- Buprenorphine Clinic
- Integration of SBIRT into primary care since 1/2018
- The nurse at the RCC manages patients for both the primary care and behavioral health departments
- Integrated meetings with staff from both behavioral health and primary care
CIHS Resources

CIHS Web Resources for Nurses
• https://www.integration.samhsa.gov/workforce/team-members/nurses

Beyond the Bedside: Nurses In Integrated Care
• https://www.thenationalcouncil.org/BH365/2014/12/04/beyond-bedside-nurses-integrated-care/

The Integration of Mental Health Care into Primary Care and Specialty Health Care: Role of Nurses
• https://www.apna.org/i4a/pages/index.cfm?pageid=4798

Mini Review of Integrated Care and Implications for Advanced Practice Nurse Role
• https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4895060/

Frequently Asked Questions about Billing Medicare for Behavioral Health Integration (BHI) Services
• https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Behavioral-Health-Integration-FAQs.pdf
WHO WE ARE

The **SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** is a national training and technical assistance center dedicated to the planning and development of integration of primary and behavioral health care for those with mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety-net provider Settings across the country.

CIHS is jointly funded by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA), and is run by the National Council for Behavioral Health through the contract task order HHSS283201200031I/HHSS28342001T, Ref No. 283-12-3101.
Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail integration@thenationalcouncil.org

Free consultation on any integration-related topic!
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

The mission of HRSA is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

Presenter Contact Information (Optional) – Use 20pt. Calibri typeface set to auto black color

integration.samhsa.gov