



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Critical Skills for Activating Self-Management

Thursday, February 4, 2015



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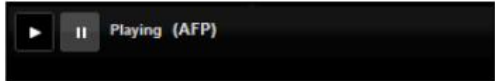

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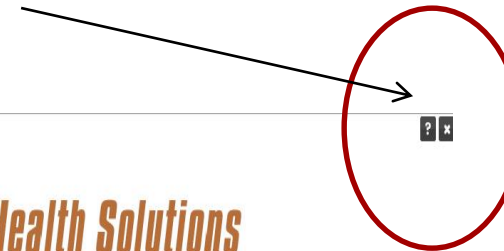
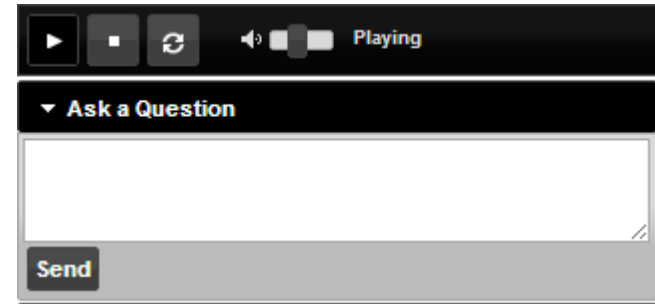
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Today's Moderator
Larry Fricks, Deputy Director

Today's Purpose

Helping individuals identify their personal motivation and goals is vital to the success of primary and behavioral health integration

After this webinar, participants will:

- Understand the importance of tapping into individual strengths and motivation to set person-centered health goals
- Recognize the key skills needed to support activation of self-management
- Gain lessons learned, resources and references for additional information on activation of self-management



Today's Speakers

Sue Bergeson

VP, Consumer and Family Affairs
Optum Behavioral Health

Harvey Rosenthal

Executive Director, New York Association of Psychiatric
Rehabilitation Services, Inc.

Tanya Stevens

Deputy Director, Peer Services, New York Association of
Psychiatric Rehabilitation Services, Inc.



Sue Bergeson

VP, Consumer and Family Affairs

Optum Behavioral Health

Sue Bergeson is responsible for developing behavioral health programs that help people living with mental illness and substance use disorders achieve long-term recovery and resiliency. She has brought peer support as a reimbursable service into Optum including facilitating the creation of Level of care guidelines, reimbursement guidelines, Statement of work, contracting guidelines, and credential guidelines.

Activation: The “Secret Sauce” To Promote Recovery And Wellness

Next 20 minutes:

- Become familiar with the research showcasing the importance of activation
- Consider activation through lens of the five stages of recovery, the PAM, The Transtheoretical Model (TTM), and Motivational Interviewing.
- Learn practical steps to promote activation
- Briefly overview a few activation tools

Cancer, Mental Health and Me



“People fear getting cancer more than losing their job, developing Alzheimer's disease or having a heart attack, ...losing a home, debt, and being in a car crash” <http://www.dailymail.co.uk/health/article-1337096/Cancer-greatest-fear-poll-reveals-scarier-old-age-losing-homes.html>

Engagement and Activation

Engagement

Engagement and activation are often used synonymously, but they are two different aspects of a continuum of health, wellbeing, care, and management.

Engagement is the process by which an and health care systems are able to establish the bond that links health, illness, and wellbeing to a system of care.

This will include prenatal care for pregnant mothers well baby and ongoing pediatric care for children; primary and specialty care across the adult years; and, palliative care later in life.

An individual can be engaged and not activated

Activation

Six core elements of activation have been identified by Hibbard (2004) and include

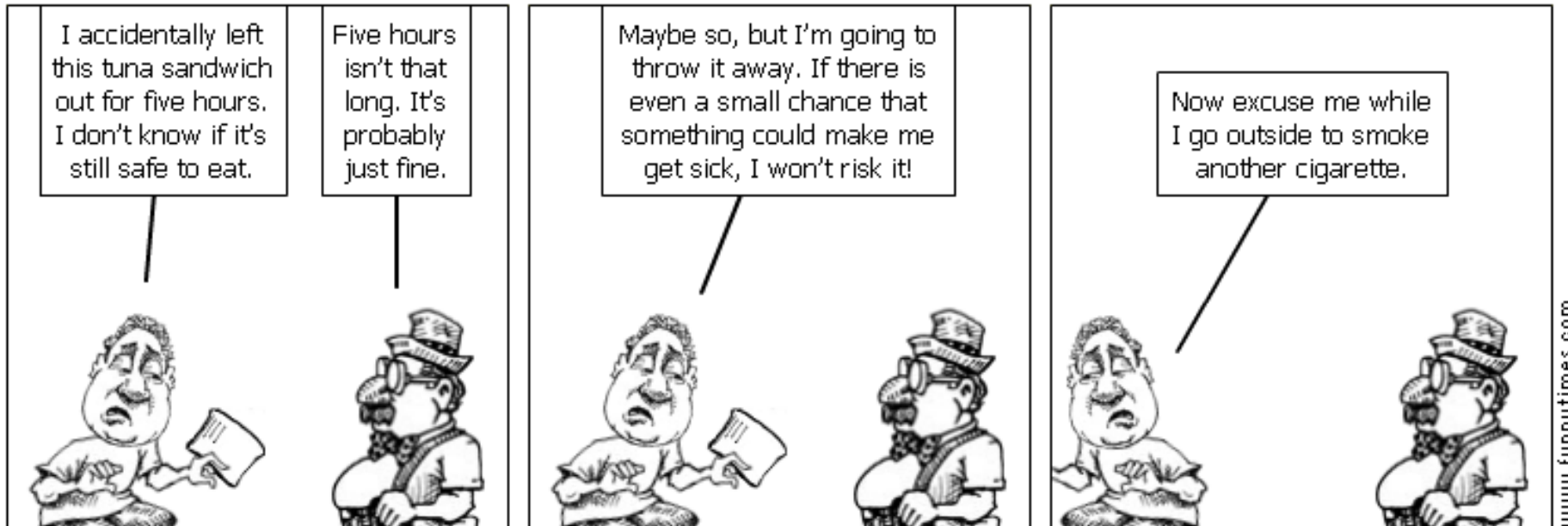
- 1) Symptom self-management;
- 2) Engagement in actions that support health and functioning maintenance;
- 3) Involvement in treatment decision making;
- 4) Collaboration with health care providers;
- 5) Critical, performance-based selection of providers; and
- 6) Navigation of the provider system.

Fundamental to each of these elements of activation also include a patient's beliefs, knowledge, skills, and securing emotional support.

- Judith Hibbard, PhD

I am engaged when I go see the doctor, I am activated when I actually do the work to

Outgoing Personality by Eric Perlin



What is the research saying that supports the six core elements of activation ?

“...being an engaged and active participant in one’s own care is linked to better health outcomes (Von Korff et al. 1997; Lorig et al. 1999; Von Korff et al. 1998; Bodenheimer et al. 2002) and measurable cost savings (Glasgow et al. 2002).

Training patients with chronic diseases to self-manage their disease is effective, at least in the short term, in increasing functioning, reducing pain, and reducing health care costs (Lorig et al. 1999).

Research also indicated a positive relationship between self-efficacy, preventive actions, and health outcomes (Bandura 1991; Grembowski et al. 1993; O’Leary 1985; Day, Bodmer, and Dunn 1996; Kaplan, Greenfield, and Ware 1989).

Collaborating on care and engaging in shared clinical decision making are also linked with better health outcomes (Von Korff et al. 1997; Kaplan, Greenfield, and Ware 1989; Glasgow 2002).

Coaching patients to be more involved and to have more control in the medical encounter has been shown to produce better health and functioning in patients (Wasson et al. 1999; Greenfield, Kaplan, and Ware 1985; Greenfield et al. 1988).

What is the research saying?

Several studies document the problems consumers have in understanding and navigating the health care system, which may lead to reduced access to appropriate and timely care (Isaacs 1996; Hibbard et al. 1998, 2001).

Consumers who use comparative quality information to choose health care providers will receive higher-quality medical care (Marshall et al. 2000).

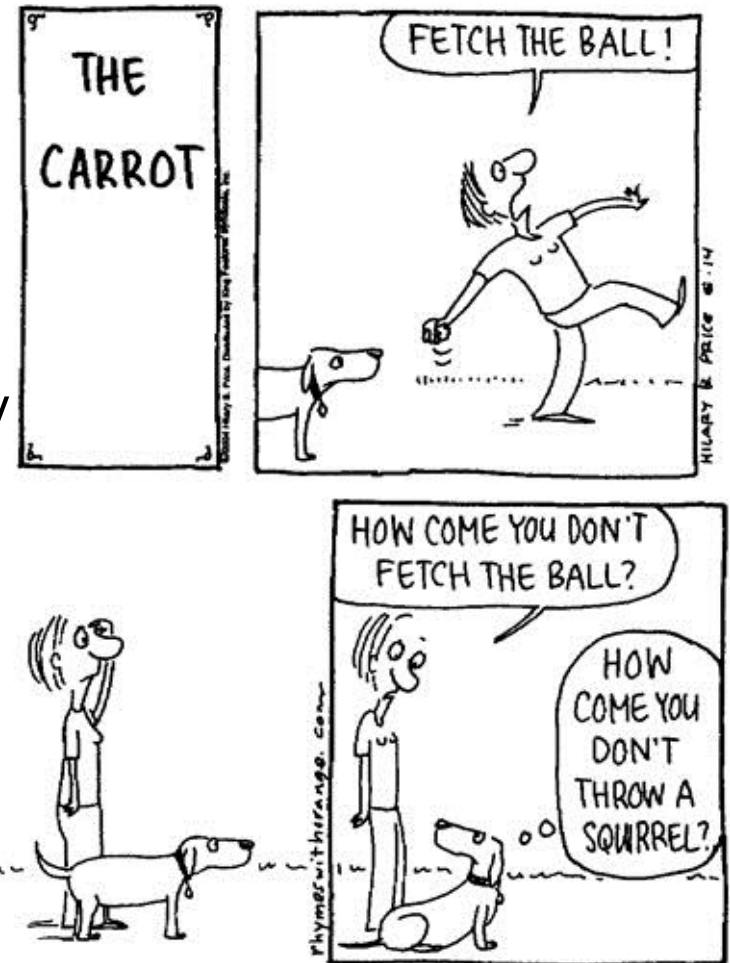
To summarize, the review of the literature indicates that people who are able to:

- **self-manage symptoms/problems;**
 - **engage in activities that maintain functioning and reduce health declines;**
 - **be involved in treatment and diagnostic choices;**
 - **collaborate with providers;**
 - **select providers and provider organizations based on performance or quality; and**
 - **navigate the health care system,**
- are likely to have better health outcomes**

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361049/>

The Art of Activation/Self Care

- Built on trust
- Starts with the consumer's strengths
- Based on *Stage of Recovery*
- In synch with consumer's own recovery goals and personal preferences
- Exploration of the best self care/activation tools is done by the consumer themselves often in partnership with a trusted other (especially in the early stages of recovery)



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Frame work one: Stages of Change, Stages of Recovery

The Transtheoretical Model (TTM) (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is an integrative, biopsychosocial model to conceptualize the process of intentional behavior change.

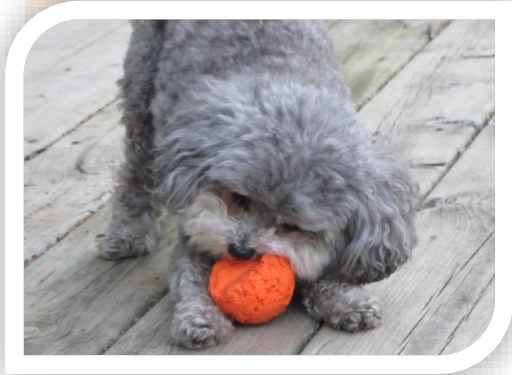
- This model of change found that people move through a series of stages when modifying behavior. While the time a person can stay in each stage is variable the tasks required to move to the next stage are not.
- Certain principles and processes of change work best at each stage to reduce resistance, facilitate progress, and prevent relapse.

Appalachian Consulting (Fricks et al) layered recovery concepts onto the stages of change from the perspective of the consumer community to create the five stages of recovery



Five Stages of Recovery

Stage 1: Impact of Illness	Stage 2: Life is Limited	Stage 3: Change is Possible	Stage 4: Commitment to Change	Stage 5: Actions for Change
<p>The person is overwhelmed and confused by the disabling power of the illness/addiction.</p> <p>Persons with a substance disorder may not identify the problem nor open to changing behavior.</p> <p>The task is to decrease the emotional distress by reducing the symptoms.</p>	<p>The person has given into the disabling power of the illness/addiction and is not ready/able to make a change.</p> <p>The task is to instill hope, a sense of possibility, and to rebuild a positive self-image. This stage in addiction recovery is that an openness exists and is opportunity to learn more about the nature of the problem.</p>	<p>The person is beginning to question the disabling power of the illness/addiction and believes that his/her life can be different.</p> <p>The task is to empower the person to participate in his/her recovery by beginning to take small steps while planning a course of action to change for addiction recovery.</p>	<p>The person is challenging the disabling power of the illness/addiction and is willing to explore what it will take to make some changes.</p> <p>The task is to help the person identify his/her strengths and needs in terms of skills, resources and supports</p>	<p>The person is moving beyond the disabling power of the illness/addiction and is willing to take responsibility for his/her actions.</p> <p>The task is to help the person use his/her strengths and to get the necessary skills, resources and supports. For those in addiction recovery, recognizing the risks of old behaviors happens in this stage.</p>

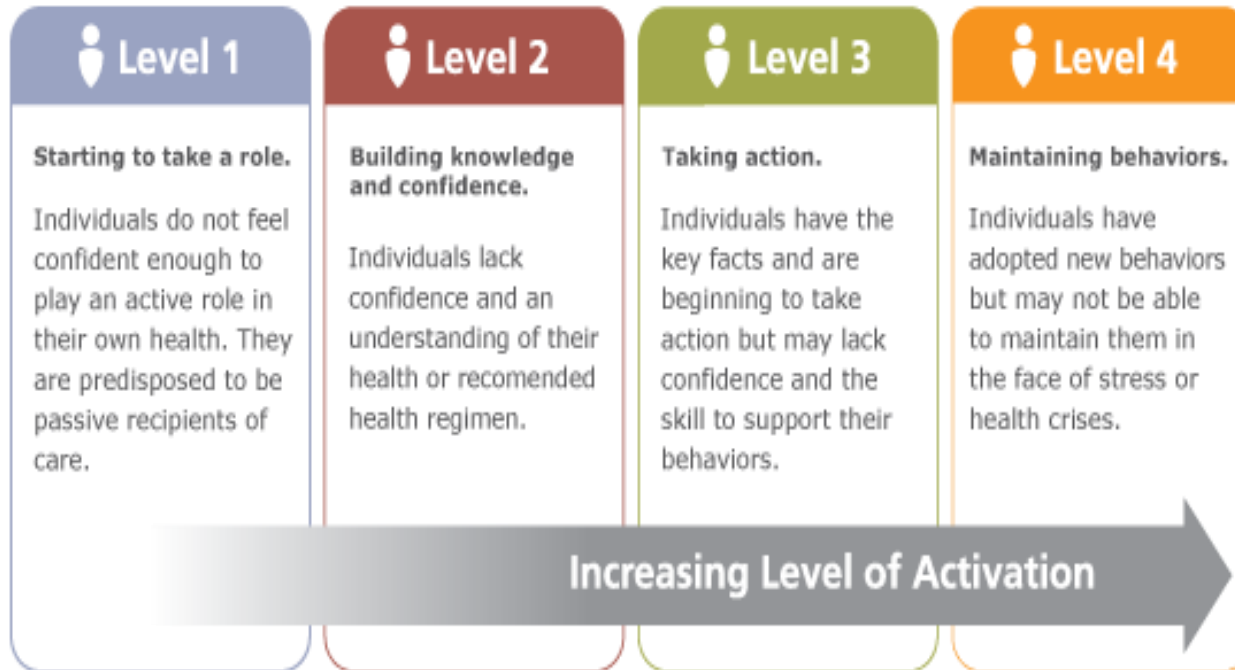


Frame work two: Levels of Patient Activation

PAM scores have been demonstrated as predictive of healthcare outcomes.

Patients with low levels of activation have been found to have significantly greater health care costs than those with higher levels of activation

When socioeconomic factors and the severity of health conditions are controlled, patient activation remains predictive of health care costs and utilization. (Hibbard et al., 2013)



<http://www.insigniahealth.com/solutions/patient-activation-measure>

Framework three: Motivational Interviewing Based Levels of Activation

Based on the concept of Motivational Interviewing (MI) developed by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D.

- People who need to make changes in their lives approach this at different levels of readiness to change their behavior.
- Some people may have thought about it but not taken steps to change, while some may be actively trying to change their behavior and may have been doing so unsuccessfully for years.

The four levels include:

- Level 1 – Engaging the person
- Level 2 – Evoking the person’s perspective
- Level 3 – Broadening perspectives and building momentum for change
- Level 4 - Moving into action: developing the practical steps consumers want to use to implement the changes they desire.

Peer Coaching Programs In Optum

- Five current models in place
- Peer Coach (Adult Mental Health)
 - Recovery Coach (Adult Addiction Recovery)
 - Whole Health Coach (MH/AR & Physical health)
 - Peer Bridger – ONLY in NY with NYAPRS
 - Family Support Partner (“Parent” of child ↓ 18)
- In process:
- Young Adult Coach (18-25+)

Optum is currently paying peers for their work in supporting activation in CA, DE, FL, HI, IA, KS, MA, MI, MS, NM, NH, NY, OH, OR, PA, RI, TN, TX, UT, WA, WI

- Significant Decreases in % who use inpatient services
- NY: 47.9% decrease (from 92.6% to 48.2%)
 - WI: 38.6% decrease (from 71.5% to 43.9%)
- Significant Decreases in # of inpatient days
- NY: 62.5% decrease (from 11.2 days to 4.2)
 - WI: 29.7% decrease (from 6.4 days to 4.5)
- Significant Increases in # of outpatient visits
- NY: 28.0% increase (from 8.5 visits to 11.8)
 - WI: 22.9% increase (from 9.1 visits to 11.8)
- Significant Decreases in total BH costs
- NY: 47.1% decrease (from \$9,998.69 to \$5,291.59)
 - WI: 24.3% decrease (from \$7,555.49 to \$5,716.31)

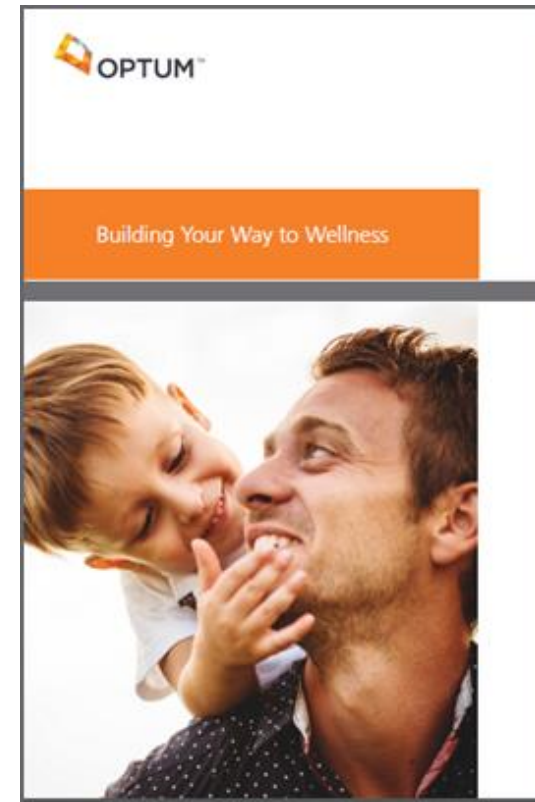


Mary's Story

- ✓ Six months at home!
- ✓ \$122,605!

How do you support activation with difficult to engage members? Activation...

- Is the work of listening carefully and responding to elicit the members own motivations and building that into a recovery goal, not a treatment goal. It takes time and trust.
- Is the work of aligning the members own motivation and recovery goals to the treatment plan the provider has created.
- Is the work of helping the member prepare for the visit to the doctor so the consumer and the doc can get the most of their limited time together and work as equal partners in care.
- Is the work of identifying where the member is in the stages of recovery and levels of activation and curating a selection of self care tools and programs for the member



Activation – Another Set of Steps

- Identify with the member their strengths and build on these strengths
- Help the consumer develop their own personal recovery goal(s) and help them use that to shape treatment and self-care choices.
- Provide meaningful education about their condition and help them understand their treatment choices.
- Place empowerment tools into the consumers hands based on the stage of recovery, level of activation, preferences, strengths and goals of the member
- Help the consumer access community programs including support groups.
- Help the member identify their own triggers and create a plan to manage those triggers, perhaps through the use of the WRAP, the WRAP APP and/or the SAMHSA “WRAP” tool <http://store.samhsa.gov/product/Action-Planning-for-Prevention-and-Recovery-A-Self-help-Guide/SMA-3720>
- Help the consumer look at the whole health, both physical and mental and access care for both.



Activation Tools and Strategies

Toolkits:

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=8&lang=1>

Just Diagnosed Videos:

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=19&lang=1>

Smart Phone Apps:

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=8&lang=1>

Peer Support online or face to face groups

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=8&lang=1>

Video Stories of Hope:

<http://www.optum.com/landing/testimonial-video-directory.html>

Building Your Way to Wellness:

<https://www.liveandworkwell.com/public/content/showHotTopic.asp?hid=18&lang=1>

Activation and Self-management is Key

“If you drill down to the core of person-centered care, it is about self-management supports. Whether it is patient education or technological tools, specific motivational support, groups, or one on one coaching — self-management should be at the heart of an integrated care system.”

Richard Birkel, PhD, MPA, Senior Vice President, Center for Healthy Aging, National Council on Aging

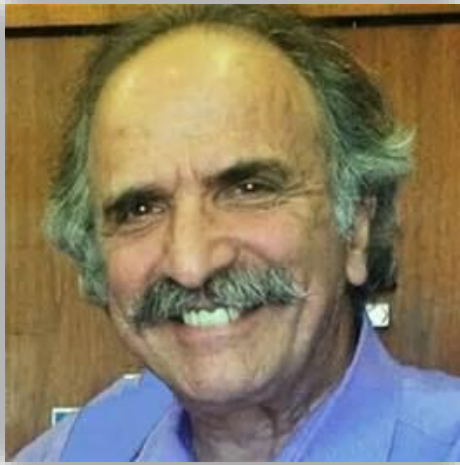


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I want the health care system to: (n=2,000+)

	consumer	family member
1	Give me hope/seem hopeful about my future	Act in a way that shows they believe that my family member can recover
2	Let me make decisions / have some input into my treatment & care	Focus on my family member's wellness not their illness
3	Focus on my wellness not my illness	Treat my loved one and me with respect
4	Act in a way that shows they believe that I can recover	Listen to what my family member needs instead of telling him/her what they need
5	Listen to what I need instead of telling me what I need	Be more accessible

From the Field



Harvey Rosenthal, Executive Director, New York Association of Psychiatric Rehabilitation Services, Inc.

Harvey Rosenthal promotes public mental health policies and services that advance the recovery, rehabilitation, rights and full community inclusion of individuals with psychiatric disabilities and/or diagnoses. His advocacy has helped to transform state and national MH systems, increase access to community based housing, employment and support services and to advance numerous recovery and criminal justice related MH reforms.

Tanya Stevens, Director, Peer Services, New York Association of Psychiatric Rehabilitation Services, Inc.

Tanya has implemented several new direct care programs, including two partnerships between NYAPRS and managed care companies that serve high-risk Medicaid recipients in the NYC area. Tanya has trained extensively throughout New York State and the nation on implementing Peer Bridger models, competencies of peer support providers and specialty areas like Veteran and forensic peer models. Tanya is also currently working with OMH and peer leaders across New York on developing the first ever NYS Peer Specialist certification.



New York Association of Psychiatric Rehabilitation Services (NYAPRS)

A peer-led state and national change agent that is dedicated to improving services, social conditions and policies for people with psychiatric disabilities and/or diagnoses by promoting their recovery, rehabilitation, rights and full community inclusion.

Strategies: Advocate, Educate and Innovate

www.nyaprs.org

- What barriers and challenges should providers expect when activating self-management?
- How do providers overcome these barriers?



Barriers to Engagement: Why can it be so Hard?

- Unstable housing or homelessness
- Poverty and joblessness
- Inadequate social supports, isolation
- Hopelessness
- Addictions
- Trauma, chronic sense of chaos and crisis
- Disorganization and chaos
- Multiple medical needs

Bridger Program 4 Stages

- Outreach and engagement
- Crisis stabilization: crisis can create motivation for change
- Wellness self management, relapse prevention and crisis support
- Connect to service and natural resources

Evidence-Based Outreach & Engagement

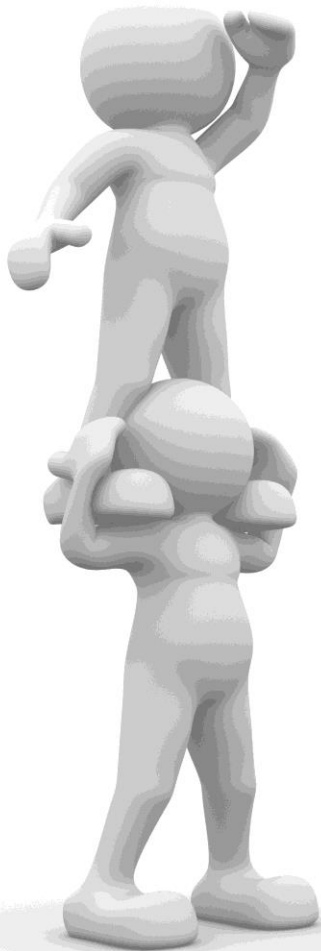
- Relationship, reliability, trust building are central
- Meet people where they are, both regarding what they identify as immediate needs and where they live, bringing services to them rather than to expect them to visit a service agency for help
- Relentlessness...especially to overcome bad addresses and other barriers
- Repeated contact; follow-up is essential
- Linkage to supports, services and social networks

Engagement to Crisis Stabilization

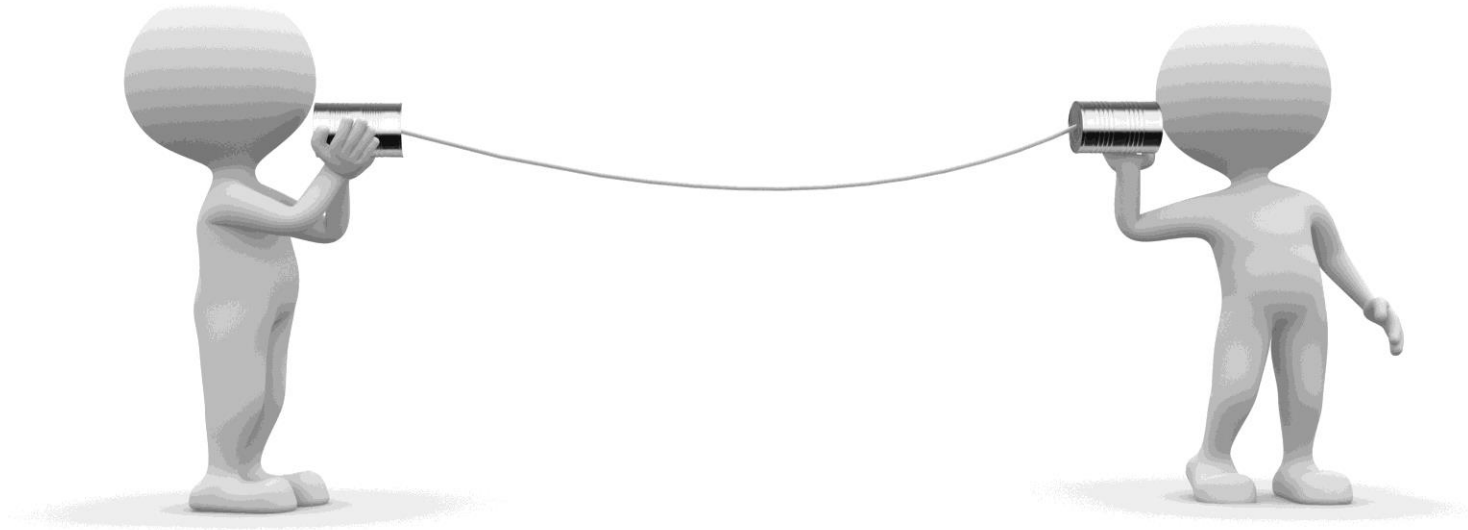
- Harm reduction model
- Wrap around funds allow us to address most pressing needs at the outset; crisis housing
- We are available “off-hours” because crisis seldom happens 9 to 5

NYAPRS Wellness Coaching Impact: One Person's Outcomes

- 37 year old Indian man born in Jamaica diagnosed with bipolar, substance use and kidney disease
- 2009-prior to enrollment: **7 detox stays** (4 different facilities) **\$52,282** behavioral health Medicaid spend
- 2010-1 detox, 1 rehab (referred by the CIDP team) **\$20,650** Abstinent for 1 year
- 2011-1 relapse with detox/rehab no claim



- What are program supports that promote activation of self-management and how did you gain those?



➤ What are the key skills needed to activate self-management and how do you grow those skills?

How Can I Activate People?

Hire the right staff

Train and re-train

Incorporate a recovery-based engagement model

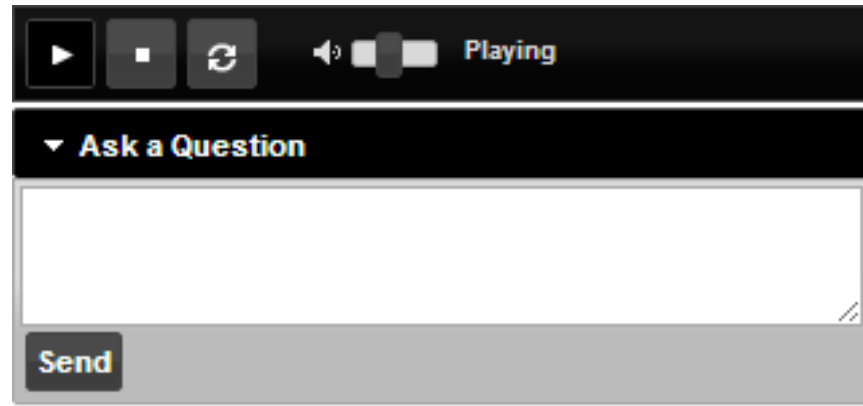
Activation is the expectation, not the exception

Walk the talk

Questions ?

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Resources

- **Case Study:** New York Association of Psychiatric Rehabilitation Services (NYAPRS)
- **Resource Sheet:** Tools You Can Use

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





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