Shared Care Planning: Diabetes & Alcohol Use in Primary Care

Nick Szubiak, MSW, LCSW
Assistant Vice President, Addiction and Recovery
SAMHSA-HRSA Center for Integrated Health Solutions

HRSA Health Resources & Services Administration
DEPARTMENT OF HEALTH & HUMAN SERVICES · USA
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Why Shared Care Planning for Diabetes & Alcohol Use

A shared care plan (AKA integrated treatment plan) brings together all of a patient's goals, health information and treatment providers.

Shared care plans ensure:

- Patients receive one consistent, integrated approach to care.
- The patient and providers are working from one set of shared health goals.
- Team members are aware of all clinical treatment and care providers.(1)
- Diagnoses & treatments receive coordinated care.(2)
- Patients receive one consistent, integrated approach to care.
- Patients are less likely to feel excluded or confused across primary care, mental health and substance use treatment settings.

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Diabetes & Alcohol Use

Many Americans Impacted

- 29.1 million Americans met criteria for type 2 diabetes with 8 million without a formal diagnosis.[3]
- 15.1 million adults age 18 or older and 623,000 adolescents age 12 to 18 met diagnostic criteria for an alcohol use disorder.[4]
- Five out of six patients who meet diagnostic criteria for alcohol use disorder go unrecognized in primary care settings.[5]
- More than half of adults with diabetes reported concurrent alcohol use.[6]
- An estimated 88,000 people die annually from alcohol related causes.[7]

Alcohol use can put health at risk

- Cause high or low blood sugar levels.[2]
- Reduce the effects of some medications for diabetes.[2]
- Cause accumulation of acids in the blood.[2]
- Disrupt fat metabolism.[2]
- Cause nerve damage.[2]
- Cause eye disease.[2]
- Lead to impotence.[2]
- Lead to reduced self-care in diabetic patients.[13]

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Patient Centered Self-Management for Diabetes & Alcohol Use Treatment

- Strong, person-centered care planning is key.
- Without a patient-centered approach to activating self-management, there is a high risk of medication non-adherence.[8]
- Shared care plans for patients with both diabetes & alcohol use should:
  - Regularly monitor health indicators – such as blood sugar levels and number of drinks
  - Include evidence-based medical treatments
  - Include recommended lifestyle changes
  - Include education about the illnesses
  - Include action steps where the patient gets support from others.

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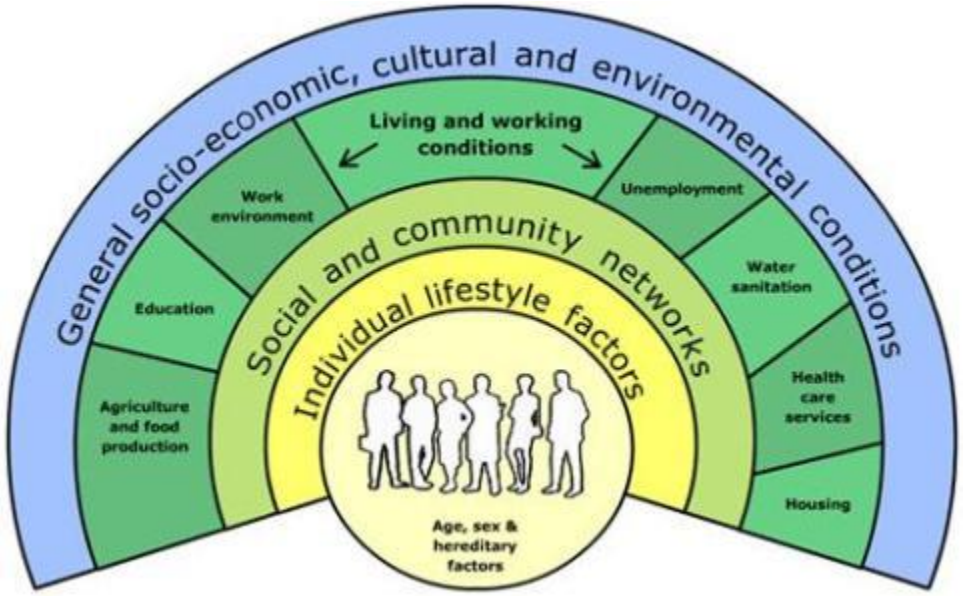
Social Determinants of Health Components

Incorporate the social determinants of health unique to the patient into the care plan:

- Finances
- Housing
- Transportation
- Access to healthy food
- Community stability
- Culture.[9]



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Care Plan Components: Demographics & Treatment Team

Name: Jane Smith		**Plan Last Updated:** mm/dd/yyyy
DOB: mm/dd/yyyy	**Record Number:** 123456	**Status:** Active
Problem List	• Type 2 diabetes • Alcohol use disorder (moderate)	
Treatment Team		
Team member name	***Role***	***Last accessed record***
Lee, MD	Primary care provider	Mm/dd/yyyy
Maria, LCSW	Behavioral health provider	Mm/dd/yyyy
Georgia, MD	Psychiatrist	Mm/dd/yyyy
John, RN	Case manager	Mm/dd/yyyy
Stacia, RD	Nutritionist	Mm/dd/yyyy
Beth, CPS	Peer specialist	Mm/dd/yyyy
Other patient-identified supports	• Rita: sister; • Luisa: contact at day treatment facility • External community supports: intensive outpatient, mutual support groups (AA, 12 step), faith-based support • Other patient-identified supports: friends, colleagues, other social networks	

Problem List Tips:

- Briefly ID the health conditions that are current focus of treatments.
- Identify both Diabetes & Alcohol Use in the problems list.
- Remember: Gastrointestinal, cardiovascular & neurological symptoms may be related to over-consumption of alcohol & not other chronic health conditions.

Treatment Team Tips:

- List all involved team members.
- Show how frequently each interacts w/ patient.
- The patient is part of the team!
- Include patient supports.

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Care Plan Components: Screens, Meds & Strengths

Screening		
Tool Used	***Date conducted***	***Outcome***
PHQ-2	Mm/dd/yyyy	Score: 2
AUDIT-C	Mm/dd/yyyy	Score: 6
Retinopathy	Mm/dd/yyyy	Negative
Hemoglobin A1c	Mm/dd/yyyy	11.3
Medication List	- Metformin (1000mg) - Losartan (50 mg daily) - Humulin-N (12 units bid) - Ibuprofen (200 mg prn) - Vitamin D3 (1000 unites daily)	
Strengths and Motivators	- Socially connected - Organized - Positive outlook - Enjoys walking, playing with niece	

Screening Tips:

- All adults 18+ should be screened for alcohol misuse &, if necessary, provided w/ brief counseling.(10)
- Screen for other drug use as an automatic part of an intake workflow.
- SBIRT is an effective primary care screening tool.
- Depression often co-occurs w/ diabetes & alcohol misuse.

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Care Plan Components: Goals & Progress on Goals

Progress on Goals	Mm/dd/yyyy	- Jane achieved all but one walk, met other goals and reported	85% achieved
		wanting to continue with goals. A1c for July has dropped to 11.3 down from 12.5 in June. - Jane agreed to talk to Maria at the next visit about considerations for starting naltrexone. - Kept 14 day goals same for next appt.	
	Mm/dd/yyyy	- Jane is working with the behavioral health professional to manage her stress/anxiety through CBT. This is helping Jane to identify triggers to using and build coping skills to avoid these triggers. - Maria set up a calendar for patient to use to track days for goal activities that can go on fridge.	85% achieved

Goals	For the next 14 days: - Jane agrees to walk to further bus stop 3x/wk. - Nutrition: mix half white and half brown rice for meals and keep a record of all meals for next meeting with Stacia. - Agrees to not drink alcohol on Tuesdays, Wednesdays, Sundays. - Care manager will work with patient to set up appointment in two weeks. Jane will follow up with primary care provider, behavioral health provider and peer specialist on all goals at next appointment.
Last updated: mm/dd/yyyy	
Updated by: Maria Provider, LCSW	
Confidence Level *(patient reported on a scale of 1-10)*	- Jane identified a confidence level of 8 in achieving these goals.

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Effective Care Plan Goals

Ensure the goals are SMART:

- Specific: Ask the patient to choose the most pressing goal and target a specific area for improvement that highlights their strengths, interests or motivations.
- Measurable: Quantify or suggest an indicator of progress to be measured regularly.
- Achievable: Ensure the plan is attainable and realistic.
- Relevant: Explore why the goal matters to the patient.
- Time-bound: Set a time frame with a target date to establish a sense of urgency.

Who sets the goals: The Patient

Role of Care Team: Rally around, build on, reinforce, & support goals.

How to prioritize goals:

- Ask patient how confident they are to achieve the goal on a scale of 1-10.
- If confidence is <7, revisit goal until patient is confident.

Summarize goals w/ WE language:

"We agree that we're treating diabetes as well as your level of alcohol use. We've identified symptoms or behaviors 'a, b and c' that are get in the way of achieving your goals, and here's what we all agree to do in order to address these."

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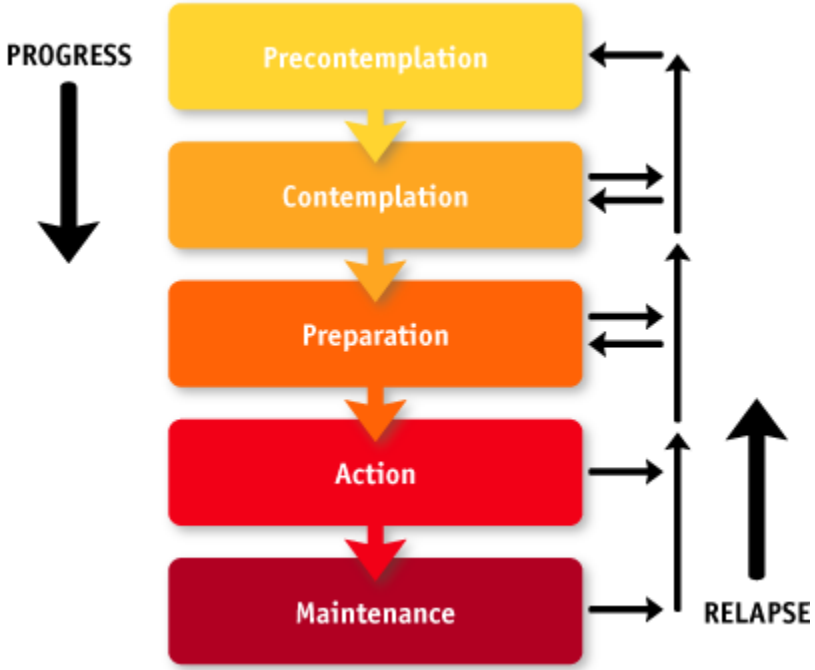
Tracking Progress

- Is this true for your patients? “Every time I go to see my providers, they’re talking to me from their areas of expertise about my plan.”
- Transparent progress notes in a shared E.H.R. platform allow for shared goal tracking.
- Acknowledge patient strengths, successes, sources of support, & new goals.
- Write progress notes in a way that patients understand & are actionable.
- Patient’s responsibility: monitor, be attentive and self-aware and to accurately report what they have done—or not done—according to the plan.
- Provider’s responsibility: assess progress as “better,” “worse” or “the same.”
- Track patient progress through the Stages of Change.

Stages of Change



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Treating Diabetes & Alcohol Use Concurrently

- Distinct & overlapping symptoms
- Co-occurring symptoms can masquerade as “something else.”
- Blood sugar may appear out of control if a patient has fatigue.
- Fatigue may be due to depression or to diabetes or to hyper or hypoglycemia.
- Double check that patients are reporting alcohol on calorie intake forms.
- Educate re: impacts of alcohol on blood sugar:
  - “Did you know that a beer has as many calories as a can of sugared soda and that a shot of whiskey has as many as half a can of sugared soda? And that means that a pint of whiskey is the same as having five sodas?”

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Overlapping Symptoms

Symptom	Hyperglycemia	Hypoglycemia	Alcohol Intoxication	Alcohol Withdrawal
Increased Thirst	X		X	
Frequent urination	X		X	
Weight loss	X		X	
Difficulty Concentrating	X	X	X	X
Blurry Vision	X	X	X	
Headaches	X	X		
Fatigue	X	X		
Irritability or Impatience		X	X	X
Nausea		X	X	X
Nervousness or Anxiety		X		X

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Overlapping Symptoms

Symptom	Hyperglycemia	Hypoglycemia	Alcohol Intoxication	Alcohol Withdrawal
Tremors or Shakiness		X		X
Sweating, Chills & Clamminess		X		X
Rapid/Fast Heartbeat		X		X
Lightheadedness or Dizziness		X	X	
Weakness		X		
Lack of Coordination		X	X	
Seizures		X	X	X
Unconsciousness		X	X	
Insomnia		X		X

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Tips for Implementing Shared Care Plans

- **Keep the patient first**:
  - Patient-driven, NOT provider-driven.
  - Patients prioritize the areas of change important to them.
- **Start small:**
  - Identify one symptom to improve by the next visit.
  - Start with one small, self-directed step (i.e. put less sugar in coffee next AM).
  - Enter goal into the EHR's shared care plan.
- **Stay focused:** Simple plans are better plans.
- **Communicate clearly:** Speak in the patient's language or engage a team member who can translate. Be mindful of and respect cultural norms and family dynamics.
- **Keep it simple.** Write goals and notes in plain language.[12]
- **Acknowledge improvements**: Did the action steps result in an improvement?
- **Use your EHR:** Embed shared careplans within the EHR.

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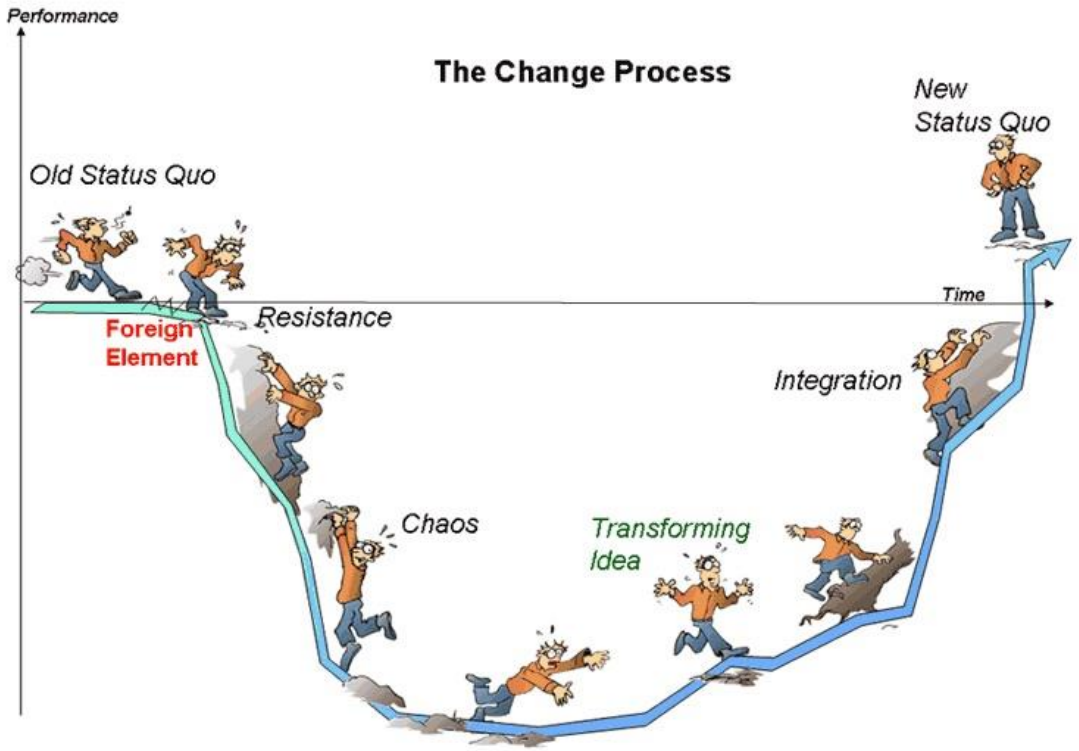
Use Shared Care Plans for Tracking Change



- How did the suggested behavior changes work for the patient?
- Create a safe environment to discuss whether action steps were:
  - Effective?
  - Need to be changed?
  - Not realistic?
  - Not a good match?
- Track how health is improving over time.
- Identify patient successes & improvement areas.
- Consider a pop-up in the E.H.R. to prompt team members to ask about or record progress on the patient's change project.

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When Behavioral Health is Off-Site

- **Get Consent:**
  - Does patient consent to coordinated care?
  - Especially key for SUD treatment enrollment.
  - Ensure signed care coordination form is in record.
  - External agencies will need to have business associate agreements signed as well.
- **Create processes that enable collaborative work:**
  - Conduct case joint case reviews of 2 patients a month.
  - Swap staff to lead Lunch & Learns

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Q: Who Owns the Shared Care Plan?

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Resources

Evidence-Based Practices for Alcohol Use Disorder:

- Medication assisted treatment (MAT)
- Screening, Brief Intervention & Referral to Treatment (SBIRT)

Evidence-Based Practices for Diabetes:

- American Diabetes Association Clinical Practice Recommendations: http://www.diabetes.org/research-and-practice/we-support-your-doctor/clinical-practice-recommendations.html
- Administration for Community Living Diabetes Self-Management Training: www.aoa.gov/AoA_Programs/HPW/Diabetes/Index.aspx
- American Family Physician, Type 2 Diabetes. http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=7

Creating a Shared Care Plan

- Develop a Shared Care Plan. Agency for Healthcare Research and Quality Integration Playbook.
- Blueprint to Success: The Integrated Treatment Plan. SAMHSA-HRSA Center for Integrated Health Solutions.
- My Shared Care Plan. Institute for Healthcare Improvement.

Fostering Self-Management

- Self-Management Support. Improving Chronic Illness Care.
- M. Funnell; T. Tang, & R. Anderson. Developing Empowerment-Based Diabetes Self-Management Support. *Diabetes Spectrum* 2007

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