



Behavioral Treatment: Impacting Diabetes Risk and Management in the Visit

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Today's Moderator



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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

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SAMHSA

Substance Abuse and Mental Health
Services Administration

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Moving Beyond 101: An Advanced Application of Integrated Care



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

**Tips and Tools
for Implementing the
Primary Care Behavioral
Health Model**

Wednesday, January 22, 2019
2:00-3:00pm ET

COE Center of Excellence for Integrated Health Solutions
A Center for Excellence in Behavioral Health Services
Operated by the National Council for Behavioral Health

An Integrative Approach to Addressing Diabetes

- Improve screening and management and partner with patients to better address diabetes
 - Maximize the value of interprofessional teams
 - Enhance what you have (even if it's just you!)
 - Build efficient processes and procedures



(Image courtesy C. Aguilar)

An Integrative Approach to Addressing Diabetes

1. Behavioral Treatment
2. Evidence-based Prescribing Practices
3. Nutrition, Food Insecurity and Health Promotion
4. Integrating Clinical Pharmacy
5. Expanding Quality Improvement
6. Operational and Clinical Pathways
7. Persons with Lived Experience

Why Address Diabetes in Integrated Behavioral Health?

- Patients with behavioral health conditions are disproportionately likely to struggle with diabetes and associated metabolic conditions
- Behavioral health providers are uniquely positioned to impact diabetes
- Integrated care will increasingly involve integrating metrics

Today's Presenter



Amy Walters, PhD

Clinical Health Psychologist and Consultant

YNot Innovators

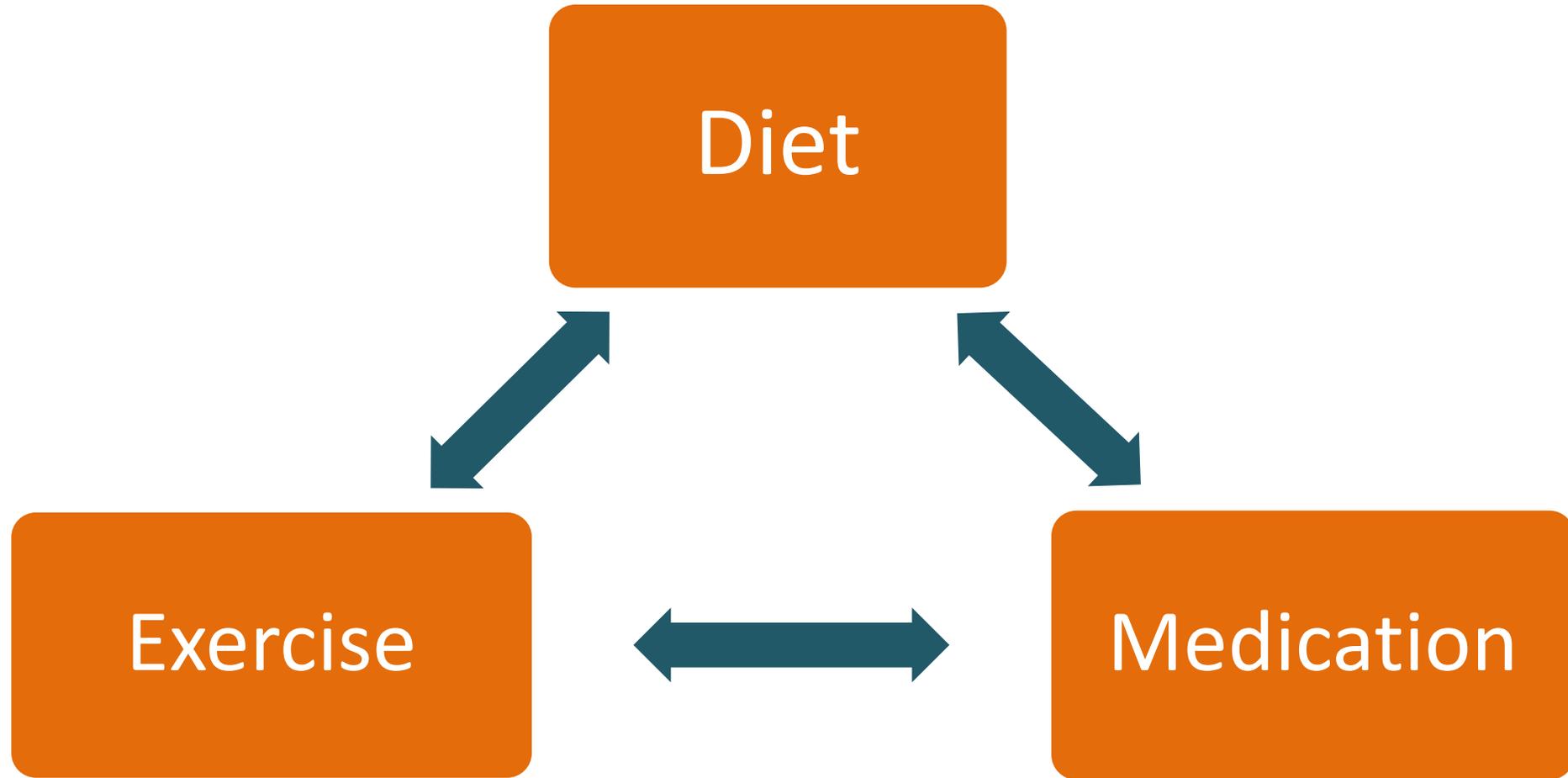
PCDC National Integrated Care Faculty

Amy Walters, PhD works as a clinical health psychologist and consultant, serving as the Director of Behavioral Health services for St. Luke's Humphreys Diabetes. Dr. Walters works with patients to address emotional and behavioral factors which negatively impact health and chronic disease management. Dr. Walters has over 20 years of experience working in clinical and community settings. Dr. Walters serves on PCDC's National Integrated Care Faculty.

Behavioral Health Support for Diabetes

- #1: 62 yr female who has T1D and is struggling to afford her medications and is not taking them regularly
- #2: 45 yr male who has T2D, hypertension and obesity and is sedentary
- #3: 37 yr female with T2D who is not following the recommended low carb diet and often engages in emotional eating
- #4: 16 yr male with T1D with A1C of 13 who fights with parents about diabetes management and is struggling in school

Understanding Treatment: Daily Balancing Act



Treatment Overview

Dietary change

- Limit carbohydrates; heart healthy diet
- 45g per meal for maintenance
- 30g per meal for weight loss

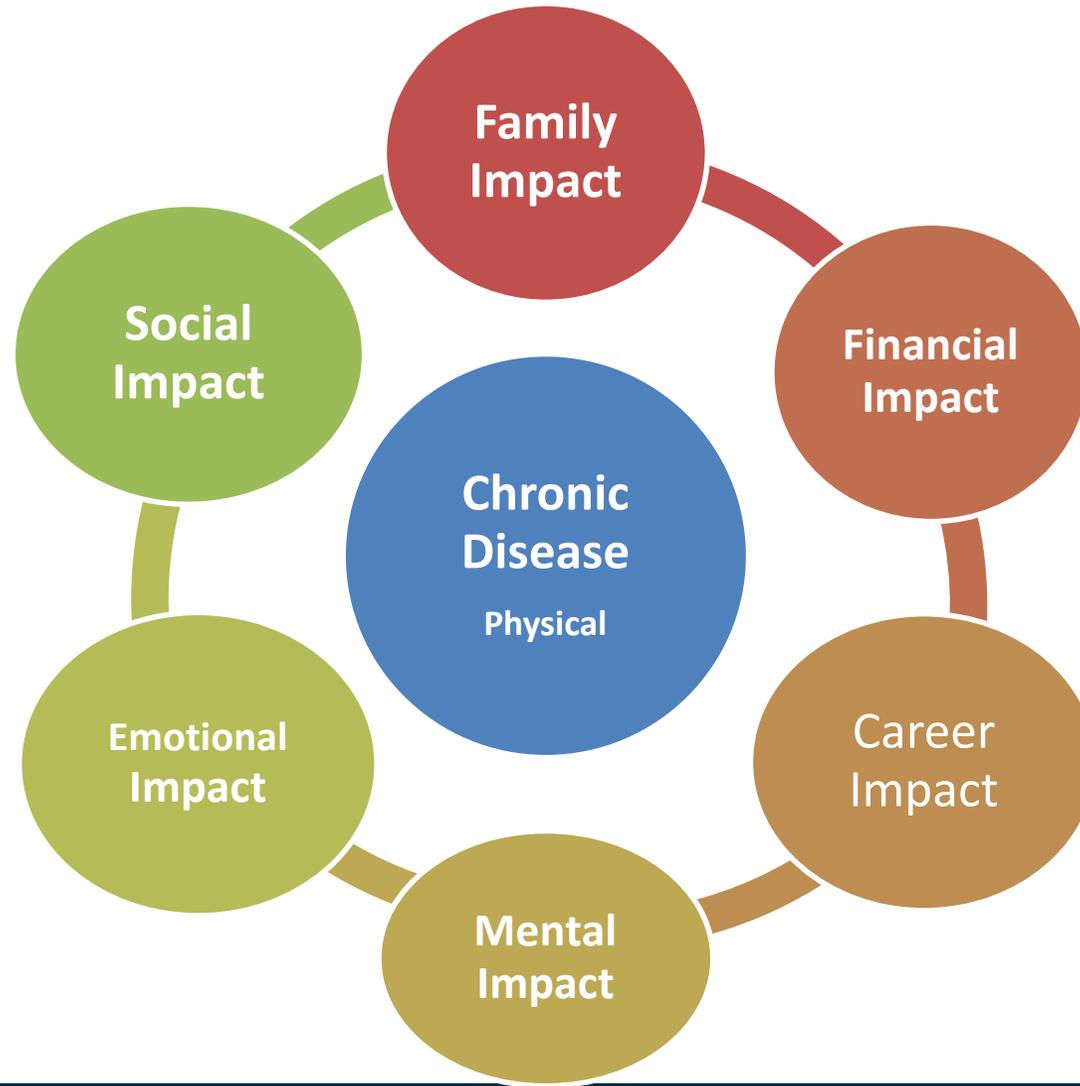
Physical activity

- 150 minutes per week *cumulative*
- 30 minutes x 5 days (50 minutes for weight loss)

Medication

- Type 1: insulin – multiple daily injections with all food intake
- Type 2: orals, injectables (GLP1), insulin

Areas of Impact



Why do psychosocial issues occur?



- Take your medicine?
- Test your blood sugar?
- What did you eat?
- How much did you eat?
- Did you take insulin?
- Where was your blood sugar?
- You can't have that!
- Your medicine costs how much?

Daily opportunities for:

- **Guilt**
- **Shame**
- **Failure**
- **Resentment**

Case Example

- Mrs. Jones
- 48 female with Type 2 diabetes
- Obesity, hypertension, hyperlipidemia
- A1C 10
- Resides with husband and two children (13,16)
- High stress, emotional eating (concerns with work, parenting, caring for aging parents), struggling with lifestyle change

Work

Love

Problem
3Ts

Play

Health

Values

The Big 5: Top Areas for Behavioral Support



Behavior change



Adherence to medical regimen



Mood screening and support



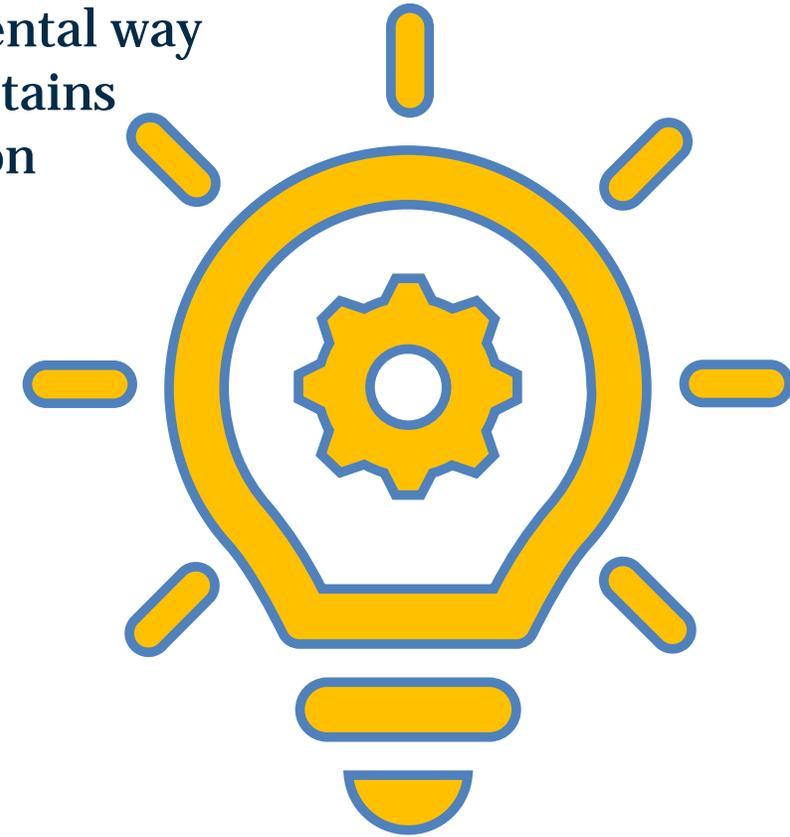
Coping with chronic disease



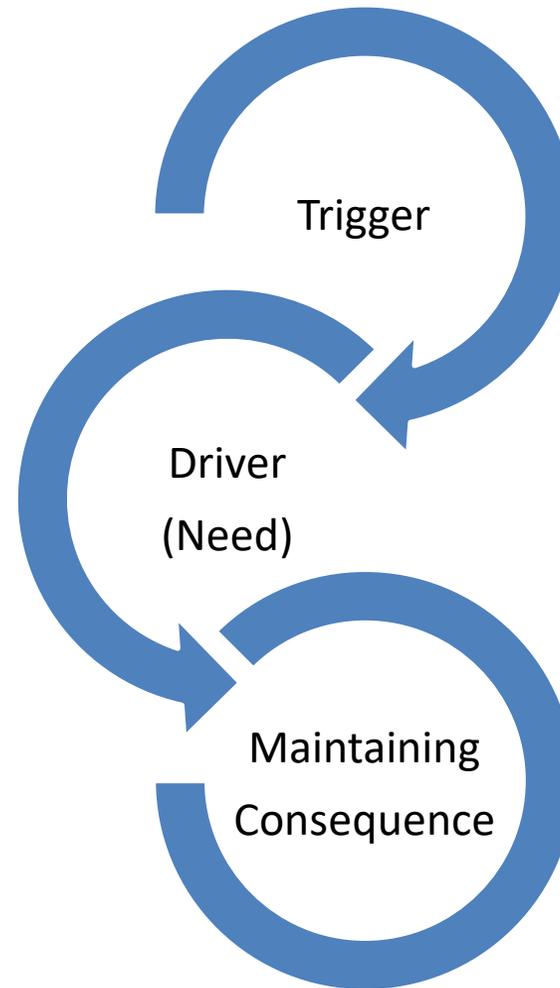
Stress management

Behavior Intervention Strategies

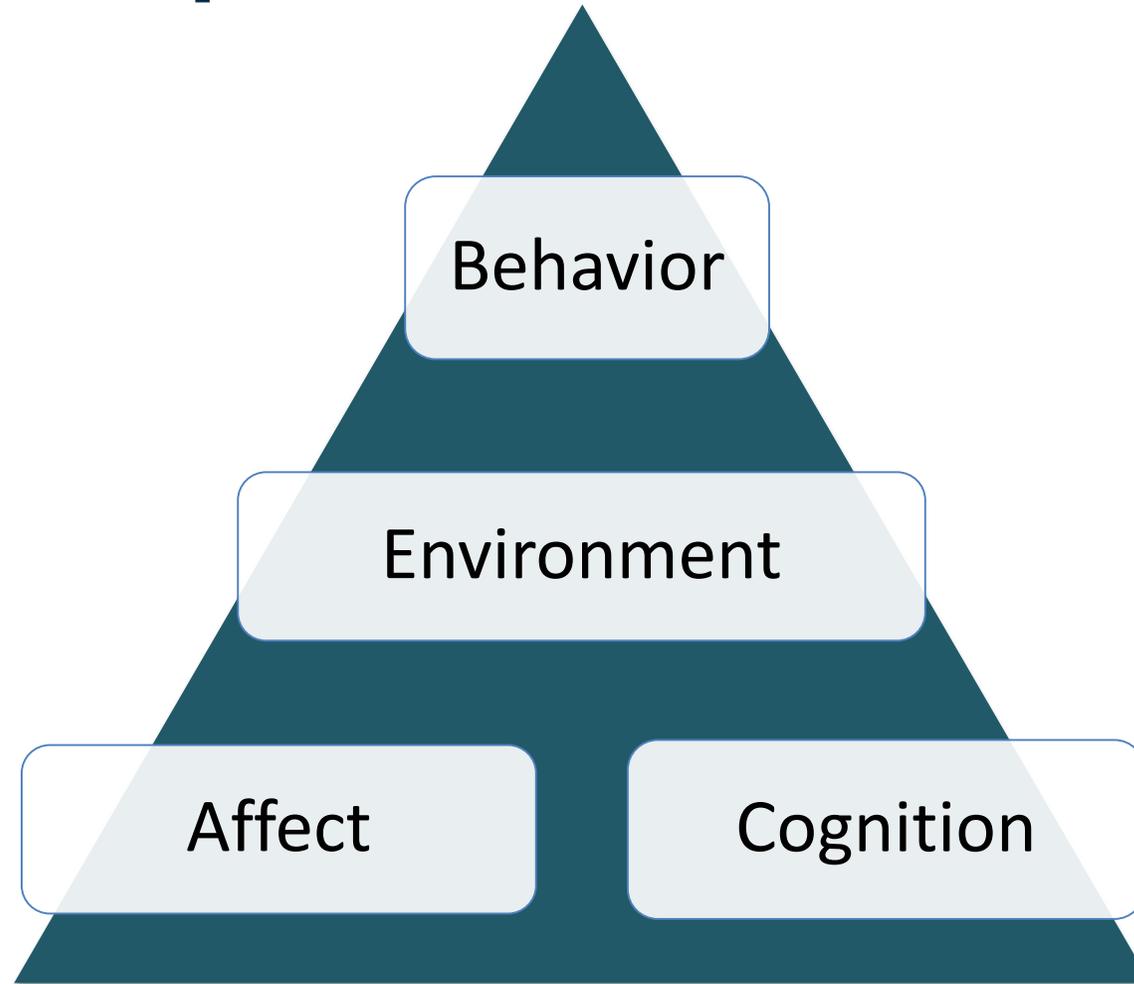
- Change is hard – our natural instinct is to repeat old patterns
- Use MI to explore and problem solve barriers in a non-judgmental way
- Understand the nature of the behavior – triggers, drives, maintains
- Functional assessment: Identify ABCE elements of the situation
 - Affect
 - Behavior
 - Cognition
 - Environment



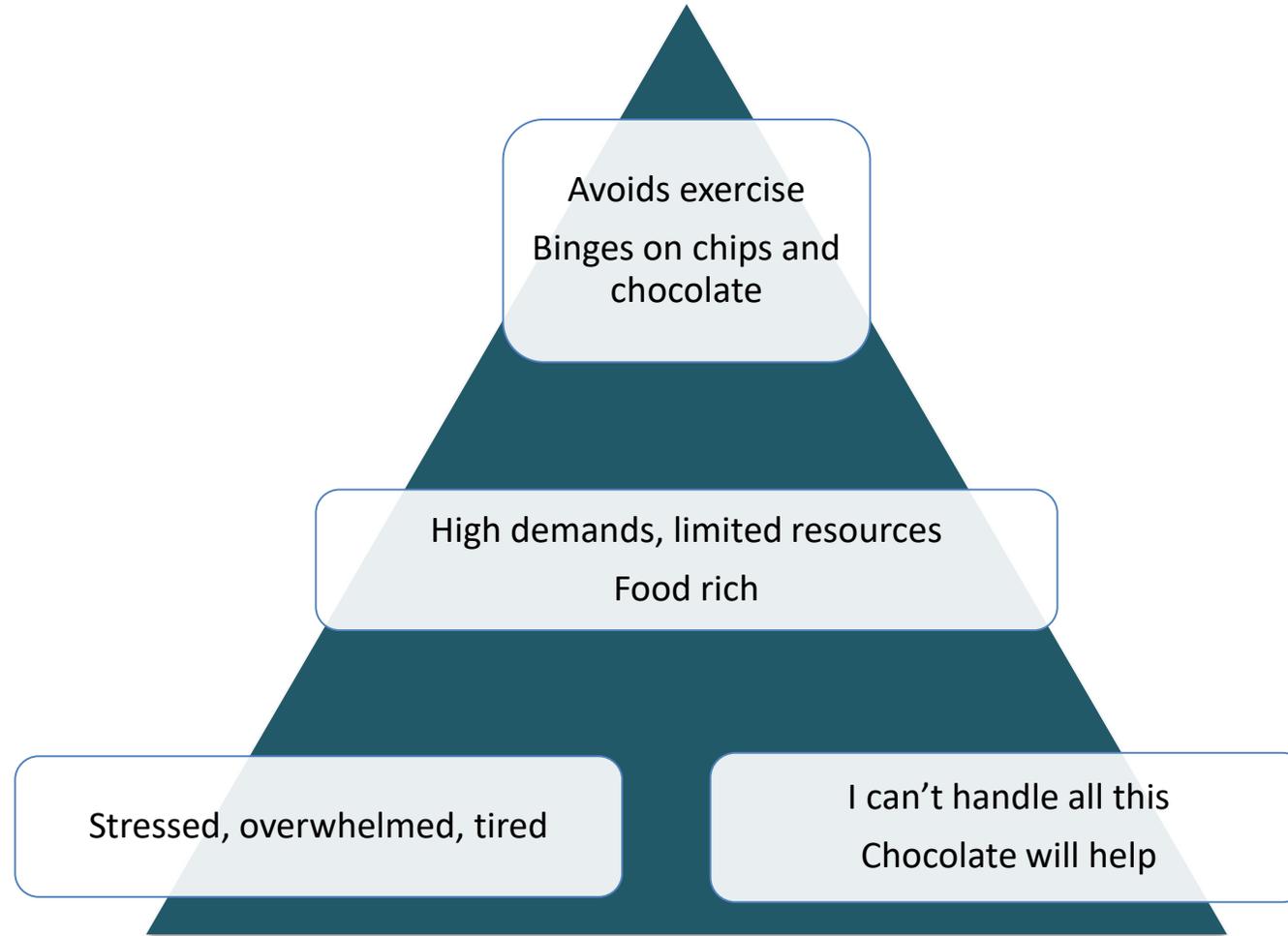
Nature and Function of Behavior



Behavior Pyramid: 4 Levels of Impact & Intervention



Functional Assessment for Mrs. Jones



Behavior Change

- Intervention ideas at each level:
 - **Environment** (often easiest place to start, create supportive environment)
 - **Affect** (identify triggers, alternative coping)
 - **Behavior** (walk, talk, write, breathe)
 - **Cognition** (shift self talk from cant's to cans – I can ask for help, I can reduce demands, I have been through worse, it won't last forever)

Progression of Health Behavior Change

Expected Change



Actual Change



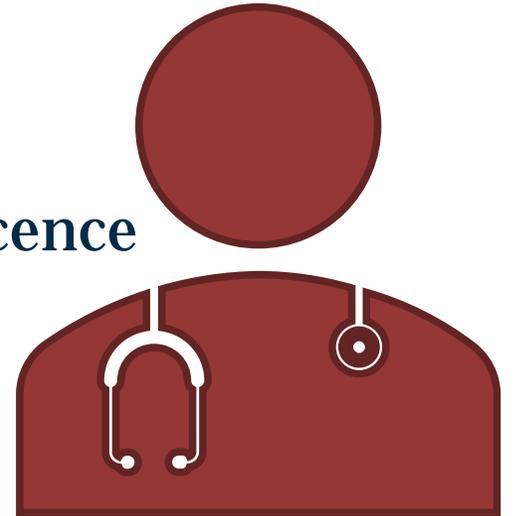
Interventions to Support Healthy Eating

- Low hanging fruit first for early success (sugar soda, fast food, alcohol, produce)
- Let patient choose the area to start
- Keep a food log
- Advanced food log with thoughts, feelings, environment notes
- Work on stress management
- Use functional assessment to understand patterns
- Assess emotional eating
- Develop alternative coping skills

Adherence

- **Most chronic diseases have adherence rates below 50%**
 - Poor adherence is the norm, not the exception
- **Self-report of adherence has poor accuracy across conditions**
 - We over-report success and under-report issues
 - *It's not lying, it's human nature*
 - The proof is in the data
- **Pediatric adherence rates decline from childhood to adolescence**

Bodenheimer et al (2002); Dunbar and Stevens (2007)

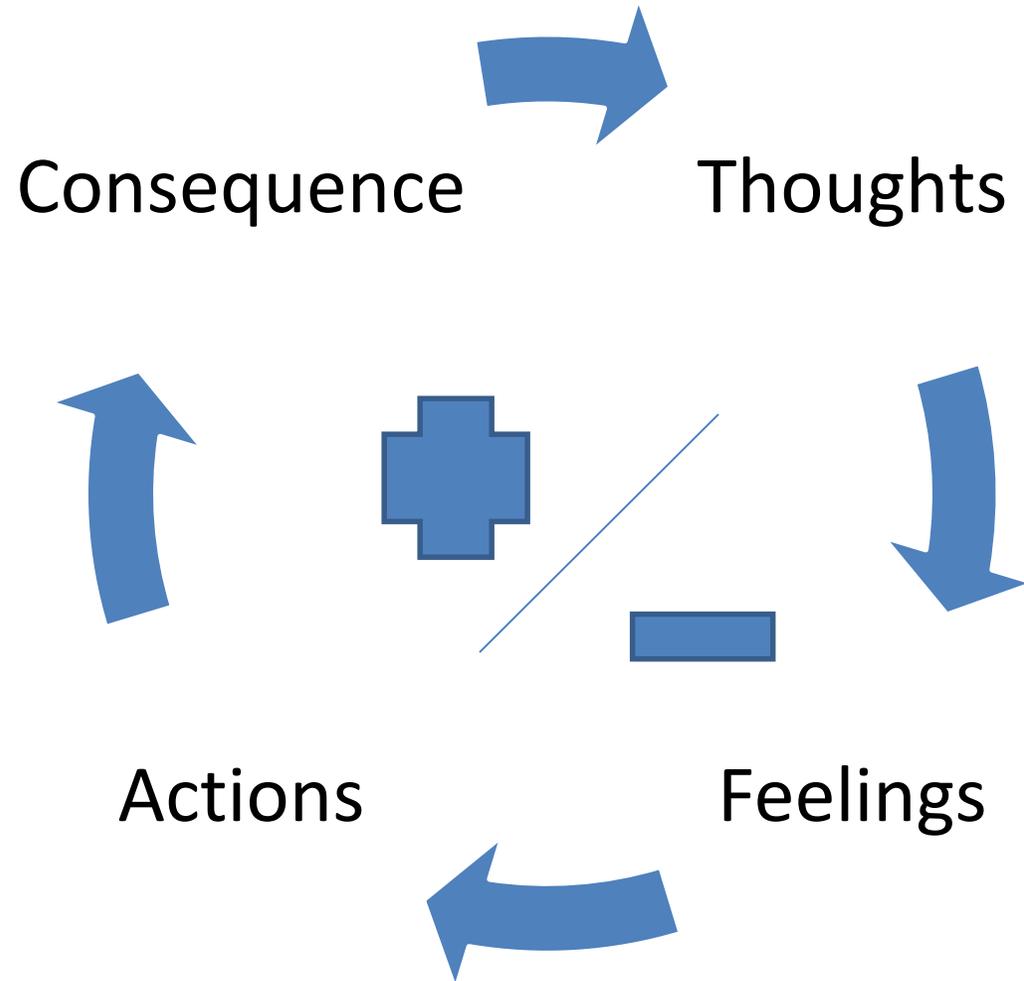


Improving Adherence

- **Contextual Interview**
 - **work to understand the context of the situation (Work, love, play, health, 3Ts)**
- **Functional Assessment –**
 - **What is barrier – external or internal?**
 - **Financial**
 - **Understanding of instructions**
 - **Transportation**
 - **Avoidance**
 - **Negative reinforcement**
 - **What is the function of the behavior – control, avoidance, revenge**
- **Problem solve physical barriers**
- **Internal barriers**
 - **Use MI and ACT to connect to values, enhance motivation and awareness of barriers**

(Beechy and Bauman 2018)

FACTS of Behavior Change



Mood Screening and Support



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- Anxiety and depression are higher among patients with diabetes (30-50%)
- Mood issues interfere with adherence and glycemic control
- Differentiate disease distress
- Screening (at least annually)
- Suggested tools: PHQ9, GAD7, PAID

Coping with Chronic Disease

5 Keys to Success & Wellness (BRASS)

Grief and loss issues are prevalent

- **Balance** – in life and care
- **Realistic** – goals & expectations
- **Attitude** – objective, optimistic, compassionate
- **Support** – personal & professional
- **Stress** – coping & management

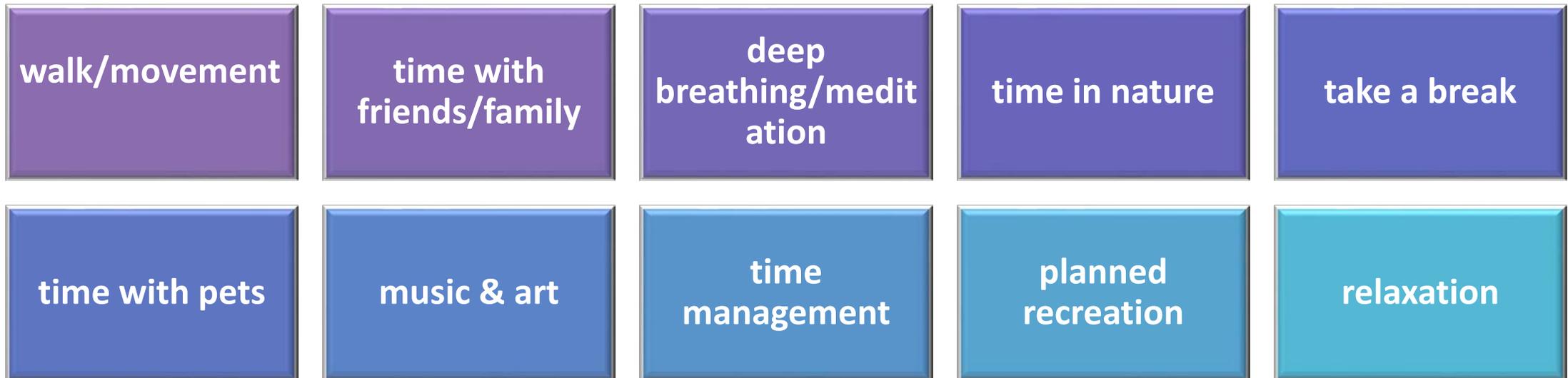


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Strategies for Stress Management

Human nature: avoid discomfort; do what's easy and feels good – often doesn't support good health behaviors

- **Stress negatively affects glycemic control**
 - Identify healthy “go to strategies” that fit lifestyle



Supportive Behavioral Intervention





Q&A

Center of Excellence for Integrated Health Solutions

Webinar - Addressing the Social Determinates of Health: How Non-Medical Factors Impact Integrated Care

March 18, 2:00-3:00pm ET

Register from our website here: <https://www.thenationalcouncil.org/integrated-health-coe/training-events/>

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NATCON | 20  **Kaleidoscope** AUSTIN | TEXAS | APRIL 5-7
A19 - Moving the Needle on Diabetes

 Sunday, April 5  10:30 AM - 11:30 AM

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