Linkage: Connecting Addiction Medicine to Primary Care; Empowering Patients To Take A Leading Role In Managing Their Overall Health

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Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.



Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources 2019 and on the conference mobile app.





Learning Objectives

At the conclusion of this session, the participant will be able to:

- Have a better understanding for Patient Activation and Engagement evidence, and findings from LINKAGE RCT
- **Describe the Linkage intervention:** engaging patients receiving addiction treatment with health care using the electronic health record and a patient activation approach. Empower participants with necessary tools for providing integrated health services that embrace individual patients needs and prepare professionals for teambased care to break down barriers between addiction medicine and primary care.
- Identify core components from Linkage curriculum: Increase coordination and continuity of care between Primary Care and specialty addiction treatment; provide members with information and skills on how to communicate with their Primary Care Providers about the psychosocial and physiological consequences of substance use disorders; help address challenges in patient adherence to treatment plans; link members to online electronic health records (EHRs) and other health education resources available in the patient portal and activate members to play a role in managing their own health care by communicating with their medical home and specialty care providers



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- Compton WM, Blanco C, Wargo EM. Integrating addiction services into general medicine. <u>JAMA</u>. 2015;314(22):2401-2402



Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



Agenda

- 1. Research and background
- 2. What is the Linkage Study
- 3. The Linkage Curriculum: Overview of classes and Linkage Phone Call
- 4. Contextual Learning
- 5. Insights From Regional Implementation and Sustainability



Patient At The Center



The Research

ABOUT OUR RESEARCH

Advancing Health Services Research

Health Services Research Leads to Exciting Findings

Researchers know that drug and alcohol dependency cuts a wide path through a chemically dependent person's family. New research from the DOR Drug and Alcohol Research Team (DART) is pinpointing how. The DART study, which looked at the health care costs associated with people who received treatment for chemical addiction, found that family members have higher costs of health care and utilization and are more likely to be diagnosed with a medical or psychiatric condition than those who did not have a family member with alcohol or drug problems.

"The good news is that when chemical dependency is successfully treated, costs for family members also go down," says Constance M. Weisner, DrPH, MSW, investigator and director of DART.



Constance M. Weisner, DrPH, MSW and Stacy A. Sterling, MPH, MSW

Over the years, DART researchers have published key findings on chemical dependency, including studies showing the benefits of integrating primary care with chemical dependency treatment. Other DART research has found that older women receiving drug and alcohol treatment have particularly good outcomes compared to men. At the same time, adolescents being treated for alcohol and drug problems have better outcomes when they receive even the briefest of psychiatric services at the same time.

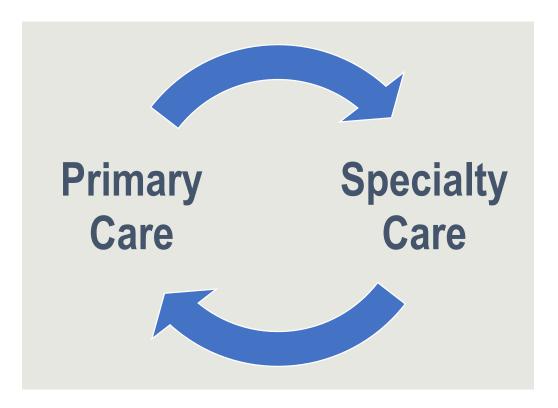


The Background of LINKAGE: Integration of Substance Use Treatment with Mainstream Health Care

Screen and treat in PC (if moderate problem, continue monitoring)

Specialty care if needed

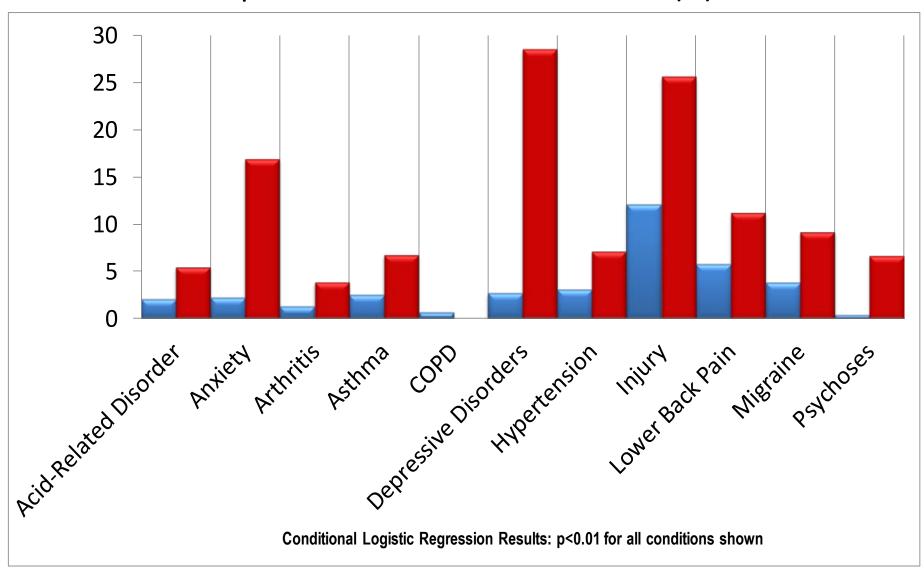
Back to Primary Care for monitoring



Chi FW, Parthasarathy S, Mertens JR, Weisner C. (2011) Continuing care and long-term substance use outcomes in managed care: initial evidence for a primary care based model. *Psychiatr Serv*. 2011;62(10):1194–1200.

Parthasarathy S, Chi FW, Mertens JR, Weisner C. (2012) The role of continuing care on 9-year cost trajectories of patients with intakes into an outpatient alcohol and drug treatment program. *Med Care*. 2012;50(6):540–546.

Medical and Psychiatric Conditions of KP Adult Members compared with CD Treatment Patients (%)



Mertens JR, Lu Y, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: Comparison to matched controls. *Arch Intern Med.* Nov 10 2003;163:2511-2517.

LINKAGE Philosophy



- This is **not** case management or doing things "to" our members
- This **is** patient empowerment, patient-centered care
- This **is** viewing our members as the central part of their health care team

Patient Activation and Engagement

Activation

"understanding one's role in the care process and having the knowledge, skill and confidence to manage one's health and health care" (Hibbard, 2013)

Not compliance!

Engagement

"actions for obtaining the greatest benefit from the health care services available to them" (Gruman, 2011)

Patient Activation and Outcomes

Patient Activation has been found to be associated with a broad range of:

- **Health behaviors**: lower rates of smoking, illicit drug use; higher rates of exercise, healthy eating (Hibbard, 2004, 2005; Rademakers, 2012; Herrmann, 2012; Fujita, 2010)
- Health outcomes: lower BMI and Hb A1c, better HTN control and cholesterol (Hibbard, 2008; Rogvi, 2012; Remmers, 2009; Skolasky, 2011)
- Lower patient activation associated with unmet medical needs and delayed care (Hibbard, 2008)
- Adherence: Chronically ill patients with higher activation more likely to adhere to treatment regimens, perform self-monitoring, obtain regular chronic care (e.g., diabetes patients and eye exams and regular exercise) (Rask, 2009; Salyers, 2009)
- Better care experiences: patients with high activation and chronic conditions report fewer problems with care coordination (Maeng, 2012), better experiences with providers (Greene, unpublished)
- Across populations in U.S. and internationally

13-item Patient Activation Measure (PAM)

- When all is said and done, I am the person who is responsible for managing my health condition
- Taking an active role in my own health care is the most important factor in determining my health and ability to function
- I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition
- 4. I know what each of my prescribed medications do
- I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself
- I am confident I can tell my health care provider concerns
 I have even when he or she does not ask
- I am confident that I can follow through on medical treatments I need to do at home
- 8. I understand the nature and causes of my health condition(s)
- I know the different medical treatment options available for my health condition
- I have been able to maintain the lifestyle changes for my health that I have made
- I know how to prevent further problems with my health condition
- I am confident I can figure out solutions when new situations or problems arise with my health condition
- I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress



Level 1

Starting to take a role.

Individuals do not feel confident enough to play an active role in their own health. They are predisposed to be passive recipients of care.



Level 2

Building knowledge and confidence.

Individuals lack confidence and an understanding of their health or recomended health regimen.



Level 3

Taking action.

Individuals have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.



Level 4

Maintaining behaviors.

Individuals have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

Increasing Level of Activation

Linkage – Continuing Care

- Improve long-term outcomes for substance use treatment by developing effective connections between CDRP treatment and primary health care.
- Address stigma relationship with physicians. Put addiction medicine in the same arena as other medical conditions
- Activate patients to participate in their overall health Help them to understand the importance of their overall health care and engage in healthy practices and take a proactive role with their primary care physician in their health care.
- Develop a primary care-based "Medical Home" and anchor care there.
- Navigating the health care system

6 Linkage Classes (group sessions to foster interactive learning) TAV/ Video Visit between Member, PCP and Linkage Clinician





- 503 patients from San Francisco Kaiser
 Permanente Medical Center's Addiction Medicine
 (CDRP) clinic (97% recruitment rate)
- A controlled trial applying an alternating 3-month "off/on" design over 30 months (five 3-month LINKAGE periods and five 3-month UC periods).
- All patients attended the standard treatment program. However, the LINKAGE intervention replaced the program's 6-session Usual Care medical education sessions with 6 LINKAGE sessions.
- Opportunity to connect with physician via a LINKAGE phone call, facilitated by Clinician.

LINKAGE Findings

6 month follow-up: 91% follow-up rate.

- Post intervention, LINKAGE participants had higher patient portal login days, and use of each type of activity (e.g., physician emails, viewing lab tests, looking up medical information).
- Post intervention, higher proportions of LINKAGE participants reported talking to their physician about alcohol and drug problems.
- Results consistent for those with co-occurring psychiatric conditions
- No differences between conditions for alcohol and drug outcomes.
 However, those who received all intervention components had
 significantly better alcohol and drug outcomes than those with fewer.
 The sub-sample with psychiatric comorbidities had similar results.

Weisner C, Chi FW, Lu Y, Ross TB, Wood SB, Hinman A, Pating D, Satre DD, Sterling S. (in press). The LINKAGE Pragmatic Trial: linking alcohol and drug patients to a primary care-based medical home. *JAMA Psychiatry*.



- CVD and other Chronic Conditions: The CREATE Trial Improving chronic disease self-management skills for complex patients with CVD risk – PHASE Program (R. Grant, PI). [NHLBI]
- Chronic Pain patients: The Activate Trial Activation for patients with chronic pain, especially those on long-term opioid therapy (C. Campbell, PI). [PCORI]
- Depressed patients: Aimed at activating depressed patients being managed in primary care to take initiative in managing their health care, strengthening links with primary care, complemented by further specialty services as needed (Weisner). [piloting, NIMH grant in preparation]
- HIV: Combining Patient Activation components of Linkage with alcohol screening, brief intervention and referral to treatment (SBIRT) for HIV patients in primary care.
- **ED Linkage:** Identification and activation for patients in ED with low-to moderate-severity behavioral health problems exacerbating ED use. (Kene, Vinson, CREST, Garfield)
- **Senior Linkage:** Activate and educate older adult patients on KP's resources as they transition to Senior Advantage, tend to increase contact with health system and services utilization.

LINKAGE Curriculum



- Individualized approach based on the strengths, needs and vision of a person's own recovery
- Shared decision-making and respect for the unique needs, strengths and preferences of each person.
- Group dynamic helps participants feel supported in their efforts to manage their problems. The peer role modeling and support reinforces adaptive behaviors, as groups members become motivated by each other's health care successes and encourage each other to achieve their holistic health care goals.
- Counselor functions as both an educator, facilitator and cheerleader
- Theoretical framework is based on the health belief model, CBT, and motivational interviewing.

Additional Theoretical Frameworks Informing LINKAGE

- Health Belief Model
- Cognitive Behavioral Therapy
- Motivational Interviewing



6 Linkage Classes Rolling Admission

SESSION 1 – ME AND MY HEALTH

SESSION 2 – LIFESTYLE AND PREVENTION

SESSION 3 – NAVIGATING THE SYSTEM

SESSION 4 – PREPARE, COMMUNICATE AND PARTICIPATE

SESSION 5 – COLLABORATE AND INTEGRATE

SESSION 6 – REDUCE YOUR RISK + MAXIMIZE YOUR HEALTH



LINKAGE PHONE CALL or VIDEO VISIT, FACILITATED ENCRYPTED EMAIL OR IN-PERSON VISIT

- Members are offered the opportunity to have the Linkage group facilitator assist in setting up a 3way conference call/video visit between patient, clinician and PCP (or help prepare an email or prepare for an in-person visit). This can happen after the last Linkage session, or earlier depending on the member's needs, readiness and physician schedule.
- The patient will practice the skills taught in the Linkage class on how to inform their PCP of his/her substance use disorder and how to initiate discussion about recovery and overall health/wellness.
- The patient will inform the PCP that he/she would like to make an appointment to discuss their
 ongoing recovery process and any concerns he or she may have regarding their substance use
 disorder or other health care concerns.

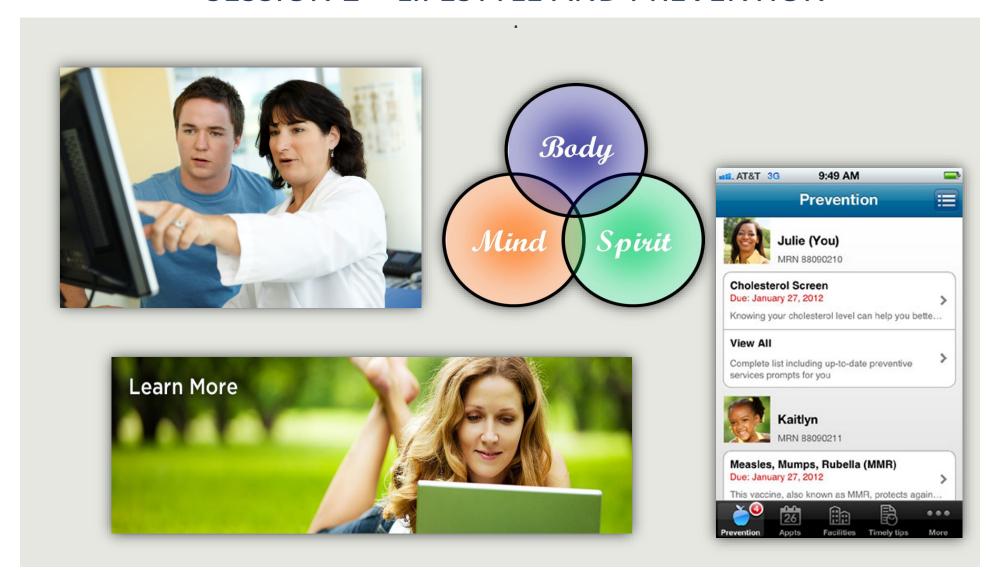


"This is what I have been looking for in recovery, a total wellness approach; 12-step is only part of it. It is so nice to hear you talk about the body, the brain, mindfulness and my role in all of this health management stuff."

"I haven't done cool stuff like explore my health history online in my entire life."

"What you talk about is such a good reminder for what an important role I play in my recovery and overall health maintenance."

SESSION 2 – LIFESTYLE AND PREVENTION



APPENDIX A COMMON MEDICAL PROBLEMS

Which of these common medical problems have been chronic problems for you? Search for additional and the search problems have been chronic problems for you.
information about your conditions on KP.org, and note any questions you'd like to ask your doctor.

☐ Acid-related disorders/ulcers	☐ Hyperlipidemia or high cholesterol		
□ Allergies	☐ Hypertension or high blood pressure		
□ Anxiety	□ Injuries		
□ Arthritis	□ Insomnia		
□ Asthma	□ Liver cirrhosis		
□ Cancer	□ Lower back pain		
□ Colds & flu	☐ Mental health problems		
☐ COPD (chronic obstructive pulmonary	☐ Obesity		
disease)			
□ Depression	□ Orthopedic impairments		

Session 2 Lifestyle and Prevention

Review symptom checklists for mental and medical conditions, raising awareness regarding primary and secondary concerns related to management of SUDs



"I want to thank you guys for connecting my health issues. I can see now how my behavior impacts my body. Now that I am not drinking and smoking my liver enzymes are improving, the test result is even in normal range. I can tell my diet is getting better too because I am not over eating. I like learning all this medical connection stuff and how what I do really matters. I can't wait to show my son how to get on kp.org."

"I thought I had sleep apnea, but really after 30 days of sobriety I am realizing how much my alcohol use had an impact on my physical health, mostly my sleep but also my mental health. I was so happy to tell my doctor that I am sleeping 9 hours now. With the sleep log you gave me from kp.org I am able to see how much better my sleep has gotten overtime. Like you said, doctors appreciate the data about my behavior so they can decide what treatment is best to recommend."



Do you have the KP applications on your smart phone or computer? If so, do you know your password (you can actually log in)?

What is the name of your PCP and tell us something interesting about them?

Who has the knowledge and skills to graph their lab test results?

What did you learn from your neighbor about Kp.org?

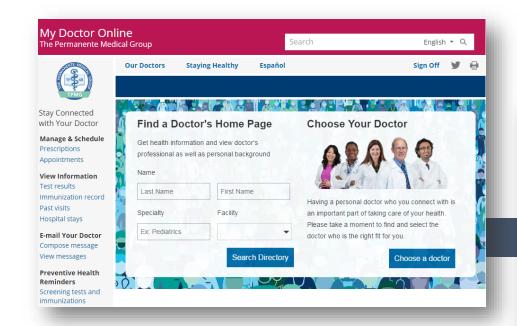
SESSION 3 – NAVIGATING THE SYSTEM

"This is my first time in an HMO, and I will say it is not always easy. Sometimes with all the specialists it gets so complicated to get the care I need, so I shut down, which is a risk for me, that is when I am likely to use. Thank you for kicking my butt to email my doctor, I never would have done it until you showed me how."

—Linkage participant, Kaiser CDRP



WHERE DO I FIND HEALTHY LIFESTYLE INFORMATION?









SESSION 4 PREPARE, COMMUNICATE AND PARTICIPATE

- <u>Preparing, Communicating and Participating in your own health care</u>
- Review Assertiveness skills & Shared Decision Making
- What could be getting in the way? (Denial and Psychological Defenses)

The Goal is to Break Down the Barriers

How to collaborate with your Primary Care Provider



Prepare

Bring your care plan

Communicate

Practice expressing your wishes

Participate

Collaboratively develop your health care goals

What will I do? (Set a goal)

When will I do it? (Who will monitor your progress?)

How often will I do it? (Arrange your world for success)

Who will support me with this? (Recruit a support team)



Pt reported "I feel like I am prepping for a sales call, getting all my talking points organized so I can set the agenda and make sure I utilize my time wisely while I am with my doctor, that way I will make the most out of the medical appointment."

"I see my Doctor similar to my car repair man, I go for regular maintenance and when something is broken, but I always appreciate when they top off my fluids. I never anticipated discussing anxiety and the 12-Step program with my doctor during my life time, but I am happy health care is moving in a more integrated direction, where my behavior outside the office really matters and there is room to talk about it."

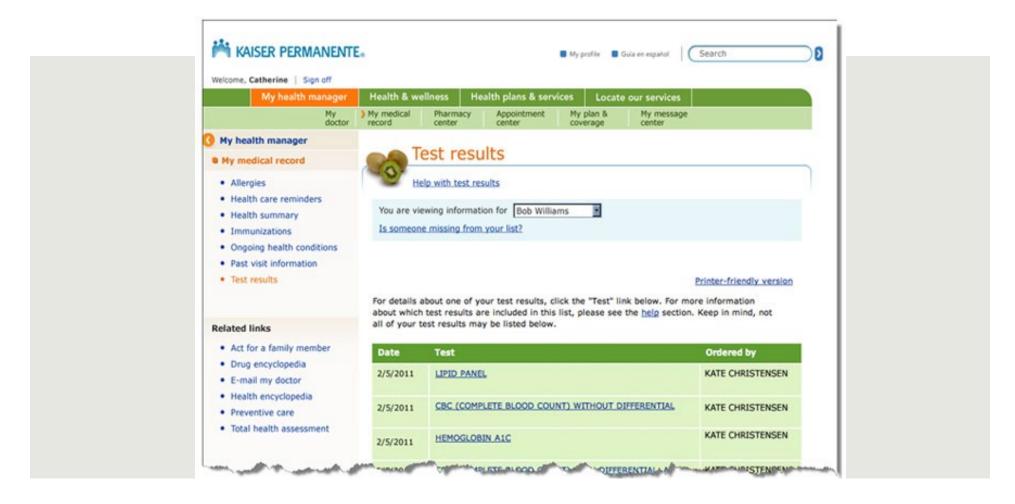
"I feel silly that I even need your help doing this. For the same reason I feel silly when my husband comes with me to the doctor to help me advocate. I understand that talking about my weight is not an easy thing to do and I know that I would probably avoid the conversation all together if you weren't here to support me. I would never take the time to talk about my weight and how it makes me feel about doctor's appointments, but now I see how important it is for me to stay engaged in my health."

My Care Management Plan

A. Things to tell my doctor				
1. I'm receiving treatment for a drinking/drug problem. I'd like to talk with you about it.				
2				
B. Questions for my doctor				
1				
2				
C. Current medications (it's a good idea to bring them with you)				
D. Lifestyle goals for my health: (for example: walk 30 minutes 3x/week)				
E. What do you plan to focus on at home?				
F. Checklist				
Were all your questions answered?				
Ask your provider if he/she has all the information he/she needs to help you.				
Do you understand all the instructions your provider gave you?				
G. Next Visit: Date Time				

MONITOR YOUR PROGRESS

How do you know if you are getting better?





Building Confidence In the Primary Care Office

Effective Communication

Assertive Individuals Are

Not afraid to say no

Take responsibility for their own behavior and getting their needs met

Listens to others and expect that people will listen to you

Communicate openness and willingness

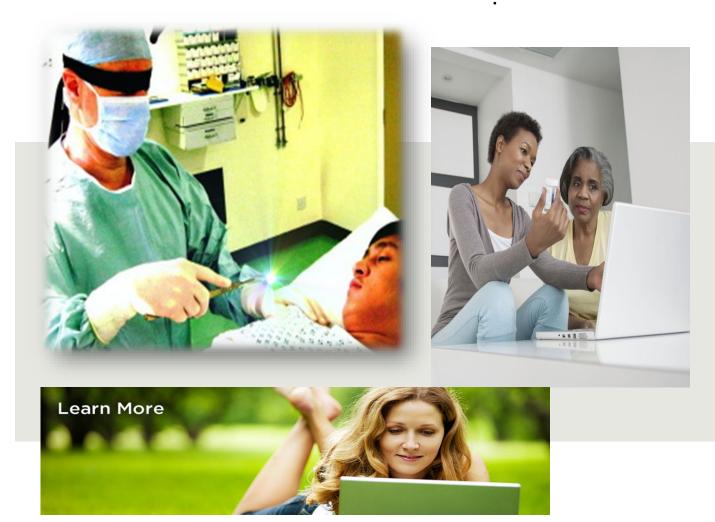
Consequences of Inadequate Assertiveness

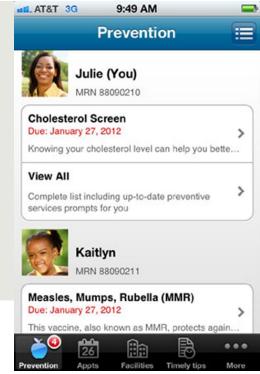
Powerlessness in relationships

Tendency to relate to other needy or dishonest individuals

Chronic unmet needs

SESSION 5 – COLLABORATE AND INTEGRATE





Session 5 Collaborate and Integrate

APPENDIX G DENIAL AND PSYCHOLOGICAL DEFENSES

Denial and psychological defenses make it difficult to take a leading role in maintaining your overall health. Denial occurs on a subconscious or unconscious level. It is a psychological process that enables people to block out reality, a defense that allows an individual to keep a thought or feeling that may be threatening or uncomfortable out of conscious awareness. Denial is easier to see in others and a challenge to see within oneself. It can manifest in many ways including:

- · Failure to see that a problem exists
- Failure to recognize the extent or severity of the problem
- Failure to see the connection between the substance use and other problems
- Failure to understand the need for assistance in coping with the problem

Denial can be an individual's downfall in addressing substance use disorders and other chronic medical conditions. It enables continued risk-taking, impairs judgment, and negatively affects healthy lifestyle choices. Following are some of the defenses that feed unhealthy health care choices

Rationalizing Withdrawing Bargaining Intellectualizing Silence Comparing Minimizing Defiance Agreeing Analyzing Blaming Joking Justifying Arguing Smiling & Laughing Theorizing Projecting Changing the subject Explaining Looking away Glaring & Staring Shouting & Intimidating Generalizing Yawning

Denial and psychological defenses make it difficult to take a leading role in maintaining your overall health.

SESSION 6 – REDUCE YOUR RISK + MAXIMIZE YOUR HEALTH





Session 6 Reduce Your Risk and Maximize Your Health

"I started with Kaiser right when I got out of the inpatient unit after being suicidal and overdosing on Tylenol. I had no idea where to go or what was going on. I just got assigned some doctor in the computer system. I had a terrible 1st experience in primary care, the 1st thing she asked me is 'your not taking Tylenol right?' I saw it in big RED letters on the top of my chart TYLENOL OVERDOSE. Anyway, when I got to CDRP, Linkage really helped me. We found a doctor that can be my primary and OBGYN. It was a little awkward at first going in to talk about my addiction and mood problems, but once I did it, I felt so much better. My doctor is totally on my team now. I collaborate with my primary care doctor and my psychiatrist because we started to notice that there is a correlation between my relapses, my mood episode and my menstrual cycle. Without kp.org and learning to actively connect with my doctors, none of these people would be talking and we never would have noticed this possible hormonal factor. I am not saying I relapse because of my menstrual cycle, but it could be playing a role in my emotional patterns. It feels good to monitor my mood and blood levels with both my doctors, I feel really involved in my own care."

Linkage Script: Role Play

Facilitator: Hello DrThis is from the Chemical Dependency Treatment Program (Addiction Treatment Program) and I am with your patient
Patient: We're calling to let you know that I'm in treatment here for substance use problems. I've been attending treatment forweeks now, and am feeling ""
Facilitator: As part of his/her recovery (Patient Name) wants to take better care of his/her overall health, and have ongoing support for his/her recovery program from you and her other providers. He/She would find it helpful if, whenever s/he comes to see you, you ask him/her how she's doing in regard to alcohol and drug use, and overall wellness recovery. The staff at the program are happy to work with you and him/her, so that he/she can continue to do well with his/her health care and alcohol and drug problems. If he/sh needs further substance use treatment, you can send an E-Consult, and the assessment team will evaluate his/her additional needs (Give number, maybe counselor's name if ROI on file)
Patient: I've registered on kp.org and I'd like to get up-to-date on my prevention and treatment issues:
Facilitator: "S/he'd also like to inform you of some of his/her relapse warning signs, so that you and he/she can be on the lookout for them together, while you work in partnership on improving (Patient Name)'s overall health."
Patient: My Relapse Warning Signs include: I'd like to take an active role in monitoring my overall health and I'd appreciate your support.
CONCLUSION Facilitator: Before we go (Patient Name) wanted to inform you about what is working well for him/her in their recovery. His/her strengths can be the greatest asset in the future as they continue to enhance (Patient's Name) confidence. Patient: With a regular recovery routine including: I find I am able to take some time to practice stress relieving activities such as: Note any current life stressors!

Thank you very much for your time. I look forward to seeing you. I'll be making an appointment with you through my health manager on Kp.org, see you soon.

Benefits of Linkage Phone Call for Our Members and Their Families

"It was good to see my doctor. I think we got more comfortable with each other after our phone conversation the other day (TAV with Linkage Facilitator). I showed her how I graphed my lab results on kp.org, she was happy for me that my labs got better. I also showed my mom my improved lab tests when I got home. My mom was so inspired she asked me to help her register on Kp.org too. She doesn't want to graph her lab results until after she gets new labs done. I told her that if her lipids are bad she has to ride the bike with me."

Tips for Linkage Facilitator



Enter every Linkage class assuming you have something to learn from each member



Every member is an expert is something, especially their own story



Use open ended questions: Who, What, Where, When, Why and How



If you don't know the answer to a question, be transparent, we are not asking you to be medical or IT experts



There is a spectrum of healthcare experiences, careful not to equate them all

Linkage Facilitator/Champion

Essential responsibilities are to

- Communicate dedication to the Linkage Initiative
- Network with other Linkage champions
- Ensure dedicated time each month to championing the Linkage Initiative

The Linkage Champion will

- Be familiar with and have a vision for improving long-term outcomes for substance use treatment by developing connections between CDRP treatment and primary health care
- Address stigma as part of champion's relationship with physicians, and advocate to place addiction medicine in the same arena as other medical conditions
- · Activate patients to engage in healthy practices, and to take a proactive role with their primary care physician in their health care
- Develop a primary care-based "Medical Home" for our KP members who come into CD
- Empower our members who attend CD treatment to navigate the health care system
- Be willing to meet for a Linkage collaborative call
- Have access to and support for the champion role from the local CD Department Chief
- Be committed to serve as champion for at least one year and will find a suitable replacement if the champion cannot complete the year

The Linkage Champion's unique role is

- Facilitating consistent and empowering Linkage classes and Linkage TAVs/Video Visits
- Providing consultation to members and serving as a link to medicine and other aspects of KP care
- Displaying competency in using Motivational Interviewing skills such as: asking open ended questions to allow patients to tell their story; displaying uninterrupted pausing; eliciting patients perspective, actively summarizing what is said in the group; attending to timing; politely redirecting patients, facilitating transitions in content with sign posts (what is coming next); asking permission rather than inflicting help; providing a non-judgmental tone and respecting each patients circumstances
- · Displaying a belief in a whole person-centered approach to wellness, with a collaborative spirit for care coordination

Substance Use Research at Division of Research

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KPNC Members

KPNC Primary Care

KPNC Chemical Dependency Quality Improvement Committee

KPNC Chronic Pain Programs

KPNC Adolescent Medicine Specialists Committee

KPNC OB/GYN and Early Start Program

KPNC Pediatrics Department

KPNC Regional Mental Health and Chemical Dependency

Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.





Join us next year in Philadelphia, Pennsylvania! Thank you!