Behavioral health and medical health; Not YET integrated, but already invested and involved

Dr. N. Diny Capland, PsyD
Ketchikan Indian Community
Objectives

• Identify barriers to integrating medical and mental health services

• Summarize measures that can be used to improve health care outcomes through mental health initiatives

• Formulate strategies for integrating behavioral and medical practices in your agency
About KIC

The Clinic provides multi-level medical/dental/behavioral health services to all Alaska Native/American Indians residing in the Ketchikan Gateway Borough. The Tribe has over 6,000 IHS eligible beneficiaries who are enrolled tribal members. There are currently 5,332 active patient records, 3,230 active patients and approximately 17,854 patient visits for the fiscal year 2017. Although some programs require enrollment in KIC, being seen at the Tribal Health Clinic does not.

http://kictribe.org/about/index.html
Levels of Collaboration/Integration

- Minimal Collaboration
- **Basic Collaboration at a Distance**
- Basic Collaboration Onsite
- Close Collaboration Onsite with Some System Integration
- Close Collaboration Approaching an Integrated Practice
- Full Collaboration in a Transformed/Merged Integrated Practice
Barriers to integrated care - general

- Newer practice model
- Resources – staffing, EHR, facilities, time
- Training programs
- Leadership
- Patient expectations
- Patient rights/HIPPA
Barriers to integrated care – in AN/AI facilities

• **Stigma** personal and organizational

• **Historical, generational, and complex personal trauma**

• **Recruitment, relocation, and retention**
  
  *Current Conference*
  
  *Telemedicine*
Behavioral Health Initiatives for improving and sustaining wellbeing and health

**Outreach**
Resilience fair, Health fair, World Suicide Prevention Day, Color Run, Blueberry Arts Festival, Alcohol awareness, Family crafting, etc.

**Direct - Medical**
Suboxone screeners
- Substance use
- Chronic pain
Stress Mgmt group

**Indirect - BH**
Diagnostic overlap
Effects of psych medications
When to refer

**Indirect - All Staff**
Group process
Staff process
EAP
Community Outreach

The “You Are Not Alone” Pledge

I pledge to ask for help when I am hurting and to help others when they are hurting. I am not alone and together we can prevent suicide.

Say the pledge and sign with your handprint on our canvas!
Suboxone Screeners

- Why
  - Screener Packet Checklist:
    - ROI
    - SASSI-4
    - Screener decision tree

- What
  - West-Haven-Yale-Multidimensional-Pain-Inventory [WHYMPI]
  - COMM

- Who
  - Substance Abuse History Chart
  - Additional Info Page A & B [On two sided copy]

- How
  - How long have you been living with the pain issue that you are being seen for?
  - Was there a time when it was much better for even a few months; what has helped or worsened it?
  - What have you given up/put aside due to pain?
    - What activity would you do if you had much less pain?
      - Activity 1: ____________ How much less pain? ____% Enjoyable? Y/N
      - Activity 2: ____________ How much less pain? ____% Enjoyable? Y/N
      - _____ Nothing [because pain is well managed and lifestyle is active]
      - _____ Nothing [do not foresee pain reduction or have activity they would resume]

  - Have you been feeling down or depressed lately? Y/N
    - If YES: Is that usually how you feel or is it a recent change?
    - Would you like to talk to someone in BH?
    - Are you having any thoughts of suicide or other hurtful ideas? [If yes, assess for intent, plan, etc. and proceed with prevention if indicated.]

  - For Clinician Only
    - Patient Attitude: Open    Guarded    Hostile    Evasive - Cheerful
      or Complaining    Bored    Annoyed    Sad    Restless
    - Other _______

  - Expressions of pain during screening? [What and when]

  - Additional Clinician Comments: [Please include any issues that require case management, further observations, or relevant patient details.]
WHYMPI

Strengths: The strengths of the WHYMPI are its brevity, ease of administration, demonstrated reliability and validity, face validity and patient acceptance, and demonstrated utility in multiple clinical and research investigations. Incorporates ‘significant other’ and their role in support or

Weakness: One weakness of the WHYMPI is that the Life-Control subscale is comprised of only two items.

BEFORE YOU BEGIN, PLEASE ANSWER 2 PRE-EVALUATION QUESTIONS BELOW:

1. Some of the questions in this questionnaire refer to your “significant other”. A significant other is a person with whom you feel closest. This includes anyone that you relate to on a regular or infrequent basis. It is very important that you identify someone as your “significant other”. Please indicate below who your significant other is (check one):
   
   Spouse  Partner/Companion  Housemate/Roommate  Friend  Neighbor  Parent/Child/Other relative  Other (please describe):

In the following 20 questions, you will be asked to describe your pain and how it affects your life. Under each question is a scale to record your answer. Read each question carefully and then circle a number on the scale under that question to indicate how that specific question applies to you.

1. Rate the level of your pain at the present moment.
   0 1 2 3 4 5 6
   No pain  Very intense pain

2. In general, how much does your pain problem interfere with your day to day activities?
   0 1 2 3 4 5 6
# Results

## Part I

- **Interference:** \((\text{Question } 2+3+4+8+9+13+14+17+19)/9\)
- **Support:** \((\text{Question } 5+10+15)/3\)
- **Pain Severity:** \((\text{Question } 1+7+12)/3\)
- **Life-Control:** \((\text{Question } 11+16)/2\)
- **Affective Distress:** \(((6-\text{Question } 6)+18+20)/3\)

## Part II

- **Negative Responses:** \((\text{Question } 1+4+7+10)/4\)
- **Solicitous Responses:** \((\text{Question } 2+5+8+11+13+14)/6\)
- **Distracting Responses:** \((\text{Question } 3+6+9+12)/4\)

## Part III

- **Household Chores:** \((\text{Question } 1+5+9+13+17)/5\)
- **Outdoor Work:** \((\text{Question } 2+6+10+14+18)/5\)
- **Activities Away from Home:** \((\text{Question } 3+7+11+15)/4\)
- **Social Activities:** \((\text{Question } 4+8+12+16)/4\)
- **General Activity:** \((\text{Sum of all questions in Part III})/18\)

<table>
<thead>
<tr>
<th></th>
<th>Household Chores</th>
<th>Outdoor Work</th>
<th>Activity Away</th>
<th>Social</th>
<th>General</th>
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</tbody>
</table>

WHYMPI (Kerns, Turk, and Rudy, 1985)
Current Opioid Misuse Measure (COMM)

The Current Opioid Misuse Measure (COMM)™ is a brief patient self-assessment to monitor chronic pain patients on opioid therapy.

- A quick and easy to administer patient-self assessment
- Completed in less than 10 minutes
- Validated with a group of approximately 500 chronic pain patients on opioid therapy
- The COMM™ is NOT a lie detector. Patients determined to misrepresent themselves will still do so. Other clinical information should be used with COMM™ scores to decide if and when modifications to particular patient’s treatment plan is needed.
- It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.
Please answer each question as honestly as possible. Keep in mind that we are only asking about the past 30 days. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
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</thead>
<tbody>
<tr>
<td>In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)</td>
<td>0</td>
<td>0</td>
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<tr>
<td>In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>In the past 30 days, how often have you taken your medications differently from how they are prescribed?</td>
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<td>0</td>
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<tr>
<td>In the past 30 days, how often have you seriously thought about hurting yourself?</td>
<td>0</td>
<td>0</td>
<td>0</td>
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## Alternative Measures

### Pain interference and function: general

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Disability Index (PDI)</td>
<td>7</td>
</tr>
<tr>
<td>Brief Pain Inventory (BPI)</td>
<td>32</td>
</tr>
<tr>
<td>PROMIS pain interference and pain behaviours item banks</td>
<td>Interference Bank=41; Behaviours Bank=39</td>
</tr>
<tr>
<td>Functional Independence Measure</td>
<td>18</td>
</tr>
</tbody>
</table>

#### Pain disability and interference of pain in functional, family, and social domains

#### Pain intensity and interference of pain with functional activities

#### Pain interference and behaviours related to the impact of pain

#### Physical and cognitive ability, burden of care

### Pain interference and function: disease specific

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Western Ontario MacMaster Osteoarthritis Index (WOMAC)</td>
<td>24</td>
</tr>
<tr>
<td>Fibromyalgia Impact Questionnaire (FIQ)</td>
<td>20</td>
</tr>
<tr>
<td>Roland-Morris Disability Questionnaire (RDQ)</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Pain and function in people with osteoarthritis

#### Health status for people with fibromyalgia

#### Pain and disability for people with back pain

### HRQOL

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Medical Outcomes Study Short Form Health Survey (SF-36)</td>
<td>36</td>
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<tr>
<td>West Haven-Yale Multidimensional Pain Inventory (MPI)</td>
<td>60</td>
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<tr>
<td>EuroQOL (EQ-5D)</td>
<td>5</td>
</tr>
<tr>
<td>Sickness Impact Profile (SIP)</td>
<td>136</td>
</tr>
</tbody>
</table>

#### Mental and physical health

#### Pain severity, interference, mood, activities, sense of control, support, quality of life

#### Health status, pain, and mood

#### Physical and psychosocial dysfunction

### Psychosocial measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beck Depression Inventory (BDI)</td>
<td>21</td>
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<tr>
<td>Profile of Mood States (POMS)</td>
<td>65</td>
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<tr>
<td>Symptom Checklist-90 Revised (SCL-90R)</td>
<td>90</td>
</tr>
<tr>
<td>Pain Catastrophizing Scale (PCS)</td>
<td>13</td>
</tr>
</tbody>
</table>

#### Depressive mood

#### Mood and emotional functioning

#### Multiple domains of psychological functioning

#### Catastrophic thoughts related to pain
Stress Mgmt @ KIC

Because we don’t have to be sick to prioritize feeling well

Thursdays
10:30am

1st floor 2960 Tongass - Cedar room

Open to all KIC members
### Indirect – Behavioral Health

*You may not change others, but you can change you*

#### Diagnostic Overlap
- TSH
- Vitamin D
- Lyme, Mold & other environmental illnesses
- Testosterone, Vitamin B
- PANDAS
- PAWS

#### Medication Effects
- Medical and psychiatric
- Side effects or unwanted- unanticipated effects
- Serious adverse reaction
- Interactions herbal, rx, sunlight
- When to consider changing rx?

#### Referral & f/u
- Cognitive screener – MoCA
- Functioning change
- Headaches
- Arythmia
- MUCH MORE
Indirect patient benefit via Wellness & Diabetes Prevention Program staff

<table>
<thead>
<tr>
<th>Group Process</th>
<th>Impact of Complex &amp; Chronic Traumas</th>
<th>Behavioral Health Disorders</th>
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</thead>
<tbody>
<tr>
<td>Forming</td>
<td>Emotional regulation</td>
<td>Personality disorders</td>
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<tr>
<td>Storming</td>
<td>Cohesive self over time</td>
<td>Depression</td>
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<tr>
<td>Norming</td>
<td>Executive functioning</td>
<td>PTSD</td>
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<tr>
<td>Performing</td>
<td>Relational</td>
<td>Self-harm</td>
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<tr>
<td>Adjourning</td>
<td>Boundaries</td>
<td>Eating disorders</td>
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</table>
Indirect patient benefit via medical staff... and beyond

• Consultation
• Perspective taking
• Suicide Assessment & Prevention Training
• EAP services
• Informal collaboration

• Ongoing education
  • For BH clinicians
  • For Medical staff
  • Throughout agency
  • General Assistance, DV, education, Tribal Council
• Within community
  • Resilience, Paper Tigers, THRIVE summit
• Across disciplines
Summary

• Get out of the office
• Honor the value of your knowledge
• Share widely
• Be creative
• Keep learning