A Partnership to Implement Wellness Coaching in BH Programs: Activating People for Wellness, Recovery & Reduced Health Disparities

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Introductions

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Presentation Overview

• Review health disparities that exist for persons with SMI

• Define and discuss wellness and a wellness lifestyle

• Review model used in Allegheny County to improve wellness for Community Treatment Team members including implementation of Wellness Coaching

• Describe implementation and positive wellness outcomes achieved

• Discussion and questions
Wellness Campaign

• In a 2011 Morbidity and Mortality report, the Centers for Disease Control documented that people with mental health and substance use disorders die decades earlier than the general population.

• SAMHSA started a Wellness Initiative and joined HHS, CDC and CMS in the Million Hearts Campaign

• Goals:
  – Empower Americans to make healthy choices
  – Improve care

• Resulting in Preventing 1 million heart attacks and strokes by 2017
What impacts premature death?

Genetic predisposition  _____%  
Social circumstance  _____%  
Health care  _____%  
Environmental exposure  _____%  
Lifestyle patterns  _____%  

Why focus on health and wellness?

- A large number of adults living with mental and substance use disorders are becoming seriously ill and dying at a premature age, even while under care in the mental health system.
  - They are developing chronic medical diseases that significantly shorten their lives (25 year shorter average lifespan).
  - They have limited access to medical care and undiagnosed /untreated medical conditions that often lead to premature mortality and poor quality of life.
  - Poor health impacts ability to desire, pursue, and obtain valued goals and roles.
Major Challenges

• Major challenges encountered by people with mental health disorders:
  – 31.7% live below the poverty line*
  – 72% are unemployed*
  – 75% smoke cigarettes (23% of general population)*
  – 46% of homeless people have a mental illness
  – 70% have a physical health disorder

Why Wellness Matters

• Risk factors that contribute to the increased risk for cardiovascular and other preventable diseases and/or premature death among people with behavioral health problems include:
  – Tobacco use
  – Poor nutrition, inactivity
  – Diabetes, obesity, asthma, arthritis, and cancer
  – Medication side effects
  – Other substance use – alcohol and drugs
  – Lack of sleep
  – Lack of primary and behavioral health care
  – Isolation and access to support networks
Co-Occurring BHPH Conditions

On average, 75% of people served on the AC CTT teams have co-occurring behavioral and physical health conditions.

<table>
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<th>Year</th>
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<th>2012</th>
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<td>822</td>
<td>844</td>
<td>893</td>
<td>855</td>
<td>862</td>
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<tr>
<td>Number with PH conditions</td>
<td>657</td>
<td>665</td>
<td>671</td>
<td>697</td>
<td>633</td>
<td>618</td>
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<tr>
<td>Percent with PH conditions</td>
<td>84%</td>
<td>81%</td>
<td>80%</td>
<td>78%</td>
<td>74%</td>
<td>72%</td>
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CTT Deaths Over Time

- Average age of death in the general population is 75-80 years old.

- The average age of death is 51 for people being served on Allegheny County CTTs from 2002-2015.

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<td>17.0</td>
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<td>15.0</td>
<td>16.0</td>
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<td>15.0</td>
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<td>Average age</td>
<td>54.9</td>
<td>48.4</td>
<td>53.2</td>
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<td>51.8</td>
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<tr>
<td>Median age</td>
<td>54</td>
<td>49</td>
<td>58</td>
<td>56</td>
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<td>51</td>
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<tr>
<td>Min age</td>
<td>30</td>
<td>25</td>
<td>25</td>
<td>28</td>
<td>24</td>
<td>39</td>
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<tr>
<td>Max age</td>
<td>89</td>
<td>63</td>
<td>80</td>
<td>76</td>
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Our Approach

- Stakeholder participation
- Identified quality teams
- Wellness Coaching training
- Learning Collaborative
- Started with, implemented, and embedded outcomes as part of the process
Eight Dimensions of Wellness

- **Emotional**: Coping effectively with life and creating satisfying relationships.
- **Environmental**: Good health by occupying pleasant, stimulating environments that support well-being.
- **Intellectual**: Recognizing creative abilities and finding ways to expand knowledge and skills.
- **Physical**: Recognizing the need for physical activity, diet, sleep, and nutrition.
- **Occupational**: Personal satisfaction and enrichment derived from one’s work.
- **Financial**: Satisfaction with current and future financial situations.
- **Social**: Developing a sense of connection, belonging, and a well-developed support system.
- **Spiritual**: Expanding our sense of purpose and meaning in life.

What is Wellness?

• ...Dramatically more than non-illness

• “High level wellness” is also the presence of:
  – Purpose in life
  – Active involvement in satisfying work & play
  – Joyful relationships
  – A healthy body and living environment
  – Happiness

Creating a Wellness Lifestyle

• Is the PROCESS of creating and adapting patterns of behavior that lead to improved health in the wellness dimensions.

• A conscious, deliberate process that requires being aware of and making CHOICES for a more satisfying lifestyle.

• Includes a SELF-DEFINED balance of activities in each domain and health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, social contact, and supportive relationships.

• Is self-defined because everyone has individual needs and preferences, and the BALANCE VARIES from person to person.

• Wellness Coaching is a method of helping a person to define and progress toward personal wellness.
A Wellness Coach Is... A Partner

• A person who has had training in helping others make positive changes/build healthy habits and routines through:
  – Helping others identify their strengths
  – Health literacy
  – Effective communication skills
  – Motivating and inspiring
  – Supporting goal setting and achievement

• A Wellness Coach can work with an individual, family, other health care providers & other supports.

• Wellness Coaching emphasizes collaboration and is time limited, with several face-to-face visits, phone calls, and follow-up to support the change.
Communication Skills for Coaching

• Active Listening Skills
  – Listen more than you speak
  – Attend
  – Listen for content, feelings, and meaning
  – Reflective responses
  – Paraphrasing
  – Reflecting feelings
  – Responding to meaning (content + feeling)
What is motivation?

• Building a sense of internal motivation requires:
  – Exploring a person’s reasons for a change, based on his/her own values and interests
  – Resolving any uncertainty or ambivalence
  – Building readiness through...
  – Creating a plan for change

• A Wellness Coach must find out the things that are important to the coachee and what serves as motivation.
Motivation in Action

Not This

This
The Five Steps of Wellness Coaching

• Orienting and establishing readiness
  – Awareness of wellness and the POSSIBILITY of change
  – Roll with resistance and stay engaged
  – Focus on strengths, successes to develop hope and confidence
• Strengths-based assessment
• Goal setting – SMART goals
• Planning and accountability
• Mentoring and support
• Two additional tools
  – Health literacy
  – Personal narrative
Wellness Outcomes

• By December 31, 2014, 80% of CTT consumers will have been engaged in a discussion about wellness planning.
  – Data collected: # of consumers engaged in a discussion about health and wellness by a peer (at least 20%) or other team member trained in Wellness Coaching.

• Of those CTT consumers who have been engaged in a discussion about wellness planning, by December 31, 2014, 80% of them have set a wellness goal.
  – Data collected: # of engaged consumers who set a wellness goal with a peer or other team member trained in Wellness Coaching; selection of one of the eight domains of wellness.
Wellness Outcomes

• By December 31, 2014, for at least 80% of consumers, there is an established connection between the members’ physical health and behavioral health providers as evidenced by a minimum of 2 coordinated face-to-face or non-face-to-face communications (written, telephone, or personal visit).

• Data collected: number of coordinated PH contacts between team and PH provider by written documentation, call, or face-to-face
  – Examples:
    • A CTT nurse calls an individual’s dentist to find out the results of a recent dental exam and schedules a follow-up appointment for the individual to get 3 teeth filled.
    • A CTT staff accompanies an individual to an annual PCP appointment and, after the exam is completed, has the PCP’s RN complete a physical health coordination form documenting the results of the exam to be reviewed by the team Psychiatrist and RN.
    • The CTT psychiatrist initiates a letter of introduction to an individual’s PCP to let the PCP know what psychiatric medications the individual is taking for coordination around the individual’s diabetes.
Wellness Tab Preview

Can toggle outcomes!

Can filter consumer names by various categories!

By December 31, 2015, 80% of CTT consumers will have been engaged in a discussion about wellness planning.

645 people are engaged.
213 Peer Engaged.
555 Team Engaged.

There are 863 people on your caseload.
You are at: 74.7%.* Cumulative
Team Outcomes Results 2015

- Engagement Rate: 82.4%
  - Peer Rate: 212 encounters
  - Team Member Rate: 555 encounters

- Goal Set Rate: 59.2%

- Physical Health Coordination Rate: 72%

*Data as of 1/7/2016.
Sustaining Wellness Initiative

• CTT leadership meetings

• Include in CTT orientation

• Full trainings as needed

• Record, discuss, and modify outcomes

• Technical assistance for teams as requested
CTT Keys to Success

• Identify and train quality team

• Common language

• Tracking system

• Dashboard

• Regular meetings with quality team

• Identify wellness coach for each client

• Plan to engage each client
**CTT Keys to Success**

- Celebrate when goals are created and achieved
- Visuals for staff and clients
- Reviewed caseload of who has and who does not have PCP
- Communication and Medical Appointment Form
- Wellness Champion
Audrey’s Wellness Journey

2008

- 228 lbs.
- Diabetes Type II
- High blood pressure – taking 2 medications
- High cholesterol
- GERD
- No regular exercise

2016

- 175 lbs.
- Discontinuation of high blood pressure and high cholesterol medications
- Reduction of one diabetic medications and elimination of the other
- Discontinuation of GERD medication
- Reduction in antipsychotic medications
- Exercising 5 days/week; 1 day at gym
Questions or Comments?
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