

Interactive Discussion:

Connecting Social Determinants of Health and Solutions to Advance Integration of Behavioral Health, Integrative Health, and Primary Care



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*Director of Vanderbilt Health
Coaching: Practice, Research &
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Alliance to Advance
Comprehensive
Integrative
Pain Management

#AACIPM

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About the Kentuckiana Health Collaborative

- Non-profit purchaser led multi-stakeholder organization
- Serves Kentucky and Kentuckiana Region
- 15 years experience in convening healthcare stakeholders
- Consensus-based decision-making provides buy in for co-opetition

▶ **Build Healthier Communities**

▶ **Improve Healthcare Quality**

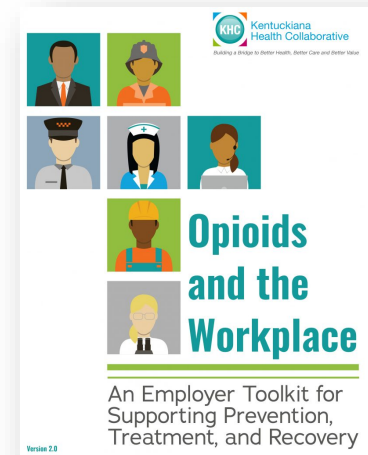
▶ **Make Healthcare More Affordable**

Behavioral Health Initiatives



Education and Collaboration

- **Opioids and the Workplace Employer Toolkit**
 - Resource for employer best practice data analytics, benefit design, and workplace policies for supporting employees impacted by substance use and/or pain
- **Addressing Opioid Misuse and Pain Employer Cohort**
 - Group of 22 employers representing 23% of commercially employed Kentuckians that convened over 6-month period to implement toolkit recommendations and identify successes and challenges
- **Worksite Addiction Group**
 - Multi-stakeholder group convening for 2+ years to share and collaborate on trends, innovations, and challenges



<https://khcollaborative.org/programs/opioids-and-the-workplace/>



Behavioral Health Initiatives

Data and Quality Improvement

- **State and Local Employer Benchmarking Data**
 - Partnership with IBM Watson Health to produce state and national benchmarks for measures in *Opioids and the Workplace* toolkit
- **Community Level Data**
 - Consistent consideration of community, state, and national public health trends
- **Consolidated Measurement Reports**
 - Public reports combine Commercial, Medicaid, and Medicare Advantage data for local and state averages and benchmark scores on the quality-of-care patients receive on a variety of ambulatory care indicators
- **Kentucky Core Healthcare Measures Set (KCHMS)**
 - Consists of 38 primary care measures, intended to align measurement efforts toward shared areas of focus

Behavioral Health

Screening for Clinical Depression and Follow-up Plan
 Tobacco Use: Screening and Cessation Intervention
 Antidepressant Medication Management
 Use of Opioids at High Dosage
 Use of Opioids from Multiple Providers
 Depression Response at Twelve Months - Progress Towards Remission

Kentucky Core Healthcare Measures Set

Preventive Care

Cervical Cancer Screening
 Colorectal Cancer Screening
 Breast Cancer Screening
 BMI Screening and Follow-up
 Influenza Immunization
 Chlamydia Screening in Women
 Documentation of Signed Opioid Treatment Agreement

Behavioral Health

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Pediatric Care

Childhood Immunization
 Adolescent Immunization
 Tobacco Use and Help with Quitting Among Adolescents
 Well-Child Visits
 ADHD Follow-up Care
 Appropriate Testing for Children with

Pharyngitis
 Appropriate Treatment for Children with URI
 Contraceptive Care - Most and Moderately Effective Methods
 Adolescent Well-Care Visits
 Weight Assessment and Counseling for Nutrition and Physical Activity

Chronic and Acute

Comprehensive Diabetes Care: HbA1c Poor Control
 Statin Therapy, Diabetes
 Statin Therapy, CVD
 Controlling High Blood Pressure

Medication Management for People with Asthma
 Medication Reconciliation Post-Discharge
 Diabetes: Nephropathy
 Diabetes: Foot Exam
 Diabetes: Retinal Eye Exam
 Diabetes: Blood Pressure

Cost and Utilization

Use of Imaging Studies for Low Back Pain
 Plan All-Cause Readmissions
 CG-CAHPS

<https://khcollaborative.org/strategies/improve-healthcare-quality/>

Employer Response

**Challenge
Stigma**

**Analyze
Data**

**Ensure Equitable
Outcomes**

**Collaborate with
Healthcare
Partners**

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A photograph of a man and a woman laughing together outdoors. The man, on the left, has a beard and is wearing a dark hat and a dark shirt. The woman, on the right, has long dark hair and is wearing a dark top. They are both smiling broadly and looking towards each other. The background is filled with green leaves and clusters of bright red flowers, possibly hibiscus, under a clear blue sky.

Health Coaching

Ruth Q. Wolever, PhD, NBC-HWC

Professor of Physical Medicine & Rehabilitation, Vanderbilt School of Medicine
Professor of Nursing, Vanderbilt University School of Nursing

Interim Director, Osher Center for Integrative Medicine at Vanderbilt



Heavy use of listening, reflection, affirmation, and insight-provoking questions; path forward is driven by client rather than coach



Use of Visioning & Personal Values to
Elicit Pt-Determined Changes;
Facilitative rather than Directive

Health Education & Psychotherapy
Medical model (disease)
Diagnosable illness in paradigm of pathology
Focus on fixing a problem (motivated by fear)
Professional as expert
“Why” questions with present and past focus
Restore client’s level of functioning

Health Coaching
Learning/development model (health)
Desirable goals & achievement in paradigm of possibility
Focus on optimal performance (by happiness & growth)
Coach as non-judgmental partner/ally of equal stature
“How” questions with present and future focus
Move client to personal fulfillment or optimal performance

Clear and uniform job definition emerged over the past 7 years to:

- ensure appropriate scope of practice
- allow best practices to be defined
- accumulate a rigorous evidence base
- Develop practice guidelines & standards for training and education

Wolever, R.Q., Jordan, M., Lawson, K.L., & Moore, M. (2016). Advancing a new evidence-based professional in health care: Job task analysis for health and wellness coaches. *BMC Health Services Research, 16:* 205. (PubMed #27349746) DOI:10.1186/s12913-016-1465-8



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Definition arose from...

- Systematic Review
- Job Task Analysis
- NBME-led blueprinting based upon JTA but adding with more input from SMEs in training & education



NBHWC Job Task Analysis

- T1 Explain coaching process
- T2 Obtain info, why want coaching
- T3 Determine appropriateness
- T4 Explore motivation & readiness
- T5 Co-create agreement, structure, fees
- T6 Assist in creating ideal vision
- T7 Identify Challenges
- T8 Explore readiness toward vision
- T9 Invite look at patterns limiting beliefs
- T10 Assist in establishing goals
- T11 Work to develop steps
- T12 Explore commitment & accountability
- T13 Assist in evaluating success
- T14 Assist in maintaining progress
- T15 Help client re-assess goals & changes as needed
- T16 Assist client in articulating what was learned
- T17 Develop post-coaching plan
- T18 Lawful practice
- T19 Within scope of practice, professional standards
- T20 Knows ethics
- T21 Engage in lifelong learning, current

National Board Certification in Health & Wellness Coaching

Eligibility

- Completion of an Approved Training Program that evaluated practical skills and covered all tasks of the Job Task Analysis
 - Associates degree or higher
 - Documentation of 50 sessions
 - Exam covers JTA, Health & Wellness, Code of Ethics, HWC Coach Scope of Practice
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- 2017: First exam
 - 2 x yr moving forward



Training & Education Standards

Transition Phase: 2017 –2020

- 30 hours live training in HWC coaching competences
- Practical skills assessment




2.0 Standards

- Announced 2019, and phased in now
- 60 hours training in HWC coaching competencies including 40 live hours and at least 3 mentored coaching sessions
- 15 hours education in healthy lifestyle knowledge
- Training incorporates Practical Skills guidelines developed by NBHWC
- Pass/Fail practical skills assessment



Patient Navigation

- Grew out of critical gaps between suspicious finding and dx & treatment.
- Subsequently, scope of patient navigation has expanded to be applied across the entire health care continuum including prevention, detection, diagnosis, treatment, and survivorship to the end of life.



Common barriers to timely care

- Financial and access barriers, such as no health insurance
- Communication and information barriers
- Medical system barriers
- Fear, distrust, and emotional barriers

Take-Aways for Chronic Pain Patients

- Coaching supports patient activation to enact recommended changes that client/patient chooses
- Empowering, boosts self-confidence, encourages persistence, creates positive atmosphere



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Employee Centric Approach Integration

Reduced/
delayed
access to care



Telemedicine
Tele-rehab

Easier access
to medications
including high-
risk drugs



Rx monitoring
Patient
engagement
Pharmacist
counseling

Psychosocial
pressures



Patient
engagement
Mental/behavioral
health therapies

Comorbid
conditions and
social
determinants of
health put some
patients at higher
risk for sever cases



Education
Return to work
programs
Wellness programs

Social Determinants of Health

- + Ethnicity
- + Household Density
- + Education
- + Income Level

Social determinants of
health have more
impact on health than
clinical interventions ¹

Application

In Workers Compensation and Healthcare



1.

Education

For all employees about the value of demonstrating empathy



3.

Policies

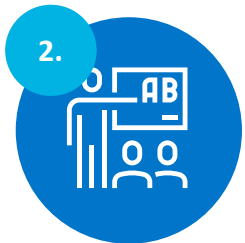
Established, reviewed, and revised with patient as first priority



5.

Partners

Vetted and selected for empathetic values and evidence of patient-centric approach



2.

Culture

Clearly articulated purpose that puts injured works first with example from the top



4.

Processes

All designed with empathetic approach and goal of making things easy for patients



6.

Resources

Share help available, especially during catastrophic events