Overview of New Nursing Roles in Whole Person Care

Session 1
Introductions

Anne Shields, MHA, RN
Associate Director, UW AIMS Center

AIMS CENTER
UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences
Learning Objectives

• RN Primary Care Managers
  – Focus Patient Population: Severe mental illness
  – Typically in Behavioral Health Agencies
• RN Behavioral Health Care Manager
  – Depression and other common BH conditions
  – Typically in primary care
• RN Care Managers in WA Opioid Treatment Networks
• Share information in the group regarding experience, requirements beyond RN licensure, workforce and/or hiring considerations
RN PRIMARY CARE MANAGER
RN Primary Care Manager for SMI Populations

• Example
  – Missouri CMHC healthcare homes
    ACA Section 2703 program

• WA State innovations and developing programs
HCH Eligibility Criteria:

• Serious and persistent mental illness/severe emotional disturbance or

• Mental health condition and a substance use disorder, or

• Mental health condition or a substance use disorder, and one of the following:
  
  Diabetes, COPD/Asthma, cardiovascular disease, developmental disability, BMI>25, tobacco use
In addition to CMHC psychiatrist, case worker, and PCP

HCH staffing and coverage requirements:
  – HCH directors - 1:500 enrollees
  – RN care manage - 1:250 enrollees
    • RN or LPN
  – PCP consultant - 1 hour per enrollee per year
    • Physician or APN
  – HCH care coordinator - 1:500 enrollees
    • Admin, coordination, enrollee tracking
Patient Outcomes?

Over 21,000 enrollees in first three years

- Hospitalizations reduced 9%
- Estimated savings $31M
- Significant improvements in diabetes measures, BP control, lipids, other medical conditions

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RN BEHAVIORAL HEALTH CARE MANAGER
Billing Opportunities for RN Behavioral Health Care Manager

Nursing licensure now approved to bill for:

• Medicare Collaborative Care (CoCM)
  As of January 1, 2017

• WA Medicaid Collaborative Care (CoCM)
  As of January 1, 2018

More to follow later today
• Active treatment role in depression, anxiety, other BH conditions frequently seen in primary care

• Role may also include managing medical co-morbidities such diabetes and heart conditions managed in primary care
Components of Collaborative Care

- Care coordination and care management
- Proactive monitoring & treatment to target
- Regular, Systematic Psychiatric Caseload Review

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Nurses already widely used in this CoCM role

- Providence NW and SW regions
- Swedish Medical Group
- PolyClinic
- Kaiser Permanente
RN CARE MANAGER IN WA STATE
OPIOID TREATMENT NETWORKS
Medication Treatment Models for Opioid Use Disorder (OUD)

- Office-Based Opioid Treatment (OBOT) Collaborative Care Model (Massachusetts)
- Collaborative Care for Opioid Alcohol Use Disorder
- Hub & Spokes Model (Vermont)

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Regional Hub

• Serves a defined geographic area

• Responsible for assuring that at least 2 approved Medication Assisted Treatments (MAT) for OUD available on-site

• Primary focus on MAT induction and stabilization

• Primary care including CHCs and RHCs, opioid treatment programs, BH providers with existing MAT capabilities
Spoke Network

- Consists of a broad array of providers including primary care sites, BH providers, jails, homeless services, syringe exchange programs, tribal health services and faith communities
- Must be “willing and able to embrace Medication Assisted Treatments (MAT)”
- May provide MAT services
- Spoke care navigators conduct screenings, provide patient outreach and education, may assist with patient monitoring, social services
Hub and Spoke Opioid Treatment Networks
Massachusetts Collaborative Care Model

- RN care manager in central coordinating role
- Integrates addictions med & primary care
- Office-based, multidisciplinary team approach
- Core strategy at Massachusetts FQHCs
  - RN care managers work with caseloads of up to 100 patients in office-based Buprenorphine treatment
- Core strategy at Harborview Medical Center Adult Med, which also serves as a “Hub”
- Pediatric OUD treatment available at HMC in January 2018

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OUD Collaborative Care Approach

- MAT Prescriber
- Patient
- RN Care Manager
- Addictions Med and Psych Consultants
- Navigator

New Roles

Core Program

Additional Clinic Resources

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MASSACHUSETTS COLLABORATIVE CARE MODEL

**Assessment**
- Program Manager: Initial Screening
- Nurse Care Manager: NCM Assessment
- Provider: Chart Review, Physical Exam, Dx & Treatment Decision

**Induction & Stabilization**
- Provider: Prescription
- Nurse Care Manager: Buprenorphine Induction Per Protocol, Patient Support & Titration

**Maintenance**
- Nurse Care Manager: Stabilization Monitoring
- Provider: Maintenance & Follow-up

**Goal:** increase access to OUD Tx by providing clinical support in an clinically effective & cost-effective manner

Alford et al, 2011; LaBelle et al 2016

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Low Barrier OUD Treatment Strategies

“Treatment on Demand”

“Low Barrier” Treatment

• Offer immediate induction into Buprenorphine treatment for OUD-affected individuals

• Offer access to Buprenorphine induction without requiring conventional BH treatment strategies such as abstinence or counseling
  – Successful pilot sites in King County
Thoughts or experience on staffing strategies for OUD treatment?

Questions or reactions to treatment on demand?
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