Harnessing Technology to Advance Wellness and Improve our Outcomes:

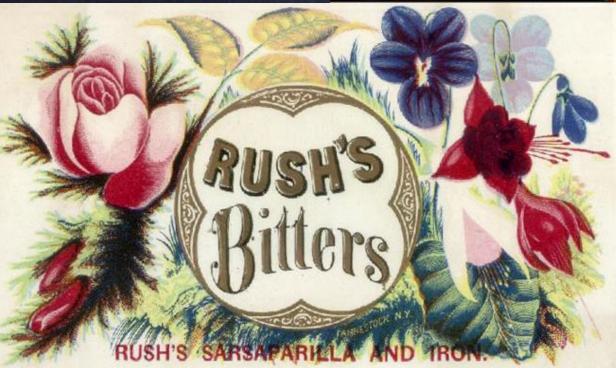
The College for Behavioral Health Leadership's - Healthy Behaviors E-Guide

Allen S. Daniels, Ed.D. April, 2016

A Brief History of the American Health Care System's Approach to Wellness

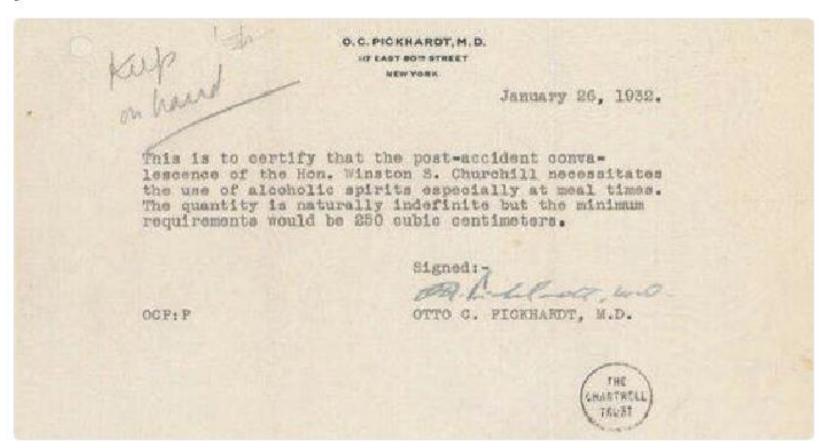








A note from Winston Churchill's doctor for alcohol during his trip to America during prohibition, 1932.



According to repeated nationwide surveys,

More Doctors Smoke CAMELS than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel! You'll enjoy Camels for the same reasons so many doctors enjoy them. Camels have cool, cool mildness, pack after pack, and a flavor unmatched by any other cigarette.

Make this sensible test: Senoke only Camels for 30 days and see how well Camels please your taste, how well they suit your threat as your steady smoke. You'll see how enjoyable a cigarette can be!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!



General. They agree with my shrous and toos wonderful?"



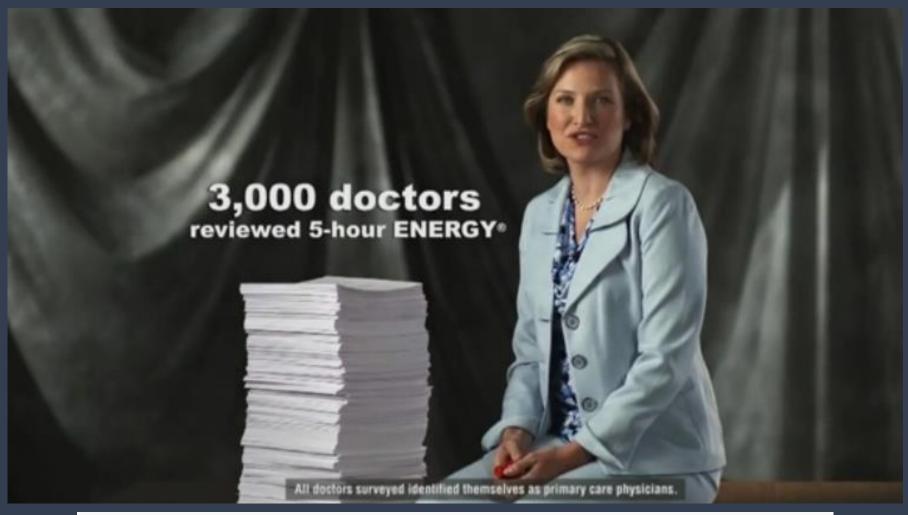
pleasure from Camela that from any other brand?



not my rang and shout I've moded 'en for years'



For 30 days, test Camels in your "T-Zone" ("TforThroat, "TforTaste).



Recently, 3,000 doctors reviewed the product, and 73% of them would recommend a low-calorie supplement to their healthy patients. With only 4 calories, 5 Hour Energy is a great way to find a boost without repercussions. Is it right for you? Ask your doctor. They already asked 3,000.

Healthy Behavior Change



the E-Guide Road Map

It Begins with You









health literacy is the first step

get engaged and activated

explore motivation and readiness

recovery & resilience is shared

It Takes a Village







look at the social determinants of health

acknowledge the role of peers, family & community

think workplace about

Supporting Technologies







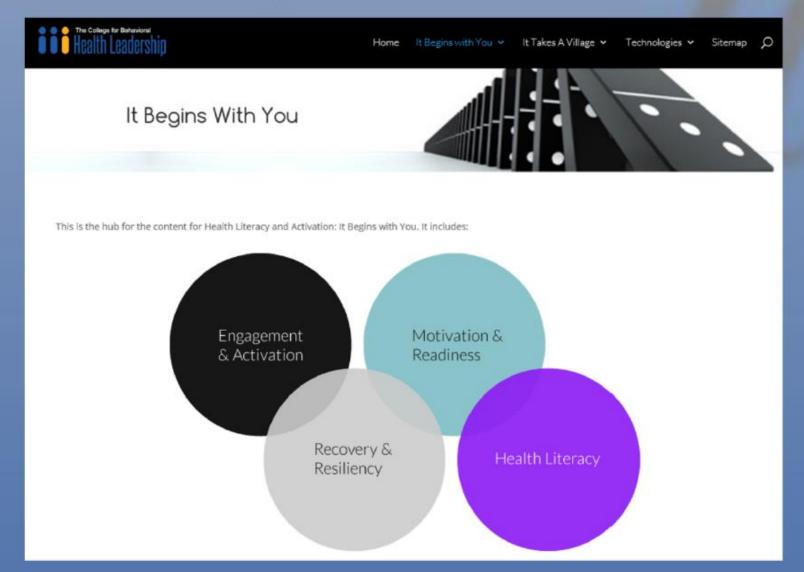
E-health and Health Metrics have a growing role in support

we all need systems that are trauma informed

put it all together and combine concepts to explore the base of healthy

Check it Out! change4health.org

It Begins with You

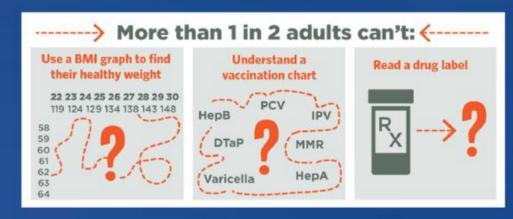






3 Types of Health Literacy

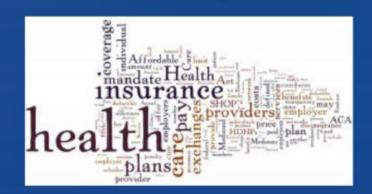
General Health Literacy



Behavioral Health Literacy



Insurance Health Literacy



It Begins with You

Patient Engagement



The College for Behavioral Health Leadership

PATIENT AND FAMILY PREPARATION



CLINICIAN AND LEADERSHIP PREPARATION



CARE AND SYSTEM REDESIGN



ORGANIZATIONAL PARTNERSHIP



MEASUREMENT AND RESEARCH



TRANSPARENCY AND ACCOUNTABILITY



LEGISLATION AND REGULATION



PARTNERSHIP IN PUBLIC POLICY

PRIORITY

Engagement and Activation

Level 1

Disengaged and overwhelmed

Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."

Level 2

Becoming aware, but still struggling

Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."

Level 3

Taking action

Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."

Level 4

Maintaining behaviors and pushing further

Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

Increasing Level of Activation

02016 Insignia Health. Patient Activation Measure* (PAM*) Survey Levels. All rights reserved.

It Begins With You



Motivation

Readiness for Change

Motivational interviewing: an example

Imagine you are about to sit down with a patient who smokes and suffers from chronic conditions such as hypertension or diabetes. How would you approach the conversation?

Express empathy

"So what I hear you saying is that you are tired of being lectured about smoking. Tell me more about why you feel this way."

Develop discrepancy

"What are your goals for the future? How do you see smoking fitting in with your aspirations?

Avoid arguments

"The single best thing you can do for your health is to quit smoking, and I'm here to help

you when you're ready."

4 Roll along when resistance comes
*It sounds like you have thought of a lot of possible stumbling blocks to cutting back your smolding. What could be some of the possible solutions?

5 Support self-reliance

"I'm really impressed that you are thinking about cutting back on smoking. I want you to know that I believe you can do it. Let's plan to meet in a month to see how things are going.*

Source Miller WR, Rollinds S. "Motivational Interviewing: Preparing Fleople to Change Addictive Behavior."

It Begins with You

Recovery & Resilience

The College for Behavioral
Health Leadership

Recovery and Resilience

Five Stages in the Recovery Process

Impact	Life	Change	Commitment	Actions
of	is	is	to	for
Illness	Limited	Possible	Change	Change
The person is overwhelme d by the disabling power of the illness. The role of services is to decrease the emotional distress by reducing the symptoms.	The person has given into the disabling power of the illness. The role of services is to instill hope, a sense of possibility, and to rebuild a positive self-image.	The person is questioning the disabling power of the illness. The role of services is to empower the person to participate in his/her recovery by beginning to take small steps,	The person is challenging the disabling power of the illness. The role of services is to help the person identify his/her strengths and needs in terms of skills, resources and supports.	The person is moving beyond the disabling power of the illness. The role of services is to help the person use his/her strengths and to get the necessary skills, resources and supports.

Protective Factors	Risk Factors			
Individual Factors				
A feeling of control over one's life A sense of cohesion with others Close relationships with competent adults Connections to prosocial organizations Tolerance for delayed gratification A sense of humor	Little sense of control over one's life Poor self-control Negative emotionality A need for immediate gratification			
Family	Factors			
Good parenting skills Trusting relationships Well-defined family roles and responsibilities Opportunities to learn to deal with criticism, rejection and silence	 Parental and sibling drug use Poor child rearing and socialization practices Ineffective parental supervision Family conflict and marital discord Domestic violence, abuse and neglect 			
Community Factors				
Participation in school, work and community with a sense of belonging and contributing A social network of peers An opportunity to learn to handle challenges	Limited resources Low socioeconomic status Communities that lack the ability or resources to reach out to those in need of assistance			

It Takes a Village



The College for Behavioral
Health Leadership

Social Determinants of Health



Workplace

Peer, Family and Community

Village





It Takes a Village

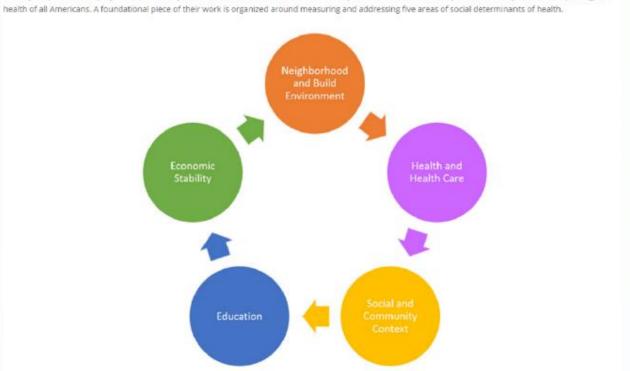
Social Determinants of Health



Social Determinants of Health

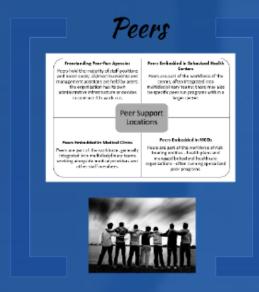
Healthy People 2020 Framework

Healthy People 2020 is a project of the U.S. Department of Health and Human Services that provides science-based, 10-year national objectives for improving the

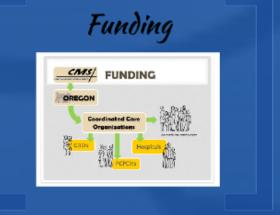


Peers, Family, and Community Supports







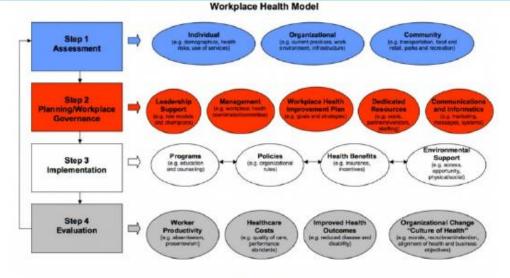




Home It Begins with You ▼ It Takes A Village ▼ Technologies ▼ Sitemap Q

It Takes a Village Workplace Health Workplace Health





GE's Health by Numbers program focuses on controllable health factors

NBGH Purchaser's Guide conditions/factors archressed Obesity, Diabetes, Healthy Diet, Tobacco Use, Heart Disease, Stress

GE's program: Health by Numbers 0 5 10 25

· Targets the most critical and controllable factors that affect a person's overall health and well-being:

· Engage employees to achieve and maintain optimal health

Contextual Factors

(e.g. company size, company sector, capacity, geography)

orkplace Health Promotion, Workplace Health Model.



Let's take a dip into consumer E-Health & Health Metrics



Consumer E- Health and Health Metrics

HealthAffairs

A National Action Plan To Support Consumer Engagement Via E-Health

New Era Of Patient Engagement



A New Generation of Health Metrics

Tomorrow's Metrics

- · Health Outcomes
 - · Morbidity
 - · Mortality
- - · Poverty Levels





health outcomes parients..." Michael Forter

ONC Framework-5 Components of E-Health

- · Peer-to-peer online support groups/health-related virtual communities
- · Self-management/selfmonitoring
- · Decision aids that facilitate personal decision-making
- · Internet use to acquire health





Connect with people like you Share your repetitancy, gine and get support to improve your life and the lives of others.

A New Generation of Health Metrics

Yesterday's Metrics

- -What did I do?
- -How well did I do it?



Process Measures: Copture the overall status of each process area contained in your PWIS.

Seb Proceso: Measures: Capture openial performance customers for each performance lask in your PWS.

ONC Framework-5 Components of E-Health

- Peer-to-peer online support groups/health-related virtual communities
- Self-management/selfmonitoring
- Decision aids that facilitate personal decision-making
- Personal health records
- Internet use to acquire health information







Connect with people like you

Share your experience, give and get support to improve your life and the lives of others

A New Generation of Health Metrics

Tomorrow's Metrics

- Health Outcomes
 - Morbidity
 - Mortality
 - Quality of Life



- Poverty Levels
- High School
 Graduation Rates
- Availability of Healthy Food





"Value is
defined as the
health outcomes
achieved that
matter to
patients..."
Michael Porter

E-Health Tools - Wearables

- Activity Levels
- · Calories Burned
- Sleep Patterns
- Heart Rate







Frameworks

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles, identified by SAMHSA, may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- 1. Safety
- 2. Trustworthiness and Transparency
- Peer support
- 4. Collaboration and mutuality
- 5. Empowerment, voice and choice
- 6. Cultural, Historical, and Gender Issues

Adverse Childhood Experiences

One of the largest investigations examines the connections between childhood maltreatment or traumatic experience and the impacts on health and wellness later in life.

The following video captures the essence of this important concept and the related work:





Person-Centered Models of Integrated Healthcare that Harness Technology to Support Recovery and Promote Resiliency









Electronic Health Records and Behavioral Health

Virna Little PsyD, LCSW-r, MBA, SAP, CCM

The Institute for Family Health

- Large FQHC network
- Primary care, behavioral health, dental and community programs
- 100,000 patients with over 500,000 visits
- Rural and urban centers



Our Service Area



Behavioral Health and EMR

- EMR implementation in 2002
- All behavioral health and community programs on EMR since implementation



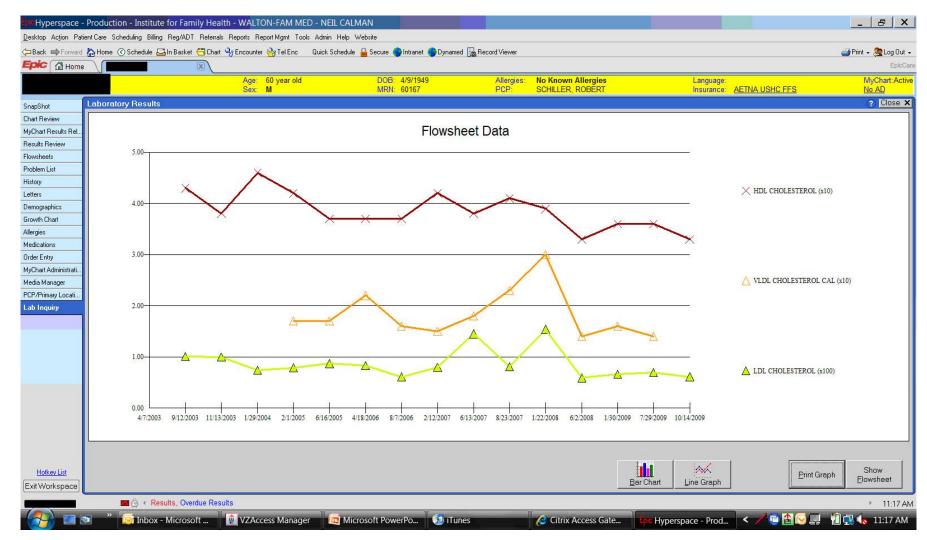
Collaborative Documentation

- Helping consumers embrace use of computer and technology in session
- Changing room set up
- Using tools and graphs in session
- Quoting patients

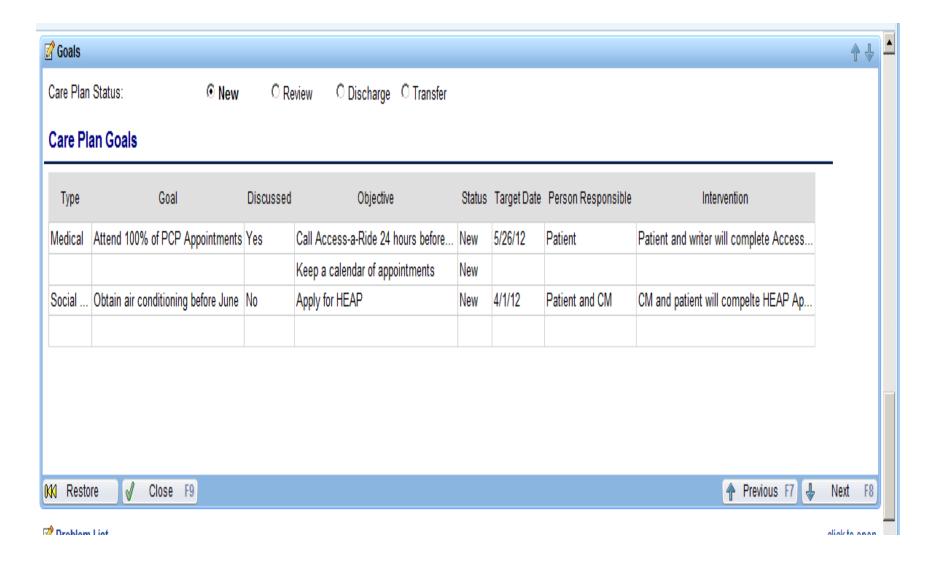




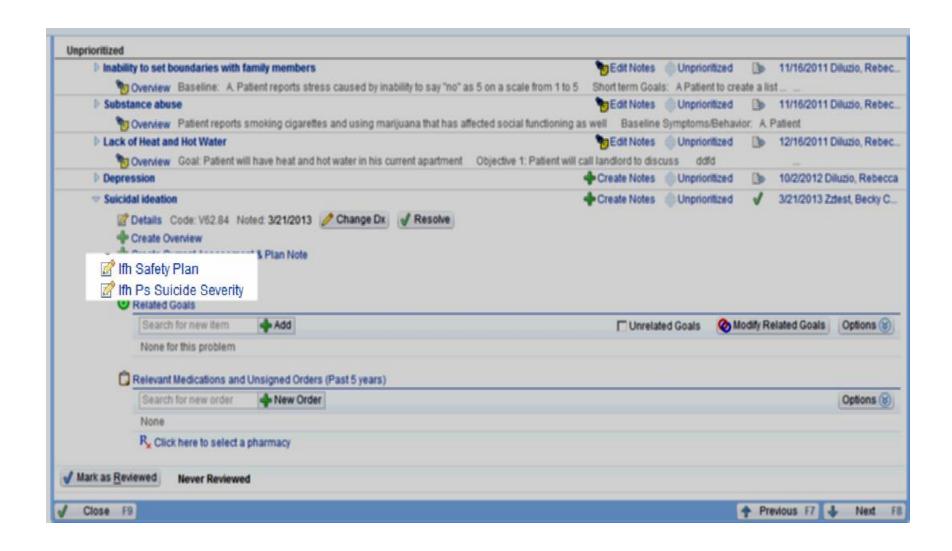
Review progress with patients



Shared Care Plan



Safety Planning



Technology Creates New Opportunities

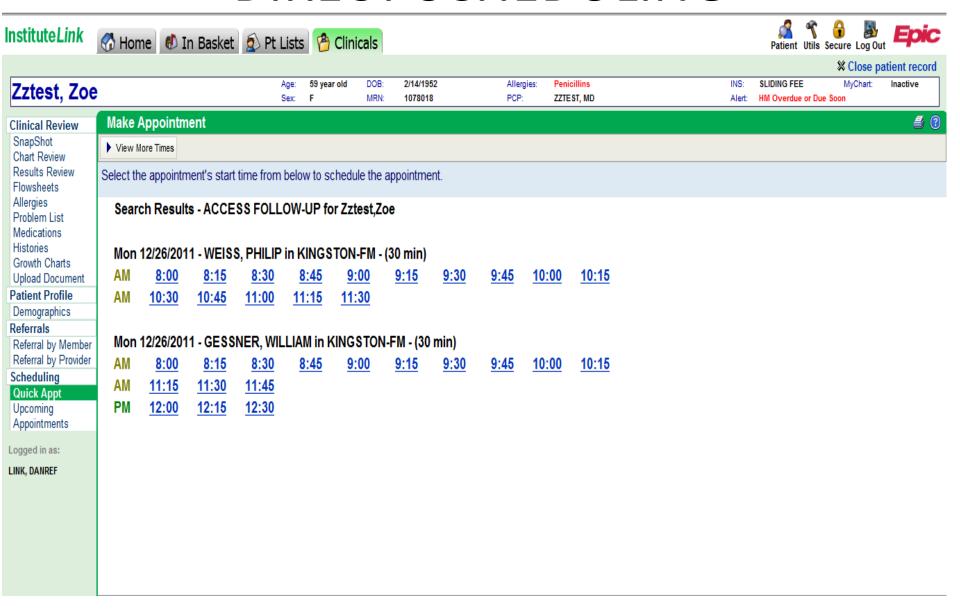
- Patient engagement
- Care Networks
- Continuity
- Longitudinal Care Planning

It Takes a Village.....

- Community or physician portal
- Ability to improve intake and expedite referral services
- Ability to get information on patients
- In an emergency
- Longitudinal care planning
- Continuity
- Real time provider communication
- Agencies no longer keeping health records



DIRECT SCHEDULING















X Close patient record

am

М Sex:

58 year old DOB: MBN: 1/27/1954 1251120

Allergies: PCP:

No Active Allergies LURIO, JOSEPH

Alert:

CAP GRANT

MyChart: Active

Patient SnapShot



Patient Care Coordination Note 5

Lurio, Joseph Thu Feb 2, 2012 3:47 PM

Mr ZZTest is scheduled to see HIV specialist Monday Feb 6 at 9AM and then report to DSS for face to face that afternoon at 1:30 PM

Ohronic

Ambulette arranged by worker to pick patient up at home at 7:30 am.



Adam Zztest

58 year old male

16 e 16th

NEW YORK NY 10003

212-206-5223 (H)

347-123-4567 (M)

Problem List 5

Comm Pref:





URINARY FREQUENCY

DIABETES MELLITUS TYPE II UNCONTR UNCOMPL

ABUSE NOS

RHEUMATOID ARTHRITIS

INSOMNIA NOS

HYPERLIPIDEMIA NEC/NOS

HYPERTENSION NOS

WHOD DEDD DIOODDED DECUDE EDIOODE OF WWO

🦄 Allergies 🧦

No Active Allergies

Last Reviewed by Zztest, Md on 1/19/2011 at 12:00 PM

Medications 5

Zolpidem Tartrate 10 MG OR TABS

PLAN B 0.75 MG OR TABS

DIOVAN 160 MG OR TABS

CHLORTHALIDONE 25 MG OR TABS

IBU 600 MG OR TABS

CARIMUNE NF 6 GM IV SOLR

CLOZARIL 25 MG OR TABS

CLOZARIL 25 MG OR TABS

LIPITOR 20 MG OR TABS

TAMIFLU 75 MG OR CAPS

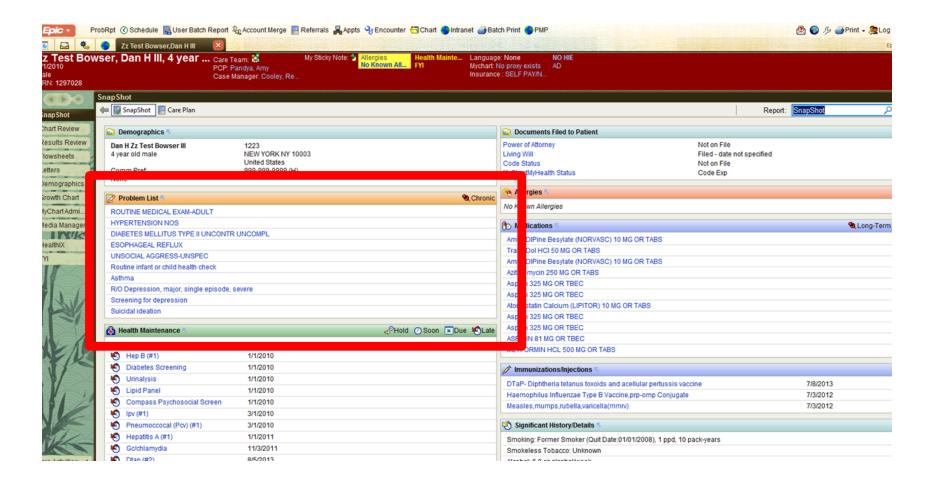
METFORMIN HCL 500 MG OR TABS

LIPITOR 10 MG OR TABS

DEXTROSE 5 % IV SOLN

LIPITOR 40 MG OR TABS

ASPIRIN 325 MG OR TBEC



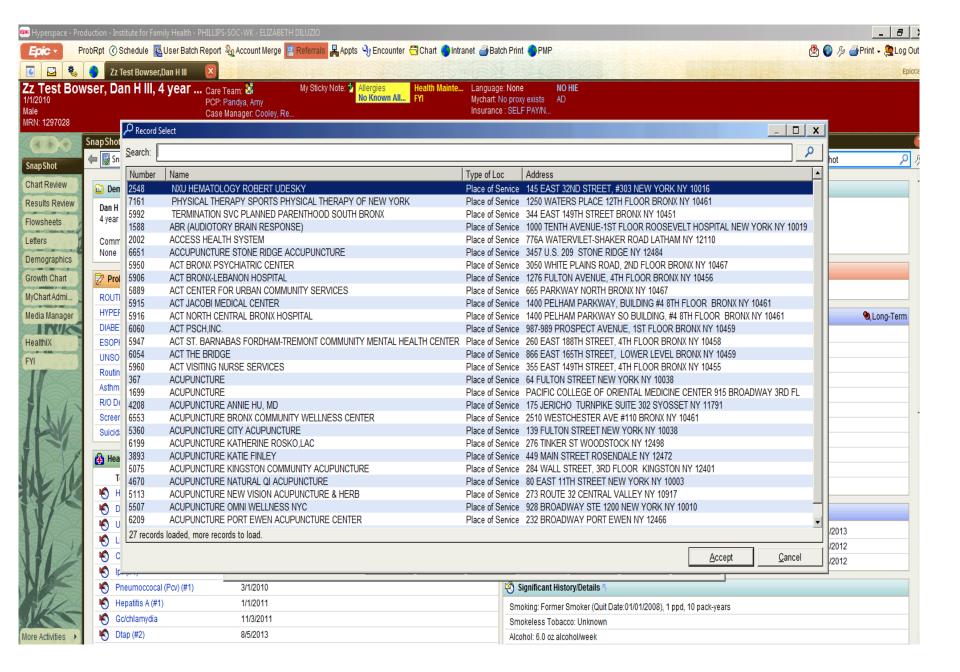
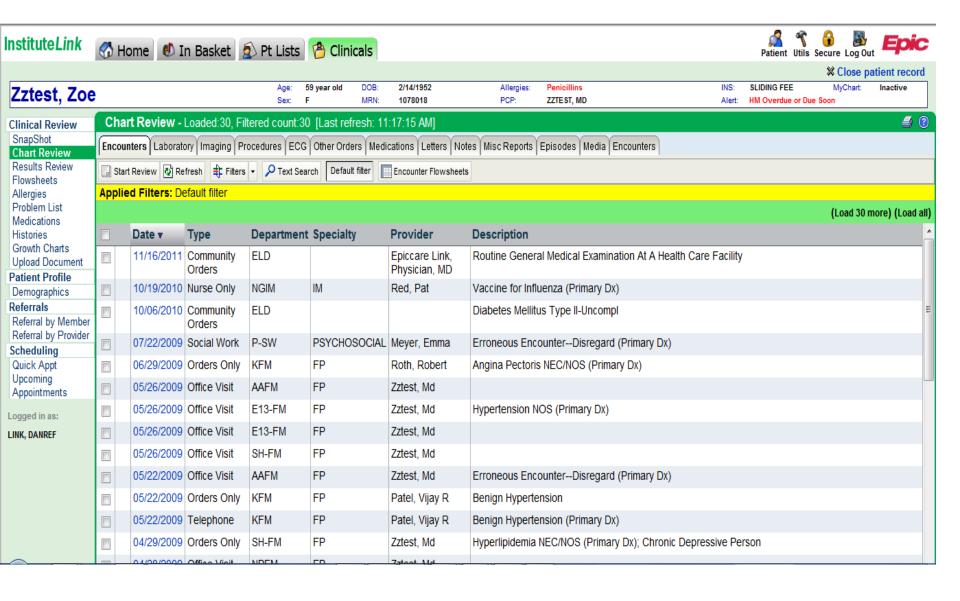


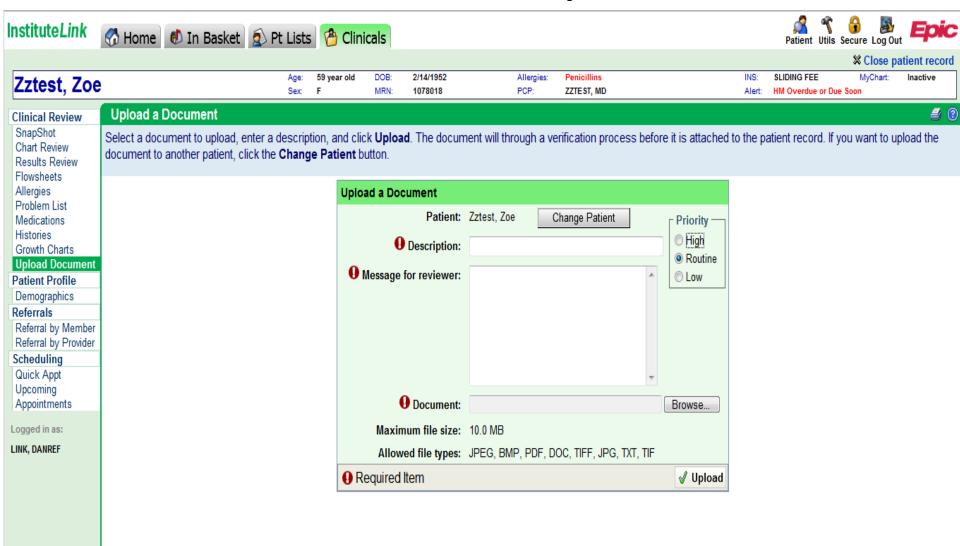
Chart Review



MEDICATIONS (Current/Past)



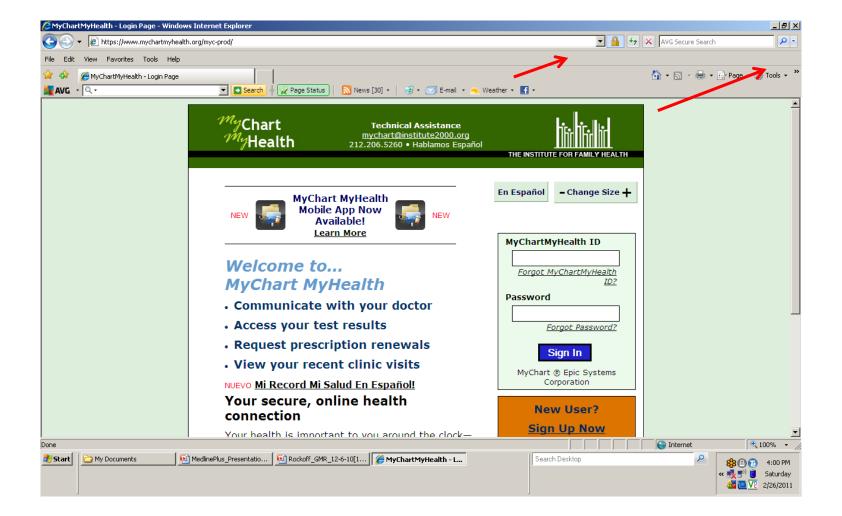
Document Upload





Patient Portal Classes





My Visit at the Institute for Family Health Description: 60 year old male **Brook Zzacme** 6/21/2010 Office Visit Provider: SARAH NOSAL,MD Department: Urban-Fam Med My Regular Medical Provider Your primary care clinician is listed as ANDREW GABLER, MD. If you have any questions after today's visit, please call 718-293-3900. My Reason(s) for Today's Visit **Diabetes** Refill Follow-up My Vital Signs Pulse Temperature Height BMI Weight **Blood Pressure** 98.6 °F 5' 2" 254 lb 46.45 (kg/m sq) 150/79 My Problems At This Visit and Problems Related to My Medications DIABETES MELLITUS TYPE II UNCONTR UNCOMPL [250.02] **HYPERLIPIDEMIA NEC/NOS** [272.4] HYPER' **EXTRIN** HYPOT My Medic You have a diagnosis of DIABETES. SYNTH **METFO** Here are your personal treatment goals: LISINO Stop Takir **METOP** This Is a F High A1C (average sugar level). Your goal is less than 7%. **METFO METOP** LISINO We Performed the Following NCQA PROVIDER ASSESSMENT COMPLETED [99999.515 CPT(R)] TSH, HIGH SENSITIVITY (SERUM) [84443 CPT(R)] ALT (SGPT) [84460 CPT(R)] CREATININE (BLOOD) [82565 CPT(R)] LIPID PANEL [80061 CPT(R)] HGA1C (HGB GLYCOSYLATED) [83036 CPT(R)]

We Performed the Following

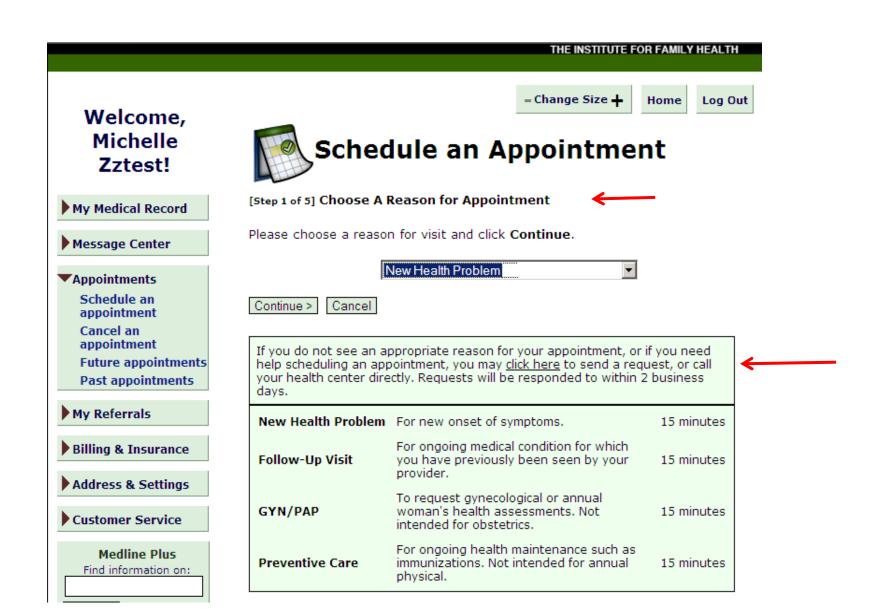
NCQA PROVIDER ASSESSMENT COMPLETED [99999.515 CPT(R)]
TSH, HIGH SENSITIVITY (SERUM) [84443 CPT(R)]
ALT (SGPT) [84460 CPT(R)]
CREATININE (BLOOD) [82565 CPT(R)]
LIPID PANEL [80061 CPT(R)]
HGA1C (HGB GLYCOSYLATED) [83036 CPT(R)]
RANDOM GLUCOSE IN HOUSE [82947 CPT(R)]

My Goals And Plans

You have a diagnosis of DIABETES. Here are your personal treatment goals:

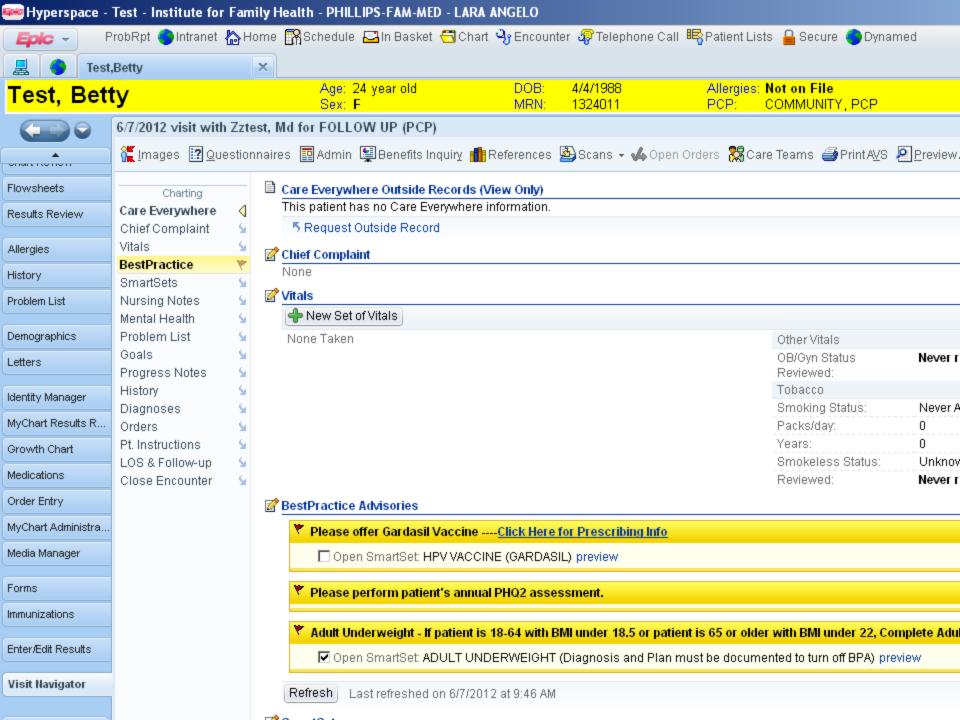
HgbA1C (average sugar level): Your goal is less than 7 %
- Your last results are:
Lab Results
Component Value Date
HGBA1C 8.3* 6/21/2010

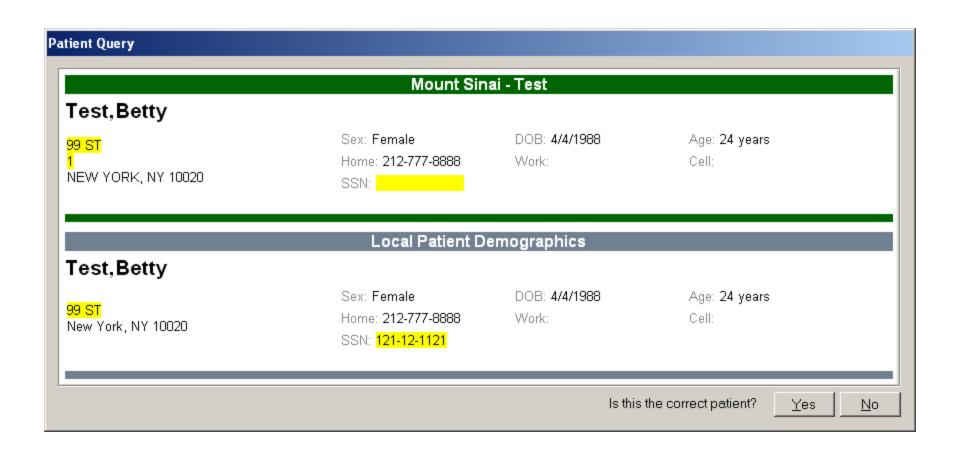
LDL (bad cholesterol): Your goal is less than 70



"Care Everywhere"

- National and International
- Shared records for those with the same electronic records
- Helpful for patients traveling or relocating, patients who are transient
- Mental health information included





Questions??? Vlittle@institute.org

