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Prevention Works



Treatment is Effective



People Recover

Shared Decision Making: Changing the Conversation

with

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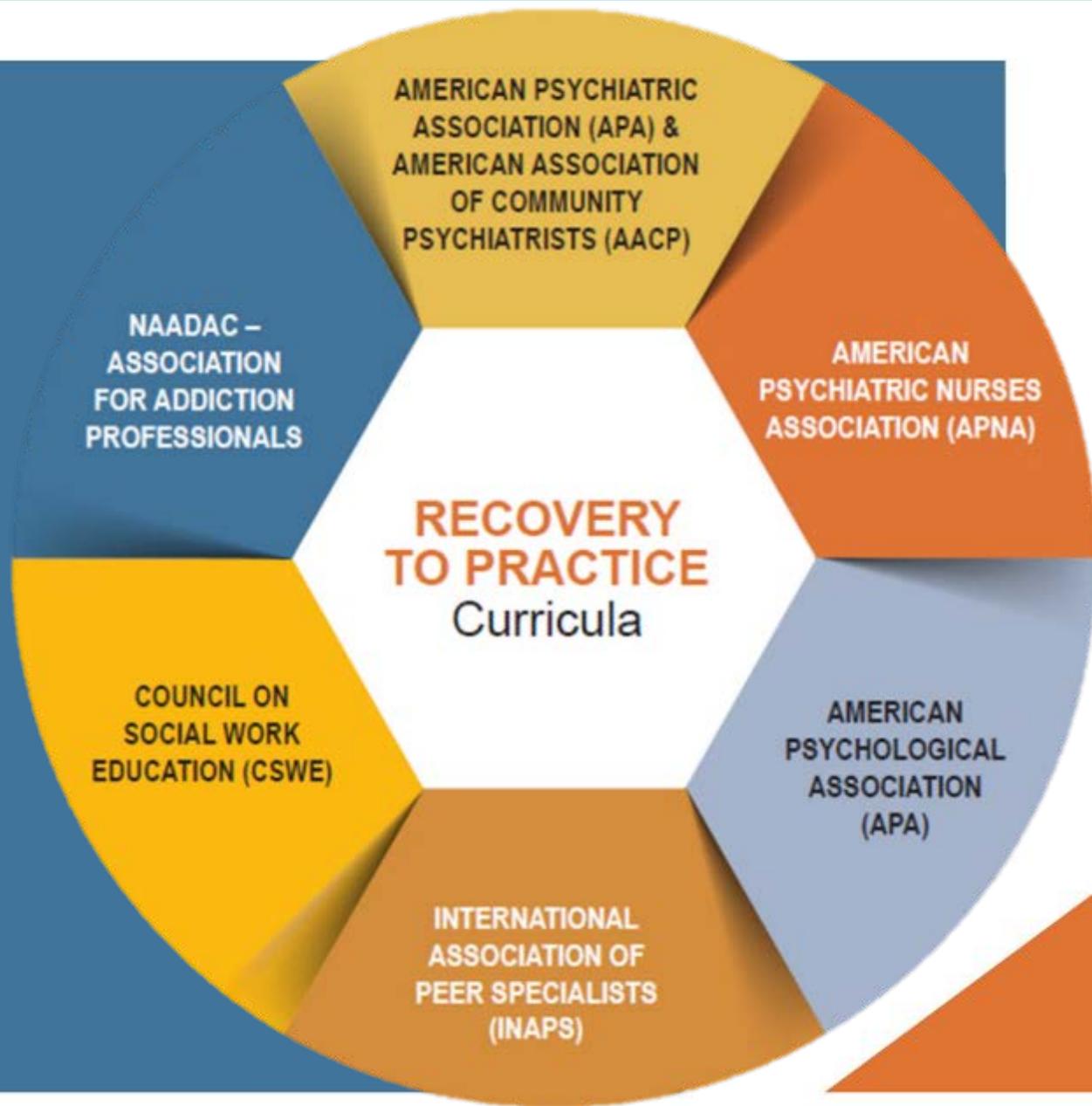
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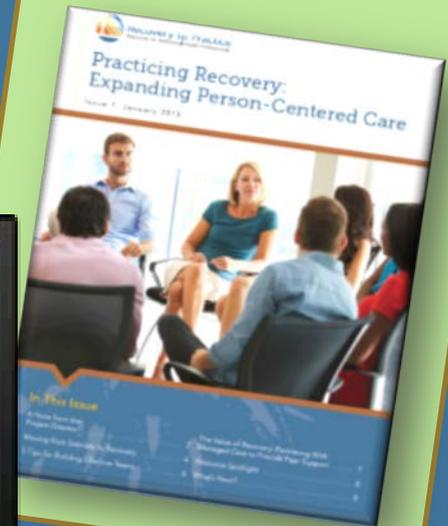
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Shared Decision Making: Changing the Conversation



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Overview of Shared Decision Making (SDM)



What is Shared Decision Making?

An integrative process between individuals using services and their clinicians that:

Engages the individual in decision making
to the extent that the person desires;

Provides the individual with current and unbiased information
about alternative treatments; and

Facilitates the incorporation of individual preferences and values into the treatment or service plan.

(adapted from Charles, 1997)

POLL



The DECISIONS Study

Nationally
representative
survey



People who discussed one of 10 common medical decisions with their providers. For example:

- Cancer screening
- Elective surgery
- Medications for chronic illnesses

More than 3000 patients enrolled

DECISIONS Survey Results

More than 90% reported that pros of decisions were discussed.

Less than 50% reported that cons of decisions were discussed.

Exceptions were back (80%) and hip/knee (60%) surgery.

Patient preferences elicited less than half the time for most decisions.

Providers expressed opinion more than $\frac{3}{4}$ of the time for all decisions.

Can Physicians Diagnose Individuals Preferences?

Goal	Patient	Provider	P Value
Keep your breast?	7%	71%	<0.01
Live as long as possible?	59%	96%	=0.01
Look natural without clothes?	33%	80%	=0.05
Avoid using prostheses?	33%	0%	<0.01

Sepucha et al, Patient Education and Counseling, 2008, Vol. 73, pages 504-510

Common Obstacles to SDM

Focus groups with 48 patients showed that:

- Even relatively affluent and well-educated people feel compelled to defer to physicians during clinical consultations.
- Physicians can be authoritarian.
- The fear of being categorized as “difficult” prevents people from participating more fully in their own health care.

(Frosch et al, *Health Affairs*, 2012)

What Is a Decision Aid?

Decision Aids (DA's) are paper/pencil, video, or electronic tools that help people become involved in decision making by:

- Making explicit the decision that needs to be made,
- Providing information about the options and outcomes, and
- Clarifying personal values.

They are designed to **complement, rather than replace,** counseling from a healthcare practitioner.

Sources of Decision Aids

International Patient Decision Aid Standards (IPDAS) is a directory of decision aids:

<https://decisionaid.ohri.ca/AZinvent.php>

Four of the five largest developers of DA's make their tools available without charge:

Agency for Healthcare Research and Quality (52 DA's)

Mayo Clinic (15 DA's)

Option Grid Collaborative (30 DA's)

Ottawa Patient Decision Aids Research Group (19 DA's)

SAMHSA is developing no-cost decision support resources in the areas of antipsychotic medications, medication assisted treatment for opioid addiction, psychotropic medications for children and youth.

Agency for Healthcare Research and Quality



Weight Change

Some people may experience weight gain or weight loss likely to occur over six to twelve weeks on your actual weight. The chart is for a 150 lb person.

Weight loss
(1 to 5 lbs)



Stopping Approach

Quitting your medicine all at once can make you feel sick, as if you had the flu (e.g., dizziness, light-headedness, nausea or vomiting).



Sleep

Some people may experience changes in sleep because of their antidepressant.



Cost

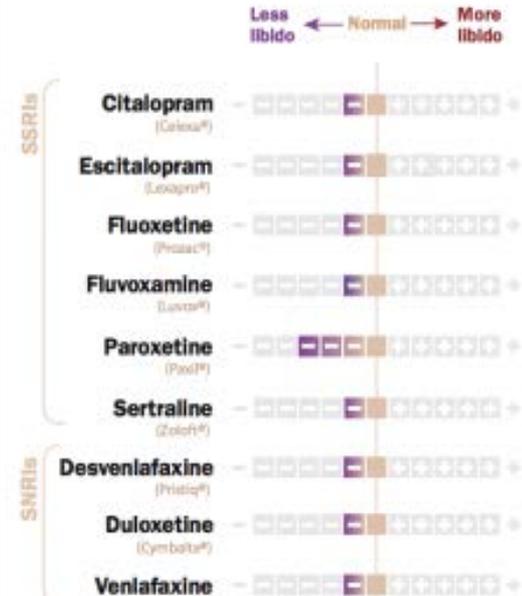
These figures are estimates and are for comparison reference only. Actual out-of-pocket costs vary by pharmacy, insurance plan coverage, preparation and dosage.



MAYO Clinic

Sexual Issues

Some people may experience loss of sexual desire (libido) or loss of ability to reach orgasm because of their antidepressant.



Risk for weight gain and diabetes

Medications for thought disorder can cause:

- Weight gain
- Increased blood sugar
- Increased cholesterol (fats in the blood) & blood pressure

Which can lead to:

- Diabetes
- Heart disease

How can I prevent this?

- ⇒ Eat a diet low in fat & sugar
- ⇒ Exercise at least 30 minutes a day, 5 times per week
- ⇒ Have labs done on a regular basis to monitor your blood sugars and fats
- ⇒ If your levels become too high, or if you gain too much weight, your prescriber can change your medication



Allegheny County Behavioral Health Care Services - Office of the Medical Director, Pharmacy Department
Created by: Dr. Wang, 2009, 2010
Revised by: Dr. Wang, 2009, 2010, 2011, 2012

Side Effects

clozapine (Clozaril®) & olanzapine (Zyprexa®)

- Weight gain
- Increased appetite
- Increased fats & sugars in the blood
- Agranulocytosis (with clozapine) - a rare, but dangerous decrease in white blood cells that can lead to deadly infections. There are important blood monitors to prevent these side effects

aripiprazole (Abilify®)

- Up to 15% of clients reported restlessness (inability to sit still)
- Headache, anxiety, and upset stomach are commonly reported

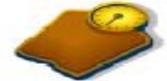


Allegheny County Behavioral Health Care Services - Office of the Medical Director, Pharmacy Department
Created by: Dr. Wang, 2009, 2010
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Side Effects

asenapine (Saphris®)

- Insomnia (difficulty sleeping or staying asleep) or sleepiness
- Numbness in the mouth after dissolving the disintegrating tablet under the tongue
- Headache, restlessness, weight gain, and increased cholesterol



quetiapine (Serenoia®)

- Dizziness, drowsiness, dry mouth, and constipation are the most common side effects
- Mild weight gain (in about 20% of clients)
- Moderate weight gain (in about 10% of clients)
- Increased appetite
- Increased fats and sugars in the blood

Allegheny County Behavioral Health Care Services - Office of the Medical Director, Pharmacy Department
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Muscle stiffness, spasms, shakiness, abnormal movements

Medications for thought disorder can cause:

- Tremors, muscle rigidity, & shuffling walk
- Restlessness, where it is almost impossible to sit still
- Abnormal movements that you cannot control (such as tongue thrusting, puckering)
 - Can be reversed if caught early, otherwise movements can worsen and become irreversible
 - In rare cases, abnormal movements can become a medical emergency. For example:
 - Muscle spasm that occurs in the throat
 - Severe muscle stiffness along with fever

What should I do if I experience any of these side effects?

Tell your prescriber right away. They can give you something to help with these side effects.



Allegheny County Behavioral Health Care Services - Office of the Medical Director, Pharmacy Department
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Side Effects

iloperidone (Fanapt®)

- Dizziness and fast heartbeat (may occur in the beginning of therapy, often goes away with time)
- Dry mouth and nasal congestion

urasidone (Latuda®)

- Sleepiness, restlessness, tremors, and nausea



haloperidol (Haldol®)

- Muscle stiffness, spasms, restlessness, and shakiness may appear
- Clients on this medication long term can get uncontrollable movements (for example, in lips or mouth)

Allegheny County Behavioral Health Care Services - Office of the Medical Director, Pharmacy Department
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Side Effects

risperidone (Risperdal®)

- Dizziness (may occur in the beginning of therapy, often goes away with time)
- Muscle stiffness, spasms, or restlessness (in about 2% of clients)
- Increased chance of high prolactin. Signs of high prolactin:
 - absence of period (women)
 - loss of sexual functioning and breast growth (men)

ziprasidone (Geodon®)

- Insomnia (difficulty falling asleep or staying asleep) occurs in about 30% of clients
- Restlessness and muscle spasms or stiffness
- Rarely, heart rhythm disturbances can occur so monitoring may be needed. Tell your prescriber if you have a history of heart problems



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Medication

Comparison of medications



VIEW: Medications by **generic name**.

Side Effect	MORE Likely	LESS Likely
Weight Gain	Seroquel, Thorazine, Prolixin, Zyprexa, Navane, Stelazine, Saphris, Clozaril, Mellaril	Abilify, Geodon, Loxitane, Trilafon, Risperdal, Fanapt, Invega, Haldol, Orap, Moban*
Sleepiness	Seroquel, Zyprexa, Saphris, Thorazine, Trilafon, Navane, Clozaril, Mellaril	Abilify, Geodon, Prolixin, Orap, Haldol, Loxitane, Stelazine, Risperdal, Fanapt, Invega
Movement Problems	Haldol, Thorazine, Prolixin, Trilafon, Stelazine, Loxitane, Navane, Orap, Mellaril, Moban*	Abilify, Geodon, Zyprexa, Risperdal, Saphris, Seroquel, Fanapt, Invega, Clozaril
Diabetes	Seroquel, Zyprexa, Risperdal, Fanapt, Invega, Clozaril	Abilify, Geodon, Haldol, Loxitane, Thorazine, Navane, Trilafon, Stelazine, Orap
Sexual Side Effects	Risperdal, Haldol, Thorazine, Prolixin, Trilafon, Stelazine, Loxitane, Navane, Fanapt, Invega, Orap	Abilify, Geodon, Zyprexa, Seroquel, Saphris, Clozaril

*Moban (molindone) is no longer manufactured by its company, Endo Pharmaceuticals, as of January 13 2010.

Take Charge

Your Recovery
Wellness

Get Information

Diagnosis

▶ Medication

Options

Create My Report

About Me
Meds and Me
Preferences



Back



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Prostate specific antigen (PSA) test

Use this Grid to help you and your healthcare professional talk about whether or not to have a prostate specific antigen (PSA) test. This test measures the amount of activity in your prostate. Men usually consider this test when they are aged 50 or older.

Frequently asked questions	Having a PSA test	Not having a PSA test
Will it reduce my risk of dying from prostate cancer?	Probably not: 1 death is prevented for every 1000 men tested (0.1%). African American men or those with a family history are more likely to benefit.	No.
What are the main advantages?	33 of every 100 prostate cancers (33%) found are aggressive. In aggressive cancer, 10 in every 100 men (10%) will benefit from early treatment.	Men with high PSA levels are offered a prostate biopsy, which has risks. By not having the test, you avoid these risks, as well as avoiding treatment for an issue that is unlikely to cause problems.
If my PSA level is high, can I be sure that I actually have prostate cancer?	No, 70 out of 100 men (70%) with a high PSA level do not have prostate cancer. A prostate biopsy is done to test for cancer. Other causes of a high PSA level are inflammation and infection.	If you choose not to be tested you will not know your PSA level.
What are the main risks?	Treatment has risks. 67 in 100 prostate cancers (67%) are <i>not</i> aggressive and do not cause problems if left untreated: treatment is usually unnecessary. It is difficult to tell if a cancer is aggressive.	There is a small risk of a missed early diagnosis of aggressive cancer.

Outcomes: SDM/ DA Use

Cochrane Review: Use of DAs has led to improvements:

- ✓ Greater knowledge
- ✓ More accurate risk perceptions
- ✓ Greater comfort with decisions
- ✓ Greater patient participation in decision-making
- ✓ Decisions more consistent with expressed values
- ✓ Better patient-provider communication
- ✓ Fewer people remain undecided
- ✓ Fewer people chose elective surgical procedures

Stacey et al, Cochrane Database of Systematic Reviews, 2014

What is 'Choosing Wisely'?

Initiative of American Board of
Internal Medicine
Promote person-centered care
by informing individuals and
physicians about overutilization
of medical resources.

It begins the process of
changing the conversation
between providers and
individuals.

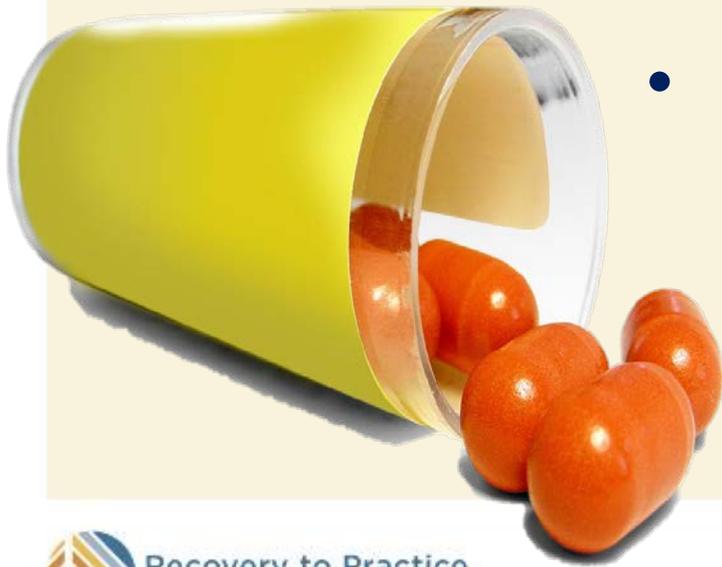


APA Choosing Wisely List

All involve use of atypical antipsychotics.

For example:

- Don't use two or more.
- Don't use for treatment of behavioral symptoms of dementia.
- Don't use as first line treatment for insomnia in adults.
- Don't use in children in the absence of approved or evidence supported indications.



5 Questions

- 1 Do I really need this test or procedure?** Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 What are the risks?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 Are there simpler, safer options?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
- 4 What happens if I don't do anything?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 How much does it cost?** Ask if there are less-expensive tests, treatments or procedures, what your insurance may cover, and about generic drugs instead of brand-name drugs.

Resources

AHRQ <http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/>

Choosing Wisely

<http://www.choosingwisely.org/>

Informed Medical Decisions Foundation

<http://www.informedmedicaldecisions.org/>

SAMHSA –

<http://store.samhsa.gov/product/Shared-Decision-Making-in-Mental-Health-Care/SMA09-4371>

More Resources

Mayo Clinic

<http://shareddecisions.mayoclinic.org/>

Option Grids

<http://optiongrid.org/>

Ottawa Personal Decision Guide

<http://decisionaid.ohri.ca/decguide.html>

International Patient Decision Aid Standards Ratings -

<https://decisionaid.ohri.ca>



Acadia Hospital

Empowering People to Improve Their Lives

EMHS MEMBER

Shared Decision Making and the Opioid Epidemic

Jesse M. Higgins, RN, MSN, PMHNP

Director of Behavioral Health Integration

Acadia Hospital

Bangor, Maine

Learning Objectives

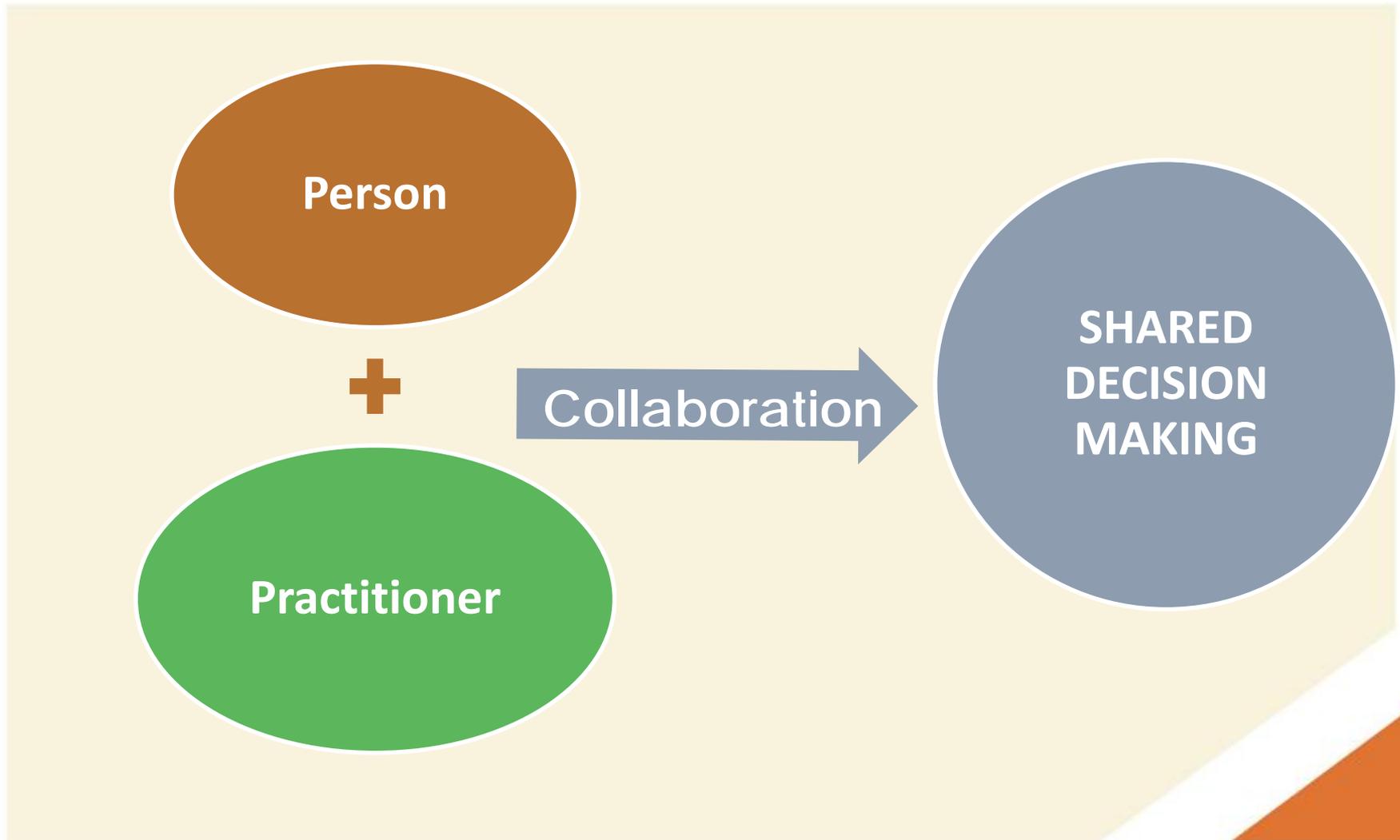
- Understand how to apply principles of shared decision making to address a root cause of the opioid epidemic.
- Use principles of collaborative care to develop a workflow that includes the individual in decision-making around prescription opioid use disorder.
- Improve communication between team members, *including the individual*, to promote judicious use of treatment options.

“A Root Cause”?

Medical providers have been treating somatic symptoms of underdiagnosed and untreated post-traumatic stress disorder, anxiety disorders, and depression with opioid medications.



What Is Shared Decision Making?



Principles of Team-based Care

Shared goals

Clear roles

Mutual trust

Effective communication

**Measurable processes
and outcomes**



Principles of Collaborative Care

Person-centered

Evidence-based

Population based

Accountable

Measurable

Person-centered

Identify Person's Goals



- Communicate clearly and honestly
- Identify Strengths
- Enhance relationships
- Offer choices
- Promote quality of life and ability to perform chosen activities

Person-centered

Develop a Plan of Care Based on **Person's** Goals

Health care team,
including the person,
builds a **safe, reasonable
plan with mutual
accountability.**



Achieved through a
shared decision
making process

Evidence-based

Understand and incorporate into your belief system what we NOW know about using opioids for chronic pain, particularly in at-risk populations.

Access to information is important to SDM



Population Health

Screen everyone on controlled substances for co-occurring, complicating disorders:

- Depression: PHQ-9
- Anxiety: GAD-7
- Alcohol use: AUDIT
- Substance use: DAST 1
- Posttraumatic stress: PC-PTSD



Accountable and Measureable

- Ongoing assessment with screening tools **evaluates people receiving services, providers, and treatment interventions.**
- Results are an **excellent tool for opening and continuing a discussion** about complicating symptoms.
- If individuals are not improving as the person desires, **the treatment plan changes.**



Connecting People with Behavioral Health



“It looks like you are dealing with some difficult issues. A lot of people find it helpful to meet with an expert at this kind of problem solving. Would it be okay to set this up?”

Offering Information Without Over-explaining



“Opioids relieve pain by working on opioid receptors in your brain.

This same process also triggers the pleasure center in a way that makes it hard to stop taking opioids once you start.”

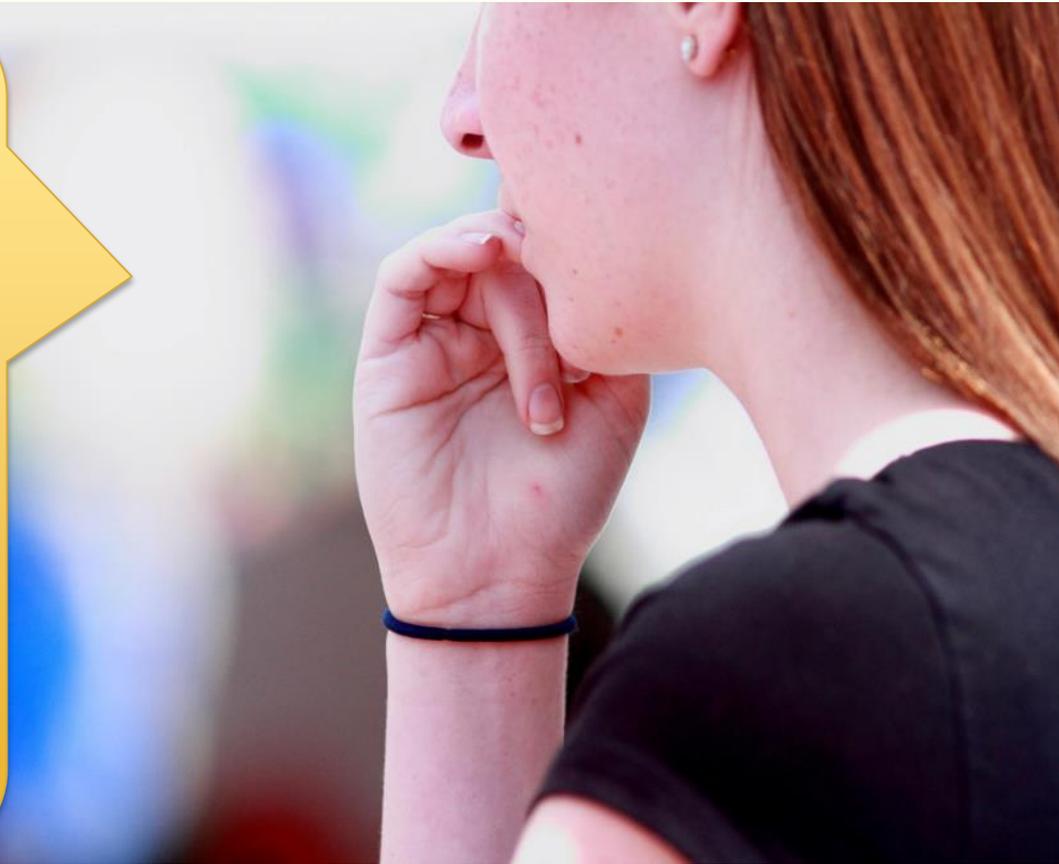
Individuals with Trauma History/PTSD

“People who have been through something extremely scary or even life-threatening can have changes in that part of their brain that make it even harder for them to stop taking prescribed opioids.”



What Can Integrated Behavioral Health Contribute?

- Provide updated ***evidence*** about co-occurring behavioral symptoms
- Model ***brief, effective therapeutic interventions***
- Connect patients and providers to ***community resources*** for different levels of support.
- Explore ***psychiatric medication*** options and information about ***compassionate taper and withdrawal***



*You've been
prescribing this
to me all this
time, and **only**
now you want
me to stop?*

*What's
changed?*



We care about your health, your quality of life, and our community

Decreasing or stopping chronic opioids can **improve your quality of life, functioning, and relationships.**

We will be working with you to find safe and effective alternatives to high dosage opioids. We know this will be a challenge, but **we are ready to partner with you** as we make this change together.

What else can be done to help my pain, and will it be as effective as my current therapy?



Lifestyle changes

Medication options that target multiple symptoms and conditions

Medication assisted treatment (MAT)

Therapy (physical, occupational, CBT)

*I've tried therapy.
It didn't work.*



Structured cognitive behavioral therapy (CBT) challenges negative patterns of thought about the self and the world to **change unwanted or destructive thought and behavior patterns.**

This is a **time-limited, goal-oriented type of therapy.**

Documenting SDM for Prescription Opioid Use Disorder (POUD)



“Provided information about treatment options for [prescription opioid use disorder/chronic pain], including risks and benefits of lifestyle changes, therapy, and medication options.”

SDM must include exploring the person’s preferences and values. It may be a process, not just an encounter.

Documenting SDM for People with POUD and PTSD

“Provided information that research finds a combination of cognitive behavioral therapy and medication assisted treatment is the most effective approach to improve outcomes for people with PTSD and opioid use disorder.”

Example of utilizing information to
navigate a decision point with a person
grappling with a decision.

What To Print

Informed consent

Clear, concise treatment plan with realistic, achievable goals

Brief summary of discussion, including treatment options

Items for follow-up at next appointment

Note: Informed consent is NOT the same as SDM

How Can BH Providers Help Increase the Use of Shared Decision Making on a Systems Level?

Advocate for policies that educate and support individuals and improve workflow for providers



Serve as a bridge between individual, provider, and community resources

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EMHS MEMBER

Together We're Stronger





Comments?
Questions?

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Watch your inbox for details!



SDM: A Process Not a Program
Next week! August 23, 2016

SDM: Preparing Individuals and Families to be
Actively Involved
August 30, 2016

LearnMore webinar on Psychiatric Advance
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thank you!

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