

Disease Management within the Military Health System: The Role of Clinical Providers

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23 July 2020

1535 – 1635 (ET)



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The Disease Management Program: Alignment to the Quadruple Aim



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Disclosures



- Maj Jan Dockery has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Summarize the purpose of the Disease Management Program.
2. Identify patients that would benefit from Disease Management services.
3. Examine how Disease Management aligns with the Quadruple Aim.

Polling Question #1



Are you familiar with Disease Management?

☐ Yes

☐ No

Defining Disease Management



- The Disease Management is a centralized nurse-run education clinic.
- The goal of the program is to enhance the self-management behaviors, health literacy, clinical outcomes, and cost reduction of the at-risk and unstable chronic condition populations.

Aligning Our Mission



- DHA MISSION: As a Combat Support Agency, the Defense Health Agency leads the MHS integration of readiness and health to deliver the Quadruple Aim
 - ☐ Increased Readiness
 - ☐ Better Care
 - ☐ Better Health
 - ☐ Lower Cost (DHA, n.d.)



Polling Question #2

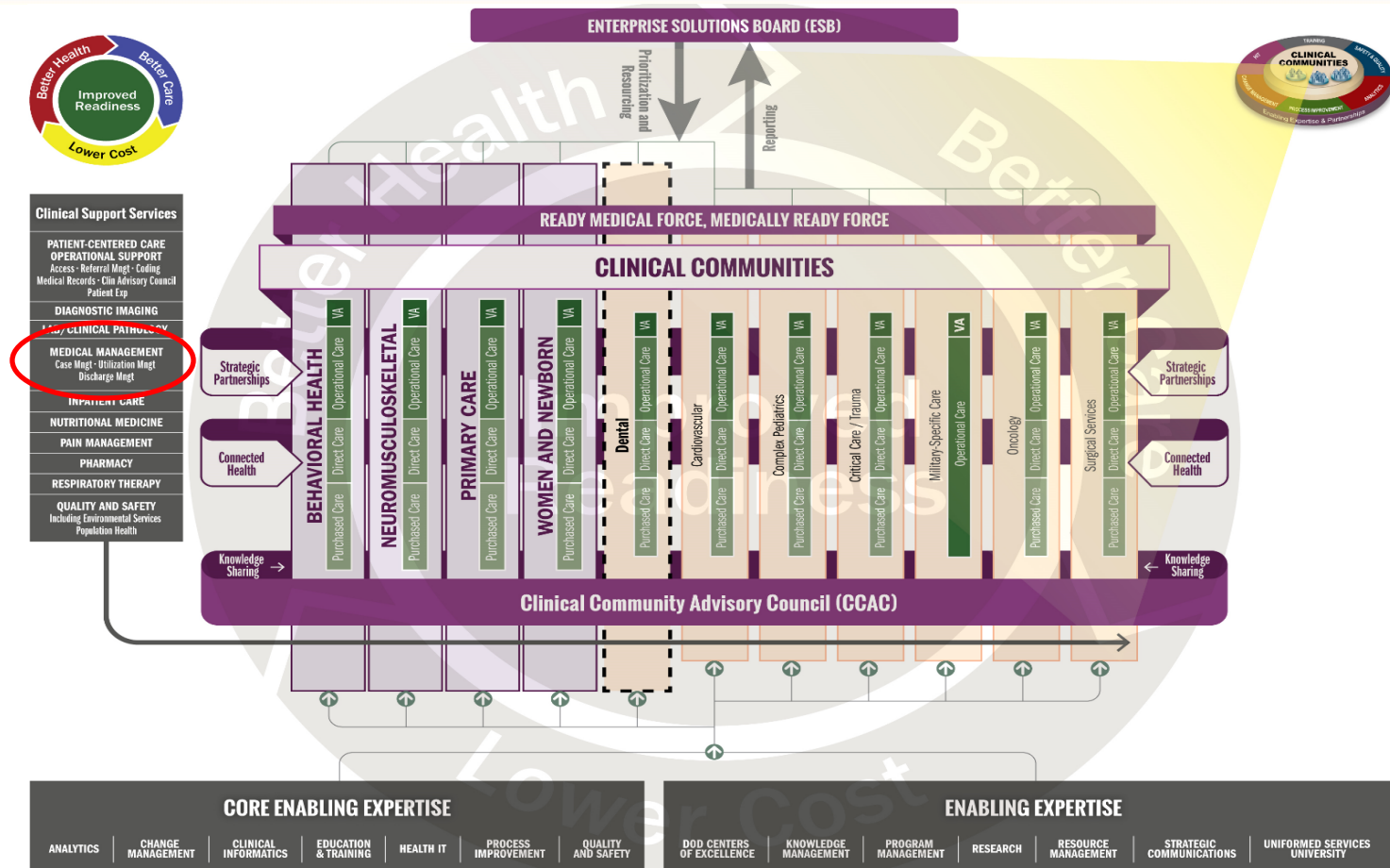


Are you familiar with Medical Management?

☐ Yes

☐ No

MHS Enterprise-level Clinical Communities



6 SEPT 2017

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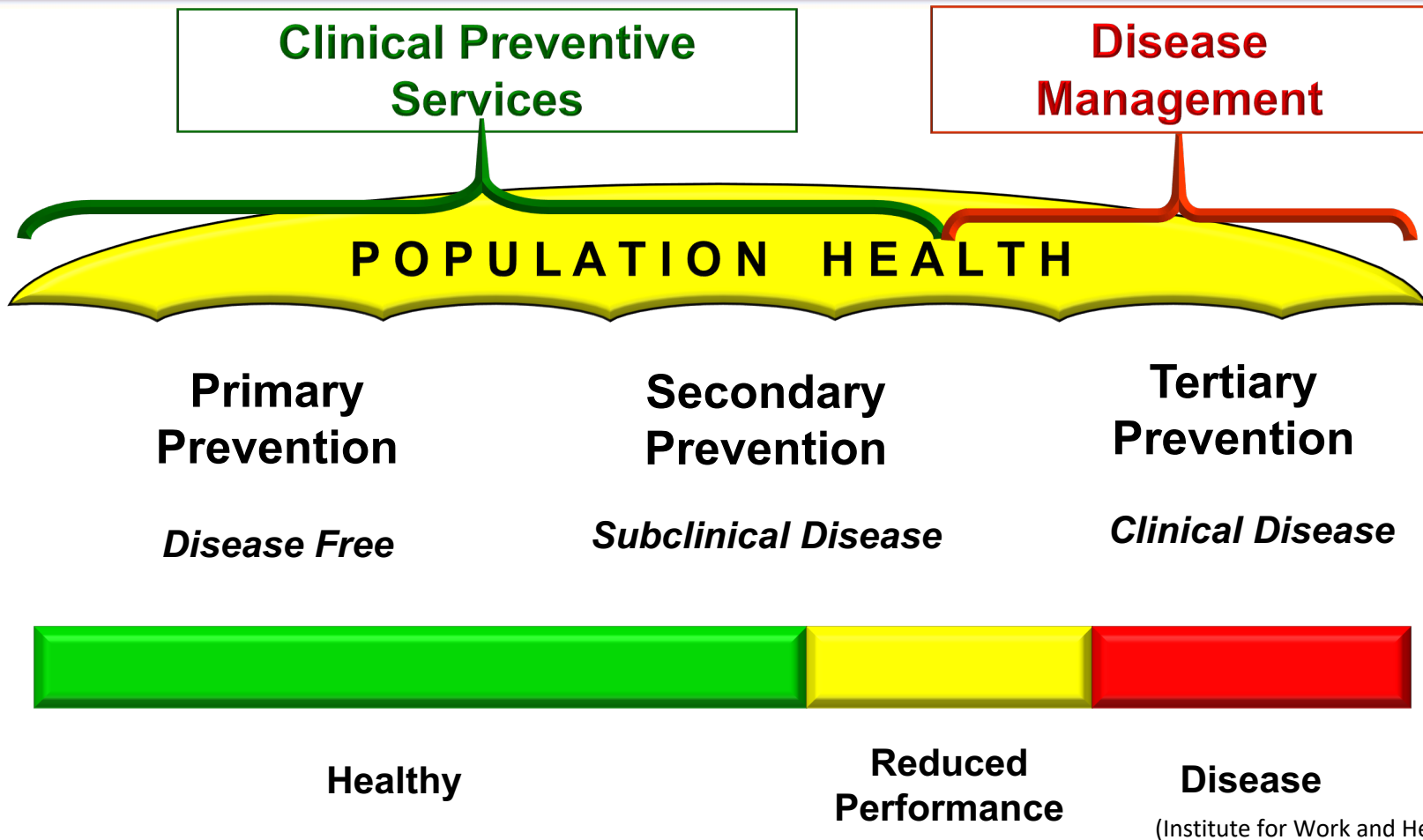
Polling Question #3



In which disease category would Disease Management become involved?

- ☐ Disease Free – Primary Prevention
- ☐ Subclinical Disease – Secondary Prevention
- ☐ Clinical Disease – Tertiary Prevention

Population Health Viewpoint



(Institute for Work and Health, 2015)

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Disease Management Program



- Chronic conditions selected (In Accordance With) IAW National Defense Authorization Act (NDAA) 2007, section 734:
 - ☐ Asthma
 - ☐ Chronic Obstructive Pulmonary Disease (COPD)
 - ☐ Diabetes
 - ☐ Dyslipidemia
 - ☐ Heart Failure
 - ☐ Hypertension

- Referral-based clinic
 - ☐ Patient Centered Medical Home (PCMH)/ (primary referral source)
 - ☐ Self-referral (patient driven)
 - ☐ Patient found through review of Electronic Health Record (EHR)/Patient Portal

Disease Management Program



- The nurse utilizes an integrative, proactive, and collaborative approach
 - Provides one-on-one and group patient education appointments IAW Clinical Practice Guidelines and evidence-based practice
 - Discusses disease process(s)
 - Medications
 - Labs
 - Basic nutrition and exercise
 - Health promotion
 - Refer when necessary
 - Develops a follow-up plan based on the goals set
 - Works with the patient in the development of SMART goals
 - Work towards treatment goals set with Primary Care Manager (PCM)
 - Specific, Measurable, Attainable, Realistic, Time-oriented (MindTools, n.d.)
 - Patient-driven: allows the patient to identify where they are ready to begin
 - Start small
 - Avoids ambiguous goals: “lose weight” or “eat better”

Disease Management Program



- The nurse utilizes an integrative, proactive, and collaborative approach
 - Uses Motivational Interviewing techniques to enhance the patient's understanding and self-management behaviors
 - Open-ended questioning
 - Builds rapport: partnership
 - Change talk: changing the language towards what is possible (MINT, 2019)
 - Identifies the patient's readiness for change: reducing "non-compliance" viewpoint
 - Use the Transtheoretical Model : Precontemplation, Contemplation, Preparation, Action, Maintenance
 - Allows appropriate goals and action steps to be set
 - Determines the best strategies (Pro-change Behavior Systems Inc., 2018)
 - Conducts close follow-up and collaborates with clinical partners

Polling Question #4



Where does Disease Management belong in the Quadruple Aim?

- ☐ Better Care
- ☐ Better Health
- ☐ Lower Cost
- ☐ Increased Readiness
- ☐ All Categories

Disease Management Program



■ Better Care



☐ Shared decision making and patient engagement

- Model of patient-centered care
- The patient feels they have a voice and understands their options
- Improves health literacy
- Reduces resource utilization (AHRQ, 2020)

■ Better Health



- ☐ Reduces exacerbations
- ☐ Increases the patient and provider experience

■ Lower Cost



- ☐ Improves clinical and financial outcomes
- ☐ Advocates the appropriate utilization of resources

■ Increased Readiness



- ☐ Younger population
- ☐ Early intervention
- ☐ Decrease complications
- ☐ Enhance ability to deploy

(Theeboom, T., Van Vianen, A. E. M., and Beersma, B., 2017)

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Key Takeaways



- The Disease Management program enhances self-management behaviors, health literacy, clinical outcomes, and cost reduction.
- The program seeks patients that are at-risk and unstable requiring tertiary prevention IAW NDAA 2007, section 734
- Disease Management services align with all aspects of the Quadruple Aim

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<https://www.doi.org/10.3389/fpsyg.2017.01352>

The Efficacy of Utilizing Nurse Coaches for Readiness and Chronic Disease Management



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- Capt Urbano is a Certified Medical-Surgical Registered Nurse from the Medical-Surgical Nursing Certification Board. He deployed in support of Operation ENDURING FREEDOM, where he was the Officer in Charge (OIC) for the largest Contingency Aeromedical Staging Facility in US Central Command. Prior to his current position, he was the Air Force's first fellow at the DHA, supporting the directorate in the development and sustainment of Department of Defense medical training initiatives and academic policy.

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Learning Objectives



01

APPLY

...the impact of chronic medical conditions to readiness.

02

COMPARE

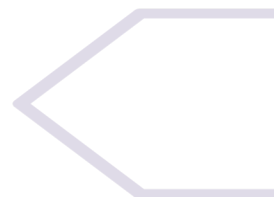
...different nurse coaching strategies applicable to chronic disease management.

03

Illustrate

...how nurse coaching is an effective countermeasure in support of readiness.

Health of the Department of Defense (DoD) Active Duty Component



The Health Related Behaviors Survey (*HRBS*) is the DoD's flagship survey for understanding the health, health-related behaviors, and well-being of service members.

(Meadows et al., 2018)

Force Readiness Factors

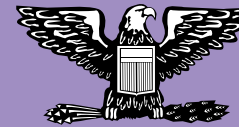


*More likely to
report health issues:*



SENIOR ENLISTED

WARRANT OFFICERS



SENIOR OFFICERS

*Factors that
impact readiness:*

TRAINING

DEPLOYMENT

HEALTH RELATED
POLICIES, PRACTICES, &
EXPOSURES

(Meadows et al., 2018)

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Defining Chronic Conditions

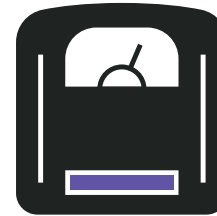
Refers to any ongoing or long-term pathological condition that requires patient self-care and extensive follow-up and treatment.

Last more
than one year

Requires ongoing
medical attention

Examples of Chronic Conditions

- Hypertension
- Diabetes
- Coronary artery disease



(Vincent & Sanchez Birkhead, 2013; Delaney et al., 2020)

Chronic Conditions Among Active Duty



SURVEYS SENT

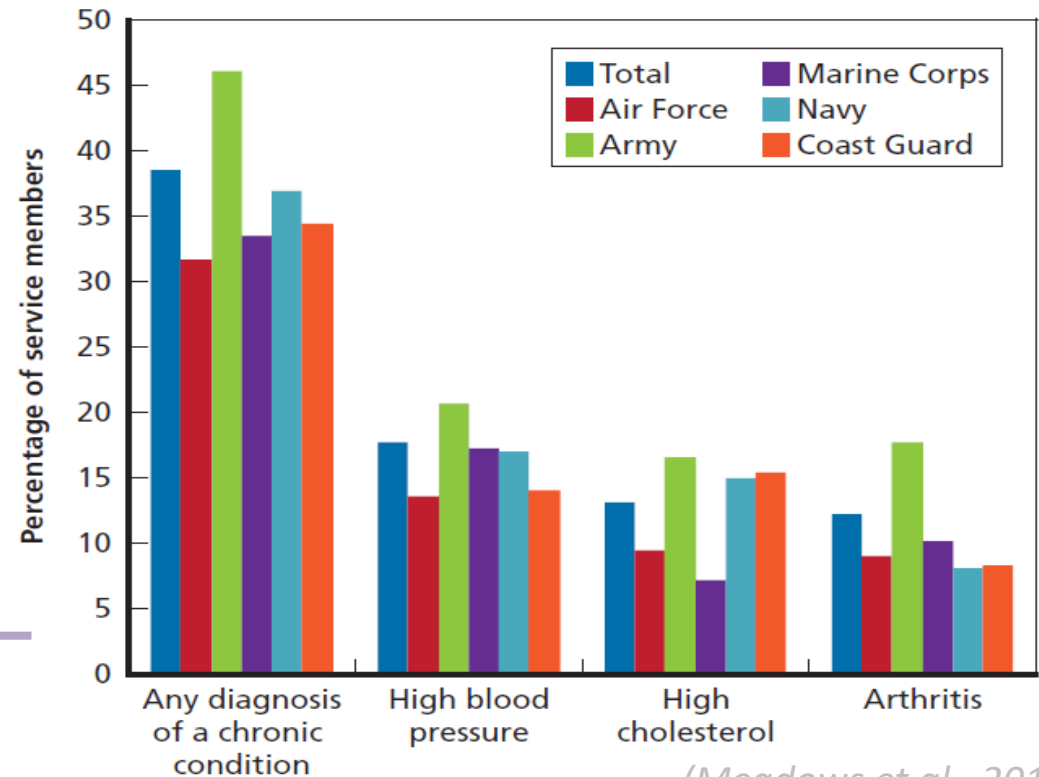
201,990



SURVEYS RETURNED

16,699 / 8.6%

Figure 1
Lifetime Physician-Diagnosed Chronic Conditions, by Service Branch

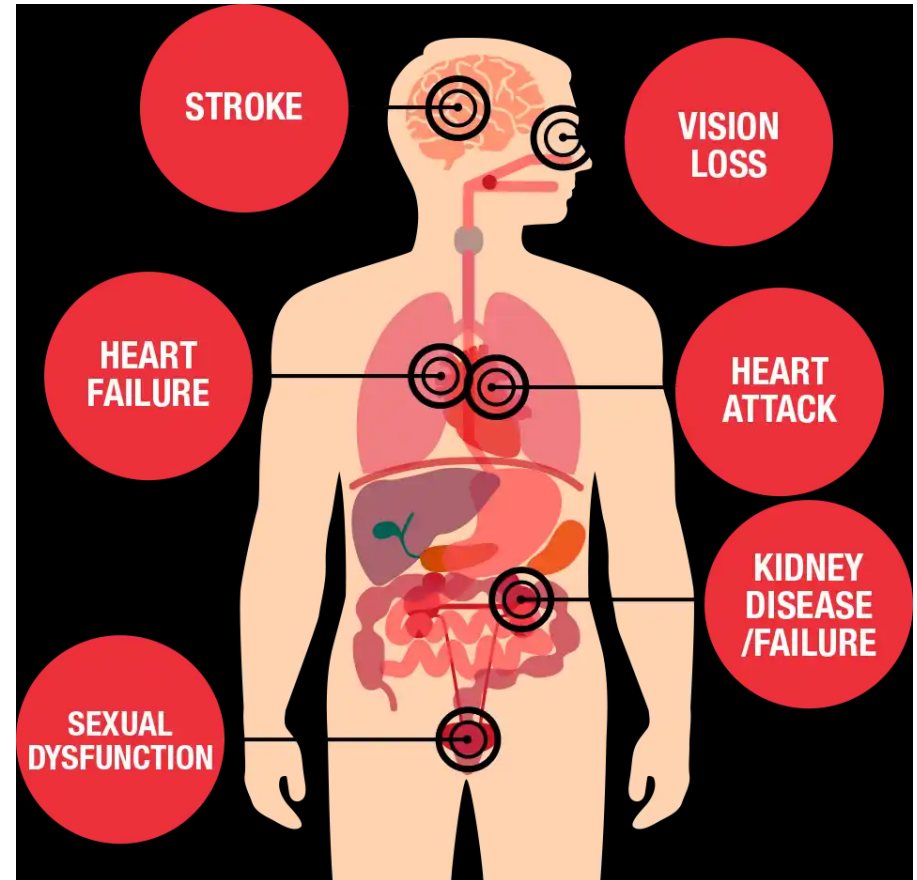


(Meadows et al., 2018)

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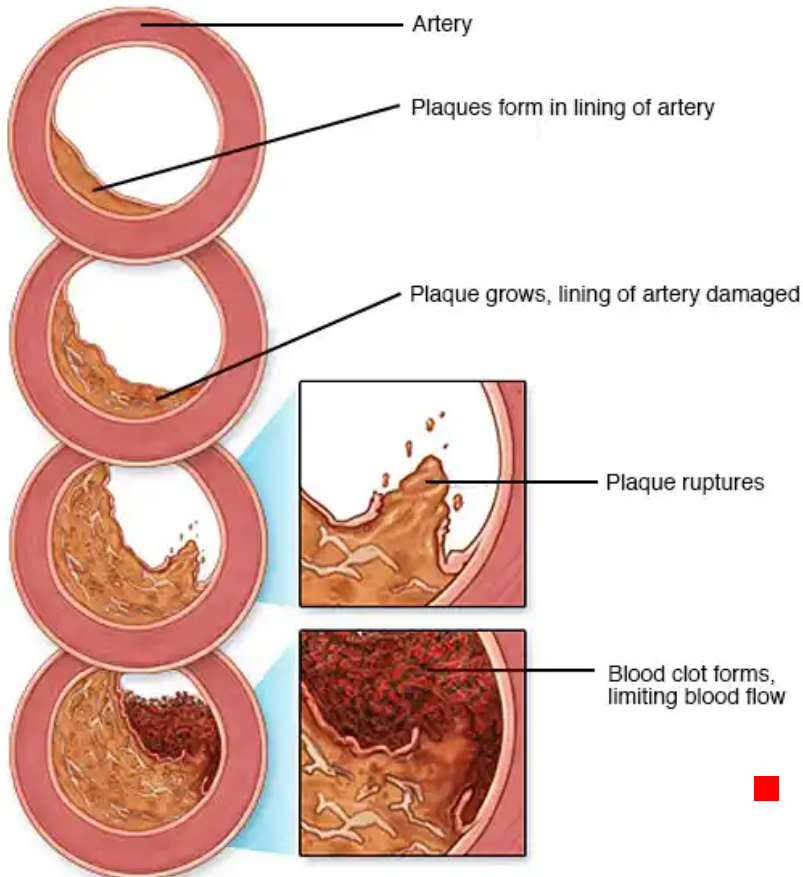
Hypertension

- The American Heart Association (AHA) predicts a 9.9% increase in patients with hypertension (HTN) by 2030
- Increases heart attack and stroke, the leading causes of death
- **Affects 17.7% of Active Duty**



(AHA, 2020b; Crittenden et al., 2017; Meadows)

Dyslipidemia



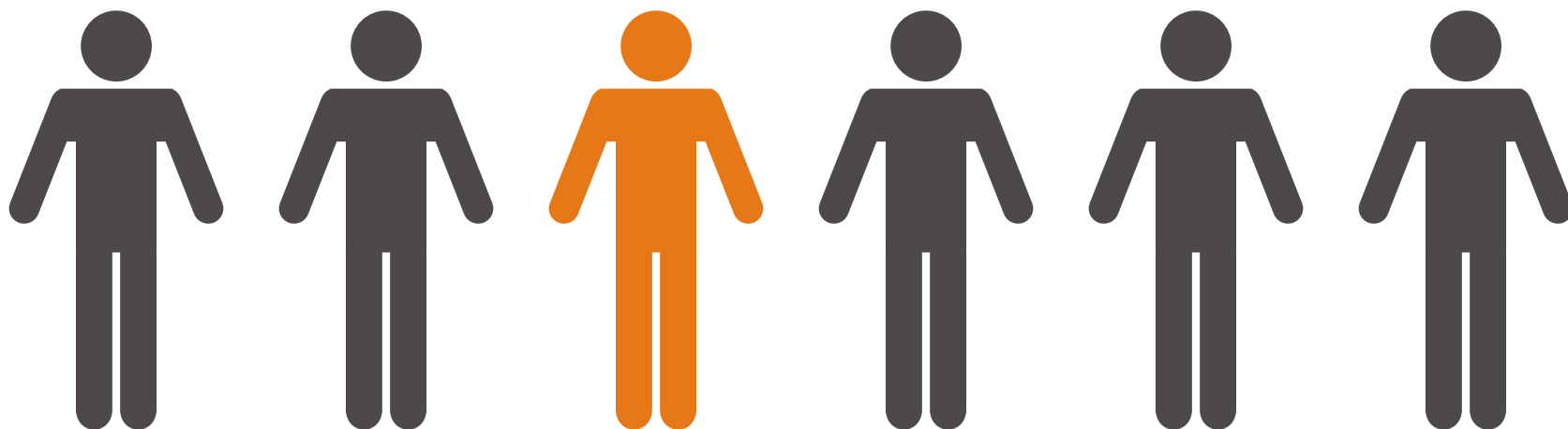
- A group of disorders characterized by abnormal serum lipid and lipoprotein levels, including high cholesterol
- Asymptomatic except when complications occur
- Affects 13.3% of Active Duty

(Mayo Clinic, 2020; Elsevier, 2020; Meadows et al., 2018)

Implications of Chronic Complications

1 OUT OF **6**

Active Duty members report their work performance hindered by their chronic medical conditions.



(Meadows et al., 2018)

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Implications of Chronic Complications



1 IN 3

service members
reported functional
impairment in each of
the three domains

Work or
school (33%)

Family/Home
(30.5 %)

Social life
(30%)

13.4%

reported that their work performance was
compromised because of a health condition
for at least 14 days in the past 30 days.

(Meadows et al., 2018)

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Implications of Chronic Complications



Chronic conditions and physical symptoms may impair functioning in several domains, including work or school, social life, and family life.

PRESENTEEISM

Present with
Loss of performance

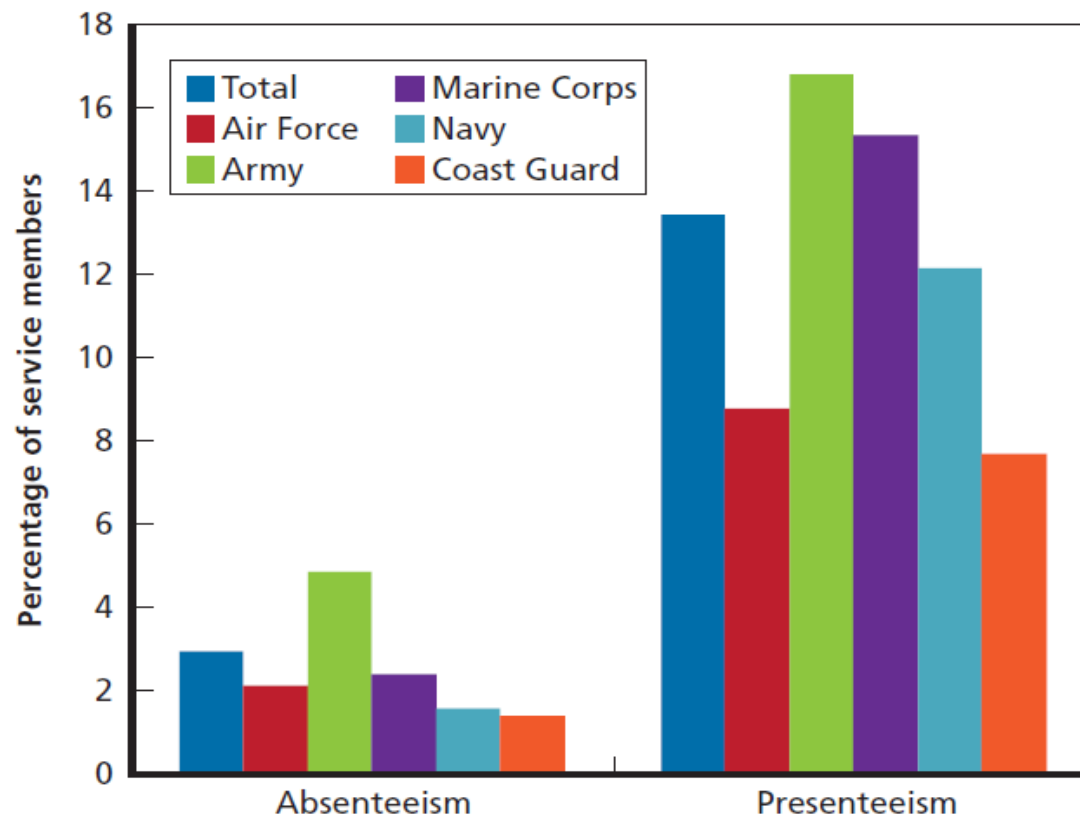
ABSENTEEISM

Loss of Days

(Meadows et al., 2018)

Absenteeism and Presenteeism

Figure 3
Absenteeism and Presenteeism, by Service Branch



(Meadows et al., 2018)

Nurse Coaching



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Polling Question #5



About what percentage of Active Duty personnel report a diagnosis of high blood pressure, increasing their risk for heart attack and stroke (leading causes of death in the United States)?

- A. 1%, or 1 in 100
- B. 5%, or 1 in 20
- C. 10%, or 1 in 10
- D. 18%, or ~1 in 5

Disease Managers – Nurse Coaches



Improve health by working with patients in their chronic care management

- Multidisciplinary care delivery
- Patient education and provider decision support
- Self-management and patient empowerment support
- Clinical information technology
- Social support



(Selvaraj et al., 2012; Higgins & Scott, 2019)

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Nurse Coaching Credentialing



American Holistic Nurses Credentialing Corporation (AHNCC)



AHNCC developed the Nurse Coach (NC-BC) and Health and Wellness Nurse Coach (HWNC-BC) certifications in 2012

Provides the only nationally accredited holistic nurse and nurse coach certification credentials in the USA



(Delaney et al., 2020; Ross, 2011)

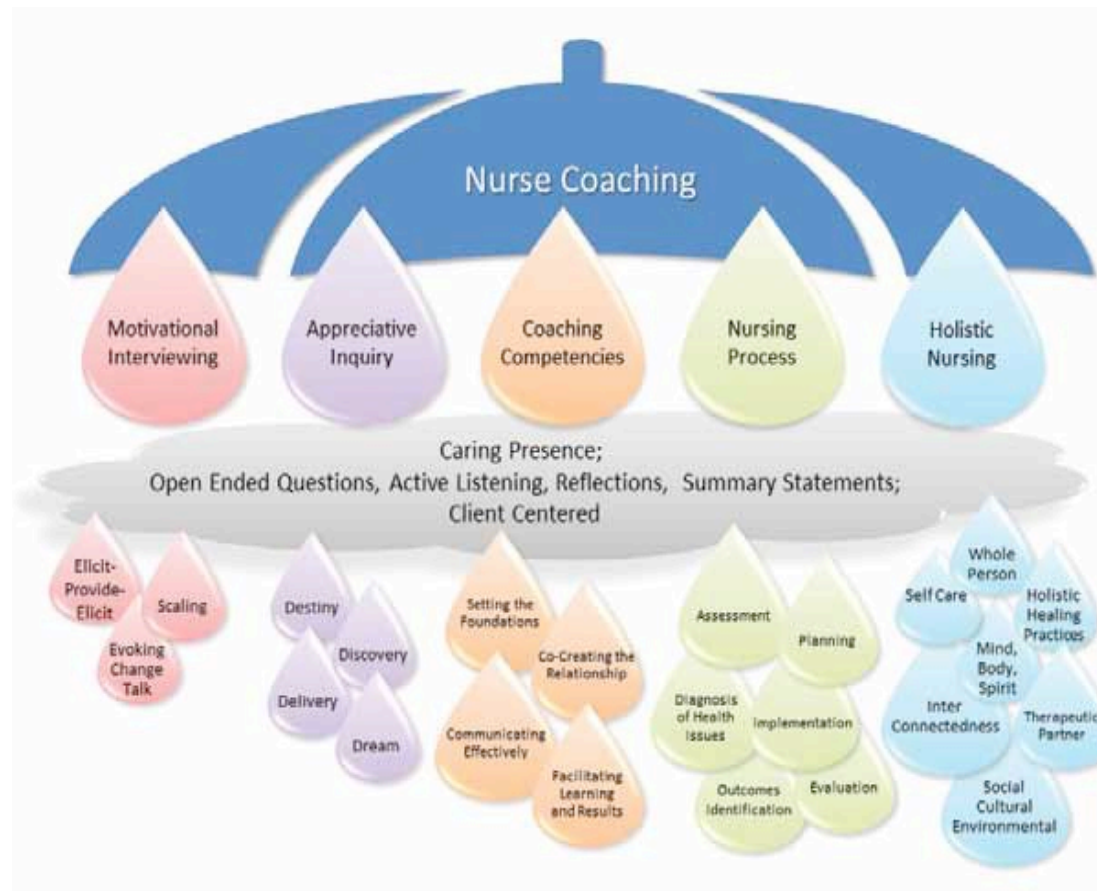
Nurse Coaches



- A relatively new and expanding role for nurses that has abundant potential to dramatically improve patient outcomes
- Nurse coaches develop a partnership with a patient based on trust, setting goals and mutually agreed upon small action steps
- Nurse coaching focuses on a person's priorities and goals rather than simply on how the healthcare system defines its own needs for successful outcomes

(Delaney et al., 2020; Ross, 2011)

Nurse Coaching Umbrella Concept Model



(Stuart-Mullen et al., 2015)

Nurse Coaching Benefits

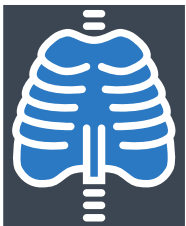


- Keeps patients accountable.
- A collaboration to promote achievement of health-related goals.
- Walk *alongside of* and *with* the patient to help set individual priorities and goals
- Helps improve holistic health – mind, body, and spirit.
- Gives patients time to practice newly earned skills in a safe environment

(Southard, 2014; Higgins & Scott, 2019; Stuart-Mullen et al., 2015)

Teach Back

This is asking patients to restate in their own words what they learned, is used to assess patients' understanding of educational content.






Examples of patient-centered communication

- What would you like to learn about?
- Tell me what you know about high BP.
- What makes it difficult for you to take your medications?
- In your own words, tell me how your BP medications work.
- Thinking about what we talked about today, what is one thing you can do differently this week?
- What questions do you have for me?

(Higgins & Scott, 2019; Delaney et al., 2020)

Patient Driven Care

TABLE. Five Metaphors Used by Patients to Describe Their Holistic Nurse Coaching Experience

Metaphor Number	Metaphor
1. 	Taking personal power back like acquiring a new toolbox
2. 	Seeing health challenges from different angles like a duck pond race
3. 	Shifting perception of a chronic condition like a spider turned into a friend

(Higgins & Scott, 2019; Delaney et al., 2020)

Patient Driven Care

4.



Engaging in self-care like caring for a favorite plant

5.



Choosing to focus on the positive like a collage that changed from dark to light

(Higgins & Scott, 2019; Delaney et al., 2020)

Polling Question #6



Which of the following is ***NOT*** an example of a nurse coaching strategy?

- A. Elicit-Provide-Elicit
- B. Open-ended questions
- C. Traditional patient education
- D. Motivational interviewing

Nurse Coaching in Today's Military



- With 17.7% and 13.3% of Active Duty afflicted by hypertension and high cholesterol respectively, nurse coaches are in position to address this statistic.
- Nurse coaches can meet patients face-to-face and/or incorporate technology into their practice.
 - TRICARE On-line Secure Messaging
 - Self-monitoring applications
- Collaboration with other base agencies



(Meadows et al., 2018, Vincent & Sanchez Birkhead, 2013; Higgins & Scott, 2019; Siddiqui et al., 2015)

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Key Takeaways



- Data suggests overall productivity loss because of health problems within the ranks.
- Nurse coaches partner with patients to provide education, support, and resources to help them gain the confidence and skills they need to self-manage their health and achieve their health goals.
- Utilizing readily available technological resources, nurse coaches can address underlying health issues that lead to reduced or limited productivity (i.e., chronic conditions, physical symptoms, and functional impairment), and improve their patients' medical readiness.

(Meadows et al., 2018; Higgins & Scott, 2019)

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2. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO CMS, click login.
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