ICME
Interprofessional Case Management Experience

The Mary Hamilton Case

Learners, go to this site and make sure you are registered for ICME and have taken the pretest.

https://medapp.louisville.edu/iCCOA/iccoa.cgi

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Anna Faul, PI
A Collaboration of Many

KIPDA
Kentuckiana Regional Planning and Development Agency

KCHC
Kentucky Coalition for Healthy Communities

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BARREN RIVER AREA DEVELOPMENT DISTRICT

HRSA
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Team Introductions

In your teams introduce yourself by NAME & DISCIPLINE and answer the following questions:

• What do you want everyone to know about your discipline?
• What stereotype do you hate the most about your discipline?
Interprofessional Case Management Experience

ICME

In this session you will learn about integrated, patient-centered geriatric community care, conduct a care planning/case conceptualization meeting and “practice” working with an interprofessional team to plan the care of a patient with dementia of the Alzheimer’s type and multiple social issues.
Activities for Today

• You will:
  – **Participate** in team discussions and activities representing your discipline as a team member involved in the care of the patient, Mary Hamilton.
  – **Observe** videotaped interactions between members of Mrs. Hamilton’s healthcare team
  – **Participate** in a goals of care meeting.
  – **Critique** the meeting.
  – **Develop** an interprofessional plan of care for this patient
“Ground Rules”

• Turn electronic devices OFF—this is a time for personal interaction

• Participate in all discussions

• Respect one another—allow others to speak, do not interrupt

• Keep confidentiality related to team discussions

• Ask for clarification if you do not understand

• Have FUN!!
What do you recall?

SOCIAL DETERMINANTS OF HEALTH
World Health Organization Definitions of Health

• Health = “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

• Social determinants of health = the conditions in which people are born, grow, live, work, and age
What Determines Health/Well-Being?

- The quality of medical care received?
- Socioeconomic status?
- Race/ethnicity?
- Access to resources?
- Physical environment?
- Personality and coping variables?
- Social support?
Health Outcome Determinants

Social and Economic Factors

- Caregiving
- Support system
- Independence
- Housing
- Transportation
- Income
- Insurance coverage
- Previous losses
- Coping style
- Overall quality of life
Health Behaviors

- Diet
- Medication adherence
- Substance abuse
- Exercise
- Sleep habits
- Smoking & smoking history
- Home safety
How Should Social Determinants of Health Inform Care of the Older Adult?

• If we address only the physiological changes and treatment of the disease, we are missing 88% of the factors impacting patient outcomes

• Holistic patient/family-centered care is essential if we are to obtain desirable outcomes

• It takes a team!
Who Should Be on the Team?
Members of the Community Team

• Patient and Caregiver, Family Members
• Clinical Care Team - Physician or Nurse Practitioner, RN, Clinical Social Worker
• Community Health Navigator
• Community Organizer
• Care Managers
• Legal Representative
• Dental Health Professional
• Peer Mentor
• Other professionals depending on the patient’s plan of care (pharmacist, home health, PT, OT, specialist MDs, etc.)
WHAT IS INTEGRATED PATIENT-CENTERED GERIATRIC PRIMARY CARE?

An Example of the Model

CLINICAL CARE PLAN

HEALTH NAVIGATION

COMMUNITY CARE PLAN

flourish
a shared-care approach to healthcare
Multidisciplinary Team

- Strong, focused leadership
- Individual accountability
- Individualized work products
- Efficient meetings
- Success = influence on others

Adapted from: *the Discipline of Teams* by Katzenbach and Smith, 1993.
Interprofessional Team

- Shared leadership
- Individual and mutual accountability
- Open-ended discussions, active problem-solving
- Success = collective work-products
Introducing:

Mary Hamilton

Learners read case summary
What social determinants of health will impact Mrs. Hamilton’s care?

Based upon the written summary, each team will explore different issues of Mrs. Hamilton’s case.

• Identify Mrs. Hamilton’s main issues as determinants in the area listed on your team’s chart paper.
  • List these on chart paper.
  • Select a reporter to share your ideas with the full group.
Who should be on the integrated community care team for Mrs. Hamilton?
The Comprehensive Dementia Assessment

• Unfortunately, many patients are treated for dementia without a full assessment
• The comprehensive assessment rules out other possible causes for cognitive changes
• The assessment can also help differentiate between the various types of dementia as each may be treated differently
# Components of the Comprehensive Dementia Assessment

## Brain/Cognitive Testing
- Mini-Cog
- Geriatric Depression Scale (GDS)
- Neuropsychological testing
- Computerized tomography of head w (CT scan)

## Lab Tests
- Vitamin B-12
- Folate level
- Thyroid stimulating hormone
- Rapid plasma reagin
- Complete blood count
- Comprehensive metabolic panel
Medication Review

• Medications can impact the patient’s cognitive status

• Polypharmacy (too many or inappropriate medications) complicates the picture due to medication side effects and drug/drug interactions

• Let’s listen to the physician consult with the pharmacist about Mrs. Hamilton’s current medications
# Medication Adjustments

<table>
<thead>
<tr>
<th>Medications Stopped</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statin (Simvastatin)</td>
<td>Can cause confusion</td>
</tr>
<tr>
<td>Diuretics (furosemide, hydrochlorothiazide)</td>
<td>Not needed (no CHF)</td>
</tr>
<tr>
<td></td>
<td>Causes urinary incontinence</td>
</tr>
<tr>
<td>Tylenol PM (acetaminophen PM) &amp; Oxytrol (oxybutynin) patches</td>
<td>Anticholinergic effects (dry mouth, dry brain, dry bowels, dry urine!)</td>
</tr>
<tr>
<td></td>
<td>Can cause confusion &amp; cognitive impairment</td>
</tr>
<tr>
<td>Ginko Biloba</td>
<td>Not proven to help with cognition</td>
</tr>
<tr>
<td></td>
<td>Side effect is bleeding</td>
</tr>
<tr>
<td>ASA (aspirin)</td>
<td>No indication, causes bleeding</td>
</tr>
<tr>
<td></td>
<td>Can impair renal function &amp; raise blood pressure</td>
</tr>
<tr>
<td>NSAIDS (Meloxicam &amp; Naproxen)</td>
<td>Can cause GI bleeding &amp; renal failure in older patient</td>
</tr>
<tr>
<td></td>
<td>Can raise blood pressure</td>
</tr>
</tbody>
</table>
# Better Medication Options

<table>
<thead>
<tr>
<th>Alternative Medication</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remeron (mirtazapine) for sleep</td>
<td>Has multiple benefits – antidepressant with side effect of sleepiness, increases appetite</td>
</tr>
<tr>
<td><strong>Or</strong> trazadone for sleep</td>
<td>Also an antidepressant with sedating qualities at low doses</td>
</tr>
<tr>
<td>Pravachol (pravastatin sodium) for cholesterol control</td>
<td>Does not cross blood brain barrier</td>
</tr>
<tr>
<td><strong>Or</strong> Lescol (fluvastatin) for cholesterol</td>
<td>Less likely to cause confusion</td>
</tr>
<tr>
<td><strong>Or</strong> Crestor (rosuvastatin) for cholesterol</td>
<td>Less crossing of blood brain barrier</td>
</tr>
<tr>
<td></td>
<td>Less likely to cause confusion</td>
</tr>
<tr>
<td></td>
<td>Remember renal dose adjustment</td>
</tr>
</tbody>
</table>
Next Steps

• Your team facilitator will assign you a role on the team caring for Mrs. Hamilton in the community
• Think about that role as you view video clips related to Mrs. Hamilton’s care in the community
• Remember – the patient and family are essential members of the care planning team
Ms. Hamilton’s Care in the Community - Videos

- Patient and daughter visit with Physician and Health Navigator – Giving Bad News
- Ms. Hamilton and daughter meet with lawyer at legal clinic
- Community Health Navigator connects them with Area Agency on Aging
- Area Agency on Aging Home assessment
- Dental Visit
Reflect/Discuss

- What new information do we have about Mrs. Hamilton that will inform her care planning?
BREAK
10 minutes
Optimal interdisciplinary team care includes a Plan of Care that:

• is timely and patient-centered
• is based on comprehensive interdisciplinary assessment of patient and family
• respects patient/family preferences, values, goals and needs
• includes professional guidance and support for patient decision making
• ensures services provided in accordance with the plan of care
• includes all disciplines important to patient/family care
• allows for provision of care in the environment which best meets the preferences, needs and circumstances of the patient and family
Team Assignment

• You will role play a care planning meeting between Mrs. Hamilton and her healthcare team.
• Your facilitator will assign you a role on this team
• You will be given a description of that role and what that team or family member will contribute to the meeting.
• Based on your role, you will interact with the other members of the team, Mrs. Hamilton and her daughter to develop a plan of care.
• Your meeting will last 20 minutes (unless you finish sooner
Your Next Assignment

• Based on what you now know as a result of the care planning meeting, you are to develop a written interprofessional plan for care for Mrs. Hamilton.

• Each team will select a scribe and a timekeeper to complete the form and develop one plan of care. At this meeting the Community Health Navigator will be the leader.

• Your facilitator will observe your work and provide feedback when you have completed the assignment.
• You will now debrief and evaluate how well your team did with care planning.

• Don’t forget to get the patient and family members’ perspectives.
Thank you

TEAM FACILITATORS:

• Collect one copy of the Interprofessional Plan of Care (learners may keep other forms)
• Thank the learners for their participation.

LEARNERS:

• Before leaving complete the survey & consent:
  • [https://medapp.louisville.edu:8081/](https://medapp.louisville.edu:8081/)