Gastroenterology & Hepatology Advanced Practice Providers

2021 Fourth Annual National Conference

September 9-11, 2021
Red Rock Hotel – Las Vegas, NV

Jointly provided by the Annenberg Center for Health Sciences at Eisenhower and Gastroenterology and Hepatology Advanced Practice Providers.
Gaps in Psychosocial Care and How We Can Improve

Renee Pozza PhD, RN, CNS, FNP-BC, FAASLD

Southern California GI and Liver Centers, Riverside, CA
Sr. Associate Dean/Professor, Azusa Pacific University
Azusa, CA
Disclosures

All individuals in control of the content of continuing education activities provided by the Annenberg Center for Health Sciences at Eisenhower are required to disclose to the audience any real or apparent commercial financial affiliations related to the content of the presentation or enduring material. Full disclosure of all commercial relationships must be made in writing to the audience prior to the activity. All staff at the Annenberg Center for Health Sciences at Eisenhower and the Gastroenterology and Hepatology Advanced Practice Providers have no relationships to disclose.
Disclosures

Renee Pozza, PhD, RN, CNS, FNP-BC, FAASLD

No financial relationships to disclose.
Models of Care: Complex Healthcare System

- GI
- Hepatology
- Primary Care
- Acute Care: Hospitalists/Intensivists
- Specialty referrals: Infectious Disease/Addiction Medicine/Endocrine/Cardiology, etc.
- APRN/PA: Collaboration and Scope of Practice
- Multi-disciplinary/Interdisciplinary Teams/Integrated Care
- Academic vs. Community Based
Incidence of Mental Health in GI and Hepatology

<table>
<thead>
<tr>
<th>Higher prevalence of depression and anxiety in IBS and IBD</th>
<th>NAFLD increases risk for depression and anxiety</th>
<th>Liver disease associated with substance abuse disorders, alcohol abuse and viral hepatitis (B&amp;C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Childhood Experiences (ACEs): risk factor for chronic liver disease</td>
<td>Hepatotoxicity related to psychotropic medications use</td>
<td>Incidence of mental health issues in general population is 20%</td>
</tr>
</tbody>
</table>

Mental Health Workforce

- US behavioral health workforce will be short 250,000 providers by 2025 (US DHHS, HRSA 2016)
- 2/3rd of PCPs reported lack of access to mental health specialists for referrals
- Mental health resources lacking in rural areas
- Limited resources in pediatric population for mental health care

Mental Health Workforce

- In fact, there are provider shortages across the entire healthcare spectrum. To illustrate, data released in April 2021 by the Health Resources & Services Administration (HRSA) identifies shortfalls in the following areas:

  - *Indicates people living in regions designated by the HRSA as "Health Professional Shortage Areas" – more than 6,000 areas in the U.S. in which the population-to-provider ratio for mental healthcare is at least 30,000-to-1.

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>Provider shortage</th>
<th>*People affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>15,303</td>
<td>83 million</td>
</tr>
<tr>
<td>Dental</td>
<td>10,926</td>
<td>61 million</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6,471</td>
<td>124 million</td>
</tr>
</tbody>
</table>

Challenges to Patient Readiness and Adherence

PATIENT ISSUES

SYSTEM ISSUES

PROVIDER ISSUES
Patient Challenges

- Medical/co-morbidities
- Mental Health and Stigma
- Education
- Social Support

- Adherence
  - Motivation
  - Confidence
  - Misinformation
  - Prior experience
System Challenges

- Access to Care
- Referral
- Insurance Coverage
- Cost
- Media
  - Social media
  - Internet/websites
Provider Challenges

• Access to care
• Case load/time
• Educational preparation
• Comfort with treatment regimen/s
• Fragmentation of the healthcare system
• Pandemic
The Role of Palliative Care in End Stage Liver Disease

Impact of APP Practice

• How can we as GI and Hepatology APPs improve the outcomes of our patients in this area of great need?

• We have an important role in assessment, diagnosis, treatment and referral of mental health needs
Screening Tools for Mental Health

• Depression
  – Patient Health Questionaire-2 (PHQ-2)
  – Patient Health Questionaire-9 (PHQ-9)

• Anxiety
  – GAD-7 Anxiety Severity

• Substance Abuse
  – The Tobacco, Alcohol, Prescription medications, and other substance tool (TAPS) Part 1: 4 questions

www.phqscreeners.com; Korenke, Spitzer, Williams. 2003. The Patient Health Questionaire-2: Validity of a Two-Item Depression Screener. Med Care; Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ), Pfizer Inc.
Additional Tools for Substance Use

- Brief Addiction Monitor (BAM): 17 item
  - May be used for screening or monitoring
- CAGE (alcohol only)
- Alcohol Use Disorder Identification Test (AUDIT-C)
- Drug Abuse Screening Test (DAST-10)

www.SAMHSA.org; Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. 2021; Brown, Moore, MacGregor, Lucey. Primary Care and Mental Health: Overview of Integrated Care Models. JNP. 2021.
Table 1. Examples of existing popular assessment mHealth apps for anxiety, mood, and related disorders

<table>
<thead>
<tr>
<th>Condition</th>
<th>Name</th>
<th>App marketplace (Price [USD])</th>
<th>Evidence</th>
<th>Description of app functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Published evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDD</td>
<td>Depression monitor</td>
<td>iTunes (free) (also available in MoodTools app)</td>
<td>Mobile PHQ-9 validated against paper-based iPhone vs. Paper: PHQ-9, ICC (95% CI) = 0.92 [0.87–0.96] (Fann et al. 2009; Bush et al. 2013.)</td>
<td>• Mobile use of validated PHQ-9, score of ≥11 has been used to suggest high risk (BinDhim et al. 2015.)</td>
</tr>
<tr>
<td>Multiple conditions</td>
<td>WhatsMyM3</td>
<td>iTunes (free)</td>
<td>Paper version of scale validated against the MINI (n = 647) (as screen for any psychiatric disorder: sensitivity = 0.83; specificity = 0.76) (Gaynes et al. 2010.)</td>
<td>• 27-item tool to screen for PTSD, MDD, BD, and anxiety disorders</td>
</tr>
<tr>
<td>PTSD</td>
<td>PCL</td>
<td>iTunes (free) (also available in PTSD/PE Coach apps)</td>
<td>iPhone version is comparable to paper and computer formats (Cronbach’s $\alpha$ = 0.95–0.96) (Bush et al. 2013.)</td>
<td>• Mobile PTSD Checklist</td>
</tr>
<tr>
<td>Lack of evidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCD</td>
<td>Y-BOCS OCD test</td>
<td>iTunes (free)</td>
<td>None, mobile Y-BOCS has not been validated</td>
<td>• Self-test using clinician-rated Y-BOCS. In app purchase required to view results</td>
</tr>
<tr>
<td>SAD</td>
<td>Social phobia test</td>
<td>iTunes (free)</td>
<td>None, mobile SPIN has not been validated</td>
<td>• Self-test using SPIN, unknown cut-off scores to “diagnose” SAD</td>
</tr>
<tr>
<td>GAD</td>
<td>Anxiety test</td>
<td>• iTunes (free) • GooglePlay (free)</td>
<td>None, mobile GAD-7 has not been validated</td>
<td>• Self-test using GAD-7. Also used in many “anxiety screening apps.” No defined cut-off, uses score to rate anxiety from minimal to severe</td>
</tr>
</tbody>
</table>

BD, bipolar disorder; GAD, generalized anxiety disorder; MDD, major depressive disorder; MINI, Mini International Neuropsychiatric Interview; OCD, obsessive compulsive disorder; PE, prolonged exposure; PHQ-9, Patient Health Questionnaire; PTSD, posttraumatic stress disorder; SAD, Social Anxiety Disorder; SPIN, Social Phobia Inventory; Y-BOCS, Yale-Brown Obsessive Compulsive Scale. Van Ameringen M et al. *Depress Anxiety*. 2017;35:529-39.
Impact of Telehealth

Psychological problems seen globally from the pandemic due to COVID-19

Increased rates of stress, anxiety, depression and isolation in 2020

Shift to providing telehealth for mental health services in great numbers

Telehealth for the Treatment of Serious Mental Health Disorders and Substance Abuse: SAMSA. 2021.
## Modalities Used in Telemental (Telehealth)

<table>
<thead>
<tr>
<th>Hub and Spoke</th>
<th>Integrated Care</th>
<th>Direct-to-Consumer</th>
<th>Mobile Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centralized office</td>
<td>Often based in PCP office</td>
<td>MH providers connect directly to patients</td>
<td>Mobile technologies</td>
</tr>
<tr>
<td>Satellite locations</td>
<td>MH Provider connected with PCP office</td>
<td>Services accessed at home</td>
<td>Used for home-based symptom management</td>
</tr>
<tr>
<td>Patient must travel to location</td>
<td>Telehealth may be utilized</td>
<td>Telephone/Video-conferencing</td>
<td>Mindfulness exercises/depression tracking</td>
</tr>
</tbody>
</table>

Motivational Interviewing and SBIRT

• Motivational Interviewing (MI)
• Screening, Brief Intervention and Referral to Treatment (SBIRT)
• 2 non-pharmacological evidence-based interventions that may be used
  – Lead to better outcomes
  – Reduce unhealthy behaviors

Motivational Interviewing

- Based on Stages of Change Theory
- Evidence-based with effectiveness
  - 80 RCTs showed superior to standard care
  - 64% were successful in achieving a goal after 4 15-min. sessions
- Must be patient-centered with provider’s agenda or bias invisible
Motivational Interviewing: OARS

**O Open-ended questions**
- What role does tobacco play in your life
- How do you feel when you eat
- Tell me about your decision to not take your medicine
- What advantages do you see in changing …

**A Affirmation**
- This is hard work, you care a lot about …, you have been successful in the past, it took courage to…

**R Reflection**
- SAY what the patient is saying, experiencing
- Conveys compassion

**S Summary**
- A long reflection that summarizes the pros and cons
4 Key Steps in Motivational Interviewing

**Engaging**
- Establish a relationship/partnership
- Agreeing to be their coach with mutual goals

**Focusing**
- Seek and maintain direction
- Setting an agenda

**Evoking**
- What is the client’s motivation for change
- Find change talk (I wish, I can, the reason)
- Why do you want to make a change
- How would you start
- What would the benefits be

**Planning**
- Identify the specific change plan
- SMART goals
SBIRT

• Begins with Screening
• Brief Intervention
  – FRAMES
• Referral for Treatment
  – Consider treatment of mental health with pharmacological agents with appropriate follow-up evaluation for side effect management

www.samhsa.gov
Referrals and Resources

• Mental Health Providers
  – MD
  – APRN/PA
  – Social Workers
  – Psychologists/MFT
  – Behavioral Health
  – The Role of the Integrated Clinic
Integrated Clinics

• Various models and implementation in systems
• Range from simple communication between providers to
• Fully integrated interprofessional teams
  – Coordinated
  – Co-located
  – Integrated

Brown, Moore, MacGregor, Lucey. Primary Care and Mental Health: Overview of Integrated Care Models. JNP. 2021.
The Role of the Coach

- Importance of Team Building (Debrief the game)
- Collaboration
- Motivation
- Education
- Caregiving
- Evaluation/Outcomes
Summary

- GI and Hepatology patients are more likely to have mental health issues such as depression and anxiety and/or substance use/abuse.

- GI/Hepatology APPs have an important role in screening, diagnosis, treatment and referral.

- Resources such as screening tools, integrated clinics, telehealth with associated technology, are important strategies to impact patient outcomes.