

PrimePartners

for Case Managers

Volume 10, Issue 7
August 2016

In this issue:

- ▶ New to the PrimeWest Health Website: Minnesota Home Care Licensure FAQs
- ▶ My Move Plan Summary
- ▶ Providing Support to Members with Alzheimer's Disease and Their Caregivers
- ▶ Prostate Cancer Awareness
- ▶ Tools for Person-Centered Thinking: Part 6 of 7
- ▶ Important Dates
- ▶ Contact Information

New to the PrimeWest Health Website: Minnesota Home Care Licensure FAQs

Kristi Shamp, RN, BSN, CPHM, SNP Senior Care/UM Care Coordinator

There is a new resource on the PrimeWest Health website. The **Minnesota Home Care Licensure Frequently Asked Questions (FAQ)** document was created to provide information about home care licensure, certification, registration, and services. Please review this document and feel free to provide any feedback you have. Tell us if there are any questions you would like to see added. You can let us know by sending an email to seniorcare@primewest.org or snbc.phc@primewest.org. 

My Move Plan Summary

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

The Minnesota Department of Human Services (DHS) has developed a tool to help members and their county case managers plan successful transitions when a member moves. DHS created **"My Move Plan Summary"** (DHS-3936) to clarify the roles and expectations of all those involved in the move. It should be completed during a face-to-face meeting between the county case manager and the member (and/or the member's parent/guardian, as appropriate).

The form itself is developed around the idea of person-centeredness, using section titles like "My goals" and "My supports." The form lays out what the member wants in terms of the following:

- Living arrangement
- Where the member is moving
- How the member will get to the new setting
- Who will assist the member with the move
- Who will assist the member at the new setting

It also includes the name and contact information for the pharmacy the member will use to help ensure that he has access to his prescriptions. The last sections of the form include the date and time someone will check in with the member following the move; the name and contact information of the person who will check in; any upcoming appointments; the location where the "My Move Plan Summary" will be kept; who will get a copy of it; and signatures of the member, others involved in the planning, and those who will play a role in helping or caring for the member. The member and his county case manager should each keep a copy. Copies can be provided to others if the member so desires.

Please see DHS's **Person-Centered, Informed Choice and Transition Protocol** for additional information about expectations for person-centered activities and planning. The protocol applies to people with disabilities, people with mental illness, those using long-term services and supports, and those moving between residential settings. Part of the protocol focuses on how support planners can implement person-centered planning when a member transitions between residential settings and lays out guidelines for timely follow-up contact with the member depending on the services and supports the member needs. Support planners, including county case managers, are responsible for adherence to this protocol. This includes using "My Move Plan Summary" to facilitate planning, communication, assistance, and follow-up to ensure successful transitions.

If you have questions about DHS's "My Move Plan Summary," email them to seniorcare@primewest.org. 

Providing Support to Members with Alzheimer's Disease and Their Caregivers

Elizabeth Warfield, RN, BSN, Senior Care Coordinator

Alzheimer's disease can be devastating for both the person diagnosed with the disease and the person's caregivers. However, there are ways county case managers can support both parties.

Member support

County case managers can work to develop person-centered goals with members by assessing what has been important to them throughout their lives. This assessment can lead to conversations about what types of things members can continue to do to preserve their sense of purpose.

Another important thing to assess is a member's sleep habits. Lack of sleep exacerbates the symptoms of Alzheimer's disease, so it is important to identify problems and encourage members to see their provider to work on determining a cause and possible solutions. Several other assessments and interventions may be appropriate depending on the member, preferences, and the stage of the disease.

Encourage members to follow up regularly with their primary care provider to promote optimal health. The healthier members are, the better they will be able to cope with the effects of Alzheimer's disease.

Caregiver support

Most in-home caregivers of those with Alzheimer's disease are unprepared for the care they will need to provide and the physical, emotional, and mental stress that goes along with it. They usually have no formal training, yet they are tasked with providing ongoing quality care. This is why the support county case managers can offer to caregivers is so important.

Caregivers need education about the disease itself and where their loved one fits within the stages of the disease. They may also need education specific to caregiving tasks they are unfamiliar with. In addition, they will need emotional/spiritual support, rest, and continued follow-up with their primary care provider to maintain their own health and quality of life. County case managers can't provide all of this, but they can provide education and let caregivers know that their efforts and dedication are recognized and appreciated. County case managers can encourage caregivers to tell their primary care provider they are caring for someone with Alzheimer's disease and discuss how it affects them. County case managers can also help caregivers navigate the health care system, help them identify and connect with supports within their family and community, and encourage them to accept help, including respite care.

Resources

One good resource to tell caregivers about is the Alzheimer's Association's website (www.alz.org). This site has a caregiver center that includes a wealth of helpful information. The site also has a variety of online tools including ALZConnected® where people with Alzheimer's disease and their caregivers can go to connect with others

affected by this disease, ask questions, and share their experiences. ALZConnected may be a good alternative to a community support group for a caregiver who does not want to leave the home. The Alzheimer's Association also has the 24/7 Helpline (**1-800-272-3900**, toll free) that anyone affected by Alzheimer's disease can call. The Helpline provides general information and information about medications, treatments, and caregiving. It also provides information on legal, financial, and living arrangement decisions. Master's level clinicians are available to assist with crises, decisions, and day-to-day issues that may arise. Assistance is available in over 200 languages through their translation service.

There is no doubt that living with Alzheimer's disease takes a toll on everyone involved. County case managers can serve as an important resource and source of support.

Source: Resources for Integrated Care, "Geriatric-Competent Care: Caring for Individual's with Alzheimer's Disease, Next Steps after Diagnosis: Preparing the Patient Client and their Caregivers," August 12, 2015, www.resourcesforintegratedcare.com/sites/default/files/Next%20Steps%20After%20the%20Diagnosis%20Preparing%20the%20Patient%20and%20Their%20Caregivers.pdf. 

Prostate Cancer Awareness

Jenny Golden, RN, SNBC Care Coordinator

Educating members about prostate cancer and the testing process and encouraging them to have recommended exams is key to helping both prevent prostate cancer and catch it early when it is most treatable.

Overview

Prostate cancer is one of the most common types of cancer in men and is the second leading cause of cancer death for men in the United States (ASCO 2016). Prostate cancer usually grows slowly and, in its early stages, remains within the prostate gland. If the cancer spreads, it can go to surrounding organs such as the bladder. It can also enter the bloodstream or lymphatic system and travel to bones and other organs. Certain types of prostate cancer require minimal treatment, while others can spread quickly and require more aggressive treatment (Mayo Clinic 2015).

Prostate cancer has no known cause. However, some risk factors for developing prostate cancer have been identified. These include having a family history of prostate or breast cancer and being obese. The risk of prostate cancer increases with age, and black men have a greater risk of developing prostate cancer (Mayo Clinic 2015).

Prevention

There is no way to eliminate the risk of prostate cancer, but you can encourage members to do what they can to reduce their risk. This can include eating a healthy diet full of fruits and vegetables, exercising most days of the week, and maintaining a healthy weight. It's also important for members to attend routine preventive medical visits and have screenings as recommended by their provider (Mayo Clinic 2015).

Symptoms

In its early stages, prostate cancer may not cause any noticeable symptoms. As it advances, it may cause trouble urinating and/or decreased force in urine stream. Blood in semen, discomfort in the pelvic area, bone pain, and erectile dysfunction are also symptoms (Mayo Clinic 2015). Let members know that if they notice any of these changes, they should talk to their health care provider.

Diagnosis

Prostate screenings include digital rectal exams (DREs) and prostate-specific antigen (PSA) tests. If an abnormality is detected during either of these screenings, the provider will do follow-up testing to confirm the presence of cancer and the aggressiveness of the cancer cells. (Mayo Clinic 2015).

Encourage members to talk with their provider about when they should begin getting prostate screenings and which screening they should get. In addition, telling members who may be nervous about getting screened what to expect during the screening process can help ease their fears and make them more likely to bring up the subject with their provider.

Treatment

Treatment for prostate cancer is determined by the severity of the cancer and the risks and benefits associated with the treatment. Treatment options may include radiation therapy, hormone therapy, surgery to remove the prostate, freezing prostate tissue, chemotherapy, and biological therapy (Mayo Clinic 2015).

Support

If you work with a member who has been diagnosed with prostate cancer, encourage and help him to learn about the condition so he feels comfortable making treatment decisions. You can also give the member information on support groups in his area. Emphasize to the member that it is important he continue to care for himself and follow his treatment plan.

Sources: American Society of Clinical Oncology (ASCO), “Prostate Cancer: Statistics,” Cancer.Net, January 2016, www.cancer.net/cancer-types/prostate-cancer/statistics.

Mayo Clinic, “Diseases and Conditions: Prostate Cancer,” March 3, 2015, www.mayoclinic.org/diseases-conditions/prostate-cancer/basics/definition/con-20029597. 

Tools for Person-Centered Thinking: Part 6 of 7

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

This is the sixth in a series of articles about tools to help county case managers develop a skill set focused on person-centered thinking, a concept that emphasizes empowerment, personal rights, choice, and inclusivity when working with members. This article focuses on the concept of management and role definition.

The “donut” is an effective management tool to clarify the roles of different professionals and agencies that provide different services for a member. It is often used to sort out the roles and expectations of each member of the Interdisciplinary Care Team (ICT). Specifically, the donut helps define what *is* your responsibility (think of this as the donut hole), where there is some wiggle room for creativity (the donut itself), and what *is not* your responsibility (outside the donut). The donut consists of three separate areas: the core, judgement and creativity, and not our usual responsibility.

In the “core” is a list of things that are, without question, your responsibility. It includes things you are expected to get right without error. You can think of the core as where the responsibilities of your job description would be identified. It might include creating care plans, making home visits, and setting up medication schedules or medications themselves.

The “judgement and creativity” component is a list of areas where you can try an intervention that may or may not work. This is the learning part of working with members—learning what works and what doesn’t work by trial and error.

Items included in the “not our usual responsibility” area are just that—things that you should not be involved with. These are the areas that go beyond your role as part of the member’s care team.

Using the donut as a tool to work with others to define what your role is—and is not—can help all members of the care team work together, manage expectations, and avoid duplicated efforts.

If you have questions, please contact **Ann Tesch**. 

Important Dates

✓ County supervisor meeting

Meetings are held on the third Thursday of the month, 10 a.m. – 3 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

September 15

November 17

October 20

December 15

✓ County case management educational training

Trainings are held on the fourth Wednesday of the month via webinar from 10 a.m. – noon, unless otherwise noted.

October 26

December 28

November 23

Contact Information

Ann Tesch, RN, BSN, PHN, CCP, Complex Care Coordinator

1-320-335-5287 or 1-888-588-4420 ext. 5287 (toll free)

ann.tesch@primewest.org

You can find a PDF copy of *PrimePartners* by going to our website. Go to www.primewest.org/primepartners.