

PrimePartners

for Case Managers

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Medication Reconciliation during Transitions of Care

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Transitions of care are stressful times for members. They may receive instructions to take a new medication, stop taking a medication they were taking prior to the transition, or to change the way they take a medication. While the instructions may seem clear initially, the stress and fatigue associated with transitions of care can make them difficult to remember. These factors can cause potentially harmful medication errors, which can lead to costly readmissions and put members at risk of further illness, injury, and even death. Even when a member is transitioned to a facility where nursing staff assist with medication management, errors can happen. This makes post-transition medication reconciliation extremely important.

As a county case manager, you play a vital role in preventing post-transition medication errors through the following components of the **transition of care process**:

- Assisting with the transition and discharge planning
- Following up with the member promptly after the transition to offer/facilitate **medication reconciliation**
- Ensuring the member has a post-transition follow-up appointment with his/her primary care provider

Your involvement and vigilance as you help members safely transition from one care setting to another is just one of the many ways you advocate for members and enhance their quality of life. In addition, ensuring safe transitions and preventing associated medication errors cumulatively improves population health and helps reduce unnecessary spending.

If you have questions about medication reconciliation or the transition of care process, email caremanagement@primewest.org. 

Tips for Engaging Members

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Member engagement is important, but incorporating it into practice can be difficult. Many people are used to taking a passive role in their health care and simply doing what their provider tells them to do. The shift toward person-centered planning, which places the patient in the center of the decision-making process, has left some patients confused or uncomfortable. The following are some tips for working with members as they learn to play an active role in their health care.

Motivational interviewing is a great method of encouraging member engagement. Open-ended questions such as “What questions do you have for me?” (versus “Do you have any questions for me?”) require more than a yes or no answer from the member and can help jump-start the discussion. Another simple question that can be used is “What matters most to you?” The answer to this question not only gives you a starting point, but also provides a point of reference for future discussions. Members who feel their voices are heard and valued are more likely to maintain an active role in their health care.

Reflective listening, repeating back what the member has said, shows that you are paying attention and can help focus the conversation. For example, you could say, “You said spending as much time as possible with your granddaughter is what matters most to you” and then add, “Are there certain things that need to happen in order for you to spend time with your granddaughter?” Or, “Are there things that would prevent you from spending as much time as you’d like with her?” Questions like these allow the member to contribute important information and create a sense of teamwork.

Discovering what motivates and matters to a member also creates an opportunity to discuss any health or safety issues you have identified. Using the previous example, if the member is not checking her blood sugar as instructed by her provider, you could discuss the possible complications that could arise and how they would affect her ability to spend time with her granddaughter (what matters most to her). The information gathered from this discussion may serve as a basis for person-centered goal development and/or risk management planning.

County case managers are optimally positioned to provide the education, assistance, and encouragement members need to become active members of their care teams. Try some of these ideas today to help empower members to engage in their health care decisions. 

Residential Services (RS) Tool: Non-Medical Transportation

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Sometimes Customized Living (CL) and adult foster care (AFC) facilities provide non-medical transportation. When this occurs, facilities can receive payment for driver time and mileage as part of the rate generated by the PrimeWest Health Residential Services (RS) Tool.

- Non-medical transportation can be appropriately authorized in the RS Tool by entering driver time and miles driven while actively transporting the member.
- Time when the member is not in the vehicle and not being actively transported should not be figured into the driver time or miles.

Most often, county case managers enter non-medical transportation driver time and mileage on the RS Tool per week or per month. If non-medical outings vary each week or month, the county case manager should estimate the average number of miles the member is actively transported. The associated driver time entered should reflect a reasonable amount of time to transport the member that distance.

Please contact **Elizabeth Warfield** with questions about the RS Tool. 

Skin Cancer: A Growing Problem in Minnesota

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

Which state do you think has the highest rates of skin cancer in the United States? You might guess Florida or California where the sun is usually shining and people flock to the beaches. Surprisingly, that guess would be wrong. Some of the highest rates of skin cancer in the United States are right here in Minnesota (USCS 2018)!

What is the issue?

Sun exposure, especially in those with the risk factors described below, can lead to skin cancer. Skin cancer is the most common cancer in the United States (CDC May 2018). It is estimated that one American dies from skin cancer every hour (EPA 2017) and that 120 Minnesotans die from it every year (BCBS).

Who is at highest risk?

While there are several risk factors, according to the National Council on Skin Cancer Prevention, the following are the ones associated with the highest risk of skin cancer:

- **Skin color.** People with fair skin are at a much higher risk for developing skin cancer than those with darker skin. This is because darker skin contains more melanin, a pigment that helps protect against cancer-causing ultraviolet (UV) rays. About 85 percent of Minnesotans are Caucasian (U.S. Census Bureau).
- **Age.** The risk of developing skin cancer increases with age.
- **Gender.** The incidence of skin cancer is twice as high in males as in females.

This means that older Caucasian males (age 60 and over) have the highest risk of developing skin cancer. In addition, many in this group are farmers who worked in the sun for years before the need to protect skin from UV rays became well known. You likely work with members in this demographic.

How can skin cancer be prevented?

While skin cancer is the most common type of cancer diagnosis in the United States, it also the most preventable. Educate members about the harmful effects of UV rays and encourage them to take steps to protect their skin. Below are some tips to share with members (EPA 2018).

- Avoid sun exposure during times of peak intensity (typically 10 a.m. – 4 p.m.).
- 15 minutes before going outside, apply a broad-spectrum sunscreen with an SPF of at least 30 to any skin that will be exposed.
- Seek shade when possible and wear protective clothing and a wide-brimmed hat to limit sun exposure.
- Wear sunglasses that block 99 – 100 percent of UV rays. Sun exposure is harmful to eyes, too.
- Do not use tanning beds.

What else can be done?

In addition to emphasizing the importance of skin protection, make sure members understand when to seek medical advice about skin changes, a common sign of skin cancer. Let members know about the **ABCDE** guide, an easy-to-remember method of telling what skin changes should prompt medical evaluation.

Asymmetry: Most benign skin growths are symmetrical. Growths that are asymmetrical—where one half does not match the other half—should be evaluated.

Border: Benign skin growths typically have smooth, even borders. Growths that have irregular or jagged borders should be evaluated.

Color: Benign skin growths are usually a uniform shade of brown or tan. Growths that vary in color or shade should be evaluated.

Diameter: Most benign skin growths are less than 6 mm (roughly the size of a pencil eraser). Skin growths that are greater than 6 mm should be evaluated.

Evolution: Most benign growths do not change over time. A growth that changes in color and/or size or that becomes sore, intensely itchy, bleeds or does not heal, should be evaluated (CDC April 2018).

You can help save lives.

Letting members know that skin cancer is a real risk in Minnesota, encouraging them to protect their skin, and educating them about potential warning signs can go a long way toward preventing skin cancer—and saving lives.

Sources:

Blue Cross and Blue Shield of Minnesota, "How to Check Your Skin for Cancer," www.bluecrossmn.com/healthy/public/personal/home/livehealthy/lh-preventive-care/skin-cancer, accessed July 23, 2018.

Centers for Disease Control and Prevention (CDC), "Kinds of Cancer," last reviewed May 7, 2018, www.cdc.gov/cancer/kinds.htm.

CDC, "What Are the Symptoms of Skin Cancer?" last reviewed April 24, 2018, www.cdc.gov/cancer/skin/basic_info/symptoms.htm.

Environmental Protection Agency (EPA), "Action Steps for Sun Safety," July 9, 2018, www.epa.gov/sunsafety/action-steps-sun-safety.

EPA, "Health Effects of UV Radiation," updated November 14, 2017, www.epa.gov/sunsafety/health-effects-uv-radiation.

National Council on Skin Cancer Prevention, "Risk Factors for Skin Cancer," 2016, www.skincancerprevention.org/skin-cancer/risk-factors.

USCS, "U.S. Cancer Statistics Data Visualization Tool, based on November 2017 submission data (1999 – 2015)" Centers for Disease Control and Prevention and National Cancer Institute accessed July 23, 2018, <https://gis.cdc.gov/Cancer/USCS/DataViz.html>.

United States Census Bureau, "Quick Facts Minnesota," U.S. Department of Commerce, accessed July 16, 2018, www.census.gov/quickfacts/fact/table/mn/RHI125217#viewtop. 

Posttraumatic Stress Disorder (PTSD) and Veterans: Resources to Help

Elizabeth Warfield, RN, BSN, PHN, Care Coordinator

PTSD is a disorder that can affect anyone who has experienced or witnessed a life-threatening or traumatic event. It is especially common among military veterans. There are many services available to people suffering from PTSD, and, as a county case manager, you are uniquely positioned to connect those in need with the services that can help.

PTSD

PTSD is a disorder that can affect people exposed to trauma. Many people who experience trauma learn how to cope and adjust in a way that allows them to move forward with their lives. Through no fault of their own, however, some people are not able to move forward and become "stuck" in the event, reliving the trauma over and over again for months or even years. This is called PTSD and it interferes with a person's ability to function in day-to-day life, relationships, and social situations. Symptoms may include flashbacks, severe anxiety, nightmares, uncontrollable thoughts about the traumatic event, being easily startled or frightened, difficulty sleeping or concentrating, irritability, feelings of hopelessness, loss of interest in previously enjoyable activities, avoiding certain places or situations, suicidal thoughts, and self-destructive behavior such as substance abuse (National Center for PTSD 2017).

PTSD and veterans

Because of their increased exposure to trauma, the rate of PTSD among military members is 15 times higher than that of civilians (NAMI). The Minnesota Assistance Council for Veterans (MACV) estimates one in five veterans suffer from major depression or PTSD and only about half seek treatment.

Complicating matters, people with PTSD often use drugs and/or alcohol to try to cope with the devastating effects of the original trauma and the ongoing trauma associated with PTSD. Excessive and inappropriate use can lead to substance use disorder (SUD). According to the National Center for PTSD, in 2012, the "prevalence of PTSD among Veterans receiving specialized SUD care was 32%" (National Center for PTSD 2018). This doesn't take into account the number of veterans who have co-occurring PTSD and SUD who do not seek treatment.

General resources

As a county case manager, you may work with veterans who have PTSD with or without co-occurring SUD. You can help by providing them and their caregivers with education about PTSD, SUD, and the services, supports, and resources available to them—and then encouraging them to take advantage of these resources.

- The U.S. Department of Veterans Affairs (VA) provides the following:
 - **National Center for PTSD**, a source of information about PTSD and related VA benefits.
 - Veterans Affairs Hotline, a direct, dedicated contact line for information about benefits and services. Callers can ask questions and document concerns. This line is **not** for clinical or emergency purposes: **1-800-827-1000** (toll free)
 - **Screening tools** that can help veterans identify symptoms and help inform decisions about seeking further evaluation
 - Veterans Crisis Line
 - Phone: **1-800-273-8255** ext. **1** (toll free)
 - Text: **838255**
 - Online chat: **<http://veteranscrisisline.net>**
- The **National Alliance on Mental Illness (NAMI) Minnesota** provides information and resources and also offers **NAMI Homefront**, a free six-session educational class for families of veterans. Classes help educate family members to help them better understand and recognize the signs and symptoms of PTSD and how to handle crises and communication effectively.
- **Give an Hour** is a program that assists active duty, National Guard, and Reserve service members as well as veterans and their families who need mental health services by matching them up with local providers. Those in need can search for providers. There is no cost for services.

Additional resources include the following:

- **The Minnesota Department of Veterans Affairs**
- **Real Warriors Campaign, an initiative of the Psychological Health Center of Excellence**
- **Substance Abuse and Mental Health Services Administration (SAMHSA): Veterans and Military Families**

Resources for health care professionals

The VA's **National Center for PTSD** website has a section specifically devoted to information for providers. It includes information on research, assessments, treatment options, co-occurring conditions such as SUD, suicide, and brain injury. This site also provides access to PTSD-related continuing education, including a course called "**Military Culture and PTSD.**"

Working with veterans

Let the veterans you work with know about the different resources available and offer encouragement to use them. Remind veterans that PTSD is a serious medical condition and there is no shame in seeking help!

Sources:

MACV, "Ending Homelessness among Veterans," accessed July 18, 2018, **www.csh.org/wp-content/uploads/2012/10/T22.pdf**.

NAMI, "Veterans & Active Duty," accessed July 30, 2018, **www.nami.org/find-support/veterans-and-active-duty**.

National Center for PTSD, "Treatment of Co-Occurring PTSD and Substance Use Disorder in VA," updated April 9, 2018, **www.ptsd.va.gov/professional/co-occurring/ptsd_sud_veterans.asp**.

National Center for PTSD, "What is PTSD?" updated September 15, 2017, **www.ptsd.va.gov/public/PTSD-overview/basics/what-is-ptsd.asp**. 

Important Dates

✓ County supervisor meeting

Meetings are held the third Thursday of the month, from 10 a.m. to 2 p.m., at PrimeWest Health in Alexandria, unless otherwise noted.

August 16

September 20

October 18

November 15

December 20

Mark the following dates on your calendars and watch for additional information.

✓ PrimeWest Health Providers and Partners Fall Conference

October 23; Alexandria, MN

✓ Minnesota Department of Health: Care Coordination Learning Day

October 26

Contact Information

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