Depression and Patient and Family Engagement Best Practice Webinar

September 29th, 2022
Today’s Agenda

• Review meeting reminders
• Depression interventions and best practices
• Depression Guest Speaker - Stefanie Lambert, MSW, LCSW
• Patient and family engagement interventions and best practices
• Patient and Family Engagement Guest Speaker - Kim Pratt
• Questions and feedback
• Closing remarks
Meeting Reminders

• Please mute your line when not speaking to avoid background noise
• Be present and engaged
• Participants are encouraged to utilize chat to ask questions and make comments using “all participants”
• All meeting materials will be available via IPRO Learn or the Network Program Website
Depression

CMS Goals and Network Interventions

Andrea Bates, MSW, LSW
Project Manager
## Increase Remission of Diagnosis of Depression

<table>
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<tr>
<th>Goal</th>
<th>Baseline</th>
<th>Performance Goal (2022-2023)</th>
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<tbody>
<tr>
<td>Increase the % of patients accurately screened as having depression</td>
<td>EQRS/CROWNWeb</td>
<td>15% increase in the Network Service Area</td>
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<tr>
<td>Increase the % of patients with depression receiving treatment</td>
<td>EQRS/CROWNWeb</td>
<td>10% increase in the Network Service Area</td>
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<tr>
<td>Ensure accurate reporting of depression screening and mental health referrals</td>
<td>EQRS/CROWNWeb</td>
<td>80% of all facilities report results of monthly screenings in the NSA</td>
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The Stigma Effect

STIGMA
- May be the result of outside influences
- Leads individuals to not seek treatment for mental health

No family support
Mistrust in the healthcare system
Religion
Lack of self-awareness
Cultural values/beliefs
Lack of patient follow-through
Resources Addressing Stigma

STOP the STIGMA Surrounding Depression

One of the top reasons为什么mildly depressed patients do not use helpful for depression or other mental health issues is due to the fear of social stigma and shame. It is not unusual to find somber walking through the streets, however, have that they will be left behind, their employment, and even their support system.

Depression patients are already marginalized and face stigma and prejudice. If it is to the less obvious. Whether or not the stigma of depression is a hidden, healthcare providers need to have a better understanding of why stigma exists, and to prevent that they are living in a social system that treats patients differently. Non-physical patients.

Learn the Facts

As a result in the African American culture, stigma comes from a lack of understanding and fear. There is a tremendous amount of the mental, social, and economic impact comes to depression and other forms of mental health issues. Research has identified the three main types of stigma. The chart below illustrates each one and gives an example of how it relates to people living with depression.

- **Public stigma** involves the negative or discriminatory attitudes that others have about mental health issues.
- **Self-stigma** refers to the negative attitudes including internalized shame that people with mental health issues have about their own conditions.
- **Institutional stigma** is systemic stigma involves policies, institutions, and organizations. The inclusive unknowingly or unintentionally treating patients with mental health issues. This can include issues related to mental health research or other medical services unrelated to their care.

Stigma Comparison Chart

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<th></th>
<th>Public</th>
<th>Self</th>
<th>Institutional</th>
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| Standards and Proxies | Patients with mental health issues are perceived as dangerous, isolated, unintelligent and unemployable | "I don’t want to give you the wrong impression. I don’t want to put you down. I don’t want to make you feel bad. I’m not sure if I can help you."
| Emotional | "I don’t feel I can help them."
| Effect | "I don’t feel I can help them." | Patients can feel diseased or excluded from activities or social situations. | Patients can feel diseased or excluded from activities or social situations. | Patients can feel diseased or excluded from activities or social situations. | Patients can feel diseased or excluded from activities or social situations. |
| Social | Patients are stigmatized by their behavior. | Patients can feel diseased or excluded from activities or social situations. | Patients can feel diseased or excluded from activities or social situations. |
| Emotional | Patients are stigmatized by their behavior. |

SHATTER the STIGMA: Flipping the Facility Culture Frequently Asked Questions

1. **What is the first step our facility should take when it comes to reducing stigma around talking about depression and other mental health issues?**
   - Create a facility culture where patients can talk openly about mental health by posting materials, educational resources about mental health issues, and providing staff with the tools to understand the importance of mental health issues for themselves and their patients. There are some resources that open the dialogue:
     - Sample Letter For Starting a Conversation About Mental Health
     - Physical Symptoms and Feelings Tracker
     - Physical Symptoms and Feelings Tracker
     - Your Mind and Your Body, Talking to Your Doctor About Mental Health

2. **What are some ways our facility can support its patients to feel less alone and feel more included in our community?**
   - Encourage patients to speak up about their experiences. Many patients who feel isolated or are struggling understand or are hesitant to seek treatment. Statements like “Many people go to therapy just like everyone else do they feel.”
   - Encourage patients to seek help and support. Offer programs that focus on mental health.

3. **What can our facility do to support patients who have screened positive for depression but may be hesitant to talk about it?**
   - Provide patients with the resources to connect with mental health professionals. Offer programs that focus on mental health.

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Best Practices Reported by Facilities

• Offer brief therapeutic solutions for patients with less severe mental health needs to monitor; external referrals to those with more severe needs
• Using a combination of assessment tools addressing additional mental health concerns to apply a better and inclusive approach
• Practicing empathy builds trust with patients; normalizing their feelings and motivational interviewing
• Sharing the resources with PCPs and nephrology practices for continuity of care and collaboration
• Using the resources on a “trial” basis with small group of patients; gather feedback and evaluate if resource should be used with entire population
Depression/Behavioral Health Best Practices Guest Speaker

Stefanie C. Lambert, MSW, LSW
Manager of Social Work Services
Fresenius Kidney Care ~ Eastern North Carolina
Cultivating the Facility Culture

We set the standard:

• Check our biases through self-reflection & commitment to change
• Zero-tolerance policy for behavior that reflects lack of compassion
• Engage clinic leadership to enforce these standards

We educate staff on what mental illness looks like:

• Anger outbursts
• No energy
• Missing treatment
• Sad demeanor
• Poor concentration, motivation, even forgetfulness; e.g. binders, fluid intake
Cultivating the Facility Culture

We educate staff on appropriate, professional responses:

• Open Discussions about mental illness
• Empathy
• Compassion
• Normalizing language around mental illness
• Checking Judgments
• Look beneath the surface
• Reminder that words matter; “they’re crazy,” “junky” – instead use *People with Mental Illness* or *Person with Substance Use Disorder*
• Use of appropriate self-disclosure
Completing a Wellness Assessment

Consists of:

• PHQ-2
• PHQ-9 if PHQ-2 score is 3 or greater
• Anxiety questions
  • GAD-7 if answered “yes” to anxiety question
• Stress questions
• Open-ended questions
Wellness Visioning Assessment

**Stress**

*Are you bothered by any areas of stress, like financial, health, or relationship?*

- [ ] Yes
- [ ] No
- [ ] Patient declined

Describe

**Wellness Visioning**

If you didn’t need dialysis, and your life could be exactly the way you would want, what would it look like?

What do you miss most about your life before starting dialysis?

**Wellness Assessment Outcomes**

Wellness barriers based on Assessment

- [ ] Depression
- [ ] Anxiety
- [ ] Stress
- [ ] None
Connection Between Wellness and Acuity

High Acuity
• Weekly MSW Visits

Elevated/Moderate-High Acuity
• Bi-Monthly MSW Visits

Moderate Acuity
• Monthly MSW Visits

Low Acuity
• Monthly MSW Visits
Using the “Self-Care” Approach

Mental health is promoted as being just as important as physical health

When approaching patients about seeking mental health services, the facility uses a self-care approach

Allowing the patient to talk about activities outside of dialysis which bring them joy and improve their overall quality of life
Resources and Interventions

Coping with depression and anxiety

Depression and anxiety are much more common than you might think. When you’re living with kidney disease, it’s not unusual to feel down or unlike your usual self. The signs of depression and anxiety can be hard to recognize, especially since they can be similar to symptoms of other illnesses—left unrecognized and untreated, these symptoms can interfere with your daily life.

<table>
<thead>
<tr>
<th>SYMPTOMS OF DEPRESSION</th>
<th>SYMPTOMS OF ANXIETY</th>
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<tbody>
<tr>
<td>Eating too much or not enough</td>
<td>Stomach cramps</td>
</tr>
<tr>
<td>Having problems sleeping</td>
<td>Constant worrying</td>
</tr>
<tr>
<td>Having difficulty enjoying daily activities</td>
<td>Panicked feelings</td>
</tr>
<tr>
<td>Feeling like a burden</td>
<td>Tiredness</td>
</tr>
<tr>
<td>Avoiding social situations</td>
<td>Headache</td>
</tr>
<tr>
<td>Experiencing thoughts of suicide or self-harm</td>
<td>Nausea</td>
</tr>
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If you experience any of the symptoms above for more than 2 weeks at a time, it’s a good idea to talk to your care team. They can offer you support to help you get back to feeling your best.

The Connection between THOUGHTS and BEHAVIORS and MOOD

Don’t Forget Who You Are!
Don’t Let Kidney Disease Take That Away

Depression

More than “Sad”

- “Nothing will ever get better and there is nothing I can do to improve my situation”
- “I don’t care anymore about my hobbies, social activities or intimacy with my partner”
- “I have not been sleeping good at all”
- “All I do is sleep”
- “I feel agitated, restless or even angry”
- “I feel my temper has been short lately”
- “I have trouble focusing, making decisions and remembering”
Increasing the Number of Facilities that Successfully Develop and Support a Peer-Mentoring Program

Danielle Andrews, MPH, MSW
Project Manager
Increase the Number of Facilities that Successfully Develop and Support a Peer-Mentoring Program

Peer Mentoring CMS Goal by 2026: Increase the number of facilities successfully developing and supporting a peer mentoring program by 25%
  • Annual increase goals until 25% total increase is reached in 2026

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<tr>
<th>Network</th>
<th>Baseline</th>
<th>Goal (10% Increase from Baseline)</th>
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<tbody>
<tr>
<td>Network 1</td>
<td>26 (12.62%)</td>
<td>46 (22.89%)</td>
</tr>
<tr>
<td>Network 2</td>
<td>60 (17.14%)</td>
<td>96 (27.35%)</td>
</tr>
<tr>
<td>Network 6</td>
<td>106 (13.14%)</td>
<td>185 (23.15%)</td>
</tr>
<tr>
<td>Network 9</td>
<td>57 (8.62%)</td>
<td>122 (18.74%)</td>
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Peer Mentoring

What Is Peer Mentoring?

● Peer mentoring is a relationship that benefits all parties (mentor and mentee). Peer mentoring usually occurs to help an individual that is less experienced achieve a goal, reach a higher level of understanding, or develop effective coping skills under the guidance of a more experienced individual.

● Peer mentoring looks to build a supportive and safe relationship between two people through the sharing of knowledge and experiences, while demonstrating differences, to help each person grow.

● Peer mentoring can help in the development of problem solving skills, promote goal attainment, improve treatment compliance and increase a patient’s overall quality of life.

● Peer mentoring can be done within a one-to-one or a group setting.
How Does Peer Mentoring Work?

What is a Peer Mentor in ESRD?

- An ESRD Peer Mentor is a **trained** individual from any background or ethnicity that shares their experiences with kidney disease to help their peers feel less alone in facing the challenges of End-Stage Renal Disease (ESRD). Peer mentors can help motivate a peer to stay active in their care.

Who Can be a Peer Mentee?

- A peer mentee can a person who is looking to make a connection with a peer who is thriving despite kidney disease and wants more knowledge from someone who is thriving with ESRD.

During a peer mentoring session (conversation), there should be a mutual exchange between the mentor and mentee even though the mentee may have less experience with ESRD. The sharing of experiences and different perspectives should help build a strong bond and promote an environment of co-learning.
The Role of a Peer Mentor

- Improve communication among patients, caregivers, providers and other individuals within the ESRD community
- Provide support to patients/mentees through information sharing, listening to concerns and sharing experiences.
- Acts as a “role model” through the demonstration of positive behavior during difficult and complex situations
- Offer mentees encouragement as they encounter new situations and challenges within their treatment
- Help relieve anxiety and promote positive behavioral change
- Provide support and increase confidence of new patients especially those that have “crashed into dialysis”
Who Should be an ESRD Peer Mentor?

- ESRD peer mentors range from all different backgrounds, races and ethnicities. In some cases can speak multiple languages, but is proficient in English.
- Peer Mentors should be individuals who generally have a positive attitude and outlook on being an active member of their healthcare and managing their ESRD treatment plan.
- They have been in an ESRD treatment modality (In-center, Peritoneal, Home-Hemo, and Transplant) for at least one year.
- Have strong conversational skills and has the ability to connect and communicate with their ESRD peers.
- These individuals should be successful in their own ESRD treatment goals and can provide insight to help others improve their ESRD treatment management skills.
Benefits of Peer Mentoring

- Increased self-esteem and confidence among patients
- Enhanced communication and understanding between staff and patients.
- Improve patients’ knowledge and empower patient’s self-efficacy.
- Increase patients’ socialization with one another and enhance their overall ESRD experience
- Improve facility and patients’ outcomes.
- Improve home dialysis and transplant referrals and/or peak a patient’s interest in other treatment options.
- Improve new patients’ adjustment to the facility and the demands of treatment.
Recruitment Process
Patient Facility Representative (PFR) Alliance

- Peer Mentors are recruited through the IPRO ESRD Network PFR Alliance
- The PFR Alliance is a patient advocacy group that provides patients, transplant recipients, and care partners the opportunity to share thoughts and experiences on ESRD care as well as develop different strategies on how to get more ESRD patients to become active within their care.
- The PFR Alliance also seeks to promote positive relationships between patients, provider staff, ESRD stakeholders, and the Network.
Peer Mentoring Recruitment

Network Outreach to Facilities to Identify Patients with Leadership Ability

- Once patients are identified they would become apart of our IPRO ESRD Network Program
  - PFR Alliance
    - Patients would complete the PFR Alliance Orientation. This includes:
      - Becoming activated within your own care team
      - Learning about different ESRD Treatment Options
      - Learning how to engage with other patients within your facility
        - Sharing Network education, resources, and presentations
    - Patient partake in skill development to include patient advocacy and conversational skills
    - Peer Mentoring Training
Once a Patient is Oriented To The PFR Alliance:

The Network inquires about:

- How much peer mentoring experience does each individual have?
- How long has each member been in an ESRD Treatment Modality?
- If they are certified peer mentors? How long has it been since they’ve become certified?
  - If certified, would a peer mentor refresher course be beneficial?
- Do they have a background in patient advocacy?
- How well do they collaborate with their facility staff?
- If they are compliant with their treatment?
- How much do they know and understand about ESRD?
Peer Mentoring - Staying Connected

- Monthly messaging to patient facilities representatives and peer mentors. Education includes:
  - What is Peer Mentoring?
  - Peer Mentoring Roles and Benefits
  - What is a peer mentor or mentee?
  - Who can be a peer mentor in the ESRD Peer Mentoring Program?
  - How to become a peer mentor?
Peer Mentoring - Staying Connected

- Monthly PFR Alliance Meetings:
  - Improving/Increasing ESRD Education
  - Understanding the overarching issues within the ESRD Community
  - Highlighting the different ESRD topics each active patient is interested in and utilizing these topics within their mentor-mentee interactions

- Network-Patient assistance to help each patient navigate IPRO Learn, create a patient portal account (to access the peer mentoring training), and module completion
Peer Mentoring
IPRO ESRD Network Best Practice

• The Network conducts live, instructor led two-part peer mentoring training sessions that focus on:
  • Talking Effectively with Another Patient
  • Mentoring to Support Choices
• The live peer mentoring session sought to mediate:
  • Moving patients from the recruitment phase to the training phase
  • Alleviate the technical difficulties associated with the patient portal of IPRO
  • Creates the “mentor the mentor” experience (where long-term peer mentors share their experiences and effective strategies with newer Peer Mentors)
A Peer Mentor’s Perspective
Kim Pratt

Kim Pratt is a long-term Patient Subject Matter Expert for IPRO ESRD Network and is a strong transplant advocate. She is also a long-term PFR and has participated in numerous Peer Mentoring Programs. Kim is currently working with the ESRD NCC Affinity Group and is also an active member of Network 1’s Medical Review Board.

1. Do you see the value in a peer mentoring program?
2. Why did you choose to become a peer mentor?
3. How have you collaborated with your facility to mentor your fellow ESRD Peers?
4. Do you find peer mentoring to be an effective strategy for educating ESRD patients about different treatment modalities? especially transplantation?
5. How important of a role does education and advocacy play in improving an individual's quality of life?
Thank You!