



Your Program's VIP *(Very Important Psychosocial)* Component: The Future Starts Now

Dr. Kent Eichenauer
Consulting Psychologist, Urbana, OH
eichenauerk@gmail.com

ISCVPR 2019

DISCLOSURE INFORMATION:

I am co-author of
The Psychosocial Risk Factor Survey

Goals for Today

- ▶ Why is the psychosocial component important?
- ▶ What are psychosocial risk factors?
- ▶ What are models of psychosocial integration?
- ▶ Can we do this ourselves?
 - ▶ How can we best do that?
- ▶ Or do we need outside help?
 - ▶ Where does that come from?

Role of Cardiac and Pulmonary Rehab

- ▶ Recovery
- ▶ Reconditioning
- ▶ Reform
 - ▶ Can we have enduring behavior change without psychological change?

Core Components

Psychosocial Management

Evaluation

- Identify psychological distress as indicated by clinically significant levels of depression, anxiety, anger or hostility, social isolation, marital/family distress, sexual dysfunction/adjustment, and substance abuse (alcohol or other psychotropic agents), using interview and/or standardized measurement tools.

Core Components

Psychosocial Management	
Interventions	<ul style="list-style-type: none">• Offer individual and/or small group education and counseling on adjustment to heart disease, stress management, and health-related lifestyle change. When possible, include family members, domestic partners, and/or significant others in such sessions.
	<ul style="list-style-type: none">• Develop supportive rehabilitation environment and community resources to enhance the patient's and the family's level of social support.
	<ul style="list-style-type: none">• Teach and support self-help strategies.
	<ul style="list-style-type: none">• In concert with primary healthcare provider, refer patients experiencing clinically significant psychosocial distress to appropriate mental health specialists for further evaluation and treatment.

Treating the Whole Patient—Expertly

- ▶ Indeed, what makes cardiac rehabilitation so special is that it involves a *multidisciplinary* team of professionals who bring their own unique training and expertise to the care of CHD patients. Educating cardiac rehabilitation staff about the importance of psychosocial risk factors is valuable, but we do not need to aspire to train physicians and other cardiac rehabilitation staff to become psychologists. Rather, we should become more familiar with each staff member's areas of expertise, respect and appreciate their respective skills and unique contributions, recognize the limits of our own training and expertise, and develop better methods for optimally integrating these different perspectives and treatment modalities into the assessment and treatment of the whole.

James Blumenthal, [J Cardiopulm Rehabil Prev](#). 2007 Mar-Apr;27(2):104-6.

Psychosocial Treatment of Cardiac Patients

▶ Usefulness of Psychosocial Treatment...

([Am J Cardiol.](#) 2002 Jan 15;89(2):164-8.)

▶ ENRICHD ([JAMA.](#) 2003 Jun 18;289(23):3106-16)

▶ SWITCHD ([Circ Cardiovasc Qual Outcomes.](#) 2009 Jan;2(1):25-32)

▶ SUPRIM ([Arch Intern Med.](#) 2011 Jan 24;171(2):134-40)

▶ ENHANCED ([Circulation.](#) 2016 Apr 5;133(14):1341-50)

Usefulness of Psych Treatment (2002)

- ▶ 121 male patients who experienced ambulatory or mental stress induced ischemia
- ▶ Randomized to Control, Exercise OR Psychosocial treatment with 5 yr follow up
- ▶ Hard events: Exercise=1.3, Stress Mgmt=.9
- ▶ Healthcare costs: Ex=\$18K, SMT=\$9.5K

ENRICHD (2003)

- ▶ ~2500 post-MI patients with Depression and Low SS
- ▶ 50% to individual/group/meds
- ▶ After 2.5 yrs, only white males had fewer MI's or death
- ▶ Overall modest benefit to Depression
- ▶ Observations:
 - ▶ Patients entered treatment immediately following MI not allowing time for depression to remit
 - ▶ Only 1/3 of patients rec'd group tx due to distance
 - ▶ Could less group tx be reason for minimal impact?

SWITCHD (2009)

- ▶ 237 women with acute event
- ▶ 50% rec'd 20-two hr. group sessions over 1 yr.
- ▶ 7 yr follow up for all cause mortality
- ▶ Usual care=20%, Psych group=7%

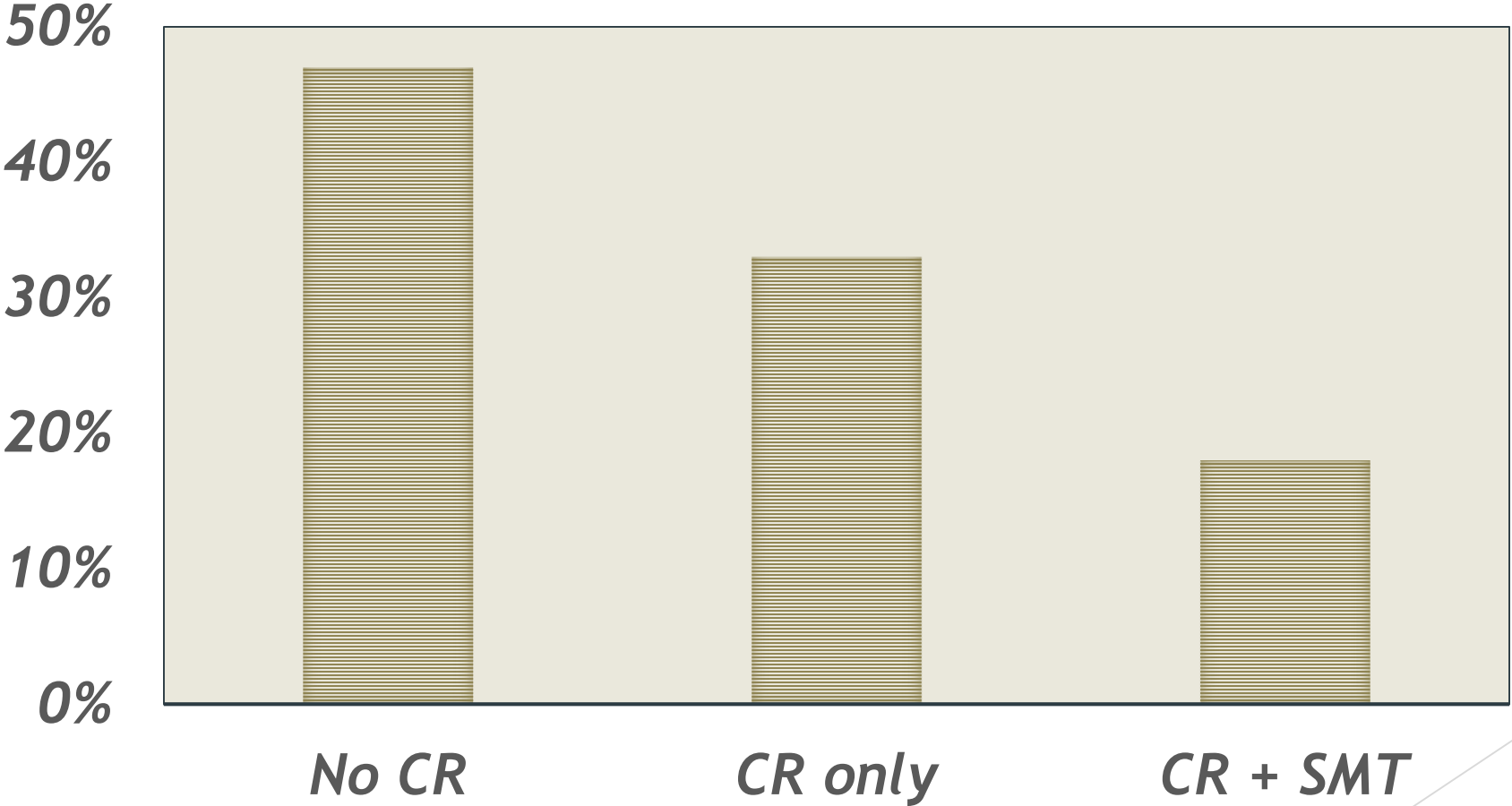
SUPRIM (2011)

- ▶ 362 patients with acute event
- ▶ 192 rec'd 20-two hr. group sessions over 1 yr. compared to usual care
- ▶ 8 yr follow up for MI's
- ▶ Psych group had 45% fewer MI's

ENHANCED (2016)

- ▶ 151 patients
- ▶ Randomized to No CR, CR only, CR + SMT
- ▶ SMT was 12 weekly 90 minute groups
- ▶ >3 yr follow up for cardiac clinical events
 - ▶ No CR=47%
 - ▶ CR only=33% (30% less than No CR)
 - ▶ CR+SMT=18% (45% less than CR only)

ENHANCED (2016)



Group Intervention Components

- ▶ 4-8 members—closed group
- ▶ Education
- ▶ Relaxation
- ▶ Skills Training/Self-monitoring
 - ▶ *Thoughts, attitudes, interpretations*
- ▶ Cognitive Behavioral Therapy
 - ▶ *Cognitive Restructuring—focus on hostility, depression, and anxiety*
- ▶ Spiritual/Personal Values Development
- ▶ **<Group Cohesiveness>**

Psychosocial Risk Factors

- ▶ Depression
- ▶ Anxiety
- ▶ Anger/Hostility
- ▶ Social Isolation
- ▶ ...

Other Psychosocial Issues:

- ▶ Family and marital relationship distress
- ▶ Substance abuse/use
- ▶ Sexual issues
- ▶ Situational stresses - Work, \$, insomnia
- ▶ Emotional Guardedness

Psychosocial Factors and CAD

- ▶ Psychosocial factors have been shown to account for approximately 30% of the attributable risk of AMI.
- ▶ examined family hx, age, SES, tobacco, HTN, DM, cholesterol, BMI, sedentary lifestyle, psychosocial

INTERHEART Study, *Lancet*. 2004;364(9438): 937-952.

Psychosocial Factors and CAD

- ▶ History of **depression** leads to
 - ▶ 1.5-2.0 RR of CAD in non-pts;
 - ▶ 1.5-2.5 RR of mortality in CAD pts

Lett & Blumenthal, et al, Psychosom Med, 2004

- ▶ **Depression** is independent predictor of CAD in initially healthy people - RR=1.7

Rugulies, Am J Prev Med, 2002 - meta-analysis of cohort studies

Psychosocial Factors and CAD

- ▶ **Anxiety**—Framingham Offspring Study—pts w higher scores for anxiety and tension were 1.25x more likely to develop CAD or atrial fibrillation

Eaker, E.D., *Psychosom Med*, 2005

- ▶ **Anger/Hostility** and future events

- ▶ Healthy populations: RR=1.19

- ▶ Cardiac populations: RR=1.24

Chida & Steptoe, [J Am Coll Cardiol.](#) 2009 Mar 17;53(11):936-46.

Psychosocial Factors and CAD

- ▶ **Social Isolation meta-analysis.**
Quantitative and qualitative isolation associated with CAD.
 - ▶ RR for first CAD = 1.29
 - ▶ RR for first stroke = 1.32

Valtorta NK, et al. Loneliness;Heart 2016;102:1009-16.

Steps to consider

- ▶ What are my options for services?
- ▶ How much do I have/want to spend?
 - ▶ How do I fund this service?
- ▶ How do I find a provider?
- ▶ How do I train staff (and provider?)

Steps to consider

- ▶ **What are my options for services?**
- ▶ How much do I have/want to spend?
 - ▶ How do I fund this service?
- ▶ How do I find a provider?
- ▶ How do I train staff (and provider?)

What are my options: Overview

- ▶ Assessment
- ▶ Individual Review Consultation
- ▶ Group Education/treatment
- ▶ Individual Treatment
- ▶ Referral to partnered provider

Models for the Psychosocial Component

- ▶ Three models that become increasingly more integral in the program
- ▶ [https://www.aacvpr.org/Resources/
Resources-for-Professionals#BEHAV&NUT](https://www.aacvpr.org/Resources/Resources-for-Professionals#BEHAV&NUT)

Models for the Psychosocial Component

- ▶ Model 1—would be the minimum recommended
 - ▶ Psychosocial Assessment
 - ▶ Individual Review Consultation
- ▶ Model 2
 - ▶ Includes components of Model 1
 - ▶ Plus Group Education/interventions
- ▶ Model 3
 - ▶ Includes components of Model 2
 - ▶ Plus Individual Treatment within the program.

What are my options: Overview

- ▶ **Assessment**
- ▶ Individual Review Consultation
- ▶ Group Education/treatment
- ▶ Individual Treatment
- ▶ Referral to partnered provider

Psychosocial Options: Assessment of Psychosocial Factors

- ▶ Formal assessment
 - ▶ all psychosocial risk factors
 - ▶ some psychosocial risk factors
- ▶ Informal assessment
 - ▶ all psychosocial risk factors
 - ▶ some psychosocial risk factors

Core Components: Assessment

Psychosocial Management

Evaluation

- Identify psychological distress as indicated by clinically significant levels of depression, anxiety, anger or hostility, social isolation, marital/family distress, sexual dysfunction/adjustment, and substance abuse (alcohol or other psychotropic agents), ***using interview and/or standardized measurement tools.***

Psychosocial Test

I am a depressed person.

Yes

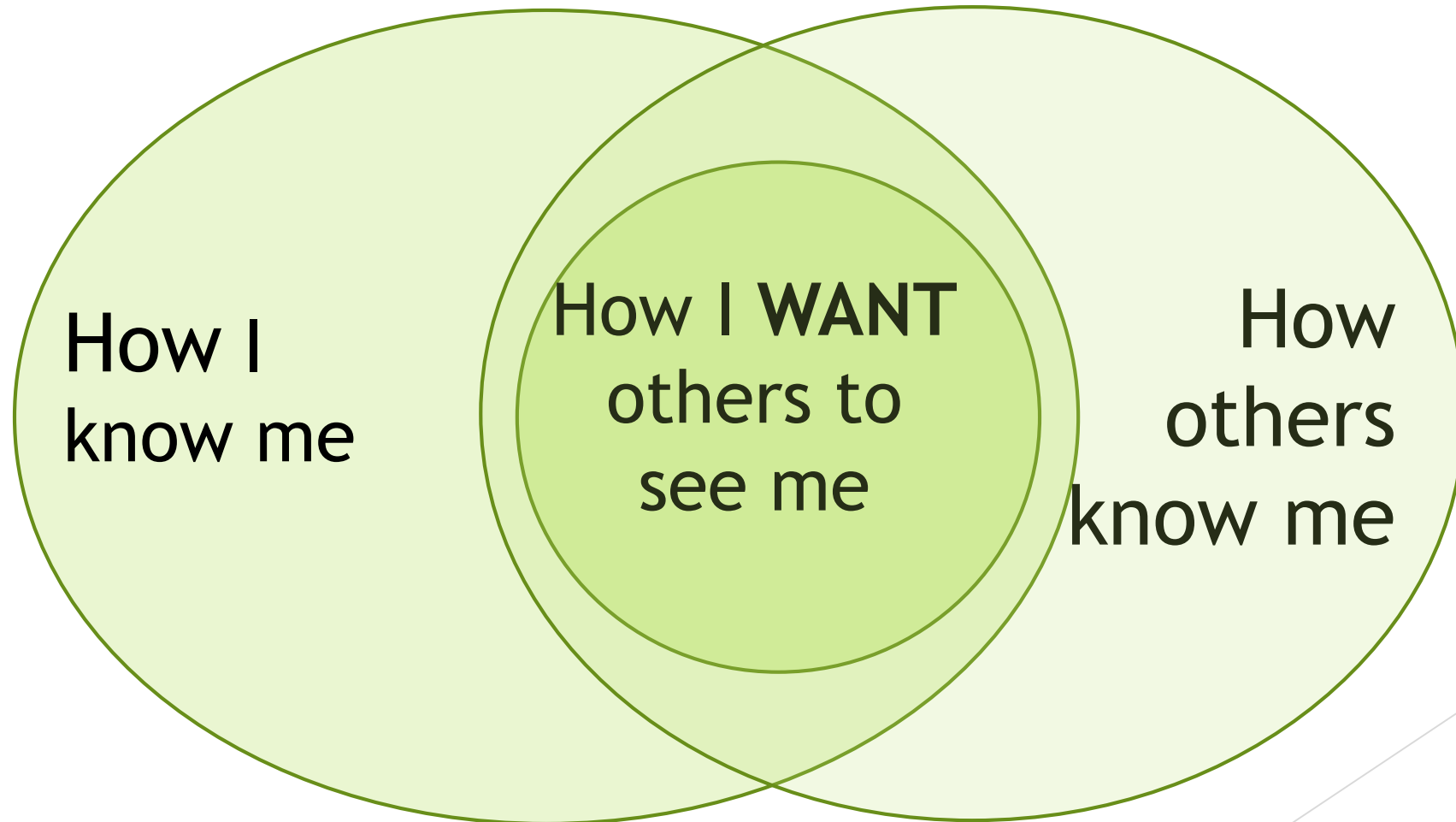
No

I am an angry person.

Yes

No

It's tricky, that subconscious...



Psychosocial Assessment Instruments

- ▶ Single Factor tests
- ▶ Multiple Factor Tests

Single Factor Psychological Tests

Depression:

- ▶ Beck Depression Inventory - II (BDI -II)
 - ▶ \$2.32 per administration
 - ▶ 5 minutes of patient time
 - ▶ Must be purchased by qualifying psychosocial provider
- ▶ Physician Health Questionnaire (PHQ-9)
 - ▶ Public domain
 - ▶ 3 minutes of patient time

Anxiety:

- ▶ Beck Anxiety Inventory (BAI)
 - ▶ \$2.32 per administration
 - ▶ 5 minutes of patient time
 - ▶ Must be purchased by qualifying psychosocial provider
- ▶ Generalized Anxiety Disorder Scale (GAD-7)
 - ▶ Public domain
 - ▶ 2 minutes of patient time

Single Factor Psychological Tests

Anger/Hostility:

▶ State-Trait Anger Expression Index-2 (STAXI-2)

- ▶ \$3.72 per administration
- ▶ 10 minutes patient time
- ▶ Must be purchased by qualifying psychosocial provider

Social Isolation/Support:

▶ Life Stressors and Resources Scale (LISRES)

- ▶ \$3.04 per administration
- ▶ >30 minutes patients time
- ▶ Must be purchased by qualifying psychosocial provider

▶ ENRICHD Social Support Inventory (ESSI)

- ▶ Public domain
- ▶ 2 minutes of patient time

Multi-factor Psychological Tests

▶ Hospital Anxiety and Depression Scale (HADS)

- ▶ Screens for:
 - ▶ Anxiety
 - ▶ Depression
- ▶ \$1 per administration
- ▶ 3-5 mins of patient time

▶ Psychosocial Risk Factor Survey (PRFS)

- ▶ Screens for:
 - ▶ Depression
 - ▶ Anxiety
 - ▶ Hostility
 - ▶ Social Isolation
 - ▶ Emotional Guardedness
- ▶ \$2.00 to 2.50 per administration
- ▶ 12-14 minutes of patient time

Psychosocial Options: Overview

- ▶ Assessment
- ▶ **Individual Review Consultation**
- ▶ **Group Education/Treatment**
- ▶ **Individual Treatment**
- ▶ Referral to partnered provider

Psychosocial Options: Individual Review Consultation

- ▶ 35-40 minute consultation
- ▶ Explore background/history
- ▶ Review screening results
- ▶ Provide info on mind/body effects of stress
- ▶ Offer recommendations—books, TED Talks, referral for treatment

Psychosocial Options: Group Education/Treatment

- ▶ Education
- ▶ Relaxation exercises
- ▶ Self-monitoring skills
- ▶ Cognitive Behavioral Therapy
 - ▶ Cognitive reconditioning
 - ▶ Skills training (habits, resilience, etc.)
- ▶ Spiritual/Personal Values Development
- ▶ Coaching
- ▶ Motivational Interviewing

Do we have the training and expertise in this?

Are we comfortable being the provider of service?

Steps to consider

- ▶ What are my options for services?
- ▶ **How much do I have/want to spend?**
 - ▶ **How do I fund this service?**
- ▶ How do I find a provider?
- ▶ How do I train staff (and provider?)

Funding the Psychosocial Component

As a percentage of your total budget, how much do you think this component costs?

Funding the Psychosocial Component

- ▶ Model 1—would be the minimum recommended
 - ▶ Assessment + Consultation
 - ▶ ~2% of the program's budget
- ▶ Model 2
 - ▶ Assm't + Consultation+ Group Intervention
 - ▶ ~3% of the program's budget
- ▶ Model 3
 - ▶ Assm't + Consultation+ Individual Intervention
 - ▶ ~3 % of the program's budget

Funding the Psychosocial Component

- ▶ Volunteer expecting referrals privately
 - ▶ May seem the most attractive, but not recommended
- ▶ Hospital provider
- ▶ Local University
- ▶ Line item in program budget
- ▶ Non-ECG monitored code (93797)
 - ▶ Physician or other health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring
 - ▶ Some private insurance does not pay for this

Coding & Billing for Required Rehab Program Components (thanks to Karen Lui)

CMS Code Definitions - Cardiac Rehabilitation

- ▶ *93797: Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)*
- ▶ *93798: with continuous ECG monitoring (per session)*
- ▶ *Maximum of 2 sessions/day*
 - ▶ AMA CPT Manual; CMS Change Request 6850, 5-21-10

Steps to consider

- ▶ What are my options for services?
- ▶ How much do I have/want to spend?
 - ▶ How do I fund this service?
- ▶ **How do I find a provider?**
- ▶ How do I train staff (and provider?)

Finding a Behavioral Provider

- ▶ How to find one
 - ▶ Does your facility have a partnered relationship with a mental health facility already?
 - ▶ Part of a university setting with a psychology, counseling, social work department?
 - ▶ Who are the private practitioners out there?

Finding a Behavioral Provider

- ▶ Seek references
 - ▶ From primary care physicians
 - ▶ From patients, friends or family
 - ▶ From state associations for the different disciplines
 - ▶ You can ask the state association to advertise on their listserv for a provider in your area

Finding a Behavioral Provider

- ▶ Make several cold calls and ask about the provider's interest in seeing your patients.
- ▶ Invite the provider to your program for an interview and to educate him or her on the basics of rehab.
- ▶ Provide him or her with literature resources
 - ▶ <https://www.aacvpr.org/Resources/Resources-for-Professionals#BEHAV&NUT>
 - ▶ *Heart and Mind: The practice of Cardiac Psychology, 2nd Ed.*, Robert Allan, PhD and Jeffrey Fisher, MD. (A MUST HAVE!)

Step by Step

- ▶ What are my options for services?
- ▶ How much do I have/want to spend?
 - ▶ How do I fund this service?
- ▶ How do I find a provider?
- ▶ **How do I train staff (and provider?)**

Training Staff

- ▶ Inservice
 - ▶ Presented by a behavioral provider
 - ▶ Fundamental knowledge base of psychosocial risk factors
 - ▶ Listening skills—active listening

Training Staff

- How to present the psychosocial component to the patient
 - ▶ During the intake process
 - ▶ Matter-of-fact fashion
 - ▶ Expect that the patient will participate in this as they would nutrition or other educational offerings



Your Program's VIP (*Very Important Psychosocial*) Component: The Future Starts Now

Dr. Kent Eichenauer
Consulting Psychologist, Urbana, OH
eichenauerk@gmail.com

ISCVPR 2019