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Behavioral Health

- [Behavioral Health in SETMA's Patient-Centered Medical Home Model of Care](#)

Behavioral health is a term that covers the full range of mental and emotional well-being - from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorders and other addictive behaviors. While they are not precisely synonyms, behavioral health and mental health are functionally the same. The following is a published description of mental health. It is a level of [psychological well-being](#), or an absence of a [mental disorder](#); it is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment." From the perspective of [positive psychology](#), mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve [psychological resilience](#).

According to the [World Health Organization](#) (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others.: WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. However, cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. A person struggling with his or her behavioral health may face stress, [depression](#), [anxiety](#), relationship problems, [grief](#), [addiction](#), [ADHD](#) or [learning disabilities](#), [mood disorders](#), or other psychological concerns. Counselors, therapists, [life coaches](#), [psychologists](#), [nurse practitioners](#) or [physicians](#) can help manage behavioral health concerns with treatments such as therapy, counseling, or medication. The new field of [global mental health](#) is "the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide."

- [Medical Home Transtheoretical Model Assessment Stages of Change Tutorial](#)

In the Medical Home Model of healthcare, it is imperative that the patient participates in their own care. Terms like “activated,” “engaged,” and “shared decision making” are important descriptions of the dynamic of the patient participating in and actually “taking charge” of their own care. As part of this process, it is important that the patient’s preparation to change be sustained. In other tools, SETMA discusses the power of “What if Scenario,” which addresses the providers ability to quantify for the patient that fact that “if they make a change, that that change will make a difference in their health.” This is principally done through the Framingham Risk Scores and the ability to display the difference a change in behavior will make. That tool can be reviewed in either:

- 1 [“SETMA’s Disease management tools for Diabetes, Hypertension and Lipids used for patient activation and engagement via written plans of care and treatment plans.”](#)
- 2 [Framingham Heart Study Risk Calculators Tutorial](#)

The assessment of a patient’s preparation to make a change can most effectively be done through the Transtheoretical Model Assessment of the Stages of Change which can measure the patient’s preparation of making the changes recommended in SETMA’s “What if Scenario.” The following steps explain how to use SETMA’s deployment of the Transtheoretical Model.

- [Intensive Behavioral Therapy \(IBT\) Obesity and Cardiovascular Disease Medicare Preventive](#)

Health and Human Services through CMS is becoming increasingly more involved with preventive care and more payments are being made for screening and preventive care which will ultimately make a difference in the care, the health and the cost of care for Medicare beneficiaries. Two new services are: Intensive Behavioral Therapy (IBT) for Obesity (G0477) and Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (G0446).

- [Smoking Cessation Tutorial](#)

Only about half of smokers are ever advised to quit smoking by their physicians. The Agency for Health Care and Policy and Research recommends that physicians should discuss the dangers of smoking with their patients and should continue to encourage them to quit at every office visit. Physicians are in an ideal position to advise against smoking because 70 % of smokers see their primary care physician about three to four

times a year. Research indicates that success rates for unaided smoking cessation doubles from 5% to 10% of attempts when instigated by simple advice to quit from the clinician. Yet, the literature continues to document the failure of physicians and other healthcare professionals to intervene with all of their patients who smoke, with only half of current smokers reporting having been encouraged to quit and even fewer receiving specific counseling. Healthcare settings provide an important teachable moment for smoking cessation intervention. Seventy-five percent of the adult population visits a physician at least once a year, with the average adult making five visits per year. In the physician's office, patients are often conscious of their health and most receptive to risk factor intervention, providing an important opportunity for change.

- [Fall Risk Tutorial](#)

This is one of the greatest health threats to all elderly patients but particularly to those who are in long-term residential care. Through the review of seven categories, a score is developed which indicates whether the patient is at high risk or low risk of falls.

- [Depression Tutorial](#)

Depression is a serious and often life-threatening problem in the elderly and particularly in the elderly in long-term residential care facilities. In addition, the complexity of medication treatment of the elderly is greater because they are often on multiple drugs which have serious interactions. While this template is mostly educational, it is key to the successful treatment of residents of long-term care facilities.

- [Annual Questionnaires: Fall, Functional, Pain, Stress, Wellness](#)

As part of SETMA's Patient-Centered Medical Home, we annually complete five questionnaires for each patient to assess each of the following: Fall Risk, Pain Assessment, Functional Assessment, Wellness, Stress. The standard is that each should be completed on all patients at least once a year and more frequently if a change in conditions dictates. The Fall Risk should be completed on all patients over 50 and on younger patients who as a result of chronic condition are at risk of falling.

- [Adult Weight Management Tutorial](#)

SETMA's Weight Management Program is built on the AMA's Adult Weight Management Program which was published in February, 2004. It is premised on the proposition that excess weight and/or frank obesity is not simply coincidental with virtually every disease which we treat but is either contributory and/or directly causative of those conditions including hypertension, congestive heart failure, diabetes, metabolic syndrome, hyperlipidemia, coronary artery disease, and a number of types of cancer, among many others. SETMA's weight management program is designed to make it simple for health care providers to determine and to document whether or not patients are qualified for treatment with medication or surgery, based on sound

scientific evidence. This tutorial will help all providers learn to utilize this suite of templates either for intensive weight management of a patient, or for giving the patient a weight-management assessment, and/or to help a patient understand why they do, or do not qualify for pharmaceutical and/or surgical treatment of their weight. The weight management assessment is a part of SETMA's LESS Initiative which is utilized with every patient we see.

- [LESS Initiative Tutorial](#)

The premiere primary preventive health initiative of SETMA is the LESS Initiative. LESS is an acronym for: lose weight, exercise, and stop smoking. Included in the LESS Initiative are diabetes prevention, hypertension prevention and insulin resistance risk analyses. The following procedure is the proper way to complete the LESS Initiative. The LESS Initiative is explained in the TCPI section of this website under its own drop down.

- [Stratifying End-of-Life Risk for Hospice Services Tutorial](#)

As end-of-life planning becomes increasingly an important part of patient care, it is important to find ways of quantifying patient's qualification for hospice care and where possible, a means of quantifying a reliable estimate of survival time for patients. While there will never be an absolute, four scores are being used to aid in this process. The first, the Karnofsky Scale, was first described in 1949; the second, the Palliative Performance Scale has been used in cancer patients since 1996; the third the Braden Clinically Unavoidable Skin lesions and the fourth Functional Assessment Testing Alzheimer's and Related Conditions (FAST). SETMA has deployed all four of these scores, along with a fifth which is the Lansky Scare. The Lansky is like the Karnosky Scale but is used with patient under 16. These tools can be found by going to GP Master Template. In the second column you will find these four scales. They are also deployed on the Master Template in the Hospital Care Summary and Post-Hospital Plan of Care and Treatment Plan Suite of templates.

- [Pain Management Tutorial](#)

SETMA Plan of Care for Pain Management and Management of Other Medications With a High Potential for Habituation

Return
Document

Acute Conditions
Chronic Conditions
Meds Should Only Be Given

☐ Patient referred to pain management.
☐ Patient referred to pain management.

Information
Chronic Pain
Treating Friends

Pain Managelast

How Long Should My Medication Last?

This is how long your medication should last at the maximum allowable dosage. However, pain medication and potentially habituating medications should not routinely be taken at the maximum prescribed dosage. They should be taken only when needed. Do not anticipate potential pain and take pain medication because of anxiety or fear of possible pain. Take pain medication only when you are in pain.

Remember, the designation of how long your medication should last is calculated at the maximum prescribed dosage. This does not mean that your medication will automatically be renewed at the time; it does mean that under no circumstance will your medication be renewed before that time.

Our goal is to help you live well. We will use medications appropriately for your benefit but you must monitor and regulate your own use of the important but potentially harmful medications. We will help you by not making excessive medications available to you.

OK Cancel

Given Today? ☐ Given To
Medication Lorcet
First Used 05/17/2

Previous Prescription
Prescriber James L. H
Date 06/28/2
Qty 60
Max Daily Dose 2 p
Refills 1
Should Last 09/01/2

Today's Prescription
Prescriber
User
Location
Qty 0
Max Daily Dose 0 p
Refills 0
Should Last / /

Reason for Early Renewal

- [Reduction of Antipsychotic Medications Toolkit](#)

In an effort to decrease the inappropriate use of antipsychotic medications in Texas Nursing Homes, The Texas Medical Foundation and the Texas Department of Aging and Disability provided this toolkit. Because SETMA provides care to over 90% of the long-term care residents in Southeast Texas, which comprises a five county area, and because SETMA documents the care of those patients in our electronic patient record (EMR), we have taken this tool kit and created a Clinical Decision Support tool to improve the care of the patients for whom we have responsibility.