

Roadmap College

Webinar #1 Develop an Awareness of Emotional Health Needs Thursday, May 12 3pm – 4pm ET

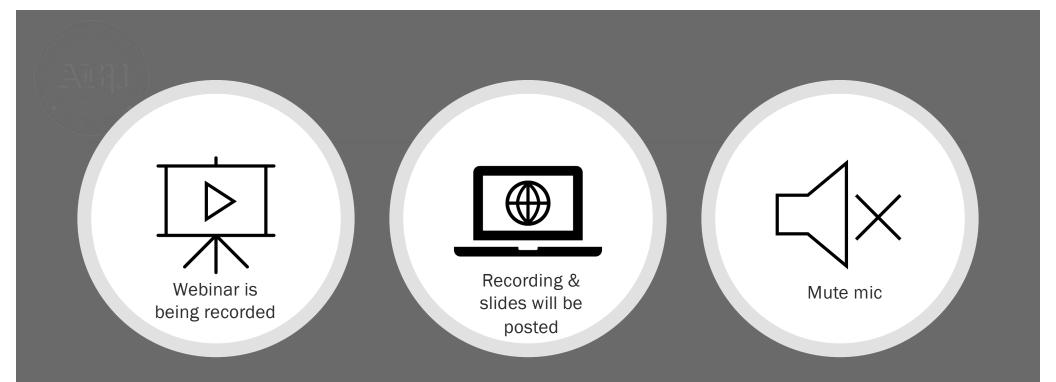




Welcome

Abby Zier Alyesh





Housekeeping



















Kids deserve the best.





Orlando Health[°]

ARNOLD PALMER HOSPITAL For Children





A part of the Chicagoland Children's Health Alliance

Ann & Robert H. Lurie Children's Hospital of Chicago







Objectives

Understand	Consider	Use
Understand the current state of assessing emotional health of patients and families for whom you care.	Consider the ways emotional health affects your patients and their families.	Use change strategies to increase your awareness of the challenges and stresses of living with/parenting a child with a chronic condition.





Agenda

5 min	Welcome & Introductions	Abby Zier Alyesh
10 min	Roadmap College Setup	Carole Lannon
15 min	Current State of Assessing Emotional Health for Patients and Families	Meg Didier Melissa Cousino
25 min	How to Develop an Awareness of Emotional Health Needs Among Clinical TeamsOverviewApplication and Q&A	Aliese Sarkissian Abby Zier Alyesh Carole Lannon
5 min	Next Steps	Abby Zier Alyesh

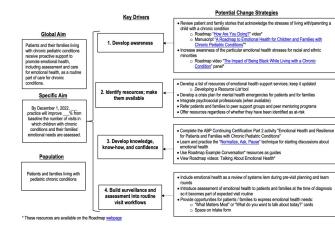


Roadmap College Setup Carole Lannon

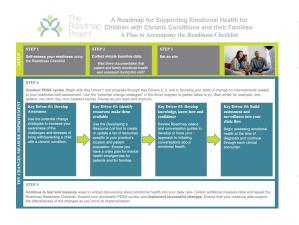


Interconnected Resources for You

Driver Diagram



5-Step Plan



Readiness Checklist

CHECKLIST COMPONENT Baseline	0 Not currently	1 Developing or testing	2 Part of my individual practice	3 Across the clinical setting in which I practice	N/A
A I, and my clinical colleagues and staff with patient or family contact, are aware of and can state - the stresses of living with / parenting, achick with a chronic condition, and - the importance of addressing emotional health; in addition to physical health, for patients/families with chronic pediatric conditions					
B. Our practice setting has an up-datal list of resources available to support the emotional health of children with chronic conditions and bear families initiationals. • mental health providers (e.g., codia workers, psychologists, psychiatrists, other licensed providers) in the health system and/or community, when available • local or national psech-opeer support resources for families (e.g., parents and/or sblings)					
C. Our practice setting has a crisis plan in place to handle mental health emergencies, including suicidality, for patients (Check N/A if your patient population is too young to experience a mental health emergency, such as infants)					
D. Our practice setting has a crisis plan in place to handle mental health emergencies, including suicidality, for family members (e.g., parents)					
E. Providers in our practice setting feel confident and competent initiating discussions about emotional health topics with children, adolescents, and family members of children and adolescents with chronic medical conditions					
F. Providers in our practice build assessment of emotional health into a routine clinic visit					







The
RoadmapA Roadmap for Supporting Emotional Health for
Children with Chronic Conditions and their Families:
A Plan to Accompany the Readiness Checklist

STEP 1 STEP 2 **STEP 3** Self-assess your readiness using Collect simple baseline data: Set an aim the Readiness Checklist Was there documentation that patient and family emotional health was assessed during this visit? **STEP 4** Conduct PDSA cycles. Begin with Key Driver 1 and progress through Key Drivers 2, 3, and 4, focusing your tests of change on improvements related to your readiness self-assessment. Use the "potential change strategies" in the driver diagram to gather ideas to try. Start small; for example, one patient, one clinic day, one inpatient rounds. Revise as you learn and improve. **TRY CHANGES, MEASURE IMPROVEMENT Key Driver #1: Develop** Key Driver #2: Identify Key Driver #3: Develop Key Driver #4: Build Awareness resources; make them knowledge, know-how and assessment and available confidence surveillance into your Use the potential change clinic flow strategies to increase your Use the Developing a Review Roadmap videos awareness of the Resource List tool to create and conversation guides to Begin assessing emotional challenges and stresses of or update a list of resources develop or hone your health at the time of living with/parenting a child specific to your practice's approach to initiating diagnosis and continue with a chronic condition. conversations about location and patient through each clinical population. Ensure you emotional health. encounter. have a crisis plan for mental health emergencies for patients and for families.

STEP 5

Continue to test and measure ways to embed discussions about emotional health into your daily care. Collect additional measure data and repeat the Roadmap Readiness Checklist. Expand your successful PDSA cycles, and **implement successful changes**. Ensure that your measure data support the effectiveness of the changes as you move to implementation.



Pre-Work

Self-Assessed Readiness





Aims

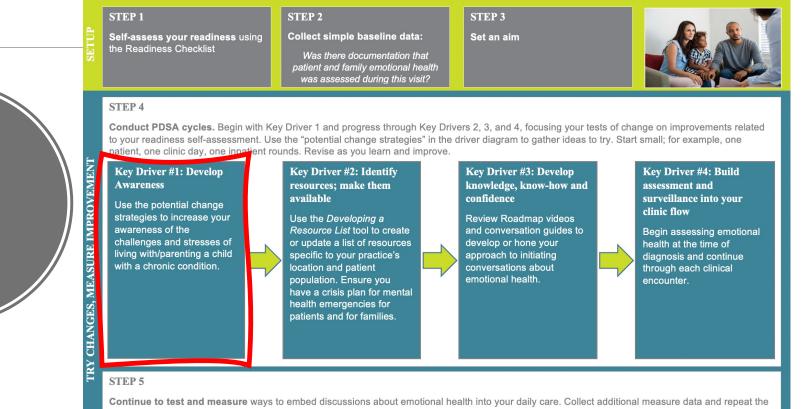
By December 1, 2022, _____ practice will improve ____% from baseline the number of visits in which children with chronic conditions and their families' emotional needs are assessed.

Hospital Practice	Improvement from baseline
LCH Heartest Yard Congenital Heart Center	60%
CHLA Cardiology	20%
Akron Children's Hospital LIFT clinic	30%
NCH Single Ventricle Roadmap Team	60%
Dell Children's Medical Center	80%
Advocate Children's Hospital	50%





The
RoadmapA Roadmap for Supporting Emotional Health for
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Roadmap Readiness Checklist. Expand your successful PDSA cycles, and **implement successful changes.** Ensure that your measure data support the effectiveness of the changes as you move to implementation.



Today's

Focus

Current State of Assessing Emotional Health for Patients and Families Meg Didier Melissa Cousino



Meg Didier

- Director of Fontan Patients, Sisters by Heart
- Patient with hypoplastic left heart





Becoming aware of the impact of my CHD

Anxiety

Depression

ADHD

PTSD

Insomnia

Surgical intervention Doctors appointments - planned/unplanned Anticipatory grief Falling behind and loosing abilities Symptoms of my CHD Financial concerns Isolation

How emotional health be improved in CHD care practices TODAY?

- 1. Communication
 - 2. Validation
 - 3. Resources







Communication and Validation

- Specialists become the main point of contact for patients and families
- Holistic approach to medicine includes physical AND mental/emotional health
 - Create opportunity for open dialog: portal message, clinic visit, etc.
- Start early, ask often
 - Elaborate and build on conversations
- Reassurance through data-driven information
 - Ex: higher prevalence of emotional health concerns associated with CHD

- Feeling heard and understood
- Feeling acknowledged as a "person" rather than just a patient



- Feeling valued by care team
- Establish rapport and trust
- Improve quality of life
- Increase feelings of self worth
- Seek treatment options earlier
 - Therapy, medication, etc.



Resources

- In-house and outside services for patients and families
 - Develop a care center specific one pager on emotional health and available services
- Peer-to-peer support
 - Single Ventricle Patient Day hosted by Fontan Outcomes Network
 - National organizations
 - Social media groups
 - Local camps







Melissa Cousino, PhD

- Associate Professor, Pediatrics and Cardiac Surgery
- Director, M-COPE, Psychosocial Services





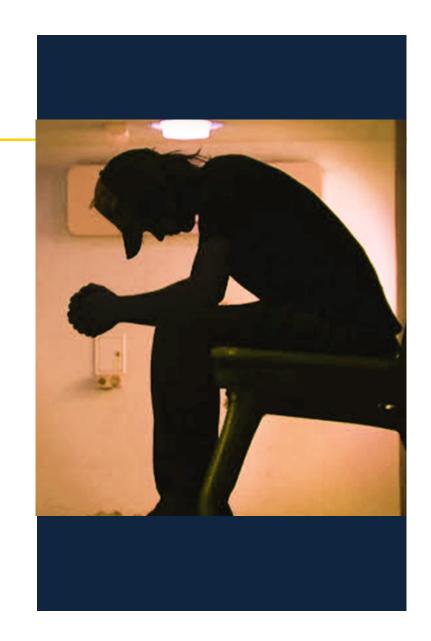


Disclosures

Funding

NHLBI, K23 HL145096-01 NINR, R21 NR016802-02 Enduring Hearts and Additional Ventures Pediatric Heart Network





"It's always about the heart ...

The echo looks good. The labs are great. The biopsy is clean. There are smiles and relief all around.

But, what if I am not good? **What if I** still feel broken inside... sometimes thinking life would just be easier if I was not one of the lucky ones... not one of the miracle stories.

And, then the guilt sets in. *I should feel grateful. I should feel happy*."



Our Goal









A National Emergency

Pediatric Mental Health Crisis Reaches Critical Tipping Point



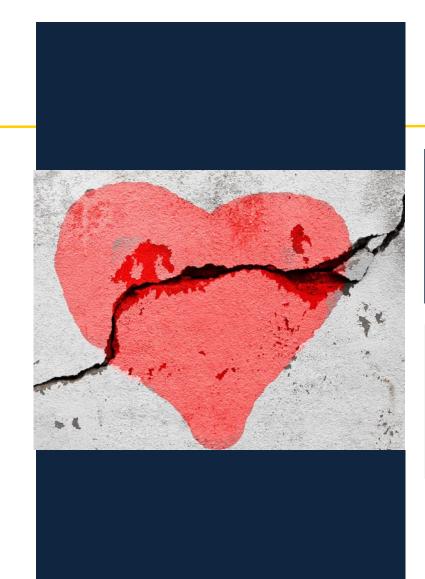


Declaration of a National Emergency for Child and Adolescent Mental Health

October 19, 2021

AAP, AACAP, CHA Declare National Emergency in Children's Mental Health



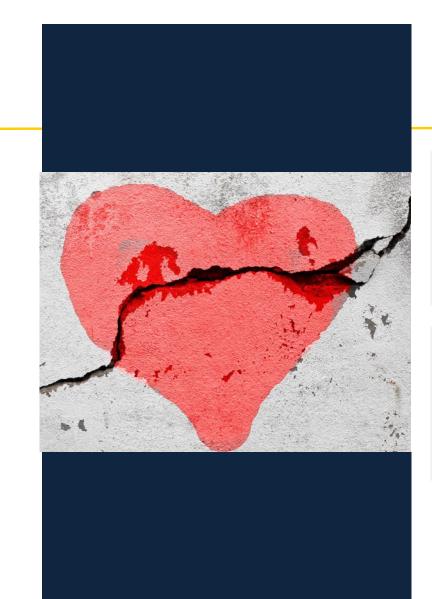


1 in 2 Parent-reported worsened mental health **100%** Increase (doubling) in youth dep/anx

51% Increase in ER risits for teen girl suicide attempts

24-31% Increase in ER visits for mental realth in 5-17yo





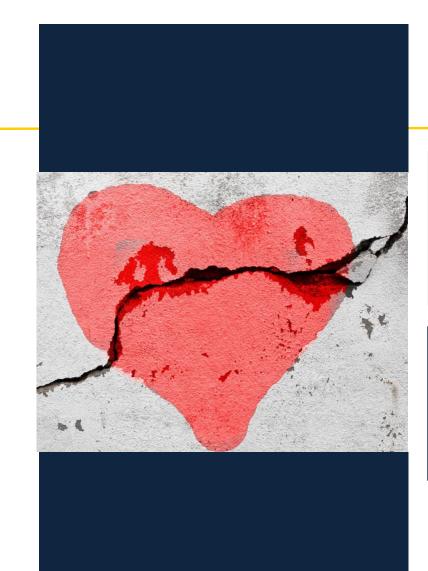
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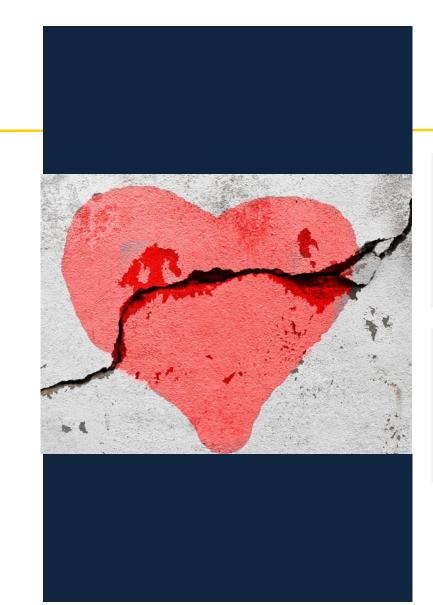


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175,000

U.S. children have lost a primary caregiver to COVID-19; 65% of COVID-19 orphanage in children of racial/ethnic minority





AHA SCIENTIFIC

Circulation

Psychologi Mind-Hear A Scientific Stat

Negative psychological factors	Parameter/ end point	Effect estimates (95% CI)
Depression	Incident MI	RR, 1.30 (1.22–1.40)42
	Incident CHD	RR, 1.30 (1.18–1.44)42
	Stroke	RR, 1.45 (1.31–1.61)45
	Obesity	RR, 1.37 (1.17–1.48)49
	Hypertension	RR, 1.42 (1.09–1.86) ⁵¹
_	Diabetes	RR 1 32 (1 18–1 47) ⁵²
Anxiety	CVD mortality	RR, 1.41 (1.13–1.76) ³⁹
	Incident CHD	RR, 1.41 (1.23–1.61) ³⁹
	Coronary artery spasm	RR, 5.20 (4.72–5.40) ⁴⁰
	Incident stroke	RR, 1.71 (1.18-2.50)39
	Heart failure	RR, 1.35 (1.11-1.64) ³⁹
Work-related stress	Incident CVD events	RR, 1.4 (1.2–1.8) ¹⁸
Any-cause stress	Incident CHD/CHD mortality	RR, 1.27 (1.12–1.45) ¹⁹
PTSD	Incident CHD	RR, 1.61 (1.46–1.77) ²²
Social isolation and loneliness	Incident CVD events	RR, 1.5 (1.2–1.9) ¹⁸
Pessimism	CHD mortality	OR, 2.17 (1.21–3.89) ⁵⁰ (highes vs lowest quartile)
Anger and	Incident CHD	HR, 1.19 (1.05–1.35) ³³
hostility	Recurrent CHD	HR, 1.24 (1.08–1.42)33

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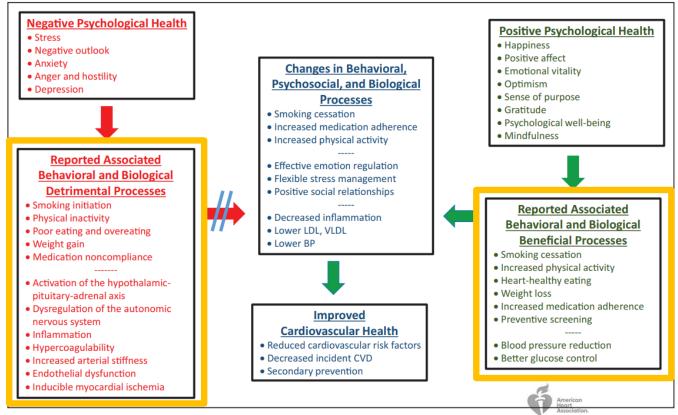


Figure. Negative and positive associations of psychological health and cardiovascular risk and health and potential biologically plausible mechanisms of how improved psychological health can lead to decreased cardiovascular risk.

Figure concept inspired by Levine, ² Kubzansky et al, ⁵⁴ Rozanski, ¹⁶⁶ and many other sources. BP indicates blood pressure; CVD, cardiovascular disease; LDL, low-density lipoprotein; and VLDL, very-low-density lipoprotein.



Mental Health in Pediatric Heart Disease



2 in every 3 or 65% of pediatric patients with single ventricle heart disease experience a mental health condition in their lifetime.



1 in every 2 or 50% of adults with congenital heart disease have a mental health diagnosis, such as depression or anxiety.



Half of parents/families of children with CHD report needing psychosocial care for themselves.

Cousino et al., 2021; Demaso et al., 2017; McCormick et al., 2022; Rea et al., 2021



Mental Health in Pediatric Heart Disease



40% of pediatric patients with a VAD experience a current mental health condition.



Higher rates of anxiety and depression in pediatric heart transplant recipients.

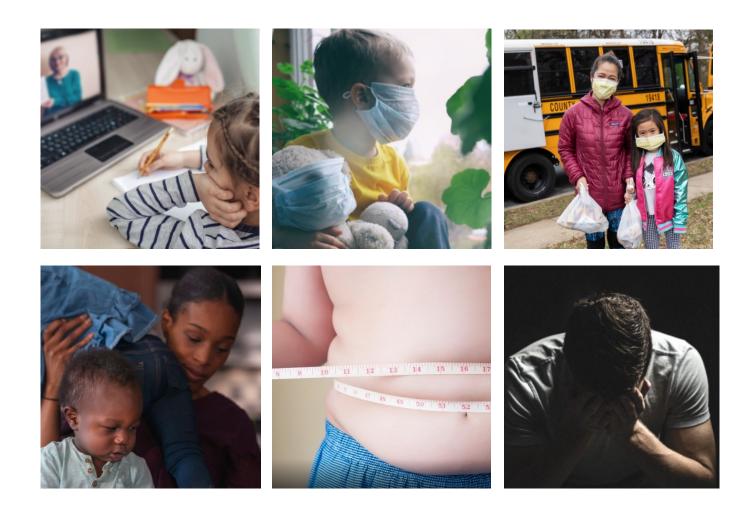
Depression → higher rates of readmission and poorer graft survival 5 years post-txp.



30-50% of posttransplant patients AND families report persisting, significant psychosocial stress.

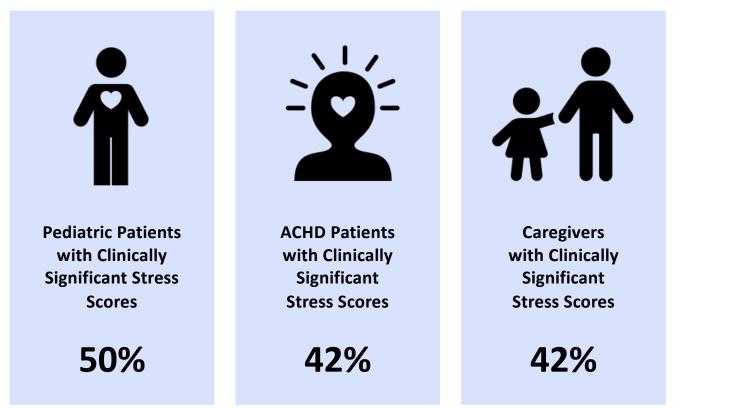
Cousino et al., 2021; Demaso et al., 2017; McCormick et al., 2022; Rea et al., 2021





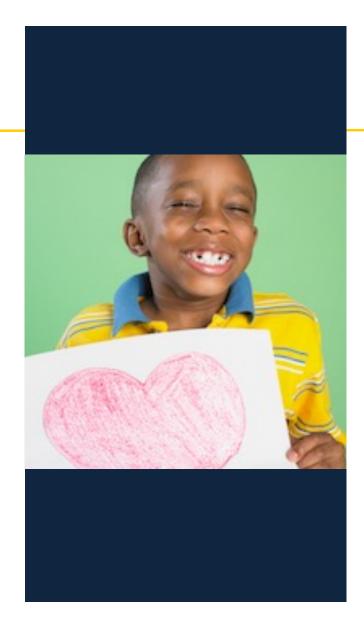


COVID Impact in CHD/ACHD



Cousino et al., 2021





Thank You



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YOUR TURN



Brief Discussion

What surprised you?

What will stick with you as you think about sharing with your colleagues?

What questions do you have?

CHECKLIST COMPONENT Baseline	0 Not currently	1 Developing or testing	2 Part of my individual practice	3 Across the clinical setting in which I practice	N/A
 A. I, and my clinical colleagues and staff with patient or family contact, are aware of and can state the stresses of living with / parenting a child with a chronic condition, and the importance of addressing emotional health, in addition to physical health, for patients/families with chronic pediatric conditions 					





How to Develop an Awareness of Emotional Health Needs Among Clinical Teams Aliese Sarkissian



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Aliese Sarkissian, MD, MBOE

- UNC Children's Assistant Professor, Division of Pediatric Rheumatology
- Site Co-leader, Roadmap Pilot Collaborative





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Are you ready to engage your colleagues?



Start with yourself- what barriers do I see?

- I do not have ...
- □ training in emotional health counseling
- $\hfill\square$ time to ask during the patient visit
- $\hfill\square$ the emotional health resources to offer
- It is likely your colleagues have the very same ones!
- Present interventions to these barriers in conjunction with the importance of emotional health support for patients with chronic conditions and their families



Intervention: I do not have the training

- Dr. Erica Sood's excellent talk and model : Normalize- Ask- Pause
 - Summarize key points to present to your division
 - Tailor it to your field (e.g. rheumatology patients often have to administer injectable medications, which often leads to anxiety)
- Roadmap Example Conversation resources (1-page tools or videos)
 - Share one video with the group and discuss
- Don't forget to ask your division- they may already be employing ways to ask!



Intervention: I do not have the time

- Most often you will only get a "tip of the iceberg", per Dr. Sood
- If you start early (diagnosis day) it becomes a normal part of the visit, included in the review of systems
- Ask your team how much time (and resources) are spent when emotional health problems result in lack of therapeutic adherence?



Intervention: I do not have resources...

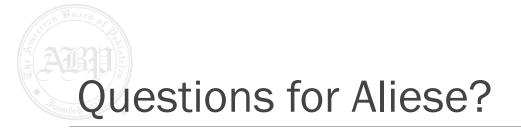
- LISTENING is an intervention!
- You do not have to solve all their problems at one visit, just as you cannot cure their chronic condition at one visit
- Be creative and brainstorm with your division about what you do have
 - Disease foundation websites with peer and family support
 - Ask other divisions what they use in terms of local resources



Share the interventions and circle back to maintain them

- Pilot your talk in your division
 - What other barriers did they identify?
 - What resources did you brainstorm?
- Take it larger to your department
 - Helps identify other "champions" across divisions
- Return to your division
 - Case conference is not only a time to review diagnostic challenges, but also to review total care for patients





• What resonates for you?





And Change ideas

- 1. Identify personal barriers
- 2. Identify team barriers
- 3. Determine who needs to be aware
- 4. Set aside time with each audience to discuss barriers and solutions
- 5. Embrace the iterative nature of raising awareness





YOUR TURN

Potential Barriers

Personal

- Training
- Time
- Resources
- Knowledge
- Other?

Team

- Training
- Time
- Resources
- Knowledge
- Other?





YOUR TURN

Who needs awareness?

- Front desk
- Clinic pod
 - MA
 - Nurse
 - Psychologist
 - Social worker
 - Other clinicians
- Inpatient team
 - Residents and fellows
 - Other clinicians
 - Nurses
 - Psychologist
 - Social worker
- Division

Key message:

- 1. This is important
- 2. You might feel like you don't have time or that you don't know how to do this
- 3. We will learn together and build the skills





Remember, this is iterative

Resources to help

- <u>Your pre-reading and viewing</u>: *Pediatrics* manuscript, How are you doing video, The Impact of Being Black While Living with a Chronic Condition video
- Melissa and Meg's slides
- Addressing Emotional Health: A Self-Assessment
- Your own data



Addressing Emotional Health: A Self-Assessment

These questions will help you evaluate your understanding of emotional health and present example scenarios to help you put learning into practice while caring for patients with chronic conditions and their families. Once complete, compare your answers with the self-assessment key.

Helpful for: Clinicians, training program directors, and trainees





Next Steps Abby Zier Alyesh



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Before Webinar #2

Takeaway tests:

- What step can you take to overcome one (or more) of your barriers?
- How can you raise awareness with one of the audiences you identified?

Tasks:

- Visit the Roadmap College participant page to see pre-reading
- Report Month 1 data on REDCap by May 27













Webinar #2

June 9 3-4pm ET

Identify Resources and Make Them Available



