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DBH 9902: Biodine Model II Chronic and Comordid Conditions

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May 24, 2020

## Section One

Members of the Rockaway community in Queens, New York have a 4.7 year shorter life expectancy than the rest of the entire New York City, (Hinterland, K et. al., 2018). The Rockaway community is plagued by alarming numbers of adults with co- morbid diagnosis of Obesity and behavioral health disorders. Two common behavioral health disorders seen in conjunction with obesity effecting this community is, Generalized Anxiety Disorder and Major Depressive Disorder. According to the 2018 Rockaway Community Health Profile, 32% of the Rockaway community are obese. This number is higher than the overall rate of obesity within New York City consisting of the entire 5 boroughs. Furthermore, the rate of psychiatric hospitalization in the Rockaway community is higher than city wide numbers, (New York State Department of Health, 2015). Both Depression and Anxiety symptoms contribute to psychological, behavioral and physiological factors that increase the likelihood of an individual becoming obese. Obese persons are predisposed to developing serious health complications and chronic conditions such as cardiovascular disease, cancer and diabetes, (Rockaway Community Health Profile, 2018). Due to this predisposition, it is important to implement a Shared Medical Appointment program that will treat and address both obesity and the symptoms of depression and anxiety in an effort to preserve life, create better health outcomes and improve healthcare spending. “Shared Medical Appointments have impact because the social dynamic created through the group clinical encounter has been demonstrated to have advantages over the traditional one to one visit”, (Kirsh, et al., 2017). According to The American Academy of Family Physicians (2020), group visits create positive results in enhancing patient self-care of chronic conditions, increasing the patients, satisfaction with healthcare, and improving health outcomes. As the Rockaway Community

## GROUP PROPOSAL

Health Profile of 2018, identifies the highest numbers of obese community members between the ages 18 and 64 the proposed SMA will target this population of individuals residing in the Rockaway community of Queens, New York. The proposed SMA will be open to 15-20 patients. Each SMA will last for 90 minutes. The SMA will follow the Cooperative Health Care Clinic Model which “Offers exceptional continuity of care”, where the same group of people will meet once per month, (Seiler, 2009). The duration of the group will last for six sessions.

### **Section Two**

Within the six weeks of group treatment, patients will meet within a designated conference room holding 15-20 patients at 6pm on the last Thursday of every month. Patients will be on time for sessions. Patients will commit to the SMA and will make all efforts to be present for each meeting. Patients will meet with the BHC, Primary Care Physician, and additional professionals at different intervals including experts such as an LMHC and a Dietician. The group will address chronic and comorbid conditions more specifically obesity and behavioral health disorders related to symptoms of depression and anxiety. The SMA will consist of 6 sessions which address general topics relating to the patients and allow time for necessary individual meetings with the doctor during designated sessions. Sessions format will consist of psychoeducation, assessment, and planning. Planned topics are as follows:

Week 1- Obesity and how it effects health: This session will be led by the physician, and the BHC. This session will provide psychoeducation on obesity discussing what obesity is, it’s causes, explanation of BMI, the chronic conditions caused by obesity including hypertension, diabetes and coronary artery disease and the impact had on health. Patients will discuss how a

## GROUP PROPOSAL

decrease in weight could improve overall health. During this session Patients will be privately weighed and learn how to utilize tools to calculate their BMI. Patients will develop a weight loss goal. Patients will have the chance to ask questions. Patients will receive screening tools relative to health, wellness and lifestyle including the healthy living questionnaire (SF-8). The biodyne model will be in effect as the BHC will be in place to assist in developing a plan for the patient in an effort to move towards behavioral health change.

Week 2: Anxiety and Depression- This session will be led by an LMHC and a DBH. It will provide psychoeducation on the symptoms of depression and anxiety. It will explain anxiety and depression, treatment options, resources and assessment tools for both conditions will be explored. The BHC will then further provide information on how the symptoms of anxiety and depression contribute to obesity. Patients will learn how to identify behavioral factors, biological factors, and psychological factors which could be contributing to over eating, lack of physical activity and the effects of increased cortisol in the body. Patients will be encouraged to express feelings surrounding this topic and asked to identify behaviors or stressors that could be contributing to unhealthy weight.

Week 3: All about Diet- This session will be led by a licensed dietician. It will provide psychoeducation on healthy food choices, how to use food to establish a healthy weight, healthy food portions, what foods to avoid, how certain foods effect obesity, anxiety symptoms and depression, and will provide a general meal plan which can be used to assist in weight loss. It will provide healthy food choices that can be substituted for bingeing episodes due to behavioral symptoms. Patients encouraged to immediately begin following food guidelines. It is important to note that research conducted explains that “Symptoms of anxiety,

## GROUP PROPOSAL

depression, stress, sadness and anger are conditions frequently associated with over eating”, Garcia, et al., (2018). This information confirms the need for dietary psychoeducation.

Week 4: Exercise- This session will be led by the PCP and the DBH. It will provide psychoeducation on the importance of movement and maintaining a healthy and active life style. This session will provide patients with a general overview on suggested weekly exercise requirements, methods for meeting exercise goals including a list of at home work outs/ free videos and community resources including gym memberships, parks and movement management tools such as step trackers and heart rate monitors. Patients will be asked to immediately begin following exercise guidelines. \*individual plans can be adjusted by PCP if patient has special medical needs or concerns. This session is important as a 2015 study of 165 individuals with a diagnosis of depressive or anxiety disorder symptoms found that “The physical activity pattern of people with depressive and or anxiety disorders was characterized by large amounts of sedentary time and low fulfillment of physical activity guidelines” Helgadottir et al., (2015).

Week 5: Tools for success- This session will be led by the DBH. It will discuss techniques that can be used to reduce symptoms of stress, anxiety and depression. It will provide information and demonstration on meditation, deep breathing, grounding, journaling, behavioral changes and other forms of self-care. Patients will be invited to participate in demonstrated technique such as guided meditation. Patients will be providing with tools and resources including the Calmy app. Patients will be asked to develop a plan for weight loss and behavioral health based on all information provided thus far.

## GROUP PROPOSAL

Week 6: Sleep/ Review- This session will be broken into two parts. It will be led by the BHC and the PCP. It will provide information on the benefits of sleep and ways to encourage and maintain a restful night. It will explore how sleep effects both physical and mental health. This session will provide tips and techniques for effective bedtime routines and information on sleep aides such melatonin and calming teas. Adequate sleep is important in aiding the body in rejuvenation. “There is an established connection between poor sleep and depression’, (Ell, 2020)

Part 2-All about review- Patients will have the opportunity to discuss what they have learned from the group, questions or concerns, and patients will have the chance to review information provided and ask questions directed to the PCP or BHC. Patients will review and consider the weight loss and behavioral management plan in place and determine its effectiveness and any changes required for future success. Patients will be weighed.

Patient will be reassessed for progress within 3 months. PCP or BHC will make a determination for round two session at that time after speaking with patient and exploring patient need and desire to participate.

There are several advantages and benefits to the purposed SMA. Patients will have the opportunity to gather information on health topics that will increase their knowledge of their own personal chronic and co morbid conditions in a setting which allows for increased time with the healthcare team. Patients will have an increased awareness of self which will further patients ability to follow medical recommendations and health care involvement. Patients will also receive the opportunity to receive clarification on health topics impacting their health and wellbeing. Patients will further have the opportunity to engage with other patients

## GROUP PROPOSAL

in support, who share similar health conditions which can encourage motivation and remove feelings of medical isolation which could have a negative effect on health outcomes. Kirsh et, al., (2017) States that SMA creates benefits such as patients having a social support base, knowledge sharing, improved knowledge of health, provider problem solving improvements, increased time for patient, and development of trust for doctor and medical team.

### **Section 3**

The proposed SMA will save money and time. As it relates to economics, each year millions of dollars are wasted in medical spending for occurrences such as preventable emergency room visits and deteriorating health conditions. Each year the United States spends 147 million dollars on obesity cost (Center for Disease Control, 2020). As obesity causes other chronic conditions the cost of spending continues to rise. SMA have been found to reduce emergency room visits as they are less likely to be needed as well as reduce the cost of care for the patient as they tend to pay less for group visits. Furthermore healthcare facilities reduce overall spending. Doctors maximize on time as they can see more patients at once and experience a reduction in spending per visit. They further save time on repeat visits from the same patients. Patients also save time seeking information, spending time out of work, and spending time at follow up and emergency rooms visits. Overall the proposed SMA will save a significant amount of health care dollars and time as patients will achieve better healthcare outcome thus reducing preventable use of the health care system. The proposed SMA will improve health care outcomes as stated above as patients will be empowered by group support, increased knowledge, trust amongst medical staff and a desire to actively engage in ones' own care. They will most importantly be provided with the knowledge and

## GROUP PROPOSAL

tools to understand and pursue realistic health care goals. As mentioned above the Rockaway community has been identified as having a shorter life span than other members of the City of New York. With that being said these patients life depends on a program such as the proposed that will create positive health outcomes and as a result preserve life.

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## GROUP PROPOSAL

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