



Improving health outcomes will require collaboration across individuals, professions and supporting organizations. Taking advantage of existing resources and applying a new lens, as a TEAM, is interprofessional collaboration in practice.

WE ARE EXCITED TO LEARN FROM YOU TODAY,  
AS YOU PRESENT EVIDENCE-BASED INTERPROFESSIONAL  
ASSESSMENT TOOLS WHICH SUPPORT HEALTHY COMMUNITIES.



Louisiana





- As an **audiologist**, we are responsible for **identifying hearing loss** as early as possible.
- Early Hearing Detection & Intervention (EDHI)**
  - 1-3-6 protocol for early detection of hearing loss
  - Must be done by 1 month, confirmed diagnosis by 3 months
- 0-6 months**
  - Otoacoustic emissions (OAEs)
  - Auditory brainstem response (ABR)
  - Tympanograms
- 6-12 months**
  - Visual reinforcement audiometry (VRA)
    - determine behavioral hearing thresholds through the use of head turns and localization when a stimulus is presented
- Early intervention should be implemented by **6 months**: **hearing aid, speech therapy, follow up**



- A **dental hygienist** should see an infant as soon as the **first tooth erupts** at 6 months and no later than 12.
  - Critical for acquainting children with a dental setting and establishing proper oral care methods
- Screening:**
  - Assess tooth development and alignment
  - Evaluate hard and soft tissues of the mouth
  - Assist parents in raising children free of dental disease by providing guidance
  - Inquire about diet, teething, and other habits and medical history that can lead to cavity risk
- Treatment:**
  - Removal of oral biofilm
  - Recommendation of appropriate fluoride regimens



- The role of **medicine** is to **improve and maintain the health** of infants by:
- Screening:**
  - Monitoring developmental milestones
    - Fine and gross motor, social, cognitive
  - Assess for signs of child abuse
    - Shaken baby syndrome, atypical bruising, neglect
- Treatment:**
  - Provide recommended vaccinations
    - DTaP, MMR, HBV, Hib, RV, PCV
  - Treatment of congenital defects
    - Tetralogy of Fallot, spina bifida, cleft palate
  - Diagnosis and treatment of illnesses
    - Pertussis, Scarlet Fever, Infectious Erythema, Rubella, Pneumonia, Mumps
  - Downs, sickle cell disease, cystic fibrosis



- As a **nurse**, **assessment of the infant** begins immediately once they are born.
- Primary assessment:**
  - Vital signs, general appearance, weight, height, and head circumference
  - APGAR score
    - rapid assessment of the overall status of the newborn and response to resuscitation
- Secondary assessment:**
  - Performed 2 hours after birth until discharge
  - Newborn Screening Panel i.e. heelstick
    - PKU, hemoglobinopathies, cystic fibrosis, Downs
  - Monitors
    - Pulse oximetry - Congenital heart disease
    - TcB every 8-12 hours – jaundice
  - Urine samples – in utero drug exposure



- As **physical therapists**, we assess children for **developmental deficits** and any deficit that delays developmental growth.
  - Motor, musculoskeletal, neurological, congenital
- Screening**
  - Babinski, MMT for muscle strength, RoM, functional tests
- Outcome Measures**
  - Used as baseline to compare if improvements were made
    - Peabody Developmental Motor Scales (PDMS)
    - Gross Motor Function Measure (GMFM)
- Therapy**
  - Strength and functional training, mobility, planning and providing assisted devices, neuromuscular reeducation
  - Correct and educate family members for efficient developmental growth

# An Interprofessional Assessment of Infants 0 to 12 months

## Audiology

Allison Agulnick

## Dental Hygiene

Meagan Abadie

## Medicine

Tyler Adams  
Sarajane Gross  
Anthony Nguyen  
Jamie Tran

## Nursing

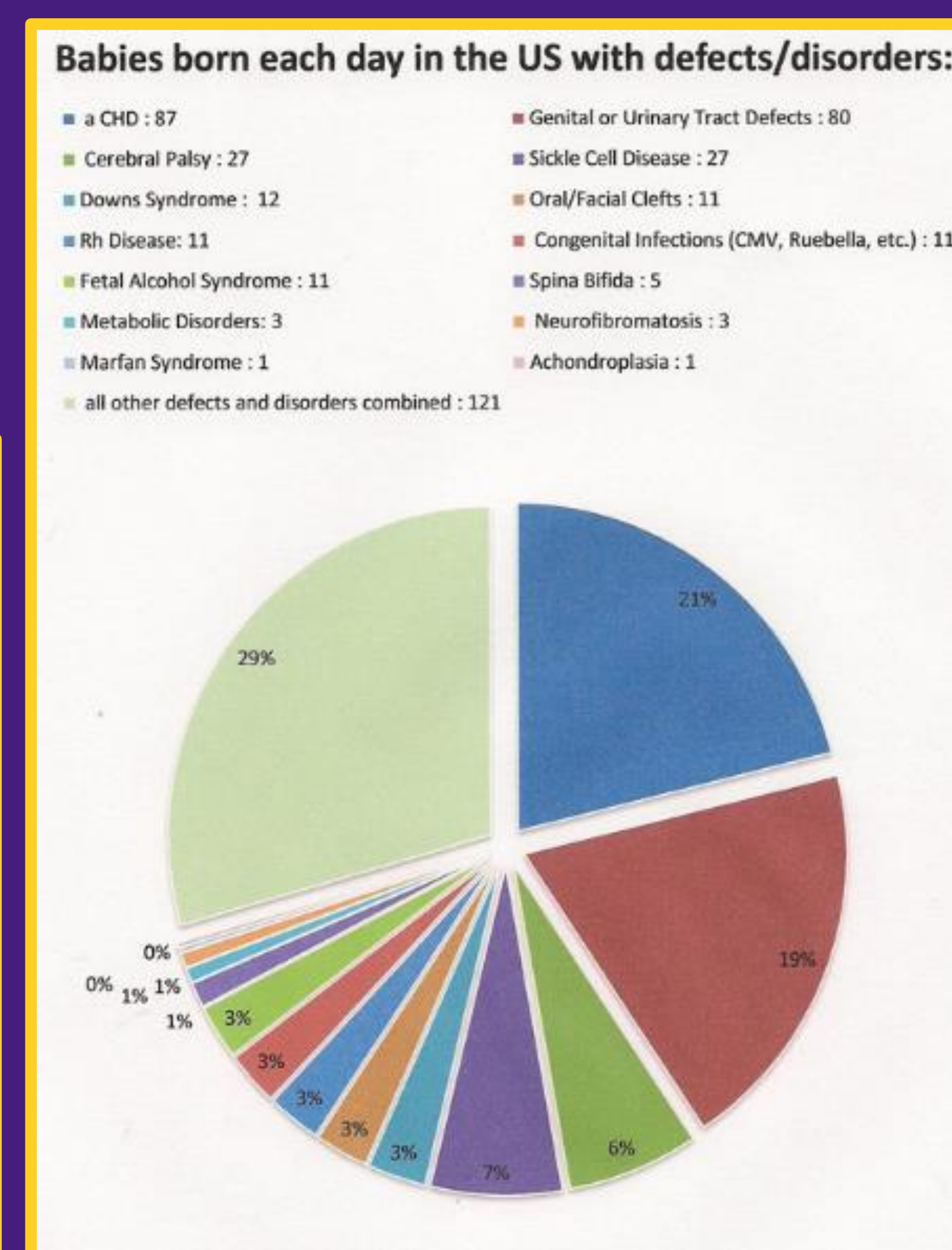
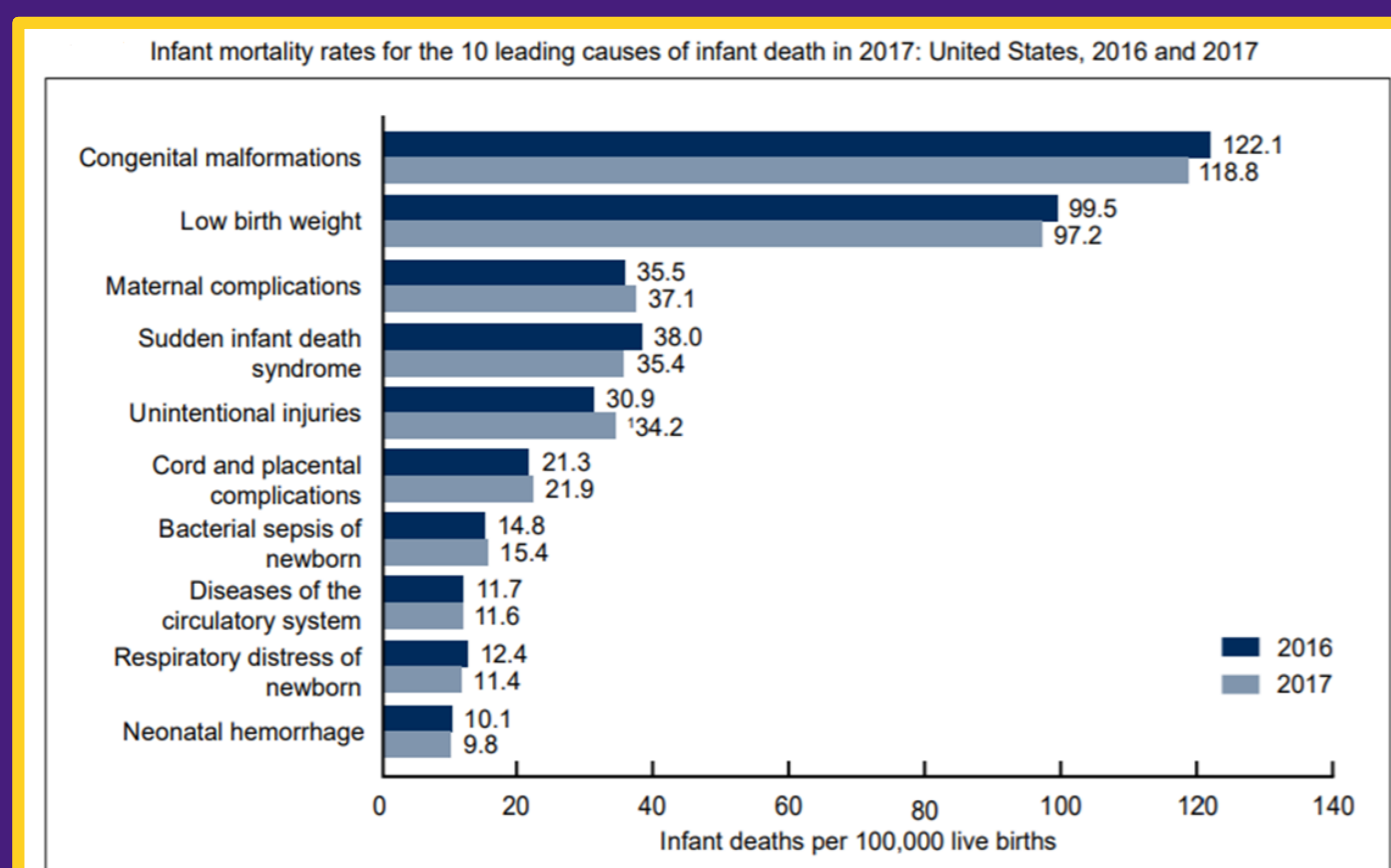
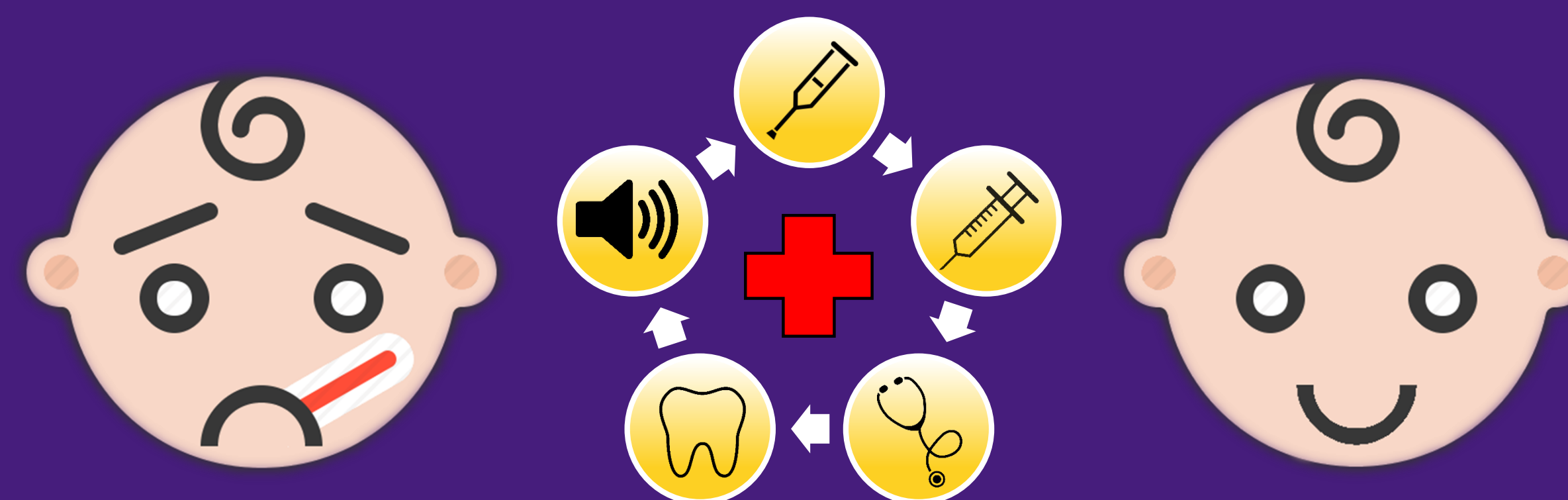
Janae' Brent  
Tyler Hammonds  
Jessica Vieytes Vera

## Physical Therapy

Ria Ledet

## ASSESSMENT TOOL

	Assessment	Assessment	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
<b>Audiology</b>	EDHI	Tympanograms	VRA	OAEs	ABR	92585, 92558, 92579, 92579	\$200.02
<b>Dental Hygiene</b>	tooth development and alignment	Establish proper oral care	Screen hard and soft tissues of mouth	Screen medical history for cavity risk	Provide guidelines to parents	D0145	\$38.49
<b>Medicine</b>	Treatment of illnesses	Monitor developmental milestones	Provide recommended vaccinations	Treatment of congenital defects	Assess for signs of maltreatment	99381	\$137.54
<b>Nursing</b>	APGAR score	Assess for jaundice	Newborn screening panel	Heelstick test	Screen for drug exposure	99391	\$63.65
<b>Physical Therapy</b>	PDMS	GMFM	Observe developmental growth	Sensory screenings	Manual muscle testing	97001, 97110, 97140	\$377.79



Group #:1

## IPEC CORE COMPETENCY CC8

Interprofessional team-based care allows health care providers to provide patients with the most accurate, organized, and holistic understanding of care. Working as a team enables us to see different perspectives, learn about each other's roles and responsibilities, and work together towards a shared goal. Moreover, applying an interprofessional approach improves communication among members of the health care team and patients, which further decreases the chance of errors and enhances the coordination of care. Interprofessional collaboration immensely enhances the quality of care delivered to our patients.

## CONCLUSION

There are many barriers to health care an infant may experience. The first challenge an infant faces is that he relies on his caregiver to access to medical care. Therefore, it is vital to assess and identify the factors that may decrease the caregiver's compliance, and ensure the caregiver is educated on the importance of the assessments. Some of the many factors that may affect the implementation of this assessment tool include:

- The high cost of care
- Lack of education of the caregiver that results in low compliance with the plan of care
- Lack of transportation and access to the medical centers
- Lack of availability of appointments
- Language barriers
- Lack of information or limited eligibility based on immigration status

Some of the interventions that can be applied to increase the implementations of the assessment tool include: assessing individualized needs and barriers to health care, educating caregivers on the rationales, importance, and benefits of the assessments, clustering appointments to decrease missed workdays and expenses, providing convenient times and dates when possible, using certified interpreters when needed, providing culturally competent care, involving a social worker in the team, and providing information on resources and referrals available for the infant and family. Some useful resources may include information about community health centers, *LaCHIP*, *EarlySteps*, *HealthyChildren.org*, among many others.



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- [http://www.tarabytedesigns.com/phoenix/about\\_CHD.html](http://www.tarabytedesigns.com/phoenix/about_CHD.html)
- <http://ldh.la.gov/index.cfm/page/472>
- [http://info.kaiserpermanente.org/info\\_assets/colorado-deductible-plans/pdfs/physical\\_therapy\\_fee\\_list.pdf](http://info.kaiserpermanente.org/info_assets/colorado-deductible-plans/pdfs/physical_therapy_fee_list.pdf)
- <https://www.cdc.gov/ncbddd/birthdefects/data.html>



## IPCE Subcompetency Reflection:

CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Team work is integral to patient-centered care. If one profession is only worried about their specific specialty, they may miss something that could explain a problem or simply prevent an existing problem from getting worse. For example, a physical therapist should not only notice that a patient who has had an arm injury has trouble writing, but may also have trouble with oral hygiene. If the patient is not considered as a whole, oversights like this may happen and a patient's condition may worsen as a result. Health programs and policies must value patient-centered care and prevention in order to ensure patient gets the highest standard of care.

### Risk Factors for 1-3 Year Olds

Drowning

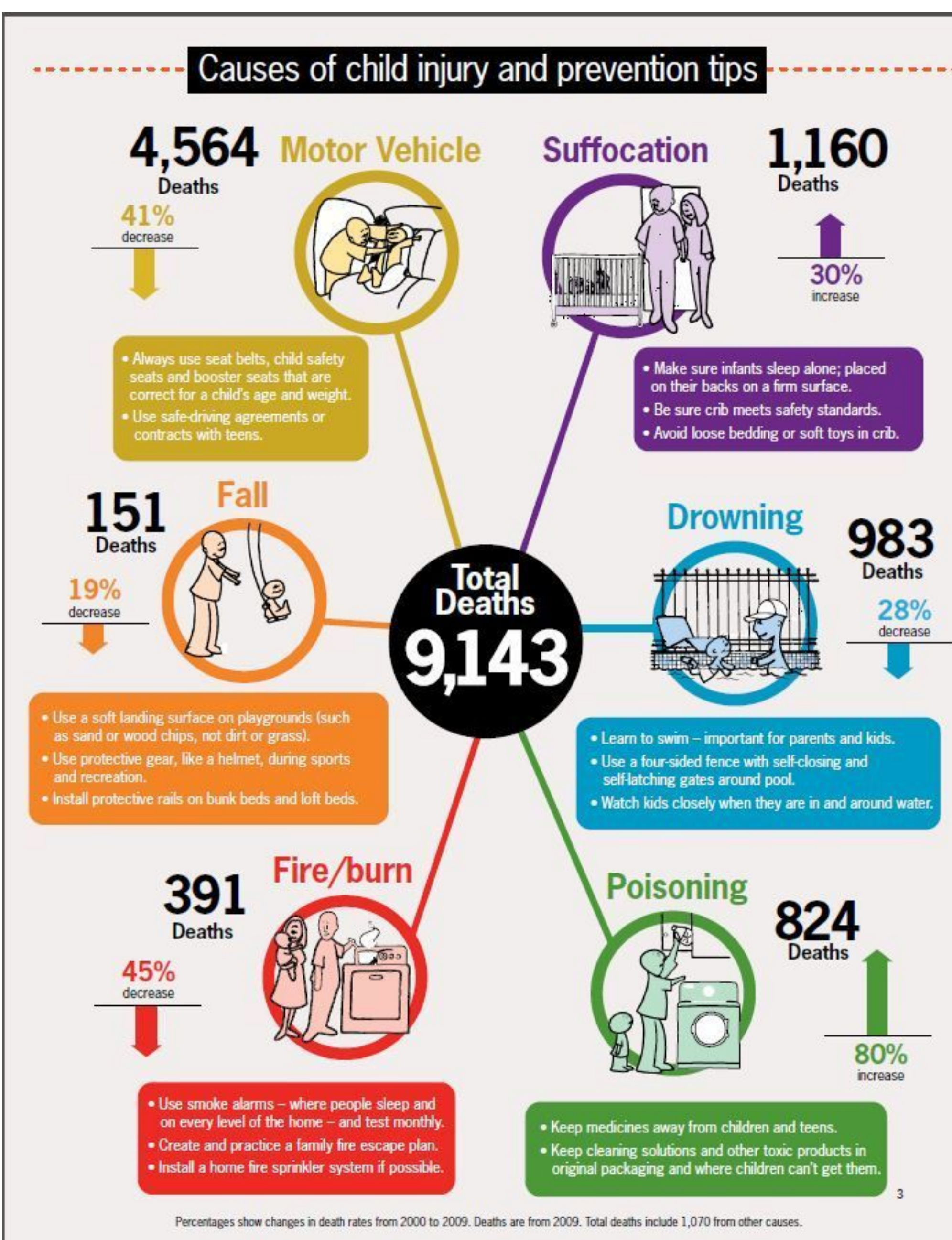
Firearm  
Hazards

Poisonings

Burns

Falls

Car Safety



# Ages 1-3 Years Old

## Team Up Group 2

Sophia Babineaux, Hoang Nguyen, Ally Bridges, Jacob Marino, Zach Adams, Taylor Anderson, Kelsie Guice, Sydney Hansen, Lauren Tran

Profession	Service	Code	Price
Dental Hygiene	Oral Exam	D0120	Incident on DDS (~\$32)
Dental Hygiene	Prophylaxis	D1120	Incident on DDS (~\$35)
Nursing	BMI plot	Services incident to MD, NP, PA	N/A
Medicine	Autism screen (Developmental Test/Screening)	96112	\$122.71
Medicine	MMVR Vaccine, subcutaneous	90710	\$14.70
Medicine	DTaP Vaccine, IM	90700	\$14.70
Medicine	Initial Evaluation and Management (Growth and Development)	99382	\$70.76
Audiology	Tympanometry	92567	\$11.78
Audiology	Evoked otoacoustic emissions Screening	92558	~\$32.00
Audiology	Visual Reinforcement Audiology	92579	\$29.71
Physical Therapy	Gross motor screen	97161	\$66.79
Total:			~\$ 429.44

Group #: 2



### Benefits from an interprofessional assessment for the patient/client/community:

- 1.Reduced cost
- 2.Reduced number of appointments

### Benefits from an interprofessional assessment for the health professionals:

- 1.Sharing of health information between professionals allowing better healthcare outcomes for the patient
2. Shared information allows healthcare professionals to focus more on patient's concerns and questions during appointments

## Challenge & Solution

- The biggest challenge is that the majority of the general public is unaware of the risk factors and causes of deaths in infants ages 1 to 3 largely because infant mortality is rarely discussed in the media. Most causes are preventable and have known interventions.
- A possible solution would be to increase public knowledge of danger signs in a child's health and possible risk factors that could lead to death. This could be done by putting bill boards in the city that provides correct information (facts) about the vaccinations a child should get and why.

## References

Centers for disease control and prevention. (2012, April). *Child Injury*.  
<https://www.cdc.gov/vitalsigns/childinjury/index.html>  
[https://www.lamedicaid.com/provweb1/fee\\_schedules/EPSTD\\_DENTAL\\_PROGRAM\\_Current.pdf](https://www.lamedicaid.com/provweb1/fee_schedules/EPSTD_DENTAL_PROGRAM_Current.pdf)  
[https://www.lamedicaid.com/provweb1/fee\\_schedules/FEESCHED.pdf](https://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED.pdf)



# Poverty is the single biggest threat to children's health development!!!

30% of children, ages 3-5, live under poverty in Louisiana

NCCP

## Team's Reflection: IPEC sub-competency CC8

*"Communicate the importance of teamwork in patient-centered care and population health programs and policies."*

Group 3 collaborated as a team in order to create a 45-minute interprofessional assessment tool that would be the most beneficial for children aged 4-6. Our team learned the importance of one another's health professions. Upon doing research on children ages 4-6, we each saw how our own roles were vital to patient-centered care for this topic. Our group learned how to collaborate with one another through breaking the communication barriers that separate our professions. We now have a better understanding as to why Teamwork is necessary in patient-centered care.

### References

1. Immunizations and Developmental Milestones for Your Child ... [www.cdc.gov/vaccines/parents/downloads/milestones-tracker.pdf](http://www.cdc.gov/vaccines/parents/downloads/milestones-tracker.pdf).
2. Hughes, Cindy. "ICD-10 Simplifies Preventive Care Coding, Sort Of." *Family Practice Management*, 1 Aug. 2014, [www.aafp.org/fpm/2014/0700/oa1.html](http://www.aafp.org/fpm/2014/0700/oa1.html).
3. American Medical Association. (n.d.) 5 ways to improve access to health care. <https://www.ama-assn.org/delivering-care/patient-support-advocacy/5-ways-improve-access-health-care>
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5. Preschooler (3-5 years old). Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/preschoolers.html>. Published November 7, 2019.

# AGE GROUP 4-6

## Audiology

Erin Archer

## Dental Hygiene

Sydney Bordis

## Medicine

Chong S Han  
Phuong Tran  
Hoang T Nguyen  
John Guidry

## Nursing

Blake Hassinger  
Victoria Vu

## Physical Therapy

Darian Mashon



## Ages 4-6

### Top Causes of Death

1. Unintentional Injury
2. Malignant Neoplasms
3. Congenital Anomalies

### Vaccination Schedule

- Diphtheria, tetanus, and pertussis (DTaP)
- Polio (IPV)
- Measles, Mumps, and Rubella (MMR)
- Chickenpox (Varicella)
- Influenza (flu) - annually

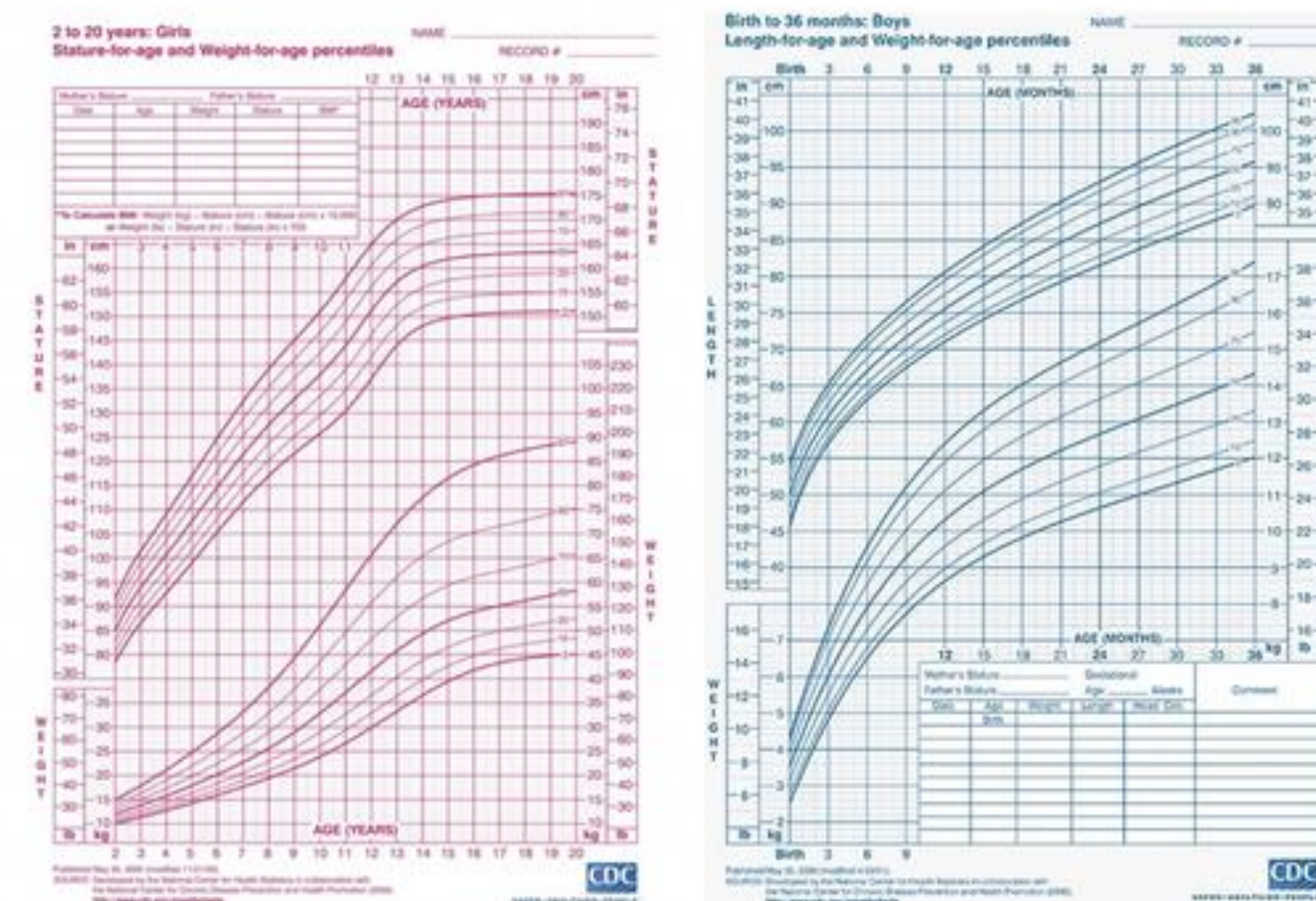


### Normal Vital Ranges

- HR: 80-120 bpm
- RR: 20-28 bpm
- BP: 89-112/46-72
- Temp: 95.9-99



### Growth Charts



Should be between 5<sup>th</sup> to 85<sup>th</sup> percentile.

### Developmental Milestones

#### 4 YEARS

- Hops/skips
- Dresses self
- Colors, shapes, ABC song
- Speech 100% intelligible
- Cooperative Play

#### 5 YEARS

- Swings/climbs
- Dresses and undresses self w/o assistance
- Prints name
- Abides by rules
- Helps with chores

#### 6 YEARS

- Has good balance, can catch a ball
- Begin to understand cause-and-effect relationships
- Fantasy and imagination play
- Read simple words, speak with correct grammar

## Primary Prevention Assessment Tool

PROGRAM	ASSESSMENT	CPT CODE	FEE SCHEDULE
Audiology	Comprehensive audiometry threshold evaluation and speech recognition	92557	\$30.32
	Otoacoustic emissions	92588	MP
	Tympanometry	92567	\$11.58
Dental Hygiene Dentistry	Oral Examination	D0150	\$47.37
	Fluoride Varnish	D1206	\$24.29
Medicine	Well Child Check Up	Z00.121	\$ 307.95 for All check up from age 4 to age 6. Excluding Vaccination Fees.
	Vaccinations	99382 , 90460	
	Requirements	99383 , 90461	
		99392 , 99393	
Nursing	Annual Physical Exam	83655, 80051,	\$57.56
	Vital Signs	80061, 80053,	
	Developmental screens	82270	
Physical Therapy	Physical motor milestones: hop, skip, catch ball, stand on one foot	97161	\$66.79
Total			\$545.86

## Group 3

### Benefits of Interprofessional Collaboration

1. Collaboration of health professional save patient and community from excess health care cost and improve patient health outlook. Collaboration and communication prevent the chances of redundant tests. It also prevent hysteria during a health crisis such as COVID-19. Successful communication would have stopped many community members from buying excessive masks, toiletries, and many daily necessities. This would have led to a decrease burden on our elderly who are not as proactive and our health professionals who will suffer from supplies shortage.
2. Interprofessional approach create a collaborative culture that improve patient outcome by reducing medical error and cost. Enhanced communication can lead to decreased workloads by minimizing inefficiency. In all, collaboration sets the stage for sharing responsibilities and acknowledgment of each others vital role.

### Challenges

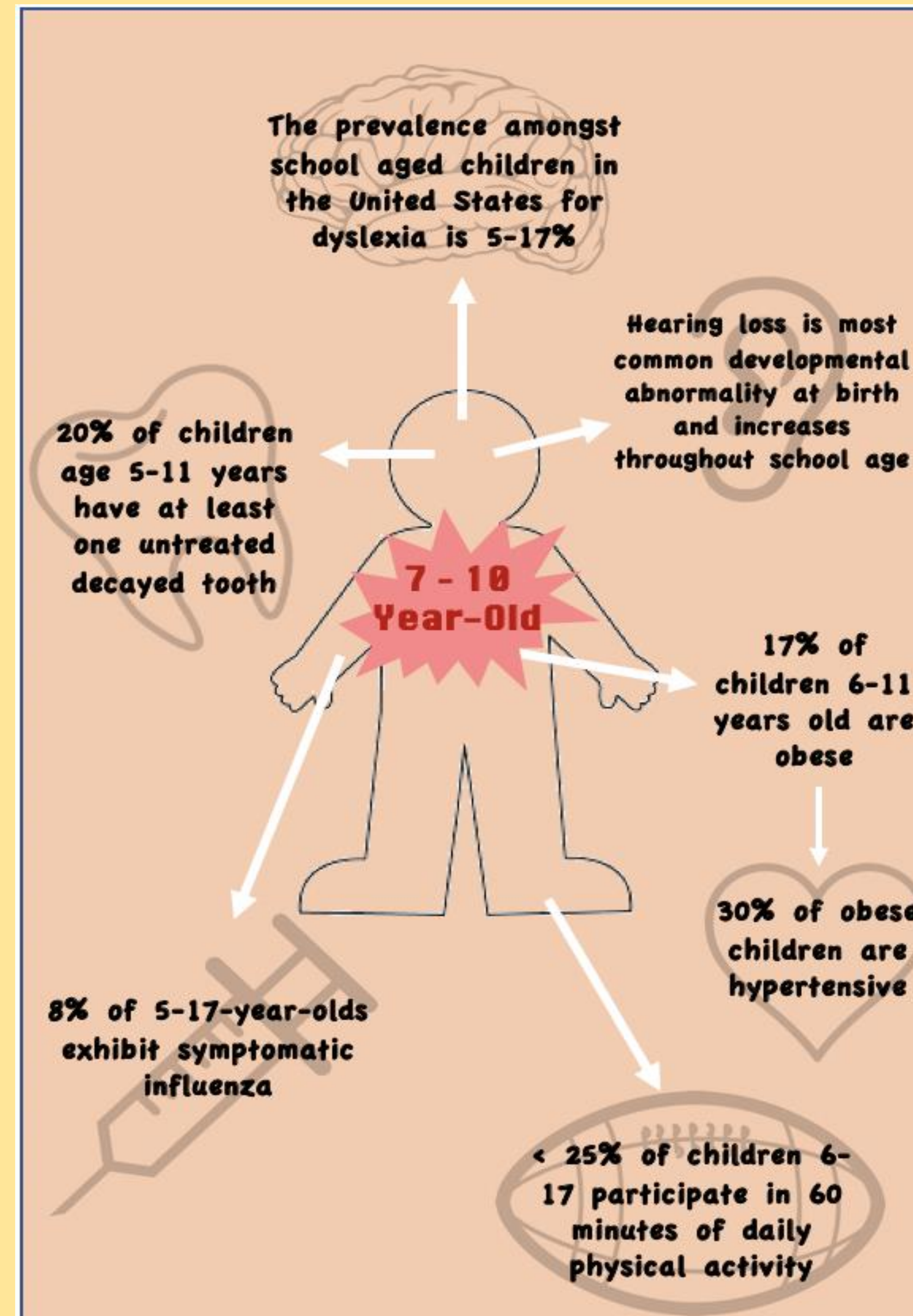
- Access to healthcare (e.g. location, schedule conflicts, insurance status)
- Assessment duration and frequency (one screen is not enough – child will grow and develop and need additional screenings)
- Language barrier

### Solution

- Ensure adequate funding of the Children's Health Insurance Program and retain Medicaid expansion.
- Implement school-based health center to provide comprehensive health services.
- Familiarize with interpreter resources.



## Primary Prevention in ages 7-10: The School-aged Child



### DID YOU KNOW?

[www.choosemyplate.gov](http://www.choosemyplate.gov) is a good resource for parents to use to help implement and teach their children healthy food choices.



### Team Reflection:

Teamwork across disciplines will:

- Ensure all risk factors are screened for
- Proper education regarding risk factors
- Reduce inefficient healthcare costs

### Challenges to the assessment:

- Assessment in different offices: Assess if the patient is receiving care with professionals in other disciplines and, if not, provide pertinent references
- Different databases among disciplines: Encourage patients to keep an updated list of medications and recent assessments with findings

### References:

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- The Child & Adolescent Health Measurement Initiative (CAHMI). 2016 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health;2016.

### Medicine:

Screen for immunization compliance especially influenza and Human Papilla Virus  
Screen for dyslexia and other learning disabilities  
Cost: \$157.13 + \$76.33

### Dentistry:

Oral exam with caries screening, fluoride education, toothbrushing/flossing education, and bitewing radiographs  
Cost: \$68.80

### Nursing:

Vital Signs, blood pressure screening, weight & BMI screening and plot  
Cost: N/A

### Physical Therapy:

6-minute walk test, ability to kick a ball, balance on 1 foot (10+ sec)  
Cost: \$66.79

### Audiology:

Tympanometry screening, pure tone screening  
Cost: N/A



# Cardiovascular Disease in Males Ages 50-59: Multidisciplinary Healthcare Approach to Care

## How does heart disease affect men?

- Cardiovascular disease is the leading cause of death for men in the United States
- **1 in every 4 male deaths** are due to heart disease
- Half of the men who die suddenly of heart disease had **no previous symptoms**
- **1 in 13** Caucasian men, **1 in 14** African American men, & **1 in 17** Hispanic men have coronary heart disease

## Risk Factors:

1. High blood pressure\*
2. High cholesterol- LDL\*
3. Diabetes
4. Obesity
5. Low physical activity
6. Alcohol
7. Tobacco use\*

**\*47% of Americans have at least one of these three risk factors**

## Benefits to care:

### Patient perspective:

- Unique perspectives from various health care professions
- Decrease financial burden

### Healthcare professional perspective:

- Improvement in communication
- New learning opportunities

## Assessments:

### Medicine:

- BMI plot, social history, review patient medications
- Cost: \$231

### Nursing:

- Health history, lipid panel, weight and BMI screening
- Cost: N/A

### Dental Hygiene:

- Adult prophylaxis, topical application of fluoride varnish, and oral hygiene instructions
- Cost: \$110

### Physical Therapy:

- Health history, Bruce Treadmill Test, Ankle Brachial Index Test
- Cost: N/A

### Audiology:

- Case history, Evoked Otoacoustic Emissions Screening, Immittance Testing, Comprehensive Audiometric Threshold Evaluation & Speech Recognition
- Cost: ~\$62

### Public Health

- Blood pressure screening, alcohol screening, social determinants of health screenings
- Cost: Usually paid for by health department

## Preventative Measures:

- Exercise
- Healthy diet
- Smoking cessation
- Weight loss
- Limit alcohol use
- Controlled blood glucose
- Lipid lowering therapy
- Anti-hypertensive therapy



## Challenges to Care:

### Overlap between professions and duplicate ordering:

- Create and ensure use of network that provides all healthcare professionals' access to electronic medical records in one location.

## Team Reflection:

Teamwork is essential: prevents duplication of interventions and costs, multiple specialty involvement promotes development of thorough policies, and communication of results with the team may reduce safety risks.

## References:

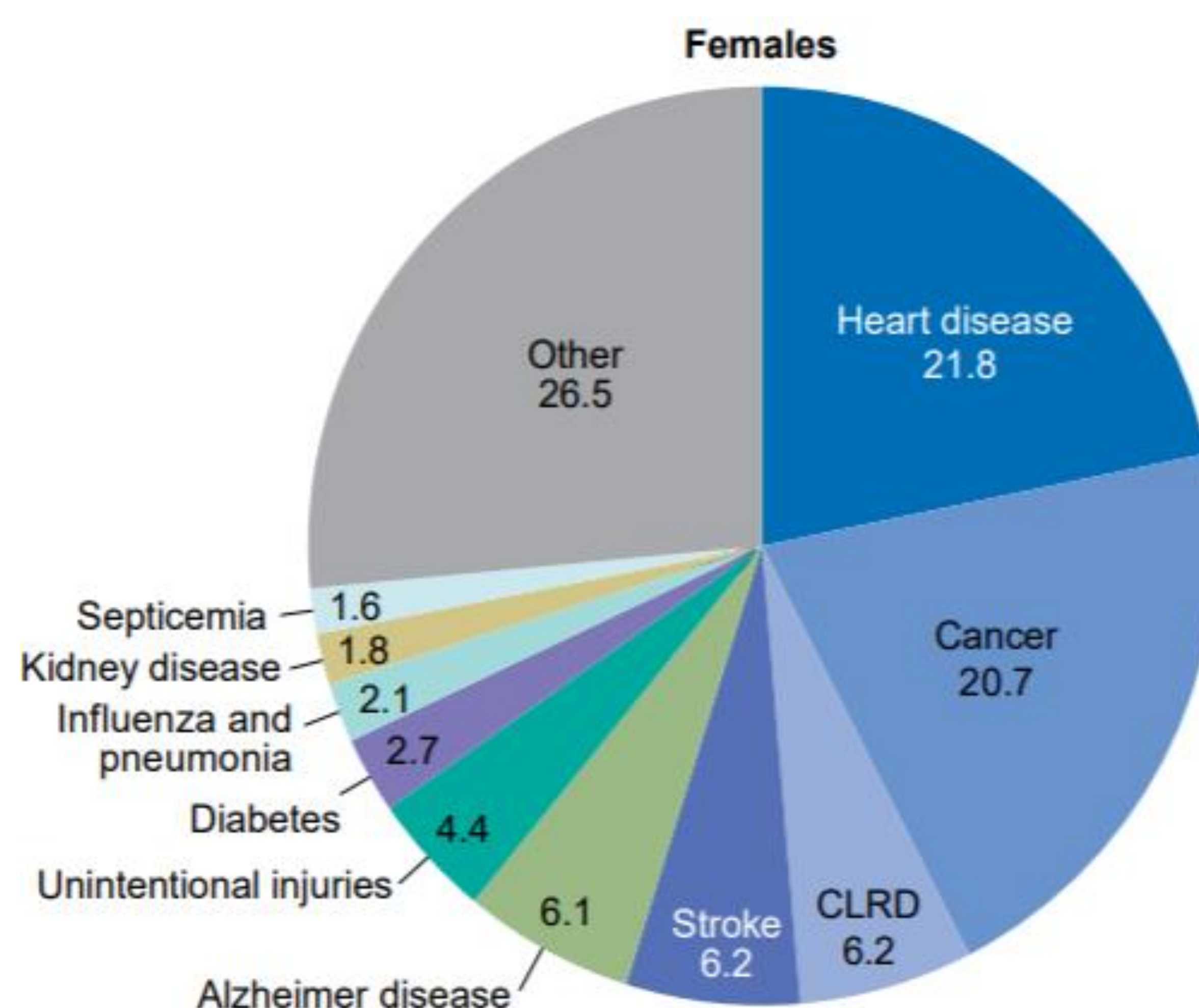
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- AHA health factors CV health: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5408160/>
- Primary prevention CVD: review of lit <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5331469/>
- <https://www.cdc.gov/heartdisease/men.htm>
- Risk factors for heart disease:
- Fryar CD, Chen T-C, Li X. Prevalence of uncontrolled risk factors for cardiovascular disease: United States, 1999–2010. NCHS data brief, no. 103. Hyattsville, MD: National Center for Health Statistics; 2012.
- National Diabetes Statistics Report, 2017. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Preventions, 2017.
- National Center for Health Statistics. Health, United States, 2017. Table 19: Leading Causes of Death and Numbers of Deaths, by Sex, Race, and Hispanic Origin: United States, 1980 and 2016. Hyattsville, MD: National Center for Health Statistics; 2018.



## Background

- The world's population is aging: by the year 2050 it is expected that 20% of the world's population will be 65 and older
- Proper screening and disease prevention measures will become even more essential
- Leading causes of non-accidental death in women stratified by age group, according to the CDC:

Rank	45-64	65-84
1	Cancer (34.2%)	Cancer (27%)
2	Heart Disease (16.3%)	Heart Disease (19.9%)
3	Chronic Lower Respiratory Diseases (5.3%)	Chronic Lower Respiratory Diseases (8.5%)



**Figure 1.** Leading causes of death for females of all ages as reported by the CDC in 2017.

## Team Members

**Audiology:** Matt Lee

**Nursing:** Rebecca Hicks & Brianna Burns

**Medicine:** Heidi Nowakowski, Joven Tristeza, & Morgan Hall

**Dental Hygiene:** Maddi Collins

**Physical Therapy:** Christopher Mcdaniel

# Collaborative Assessment for Health Maintenance in Females Ages 60-69

## Roles of the Team in Assessment

Program	Health Assessment	CPT Code	Fee Schedule
<b>Audiology</b>	Otoscope evaluation Pure-tone screening Acoustic Immittance (Tymp, Reflex, Decay)	n/a, 92551, 92570	\$30.68
<b>Nursing</b>	Vitals, CBC, physical, family history Cancer screening and education Eye Exam Musculoskeletal screening	Services Incident to MD, PA, NP	N/A
<b>Medicine</b>	Psychiatric evaluation Lipid panel & Basic Metabolic panel History/Physical	90792, 80061, 80047, 99387	\$142.91
<b>Dental Hygiene</b>	Intra/Extra Oral Examination Oral Cancer Screening DMFT Indices Modified O'Leary Score	Services Incident to DDS	N/A
<b>Physical Therapy</b>	Range of motion and strength 6-minute walk test and 10-meter walk test Berg Balance Scale and Timed Up and Go test	97161: Physical Therapy Eval: Low Complexity	\$66.79

## Recommended Additions to Health Care Team:

- **Optometrist** – to properly screen for eye conditions in the older population
- **Pharmacist** – to ensure proper medication use and prescription.
- **Clinical psychologist** – to evaluate mental health with expertise
- **Social worker**- to coordinate care between health care providers and facilities.

## Barriers to Care and Possible Solutions

- Potential challenges that exist are potential language barriers, the cost of the services needed to complete assessment fully, the forgetfulness of the patient due to their age, and the time allotted to complete the assessment.
- Some solutions to these challenges include having translators available if needed and information booklets available in alternate languages. Another solution is to ensure insurance coverage before ordering certain tests. The last barrier being time can potentially be solved by condensing certain tests together and maybe having them complete a family history report before being seen in the office.

## CC8 Team Reflection

A patient's health troubles affect all aspects of his or her life. This is especially true for elderly patients. Any of the chronic health conditions commonly afflicting women ages 60-69 affect everyday tasks like walking up the stairs, hearing the doorbell, and eating hard foods. Because the problems are so multi-faceted, a multi-disciplinary approach is necessary. This ensures that the patient receives holistic care that targets all the potential problems she may face. Communication among the professional fields is important in order to provide the most efficient and complete care possible. When every member of the health team uses their strengths to treat a patient, the care is more thoughtful, impactful, and lasting. Every member is working to augment the work of the other members in order to provide the best care possible to the patient. This is truly patient-centered care.

## Citations

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3. Centers for Medicare and Medicaid Physician Scheduling Fees  
<https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=0&T=0&HT=0&CT=3&H1=92570&M=5>
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[https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_06-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf)



# Primary Prevention Tool for Females Age 70-79

## Introduction

The leading causes of death in elderly Americans age 65 and older, regardless of race, are heart disease, stroke, and diabetes.

Elderly women aged 70-79 are at a high risk for developing complications related to hypertension, osteoporosis, and diabetes.

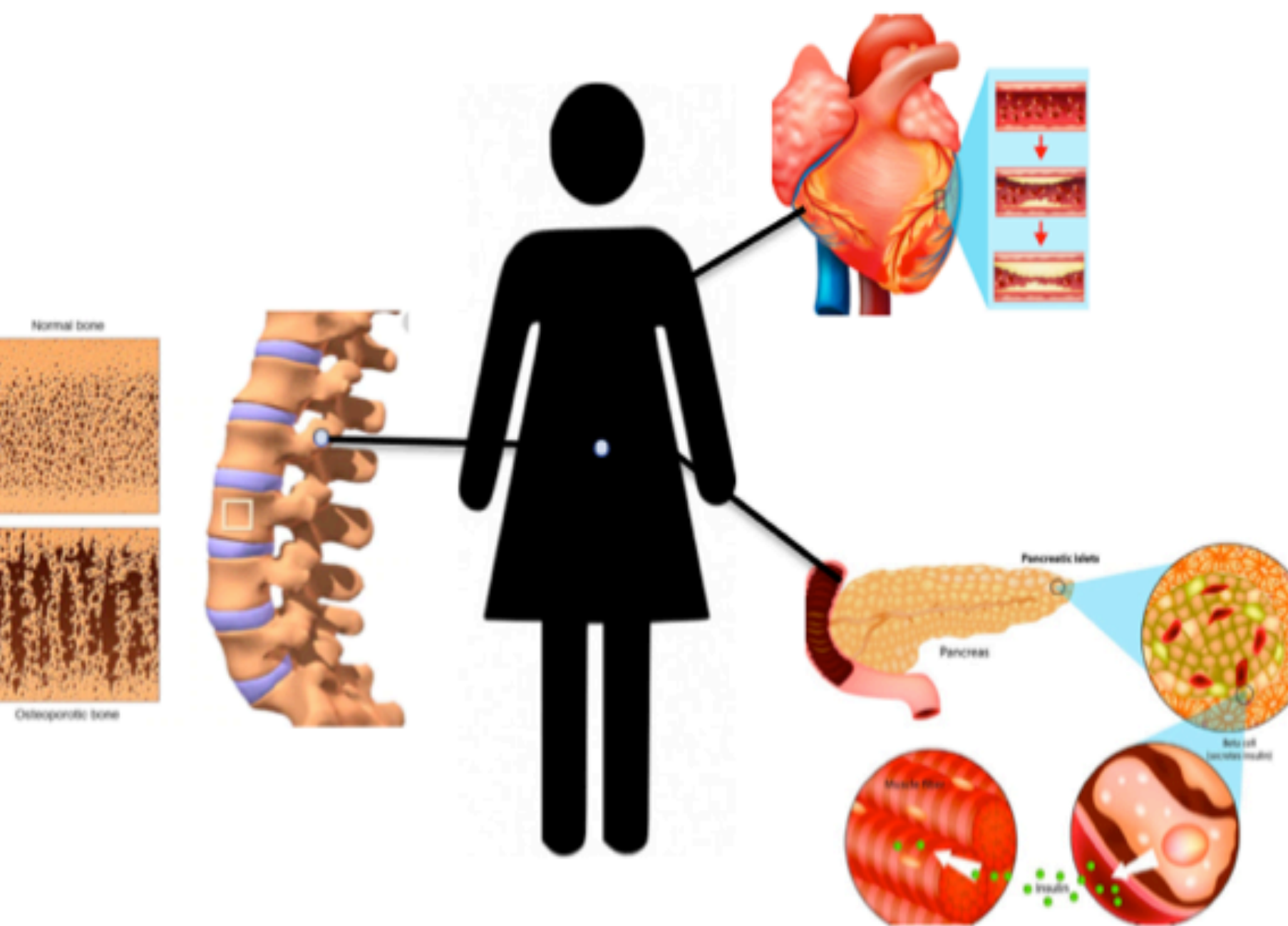
These complications include stroke, loss of vision, loss of hearing, and immobility.

Major risk factors for this age group include poor diet/nutritional intake, inadequate amount of exercise/ frequent immobility, and smoking.

Thus, it is important to develop adequate screening tools to prevent the onset of these complications as well as their underlying causes/disease states.

Disease	Prevalence
Coronary Vascular Disease	70-75%
Osteoporosis	39%
Diabetes	27%

Figure 1. Top Health Issues Faced By Women Aged 70-79, with prevalence



	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Audiology	Pure Tone Air Screening	Tympanometry and Reflex Threshold Measurement	N/A	92551; 92550	N/A
Dental Hygiene	Oral cancer screening	Oral hygiene education	Prophylaxis	D0150, D1110	N/A
Medicine	Blood Pressure Measurement	Bone Density Scan	Serum Lipid Profile	99211 77078 80061	\$29.23 \$85 \$75
Nursing	Thorough head-to-toe assessment	Fulmer SPICES screening for older adults	Katz Index of Independence in ADLs	N/A	No billable codes
Physical Therapy	6 Minute Walk Test	Timed Up and Go Test	Dynamic Gait Index	97161	\$66.79

Figure 2. Assessment/Screening Tools by healthcare profession, with associated costs and billing codes

**Finalized 45 Minute Assessment Tool**

Pure Tone Air Screening  
Oral Cancer Screening  
Serum Lipid Profile  
Bone Density Scan  
Fulmer SPICES  
6 Minute Walk Test

**Total Cost: \$152**

As a team, we feel that we have covered the major assessments for females age 70-79 within our respective professions. However, an addition of a pharmacist may be beneficial to help guide patients in our demographic about medication procedures and adherence.

- Two challenges to the implementation of interprofessional assessments based upon current healthcare environment
- 1). Cost of treatment
  - 2). Lack of transportation

- Possible solutions to this challenges
- 1). Ensure that assessments are not being repeated among different professions.
  - 2). Provide options for transportation to and from appointments.

- Benefits of our interprofessional assessment tool/ general interprofessional approach:
- 1) From perspective of patient/ community
    - a) Patients/communities benefit from interprofessional assessment because when health professionals work as a whole unit, it is more likely the patient will get the most optimal care they need in order to sustain daily functions.
  - 2) From the perspectives of healthcare professionals
    - a) Healthcare professionals benefit from an interprofessional approach with assessment because with more input from different views on a topic will allow for the best possible outcome for the patient which is what are healthcare professionals want.

## Group 7 Team Members

- Audiology - Alix Moody
- Dental Hygiene - Anna Dartez
- Medicine - Hira Hasan
- Medicine - Matt Nungesser
- Medicine- Natalia Uhrynychuk
- Nursing- Katherine Watkins
- Nursing - Kelsey Owen
- Nursing- Haley Hoffmann
- Physical Therapy - Beau Moore

## CC8 competency:

“As a team, it was imperative that we take what we learned from the past two years about each other’s profession so that we could come together to make a complete and thorough primary prevention tool. While we learned what kind of assessment tools each profession would utilize, it was most imporantnt that we ccome together communicate for the benefit of future patients.”

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# Geriatric Female Interprofessional Assessment Team 8

## Evaluations/Interventions

### Social Factors (Medicine)

- Screen for alcohol abuse using CAGE, AUDIT, MAST-G, or CARET.
- Counsel on smoking cessation if applicable.
- Screen annually for STI, specifically if the patient has new or multiple sex partners.
- Screen for depression using PHQ-2 and PHQ-9

### Vaccinations, Vitals, and Polypharmacy (Medicine)

- Offer flu, Tdap (every 10 years), the zoster vaccine, and the pneumococcal polysaccharide vaccine among others based on risk factors.
- Screen for high blood pressure using American Heart Association Guidelines
- Screen for polypharmacy and inappropriate medication use with BEERS criteria

### Osteoporosis and Fracture Risk Screening (Medicine)

- Obtain history of past bone density assessments, osteoporosis, fractures, and falls
- Obtain initial FRAX score for osteoporosis risk and refer for DXA scan

### Home Environment Assessment (Nursing)

- Obtain information about the patient's living environment including support system (spouse, caregiver), equipment used (wheelchair, walker, cane), and tripping hazards
- Educated on using handrails, wearing shoes with proper grip, and wearing glasses or contacts (if applicable)
- If necessary, make referrals to Physical Therapy, Occupational Therapy, or an Ophthalmologist

### Dental Assessment (Dental Hygiene & Dental)

- Oral Health Assessment— Oral cancer screening
- CAMBRA Caries Risk Assessment
- Nutritional Counseling
- Fluoride Education
- Periodontal Disease Assessment
- Oral Hygiene Education

### Falls Risk/Balance Assessment: (Physical Therapy)

- Outcome measures such as the Timed Up and Go (TUG) test to determine whether a person is at risk for falls (13.5 seconds or longer to complete this test is at risk for falls)

### Basic Hearing Screening (Audiology)

- A hearing screening to provide information to determine if hearing is within normal limits
- If the screening is failed, the patient should then be referred for a comprehensive audiological evaluation.

### Who Else Can Help?

- A social worker could be useful to address individual issues and help coordinate care that fits each person

## About The Geriatric Population

According to 2018 U.S. Census Data, Females over 75 years old make up approximately 7.3 percent of the United States population.

Furthermore, the U.S. Census Bureau has projected that there will be 77 million people over the age of 65 by 2034. Thus, assessing health and making prevention efforts in the elderly population is critical to protecting a significant percentage of our population and reducing related healthcare costs.

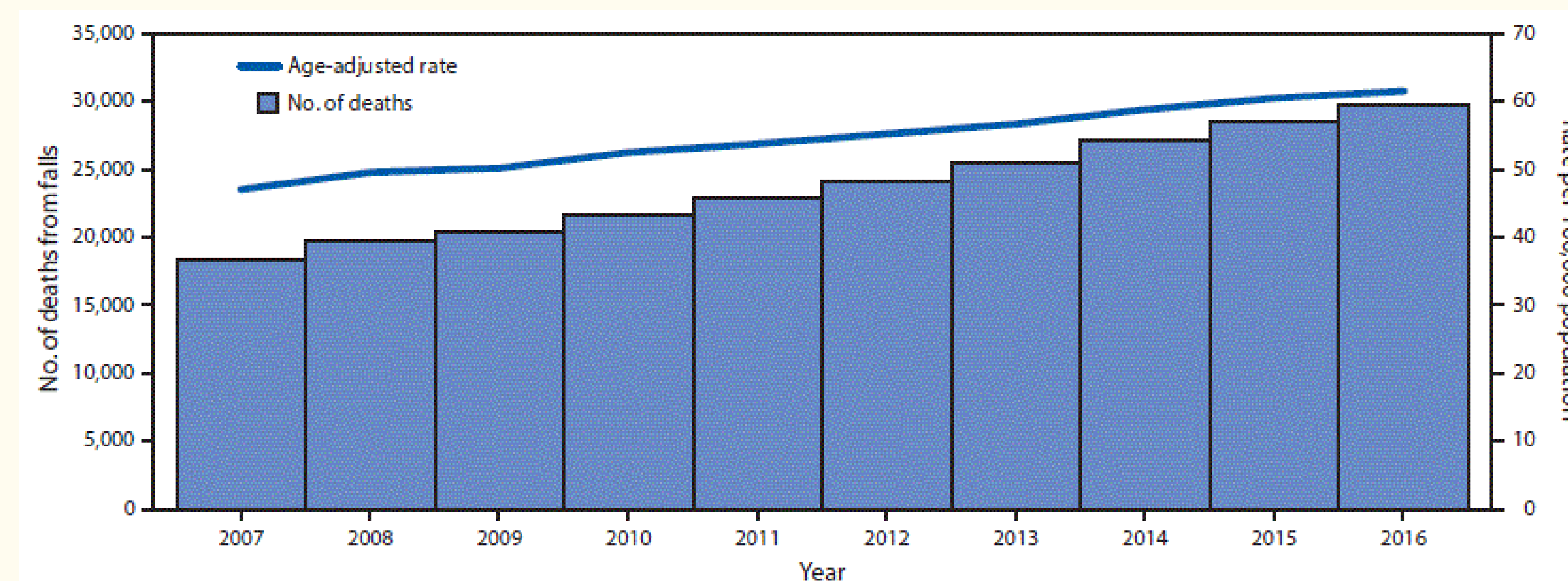


Figure 1. According to the CDC, the number of deaths from falls in persons age 65 or above in the United States has been steadily climbing each year. With current interventions and technology, there is no excuse for this rate to keep rising. This illustrates the significance of primary prevention of issues that face the elderly population, such as falls.

## Billing

Program	Assessment	Assessment Tools	CPT Code	Fee Schedule
<b>Med</b>	New Patient Home Visit	Home visits, educational pamphlets	99342	\$54.34
<b>Nursing</b>	BMI, visual acuity, nutritional assessment	Bilateral visual acuity tests, MNA	99173-EP S9470	\$2.00 \$19.88
<b>Dentistry</b>	Oral Health Assessment	Comprehensive oral examination	D0150	\$47.37
<b>Physical Therapy</b>	Falls and Balance Assessment	TUG Test Falls Efficacy Scale	97161	\$66.79
<b>Audiology</b>	Hearing screening	Audiologic pure tone, air only, screening	92551	\$11.91

Fallon Anzalone (M), Molli Didier (DH), Patricia Dumas (D), Ellery Hayden (M), Claire Holland (N), Vincent Nguyen (PT), Zachary Oge' (M), Kristen Panzarella (A), Clare Parrino (N), Carol Upchurch (M), Rachel Weber (N)

## Challenges/Barriers/Solutions

### Challenges

1. Transportation
  - Barrier: limited mobility and lack of transportation options that are affordable
  - Solution: coordinate with RTA in order to accommodate patients with disabilities or offer home visits
2. Number of appointments
  - Barrier: different professionals' schedules, patient obligations, and patient fatigue
  - Solution: Schedule appointments on one day as to consolidate time as opposed to spread over a period of days



## IPEC/References

**IPEC Sub-competency CC8:** "Communicate the importance of teamwork in patient-centered care and population health programs and policies."

As members of group 8, we have grown to appreciate the importance of teamwork in an environment that requires precise and timely communication, especially during this pandemic. Approaching patient care with the mindset that we are greater than the sum of our parts provides our patients with higher-quality care and prevents potentially fatal mistakes from ever occurring.

An interprofessional approach can allow patients and their families to feel like they matter to the healthcare team and feel safer knowing they have different professionals with different strengths to deliver the best care possible for them. An interprofessional approach also helps healthcare professionals delegate tasks to ensure the most skilled person is performing each health assessment. When communication is effective, approaching a healthcare assessment from different professional points of view can ensure minimal health risks are left unaddressed.

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# Alcoholism Use Disorder (AUD)

Kaleb Ardoin, Natalie Duos, Grant Gallien, Annette Hebert, Callie Hunt, Mike Oldenburg, Carolyn Paul, John Valentino, Cayleigh Weiyman

## Background

- Morbidity, mortality, and length of hospital stay in AUD patients is associated with the degree of withdrawal symptoms
- Withdrawal symptoms include: anxiety, agitation, diaphoresis, headache, hallucinations, seizures, and delirium
- Secondary prevention in AUD is concerned with minimizing these withdrawal symptoms

## Benefits of Alcohol Cessation:



- Cessation of alcohol intake can improve your heart health by decreasing blood pressure, triglycerides, and risks for heart failure or stroke
- Excessive drinking can lead to fatty liver and cirrhosis. Alcohol cessation allows the liver to repair itself since it is no longer filtering the toxic alcohol through its cells
- Alcohol cessation can decrease depression and anxiety if these concurrent disorders are treated with appropriate therapy
- Alcohol cessation decreases the risk of developing head and neck cancer. Fewer irritants from alcohol in the internal environment lead to less cell turnover, thus decreasing the risk of DNA mutation

## Collaborative Assessment of Prevention & Treatment:

### Medicine:

- Determine level of care required for appropriate withdrawal management based on nurse's history documentation
- Options include: mental health counseling, medication, hospitalization
- CPT Code: 99401 - \$19.72



### Dentistry:

- Screen for patients interested in alcohol cessation and refer to facilities equipped to address withdrawal symptoms
- CPT Code: D9920 - \$68.87



### Nursing:

- Take history of last time of use and frequency of use
  - This is vital in predicting the timeframe of withdrawal symptom emergence
- Take history of current withdrawal symptoms
- Fee Schedule: Services incident to MD



### Physical Therapy:

- Educate patient on exercise regimen to assist with withdrawal symptoms
- CPT Code: 97161 - \$66.79



### Language Pathology:

- Employ therapy for rehabilitation of emotional communication that can be affected by long term alcohol abuse
- CPT Code: 92507 - \$30.00



**Total Cost:** \$185.38

**Estimated Time:** 45 min

## Team Reflection:



- Management of withdrawal is the most important predictor of mortality in AUD
- Since withdrawal symptoms are both numerous and complex, collaboration amongst health professionals from different backgrounds is most efficacious in identifying withdrawal symptoms so that the degree of withdrawal can be determined
- Classifying these patients on the degree of withdrawal is pivotal in deciding how to properly treat these patients and prevent future relapse

## Challenges to the Assessment:

- **Challenge:** fabrication in patient report of history of alcohol use and withdrawal symptoms
- **Solution:**
  - Corroborate with family members
  - Physical exam: sinus tachycardia, systolic hypertension, hyperactive reflexes, and tremor are signs of withdrawal and indicate validity in patient report that they have discontinued alcohol use
- **Challenge:** Coordination of management of withdrawal across multiple medical professionals operating at different healthcare institutions
- **Solution:**
  - Use of electronic medical records
  - Follow-up with patients to ensure compliance with rehabilitation

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**AUD is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.**



- 3<sup>rd</sup> leading preventable cause of death
- 88,000 deaths annually



- 7.9% of adults receive treatment
- 5% of adolescents receive treatment



- 14.4 million adults 18 and older suffer from AUD



- Known risk factors include stress, poor life satisfaction, income, tobacco use, physical inactivity



- Children that experience 4 or more adverse childhood events have a 7.2x increased risk of alcohol dependence
- 1/3<sup>rd</sup> of patients with schizophrenia suffer from AUD



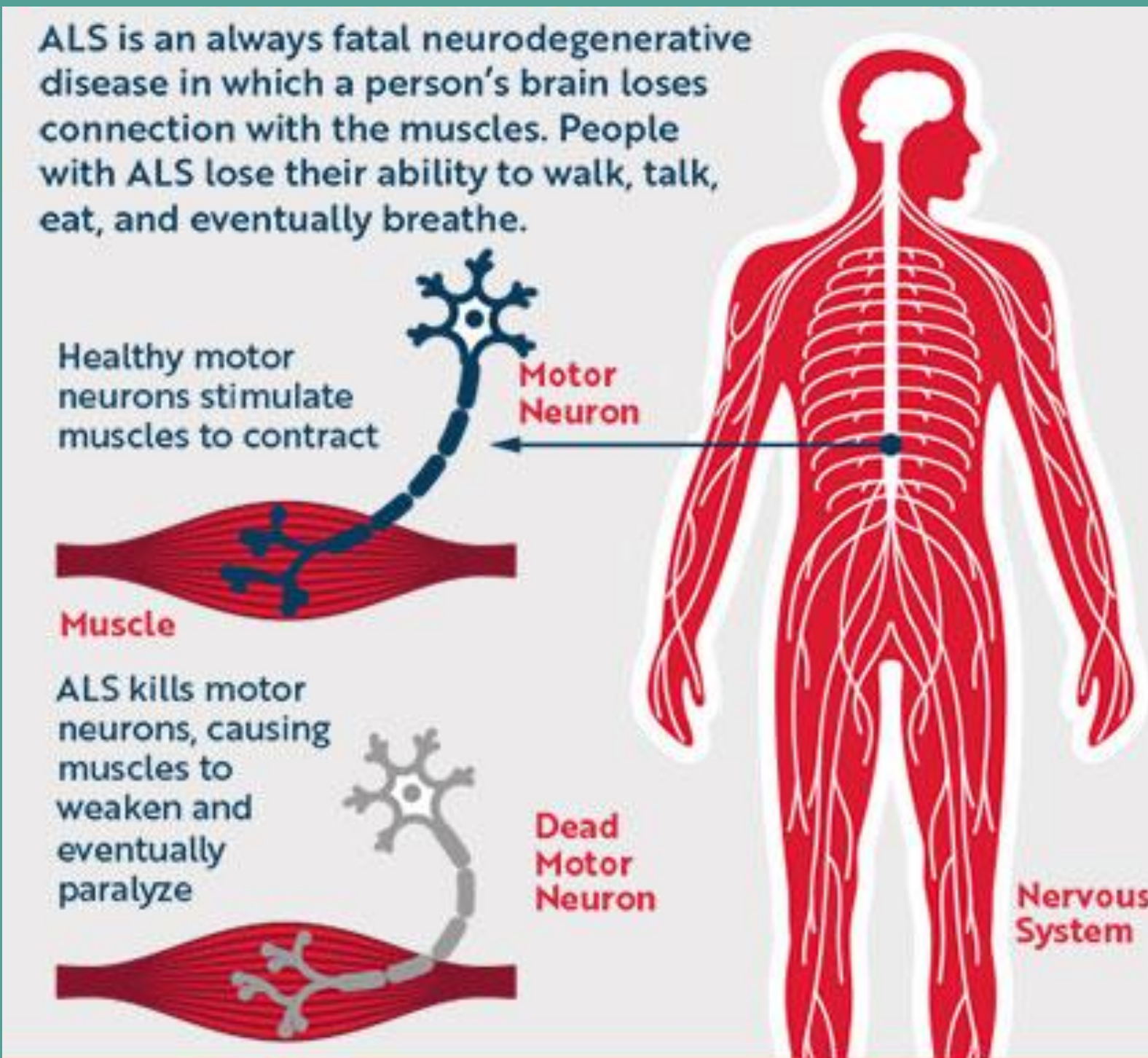
- 12-month prevalence of AUD is 13.5%
- Lifetime prevalence of AUD is 29.1%
- 401,000 adolescents (ages 12-17) suffer from AUD



# Background

## What is ALS?

A progressive neurodegenerative disease that affects nerve cells in the brain and spinal cord. The progressive degeneration affects the motor neurons responsible for voluntary movements & muscle control. As these motor neurons die, the ability of the brain to initiate and control muscle movement is lost.



## Who is at risk?

- **5-10% of ALS cases are estimated to be caused by mutations in one of several genes.**
- **90-95% of ALS cases are sporadic and are not inherited. The cause of these cases are essentially unknown.**
- **POSSIBLE environmental factors in these cases may include:**
  - **Smoking** (risk seems to be greatest in women, particularly after menopause)
  - **Environmental toxin exposure such as lead** (however, no single agent or chemical has been consistently associated with ALS)
  - **Military service** (Studies indicate that people who have served in the military are at higher risk for ALS. It is unclear what about military service may trigger the development of ALS. It may involve exposure to certain metals or chemicals, traumatic injuries, viral infections, or intense exertion.)

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# Amyotrophic Lateral Sclerosis (ALS)

## Group 10: Interprofessional Assessment:

Requires an integrated team of health care professionals (PCP, neurologist, PT/OT, speech therapist, pulmonologist, respiratory therapist, home health nurse, dietician, pharmacist, social worker, and mental health professional).

Discipline	Assessment	Fee Schedule
Medicine	Gather baseline data on Pt muscle function (e.g. FVC, Swallow Study) and follow as disease progresses. Genetic testing (multiple genes affecting RNA processing, protein regulation, free radical reduction, tau aggregates implicated). Assess for cognitive dysfunction (especially in sporadic form).	Varies
PT/OT	Comprehensive PT examination, determination of what stage of disease the pt is in leads to treatment determination. Pt education and caregiver education. Individualized exercise programming due to different progression through disease.	\$66.79
Nursing	Comprehensive assessment of all body systems including urinary and bowel function. Relay important information to healthcare team. Educate pt and family on coping skills, refer them to ALS support groups.	
Dentistry	Comprehensive Oral Examination (Tooth Decay Screening, Fluoride Education, Oral Hygiene Instructions, Oral Exam & Cancer Screening)	\$47.37
Dental Hygiene	Oral Examination, Oral Hygiene Instructions, Oral Cancer Screening, Regular recare visits, introduction to interdental aids	Varies

### Breathing problems:

Over time, paralysis of breathing muscles  
CPAP, BiPAP & tracheostomies can be used to assist with breathing  
The most common cause of death is respiratory failure.

### Speaking problems:

Most people develop trouble speaking  
Usually starts as occasional, mild slurring of words, but becomes more severe with time.  
Patients often rely on other communication devices to communicate.

### Pain

### Emotional lability:

Uncontrolled outbursts of laughing or crying

### Eating problems:

Can develop malnutrition & dehydration from damage to muscles used for swallowing  
Aspiration of food is common & can lead to pneumonia  
Feeding tubes reduce the risk of aspiration

### Dementia:

Some patients start to have problems with memory & decision-making, & eventually can be diagnosed with a form of dementia called frontotemporal dementia.

### Muscular problems:

Progressive muscle weakness in the feet, hands, legs, & ankles which can eventually lead to being wheelchair bound.

## Treatment & Prevention

### NO cure, NO reversal, & NO prevention

**Goal:** prolong survival and improve quality of life. This requires an integrated team of health care professionals.

### Medications

Riluzole (Rilutek) increases life expectancy by 3-6 mo.

Edaravone (Radicava) reduces the decline in daily functioning

### Therapies:

Breathing care, physical therapy, occupational therapy, speech therapy, nutritional support, palliative care

### Devices

- Splints, corrective braces, grab bars, wheelchairs, walkers, respirator, computerized voice synthesizers

### Medications for symptoms:

- Pain relievers, muscle relaxants, and antispasmodics for cramping & spasticity
- Anticholinergics for excessive salivation
- Laxatives for constipation
- Antidepressants
- Nuedexta to treat pseudobulbar affect
- Benzodiazepines & antihistamines for sleep disturbances
- Modafinil, bupropion, or premoline for fatigue
- Riluzole, Edaravone

# Disease Management

## Clinical Manifestations

The signs and symptoms of ALS vary from person to person and include:

- **Difficulty walking or performing daily activities**
- **Tripping and falling**
- **Weakness in your legs, feet or ankles**
- **Hand weakness or clumsiness**
- **Slurred speech or trouble walking**
- **Muscle cramping in arms and legs**
- **Inappropriate crying, laughing or yawning**
- **Cognitive behavioral changes**

Often start in the **hands, feet or limbs** and then spreads to other parts of the body. As the disease progresses and nerve cells are destroyed, muscles get weaker. Decrease in muscle strength eventually leads to issues with **chewing, talking, swallowing and breathing.**



## Screening & Diagnosis

There are several diagnostic tests and a clinical examination done to rule out other diseases that closely resemble ALS.

These include:

- **Electro diagnostic tests**
- **Blood and urine studies**
- **Spinal tap**
- **X-ray, MRI**
- **Myelogram of the cervical spine**
- **Muscle and nerve biopsy**
- **Thorough neurological examination**

It is recommended to get a second opinion when an initial diagnosis is made. Predictive genetic testing can be done if an individual has a familial case of ALS.



### WHY ALZHEIMER’S IS A PUBLIC HEALTH ISSUE

“Alzheimer’s is the most under-recognized threat to public health in the 21st century.”  
Dr. David Satcher, former U.S. Surgeon General and former CDC Director

While Alzheimer’s has traditionally been seen as an aging issue, **ALZHEIMER’S** is a **PUBLIC HEALTH ISSUE** because:

The **BURDEN** is **LARGE** and growing larger

**5 million**

More than five million people are living with Alzheimer’s, two-thirds of whom are women; the number of people with the disease is projected to triple to as many as 16 million in 2050

**\$259 billion** ↑

Annual costs exceed quarter of a trillion dollars (\$259 billion in 2017) and costs are expected to rise to \$1.1 trillion in 2050

Among people with dementia, one in every four hospitalizations is preventable

More than **15 MILLION** caregivers have over **\$10 BILLION** in additional health care costs each year due to caregiver burden

**2/3**

**Impacts governments** – Medicare and Medicaid bear two-thirds of the health and long term care costs of those with Alzheimer’s

The **IMPACT** is **MAJOR**

There are **WAYS** to **INTERVENE**


**Promoting prevention** – regular physical activity, attention to heart health can reduce the risk of cognitive decline and may reduce risk of Alzheimer’s

**Promoting early detection and diagnosis** – as many as half of people with Alzheimer’s are not diagnosed, and less than half of the diagnosed are not aware of the diagnosis

**Data collection** – Collecting data on subjective cognitive decline and Alzheimer’s caregivers can help identify the burden and impact in each state

The Healthy Brain Initiative

Public Health Road Map

alzheimer’s  association®

# Alzheimer’s Disease

**Team 11:** *Christen Carriere (Nursing), Courtney Illg (Nursing), Kenneth Goodwin (Dental), Jensen Firmin (Dental hygiene), John Waldron (Medicine), Madden Wilbert (Audiology), Megan Parfait (Medicine), Ryan Helm (Medicine), Roslyn Williams (Nursing), Sara Englade (Nursing), Sophie Rhines (Physical Therapy)*

Profession	Prevention
Audiology	<u>Annual hearing evaluations</u> – auditory deprivation may be associated with decreased mental wellness
Dentist/ Dental Hygiene	<u>Patient and care-taker education on oral care</u> --Decreased oral care/dental hygiene is associated with Alzheimer’s
Medicine/ Nursing	<u>Education:</u> Patient education and appropriately reducing occurrence of listed risk factors may decrease incidence of Alzheimer’s
Physical Therapy	<u>Diet:</u> rich in unsaturated fats, anti-oxidants, fish oil, Vitamins B6-B12-C-D-E and folate, caloric restriction
	<u>Physical Activity:</u> increased activity reduces risk of Alzheimer’s, blood pressure, and obesity; anti-inflammatory and anti-lipid; increased levels of BDNF

--

Profession	Assessment	Assessment	Assessment	CPT Coding	Costs
<u>Audiology</u>	comprehensive audiometry threshold evaluation and speech recognition	Basic vestibular evaluation	Tympanometry + reflex threshold measurements	92557, 92540, 92550	\$38.98 + \$109.71 + \$22.74 = \$171.43
<u>Dental</u>	full mouth XR series			D0210	variable
<u>Dental hygiene</u>	adult fluoride application	full mouth debridement		D1208 + D4355	variable
<u>Medicine</u>	functional assessment -- activites of daily living, decision-making capacity	cognitive assessment -- clinical dementia rating, mini-cog, GPCOG, MoCA, Mini-mental state exam		70450, 99483	variable
<u>Nursing</u>	cognitive assessment -- assess for thought processing, memory changes, difficulty with thinking patterns	assess patient ability to speak, language deficit, sensory impairment	mental health assessment -- patient ability to cope with events, interest in surroundings and activity		services incident to MD/PA/NP
<u>Physical therapy</u>	fall risk assessment/ balance	endurance	range of motion, strength, functional mobility screen	97161	\$66.79

## Risk Factors

- **Age:** older-aged patients have increased risk
- **Family History/Genetics**
  - APOE4 variant increases risk
  - C2 variant of Transferrin gene + C282Y allele of haemochromatosis gene together increase risk
  - Down syndrome (Trisomy 21)
- **Heart/vascular disease**
  - Smoking, HTN, hypercholesterolemia, obesity, type II DM, inactivity
- **Sex**
  - Women have increased reports of Alzheimer’s – possibly due to longer life expectancy.
- **Occupational exposure to fumigants**
- **Auditory deprivation**
- **Social Isolation**

## IPEC sub-competency CC8

Group 11 demonstrated this core competency via efficient team collaboration directed at creating a comprehensive 45-minute assessment tool. Each team member focused on what their specific field could best contribute to the overall service. As each team member can attest, both teamwork and efficient interprofessional communication are critical to optimal care, and anything less than full commitment to those standards could lead to undertreatment or redundant work-up. Conclusively, this activity has further bolstered interprofessional education and rapport.

## Benefits of interprofessional approach

- From perspective of patient/client/community
  - All-encompassing, wholesome care that covers all aspects of health allows the patient peace of mind as well as less total number of care-provider visits.
- From perspective of health professionals
  - Allows health professionals to focus on their specific roles, with confidence that each professional of the team will do their job efficiently.

## Potential Barriers to Assessment

1. **Cost of complete assessment** may be a barrier in the early stages of AD, especially a patient whom maintains a relatively independent lifestyle.
2. **Social variables** – living alone may increase possibility of late detection as well as complications
3. **Stigmas** – Elderly patients may avoid screening so that they are not confirmed to have AD
4. **Time** – a complete 45 minute assessment with multiple specialists may be difficult to achieve in that allotted time.
5. **Solution** → increased medical professional visits to increase data points of patient to avoid late detection and frequent discussions with patient to discuss progress and emotional status related to coping with disease.

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## ASSESSMENTS

### Medicine:

Assess growth and development and neurological functioning. Treat jaundice if present, assess need for medications, implement imaging studies as needed  
CPT codes: 99381- \$76.29, 99382- \$83.24 , 99383- \$82.67, 99384- \$90.19, 99385- \$80.17

### Dentistry & Dental Hygiene:

Conduct a comprehensive oral exam with caries screening and oral hygiene instruction  
CPT codes: D0150- \$47.37, D0210- \$60.17, D0330- \$57.05, D1110- \$48.01, D1120- \$35.02

### Nursing:

Assess vital signs and review immunization record. Conduct labs, liver function tests, and nutritional and neurological assessments  
CPT codes: Services incident to MD, PA, NP

### Physical Therapy:

Assess movement dysfunction, develop a treatment plan with the client and caregiver, assess need for assistive devices  
CPT codes: 97161- \$66.79, 97112, 97116, 97530- \$27.65

### Speech-Language Pathology:

Comprehensive assessment of speech and language skills and deficits, assess and treat dysphagia and oral feeding difficulties, assess need for assistive devices.  
CPT Codes: 92507- \$30, 92521- \$45

## CHALLENGE & SOLUTION

Based upon current healthcare environments, a challenge to implementation of the interprofessional assessments for the client with CP is the client's capacities and limitations. A comprehensive oral exam or PT appointment could be taxing to the client or the client may have difficulty participating due to disabilities and special needs. A solution to this would be to reinforce the client's strengths, ensure a safe and calming environment that is conducive to them, and work closely with caregivers to make the experience advantageous to all involved.

# CEREBRAL PALSY

UNDER 21

- Cerebral palsy affects a person's ability to move and maintain balance and posture.



- Cerebral palsy is caused by brain damage or abnormal brain development that happens before birth or early in life.



- Cerebral palsy is permanent. However, it's not progressive.



children in the U.S. have cerebral palsy, making it the most common motor disability in childhood.

## RISK FACTORS:

- Premature birth and low birthweight
- Disruption of blood and oxygen Supply to the developing Brain
- Infection of mother's placenta
- Early life brain injury
- Birth defect in the CNS

## DEMOGRAPHICS:

- More common among boys than girls
- More common among Black children than White children
- Equally likely in Hispanic and White children
- Most (77.4%) of the children had spastic CP
- Over half (58.2%) of the children identified with CP could walk independently
- Many of the children with CP also had at least one co-occurring condition— 41% had epilepsy and 6.9% had ASD

There are different types of cerebral palsy, depending on what part of the brain is affected.



Stiff muscles (spasticity), associated with damage to or developmental differences in the cerebral cortex



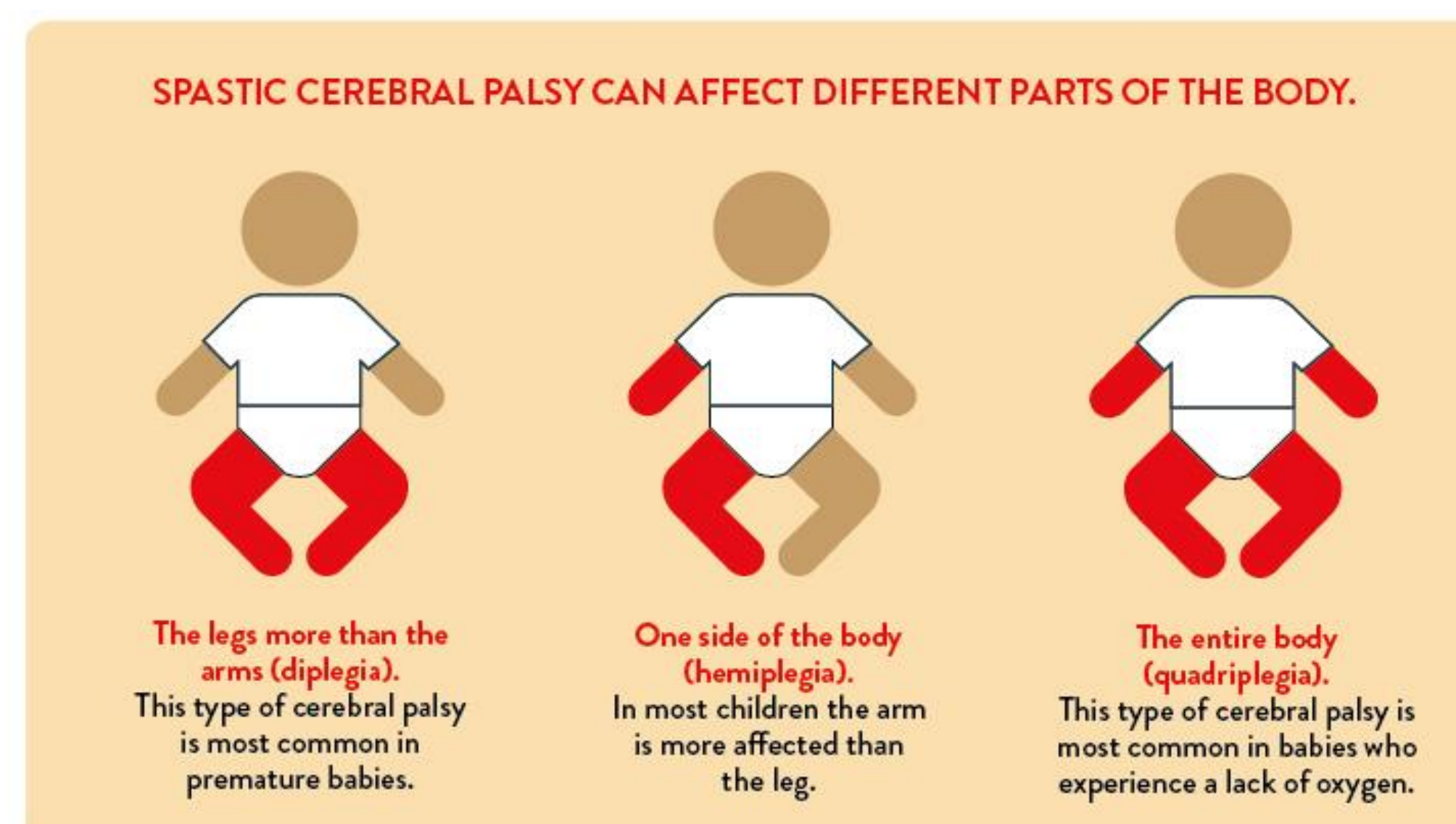
Uncontrollable movements (dyskinesia), associated with damage to the basal ganglia



Poor balance and coordination (ataxia), associated with damage to the cerebellum



Mixed, a combination of two or more types, associated with damage to multiple areas of the brain



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## BENEFITS

### ...from the perspective of the patient/client/community:

Many patients with CP require a great deal of care to optimize health. Caregivers can often become overwhelmed. An interprofessional team can provide an overlap in care and communication between team members. Through communication, updates of progress are shared, and collaboration fosters the best plan of care for the patient. Therefore, caregivers experience reduced stress.

### ...from the perspective of healthcare professionals:

An interprofessional team with collaboration ensures that all aspects of care are provided. It is expected that education is provided for everything that involves caring for a patient with CP while avoiding information overload. Each profession can reinforce the education of another. For example, PT will teach the exercises and techniques to assist in improvement of gait. When the patient visits the PCP, the importance of following the PT's instruction is reinforced and the MD can communicate any concerns with the PT.

## IPEC - CC8

The importance of interprofessional communication in developing patient-centered care was revealed to us upon creating our assessment tool. There is a lot of overlap in testing and care between health partners that when not communicated, can result in unnecessary expenses for the patient, miscommunication of health needs to other departments, and subpar treatment regimens. With proper communication and sharing of information, the patient can receive the proper care, hopefully at a lower cost.

In the context of public health and policies, all health partners need to communicate and be involved in the creation of health policies. These policies directly affect the care we can provide, and every health partner needs to voice the needs of the patient in the context of their own department of care.



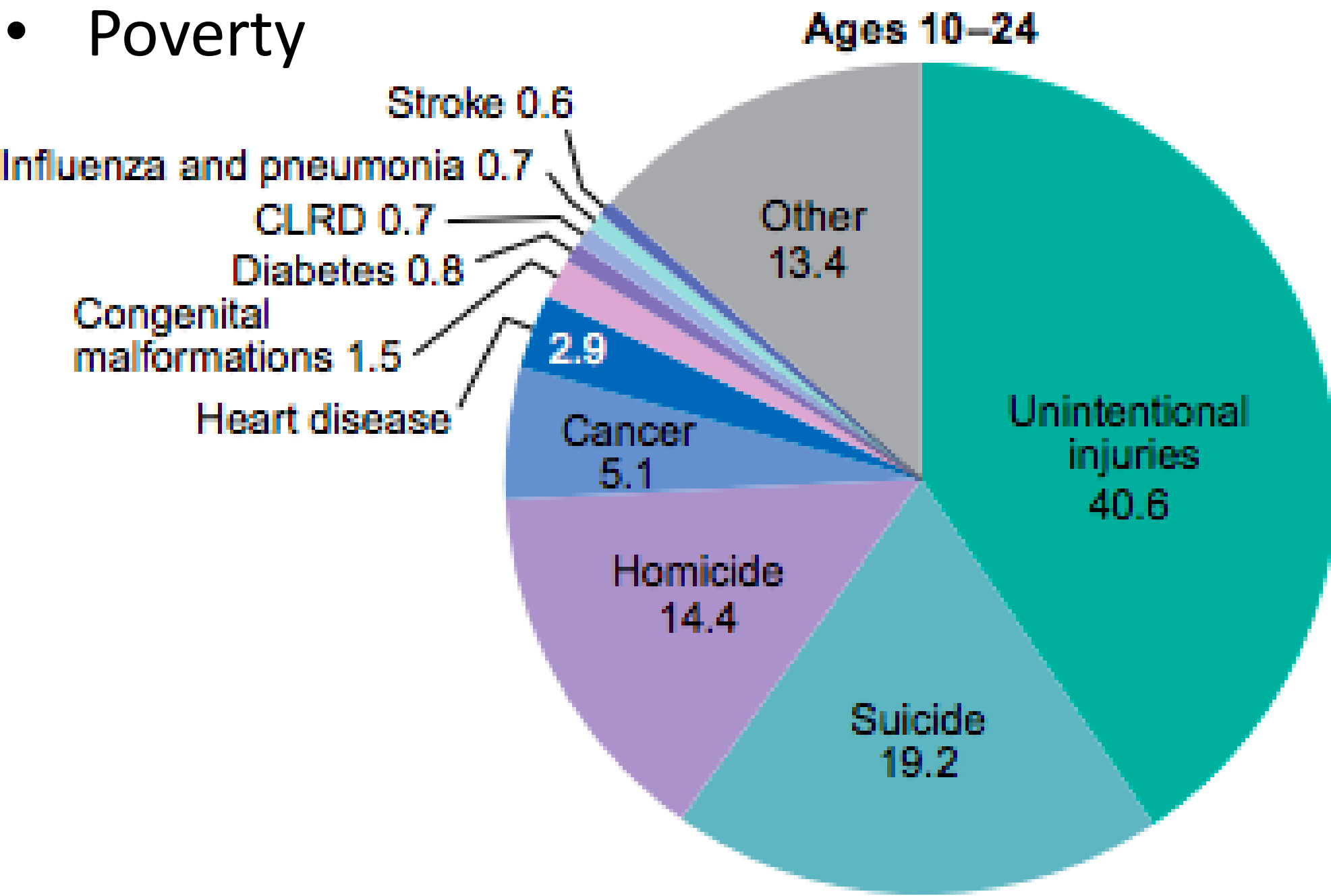
# Background

The most common cause of death reported by the CDC for ages 11-13 year olds include unintentional injury, suicide, and homicide.

Unintentional injuries include motor vehicle accidents, falls, fires, burns, drowning, poisons, and aspirations.

Incidence:  
40.6% of deaths occur at the age of 10-24 due to unintentional injury (CDC).

- Risk Factors:
- Low socioeconomic status
  - Poor family environment
  - Poor family structure
  - Poverty



# IPEC Sub-Competency CC8

**Team's Reflection:**  
Coordination across multidisciplinary team:

- Reinforces facilitation and support for child injury prevention efforts
- Identify gaps in the current healthcare system and work towards bridging those gaps
- Transfer knowledge of known, effective preventive interventions that will save lives and money
- Develop a comprehensive plan of action to reduce childhood injuries and improve safety in child and adolescents.

# CHILDHOOD INJURIES AMONG 11-13 YEAR OLDS

## Assessment and Cost

Profession	Assessments	Cost & Codes
Nursing	<ul style="list-style-type: none"><li>• Initial assessment/neuro and physical exam</li><li>• Depression and Suicidal Ideation screening</li><li>• BMI screening</li><li>• Immunization records</li><li>• Psychosocial and family assessment</li></ul>	Services referred to MD, PA, NP
Medicine	<ul style="list-style-type: none"><li>• Periodic comp preventive medicine reeval</li><li>• Intubation, Endotracheal, emergency</li><li>• Normal Saline, 500ml</li><li>• Thoracotomy; with cardiac massage</li><li>• Laparoscope Proc, App</li><li>• Radiologic examination, Hip, Bilate</li><li>• Radiologic examination, Chest</li><li>• Reticulated platelet assay</li><li>• Blood count</li><li>• Urinalysis, by dip stick or tablet</li></ul>	<p>\$70.88, 99393</p> <p>\$74.65, 31500</p> <p>\$1.29, J7040</p> <p>\$500.82, 32160</p> <p>MP, 44979</p> <p>\$33.77,73522</p> <p>\$14.02, 71045</p> <p>\$22.26, 85055</p> <p>\$3.43, 85008</p> <p>\$3.16, 81000</p>
Dentistry & Dental Hygiene	<ul style="list-style-type: none"><li>• Comprehensive Oral Exam</li><li>• Oral Cancer Screening</li><li>• Posterior Bitewings</li><li>• Panoramic X-ray</li><li>• Selective Periapical X-rays</li><li>• Topical Application of Fluoride</li><li>• Diet Assessment &amp; Caries Risk Assessment</li><li>• Oral Hygiene Instruction</li><li>• Prophylaxis</li></ul>	<p>\$47.37, D0150</p> <p>\$21.43, D0272,</p> <p>\$57.05, D0330,</p> <p>\$14.69, #D0220,</p> <p>\$19.50, D1208</p> <p>\$48.01, D1110</p>
Physical Therapy	<ul style="list-style-type: none"><li>• Systems Review to rule out red flags and obtain proper referral</li><li>• Comprehensive physical exam</li><li>• Depression screening</li><li>• Patient education on safety and injury prevention</li></ul>	\$66.79, 97161

Consultations: case management, social work, pediatric specialist

## Benefits and Challenges

- Two major benefits to the healthcare workers when working in an interprofessional team are reduced working hours and increased job satisfaction. This is immensely important when the lives of patients are in question.
- The main beneficiary from this collaborative effort is the patient. Uniformity within the healthcare team has proven to reduce preventative health care errors such as adverse drug reactions and reduce morbidity/mortality.
- Arguably, the most vital aspect of teamwork can be trust. This can be difficult to achieve in a healthcare setting with so many experts in the different fields of medicine.
  - One way to solve this issue can be an open line of communication. Communicating with your healthcare team can allow everyone to learn each other's role and make sure the patient's health is of utmost importance.



Group #: 13

Daley Harvey Grinnis: Dentistry  
Stacey Gardner: Dental Hygiene  
Nicole Chedville: Nursing  
Ha Pham: Nursing  
Kiersten Jeanne: Nursing  
Katherine S. Winsberg: Nursing  
John Hoang: Medicine  
Raj Patel: Medicine  
Austin Wayne Wheeler: Medicine  
Megan Shockey: Physical Therapy

## Primary Prevention of Unintentional Injury

- Improve data and surveillance methods available in the United States to improve data collection regarding unintentional injury of 11-13 year olds
- Expand research on unintentional injury of 11-13 year olds in order to gain knowledge about preventing these injuries
- Disseminate existing injury prevention messages available in local or national campaigns to students, parents, and the general public to educate and raise awareness via injury prevention events, media outlets, and/or local businesses, schools, or hospital communication channels
- Formulate new injury prevention messages by networking with individuals, families, health care professionals, educators, and/or others who have experienced unintentional injury
- Advocate for local, state, and national partnerships to support all prevention efforts
- Educate lawmakers, school administrators, and decision-makers within the community and state about unintentional injury rates and the resulting burdens, importance of prevention, possible financial benefits, and public health benefits
- Develop curriculum about injury prevention to be taught in elementary and middle schools by teachers
- Educate and train allied health professionals about unintentional injuries, how to respond, and prevention strategies

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[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4530359/>  
[https://www.cdc.gov/safelchild/pdf/National\\_Action\\_Plan\\_for\\_Child\\_Injury\\_Prevention-a.pdf](https://www.cdc.gov/safelchild/pdf/National_Action_Plan_for_Child_Injury_Prevention-a.pdf)



# 14 - 17 Year Old Males

## Group 14 | Team Up

Louisiana State University Health Sciences Center, New Orleans, LA

### Barriers & Solutions

**Risk Factors:** poverty, violence, parental abuse or neglect, or divorce of parents

**Protective Factors:** support system, community engagement, healthy peer groups, role models, communication and problem-solving skills

#### Challenges:

- Cost of healthcare
- Time restraints for screening visits
- Lack of commitment or follow up
- Males at higher risk of suicide and less likely to follow up
- People with alcoholism may not be aware or think they have a problem
- Embarrassment for people with high STI risk

#### Solutions:

- Provide information about community outreach
- Provide programs that offer safe environments and keep people motivated by knowing that their not alone
- Implement better sex education programs in schools to talk about STIs
- Insurance/incentive for follow ups
- Build good patient healthcare relationships to make sure that they feel comfortable

**Challenge:** The challenge to implementation of this interprofessional assessment is complex. Primary/secondary prevention of mortality amongst teenage males is difficult since 3 of the 4 main causes are from external causes of injury (motor vehicle accidents, homicide, and accidental injuries). Rather than being an internal, medical problem that medical professionals can “fix,” these causes of death stem from a more complex, yet still preventable, manner.

**Solution:** Medical professionals should always promote the overall well being of the patient. The primary prevention of mortality amongst male teenagers begins with the pediatrician or primary care physicians who can screen for risk-taking behavior such as underage alcohol use, cigarette smoking, or drug abuse. In particularly at-risk populations, such as male black teenagers who suffer the highest burden of death caused by homicide, asking about violence and whether they feel safe in their environment should take place. A medical professional can promote safe driving habits at each appointment, such as reminding them to not text and drive and discouraging drinking and driving.

**Challenge:** With the increase in hormones and peer pressure present around one’s teen years, oral hygiene techniques may get overlooked.

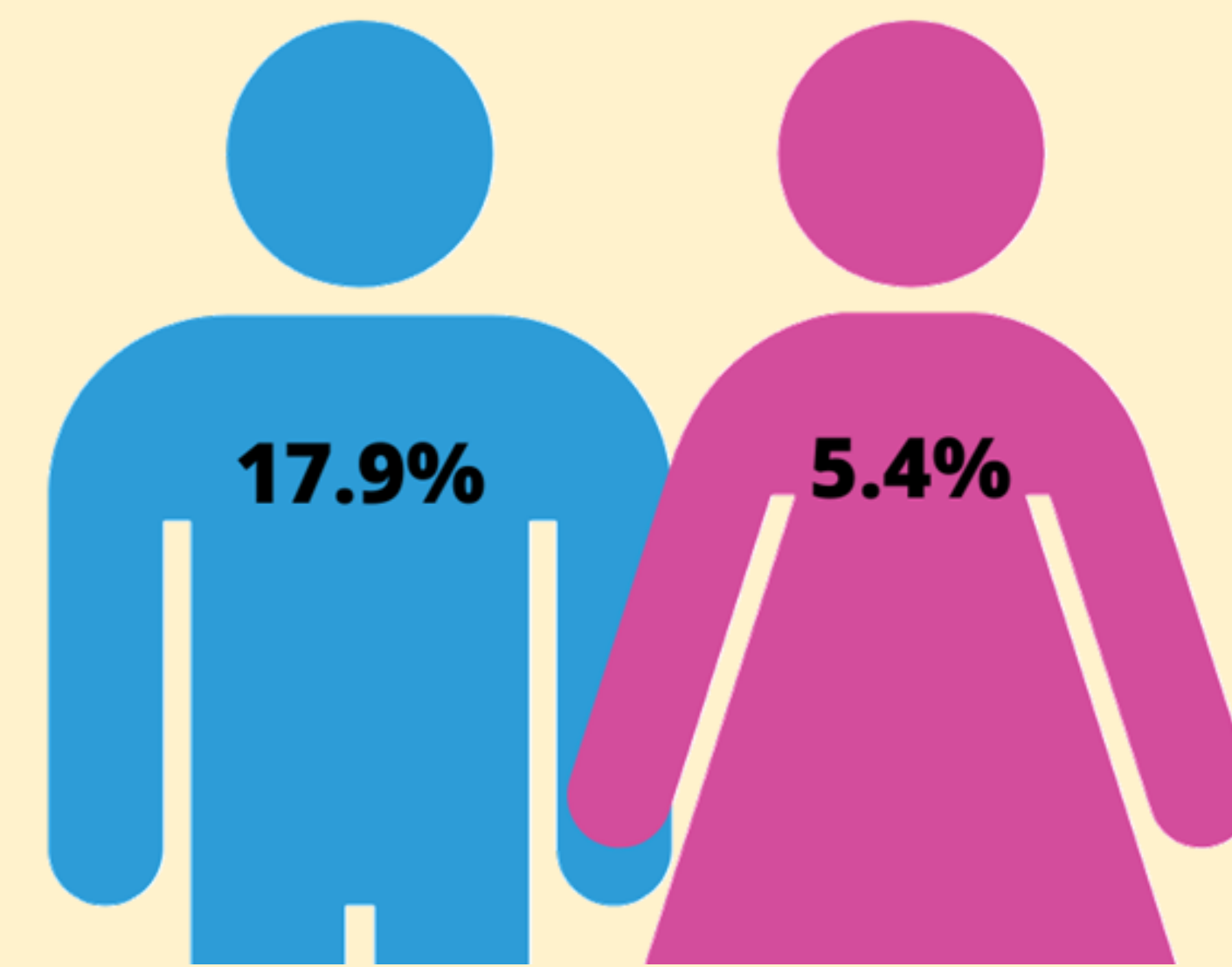
**Solution:** Around this age group, there are many developmental changes to the teeth that are occurring, such as possible wisdom teeth eruption. Males ages 14-16 also have a high prevalence of braces. As a healthcare provider, it is important to stress a 6-month hygiene recall interval to allow for preventive maintenance to be conducted. At these sessions, the hygienist and dentist can teach this population proper brushing and flossing techniques. Setting up proper oral hygiene techniques as soon as possible, especially in patients undergoing orthodontic treatment, can prevent gingivitis and periodontal conditions in the future. If not yet present on the patient’s adult molars, oral healthcare providers should enforce the importance of sealants. Sealants prevent possible decay from non-nutritional diet and lifestyle stresses, which are both commonly prevalent in the population being studied.

## Suicide Among Youth and Young Adults: How Can We Help?



Suicide is the second leading cause of death  
in the US among youth, ages 15-24.

Teen suicide rates differ by gender.  
Deaths per 100,000 youth ages 15-19, 2017



The four leading causes of mortality during adolescence in the United States are **motor vehicle crashes, other accidental injuries, homicide, and suicide**; together these causes are responsible for more than 70% of all adolescent deaths.

The major causes of adolescent morbidity are use of motor and recreational vehicles, sexual and physical abuse, sexual activity such as unwanted pregnancy and STIs, and substance abuse.

### Assessment and Cost

	Assessment	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Dental Hygiene	Tooth decay screen	Fluoride education	Brushing teeth education	---	Services incident to DDS	N/A
Dentistry	Tooth decay screen	Fluoride education	Brushing teeth education	Oral examination	D0150	\$47.37
Medicine	Preventative medical evaluation	Behavioral evaluation (mental disorders, past injuries)	Screen: abuse (physical, sexual, emotional)	Screen: substance abuse	99382, 90471	\$70.76, \$14.70
Nursing	Physical education	Risk assessment	Vaccines (flu)	---	Services incident to MD, PA, NP	N/A
Physical Therapist	Identify existing and potential problems	Instruction on how to avoid injuries	Improve circulation around injuries	Recommend when it is safe to return to sports	97161	\$66.79

### Professional Interview and Intervention

#### When interviewing and assessing adolescents:

- physical growth and development (physical and dental health, body image, healthy nutrition, physical activity)
- social and academic competence (relationships with peers and family, school performance, interpersonal relationships)
- emotional well-being (mental health, sexuality)
- risk reduction (tobacco, alcohol, other drugs, pregnancy, STIs)
- violence and injury prevention

#### Health Screenings:

- identify assets and threats to an adolescent’s well-being
- tools: SAFETIMES, GAPS, RAAPS

### Primary Prevention

#### Tobacco/Drugs/Alcohol

- posters, charts, displays, statistics, and the use of examples of actual damaged lungs to communicate the hazards of smoking
- educational programs
- media/internet, parents, peers, health care professionals

#### STIs

- complete abstinence from sexual activities that transmit semen, blood or other body fluids
- latex male condom→ with current expiration date, use only once, store away from heat

#### Suicide and Homicide

- primary care physicians and pediatricians should first be educated about the disproportionately high levels of suicide amongst teenage males (Minino, 2010)
- a behavioral screening should be implemented to screen for signs of depression, mental illness, and suicidal ideation at every visit to the PCP (this could be in the form of a questionnaire the patient fills out while in the waiting room in addition to the physician directly asking the patient if they are experiencing depression)

### IPEC Competencies

**CC8: Communicate the importance of teamwork in patient-centered care and popilation health programs and policies.**

Group 14 modeled Core Competency 8 by being extremely productive and diligent in working together to develop the assessment tool. Each team member input information that was specific to their profession in development of the assessment tool for the primary prevention of 14-17 year old males. Upon the completion of the assessment tool, the team members further provided feedback and recommendations for each other concerning how to treat and care for 14-17 year old males. Teamwork is essential in providing effective patient care because “team approaches in selective circumstances are associated with improved health care delivery processes leading to more appropriate care, better patient outcomes, and lowered costs compared with nonteam approaches” (Bosch, et al., 2009, p.65).

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## Prevalence of STDs

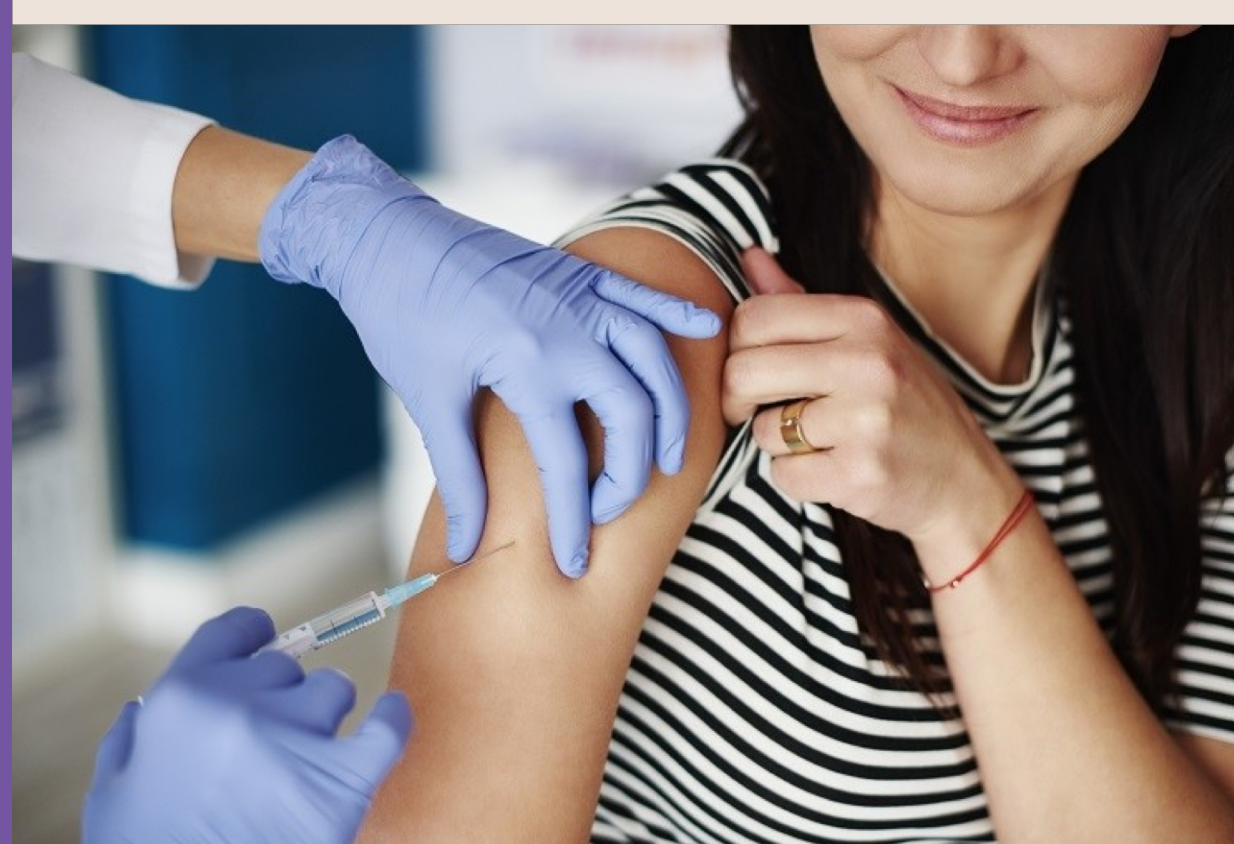
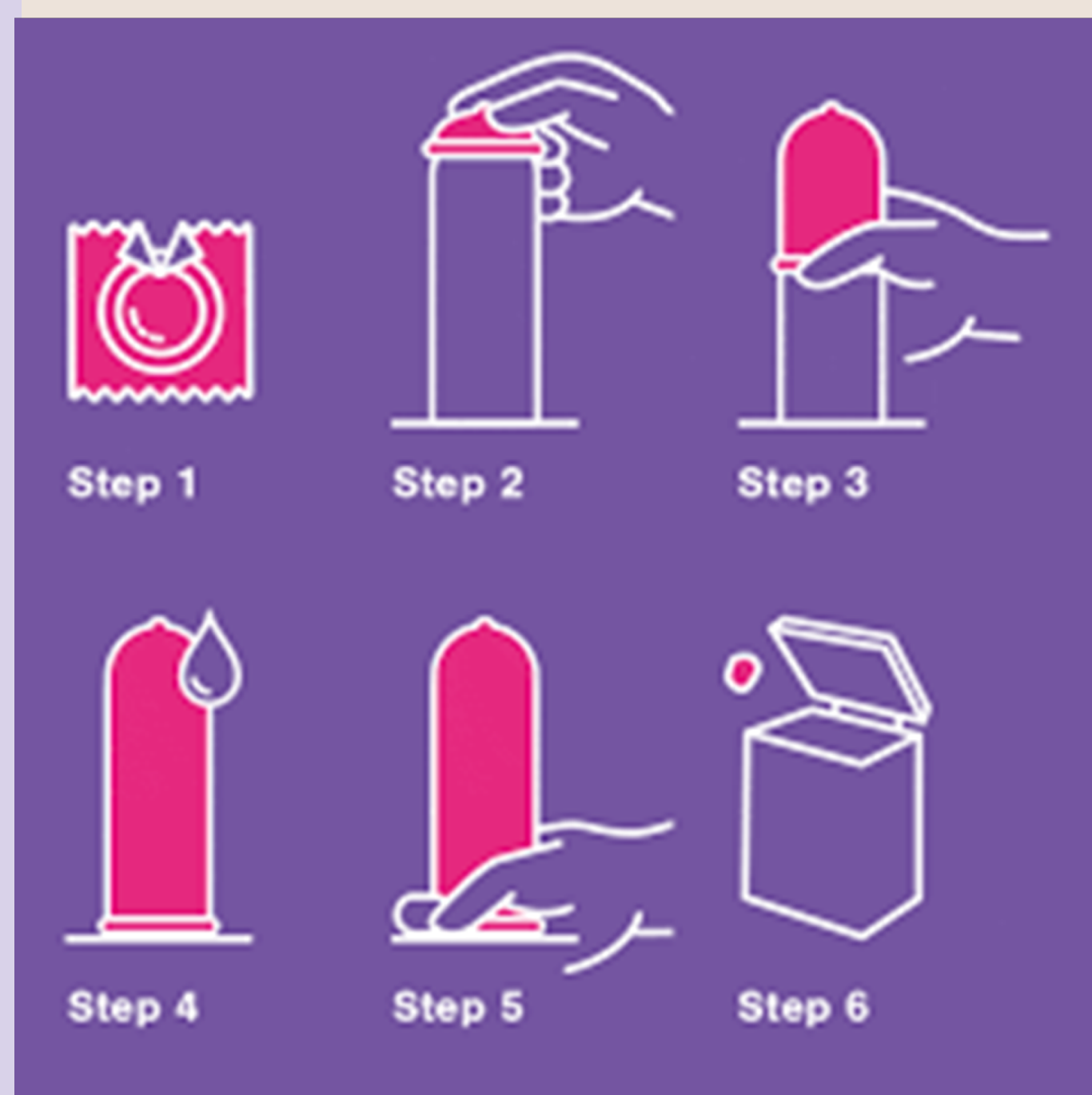
Incidence and prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs including chlamydia, gonorrhea, or human papillomavirus (HPV). Compared with older adults, sexually active adolescents aged 15-19 years are at higher risk of contracting STDs.

In 2017, there were 1,069,111 reported cases of chlamydial infection among persons aged 15-24 years, representing 62.6% of all reported chlamydia cases. During 2016-2017, the rate of reported gonorrhea cases increased 15.5% for persons aged 15-19 years *CDC.Gov*

HPV is the most common sexually transmitted infection in the United States(*CDC*). Starting in 2006, HPV vaccines have been recommended for routine use in United States for both males and females up to 26 (*cancer.gov*).

### Prevention:

- The spread of chlamydia, gonorrhea and HPV can be prevented by using sexual barriers such as condoms.
- Avoid sharing towels or underclothing.
- Follow vaccine recommendations to prevent HPV and Hepatitis B.







### CC-8 Competency:

Competency CC-8: Communicate the importance of teamwork in patient-centered care and population health programs and policies.

- Teamwork is crucial for effective patient-centered care. All healthcare professionals must work effectively within a team to ensure that the highest quality of care is being provided to patients.



## Prevention of Sexually Transmitted Diseases in Males ages 18-21

Profession	Assessment	Fees
<b>Medicine</b> 	Education on contraceptive measures, physical examinations	99385 (\$80.17)
<b>Dentistry</b> 	Comprehensive Intra- and Extra- Oral Examination	D0150 (\$47.37)
<b>Nursing</b> 	Recommend HPV vaccine, patient education	Services incident to MD
<b>Physical Therapy</b> 	Monitoring for Red Flags requiring referral	97161 (\$66.79)

### Risk Factors

Young people are more likely than any other age group to...

- Have multiple sex partners
- Engage in unprotected sex
- Engage in high risk behaviors while under the influence of drugs and/or alcohol

### Challenges & Barriers:

- Health care providers may be uncomfortable addressing this topic
- Noncompliance with safe sex practices
- Unwilling to disclose sexual information
- Underserved populations with limited access to care

### Solutions:

- Interprofessional care will involve multiple disciplines educating patients on reduction of risk in their specific field.
- Educating on the importance of safe sex in preventing STDs can increase the likelihood of compliance
- Establishing a trusting environment increases the chance of disclosing personal information
- Set up community programs to educate the underserved populations



### References:

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- *Human papillomavirus (HPV) vaccines*, National cancer institute. September 9, 2019
- American Sexual Health Association (2020). *STI's and Young People*. Retrieved March, 9, 2020. <http://www.ashasexualhealth.org/teachers/stis-and-young-people/>



# SEXUALLY TRANSMITTED DISEASES FOR MALES AGED 21-29

Kaitlyn Journet | Remi Coco | Anna Whitehead  
Anya Canache | Carter Pesson | Colleen Broussard  
Kaila Holloway | Gabrielle Ingram | Justin Webb  
Kayla Jones

## ASSESSMENT PLAN

### 45 MINUTE ASSESSMENT:

1. Patient history (nurse) **5 minutes**
2. Stage of development, growth and development (PT, nurse) **8 minutes**
3. Ask about depression, home life, support system (nurse, doctor) **7 minutes**
4. Environment, schooling, income, insurance (PT, nurse) **7 minutes**
5. Physical assessment: general appearance, vitals, teeth, height, weight, blood sugar level, etc. (nurse, doctor, dentist) **8 minutes**
6. Level of consciousness, fine and gross motor skills, seizures, pupal size (nurse, doctor) **10 minutes**

**Total cost: \$378.59-\$2,067.65**

## TEAM REFLECTION

The past two years our group has spent together showed us the importance of teamwork in healthcare, and coming together to develop our assessment tool served to solidify our efficiency at this sub-competency. For this project, our team was able to collaborate on a specific subset of the populations we will be serving and truly focus on providing patient-centered care. While developing the assessment, we were able to appreciate that each profession is necessary to providing patients with well-rounded care. We were also able to pinpoint areas of overlap between professions, and we discovered that this knowledge will make us better stewards of resources and time. This ability to come together and recognize how teamwork enhances the care we provide makes us better able to communicate the importance of teamwork with our future colleagues.

## BACKGROUND AND INFOGRAPHIC: AGE 21-29

Sexually transmitted infections are an extremely high growing disease within young adults and especially males. This can be due to several cultural factors, social factors, and behavioral factors. Behavioral factors are the most dangerous because young men are more likely to engage in high risk behaviors such as having sex frequently without a condom or concurrent partners. Young men who fall under these characteristics are making a temporary decision that may cost them a lifetime of health issues and untreatable diseases.

TOP 5 LEADING CAUSES OF DEATH			PREVALENCE	SYMPTOMS	RISK FACTORS
Rank	1-19 years	20-44 years			
1	Unintentional injuries 33.8%	Unintentional injuries 38.9%	Ages 15-24 account for half of these cases. More specifically, bisexual and gay men account for 86% of all primary and secondary cases of syphilis and cases of gonorrhea have doubled in the past five years.	<ul style="list-style-type: none"> <li>blisters on/around the penis</li> <li>clear/white/ye low discharge</li> <li>itching or visible rash</li> <li>sore throat</li> <li>fever</li> <li>flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Unprotected sex</li> <li>multiple partners</li> <li>history of STI's</li> <li>injecting drugs</li> <li>pharmacological treatment for erectile dysfunction</li> <li>ages 15-24 at higher risk</li> <li>Individuals with low SES</li> </ul>
2	Suicide 17.2%	Suicide 13.8%			
3	Homicide 14.7%	Heart disease 9.1%			
4	Cancer 7.3%	Homicide 9.1%			
5	Birth defects 3.9%	Cancer 6.4%			

## INTERPROFESSIONAL PRIMARY PREVENTION ASSESSMENT TOOLS

	ASSESSMENT	ASSESSMENT	ASSESSMENT	CPT CODES	FEE SCHEDULE
<b>NURSING</b>	SAFE-T Assessment (Suicide Assessment Five Step Evaluation and Triage)	Screen for alcohol misuse and intoxication, illnesses or disabilities	Taking a sexual history, CDC guidelines	Services incident to MD, PA, NP	\$100-\$2,000
<b>MEDICINE</b>	Full-physical exam	Implement a comprehensive, school-based sex education	Ask about tobacco use and provide tobacco cessation intervention	99395, G0444, G0447	\$39-\$66.65
<b>DENTISTRY</b>	Comprehensive intra-extra oral exam	Complete series of intraoral radiograph images	Panoramic radiograph image	D0150, D0210, D0330	\$164.59
<b>PHYSICAL THERAPY</b>	Screen for heart disease through self-reported questionnaire	Perform graded exercise test	Screen for depression and make correct referral to proper health care provider	97161	\$75

## CHALLENGES AND BARRIERS TO IMPLEMENTATION

### CHALLENGES:

- Cost of healthcare - this population is getting off of their parents' health insurance plan and may not be able to afford it on their own
- Stigma around mental health - males are at higher risk of suicide
- Stigma around sexual health - may be less likely to get tested and practice safe sex
- Loss to follow up - after initial visit patients may be less likely to do annual check ups

### SOLUTIONS:

- Build trust and rapport with patients so they are more likely to be honest and share the full story during the interview
- Offer services to help patients get signed up for health insurance if they don't already have it
- Send email and text reminders to patients about follow ups and when it's time for an annual check up exam

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<https://www.stdcheck.com/std-symptoms-men.php>  
<https://www.mayoclinic.org/diseases-conditions/sexually-transmitted-diseases/stds/symptoms-causes/syc-20351240>  
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2153572/>  
[http://www.sprc.org/sites/default/files/resource-program/SPRC\\_MIMYReportFinal\\_0.pdf](http://www.sprc.org/sites/default/files/resource-program/SPRC_MIMYReportFinal_0.pdf)  
[https://www.integration.samhsa.gov/images/res/SAFE\\_T.pdf](https://www.integration.samhsa.gov/images/res/SAFE_T.pdf)  
<https://www.sciencedirect.com/science/article/pii/S0033350612003472>  
<https://www.jospt.org/doi/pdfplus/10.2519/jospt.2005.35.11.730>  
<https://www.ncbi.nlm.nih.gov/pubmed/28655127>



Preventing Heart Disease in 30-39 Year Old Males

Group 17

Aubrey Coleman, Alex Houser, Allison Inzerella, Kaitlin Junius, Nicole Kaebisch, Kyle Moreau, Chantal Pham, Jack Ploen, Rush Williams, Sophia Wojkowski

Background

The term “heart disease” refers to several types of heart conditions. Coronary artery disease is the most common type of heart disease. Over time fat and cholesterol buildup forming a plaque that restricts blood flow to the heart. The heart becomes deprived of oxygen resulting in damage and potentially death. Other common types heart disease include heart failure, valvular disease, and arrhythmias.

Risk Factors

- Age
- Poor Diet
- Family History
- Sedentary lifestyle
- Gender
- Alcohol
- Hypertension
- Tobacco
- Hypercholesterolemia
- Periodontitis
- Diabetes Mellitus
- Oral Bacteria
- Obesity
- Poor Oral Hygiene

Signs & Symptoms

Heart Disease may be “silent” sometimes and undiagnosed until there are signs and symptoms of a heart attack, failure, or an arrhythmia.

Heart attack

Chest pain or discomfort, upper back or neck pain, indigestion, heartburn, nausea or vomiting, extreme fatigue, dizziness, and shortness of breath

Arrhythmia

Fluttering feelings in the chest (palpitations)

Heart failure

Shortness of breath, fatigue, or swelling of the feet, ankles, legs, abdomen, or neck veins

Prevention

- Total cholesterol levels below 200mg/100mL
- HDL: ≥ mg/dL for men
- LDL: < 100mg/mL
- Smoking cessation
- Less than 1-2 alcoholic drinks per day
- Managing comorbidities (HTN, Diabetes)
- 150 min Mod exercise/wk or 75 min Vig exercise/wk

	Assessment	CPT Code	Fee Schedule
Medicine	.Full Physical Exam	99385	\$76.67
	.Lipid & Glucose labs	80053	\$11.57
	.Electrocardiogram	93000	\$29.40
Nursing	.Vital Signs .Weight & BMI screening .Medical history	Services incident to MD, PA, NP	N/A
Physical Therapy	.Physical therapy evaluation .Graded exercise test (aerobic capacity), 6MWT .ABI .Anthropometric measures (including waist circumference, body fat percentage, BMI) .Pt education .ExRx	97161	\$66.79
Occupational Therapy	.Occupational therapy evaluation	97165	\$64.90
Dentistry	.Complete dental & periodontal exam	D0150	\$47.37
	.Tooth decay screening	D1110	\$48.01
	.Tobacco cessation education .Oral Hygiene education		
Dental Hygiene	.Adult Prophylaxis .Oral Exam .Oral Hygiene education	Services incident to DDS	N/A

Benefits

Those with heart disease require a great deal of care to reduce negative outcomes. Patients may become confused or overwhelmed with treatment plans. An interprofessional team can optimize patient health by communicating and providing the care that is needed. Collaboration between the team, patient, caregiver, and family fosters the best plan of care.

IPEC Sub-Competency CC8

CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

This assessment incorporates the knowledge of all medical professions and allows each provider to communicate their results to the health care team in order to create a plan of care more suited to treating heart disease.

Challenges & Solutions

Challenge #1: As a team, how can we do our part in diagnosing patients?

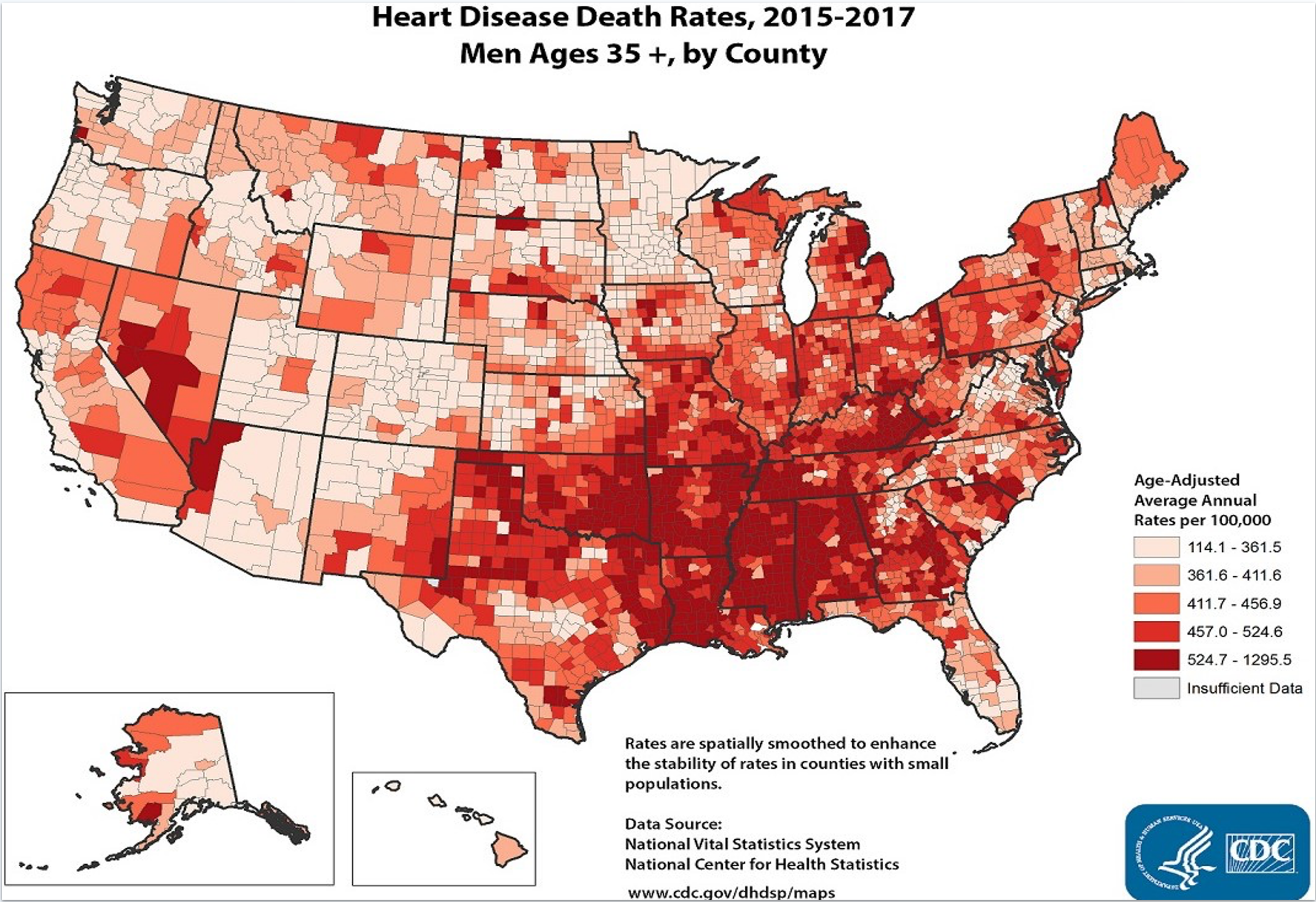
- Screening and identifying individuals who are at high-risk for heart disease and referring these patients to appropriate medical professionals
- Effectively communicating with all caregivers and healthcare professionals involved with the patient

Challenge #2: How would patients who do not have medical insurance or the means to get treatment receive treatment?

- Exploring beneficial and cost-effective treatments with the patient
- Providing resources to access social workers and government entities that may be of assistance.

Challenge #3: How do we get this information out to the public so men can recognize the risks?

- Educating patients about proper dieting and lifestyle habits.
- Informing patients about the signs and symptoms of a heart disease.



References

1. About Heart Disease. (2019, December 9). Retrieved from <https://www.cdc.gov/heartdisease/about.htm>  
2. American Heart Association. <https://www.heart.org/en/health-topics/heart-attack>



# 45 Minute Interprofessional Assessment Tool

## Medicine

- **Assessments:** Breast Exam, Mammogram, Pap Smear, Heart and Lung Exam, Cholesterol Screen, Motivational Interviewing for Drug and Alcohol Use
- **Codes:** H0004, G0296, G0297, G0104, 76092, G0202
- **Costs:** \$491.00

## Nursing

- **Assessments:** Family Health History, Immunizations, Blood Pressure Assessment, Body Mass Index Assessment
- **Codes:** Services incident to DDS
- **Costs:** N/A

## Dental

- **Assessments:** FMX Oral Exam, Periodontal Exam, Panoramic X-Ray
- **Codes:** D0210, D0330, D0150, D0180
- **Costs:** \$249.50

## Dental Hygiene

- **Assessments:** Adult Prophylaxis, Oral Cancer Exam, Oral Hygiene Education
- **Codes:** Services incident to MD, NP, PA
- **Costs:** N/A

## Occupational Therapy

- **Assessments:** General Screening (Fall Prevention, Nutrition Assessment)
- **Codes:** 97165
- **Costs:** \$42.00

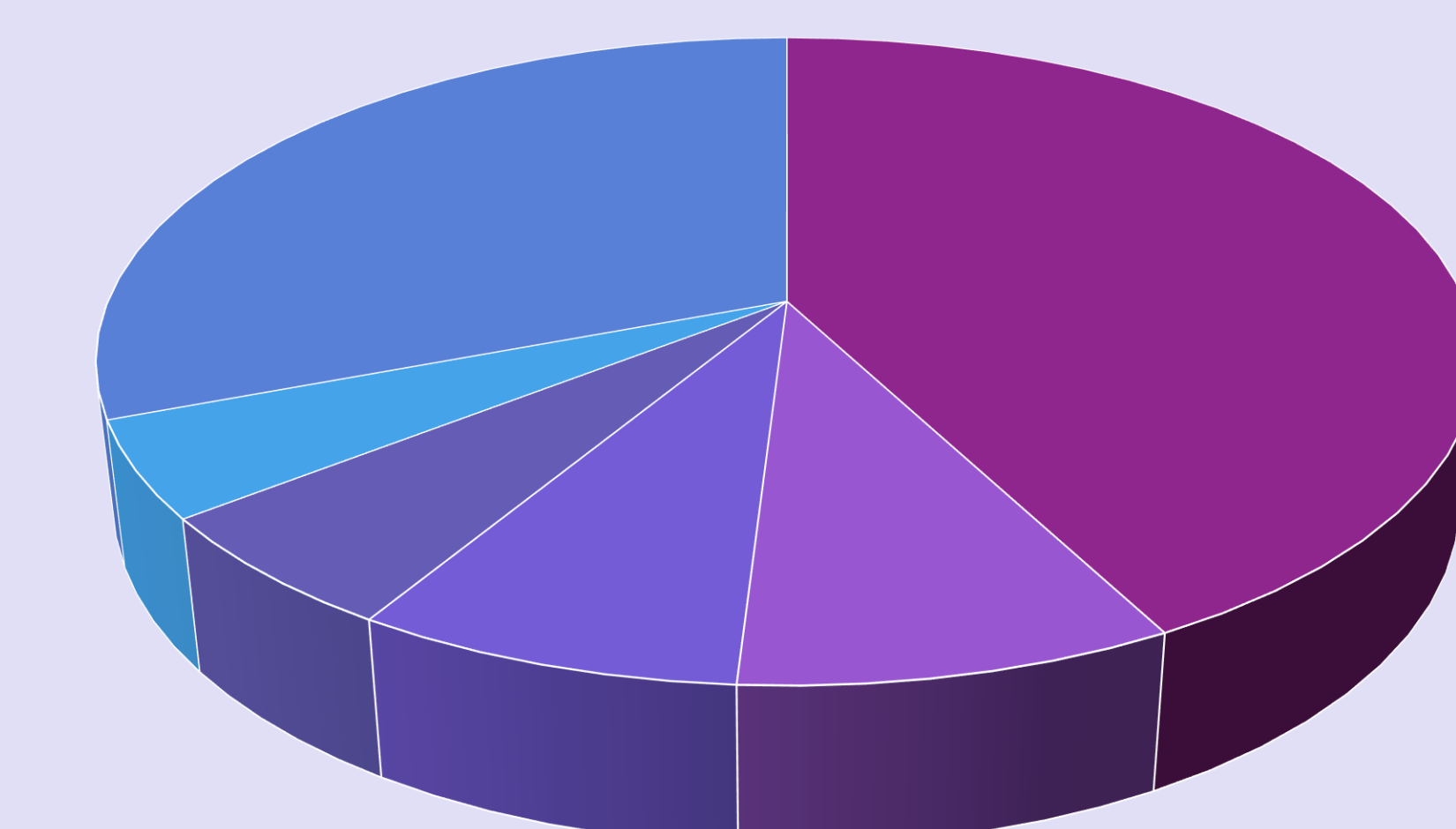
# Primary Prevention for the Top 3 Causes of Death for Women Ages 40-49

## Causes of Death – Women 40-49 years



## Cancer in Women

Ages 25-49



■ Breast ■ Melanoma ■ Cervical  
■ Brain ■ Ovarian ■ Other

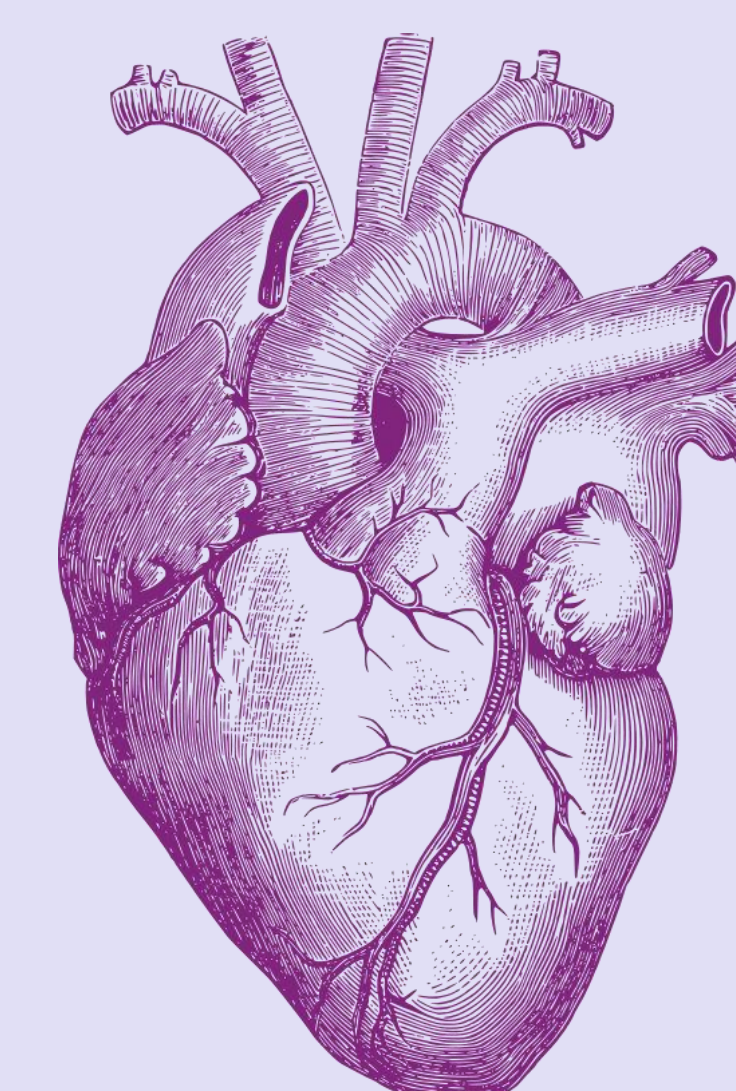
## Estimated Accidental US Deaths in 2017

44,800	Opioid Overdose
32,200	Illicit Drugs
88,000	Alcohol

“An estimated 80% of cardiovascular disease, including heart disease and stroke, are preventable.”

”

-AMA



Team # 18

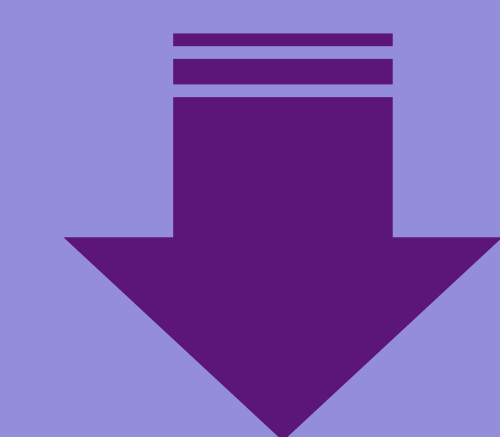
**LSU Health**  
NEW ORLEANS

## Reflection

When making our assessment tool, we recognized the importance of teamwork in patient centered care because without teamwork and collaboration, we would have done many repeat tests which would cost the patient time and money. We realize that we all have one goal, which is to keep our patients as happy and healthy as possible through the prevention of preventable diseases. Teamwork benefits both the patient and health care professionals through saving valuable resources and providing exactly what the patient needs.

## Challenges

Two challenges we had to overcome to have a successful interprofessional collaboration were cooperation and coaching.



## Solutions

For cooperation, we are all in busy professions, so we decided to take advantage of meeting times efficiently so group members did not have a lot to do outside of the set aside TeamUp time. For coaching, we ensured everyone spoke at least three times throughout the meeting, so everyone had an input.

## References

Cancer Research UK. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Two>, Accessed March 2020.

Center for Disease Control. <https://www.cdc.gov/women/lcod/2017/all-races-origins/index.htm>. Accessed March 2020.

Center for Disease Control. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>. Accessed February 2020.

US Preventative Task Force. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>. Accessed March 2020.

Very Well Health. <https://www.verywellhealth.com/occupational-therapy-and-womens-health-2509982>. Accessed December 2019.

MedlinePlus. <https://medlineplus.gov/ency/article/007467.htm>. Accessed February 2020.



## Background

### Incidence/Prevalence

- Childhood asthma affects 8.3% of children in the United States, making it the most common chronic disease of childhood in resource-rich countries
- Increased prevalence in children living in Southern US states
- More prevalent in boys before puberty and in girls after puberty
- Disproportionately affects children of minorities (e.g. African-American and Hispanic children) and low-income households

### Characteristics

- Bronchoconstriction
- Edema
- Increased mucus production in airways

### Risk Factors

- Obesity
- Family history
- Viral respiratory infections
- Allergies
- Environmental exposures
- Smoking
- Air pollution

### Prevention

- Investigations are currently being made to find effective primary prevention strategies, but none have provided sufficiently effective results to lead to widespread implementation in current practice
- Certain perinatal and postnatal measures are being implemented currently
  - Avoidance of passive and active smoking while pregnant
  - Modification of the maternal microbiome (e.g. via lifestyle, diet, nutritional supplements)
  - Avoidance of unnecessary caesarean delivery
  - Prevention of severe neonatal respiratory infections
  - Increasing favorable environment and behaviors
  - Decrease in hostile environments (e.g. smoking and air pollution)

# ASTHMA

## Ages 21 and Under

### Interprofessional Assessment Tool



- Assess risk of acute exacerbation/anaphylaxis during dental treatment prior to exam
- Assess asthma exacerbation frequency and severity, triggering agents, and medication
- Verify readily accessible bronchodilator or EpiPen, if needed
- Code: D0150 (Dental)  
D1110 (Dental Hygiene)

Cost: \$82.37

- Perform physical exam (HEENT, pulmonary, cardiac)
  - Code: 99381-99385 (dependent upon patient age)
- Perform spirometry to assess lung capacities
  - Code: 94010

Cost: \$101.74 – \$105.62



- Assess the patient's range on the Peak Flow Meter
  - Code: 94150
- Assess the patient's SPO<sub>2</sub> percent using a pulse oximeter
  - Code: 94070

Cost: \$54.38

### Estimated Total Cost with Medicaid:

\$238.49 – \$242.37

### References:

- "Asthma Symptoms, Causes & Risk Factors." *American Lung Association*, 9 Mar. 2020, [www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-symptoms-causes-risk-factors](http://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-symptoms-causes-risk-factors).
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- Sawicki, Gregory, and Kenan Haver. "Asthma in Children Younger than 12 Years: Initial Evaluation and Diagnosis." Edited by Robert A Wood et al., *UpToDate*, 16 Nov. 2018, [www.uptodate.com/contents/asthma-in-children-younger-than-12-years-initial-evaluation-and-diagnosis](http://www.uptodate.com/contents/asthma-in-children-younger-than-12-years-initial-evaluation-and-diagnosis).
- Trivedi, Michelle, and Eve Denton. "Asthma in Children and Adults-What Are the Differences and What Can They Tell us About Asthma?". *Frontiers in pediatrics* vol. 7 256. 25 Jun. 2019. doi:10.3389/fped.2019.00256
- <https://blueribbonnews.com/2019/05/texas-am-agrilife-extension-living-with-asthma/>

## TeamUp Group 19

- Carley Boyce – Medicine
- Hannah Connors – Nursing
- Stephen Igwe – Medicine
- Jacob Johnson – Dentistry
- Mary Keller – Nursing
- Brenna Licciardi – Dental Hygiene
- KirbyAnne Plessala – Medicine
- Trey Wortmann – Medicine

## Implementation Challenges

- Self-reporting symptoms from patients during their visit may lead to under-reporting of severe symptoms
- Healthcare workers may have a bias towards the severity of symptoms the patient is experiencing
- Maintenance therapy requires easy access to a pharmacy and disposable income for refilling prescriptions
- Teenagers may not be adherent to daily inhalers for maintenance due to social pressure

## Solutions

- Assessment of patients using quantitative measures will reduce under-reporting of symptoms
- Tracking of asthma control using the Asthma Control Test will allow for easy assessment of control of symptoms that can be easily reported amongst the healthcare team
- Reinforcement of the treatment regimen by all members of the healthcare team can support children who may feel uncomfortable using an inhaler

## Benefits of an Interprofessional Assessment

### Patient and Community Perspective:

- Help to understand the goals of treatment
- Safety regarding prevention of poor outcomes such as asthma attack
- Determine prevalence within the community to better inform policymakers of trends

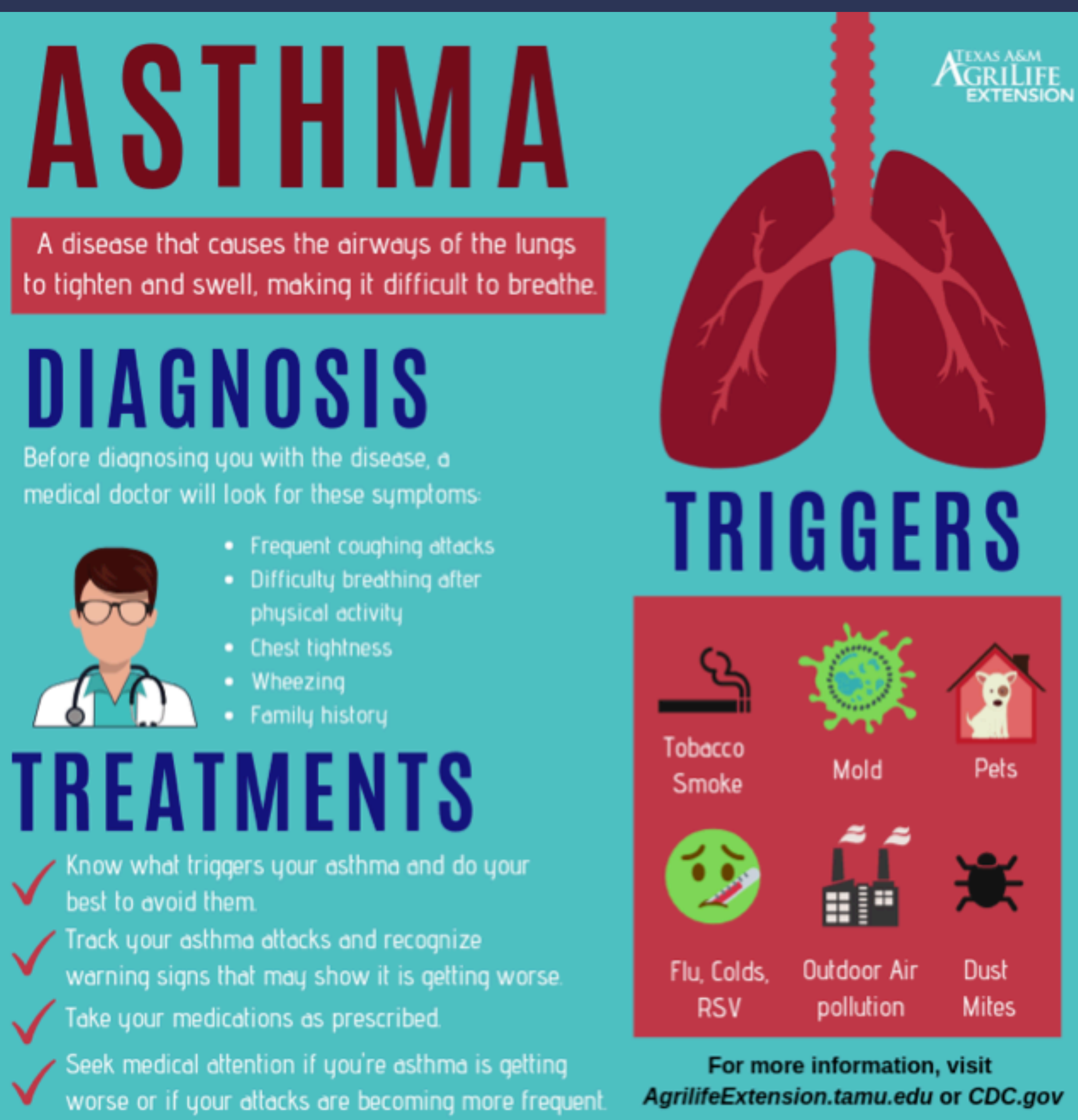
### Healthcare Team Perspective:

- Assessment on multiple layers of a patient visiting the healthcare team
- Prevention of asthma-related secondary poor outcomes such as pneumonia and hypertension

## IPEC CC8 Reflection

**CC8:** "Communicate the importance of teamwork in patient-centered care and population health programs and policies."

When caring for patients with asthma, an interprofessional approach is vital in order to provide the safest, most comprehensive care possible. Not only does this involve utilizing the skills of every healthcare professional involved in the care of these patients, but it also requires very intentional and detailed communication between all team members in order to avoid preventable medical complications due to the specific circumstances that accompany an asthma diagnosis. A diverse team of providers enables us to provide our patients with the medical, mental, and emotional support necessary to help them live the best, most normal life possible.





## BACKGROUND ON ASD:

- Autism spectrum disorder is a developmental disability that affects an individual's social, communication and behavioral skills.
- Patients with ASD may present with the following:
  - Repetitive behaviors
  - Failure to respond during social interactions
  - Lack of eye contact
  - Poor verbal communication
  - No interest in peers
  - Inflexibility to changes/Need to adhere to routines
  - Sensory issues
- ASD affects all socioeconomic groups equally, but seems to be diagnosed later and not as frequently in minorities.
- With early screening ASD can be diagnosed accurately as early as age 2.
- Risk Factors Include:**
  - Advanced maternal age
  - Complications during pregnancy/birth, and/or having multiple pregnancies
  - Having an older sibling diagnosed with ASD
- There are no biological markers for ASD, therefore, assessment is behavior focused.
- Treatment focuses on behavioral intervention through Applied Behavioral Analysis (ABA).



## Autism Spectrum Disorder



### TEAM MEMBERS:

Tiffany Magee - Dental Hygiene      Jeffrey Ito - Medicine      Lauren Kemp - Nursing  
 Katelyn Kirkpatrick - Dentistry      Snehaja Yadlapati - Medicine      Shea Creppel - Nursing  
 Joseph Bradford - Medicine      Zachary Poche - Medicine      Zachary Price - Nursing

### SECONDARY PREVENTION INTERPROFESSIONAL ASSESSMENT TOOL:

PROFESSION	ASSESSMENT	CPT CODE	COST
DENTAL/DENTAL HYGIENE	Comprehensive Oral Evaluation	D0120, D0145, D0150	27.47 - 47.57
	Diagnostic Radiographs (Quantity and Type determined based on Oral Evaluation)	D0210 D0220 D0230 D0240 D0272 D0330	60.17 14.69 12.42 20.41 21.43 57.05
	Oral Hygiene Instruction	N/A	N/C
MEDICINE	Comprehensive Preventive Medicine Evaluation and Management	99381 - 98385 99391 - 99395	63.65 - 90.19
NURSING	Behavior Identification Assessment	97151	25.00
	Nutritional Counseling	S9470	19.88
	MCHAT-R	N/A	N/C

### ADDITIONAL RECOMMENDED TEAM MEMBERS:

- Speech Therapist
- GI Specialist
- Occupational Therapist
- Behavioral Therapist
- Nutritionist

### CHALLENGES AND BARRIERS:

#### Challenges:

- Children with ASD are usually apprehensive to acclimate to a new environment such as a new doctor's office or clinical setting.
- Rural populations show a reduced amount of access to appropriate assessment tools and healthcare providers (Elder, Brasher, and Alexander, 2016)
- Parental fear of social stigma associated with ASD diagnosis (Elder, Brasher, and Alexander, 2016)

#### Solutions:

- Allow adequate time for the child to become comfortable in the unfamiliar doctor's office or clinical setting before the interdisciplinary assessment begins
- Allow each member of the health care team to introduce and develop a rapport with the patient and patient's family before conducting the assessment
- Provide families with adequate knowledge on when to seek a healthcare provider than can make an assessment for ASD
- Create a Community Advisory Board to determine potential resources in the rural community (Elder, Brasher, and Alexander, 2016)
- Have focus groups of parents with children with ASD to provide time for them to voice concerns about an ASD diagnosis (Elder, Brasher, and Alexander, 2016).

## BENEFITS:

- From the Patient/Community Perspective**
  - The sooner a diagnosis is made the sooner a treatment plan can be put into place ("Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers", 2020)
  - Parents/Caretakers can be more aware and educated on ASD after a diagnosis is made
  - Plans can be made to get specific care in place that a child with ASD might need
- From the Healthcare Provider's Perspective**
  - There could be other assessments that need to be done after an ASD diagnosis is made
  - Interventions can be made to get the patient the care they need after a diagnosis is made
  - This can be a point to disprove the social stigma associated with ASD

### IPEC Reflection: Sub-Competency CC8

Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Teamwork is crucial in providing the utmost patient-centered care and population health programs and policies because research shows that this improves efficiency, understanding, treatment outcomes, and overall patient satisfaction. When health care professionals collaborate and work together, not only do the patients benefit but also costly mistakes can be avoided.

In accomplishing this assessment goal, teamwork and communication are invaluable in order to carry out an accurate screening and assessment of this disorder. By multiple health care professionals working together, proper evaluation of the patient can be completed and a well-rounded assessment, diagnosis, prognosis, and treatment plan can be implemented.

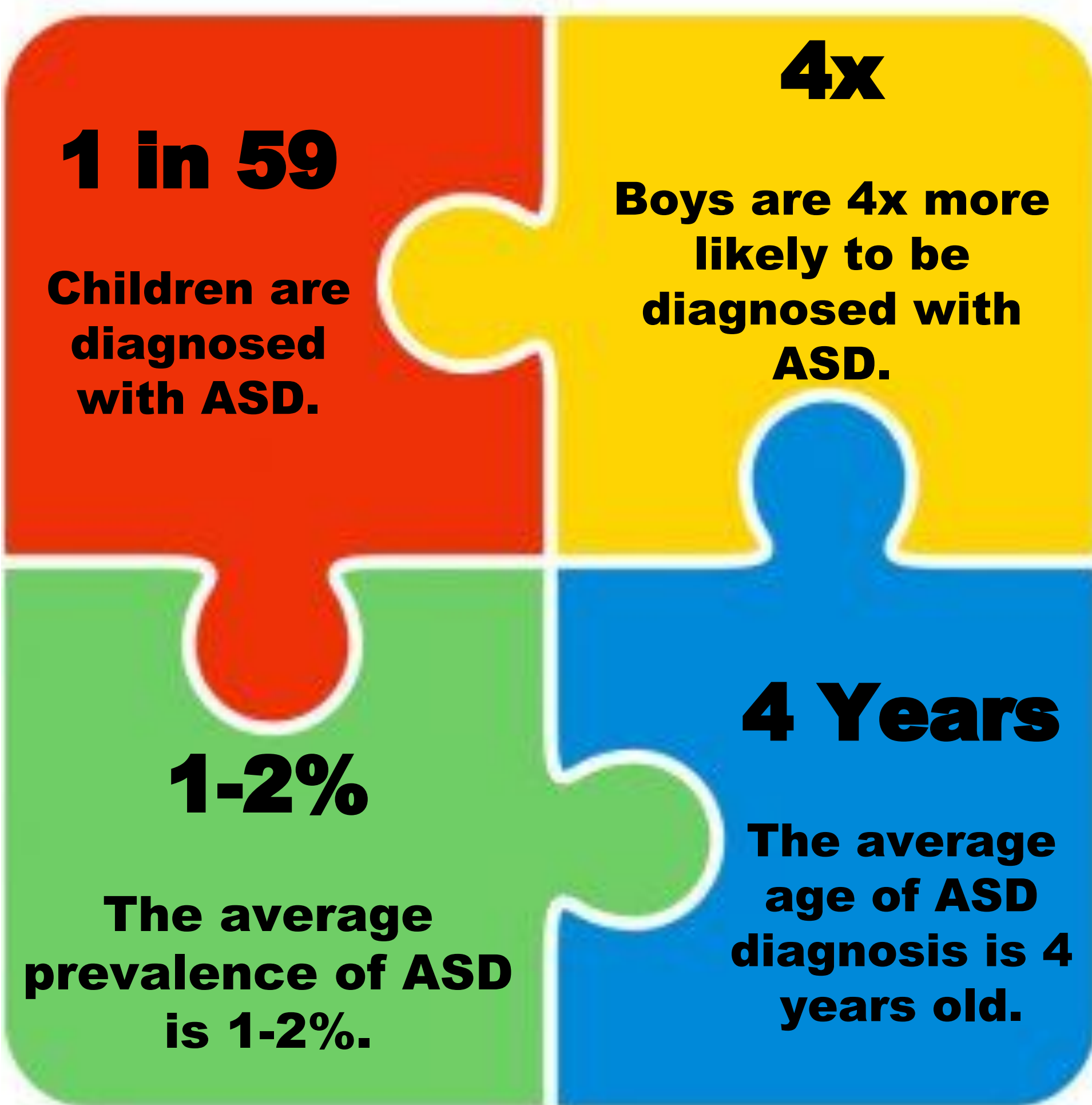
## REFERENCES:

Elder, J. H., Brasher, S., & Alexander, B. (2016). Identifying the Barriers to Early Diagnosis and Treatment in Underserved Individuals with Autism Spectrum Disorders (ASD) and Their Families: A Qualitative Study. *Issues in Mental Health Nursing*, 37(6), 412-420. doi: 10.3109/01612840.2016.1153174

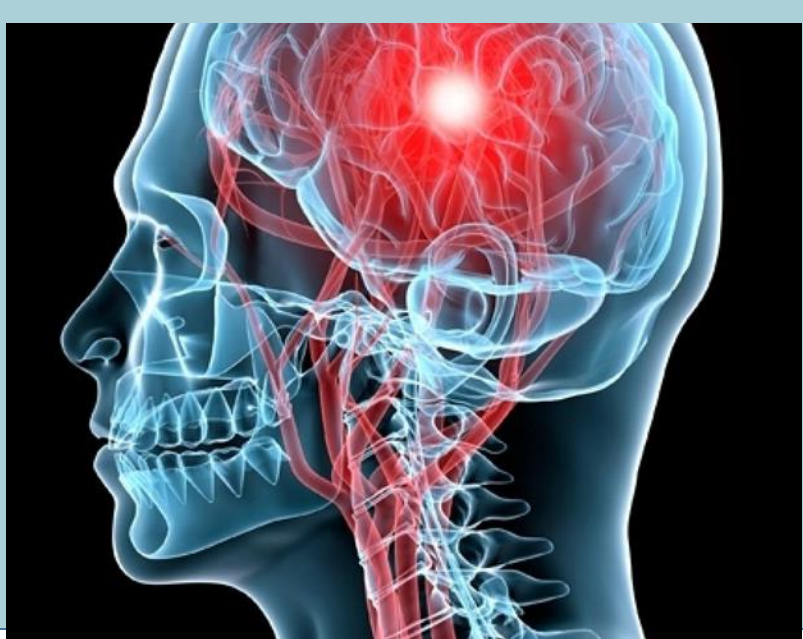
Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers. (2020, February 11). Retrieved from <https://www.cdc.gov/ncbddd/autism/hcp-screening.html>

General Overview of Autism Spectrum Disorder. (2020, February 28) Retrieved from <https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>

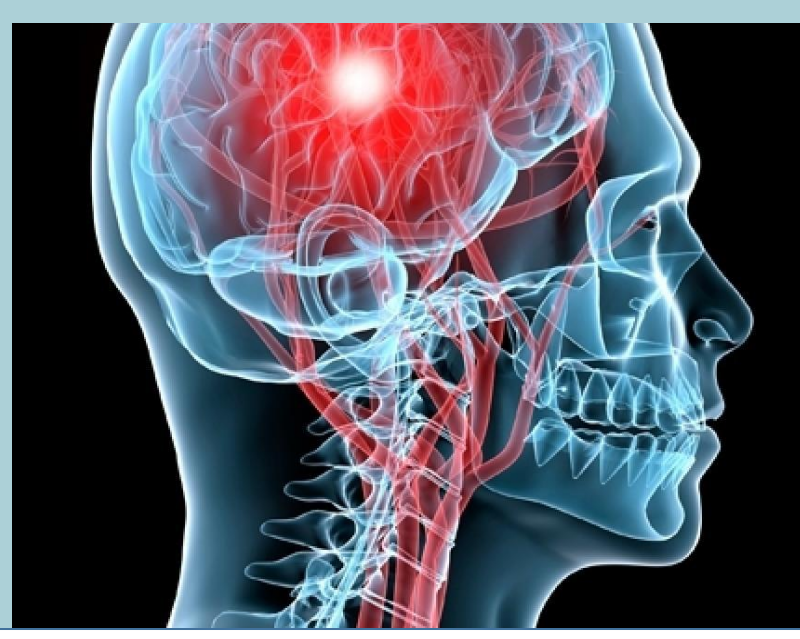
"What Are the Symptoms of Autism?" *Autism Speaks*, 2020, [www.autismspeaks.org/what-are-symptoms-autism](http://www.autismspeaks.org/what-are-symptoms-autism).







# Concussions



## CONCUSSIONS



Mild Traumatic Brain Injury (TBI)



### STATISTICS

**75%** OF HOSPITALIZED ADULTS who have a TBI are diagnosed with a concussion (Mild TBI).

**HIGHEST INCIDENCE IN 15-19 Year olds**



**55%** Males

**300K** SPORTS RELATED CONCUSSIONS ANNUALLY



Per season, in contact sports, there is a

**19%** chance of having a concussion



HAVING HAD A PREVIOUS CONCUSSION RECCURENCE RISK IS...

**3-6X**

Higher for football players

&

**4-6X**

Higher for soccer players



### RISK FACTORS



-Falling  
-Participating in a high-risk sport  
-Participating in high-risk sports without proper safety equipment and supervision

-Pedestrian or bicycle accident  
-Motor vehicle collision  
-Soldier involved in combat  
-Being a victim of physical abuse

### Team Members

**Medicine** – Lane Maley, John Johnson, James Briscoe, Peter Yager

**Dentistry** – Raymond Kleefisch

**Dental hygiene** – Gillian Marie

**Speech Pathology** – Alexis Dupuy

**Nursing** – Chanel Ker, Tim Quirk,

Bailie D'Antoni

## Secondary Prevention Assessment Tool

Discipline	Assessment	Assessment	Assessment	CPT Code	Fee Scheduling
Medicine	<b>Neurobehavioral status examination</b> (clinical assessment of thinking, reasoning, and judgement); Standardized assessments are available where a score below a certain threshold is indicative of Concussion. Examples include: Standardized Assessment of Concussion (SAC) and Post-Concussion Symptom Scale	<b>Neuropsychological testing</b> (testing of the neuro-cognitive domains responsible for language, perception, memory, learning, problem solving, adaptation, constructional praxis and other higher cortical functions)	CT scan of head if history includes loss of consciousness or abnormalities found on neuro exam; Purpose is to uncover trauma that needs immediate surgical intervention and to dictate long-term prognosis	96116	\$66.12
				96132	\$97.52
				70450 (if applicable)	\$367.05 (if applicable)
Dentistry /Dental Hygiene	<b>Comprehensive oral exam:</b> Assess for loose/missing teeth or trauma	Intraoral – Periapical First Radiographic Image		D0150 D0220	\$47.37 \$14.69
Speech Pathology	<b>Cognitive Assessment</b> (Scales of Cognitive and Communicative Ability for Neurorehabilitation, Ross Information Processing Assessment etc.)	Assess receptive/expressive language skills, reading/writing, pragmatics, and swallowing abilities	Obtain a speech sample to assess voice, resonance and fluency as well as look for signs of apraxia of speech or dysarthria	92522	\$45.00
Nursing	<b>Assess cognitive status:</b> trouble thinking clearly; trouble concentrating; problems with short term or long-term memory; feeling slowed down; feeling groggy	<b>Assess physical status:</b> headache; nausea or vomiting; balance problems; feeling tired; vision problems; sensitive to light/noise; trouble falling asleep	Nursing assessment: does the patient seem confused; answers questions slowly; loses consciousness Assess external site for hematoma, discoloration, swelling, warmth, and redness	No billable code, services incident to MD, PA, NP	

## Benefit of an Interprofessional Assessment

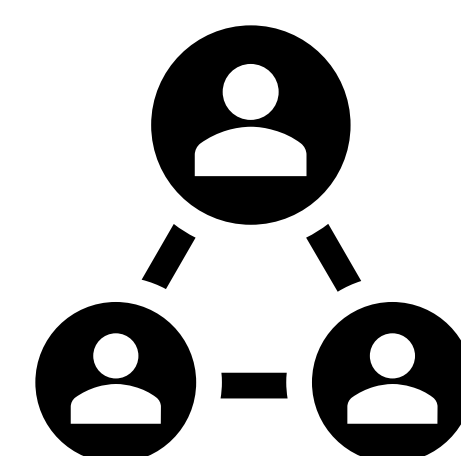
### Patient Benefits



- Avoid unnecessarily repeating history and physical exams, which could cause undue stress on the patient
- A team centered approach makes it much more likely to have the needed specialist already part of the patient's healthcare team if problems arise
- Less misinformation and miscommunication between providers, which ultimately enhances the patient's care through fewer mistakes and less unnecessary testing
- Reduced medical bills

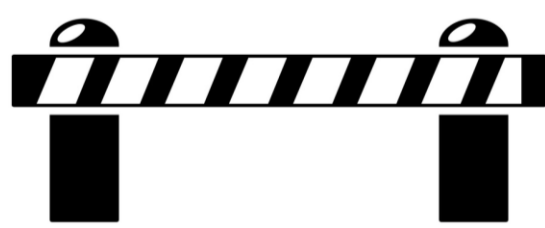
### Health Professional Benefit

- Increased collaboration amongst professionals promotes a more conducive working environment
- Increased willingness and ease of communication between health professionals
- Helps to define the role of each health provider on the medical team



## Potential Challenges and Solutions

- Cost toward the patient
- Communication between HCP's
- Performing the assessment in under 45 minutes



- Minimizing overlap between each specialty's assessments
- Using a shared record system to track findings and reports
- Performing the assessment together as a collaborative team

## IPEC CC8

Interprofessional Communication within the healthcare team greatly improves patients' quality of care. Interprofessional Communication leads to medications being prescribed with fewer drug to drug interactions, which leads to fewer side effects and complications. Patients have also been found to have lower morbidity and mortality rates when treated with good interprofessional communication. When treated by a well-communicating healthcare team, Patients also report being more satisfied overall with their healthcare experience. Interprofessional communication has also been found to lower costs for the providers to treat patients, and providers report more job satisfaction.



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<https://www.mayoclinic.org/diseases-conditions/concussion/diagnosis-treatment/drc-20355600>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4989377/>  
[https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337&section=Incidence\\_and\\_Prevalence#General\\_Statistics](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935337&section=Incidence_and_Prevalence#General_Statistics)  
<https://www.uptodate.com/contents/acute-mild-traumatic-brain-injury-concussion-in-adults>





# Chronic Obstructive Pulmonary Disease



## 45 Minute Assessment Tool

- Diagnosing (via lung examination, family history, smoking history, spirometry data, and CAT assessment)
- Coordinating care, and managing treatment (with both drugs and motivational interviewing/education).

### Medicine

- Document social and family history
- Document medical history
- Smoking cessation education
- Flu and pneumococcal vaccination

### Nursing

- Pulmonary function testing to diagnose stage of COPD
- Manage pulmonary rehabilitation progress
- Smoking cessation coaching
- Education on pulmonary medications
- Assess sleep apnea if indicated as a comorbidity

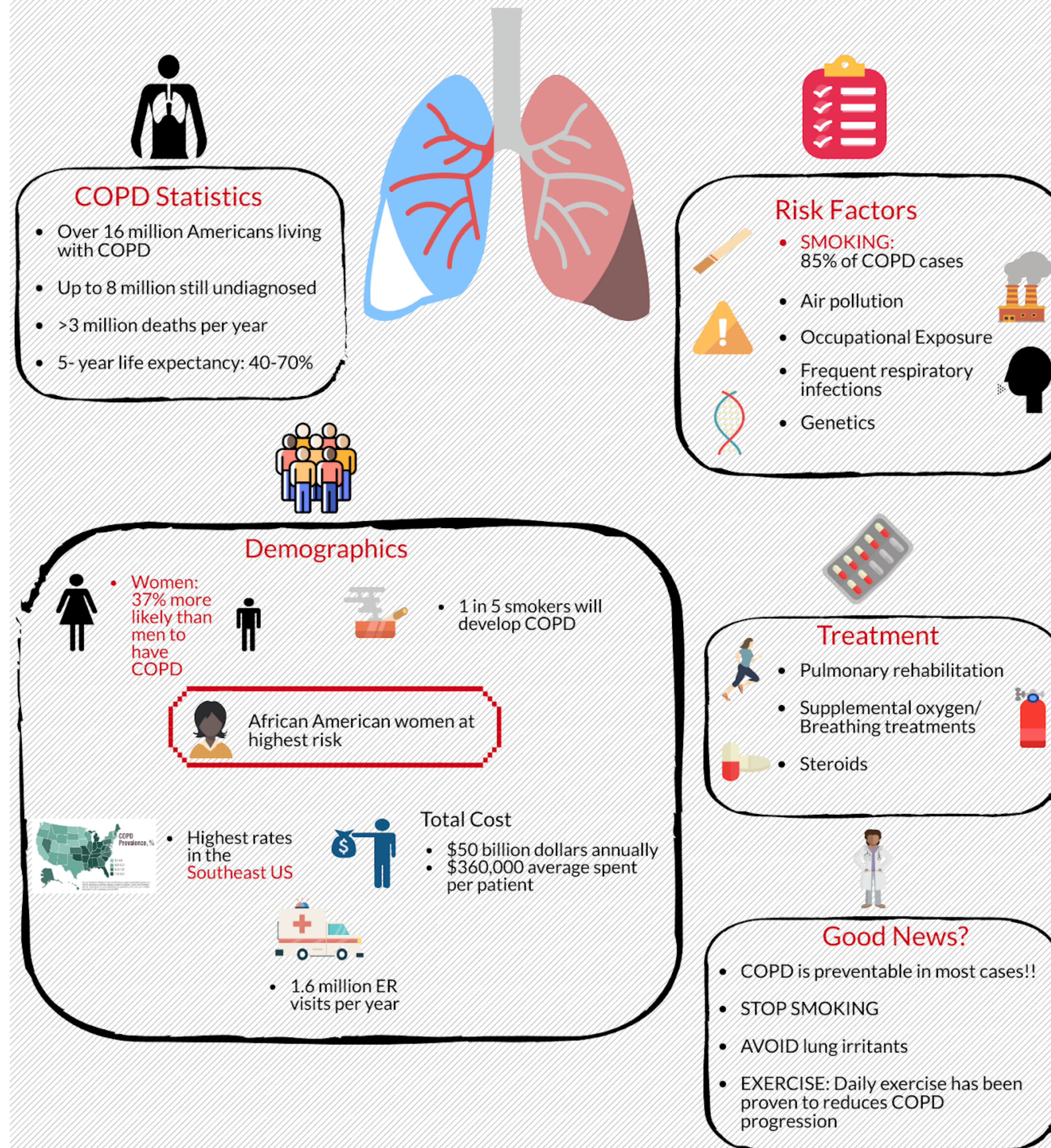
### Respiratory therapy

- Oral, Head, and Neck cancer screening
- Periodontal disease screening
- Dental Caries Screening
- Smoking Cessation
- Oral Hygiene Education

### Dental Hygiene

We recommend a dentist also join this patient care team in order to provide adequate dental care in coordination with the dental hygienist

## THE BURDEN OF COPD



### CHALLENGE

#### One challenge of an interprofessional team

Each team member having different goals for the patient which might not align with another profession's goal

#### Potential Solution

Creating a system to establish and reevaluate the goals of each role regularly to ensure we are giving the best, most cohesive care

### BENEFITS

#### Benefits of an interprofessional team

- Decreases cost for patient
- Decreases error for health professionals
- Decreases confusion for patients and team members
- Increased body of knowledge within the team
- Increased patient confidence in healthcare professionals
- Increased confidence amongst team members

## Meet our Team:

Dental Hygiene: Anna Kate Martinson  
 Medicine: Olivia Purcell, Naomi Bromell, Alex Zorilla, Adarsh Jones  
 Nursing: Tristen Reid, Megan Andries, Alyssa Kimball  
 Respiratory Therapy: Hailey Chassion

## CPT Codes and Cost

### Medicine:

Outpatient visit: 99204- \$133  
 Smoking cessation: 99407-\$27.00

### Nursing:

Services incident to MD, PA, NP

### Respiratory therapy:

COPD with acute bronchitis 491.22, COPD with Asthma 493.2x  
 Pulmonary Function Tests: 99407-\$27, 95808-\$1,075, 94620-\$95, 94060-\$102, 82803-\$43, 94729-\$92, 94726-\$89  
 Pulmonary Rehab: G0424 \$53.00

### Dental Hygiene:

D1330-\$27; D0431-\$56; D0191-\$50

## IPEC Sub Competency CC8

Care for patients with COPD requires a multidisciplinary approach. In addition to showcasing our individual contributions, our assessment tool also illustrates how our roles fit together to provide collaborative care. Throughout this process, our team has been able to fully appreciate the necessity and benefits of teamwork in a healthcare environment.

### References

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## Benefits

1. Improve patient care and outcomes
  2. Reduce medical errors
  3. Begin treatment of the patient quicker
  4. Improve staff relationships and job satisfaction
  5. Reduce inefficiencies and healthcare cost
- D0150 - \$63.00  
D1110 - \$98.00



## DIZZINESS

### Challenges and Solutions

1. Limited/No access to evaluate patient's home environment

#### Solution:

- Involve home-health to identify fall hazards in patient's home
- Involve Occupational Therapy for modification of activities of daily living to ensure safety

2. Cost of implementation of assessments

#### Solution:

- Communicate between health care disciplines to prevent duplication of tests/exams

3. Patient's time with health care professionals

#### Solution:

- Refer to physical therapist for thorough assessment of balance disorder
- Follow-up sessions to improve balance and dizziness
- Outsource to psychologist or primary care to discuss fear of falling

# Balance Disorders

**Members:** Caitlin Alvarez (Nursing), Blake Dalferes (Nursing), Jade McLennan (Dental Hygiene), Rob Quiring (Medicine), Katie Holsapple (Speech and Language Pathology), Erin Chrisman (Cardiopulmonary Sciences), Jonathan Joseph (Medicine), Amber Kreko (Dentistry)

### Assessment List for Individuals with Balance Disorders:

#### Medicine

Basic Vestibular Evaluation \$26.49

MRI w/contrast \$317.73

#### Speech-Language Pathology

Consult consisting of Dynamic Visual Acuity Test, Eye Movement Tests, Screening for Differentiation of Acute Stroke, VNG/ENG \$48.31

#### Dental

Complete exam to evaluate teeth for any chipping/breaking from any previous falls through radiographic images and evaluation of the temporomandibular joint \$107.53

#### Nursing

CBC MP \$50

CMP \$9.78

Accuchecks

BAC assessment

#### Occupational therapy

Consult consisting of Activities-Specific Balance Confidence Scale, Berg Balance Scale, 30-second Chair Stand Test, Timed Up and Go, 4-stage Balance Test \$68.72

#### Cardiovascular Sonography

Echo \$141.62

Vascular Ultrasound \$76

#### Assessment priority in under 45 minutes

Basic Vestibular Evaluation \$26.49

(Medicine)

CBC \$50 (Nursing)

CMP \$9.78 (Nursing)

Echo \$141.62 (CV sonography)

Vascular Ultrasound \$76 (CV sonography)

Recommendation strategies for prevention outside our team

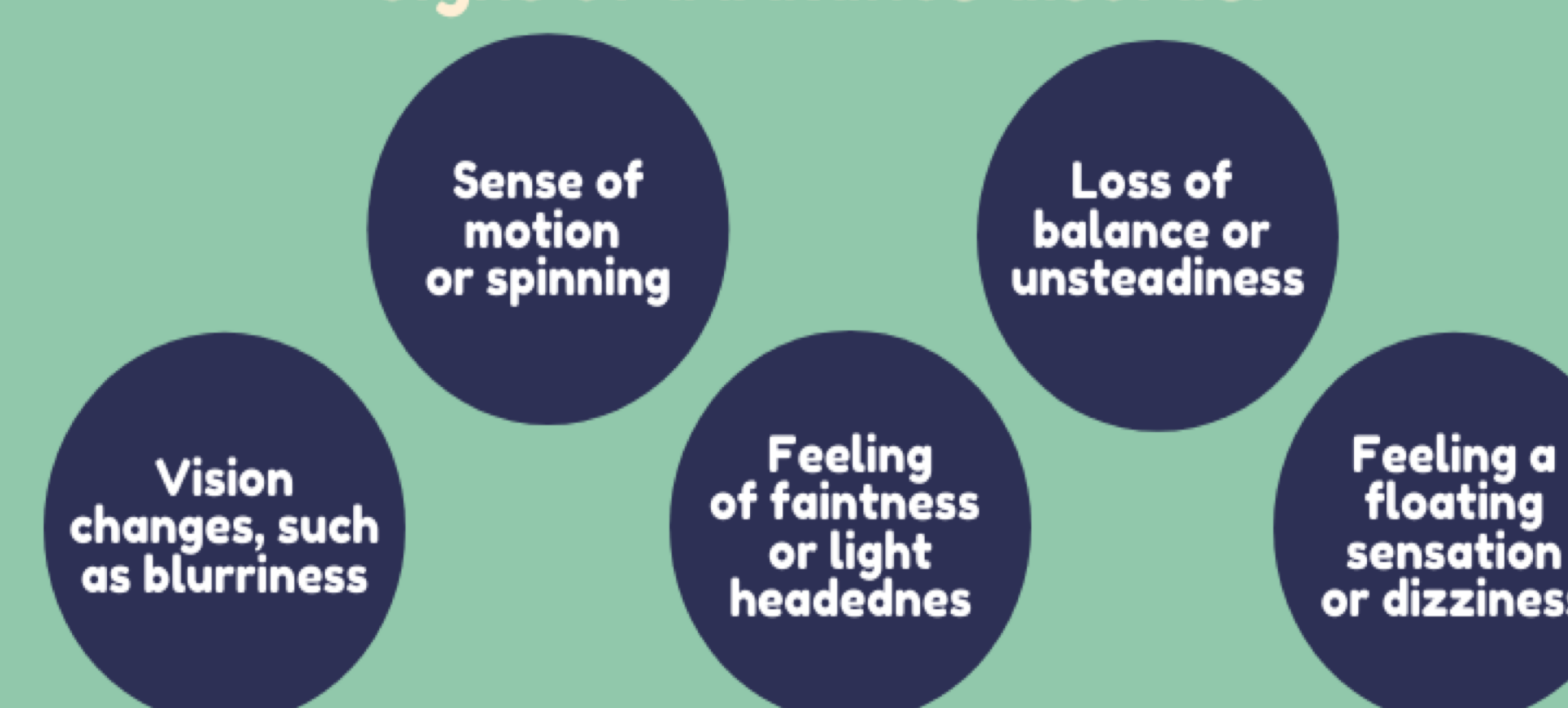
Nutritional consult

Physical therapy consult

## BALANCE DISORDERS

a condition that makes you feel unsteady or dizzy, as if you are moving, spinning, or floating, even though you are standing still or lying down

### Signs of a balance disorder



According to the NIDCD, 4% of adults—8 million Americans—reported a chronic problem with balance.

### Potential Causes

- infections of your ear
- inner ear problems
- head injury
- poor blood circulation
- certain medications
- chemical imbalance in your brain
- low blood pressure
- high blood pressure

### Possible Treatment

- vestibular rehabilitation therapy (VRT)
- Canalith repositioning maneuvers
- Home-based exercise
- Dietary adjustments
- Medication
- Surgery

### Do I Have a Balance Problem? Questions to Ask Yourself

1. Do I feel unsteady?
2. Do I feel as if the room is spinning around me, even only for brief periods of time?
3. Do I feel as if I'm moving when I know I'm standing or sitting still?
4. Do I lose my balance and fall?
5. Do I feel as if I'm falling?
6. Do I feel lightheaded, or as if I might faint?
7. Does my vision become blurred?
8. Do I ever feel disoriented, losing my sense of time, place, or identity?

**FOR MORE INFORMATION ON BALANCE PROBLEMS PLEASE VISIT:**

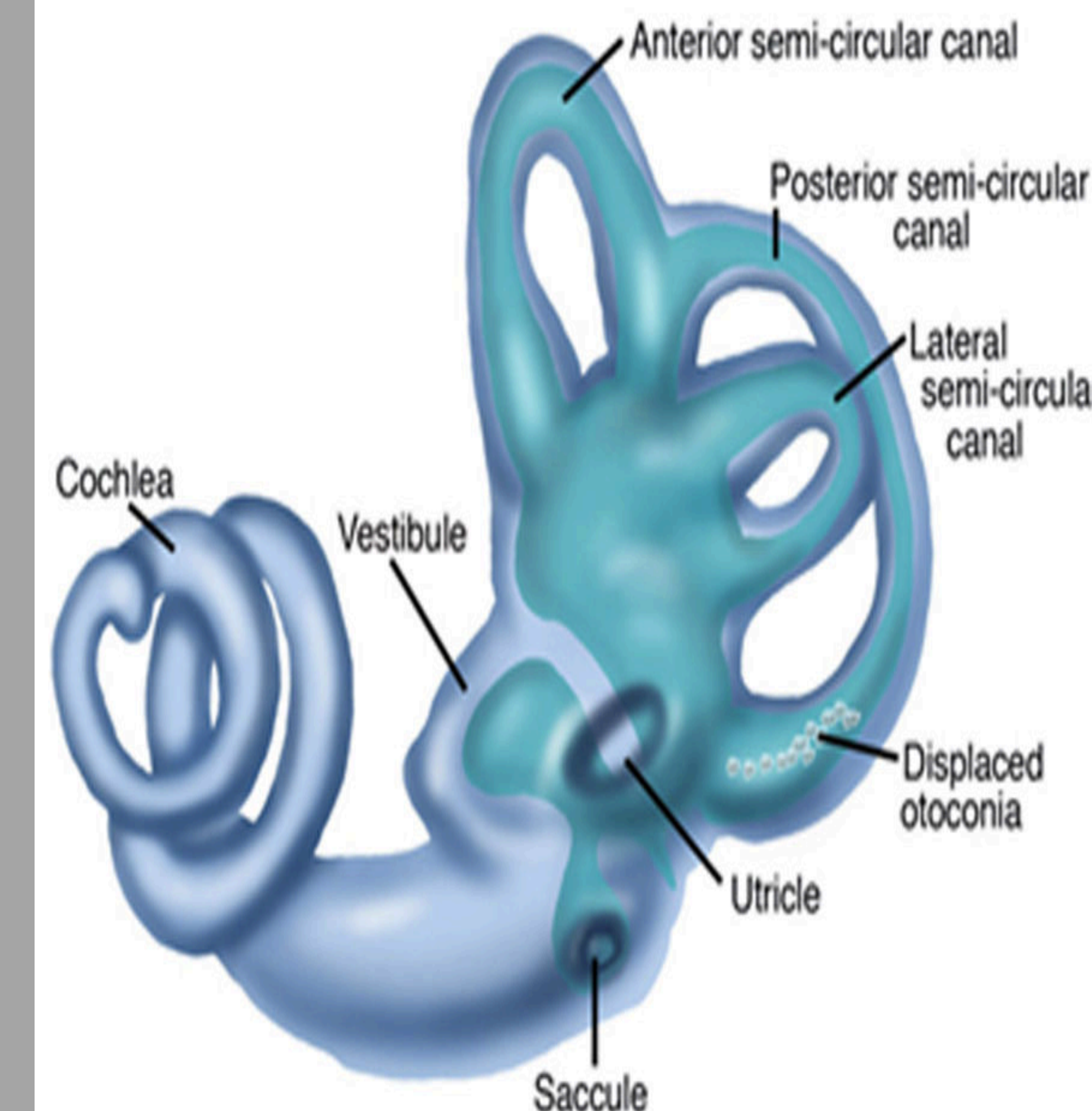


www.medlineplus.gov  
or  
www.nidcd.nih.gov

If you think that you have a balance disorder, schedule an appointment with your doctor.

## Team Reflection CC8

Collaboration of multiple professionals in the health care system ensures high quality care. When done correctly, it can reduce costs by limiting repeat tests, evaluating the individual as a whole, and promoting compliance. When all assessments of the different specialties are applied to a patient, they receive holistic and cost-effective care.



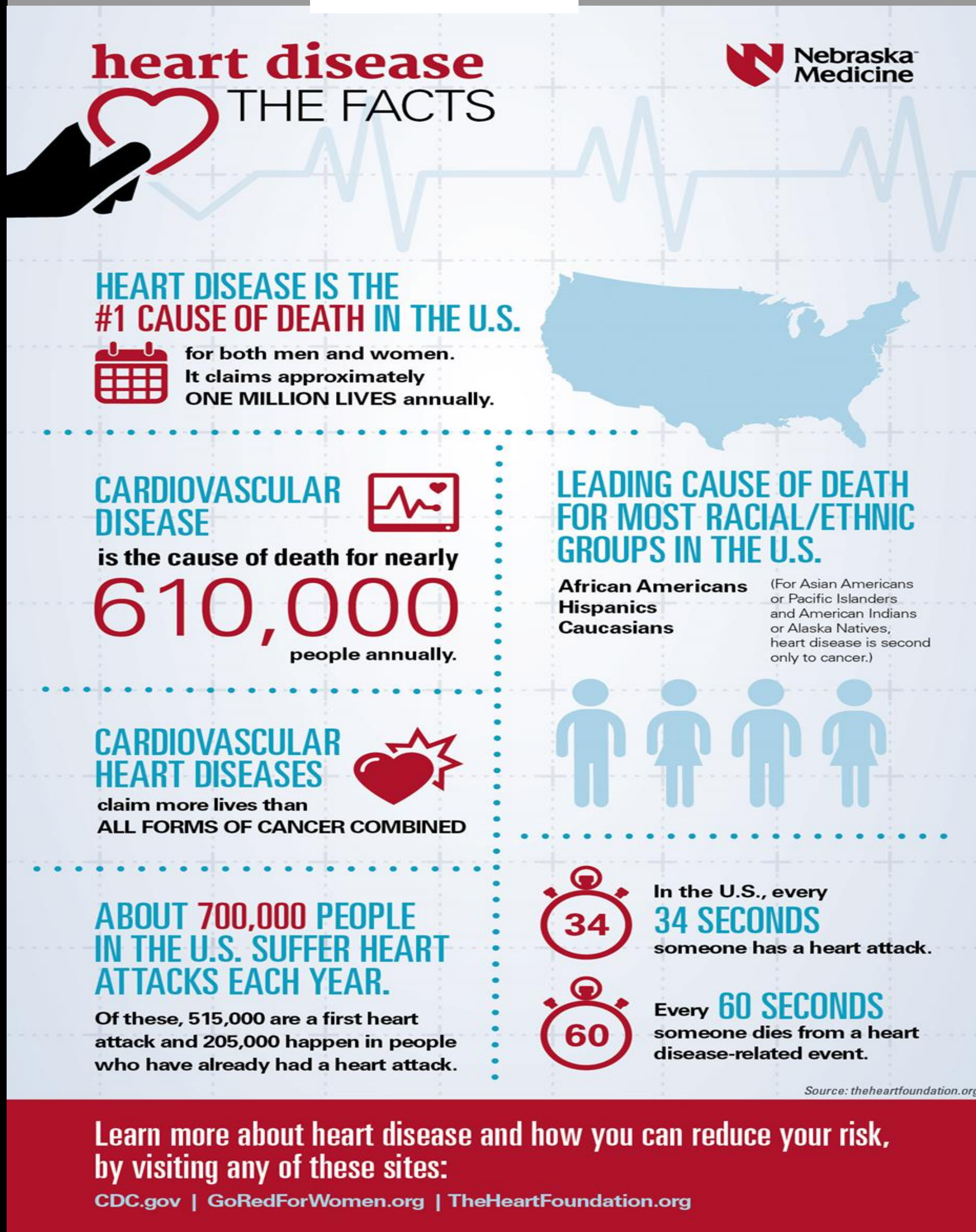
## Resources

[https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942134&section=Signs\\_and\\_Symptoms](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942134&section=Signs_and_Symptoms)

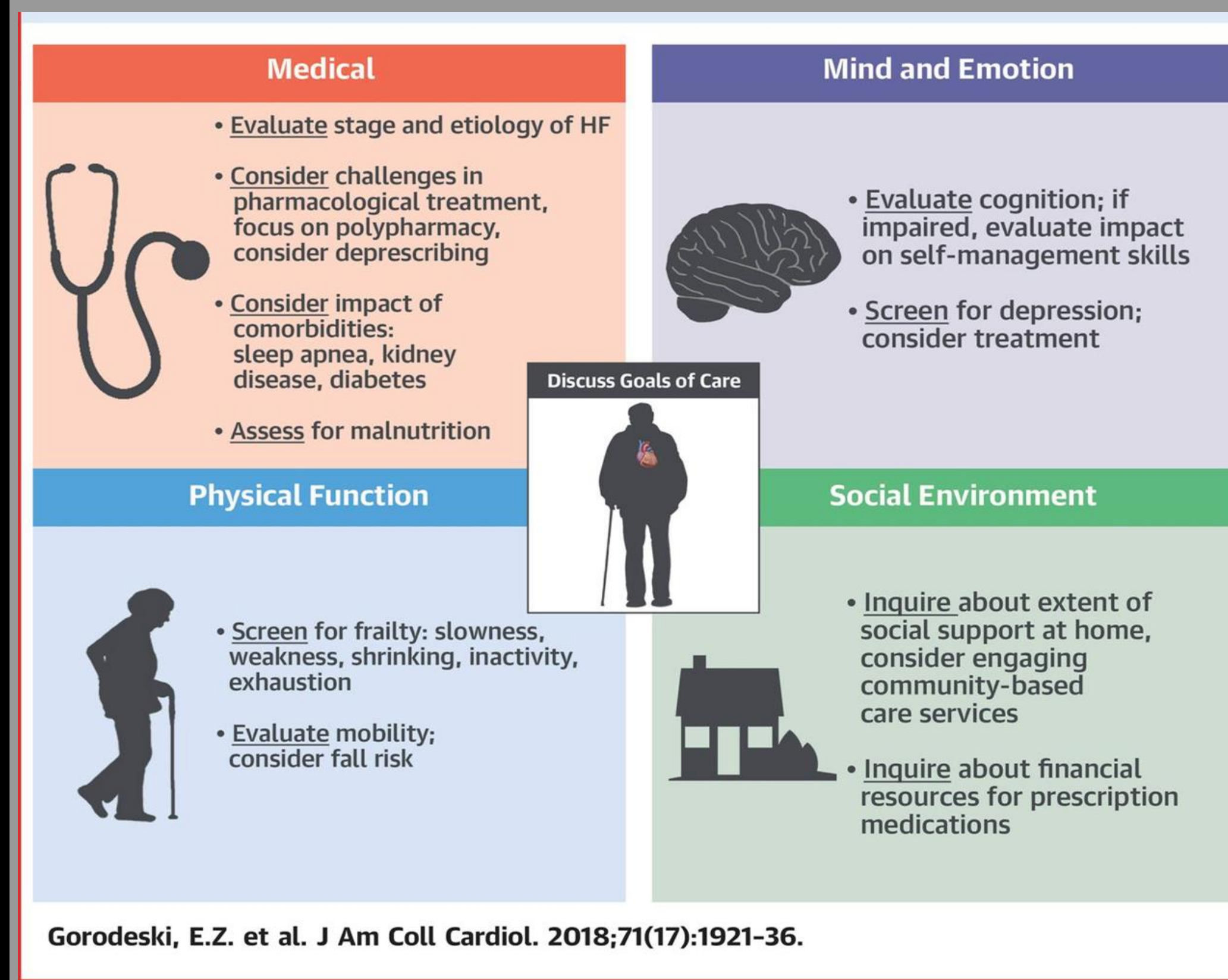
<https://tigerconnect.com/blog/5-benefits-of-interprofessional-collaboration-in-healthcare/>



## Statistics



## Multidisciplinary Management



## Comprehensive Costs:

### Medicine:

- Cardiac Stress Test CPT 93015; \$65.56
- Routine ECG CPT 93000; \$13.72

### Dental:

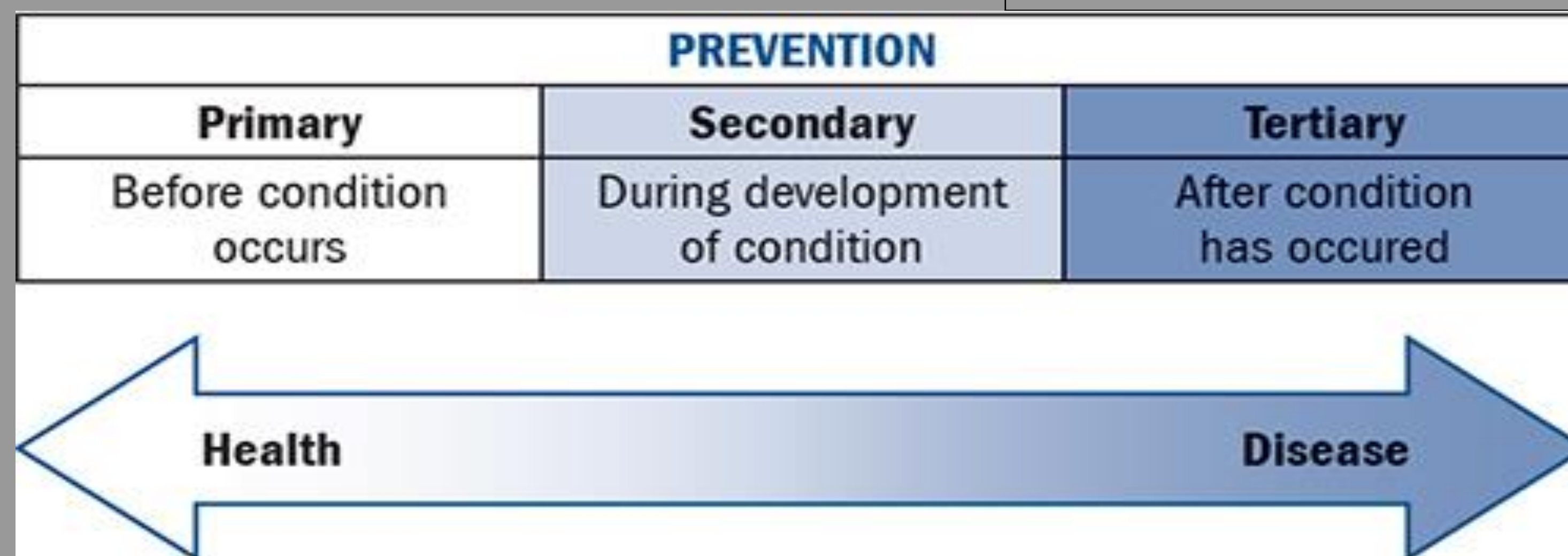
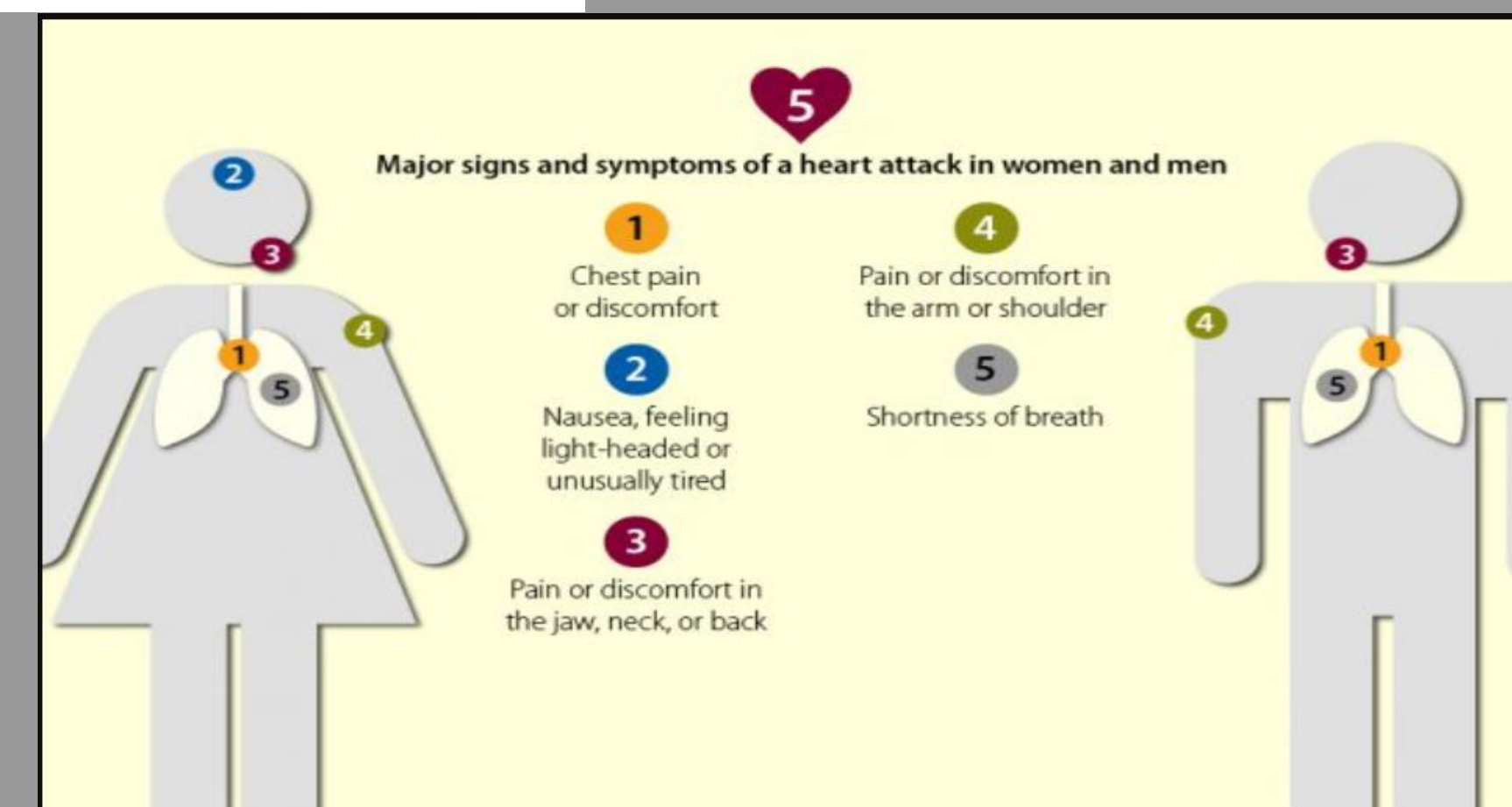
- Comprehensive oral exam D0150 \$47.37
- Oral Prophylaxis D1110 \$98.00

## Heart Attack (Male)

### What is it?

A heart attack is a complete or severe occlusion of the coronary artery leading to inadequate oxygen supply to the heart. This restriction of oxygen to the heart will lead to eventual tissue necrosis. Leading cause is due to coronary artery disease

### Risk factors



### Secondary preventions



#### Dentistry:

- Patient Initial Questionnaire and Past medical/dental history
- Comprehensive Head/neck and Oral exam
- Oral Prophylaxis



#### Nursing:

- Exercise, smoking cessation as well as the management of hypertension, dyslipidemia and weight.
- Psychosocial interventions such as screening for depression, addressing economic status, social life as well as cognitive function.



#### Medicine:

- Exercise-based cardiac rehabilitation
- Weight management and smoking cessation
- Treating hypertension for a blood pressure goal of < 130/80 mm Hg
- Beta-blocker, Aspirin, and Statins therapy
- Motivational interviewing for lifestyle modifications

### Overall Secondary Prevention Strategies

- The strategies that are used for secondary prevention mostly consist of exercise, smoking cessation as well as the management of hypertension, dyslipidemia and weight.

•

Another strategy that may be used includes psychosocial interventions. Psychosocial interventions may be making sure the patient is not suffering with depression, addressing economic status, social life as well as cognitive function.

•

Services that healthcare facilities should refer the patient to after a heart attack for secondary help may include cardiac rehabilitation programs.

Group #: 24

## IPEC Sub-competency CC8

Our interprofessional assessment tool would show that each profession must collaborate to deliver the most effective care to patient who has experienced a heart attack. MD and nurses may educate the patient on preventive measures of lifestyle adjustments in order to prevent further heart attacks. Dentist may attempt to check BP during every visit to keep updated patient record as well. This approach is a group attempt in hopes to prevent further heart attack situations from occurring.

## Benefits of Interdisciplinary Care:

### From Patient's Perspective:

- Optimal comprehensive results across multiple disciplines
- Patient has access to multiple perspectives and experiences that will enhance assessment/treatment
- Patient becomes the ultimate focus as health care professionals collaborate and reinforce the purpose of your goals
- Patient's quality of life and outcomes improve when plan of treatment is clear and handled efficiently by team

### From Healthcare Professionals' Perspective:

- Team's combined efforts hold more value than individual's
- Team approach fosters strong communication that helps prevent medical errors and miscommunication
- Professionals are educated on other disciplines and their roles and have ability to stay informed
- Minimizes patient's length of stay/reduce healthcare costs
- Improve staff relationships and job satisfaction

## Challenges of Implementation

**Problem:** Repeated screenings due to the lack of communication between different healthcare providers

**Solution:** Develop more effective communication to report screen results and management plans

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# ASSESSMENT TOOL

	ASSESSMENT	ASSESSMEN T	ASSESSMEN T	CPT CODE	FEE
NURSING	Perform focused assessment on patients already diagnosed with CF as well as suspected CF patients.	Complete assessment of caregiver stress and how it may affect ability to care for CF patient.		99308 S9484	\$70.37
RESPIRATORY THERAPY	Sweat testing on patients suspected to have CF.	Spirometry on patients already diagnosed with CF.	Assessment of at home treatment including respiratory medications and therapies.	89230 & 82438, 94010, 94664	\$3.53 & \$6.03, \$36.09, \$16.96
MEDICINE	Periodic evaluation of disease and progression "check-up".	Periodic re-evaluation of medication and therapies to change dosing as needed.		99215, 99490	\$113.68, \$32.84
DENTAL HYGIENE & DENTISTRY	General oral screening for tooth decay and oral cancer	Instruction on oral hygiene.		D0150, D1330	\$0, N/A
PHYSICAL THERAPY	General Education for patients needs			97535	\$35.01
OCCUPATIONAL THERAPY	Assess and increase quality of life			97168	\$64.24

TOTAL COST= \$379.75

## BENEFITS:

- ❑ From the **patient perspective**:
  - It would reduce a lot of the stress of chronic disease to be able to have the entire spectrum of your disease assessed in one appointment.
  - Seeing all disciplines at one time allows the patient to understand the importance of each discipline in their care and feel valued as the center of their care plan.
- ❑ From the **providers perspective**:
  - It would create a more collaborative environment to have the patient's interdisciplinary team available to provide comprehensive team based care and allow the opportunity to answer all questions the patient and family may have.
  - It allows providers to understand the treatment plan from each discipline and offers a chance for providers to grow their knowledge and ultimately create better patient outcomes.

# CYSTIC Incidence

**30,000**  
people in the US currently  
living with CF  
with approximately 1,000 new cases diagnosed each  
year

## Demographics

### Diagnoses in the U.S. :

- 💡 **1 in 2,500 Caucasian newborns**
- 💡 **1 in 17,000 African American newborns**
- 💡 **1 in 31,000 Asian American newborns**



# FIBROSIS What is CF?

CF occurs as a result of a defect in the CFTR gene. This gene controls the movement of water and salt in and out of your body's cells.

A change in the CFTR gene causes your mucus to become thicker and stickier than it should be.



## Risk Factors for CF

**The only** risk factor for CF is having two parents who carry abnormal CF genes and pass the abnormal gene to their child.



**However** there are factors that impact how severe the CF is. CF gene mutations are divided into classes based on how damaged the CFTR protein function is.

Group #:25

## SUB-COMPETENCY CC8 REFLECTION:

- ❑ In a healthcare environment that has shifted to a bundled payment model, it is important to work as a team to determine a patient plan of care from the initial screening and diagnosis.
- ❑ Having the entire team involved in care allows for the patient to feel valued as the center member of the care plan, and provides for continuity of care.

## CHALLENGES:

- ❑ Patients with CF will live with the condition for the rest of their life, not only managing the disorder day-to-day but also dealing with exacerbations.

## SOLUTIONS:

- ❑ Research shows that communication between patients and their caregivers and providers is extremely important for creating a plan of care that is not only physically therapeutic but also emotionally.
- ❑ A solution for a difficult transition period is to facilitate communication through electronic medical records and using the same health care system to ensure that communication resources are consistent across facilities.

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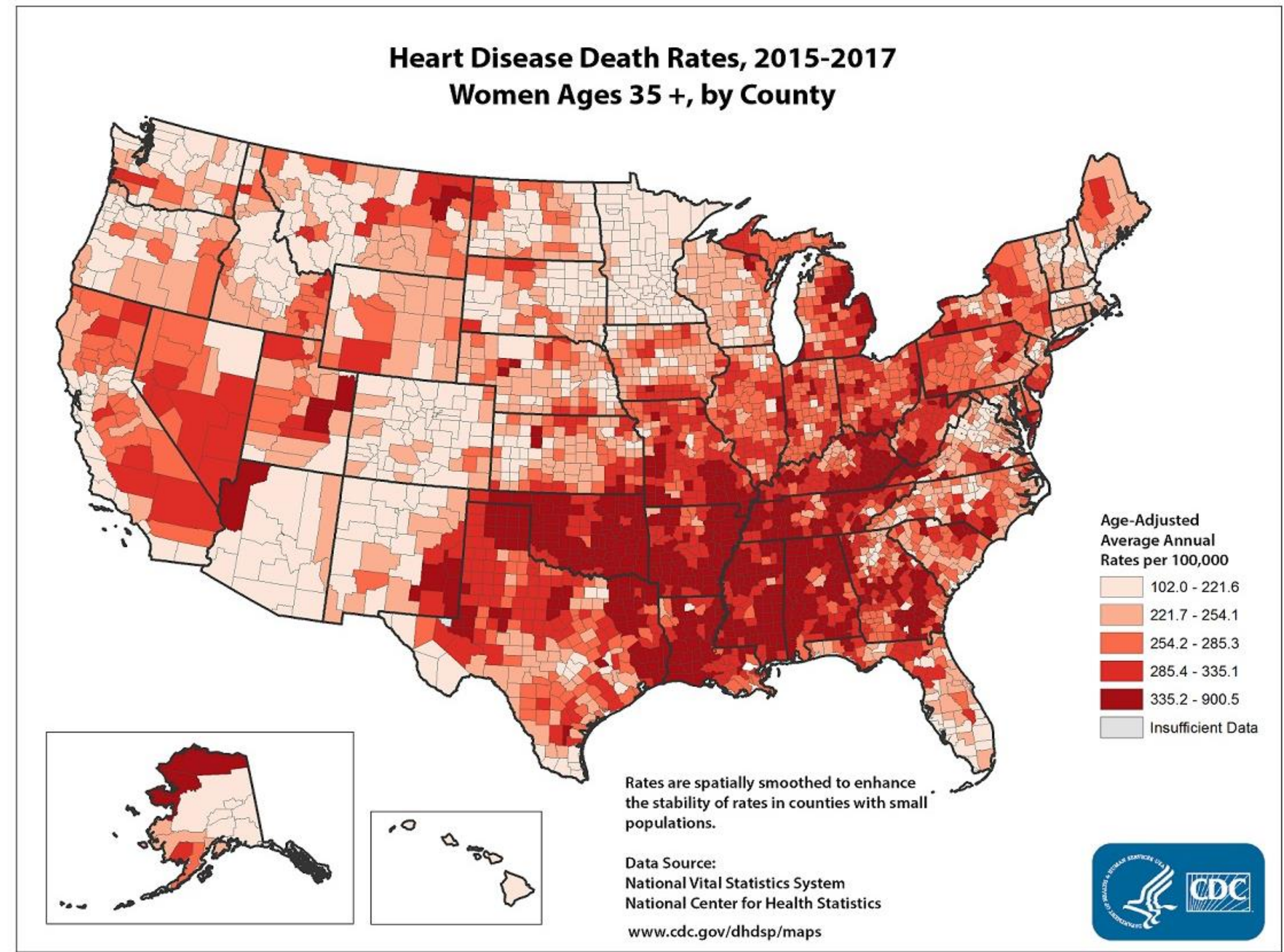




## Info and Demographics

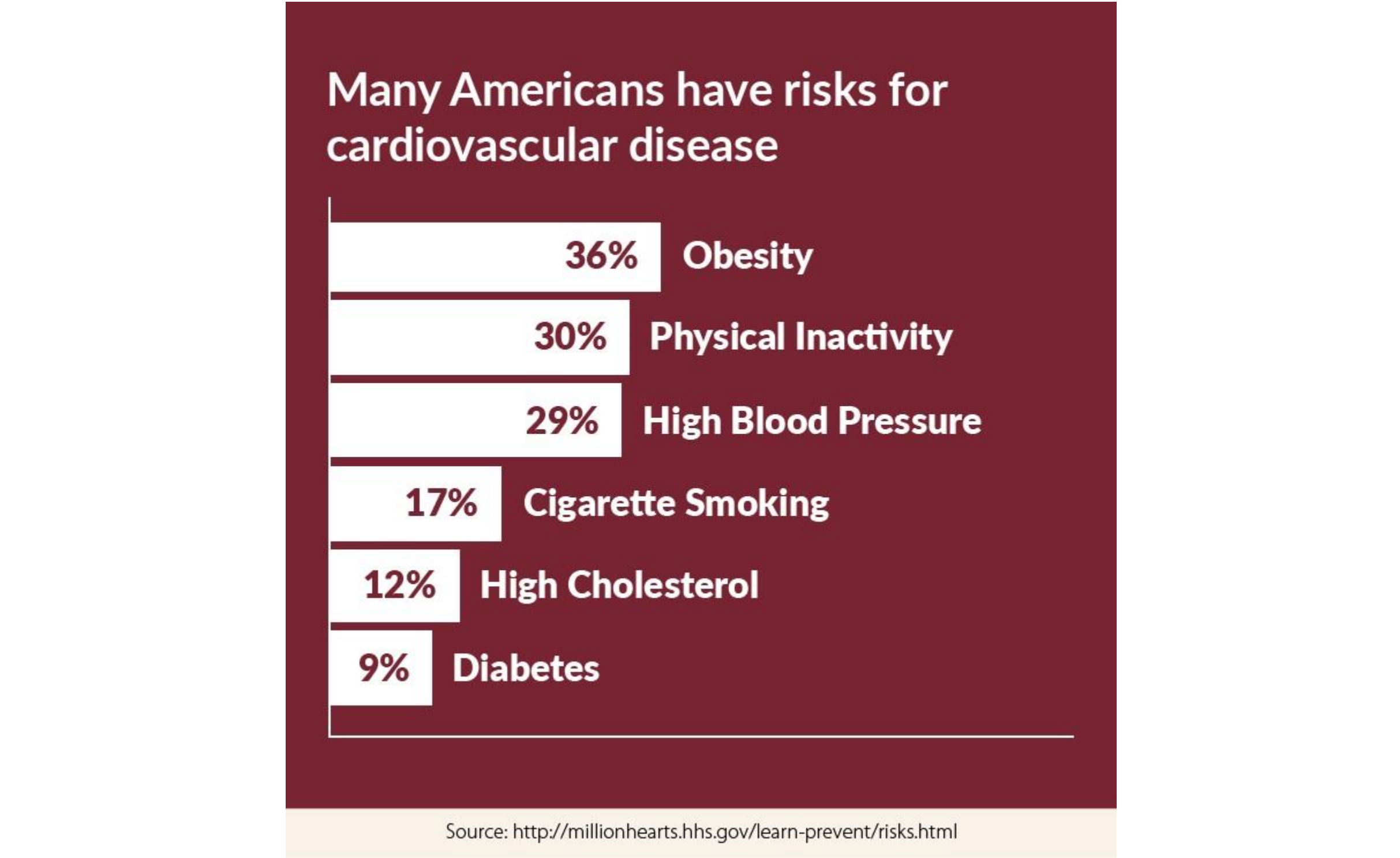
A **heart attack**, also called a myocardial infarction, happens when a part of the heart muscle doesn't get enough blood. The more time that passes without treatment to restore blood flow, the greater the damage to the heart muscle. Coronary artery disease (CAD) is the main cause of heart attack.

**Heart disease is the leading cause of death for women in the United States**, killing 299,578 women in 2017—or about **1 in every 5** female deaths. **About 1 in 16 women age 20 and older (6.2%) have coronary heart disease**, the most common type of heart disease.



**Women between 45 and 65** who have a heart attack are more likely than men of the same age to die **within a year** of a heart attack.

**Women older than 65** are more likely than men of the same age to die **within a few weeks** of a heart attack. Women usually have heart attacks about 10 years later than men.



## Heart Attack Warning Signs

Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. The warning signs are:

-  • Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
-  • Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
-  • Shortness of breath. This may occur with or without chest discomfort.
-  • Other signs may include breaking out in a cold sweat, nausea or lightheadedness.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain.

## Prevention Team



## Secondary Prevention Assessment Tools

Identifying and reducing risk factors is the main way to prevent Cardiovascular disease and Heart Attack. Therefore it is important for people to not only understand the risk factors, but also monitor and reduce them with the help of their prevention team and lifestyle modifications. Sharing easily understandable information with your patients and community can help lead to not only a better doctor/patient relationship, but also encourage those without this important support to seek it out on their own.



## Patient Cost

New Patient Primary Care Visit (99203) \$34.20  
Adult Comprehensive Oral Examination (D0150) \$47.37

## Assessment Benefits

From a patient's perspective, having an interprofessional assessment can be reassuring. By including a diverse array of opinions from various professionals, the patient experiences many avenues of care and support to help them with their goals.

From a healthcare worker's perspective, an interprofessional assessment means that there are several checkpoints in the decision-making process. While it may take longer, it drastically reduces the chance of error and allows healthcare workers to provide the best care possible.

## Implementation Challenges

One of the biggest challenges faced with implementation of interprofessional assessments based upon the current healthcare environment is the vast number of healthcare providers. With many options and specialties, a patient can see a variety of providers in either the same or different health networks. This can make it difficult to know what information was gathered from the patient, as well as shared with them.

Electronic healthcare records are one step in addressing this issue. While sorting through all the information can be time consuming, we can rapidly share information between providers to get a fuller picture of the patient and their overall healthcare. This results in a more comprehensive care management.

## Interprofessional Communication

The hardest part of working together was coordinating our schedules. It felt like we were each booked solid for the past few months in our respective programs, and once the COVID-19 pandemic happened, coordination became even more difficult. All our classes going online meant more online assignments and more time caught up on our computers than usual. To develop the tool, we discussed each profession and their individual role. Then we focused on how each career's part in the context of heart attack. This allowed us to identify tools to monitor, assess, and provide care in a preventive and acute aspect. This helped clarify roles and illuminate how costs are calculated for services.

## Team Members

- Andrew Carbajal, Medicine
- Charles Gastal, Nursing
- Cody Hill, Cardiopulmonary Science
- Mohammed Kazmi, Medicine
- Brett Laiche, Nursing
- Tammy Ly, Dentistry
- Caroline Miles, Communication Disorders
- Morgan Nobile, Dental Hygiene
- Harold Richard, Medicine

## References

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- [www.cdc.gov/vitalsigns/heartdisease-stroke](http://www.cdc.gov/vitalsigns/heartdisease-stroke)
- [www.cdc.gov/heartdisease/women.htm](http://www.cdc.gov/heartdisease/women.htm)
- [www.womenshealth.gov/heart-disease-and-stroke](http://www.womenshealth.gov/heart-disease-and-stroke)
- [millionhearts.hhs.gov](http://millionhearts.hhs.gov)
- [www.heart.org/en/health-topics/heart-attack](http://www.heart.org/en/health-topics/heart-attack)
- [www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)





## DENTAL

- **Asses:** anti-depressants cause **xerostomia**, which increases the risk of cavities, decay and hypotension
- **Plan:** patients may have poorer oral hygiene due to decreased motivation.
- **Implement:** recommend saliva substitutes (biotene) and keep patients on a strict 3-month recall to catch disease early



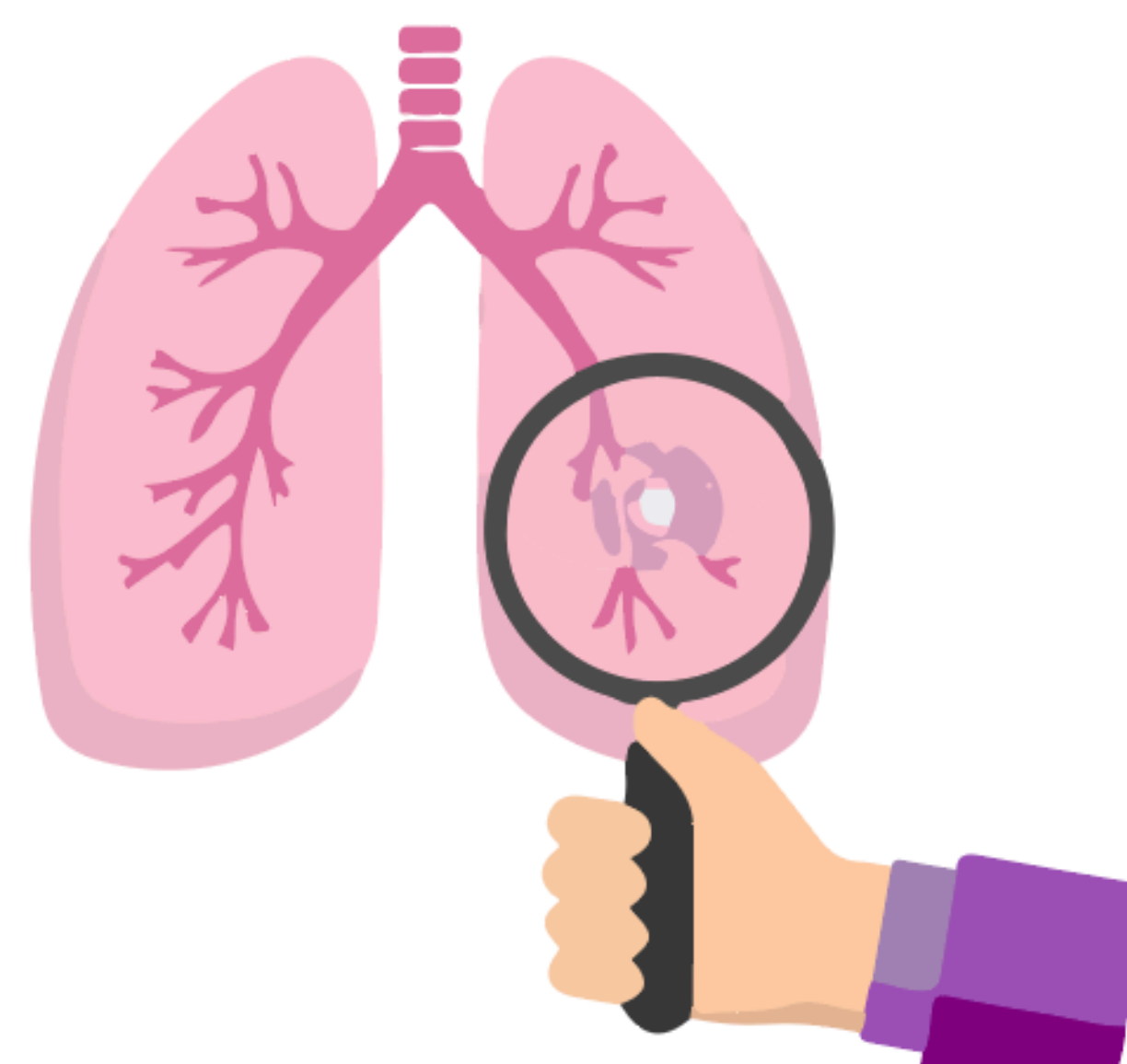
## MEDICINE

- **Asses:** patients can be difficult to diagnose if they present with nonspecific or somatic symptoms.
- **Plan:** worse outcomes are associated with comorbid conditions (coronary artery disease, diabetes mellitus, and stroke).
- **Implement:** first line treatment includes cognitive behavioral therapy and/or SSRI's



## NURSING

- **Asses:** self-care deficit, suicide risk, ineffective coping, social isolation, spiritual distress
- **Plan:** focus on patient's phase of depression, particular symptoms, and personal goals
- **Implement:** 3 phases (Acute phase 6-12 wks, continuation 4-9 months, maintenance phase 1 year or more)



## RESPIRATORY THERAPY

- **Asses:** depression is common in COPD and asthma patients due to decreased QOL.
- **Plan:** patients may turn to smoking and alcohol, exacerbating their condition and further decreasing QOL.
- **Implement:** Assess for symptoms of depression and refer for treatment if necessary



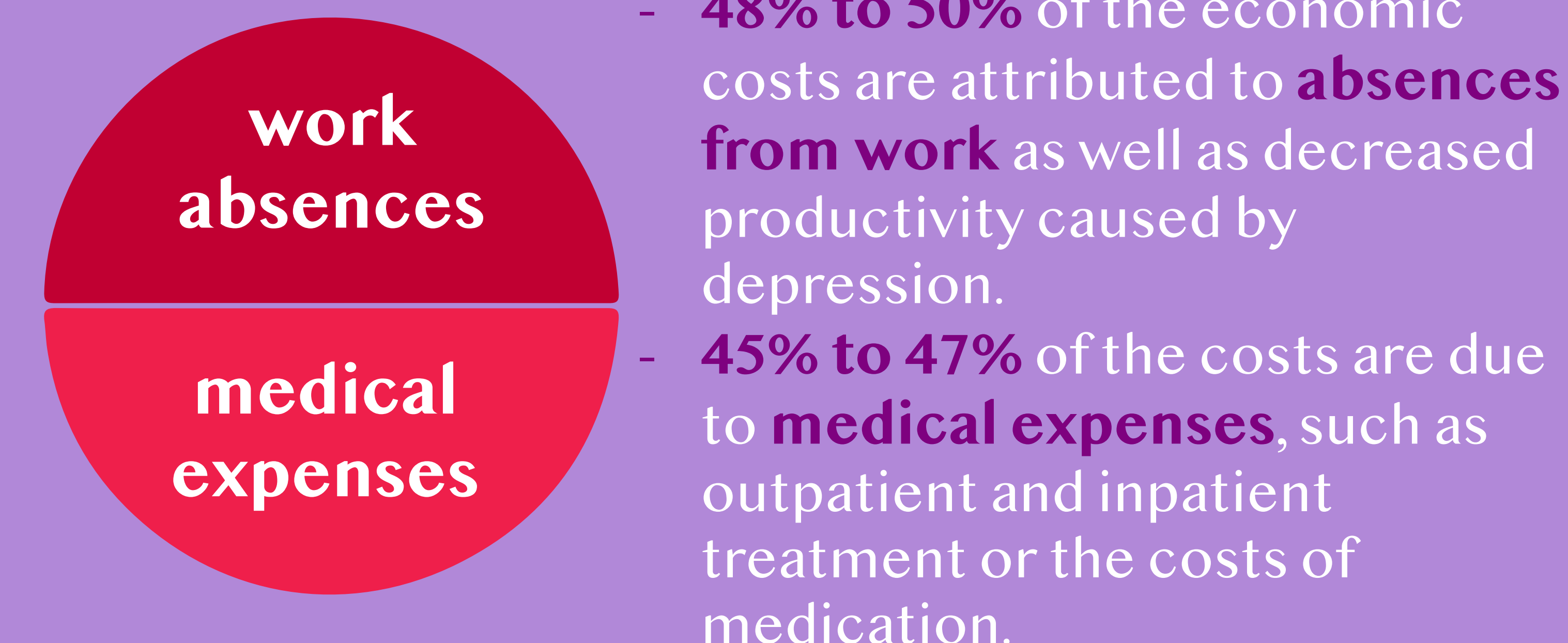
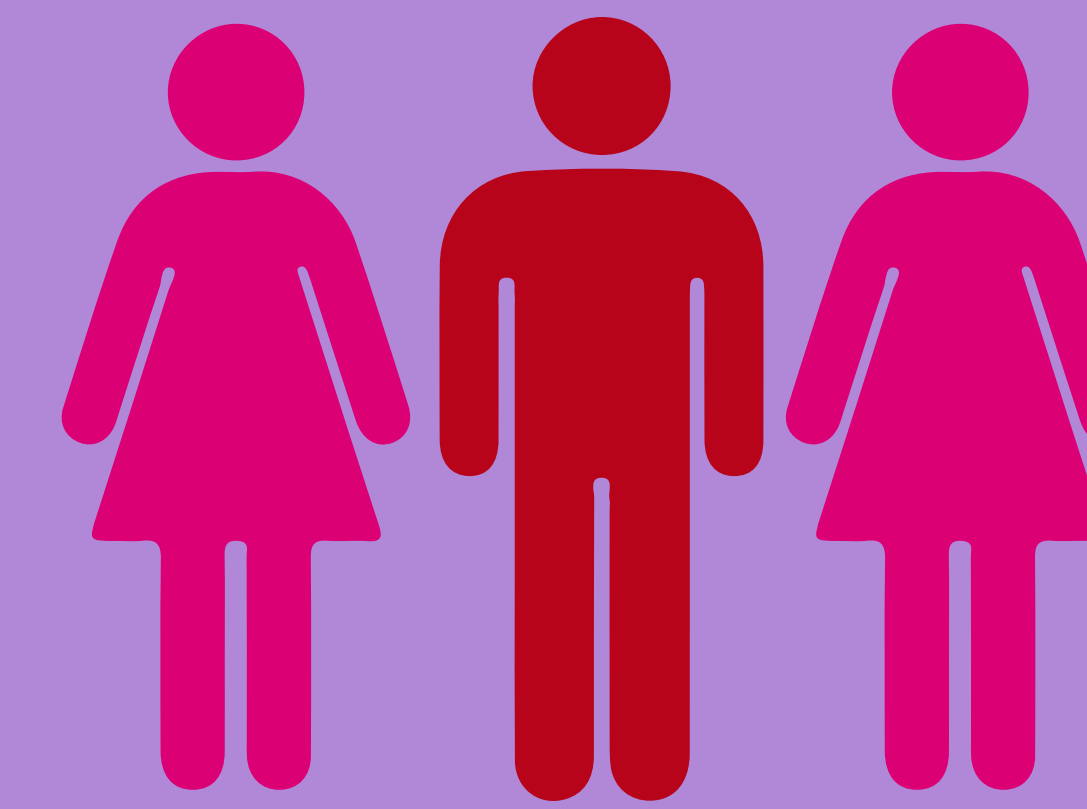
## SPEECH LANGUAGE PATHOLOGY

- **Asses:** Depression is common in patients with language and speech disorders due to decreased QOL.
- **Plan:** identify and target pt goals b/c QOL improves with their communication skills,
- **Implement:** Assess with Satisfaction With Life Scale or ASHA Quality of Communication Life Scale

# DEPRESSION AGES 21+

## Demographics/Statistics

- Depression is the leading cause of disability in the US. and often presents with **comorbidities** (eating disorders, schizophrenia, substance abuse, bipolar, anxiety).
- About 80% of adults with depression reported at least some **difficulty with work, home, and social activities** because of their depression.
- Women (8.7%) were almost **twice as likely** as were men (5.3%) to have had depression.
- An estimated **17.3 million** adults in the United States had at least one major depressive episode. This number represented 7.1% of all U.S. adults.
- The prevalence of adults with a major depressive episode was highest among individuals aged **18-25 (13.1%)**.
- It's estimated that **15% of the adult population** will experience depression at some point in their lifetime.
- The total economic burden of depression is estimated to be **\$210.5 billion per year**.



Profession	Assessment	CPT Code	Cost
Nursing	BECK, Hamilton Depression, PHQ-9	96127	\$25/admin. Can be billed 4x/client/session
Medicine	BECK, PHQ-2, PHQ-9	99385, 99395	\$90-210/mo SSRI \$140-290/session CBT
Dentistry	Carries, Fluoride, Oral Hygiene, Oral Exam	Services incident to DDS	\$47.37
Speech/Lang Path	Satisfaction With Life Scale, ASHA Quality of Communication Life Scale	92521, 92522, 92523	N/A

**References:**  
Veradero, S., Caring for dental hygiene patients with depression and anxiety. *RDH Magazine*. May 1, 2019.  
[aafp.org/afp/2012/0115/p139.html](http://aafp.org/afp/2012/0115/p139.html)

## TEAM APPROACH

The management of Major Depressive Disorder is complex and often requires a multidisciplinary approach to treatment.



- **Factors to consider:**
  - **Finances:** Can a patient afford home/group therapy? Are the insured? Can they afford their medication?
  - **Transportation:** Does the patient have the means to arrive at their appointments?
  - **Patient's Goals:** What does the patient want to achieve with their medical providers? How do they define "a good life"?
- A **team-based approach**, involving assessment from multiple professional angles, to treating depression is necessary to provide the best care possible for each individual patient.

**TOTAL COST**  
**\$302-597/mo**



Why do we care?



Lung Cancer is the leading cause of cancer mortality in deaths per year in males and females.



If we can provide assessments early and offer cessation counseling, we may be able to reduce the chances of lung cancer.

Initial screening from a medical point of view:

Most likely, your primary care physician/healthcare profession or dentist/ dental hygienist at an annual visit will be the first to note changes suggestive of lung cancer. Your physician would follow up with a specific examination for lung cancer signs and symptoms, followed by an examination by a respiratory therapist.

Other than our listed assessment recommendations, we would not need to recommend another health care professional at this time.

Risk factors for lung cancer:

Smoking, vaping, inorganic compound exposure (asbestos, crystallized silica, arsenic, chromium, nickel, ionizing radiation)

References:

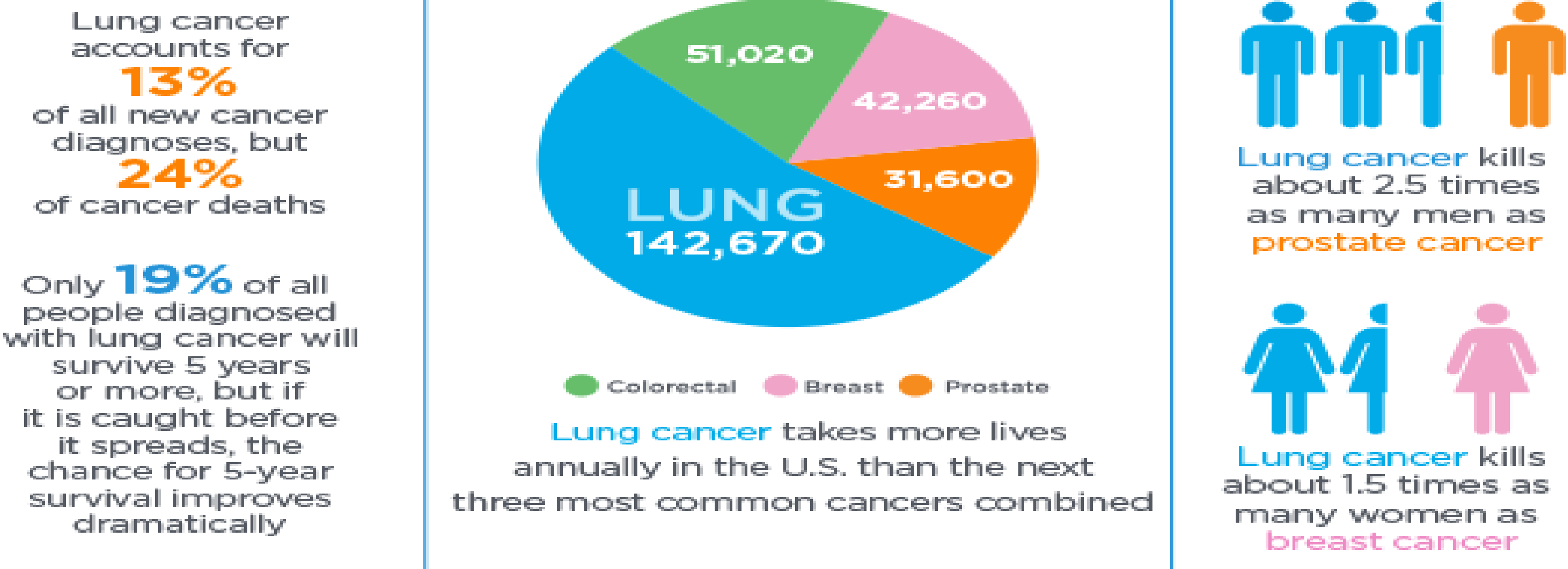
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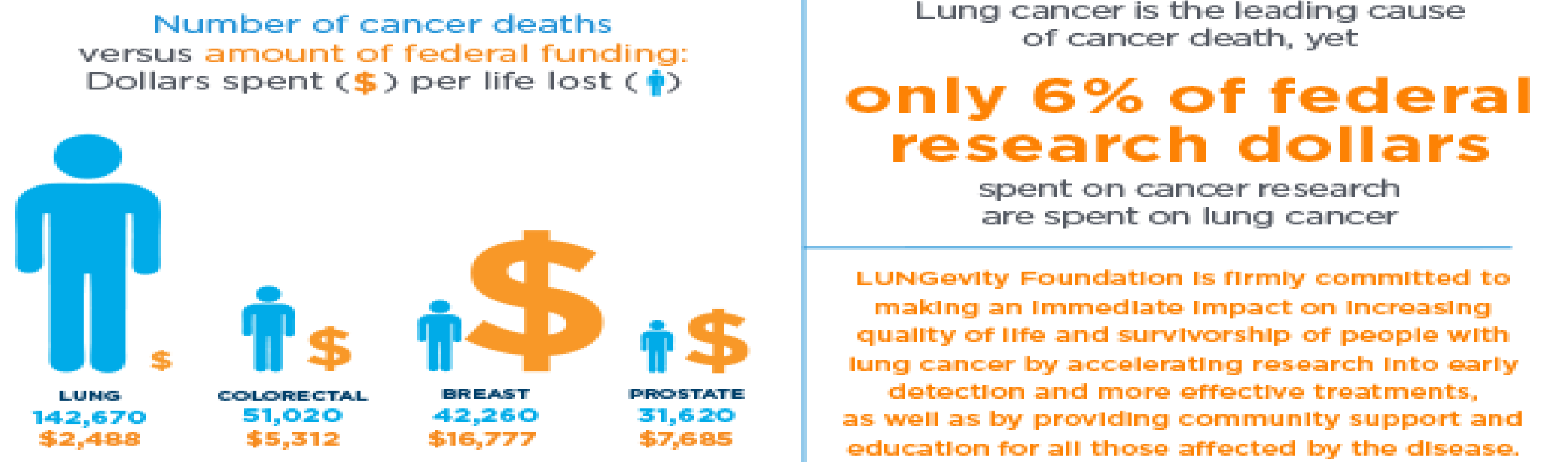
# LUNG CANCER

Assessment/Profession	Code	Cost
<b>Dental:</b> Head and Neck exam to screen for any abnormal swellings or lymph node swelling; Intraoral exam to check for suspicious lesions located in the oral cavity, specifically, lateral tongue borders, floor of the mouth, soft palate and ventral tongue	D0150 (New Patient Comprehensive Oral Exam)	\$47.37
<b>Dental hygiene:</b> Inform patient about risk factors and provide with cessation program information if necessary.	Services incident to DDS	
<b>Medicine:</b> Annual History and Physical exam screens for general systemic changes that might indicate cancer risk (ref. Symptoms listed under nursing). In adults aged 55-80 years with a 30 pack year smoking history and currently smoke or have quit within the past 15 years, annual screenings with low-dose CT are recommended.	99386 (Init Comp Prev Med 40-64 yrs)	\$89.97
<b>Nursing:</b> Examine patient for new or changing cough, dyspnea, wheezing, excessive sputum production, hemoptysis, chest pain, malaise, fever, weight loss, fatigue or anorexia. Check for decreased breath sounds, wheezing, and possible pleural friction rub.	Services incident to MD	
<b>Speech Pathology:</b> Educate the patient of damaging effects of lung cancer risk factors and maintain awareness to signs and symptoms that may appear in voice and swallowing.	92521 (Evaluation of Speech Fluency) 92522 (Evaluation of Speech Production)	\$45.00 \$45.00
<b>Occupational Therapy:</b> Patient Specific Functional Scale	97165 (Occupational Therapy Evaluation: Low)	\$64.90
<b>Respiratory Therapy:</b> Provide information on cessation classes and nicotine replacement therapy. Provide a pulmonary function test and a sputum cytology.	94010 (Spirometry) 94150 (Total Vital Capacity)	\$21.23 \$5.73
<b>Total cost:</b>		<b>\$319.20</b>

FACT: LUNG CANCER IS RARELY DETECTED EARLY ON



FACT: LUNG CANCER RESEARCH NEEDS INVESTMENT THAT MATCHES THE IMPACT OF THE DISEASE



CC8 Reflection: Importance of Teamwork in Patient-Centered Care

In the case of lung cancer screening, teamwork is necessary not only to maximize patient health outcomes by identifying patients for whom screening is appropriate, but also to avoid cost overruns by not providing unnecessary screening to patients who do not meet USPSTF guidelines. Additionally, with tobacco use recognized as a major risk factor for lung cancer, it is important that the entire healthcare team present a united front in encouraging patients who smoke to enter a cessation program.

Benefits:

From the perspective of the patient and the community, an interprofessional assessment will help the chances of diagnosing the cancer at an earlier stage to help with possibly more treatment options. It also allows for better quality of life for the patient throughout treatment. If compliant, the patient can be helped to overcome tobacco use through cessation programs.

From the perspective of health care professionals, an interprofessional team would allow for the development of best possible treatment plan in terms of disease progression and patient quality of life.

Challenge:

The main challenge to this level of interprofessional care centers on the cost effectiveness for the patient. While in theory each of these exams leads to vital data to maintain our patient's health, we must be aware of the burden this places on our patients.



DEMOGRAPHICS & INCIDENCE

- One out of every 20 deaths is stroke related
- It is the **fifth** leading cause of **death** for Americans
- **One** in 5 women in the United States will have a stroke in her lifetime
- Stroke costs the United States an estimated **\$34 billion** each year



On average, someone in the United States has a stroke every 40 seconds.

(AHA 2019)

MODIFIABLE RISK FACTORS

- Hypertension
  - High Cholesterol
  - Heart Disease
  - Nutrition/Exercise
- Smoking
  - Diabetes
  - Obesity

LIFESTYLE CHANGES TO PREVENT STROKE



Don't smoke and avoid second-hand smoke.



Eat foods low in saturated fat, trans fat, sodium and added sugars.



Decrease your stress level.




Have regular medical checkups.

NON-MODIFIABLE RISK FACTORS

- Increasing Age
- Gender: Higher Risk for Females
- Race: African Americans have 2x higher risk of strokes compared to Caucasians
- Sickle Cell Disease
- History of TIA


STROKE

**F**




face drooping

**A**




arm weakness

**S**



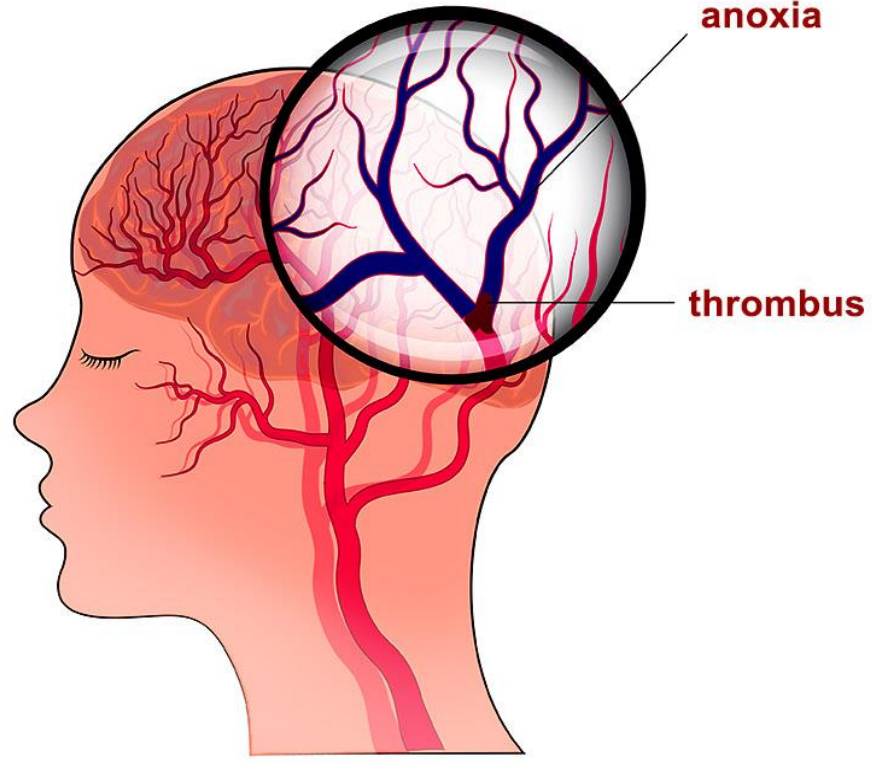
speech difficulty

**T**

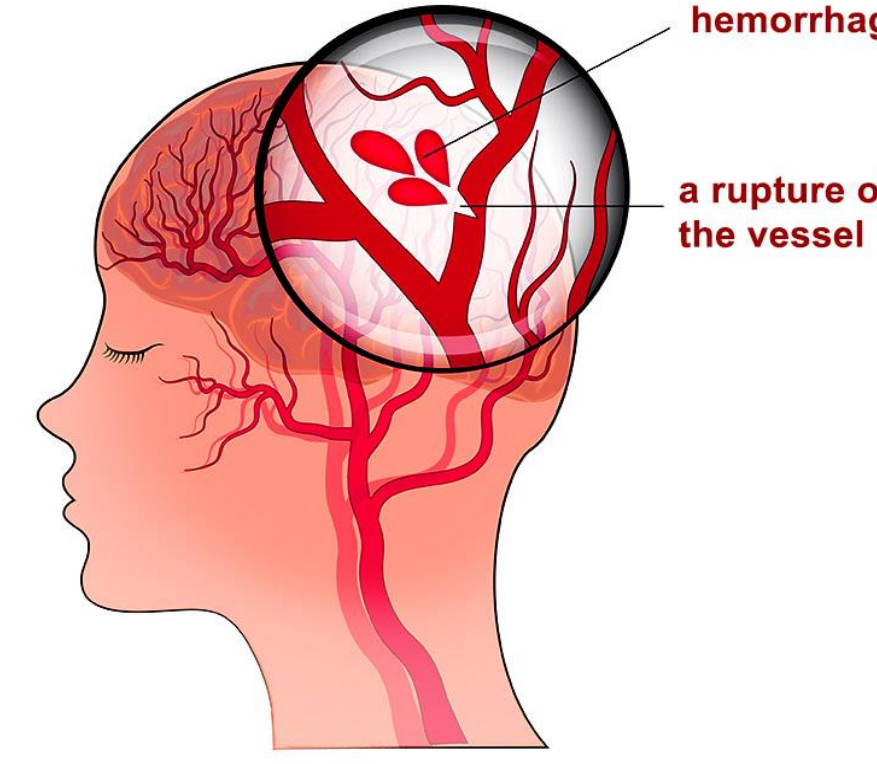


time to call emergency

**Two Types of Stroke**



**Ischemic Stroke**



**Hemorrhagic Stroke**

	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Medical/PA	Neurological exam, MRI, CT	CBC	Coronary angiogram, ECG	70546, 70450, 85027, 93454, 93000	1-5K\$ 1,200\$ 30\$ 1,363\$ 200-2k\$
Nursing	ABCs	Glasgow Coma Scale	PERRLA	Services incident to MD, PA, NP	N/A
Speech Language Pathology	Clinical Swallow Evaluation	Western Aphasia Battery Bedside Form	Mini Mental Status Examination	92610 92523	\$89.14 \$198.49
Dental /Dental Hygiene	Comprehensive Oral Evaluation and Adult Prophylaxis	Oral Cancer Screening & Dental Evaluation and treatment	Medical History/ general health assessment	D0150, D1110	\$63.00 \$98.00
Cardiovascular Sonography	Echocardiogram + bubble study to assess for PFO or ASD	Transcranial Doppler	TEE if positive bubble study	93306, 93886, 93318	\$593-1240 \$228-523 \$720-1340
				Total :	\$5,782.63- \$11,842

REFERENCES

• National Institute of Neurological Disorders and Stroke. (2009). [Stroke: challenges, progress, and promiseexternal icon](#). Bethesda, MD: National Institutes of Health.

• "5 Benefits of Interprofessional Collaboration in Healthcare." *TigerConnect*, 4 Nov. 2019, [tigerconnect.com/blog/5-benefits-of-interprofessional-collaboration-in-healthcare/](#).

• "7 things you can do to prevent a stroke" Harvard Women's Health Watch. [https://www.health.harvard.edu/womens-health/8-things-you-can-do-to-prevent-a-stroke](#)

• "Diagnosis of Acute Stroke" (2015) Yew et al. [https://www.aafp.org/afp/2015/0415/p528.html](#).

BENEFITS OF PATIENTS

- Improved patient care and outcomes
- Start treatment sooner
- Reduce healthcare costs
- Quality of life improves

BENEFITS OF HEALTH TEAM

- Improved staff relationships
- Improved job satisfaction
- Reduced medical errors



CHALLENGES

- **Communication between health care providers**
  - After a stroke, providers need to communicate effectively and address areas where the patient needs improvement
- **Failure to identify signs of a stroke accurately**
  - If symptoms are not recognized within the first 3 hours of onset, lifelong disability may occur
  - Unsteady walk can be a presenting sign of a stroke; however, a physician or healthcare worker may attribute this to age.
  - A headache or numbness are things only the patient can feel. Providers will not be able to see these symptoms
- **Ability of patient to afford quality emergency services and care after**
  - Costly MRIs and CTs are needed to diagnose severity of stroke
  - In extreme cases, lifelong rehabilitation may be needed from therapists and physicians



# VERTIGO

## Recommendations of other professions:

**Audiology** can determine the cause of dizziness. Audiologists interact with individuals who complain of dizziness/imbalance every day. (Vertigo is usually caused by inner ear infections or diseases)

**Occupational Therapy** can assist in the assessment and treatment of vertigo.

**Neurology** to determine if there is a neurological component.

**Additional members** who could be a part of the team (if needed): cardiology, neuro-ophthalmology, neurotology, otolaryngology, otology, physical therapy, psychology.



One challenge to the implementation of interprofessional assessments based upon the current healthcare environment is communication among all healthcare professionals. Many patients complain of being asked the same questions/tests repeatedly while being in a clinical setting. Communication is a huge challenge amongst all healthcare professionals, which can cause patient dissatisfaction. A possible solution for this problem is to have a briefing between each assessment to ensure no overlap between interprofessional assessments. Implementing this will save time and improve patient satisfaction.

## From a patient's perspective...

Some benefits of an interprofessional assessment may include more care options and opinions to provide the best care, less appointments for the patient to make, and less room for medical errors, leading to increased patient satisfaction.

## Benefits of taking an Interprofessional Approach to Healthcare...

The benefits of this approach are improved patient outcomes, reduction in medical errors, and increased understanding and knowledge of the roles of each healthcare professional involved.

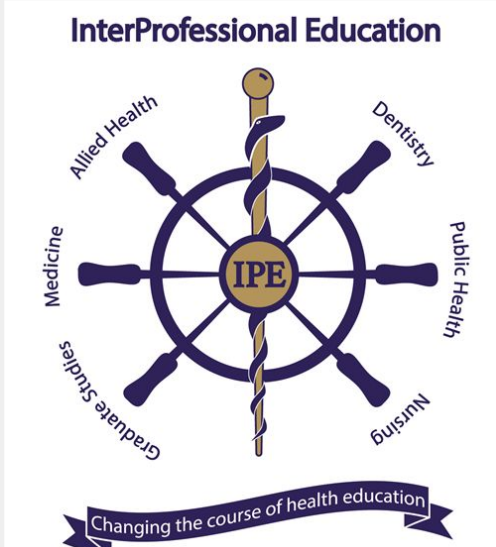
COOPERATION	With a shared goal in mind, our group was able to form a concise and necessary assessment tool.
COMMUNICATION	This assessment tool would not have been formed without proper communication within the group.
CONFLICT RESOLUTION	Having each profession contribute relevant recommendations to this assessment tool defers conflict.
COORDINATION	In-person meetings were imperative in clarifying the students' responsibilities.
COACHING	Members of our group were able to recognize when a topic was discussed which required them to be the leader.
COGNITION	The TEAMup course created an environment for cross-training, leading to shared goals and methods.
CAPABILITY	Our group consists of individuals who are competent in their respective fields.
CONDITIONS	TEAMup meetings allowed for shared decision-making, constructive criticism, and trust between students.

Profession	Assessment	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Nursing	Medication assessment	Thorough history and physical examination	Vital signs		Services incident to MD, PA, NP	N/A
Medicine + P.A.	Posturography	Basic Vestibular Evaluation	Hearing Loss Assessment	Vision Screen	92548 92540 92557 92004	\$59.55, \$79.47 \$30.32 \$85.26
Dentistry / Dental Hygiene	Assess Trauma	Ability for supine position	Medication related xerostomia	Complete oral examination	D0150	\$47.37
Speech- Language Pathology	Montreal Cognitive Assessment (MOCA) (if needed based on case)	→ assesses cognition/ executive functions/ orientation		15 minutes	96125	\$120.96
Cardiopulmonary Science	Echocardiogram				93303	\$141.62
Possible Total Cost:						\$564.55

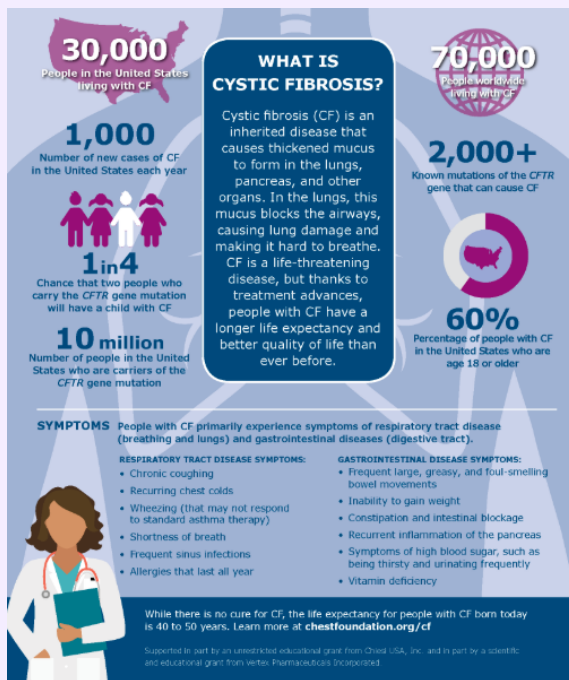
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Haley Ballinger, Brian Coe, Kelsey Doucet, Alexis Goodrich, Josh Kirkorsky, Kay Latino, Caitlin Morris, Shae Richards, Chelsi Robertson, Allison Savoie, Tori Stanton, Alyssa Young







### IPEC CC8:

**PEC CC8:** Communicate the importance of teamwork in patient-center care and population health programs and policies

Our team worked together to develop a 45-minute assessment tool for a patient 21 years or older living with Cystic Fibrosis. Our assessment tool incorporated the top priority secondary interventions considered when taking care of this patient. This policy highlights the importance of strong teamwork around patient centered care and health policies. Each member brought a different and unique perspective along with individualized expertise to develop our tool. Representatives from nursing, medicine, dental hygiene, public health, communication disorders, physician assistant, and occupational therapy came together to create this tool. Members from respiratory therapy, endocrinology, nutrition, physical therapy, and psychology could have added extra knowledge and expertise beneficial to our guided group.

# Cystic Fibrosis (age 21 or older)

## Secondary Prevention Assessment Tool

### Nursing

- Routine assessment (head to toe)
- Oral Hygiene Screening (referral to Dentistry)
- Referral to Genetic Counselor
- Patient Care Coordination

### Speech Pathology

- Perceptual Voice Assessment
- VisiPitch (pitch/loudness)

### Public Health

- Caregiver Support Survey
- Workplace Risk Assessment
- Pet Survey and Zoonosis Control Education

### Medicine/PA

- Pulmonary function tests and sputum cultures (pulmonary disease)
- Pulmonary stress test
- Oral glucose tolerance test (diabetes)
- Liver enzymes blood test (liver disease)
- Fat-soluble vitamins blood test (nutritional deficiency)
- Referral to social work, nutrition, and psychiatry

### The Multidisciplinary Team



## Benefits of Interprofessional Approach to Care

**Perspective of a patient** → A patient of 21 years of age will spend a considerable amount of time in hospital and outpatient settings for the management of their disease. Coordinated care ensures a lighter cost burden on the patient and his/her family, a lack of excess time spent in disease care settings, and a better knowledge of his/her disease that can result in a dramatic increase in longevity.

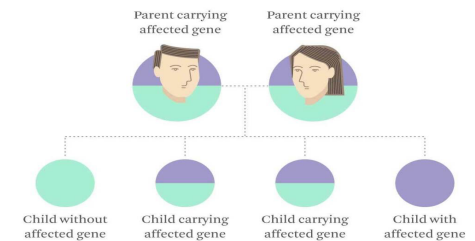
**Perspective of health professionals** → Healthcare professionals that treat CF patients usually treat patients for extended periods of time. By coordinating care, we allow each professional the time to focus their efforts on the points of care in which they can contribute the most.

## Challenges of Interprofessional Approach to Care

**Challenges:** Coordination of care, cost, time commitment needed by patients and caregivers

**Solution:** Assign a caseworker to oversee and coordinate care and schedule appointments, preauthorization by insurance provider, electronic medical records available to all members or interprofessional team, involve patient and caregiver in care decisions

### How inheriting cystic fibrosis works



Parents who carry the faulty gene are at risk for passing it on to their children. You have a 50 percent chance of being a carrier if both of your parents were carriers. If you have children, your child would only be at risk for inheriting the condition if both parents are carriers.

<u>Codes</u>	<u>Costs</u>
<b>Nursing</b>	N/A
Services incident to MD, NP, PA	
<b>SLP</b>	<b>\$45.00</b>
92522	
<b>Medicine/PA</b>	<b>\$76.67, \$19.72, \$24.65</b>
99385, 99401, 94618	
<b>Public Health</b>	N/A
<b>Total:</b>	<b>\$166.04</b>

### Meet Our Team

**Kendra Ventura** - Speech-Language Pathology, **Sam Mullen** - Dentistry, **Haley Knight** - Medicine, **Leslie Birke** - Public Health, **Taylor Scharwath** - Nursing, **Emily Robert** - Dental Hygiene, **Mary Grace Boustany** - Physician Assistant, **Katherine Robichaux** - Medicine, **Louis Kearny** - Nursing, **Sam Cole** - Medicine

### References

- <https://www.cff.org/Care/Your-CF-Care-Team/>
- <https://www.cff.org/Life-With-CF/Treatments-and-Therapies/Treatment-Plan/CF-Care-Center-Visits/>
  - <https://foundation.chestnet.org/cf/>
- <https://www.healthline.com/health/cystic-fibrosis-carrier#in-children>



### Background:

Down syndrome, also known as trisomy 21, is one of the most common chromosomal abnormalities. It is characterized by dysmorphic features, intellectual disability, cardiovascular disease, gastrointestinal issues, abnormal growth, and various other disorders. Down syndrome is diagnosed with prenatal screening. Risk factors for having a child with Down Syndrome are maternal age >35 years, a parent being a carrier of the genetic translocation for Down syndrome, and having a previous child with Down Syndrome.

**1 in 700 people are born with Down Syndrome each year!**

### Down Syndrome in adulthood:

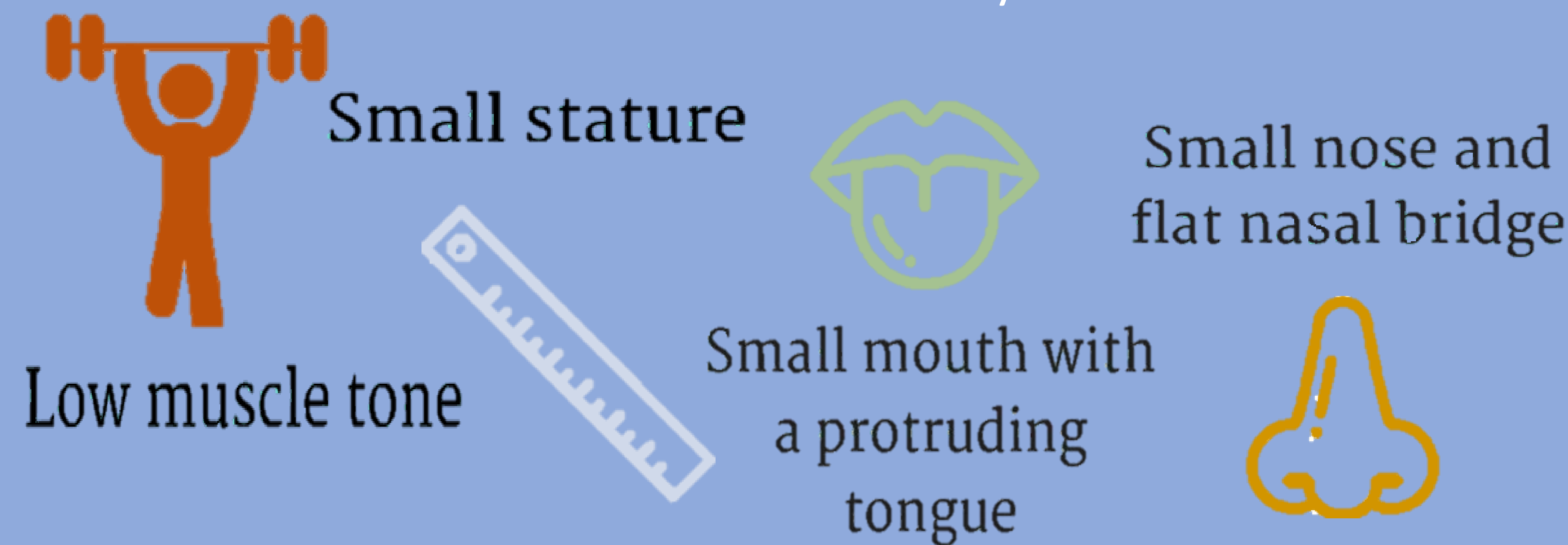
57% of people with down syndrome are employed. 3% are full time employees. Life span is now 60 years old.

50% of adults with Downs syndrome will develop memory loss.

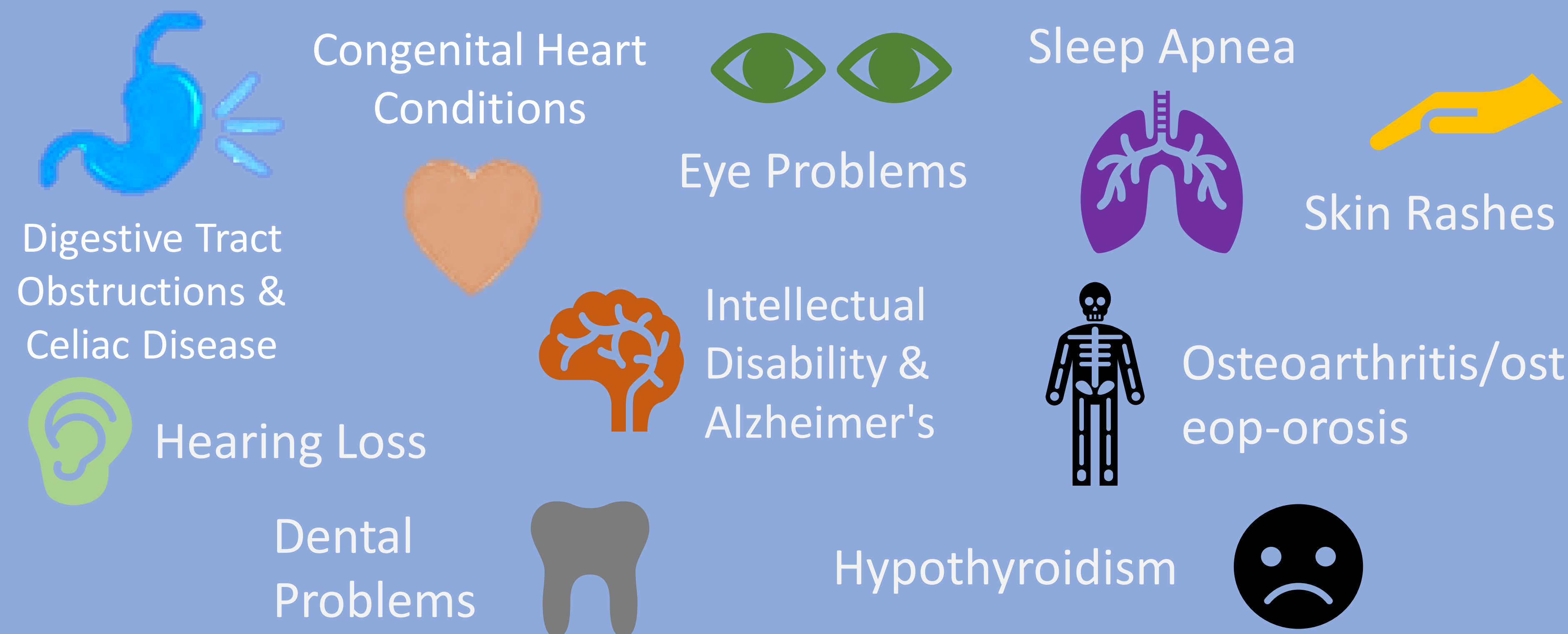
**A Bright Future:**  
Quality of life for adults living with down syndrome is improving.

# Are you over 21 with Down syndrome?

Characteristics of Down Syndrome:



## Conditions that effect adults with Down Syndrome



## 45-minute Interprofessional Health Assessment

	Assessment	Assessment	Comments	CPT/CDT Code	Fee
Medicine	<ul style="list-style-type: none"> <li>Heart evaluation</li> <li>Physical/Neurological Exam</li> </ul>	<ul style="list-style-type: none"> <li>Asses for Valve Issues</li> <li>Assessment of Cognitive Impairment/decline</li> </ul>	<ul style="list-style-type: none"> <li>Bicuspid Aortic Valve</li> <li>Alzheimer's risk</li> </ul>	<ul style="list-style-type: none"> <li>93317</li> <li>96116</li> </ul>	<ul style="list-style-type: none"> <li>\$165.95</li> <li>\$66.12</li> </ul>
Dental	<ul style="list-style-type: none"> <li>Comp. Oral Exam</li> </ul>	<ul style="list-style-type: none"> <li>Fluoride Education</li> </ul>	<ul style="list-style-type: none"> <li>Continue Routine dental visits/professional cleanings</li> </ul>	<ul style="list-style-type: none"> <li>D1208</li> <li>D110</li> </ul>	<ul style="list-style-type: none"> <li>\$19.50</li> <li>\$48.01</li> </ul>
SLP	<ul style="list-style-type: none"> <li>Assess any changes in hearing</li> <li>Oral motor assessment</li> </ul>	<ul style="list-style-type: none"> <li>Assess any changes with speech/language</li> <li>Assess any changes/problems with feeding or swallowing</li> </ul>	<ul style="list-style-type: none"> <li>Small mouth, low tone, large tongue can all cause issues with speech</li> </ul>	<ul style="list-style-type: none"> <li>92522</li> <li>92523</li> </ul>	<ul style="list-style-type: none"> <li>\$45.00</li> <li>\$45.00</li> </ul>

### Team Collaboration (IPEC CC8):

We collaborated as a team to produce a comprehensive health assessment for individuals 21+ with Down Syndrome. We explored the roles of each profession in our group and their importance in the care for these patients. With the contribution of all group members, we were able to develop an assessment plan that would reduce redundant testing, decrease medical errors, as well as medical costs. Teamwork and communication are essential parts of patient-centered care.

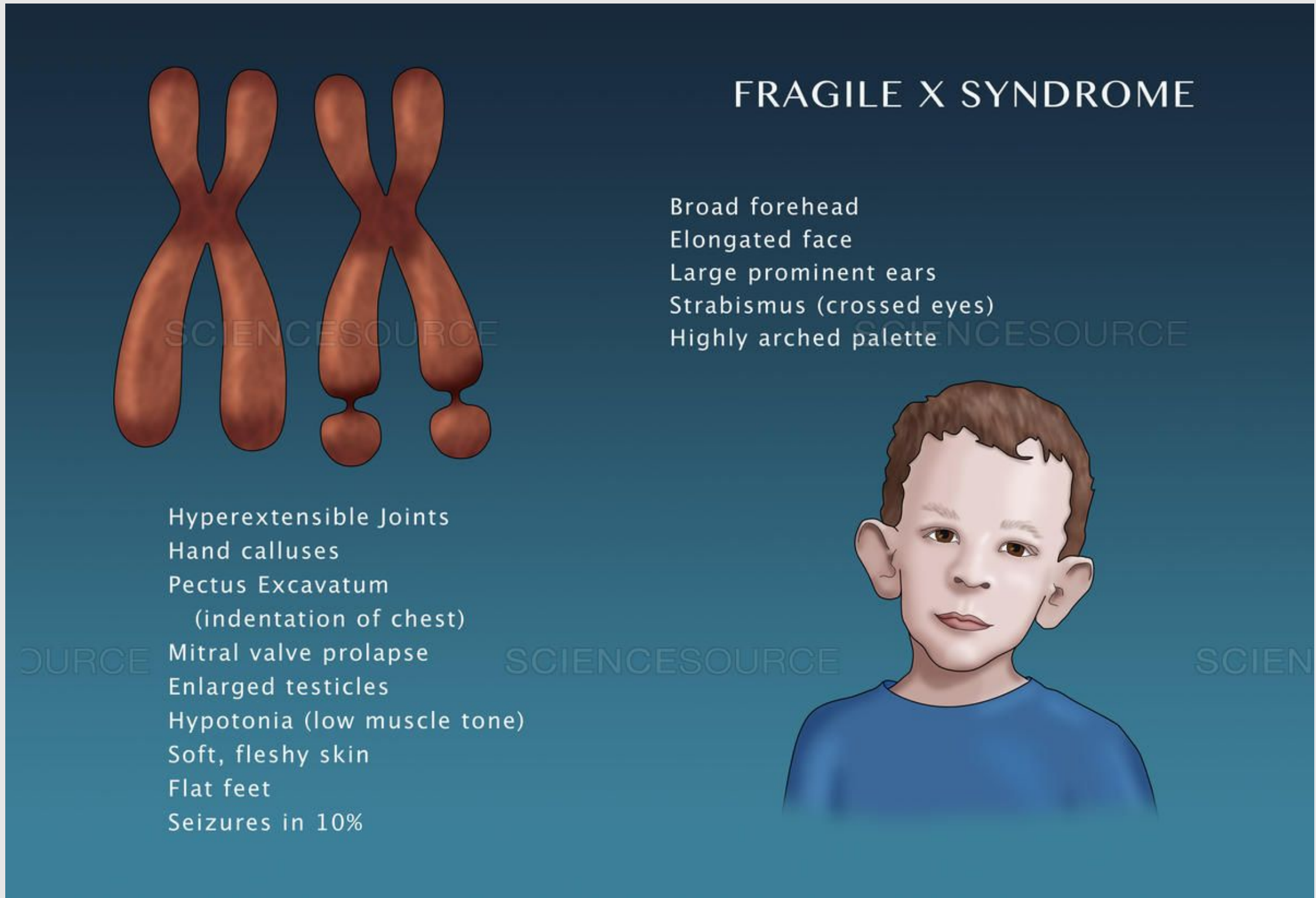
### Challenges and Solutions:

- Transitioning of care from pediatric to adult services
- Previously underdiagnosed development of Alzheimer's in aging Down syndrome population.
- Multi organ-system impairments compounded by the potential impediment of communication
- Need for a centralized healthcare team of separate care providers reporting to a centralized source (PCP) to identify patient's needs.
- Increased provider communication can limit redundancy of care for these patients who require assistance of multiple specialists.

### References:

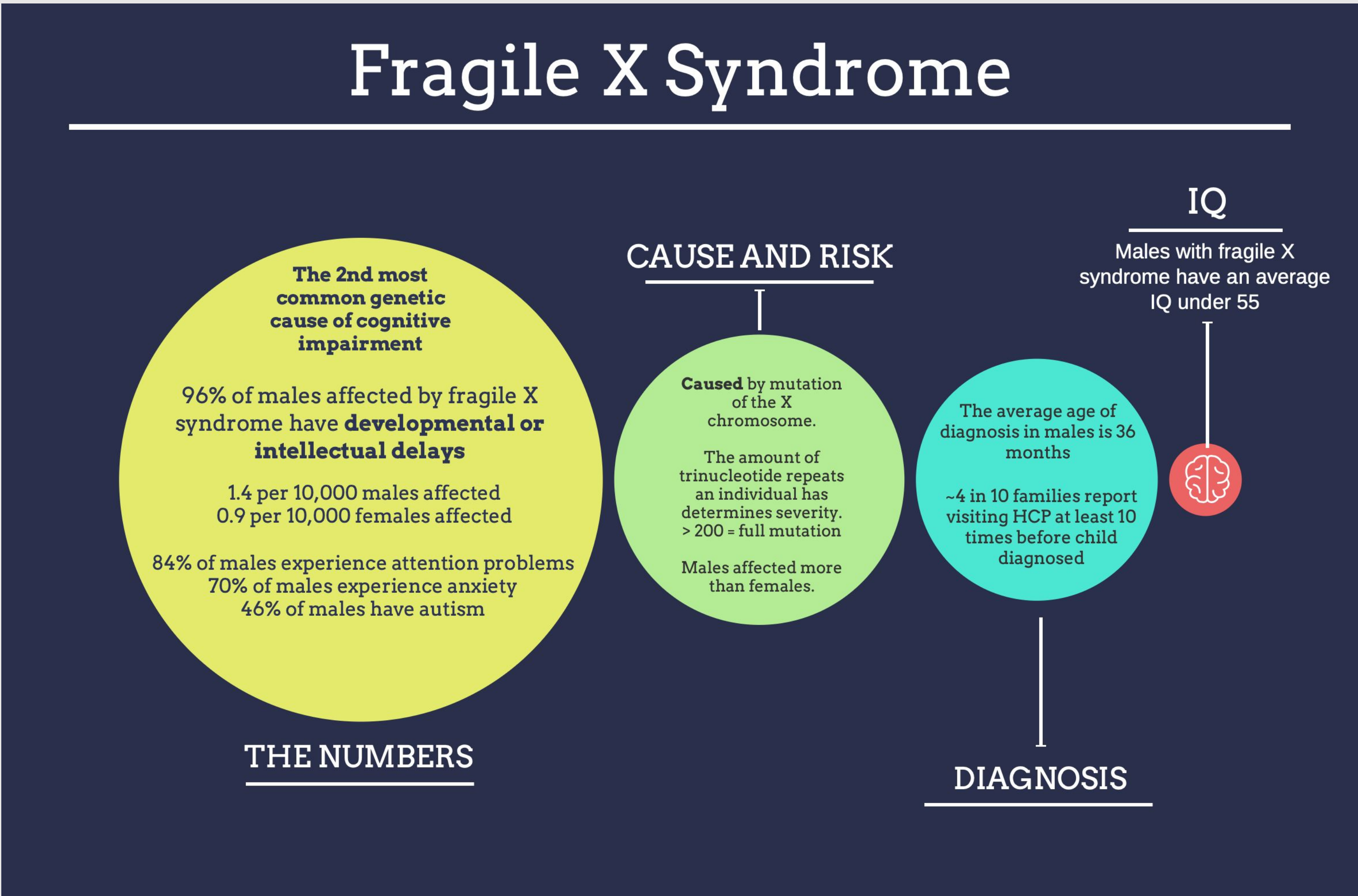
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# Fragile X Syndrome in ages 0-21

Group #: 34



**Dentistry:**

Assessment:

1. Identify & recognize condition based on facial characteristics and refer to pediatric dentist for special care.
2. Full mouth radiographs (FMX) for diagnostics and to monitor delayed development.
3. Apply pit-and-fissure sealant on all permanent posterior teeth upon eruption.
4. Monitor progression of delayed development, & consult physician prior to tx about prophylactic abx if indicated for cardiac abnormalities.

Cost:

1. \$0
  2. \$80-200
  3. \$30-40 per tooth treated (16 posterior teeth)
  4. Variable
- \*without insurance

**Dental Hygiene:**

Assessment:

1. Screening for caries
2. Treating incipient lesions
3. Incorporating fluoride tx
4. OHI education

Cost: Services incident to DDS

**Speech Language Pathology**

Assessment:

1. Test for Auditory Comprehension of Language-3rd Ed.
2. Preschool Language Scale-4th Ed
3. Clinical Evaluation of Language Fundamentals-4th Ed. A
4. Comprehensive Assessment of Spoken Language

Cost:

1. \$60.75
2. \$150
3. \$250
4. \$55.00

**Audiology**

Assessment: Integrated Visual and Auditory Continuous Performance Test

Cost: \$99 (5 test)

**Nursing**

Assessments:

1. Assess all extremity ROM and grade muscle strength using Medical Research Council Manual Muscle Testing scale
2. Assess for signs of ADHD using Child Behavior Checklist (CBCL/6-18) assessment tool
3. Auscultate patient heart sounds for evidence of abnormalities

CPT Code: Services incident to

physician/Physician Assistant

Cost: Services incident to

physician/Physician Assistant

**Medicine/Physician Assistant:**

Assessment

1. Mullen Scales of Early Learning, the Bayley Scales of Infant Development-3rd Ed
2. Thorough regular physical exams to assess for ear and sinus infections and eye disorders

Cost:

1. \$1185
2. Insurance dependent

**Occupational Therapy**

Assessment: Adaptive Behavior Assessment

Scale (ABAS)

Cost: \$48.97

## Team Reflection

Collaboration between health care professionals will:

- Allow open communication (ideas and opinions)
- Consider other perspectives for health outcomes
  - Improve patient experiences
- Increase trust between the patient and caregivers

### Challenges to Assessment

- Cost for care across disciplines
- Amount of time/appts. needed for completion of assessments

### Solution to Challenges

- Referring to learning institutes/university medical centers where a complete interprofessional team of residents can provide care jointly, and using services such as Care Credit to assist with the financials.

## References

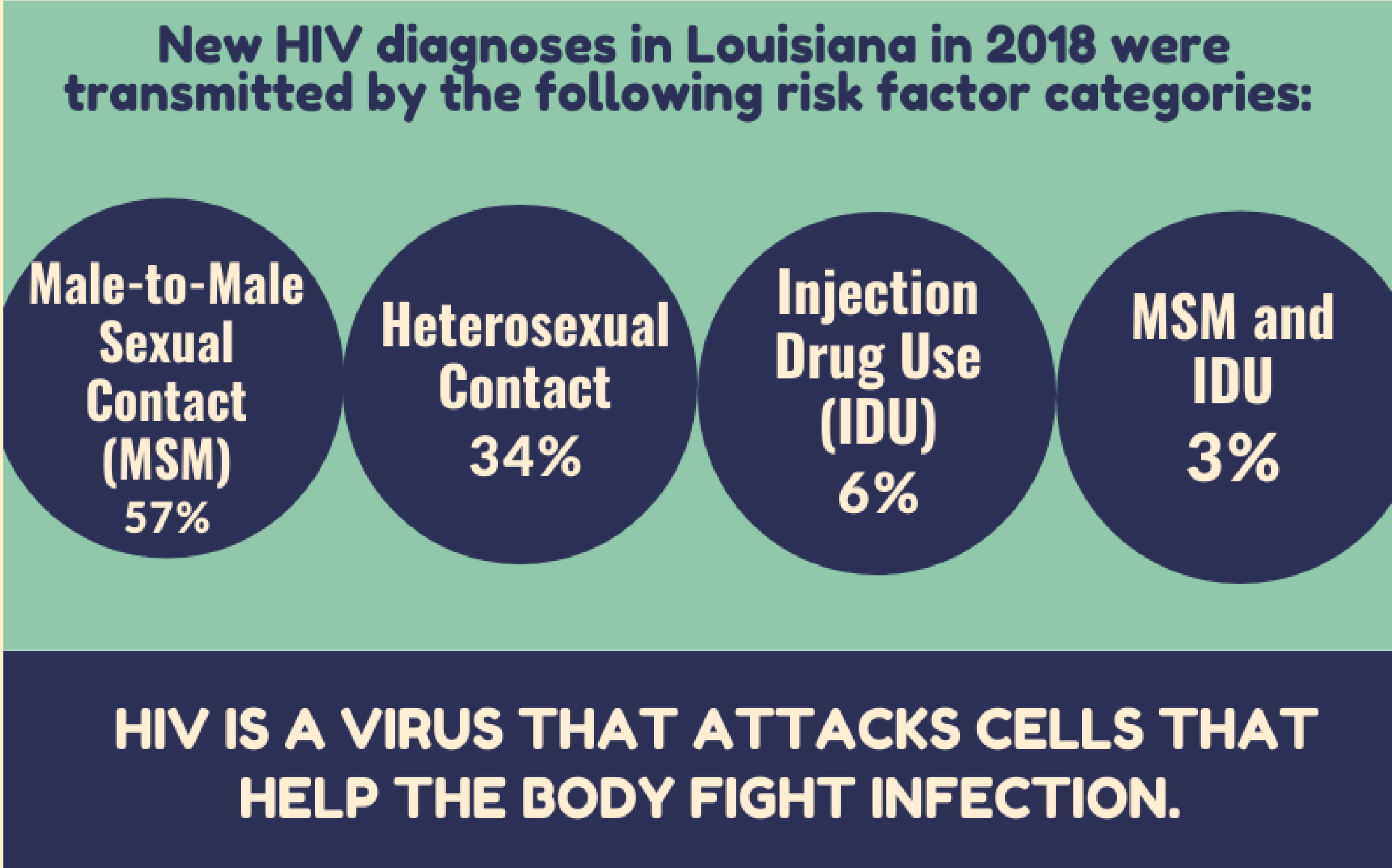
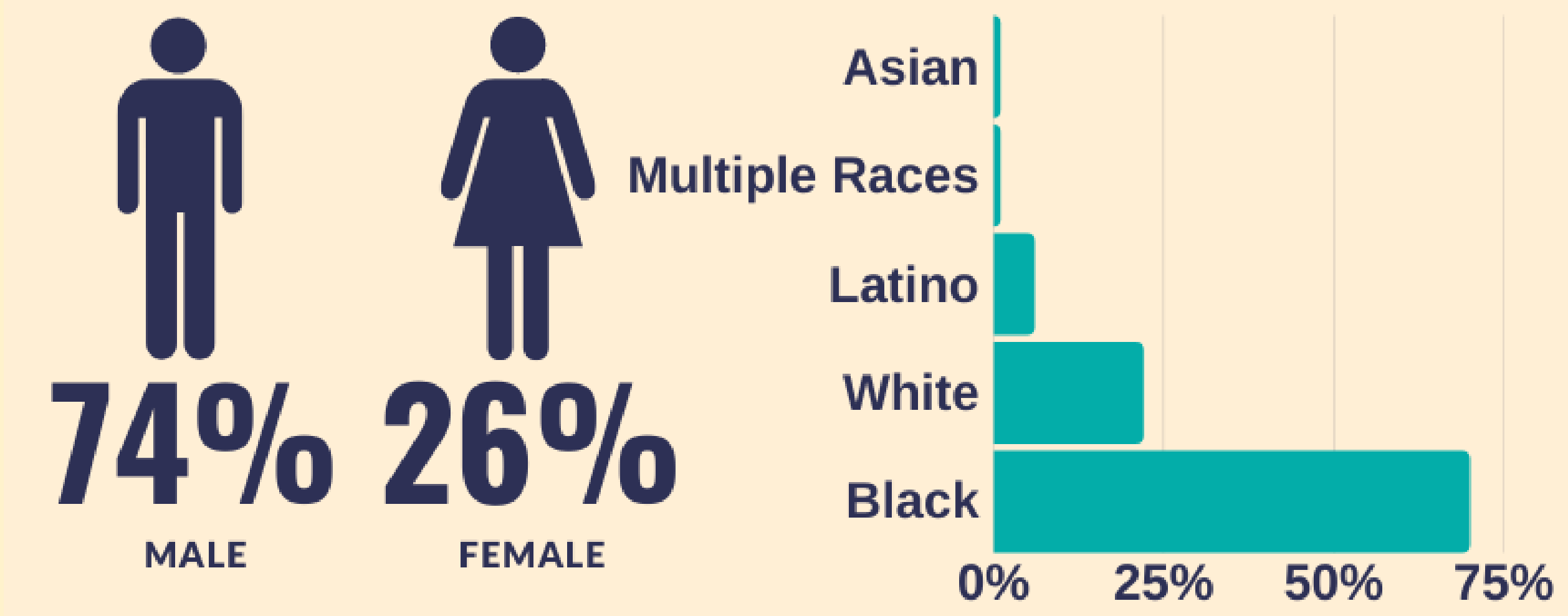
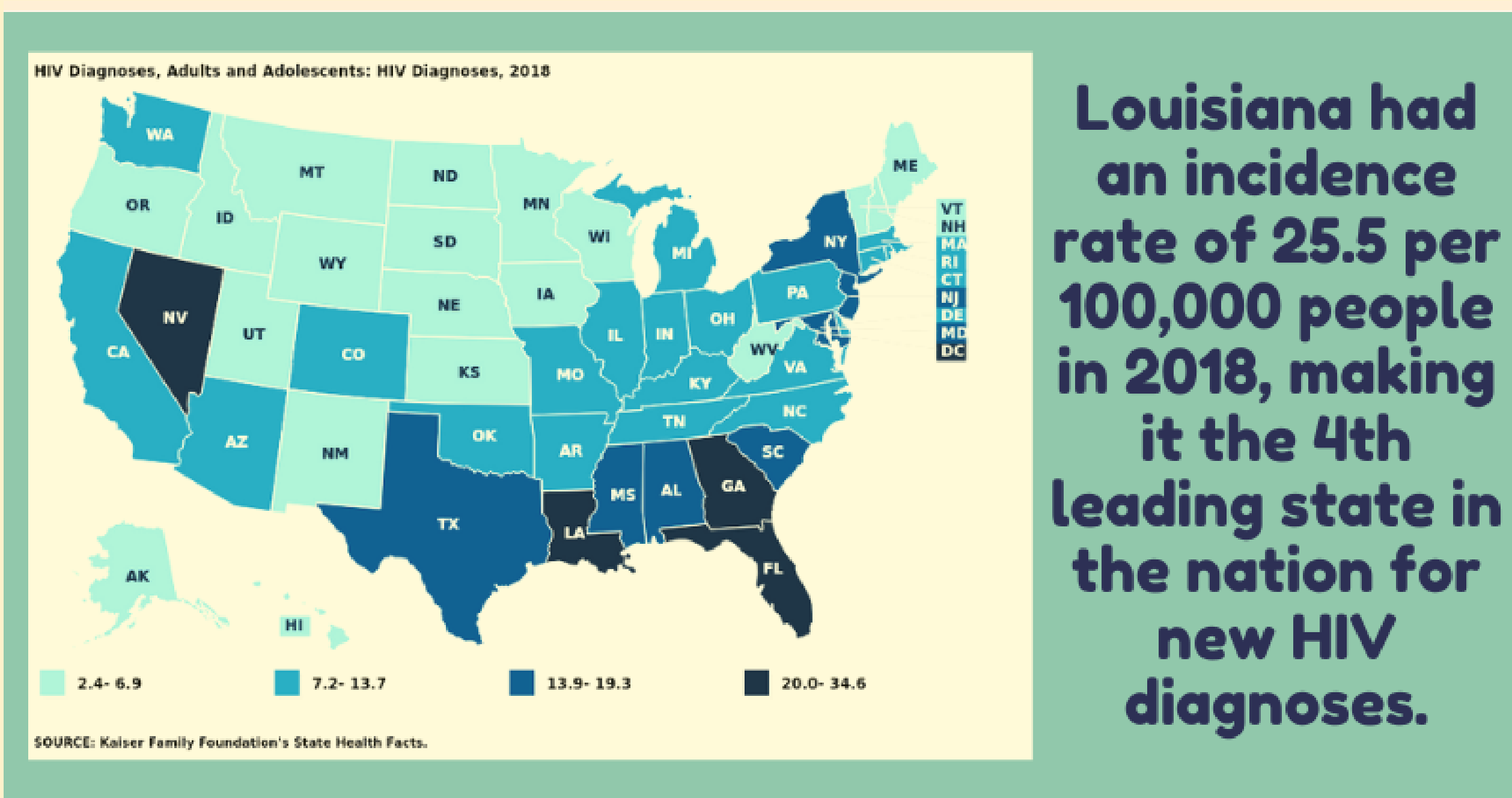
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**WHEN TREATED, HIV IS NOT INFECTIOUS.**

**TALK TO A HEALTHCARE PROVIDER ABOUT GETTING TESTED AND PROTECTING YOURSELF FROM HIV.**

**STATISTICS PROVIDED BY THE KAISER FAMILY FOUNDATION STATE HEALTH FACTS**

[HTTPS://WWW.KFF.ORG/STATE-CATEGORY/HIVAIDS/?STATE=LA](https://www.kff.org/state-category/hivaids/?state=LA)

## CRESCENTCARE: 504-945-4000

**Mission:** "To offer comprehensive health and wellness services to the community, to advocate empowerment, to safeguard the rights and dignity of individuals, and to provide for an enlightened public."

- STI Testing and Treatment
- HIV screening
- PrEP services
- PEP for HIV
- Couples HIV Testing and Counseling
- LGBTQ+ Health and Wellness

# HUMAN IMMUNODEFICIENCY VIRUS

TEAM 35: KALEIGH BUNDY ( DDS ) , MICHELLE BRENNAN ( SLP ) , AMELIE DESOMEAUX ( PH ) , BRANDON CROCHET ( PA ) , DAVE LE ( MD ) , GABY RUIZ ( MD ) , HANNAH ABNEY ( N ) , LAUREN GAUTREAUX , MICHAEL BATES ( MD ) , OLIVIA STERN ( DH ) , RUTH CORFAH ( MD ) , SUSAN SHACKELFORD ( N ) , JENNA DUHE ( N )

	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Dentistry	Dental Radiographs (FMX)	Periodontal Exam	Accession of tissue for microscopic examination	D0210 D0120 D0474	\$60.17 \$27.24 \$77.03 <b>Total Dental Cost: \$164.44</b>
Medicine	Initial Periodic Comprehensive Medical Evaluation screening for risky sexual behaviors and education on safe sex practices	HIV Genotype Lymphocyte Panel Comprehensive Metabolic Panel Complete Blood Count: Labs are to help select best antiretroviral therapy	Health Behavior Intervention	99385 96158 87900 86361 80053 85025	\$80.17 \$30.16 \$160.92 \$33.06 \$13.04 \$9.59 <b>Total Medical Cost: \$326.94</b>
Public Health	Integrated Behavioral Model			N/A	N/A
Speech-Language Pathology	Montreal Cognitive Assessment	Bedside Swallow Evaluation	Motor Speech Evaluation	96125 92610 92522	\$120.96 \$87.48 \$93.60 <b>Total SLP Cost: \$302.04+</b>
Nursing	Nursing Assessment/Evaluation	Collection of venous blood by venipuncture		T1001 36415	\$19.88 \$2.58 <b>Total Nursing: \$2246</b>
Physician's Assistant	Comprehensive Annual Physical Examination			99397	\$105.74 <b>Total PA: \$105.74</b>

\*\*\*The HIV prevention assessment tool is established from a multidisciplinary team that incorporates effective intervention at the biomedical, behavioral and structural level to reduce the number of new HIV transmissions. The Assessment tool focuses on Secondary prevention for HIV Positive individuals in the Southern Louisiana geographical location.

## CC8 REFLECTION

This interprofessional assessment tool reflects our ability to take the knowledge and opinions of all stakeholders within the group to create a care plan centered around a common goal of positive patient health outcomes. Each provider brings a unique perspective, and communication between one another is key in conducting effective patient-centered care.

## BENEFITS

Group #: 35

As a patient:

- Less appointments, saving time and money
- Decreased repetitive of assessments

As a health care professional:

- Decreased barriers to communication
- Increased efficiency and effectiveness using less time and money.
- Opportunity to learn new perspectives and techniques from other health fields.

## CHALLENGES

The current healthcare environment often does not employ such a vast array of healthcare professionals that we have proposed for our team, causing it to be difficult to conduct an interprofessional assessment if the team is not all seeing the patient in one place. One possible solution is to look at examples such as CrescentCare, a healthcare facility that intentionally hires members of every healthcare field that a patient living with HIV would need to interact with.

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<https://www.asha.org/uploadedFiles/2019-Medicare-Fee-Schedule-for-Speech-Language-Pathologists.pdf>  
<https://crescentcarehealth.org/>  
[https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-FoF\\_for\\_Black\\_Male\\_Youths\\_BEST\\_RR.pdf](https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-FoF_for_Black_Male_Youths_BEST_RR.pdf)  
<https://testdirectory.questdiagnostics.com/test/home>



## Incidence/Demographics/Risk Factors

# PARKINSON'S DISEASE

## Statistics

↑ **Incidence increases with age** **4%** of people are diagnosed before age 50

Men are **1.5** times more likely to have Parkinson's than women

**By 2020** **930,000** people in the United States will be living with Parkinson's Disease.  
**By 2030** the number is going to rise to **1.2 million**

## Risk Factors



**Genetics**



**Environmental**



**Lifestyle**

## References

<https://www.parkinson.org/Understanding-Parkinsons/Statistics>  
<https://www.parkinson.org/Understanding-Parkinsons/Causes>

## Team Members

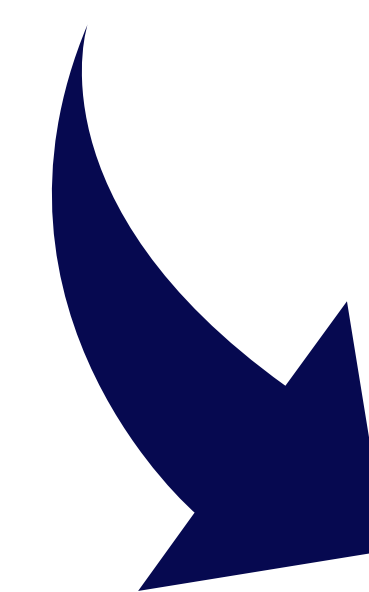
**Medicine:** Morgan Baudoin, Thomas Ruli Jr., Cody Crnkovic, Kathy Le  
**Nursing:** Julia Dykes, Abigail Shannon. Tara Abuliel  
**Speech Language Pathology:** Kara Coe  
**Physician Assistant:** Hanna Gill  
**Dentistry/Dental Hygiene:** Michelle Ngo, Paige Tamplain  
**Public Health:** Amy Desselles

## SECONDARY PREVENTION ASSESSMENT TOOL

	Assessment	Assessment	Assessment /Comments	CPT Codes	Fee Schedule
<b>Medicine/ PA</b>	Neurobehavioral status exam	Established patient periodic prevention exam*	*covers neurological/ musculoskeletal exams & tests + imaging	99396 96116	\$73.03 \$66.12
<b>Nursing</b>	Assessment of ADL's	Fall risk assessment	Home safety evaluation	Services incident to MD. NP, PA	N/A
<b>Speech-Language Pathology</b>	Assess articulation & dysarthria	Assess respiration & phonation	Assess swallowing/ dysphagia	92522 92524 92610	\$94.55 \$92.39 \$89.14
<b>Dentistry/ Dental Hygiene</b>	Caries Risk Assessment	Periodontal Disease Assessment	Frequent cleaning intervals, short Appointments, hygiene aids	D0150 D0210 D1110	\$43.37 \$ 60.17 \$48.01

## Potential Challenge & Solution

Challenge: Billing overlap between professions



Potential Solution: Implement a standardized workplace system that divides medical services based on profession to prevent billing overlap

## References

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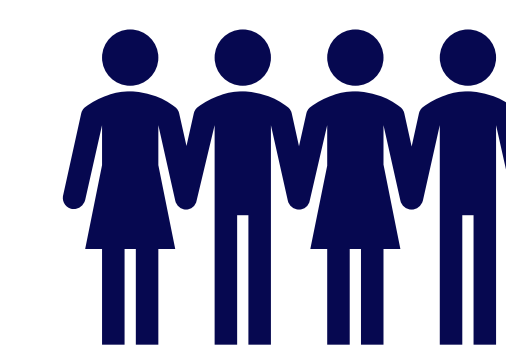
"Summary of Technical Expert Panel on Updating Practice Expense Allocation in Medicare Physician Fee Schedule." *Medicare Fee Schedule for Speech-Language Pathologists*, 2020, doi:10.7249/wr1334.

## IPEC CC8

Teamwork is important in being able to provide patient-centered care and to get the best clinical outcomes possible. Each team member and profession played an effective role in providing the proper assessment tool that will benefit the patient greatly. Effective communication is necessary for the interdisciplinary team to function properly and promote health and well-being and to minimize medical errors.

## Benefits of Interprofessional Assessment

### PATIENT BENEFITS



**Team Dynamic**  
 - Different Specialties  
 - More in-depth assessment

**Assessment + different perspectives= Optimal Care & results**



- Patient has confidence & security
- Open Communication between patient & providers
- Issues and intervention addressed quicker

### HEALTH PROFESSIONAL BENEFITS

Allows for a safer delivery of healthcare and overall outcome for the client. Having health professionals work together permits collaboration, which makes the process run more smoothly and reduces medical errors. If a health professional has some uncertainty about what they are doing, they have a team of other professionals to work with to come to the best possible conclusion for the client. The interprofessional approach levels the playing field between each health professional. In turn, this will improve relationships amongst the staff and increase job satisfaction.



# Secondary Prevention of Spinal Cord Injuries in Females

Group #: 37

## Medicine

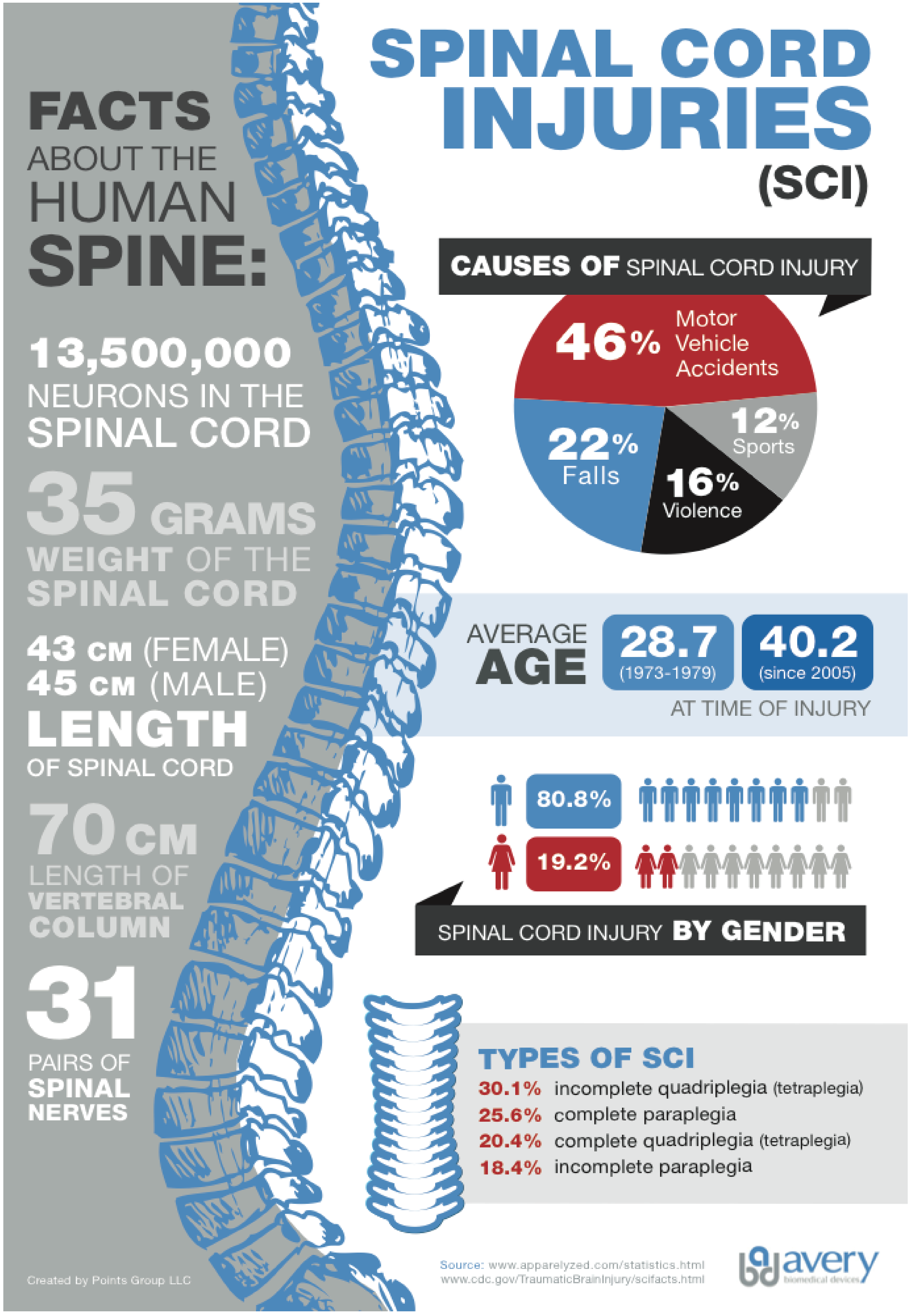
- Initial comprehensive preventative medicine evaluation (\$80.17)
  - Treatment of spinal cord lesion (\$187.17)
  - Screening test of visual acuity (\$2.00)
  - Emergency department visit (\$119.29)
- Andrew Bearb, Jonathan Cuccia, and Christian Lemoine  
Elizei SS and Kwon BK. The Translational Importance of Establishing Biomarkers of Human Spinal Cord Injury. *Neural Regeneration Research*. 2017 Mar; 12(3): 385–388. doi: [10.4103/1673-5374.202933](https://doi.org/10.4103/1673-5374.202933)

## Nursing

- Neurologic assessment
  - Neurovascular assessment
  - Assess traction for s/s of infection
  - Assessments q4h to monitor for changes in status
- Cost: Services incident to the Healthcare Provider (MD, NP, PA)
- Sarah Macaluso and Shanta Eason

## Public Health

- Provide on-site risk assessments, distribution of safety devices, educational counseling, and literature distribution.
  - Develop an injury prevention model by adding a screening mechanism to identify risks
- Minimal/ No cost: Using the health fair concept as the delivery mechanism to narrow gaps in access to care.
- Clarke Evans
- Biering-Sørensen, F., et al. "Residential Location of People with Chronic Spinal Cord Injury: the Importance of Local Health Care Infrastructure." *BMC Health Services Research*, BioMed Central.
- Kreuter, M., et al. "Health-Related Quality of Life among Individuals with Long-Standing Spinal Cord Injury: a Comparative Study of Veterans and Non-Veterans." *BMC Public Health*, BioMed Central.



[https://www.averybiomedical.com/wp-content/uploads/2015/10/AveryInfographic\\_Spine1.png](https://www.averybiomedical.com/wp-content/uploads/2015/10/AveryInfographic_Spine1.png)

### 3A: Other professions to include in the care team:

We would also want to have a nursing care coordinator/case manager on our team who can help organize the care between professions and help them transition to their next step (rehab or home health care)

### 4. IPEC Sub-competency CC8 reflection

Communication and teamwork are essential to provide the best quality of care to patients. This requires all healthcare professions to be prepared to come together and work as a team. In developing the 45-minute inter professional assessment tool, our team gained a better understanding of each professions roles in providing secondary prevention for a spinal injury. Our team realized that efficient communication is vital to avoid life threatening complications that can arise from a spinal injury. Collaborating our individual education and skills is important to reduce medical error and provide a comprehensive patient-centered care.

### 5A. From the perspective of the patient/client/community, identify benefits of an interprofessional assessment

Reduces patient having to repeat same info to several different healthcare providers because they are all there to hear the info together, patient feels more involved with care, patient feels more informed about health care options

### 5B. From the perspective of health professionals, identify benefits of an interprofessional approach

Improve patient outcomes and quality of care, lower healthcare costs, helps prevent medical errors,

### 6. Identify 1 challenge to the implementation of interprofessional assessments based upon the current healthcare environment and a possible solution

Lack of clear communication between healthcare team members, differences in billing for reimbursement, and lack of integration between medical records. Medical record integration would be a good first step to address this problem.

## Speech-Language Pathology

- Perceptual voice screen
- Motor speech screen
- Cognition screen
- Dysphagia screen
- Screen/refer for disorders in esophageal stage of swallowing

Cost: \$90 for evaluation of speech fluency and production-Tessa Bourgeois  
SpinalCord.com. "Spinal Cord Injury Prevention." *SpinalCord.com*, [www.spinalcord.com/spinal-cord-injury-prevention](http://www.spinalcord.com/spinal-cord-injury-prevention).

"Dysarthria in Adults." *Treatment*, ASHA, [www.asha.org/PRPSpecificTopic.aspx?folderid=8589943481&icon=Treatment](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589943481&icon=Treatment).

## Physician Assistant

- Assess airway, breathing, and circulation
- Perform neuro exam
- Radiologic studies
- Check for motor/sensory deficits

Cost: \$76.67 for preventative medicine (99385)

-Mary Ellen Hodges

[https://www.lamedicaid.com/provweb1/fee\\_schedules/FEESCHED.pdf](https://www.lamedicaid.com/provweb1/fee_schedules/FEESCHED.pdf)  
[https://www.cdc.gov/pictureofamerica/pdfs/picture\\_of\\_america\\_prevention.pdf](https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf)

## Dentistry and Dental Hygiene

- Oral cancer screening
- Head/Neck cancer screening
- Radiographic imaging
- Periodontal health screening

Cost: Prophylaxis (\$48.01) and Scaling and root planning (\$117.34)

-Morgan Trujillo and Jonathan Nguyen



Background

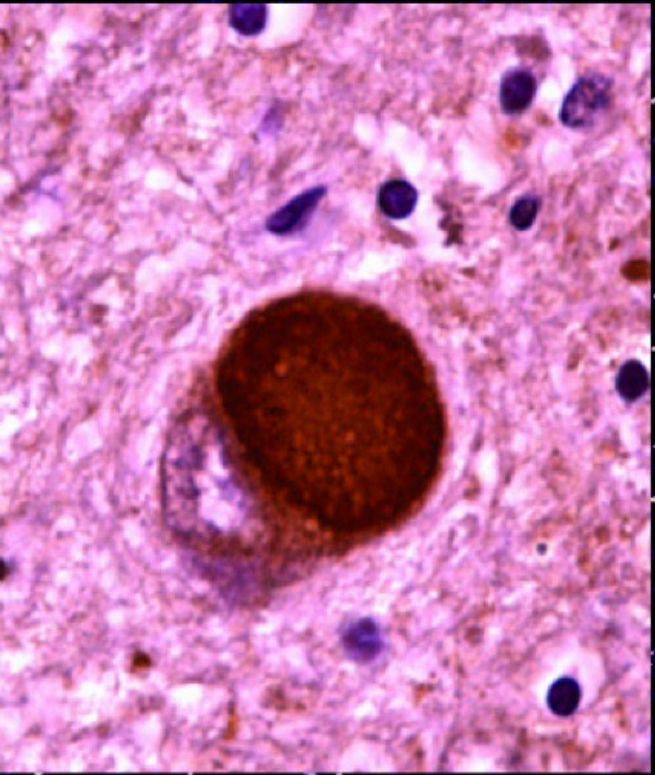
- Lewy body dementia (LBD) is one of the most common causes of dementia, affecting over 1 million individuals in the US
- A protein called alpha-synuclein deposits in the brain forming Lewy bodies, name for the German neurologist who discovered the proteins in 1912
- Alpha-synuclein is found normally in neurons, but in LBD it clumps pathologically within neurons especially in regions of the brain responsible for memory and movement and leads to a loss of acetylcholine and dopamine within the brain
- The disease is progressive and lasts about 5-8 years from diagnosis to death and there is currently no cure
- Visual hallucinations often present early during disease and affect up to 80% of patients. This is often a distinguishing characteristic from other types of dementia. There are also deficits in attention, problem solving, and memory.
- Risk Factors**
  - Age.** People older than 60 are at the highest risk.
  - Sex.** Men are slightly more affected than women.
  - Family history.** Family history of Lewy body dementia or Parkinson's disease increases one's risk, but it's not considered an inherited disorder. APOE, SNCA, and GBA gene variants have been associated with LBD
  - Parkinson's disease and REM sleep behavior disorder** are associated with a higher likelihood of developing LBD.

# LEWY BODY DEMENTIA

1 in 3 cases of dementia are caused by Lewy Bodies. It is a neurological disease similar to Alzheimer's.

## WHAT ARE LEWY BODIES?

Lewy bodies are protein deposits that can collect in the brain over time. These deposits are made of a protein called alpha-synuclein. The deposits clump together over time, damaging neurons in the parts of our brain responsible for memory, emotion, and cognition.



## HOW DO LEWY BODIES CAUSE DEMENTIA?

Lewy body dementia (LBD) is a progressive disease. This means that over time, the symptoms of the disease will get worse. We still don't know the exact cause.

Source: [www.nia.nih.gov](http://www.nia.nih.gov)

## LBD alters brain function


The average age of onset is 50 years old. Symptoms can include:


- Memory Loss
- Loss of coordination
- Depression
- Cognitive Decline
- Insomnia
- Anxiety

1 Million Americans have Lewy Body Dementia.

That's 1 in 100 for all Americans over 50

1%





RISK FACTORS INCLUDE

- Age (50+)
- Genetics
- History of Parkinson's

Average Lifespan after Diagnosis: 5-8 Years

There is currently no cure for Lewy Body Dementia. But there are treatments.

The best defense against the progression of symptoms is early intervention from a multi-professional team. Speech therapists, occupational therapists, physical therapists, mental health providers, and palliative care providers can all help mitigate the discomfort Lewy Body Dementia patients may feel. Medications are also currently being tested to help provide the highest quality of life possible for these patients.

To learn more, visit The Lewy Body Dementia Association ([www.lbdda.org](http://www.lbdda.org)) or The Mayo Clinic ([www.mayoclinic.org](http://www.mayoclinic.org))

Professional Roles in Primary and Secondary Prevention

- Medicine/ Physician Assistant:** Screening and yearly physical and mental examinations can detect early signs and symptoms of dementia in at risk patients. Educating families to recognize the progression of LBD. Managing the medical care of LBD patient to prevent secondary losses due to progression of LBD.
- Nursing:** Advocating for patients showing early signs and symptoms, educating patients and family members on risk factors and the disease progression, Fall Risk Assessments on patients with LBD.
- Public Health:** ALBA Screening instrument, releasing infographics and education material on LBD to the public and spreading awareness to physicians and the genral public of LBD and its prevalence.
- Dental:** Yearly oral exams and screenings for oral cancer.
- Speech & Language Pathology:** Screenings for cognitive dysfunction when consulted by physicians, and clear documentation during assessment to aid in diagnosis.

Assessment Tool

Profession	Assessment	Assessment	CPT Code	Fee Schedule
Medicine/ Physician Assistant	Yearly exam and Mini-Mental Status Exam at each visit	Annual Vaccinations	99396, 90756	\$81.88, \$26.66
Nursing	Fall Risk Assessment	The Katz Index of Independence in Activities of Daily Living	T1001	\$15.81
Public Health	ALBA Screening Instrument (ASI): A brief screening tool for Lewy Body Dementia.		No code	No fee
Dental Hygiene	Biannual Oral Cancer screening with Propthy and Oral Hygiene Instruction		D1110	\$48.01
Dental	Comprehensive Oral Exam		D0150	\$47.37
SLP	Bedside Swallow Evaluation/ Modified Barium Swallow Study	Cognitive Linguistic Quick Test (CLQT)	92526, 96125	\$51.03, \$66.12

Prevention

- Healthy lifestyle factors such as exercise, a balanced diet, and mental stimulation are thought to decrease risk of all age-related dementias
- Aerobic exercise helps maintain neuronal structural integrity and conserves brain mass to combat white and gray matter loss with age
- Cognitive activity, such as working memory tasks, reinforces the functioning and plasticity of neural circuits to preserve the prefrontal pathways to prevent cognitive decline

Challenges/Solutions

Challenges:	Solutions:
Cost of assessments	Make assessment more affordable or find a way to assess in a more cost- efficient way.
Patients ability to self-report	Have family or caretaker help self-report. Also other physical exams and lab tests will show progression or changes of patients' state.
Patients ability to understand each assessment	Help patients to understand each assessment and the purpose of them in terms that the patient can readily understand.

IPEC CC8

As the delivery of healthcare becomes more interconnected, coordinated care among healthcare professions has become increasingly necessary. Each team member cooperated to deliver high quality and patient-centered care.

According to the World Health Organization, multiple disciplines can work more effectively as a team to improve patient outcomes through interprofessional collaboration and mutual respect. These efforts can lead to many benefits to both providers and patients, including improved patient outcomes, fewer preventable errors, reduced health care costs, and improved relationships with other disciplines. Other benefits include earlier diagnosis and detection and an improved, team-led treatment plan.

Interprofessional relationships lead to a deeper understanding of holistic patient care. Medical, nursing, public health, dental, and speech language pathology students in Team 38 all provided evidence-based practice assessment tools to assist the patient with Lewy Body Dementia.

Additional Personnel

- Neurology-** to determine degree of neuronal deterioration with neuroimaging
- Neuropsychiatry-** for visual hallucinations, cognitive dysfunctions, and emotional state
- Physical Therapy and Occupational Therapy-** for Parkinsonian symptoms, delaying progression, and adapting ADLs

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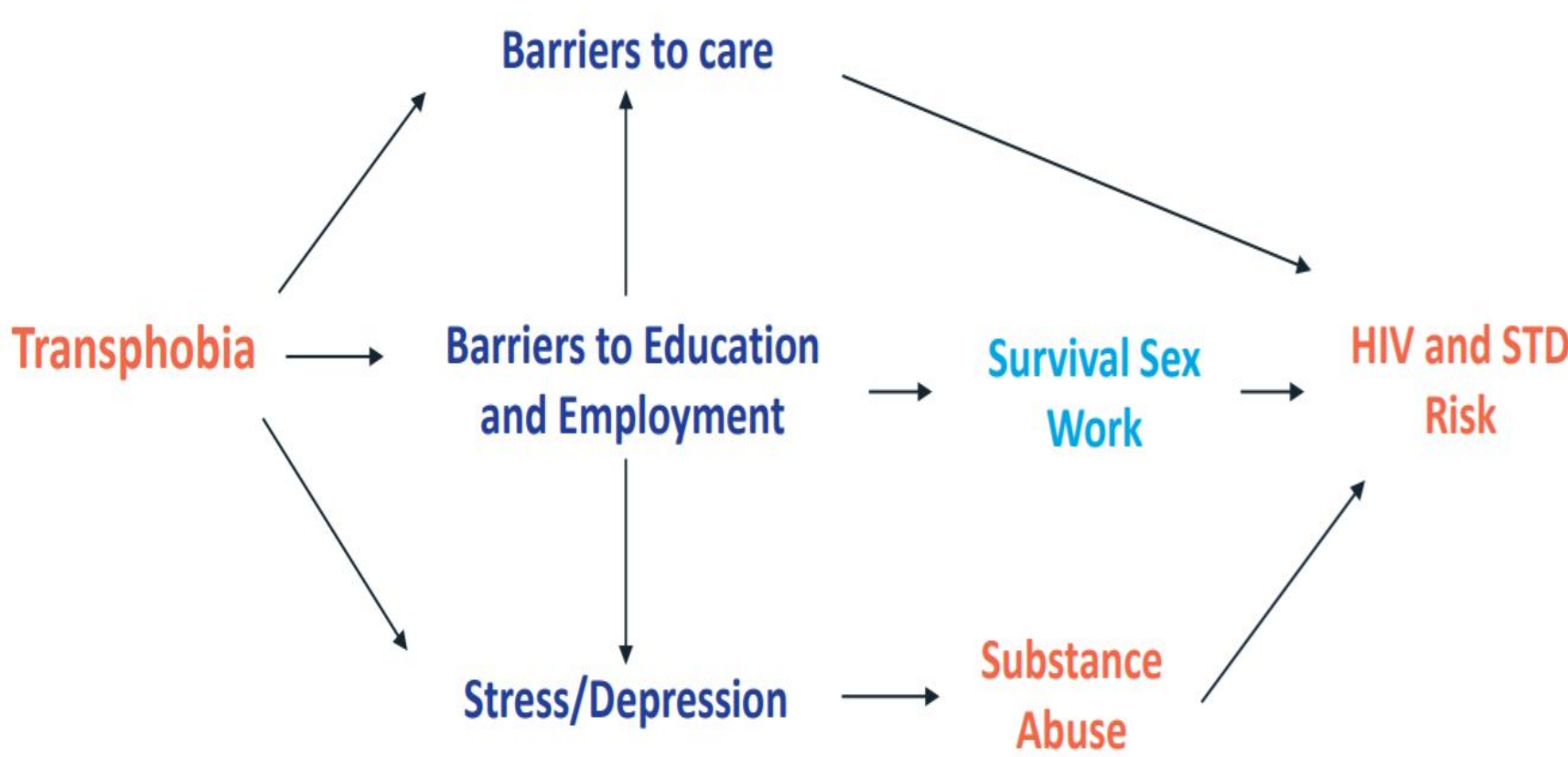


Terminology

- A **transgender** person is someone whose gender does not correspond with their sex assigned at birth
- **Gender Affirming Transition** refers to procedures that change one’s body to match their gender identity

Background

- In 2016, the Williams Institute estimated that roughly 1.4 million Americans identify as transgender
- Transgender patients face many systematic, socioeconomic, and personal challenges in accessing medical care. They also experience significantly higher rates of mortality than the non-trans population
  - Trans patients are much more likely to experience trauma and abuse.
  - Trans patients experience higher rates of substance abuse and STDs/HIV.
  - Death rates due to AIDS is nearly twenty times higher in trans patients.
  - The incidence of depression among transgender men is estimated at 55%
  - Deaths due to suicide have been shown to be nearly six times greater than those of the non-trans population.



- Currently, primary preventions are directed by a patient’s physical sex and do not include a patient’s goals.
- Comprehensive services for transitioning patients include: hormone treatment; gender-affirming surgeries (mastectomy, phalloplasty, etc.), HIV testing, prevention, and treatment, mental and behavioral health care, support groups, as well as employment and housing services.
- Just like the non-trans population, transgender patients are at risk of developing health conditions such as diabetes, cardiovascular disease, and osteoporosis which should also be taken into account at the time of their assessment, as well as secondary risks of hormone treatment such as metabolic and electrolyte imbalances.

Gender Affirming Transition to Male

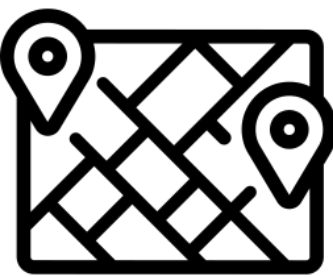
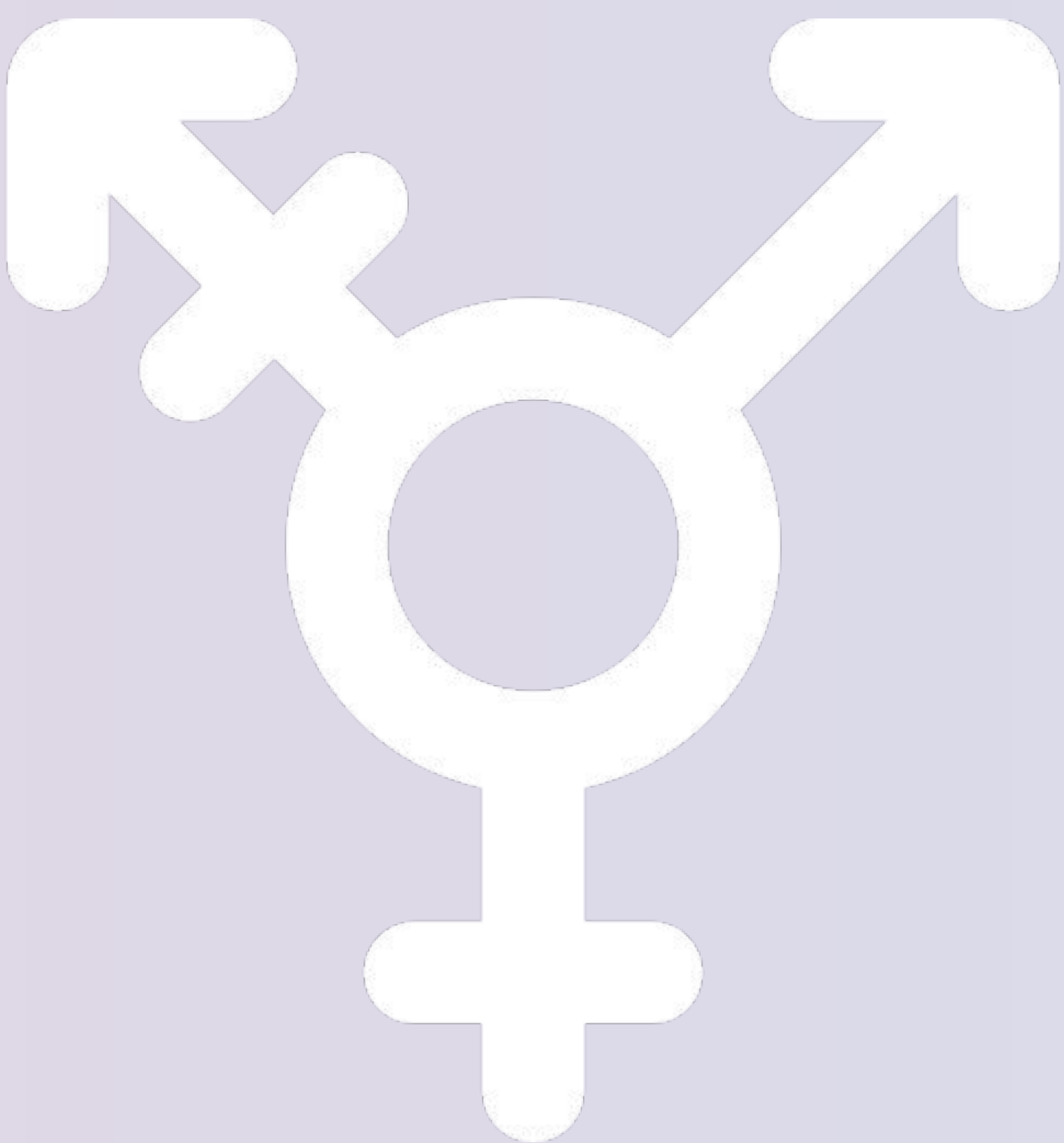
Kimberly Garb, Elizabeth Bergeron, Maggie Arceneaux, Katherine O’Friel, Hannah Bollich, Elizabeth Dao, Hunner Luke, Emily Sauce, Charvi Khurana, Colleen Eisenbraun, Talia Majoria, Marci Holstein



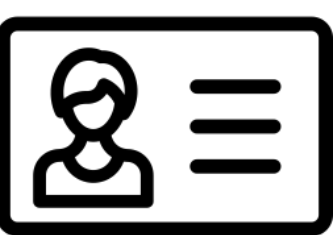
34% of Black and 28% of Latinx trans people report living in extreme poverty (household income below \$10,000 a year)



22% of trans people reported avoiding doctors or health care professionals out of fear of discrimination



Trans individuals are 3x more likely to have traveled more than 50 miles for culturally competent care



49% of trans people have an ID with the incorrect name

67% have an ID with the incorrect gender

Profession	Assessment	CPT Code	Fee Schedule
Nursing: BSN	Mental Health Screening (DASS); CAGE - Substance Screening	N/A: Services Incident to MD	N/A
Medicine (MD, PA)	Initial consult: Comprehensive Physical Exam Labs & Diagnostics: CMP, CBC, testosterone, estradiol, STI/SD screen	99385, G0307	\$76.67, MP
Dentistry	Comprehensive oral evaluation	D0150	\$47.37
Physical Therapy	Pelvic Floor Screen or Pelvic Floor pre/post rehab, gait analysis	97161	\$66.79
Speech-Language Pathology	Comprehensive voice evaluation	92524	\$45
Occupational Therapy	Patient Health Questionnaire-9 (PHQ-9)	96127	N/A

Benefits of an Interprofessional Approach

- Gender affirming transition is a complex process that requires a multidisciplinary team to ensure the best health outcomes for trans patients. A culturally competent team can connect patients to comprehensive medical services including primary and gender-specific care, minimize adverse experiences including discrimination and post-operative complications, and improve overall health and wellbeing
- Medical professionals benefit from working together and having great communication amongst specialties because we are all trained to be experts of our own niche. Understanding personal gaps in knowledge and resources, there is an opportunity to provide every patient with the most personalized care while also growing together as a field. When each person on a team feels valuable and needed, there can be a boost in morale and confidence in the approach making it run smoother.

Barriers to Implementation

- **Lack of cultural competence:** Many healthcare providers have not been trained to provide culturally competent care to transgender patients
- **Access to transition-related care:** Some providers may refuse care to transgender patients. Some transgender patients may be hesitant to seek medical care and altogether avoid the system for fear of discrimination.
- **Health system and insurance barriers:** The ACA prohibits discrimination on the basis of sex, but many health care plans still use exclusions to deny coverage to transgender individuals. If an individual’s identified gender does not match the gender listed on their insurance and other identifying documents, insurance could block coverage and force transgender persons to disclose their gender to receive care in order to be billed “correctly.” Furthermore, the fear of discrimination could prevent a transgender person disclosing this personal information.

Possible Solutions

- Make cultural competence a part of the curriculum of medical education.
- Ensure healthcare staff are trained appropriately to deliver care in an environment where transgender men feel safe and accepted.
- Community-based interventions, such as advocacy groups and the development of an online directory of services, could ease the burden of seeking transition-related care on transgender patients.

Reflection of IPEC Sub-competency CC8

- Transgender people are a high-risk population with complex health needs, requiring an interprofessional care team trained in LGBTQ+ cultural competency
- Because gender affirming surgery is just one step for transitioning people, the Comprehensive Gender Services Program has access to providers for mental health services, hormone therapy (endocrinology), pelvic floor physiotherapy, and speech therapy. Surgical procedures are done by a team that includes, as appropriate, gynecologists, urologists, pelvic pain specialists and a reconstructive plastic surgeon. A multidisciplinary team helps to best protect the health of the patient.
- Multidisciplinary team provides extensive support the patient going through a major life change.

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**Team Members:**

1. Claire Barrett (Dentistry)
2. Tyler Dean (Medicine)
3. Bailey Gentile (Public Health)
4. Trey Leiva (Physician Assistant)
5. Victoria Lulich (Medicine)
6. Taylor Majoria (Nursing)
7. Chiamaka Okeke (Dentistry)
8. Raygan Owens (Nursing)
9. Lauren Saunee (Medicine)
10. Caitlin Smith (Nursing)

**Background:**

**Statistics:** Down Syndrome, or Trisomy 21, is caused by a genetic mutation of Chromosome 21 that can result from nondisjunction (95%), translocation (4%), or mosaicism (1%).<sup>1</sup>

In the United States, approximately 1 in 691 infants is born with Down Syndrome, and there are an estimated 400,000 US citizens currently living with the condition.

**Risk Factors:**

There is a direct correlation between increased age of mothers and the incidence of infants born with Down Syndrome.

**Cardiovascular disease**

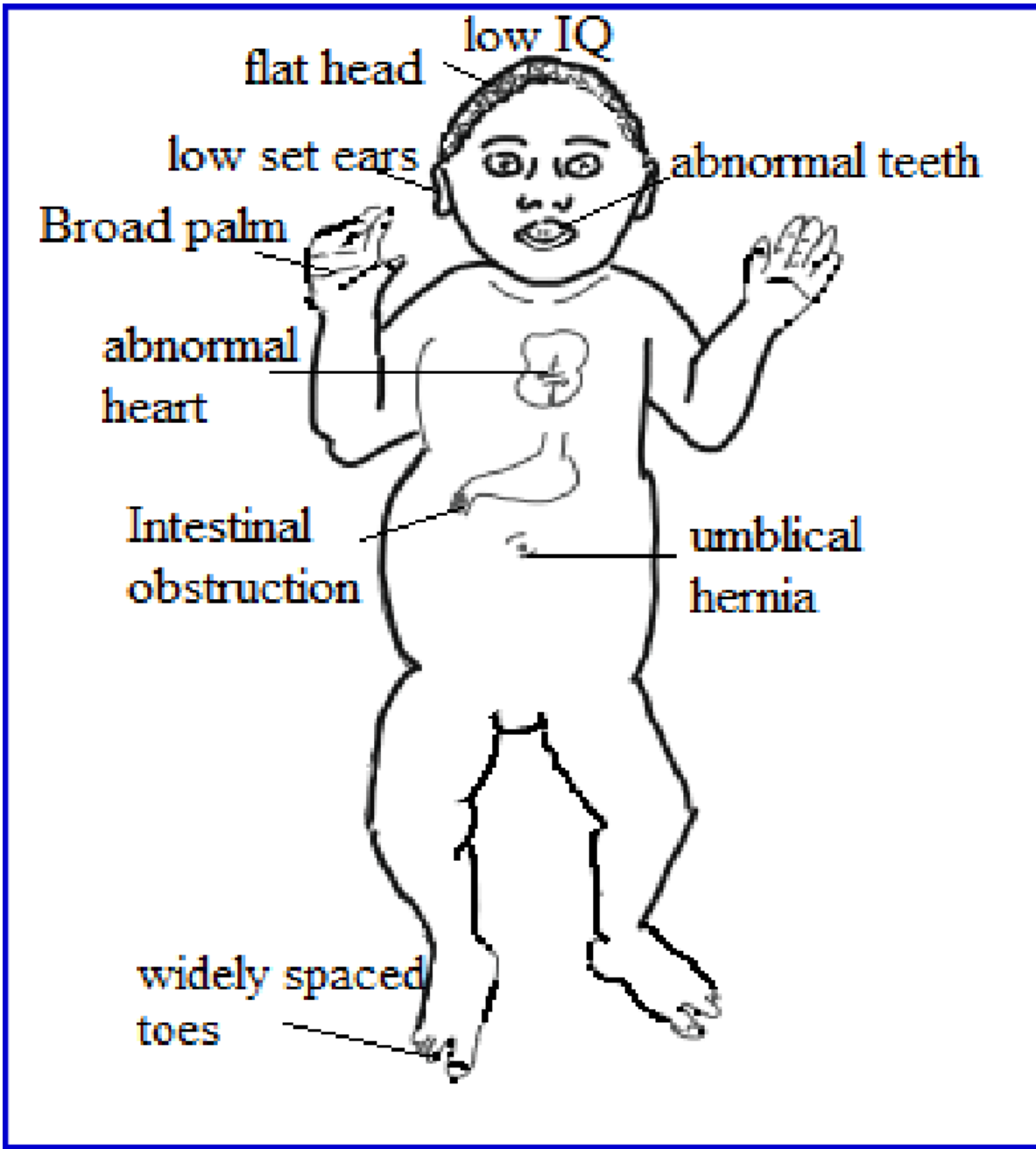
- ½ born with congenital heart defect

**Eye problems**

- majority of children have ophthalmological disorders that require intervention such as strabismus, myopia, hyperopia, and astigmatism

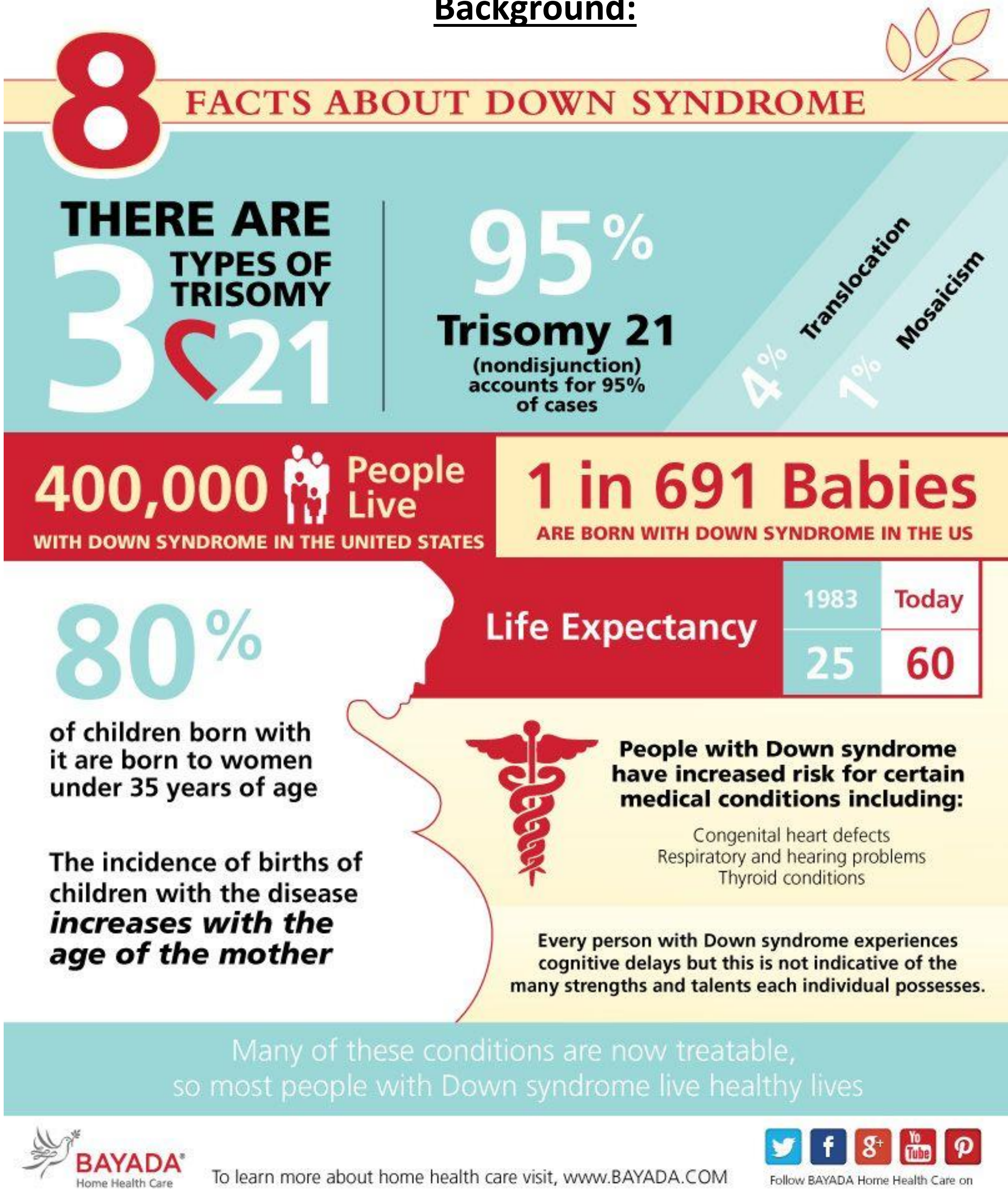
**Dental problems**

- delayed tooth eruption, missing permanent teeth high risk for caries and periodontitis
- dry mouth, macroglossia, malocclusion
- hypotonia leads to chewing problems and insufficient natural oral cleansing action



**An Interprofessional Approach to Down Syndrome**

**Background:**



**Interprofessional Assessment Tool:**

**Public health:** Look for resources to assist those with down syndrome

- Social work, special needs education, etc

**Dental \$150:** 3-6 month recall for cleaning with reinforced oral hygiene instructions. X rays every 6-12 months depending on caries risk.

- determine the best way to position patient in dental chair and the safest way body especially head and neck due to hypotonia
- isolation techniques and tongue retraction to compensate for hypotonia and macroglossia during procedures

**Medical/ Nursing/ PA (\$214.31):**

- Cardiac assessment- auscultation of cardiac points to assess for abnormal sounds which can indicate complications of congenital heart defects, EKG, Echocardiogram
- Ophthalmologic assessment- inspect conjunctiva, sclera, cornea, and pupils. Fundoscopic examination should be performed
- Bilateral ear examination- assess auditory acuity, assess ears bilaterally using otoscopic examination, basic vestibular evaluation, tympanometry, basic comprehensive audiometry

**Suggestions for other members to join health care team:**

Physical therapy- to help improve muscular strength and overcome hypotonia complications  
Pharmacy- assist patient in finding affordable medications and financial assistance

**IPEC Sub-Competency Reflection:**

Patients are unreliable communicators of their health status and current medications; this makes it even more important for members of the healthcare team to be able to communicate effectively so they can provide the best treatment.

When working on a healthcare team it is important to relay patient information and receive feedback on the physician’s assessment in order to tailor management for that specific patient.

**Benefits:**

Interprofessional assessments may relieve patient stress. It allows patients to be assured that their health concerns are being considered by numerous health professionals

If all information is correctly documented in an EMR, then any specialty can provide optimal care because that information is readily accessible

**Potential Challenge:**

Parts of the assessment may not be covered by insurance

**Solution:** Offer payment plan options to patients

**References:**

Ostermaier, Kathryn K. "Down Syndrome: Clinical Features and Diagnosis ." UpToDate, www.uptodate.com/contents/down-syndrome-clinical-features-and-diagnosis#H7.

"Practical Oral Care for People with Down Syndrome." Practical Oral Care for People with Developmental Disabilities, National Institute of Dental and Craniofacial Research, July 2009, www.nidcr.nih.gov/sites/default/files/2017-09/practical-oral-care-down-syndrome.pdf.

Allen, Carl M. "Macroglossia." Oral and Maxillofacial Pathology, by Brad W. Neville, Elsevier, 2016, pp. 9–10.



## Risk factors for CKD:

African-American decent  
Older age  
Low birth weight  
Family history of kidney disease  
Smoking  
Obesity  
HTN  
DM  
Exposure to heavy metals  
Excessive alcohol consumption  
Analgesic meds  
Acute kidney injury (AKI)  
Hx of cardiovascular disease  
Hyperlipidemia  
Metabolic syndrome  
HCV  
HIV  
Malignancy

## Why do we care?

CKD can progress to kidney failure.  
CKD is increasing in prevalence, has poor outcomes, and costs the healthcare system a lot of money.

## CC8

Teamwork is extremely important when providing patient-centered care. While trying to assess patients for disease and illness, it is critical that all health-care professionals are on the same page, in order to treat the patient correctly, and provide care in a timely manner. Developing an assessment tool that can be used across professions is very important in order to provide efficient care for the patient in all health care settings.

# CKD

## Benefits:

The benefits from the perspective of the patient, client and community in regard to an interprofessional assessment are profound due to the fact that patients today have complex health needs and usually will require more than one health professional. Patients in an interprofessional approach will benefit from a more informed and diverse healthcare team.

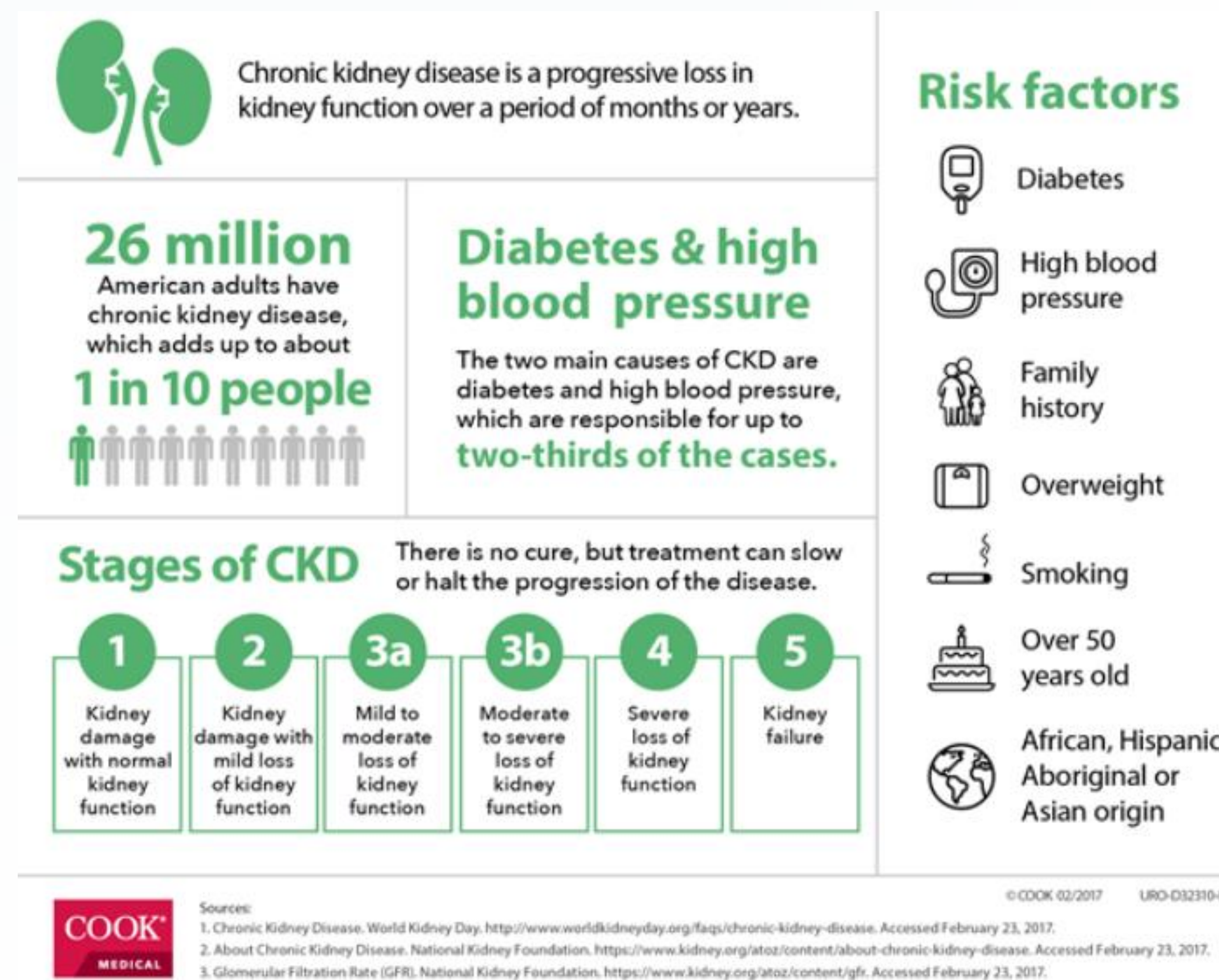
In addition, the community benefits from interprofessional assessment because ultimately hospital costs will decrease. Cost will decrease as a result of prevented medication errors, improved client experience, and better patient outcomes being delivered. In turn, hospitals will also save money by increasing efficiency and reducing redundancy throughout healthcare.

The benefits within the healthcare team regarding an interprofessional approach is that this approach allows for sharing of expertise, experience and ideas across professions to positively impact the patients' health and outcome. Additionally, interprofessional care reduces the workload while increasing patient health.

## Challenges

A challenge to implementation of our CKD assessment is ensuring appropriate care for the patient following the initial visit. Continuing care following a chronic kidney disease diagnosis can include a primary care provider, dietician, and counselor. Streamlining this process would be essential in increasing the success rate of management of patients with chronic kidney disease.

To overcome this challenge, it would be beneficial to establish a network of care providers that could communicate amongst themselves and with the patient regarding appropriate care. This interprofessional network would be able to take a cohesive approach to treating the patient.



## Assessment:

- Initial new patient Nephrology visit for management of CKD:
  - New Patient Comprehensive Office visit: (45 minutes)
    - Vital signs-nursing
  - Labs-clinical laboratory sciences
    - Renal function panel
    - Urinalysis: within this urine analysis, look specifically at urine albumin excretion to monitor kidney damage, albumin-to-creatinine ratio and screen for hematuria
    - Lipid panel
  - Full history-medicine
    - Screen for risk factors listed above. If a patient has lots of risk factors, maybe consider getting renal ultrasound listed below
  - Focused physical exam-medicine
- Not part of the initial assessment but would be recommended based on the patient's risk factors, history, and physical exam:
- Possible renal ultrasound-ultrasound technician (30 minutes)
- Recommendations for other team members:
- Primary care physician/PA to work collaboratively in managing other comorbidities in relation to CKD prognosis (smoking cessation, DM, HTN, etc.)
  - Outpatient Care management program with nurse care plan manager
- Counselor
- Dietician

Profession	Assessment	Medical Code	Fee
Nursing	Vital signs	Services incident to MD/PA/NP	-
Clinical Laboratory Sciences	Renal Function Panel	80069	\$9.50
	Urinalysis	81000	\$3.16
	Lipid panel	80061	\$11.88
Medicine (MD/PA/NP)	Comprehensive exam + reason for visit Extended (4 and >HPI elements or status of 3 chronic or inactive problem) ≥10 organ systems 3 out of 3 elements PFSH (past medical, surgical, social history)	99204	\$103.00
Ultrasound Technician	Renal Ultrasound	76770	\$81.47

## Initial screening from a medical point of view:

- Follow serum creatinine levels; CBC to look at glucose, calcium, phosphorus, and albumin
- Follow urinalysis: Urine albumin excretion is used to diagnose and monitor kidney damage. Albumin-to-creatinine ratio (UACR). Screen for hematuria
- For patients at increased risk (risk factors listed above), CKD education, regular monitoring of glycemic index, blood pressure control are recommended
- Counseling on nutrition
- Evaluation and control of dyslipidemia
- Screen for CKD in high risk populations regularly by looking at eGFR, microalbuminuria



# Traumatic Brain Injury (TBI)

Group #42

**Members:** Caitlin Carlos, Alexandra Berthelot, Kishan Patel, Andrew Ammons, Neha Dhawan, Jessica Seay, Marie Mussman, Alyssa Ashby, Claire Escher, Paige Matherne, and Kaylin Smith

## Etiology:

A TBI can be caused by a bump, blow, or jolt to the head. It can also be due to a penetrating head injury that disrupts the normal function of the brain. Mild TBIs can affect the brain temporarily, and more-serious TBIs can result to long-term complications.

## Benefits:

From a healthcare provider's perspective, it is extremely beneficial to have an interprofessional team with an effective system of communication to have a comprehensive understanding of the cause and sequelae of a single patient's TBI.

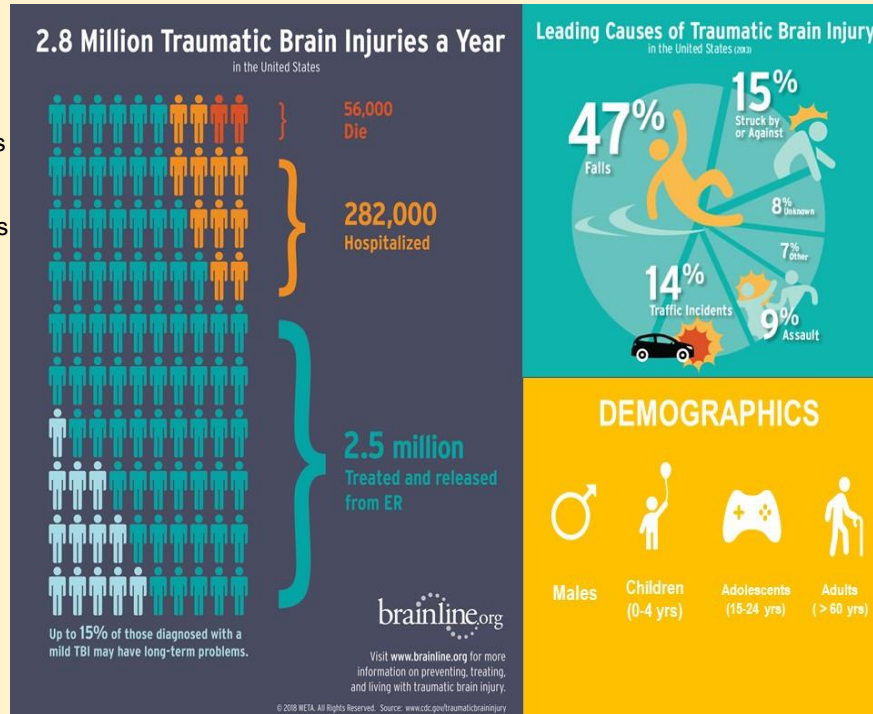
From a patient's perspective, participating in the assessment would be the most efficient way to provide all essential information in a short amount of time. If each assessment was separate it would be time-consuming and exhausting to someone with a TBI. Time is valuable, as skills tend to fatigue quickly in this population.

## Challenges

No universal 'standard of care' evaluation exists for TBI, with the preferred method varying between institutions, professions, and even between individual healthcare providers.

## Solution:

- **Effective communication with other professions to initiate a timely, collaborative assessment; Work with other providers and institutions to find the best method to care for TBI's**



## Interprofessional Assessment

### Medicine

Glasgow Coma Scale, Ranchos Los Amigos, and CT Scan; EEG and MRI for further workup; hematoma evacuation, Burr hole procedure, and fracture repair in severe cases

Codes: 70551, 70450, 61020 Fee: \$474 - \$1,121 depending on coverage and severity

### Dentistry

- Comprehensive oral examination to check for paraesthesia/paralysis and Oral hygiene instruction due to cognitive impairment  
Code: D0150, Fee: \$47.37

### Physician Assistant

MMSE, Glasgow Coma Scale, HEENT to evaluate for unobvious fractures, blood, or CSF leakage

Code: 99385, Fee: \$76.67

### Speech & Language Pathology

Assess 5 parameters of cognition: attention, memory, language, visuospatial skills, and executive functioning

Code: 96125 Fee: \$111.88

**Recommendation: Physical Therapy should be a part of our team because they would play a huge role in determining the effectiveness of the patient's gross motor skills**

### References:

<https://www.cdc.gov/traumaticbraininjury/basics.html>  
<https://www.ncbi.nlm.nih.gov/pubmed/8358407>  
<https://www.brainline.org/article/infographic-new-tbi-numbers>  
<https://www.brainline.org/slideshow/infographic-leading-causes-traumatic-brain-injury>

## Team's Reflection

Our team collaboratively developed a condensed, interprofessional assessment tool to provide care for patients who suffer from a Traumatic Brain Injury. Each team member provided individual assessments based on their profession. Together, our team developed a condensed list of the most important assessments to conduct one efficient, timely, and low-cost assessment to initiate the best possible care as soon as possible for a patient suffering from a TBI.



## Meet Our Team!

First Name	Last Name	Profession
Nathaniel	Backes	Bachelor of Science Nursing
Preston	Bivona	Dentistry, DDS
Caroline	Bonaventure	Medicine (MD), New Orleans
Margaret	Cross	Communications Disorders, MCD
Tiana	Dimasi	Medicine (MD), New Orleans
Michelle	Kendall	Public Health & Prevent, NM
Shawn	Marcell	Medicine (MD), New Orleans
Madelyn	Matute	Bachelor of Science Nursing
David	Nguyen	Physician Assistant, MPAS (2)
Shelby	Perkins	Dentistry, DDS
Caroline	Self	Medicine (MD), New Orleans
Elizabeth	Socha	Bachelor of Science Nursing

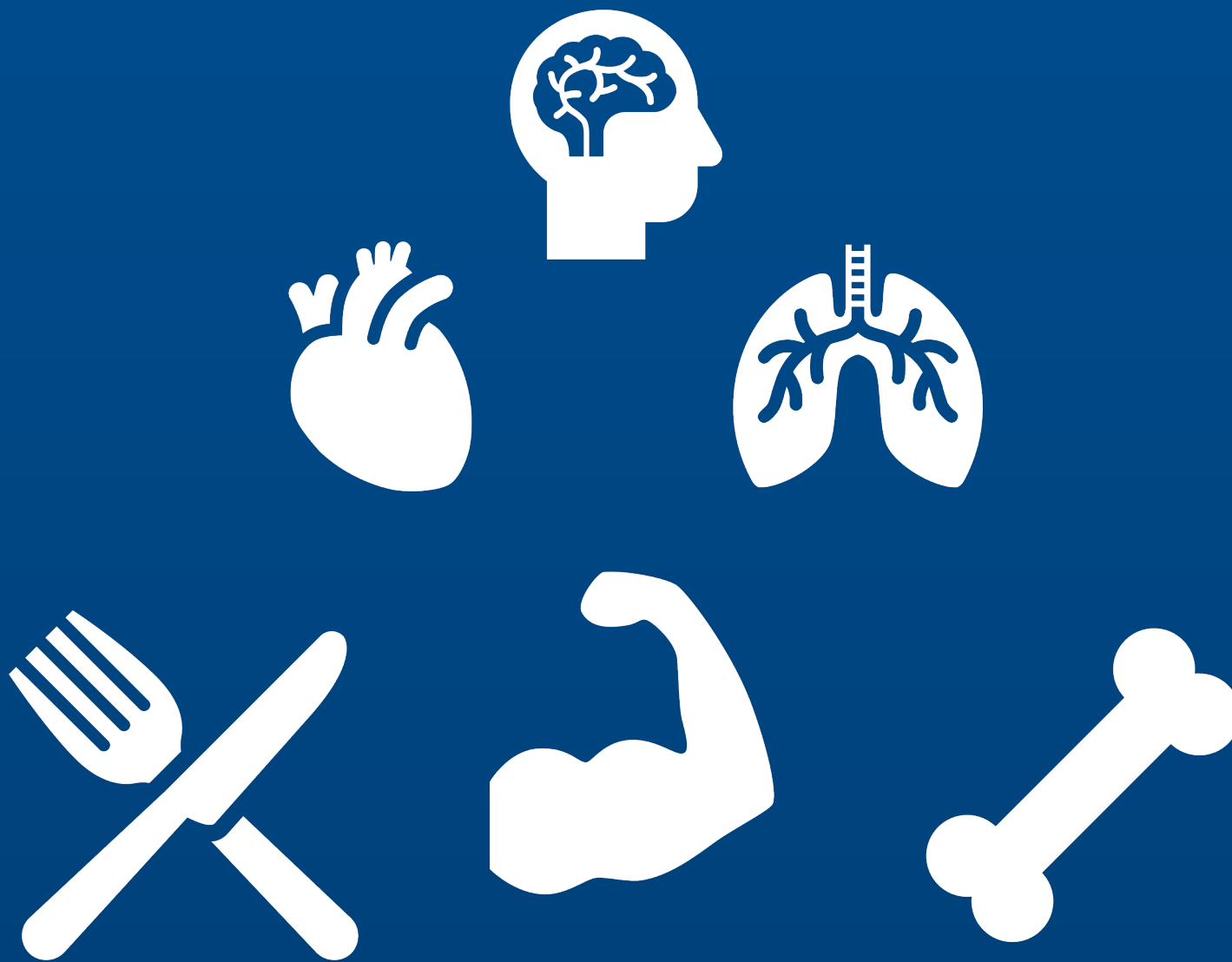
## IPEC Sub-Competencies

The development of the assessment tool truly showed how a **collaborative effort is needed** in order to approach healthcare with patients at the center. Our group focused on the secondary prevention of type 2 diabetes mellitus (T2DM). While it may seem like a simple disease on the surface, diabetes is a **chronic and insidious disease** that can have debilitating consequences, and it is through a **coordinated effort** from various healthcare professions that leads to proper **prevention, early diagnosis, and management**.

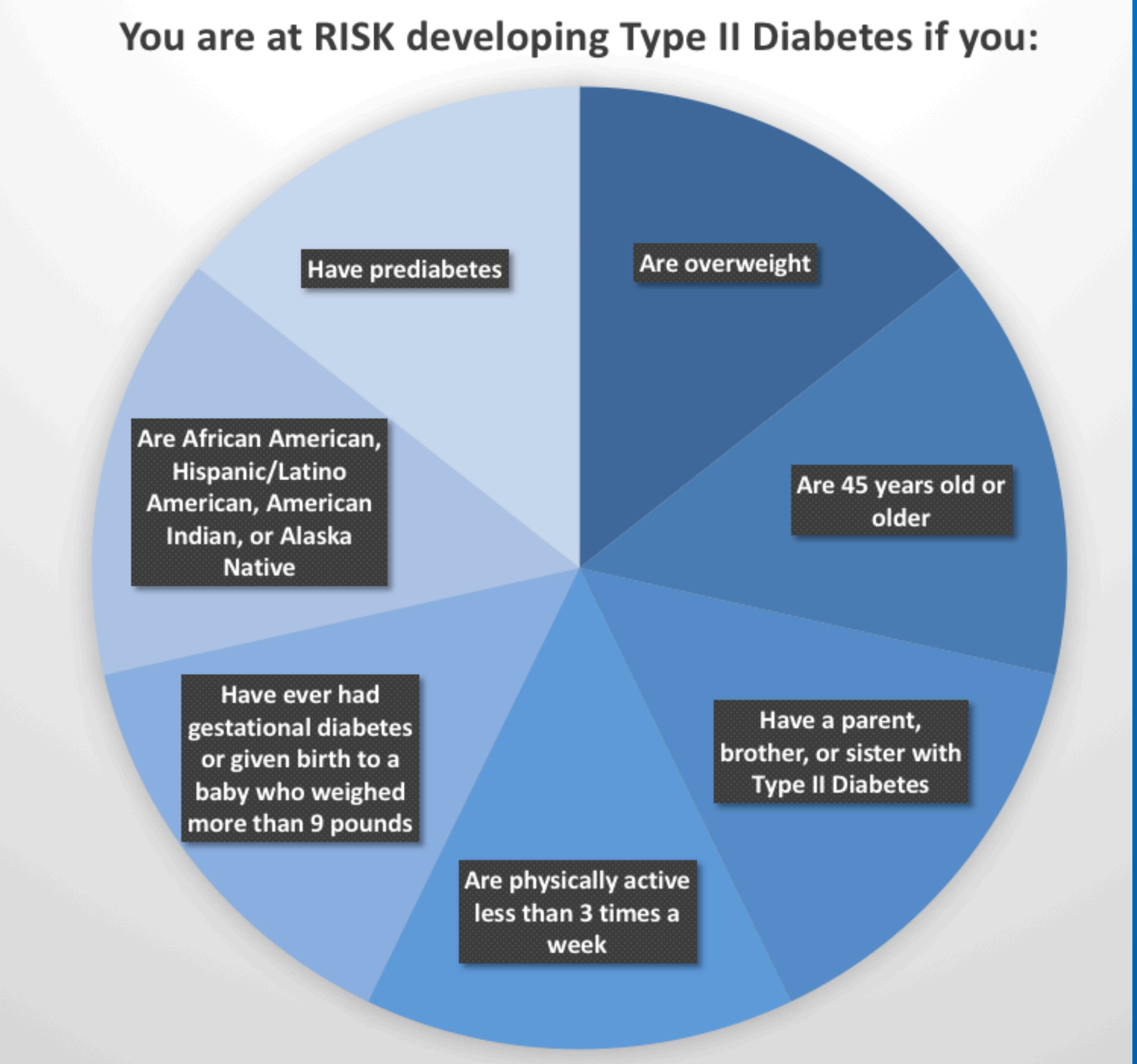
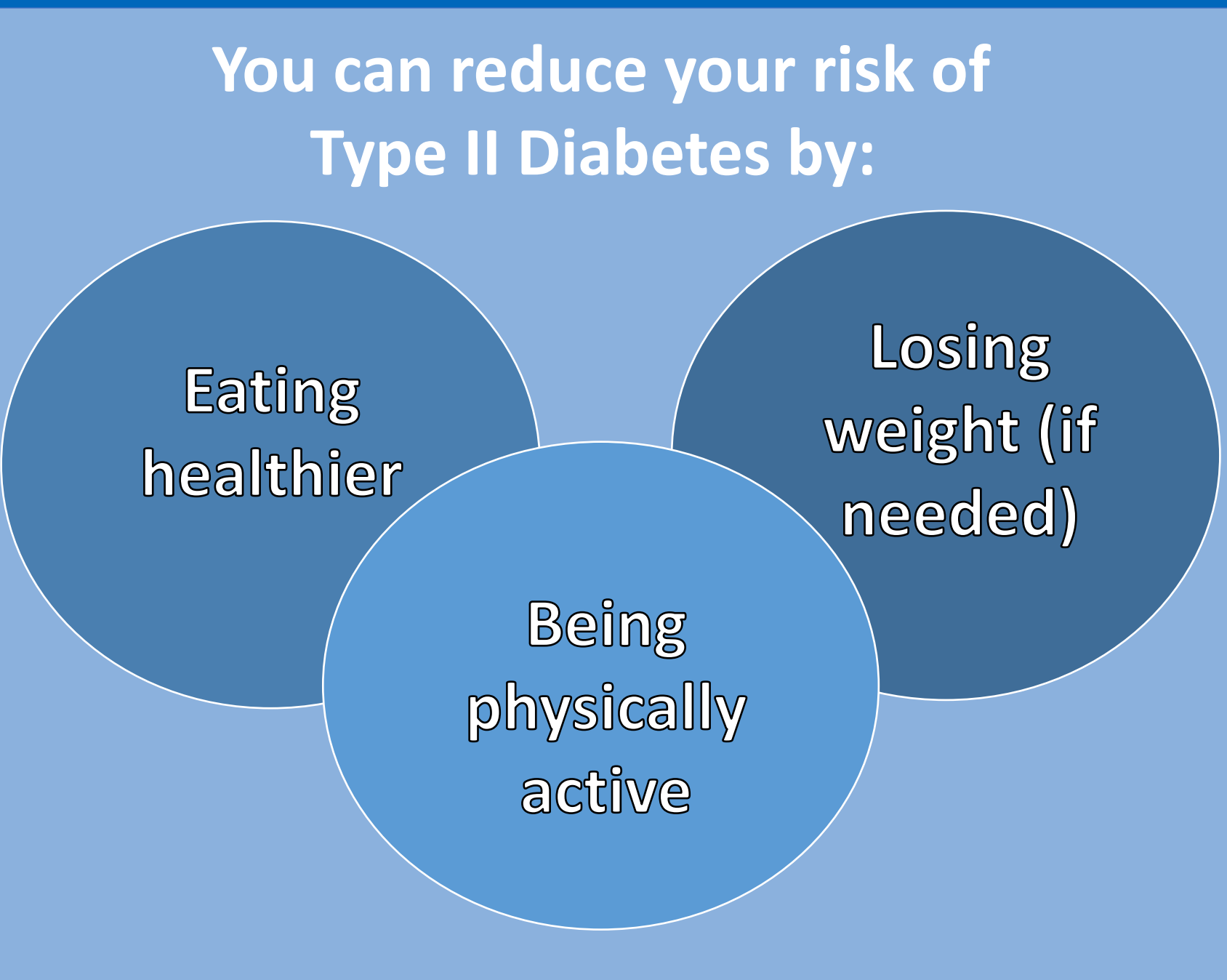
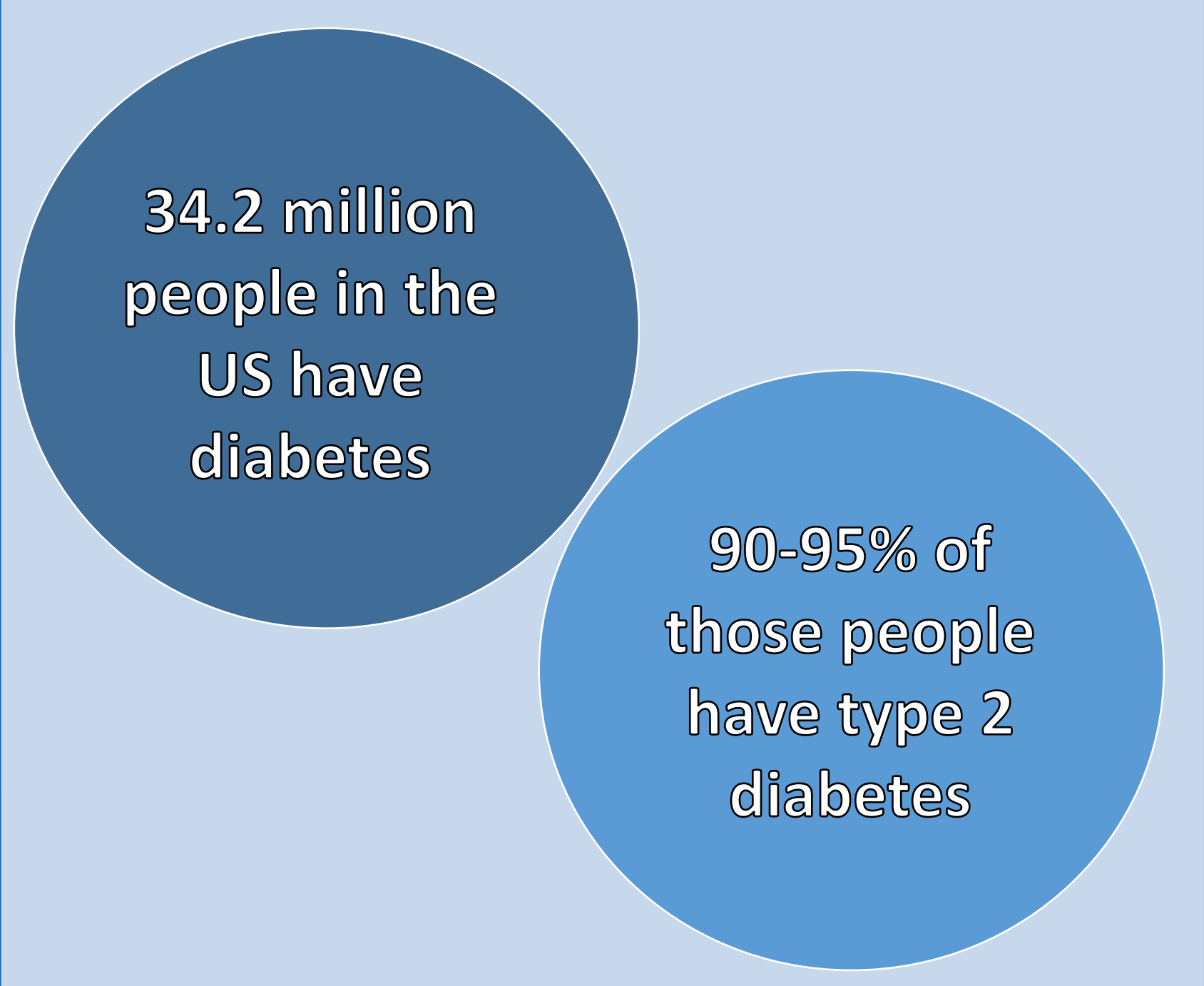
Likewise, the assessment tool required the cooperation and effort of multiple healthcare fields, each of whom play an important role in caring for patients with T2DM. This assessment tool provides a **comprehensive and efficient** means of secondary prevention, with each profession complementing each other. Throughout the development process, each person was able to **appreciate the unique approach** that each of the professions towards managing T2DM; however, we were also able to appreciate how each profession emphasized **patient education**. This collaborative approach truly highlighted the strength of each profession, allowing us to provide **coordinated and integrated care** rather than a fragmented one.

## Other Profession(s):

- Health Coach



# Type II Diabetes

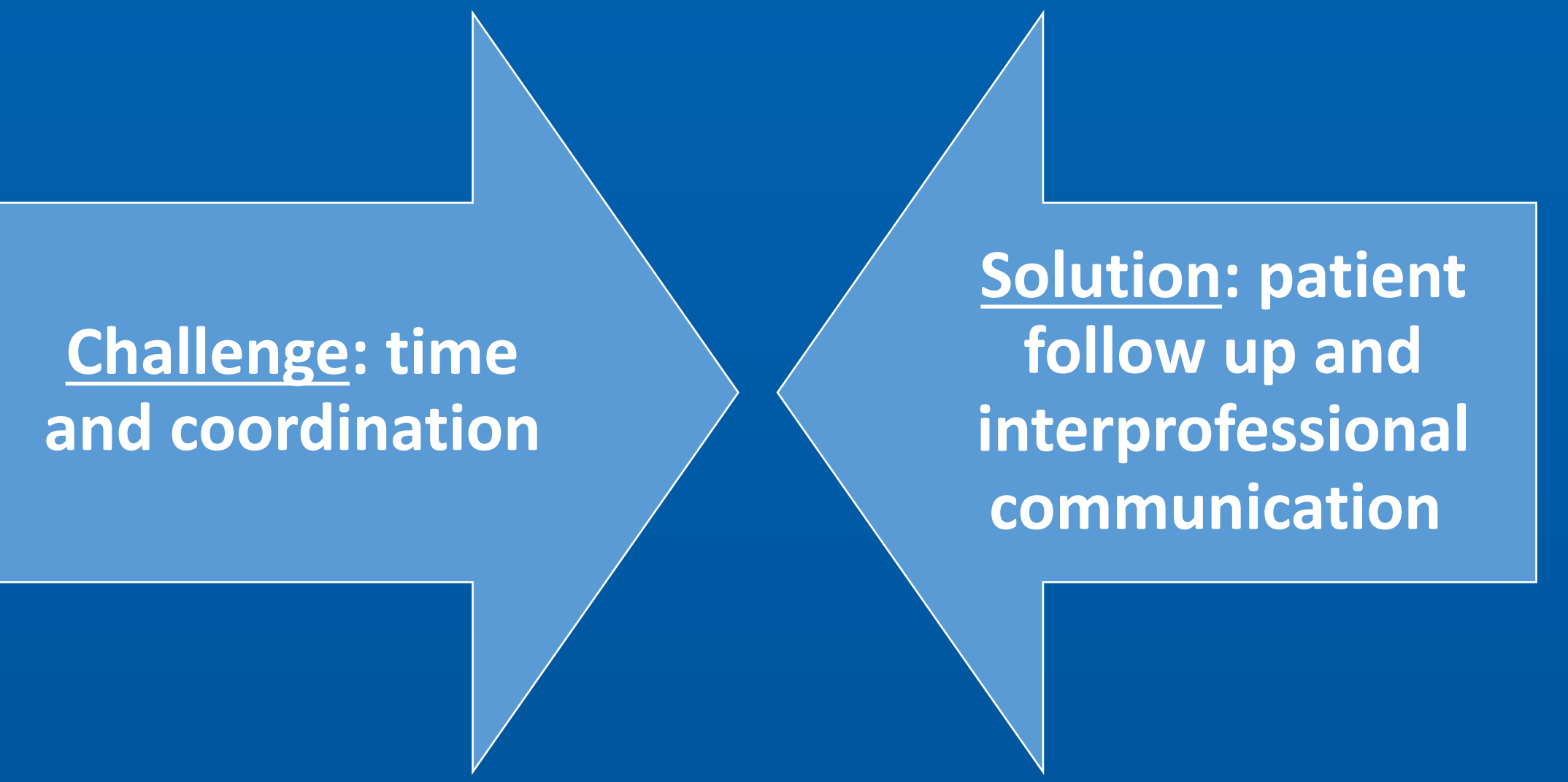


Diabetes Screening Interprofessional Assessment Tool						
Profession	Assessment	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Dentistry	Assess patient history for risk factors associated with T2DM  Assess patient dietary habits	Comprehensive oral examination, noting any possible signs and symptoms of T2DM: delayed oral wound healing, gingivitis, oral thrush	Referral to physician for further testing of at-risk patients, including blood glucose testing		D0150	\$47.37 = \$47.37
Medicine/ PA	New patient office visit to establish primary care and perform comprehensive history and physical  Assess for signs and symptoms of diabetes: polyuria, polydipsia, polyphagia  Assess for complications: CAD, neuropathy, nephropathy, ulcers	Fasting blood glucose screening on two separate occasions ≥125  Or random blood glucose screening ≥200 with symptoms or complications	Routine labs to assess and monitor risk factors and complications: A1c, CMP, lipid panel		99201 82948 80053 80061 83036	\$24.61 \$3.16 \$11.57 \$11.88 \$9.66 = \$60.81
Nursing	Assess patient's physical activity: weight loss can improve blood glucose levels; a sedentary lifestyle can increase the risk of developing diabetes mellitus	Assess patient's dietary habits: a balanced diet is important for managing blood glucose levels	Assess patient's family history of diabetes mellitus to determine patient's genetic predisposition	Assess patient's current knowledge level of diabetes mellitus	Services incident to MD, PA, NP	Services incident to MD, PA, NP
Public Health	Do I Have Prediabetes Campaign?	Hunger Vital Sign Tool	Social Determinants of Health/ Social Needs Screening Tool		N/A	N/A
Speech- Language Pathology	American Speech-Language Hearing Association case history questionnaire					
Total Cost of Assessments:						= \$108.18

## Benefits

Patient	Team
<ul style="list-style-type: none"><li>Improved client outcomes</li><li>Decreased cost</li><li>Improved relationship with healthcare providers</li><li>Easier to navigate healthcare system</li><li>Less repetition of information required from client</li></ul>	<ul style="list-style-type: none"><li>Health professionals can remain within scope of practice and specialty</li><li>Defined roles and responsibilities of team members/decrease workload</li><li>Reduces communication error</li><li>Reduces medical errors</li><li>Increased team mentality</li><li>Increases ability client-centered care</li><li>Improved client outcomes and client satisfaction</li><li>Increased respect and appreciation for other disciplines</li></ul>

## Challenge/Solution to Assessment



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American Academy of Family Physicians. (2019). *Social Determinants of Health: Guide to Social Need Screening*. Retrieved from [https://www.aafp.org/dam/AAFP/documents/patient\\_care/evryone\\_e\\_project/hops19-physician-guide-sdoh.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/evryone_e_project/hops19-physician-guide-sdoh.pdf).

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American Dental Association (2019, April 12). *Oral Health Topics: Diabetes*. Retrieved March 19, 2020, from <https://www.ada.org/en/member-center/oral-health-topics/diabetes>

Lewis, S. L., Bucher, L., Heitkemper, M. M., Harding, M. M., Kwong, J., & Roberts, D. (2017). *Medical-surgical nursing: Assessment and management of clinical problems* (10<sup>th</sup> ed.). St. Louis, MO: Elsevier Inc.







# Depression in those Ages 21 Years and Younger: A Collaborative Assessment for Secondary Prevention

## BACKGROUND:

According to the Centers for Disease and Prevention, **3.2% of children aged 3-17 years (approximately 1.9 million)** have been diagnosed with depression. There are certain risk factors that increase the chances of a child, or adolescent, developing depression. These include *history of depression in a parent, family dysfunction, abuse, gender dysphoria, history of learning disabilities, or chronic medical illness*. Depression can manifest differently in adolescents than it does in adults, so parents are not always able to recognize the problem. Examples of behaviors seen in children and adolescents with depression include feeling sad or irritable, decreased interest in fun activities, changes in eating and sleeping patterns, changes in energy levels, or showing self-injury or self destructive behavior. Extreme depression can cause a child to think about suicide. For individuals **ages 10-24 years old, suicide is among the leading causes of death**. Therefore, early detection of depression is imperative for suicide prevention. Depression can be detected by your child's pediatrician through screening. Along with that, any statements a child makes about wanting to harm themselves should be taken seriously as those in childhood and teenage years are more likely to engage in self harm. Treatments can include psychotherapy and meeting with the family of the child and possibly the school they attend. Cognitive behavioral therapy and interpersonal psychotherapy are also shown to be effective in the treatment of depression. Finally, antidepressant medications can also be used to help with treatment.

## IPEC CC8 Reflection

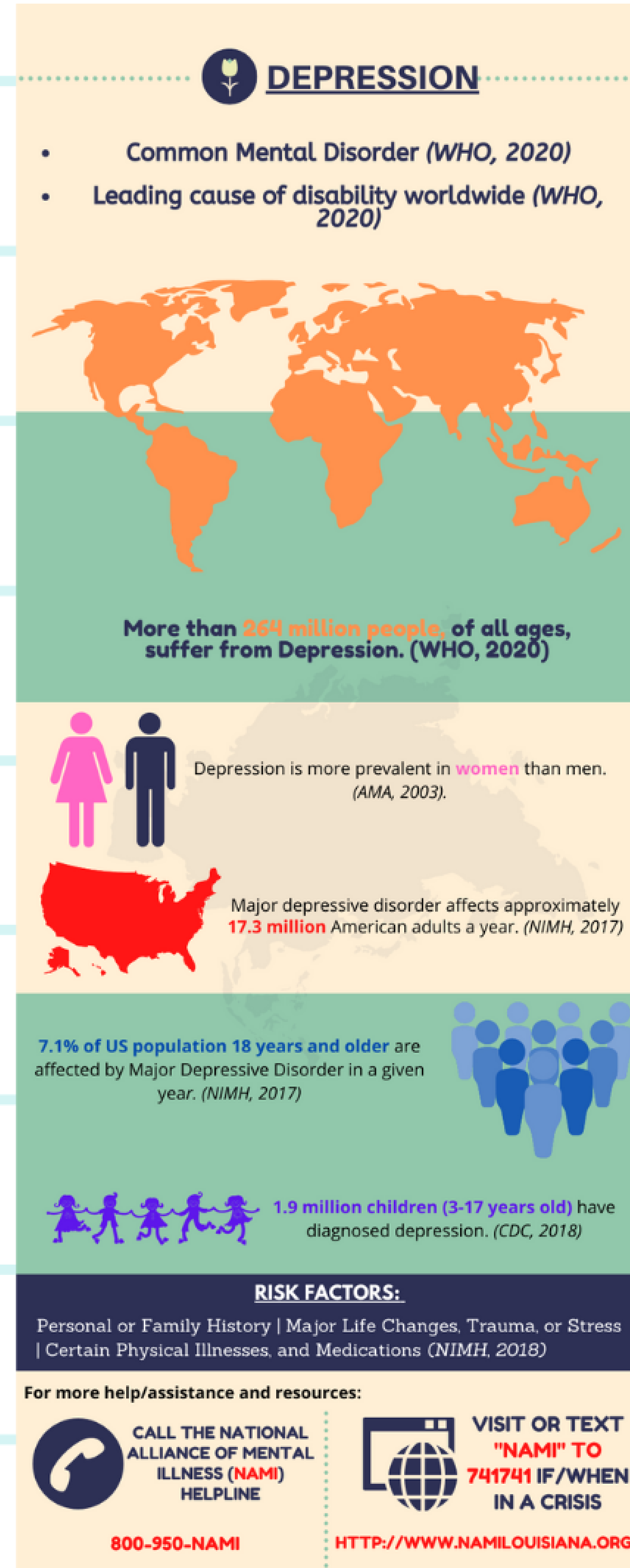
Throughout our time participating in Team Up and while developing the interprofessional assessment tool for depression, our team has learned the importance of communication and teamwork. During the research process for this poster, we each learned about the interprofessional collaboration that goes into treating our specific patient population. Our team is made up of students from the medical, dental, nursing, physical therapy, physician assistant, speech-language pathology, and public health programs at LSU Health-NO. Our screening tool is very comprehensive because we were able to collaborate and include questions that each profession would be most concerned with. Teamwork amongst our group of future medical professionals has been at the core of our Team Up experience. We each have learned a great deal throughout our time in this program and hope to take what we have learned and bring it to positively impacting our future patients.

## Recommendation of other professions:

- **Psychiatrist** - A physician that specializes in the diagnosis and treatment of mental or psychiatric illnesses. They are licensed to prescribe medication as a form of treatment of the illness, as well as provide psychotherapy.
- **Psychologist** - An expert trained in counseling, psychotherapy, and psychological testing.
- **Social worker** - A specialist that can provide mental health services for the prevention, diagnosis, and treatment of depression and other mental illnesses. The ultimate goal is to maximize and maintain a person's physical, psychological, and social functioning.
- **Pharmacist** - A specialist in distributing medication to patients, and they can be taught to recognize the level of medication dosage and answer questions for patients about side effects and education on depression.

Caroline Favrot (MCD) | Hannah Broussard (DDS) | Allen Putnam (DDS) | Blane Edwards (MD)  
 | Christina McCain (MD) | Izzat Shbeeb (MD) | Abby Allbritton (DPT) | Ryan McAdam (BSN) | Marui Soomro (BSN) | Sarah Russell (BSN) | Ashley Ohler (PA) | Thanh Nguyen (MPH)

## Secondary Prevention Assessment



### DENTAL ASSESSMENT

D0150: Comprehensive new Patient exam – \$47.37

- Include tooth decay screening, oral hygiene instruction, oral and head and neck examination. Also look for tooth wear (attrition) and ask patient about grinding/clenching from stress.

### PHYSICIAN ASSISTANT ASSESSMENT

CPT Code: 99203 - Cost \$86.64  
CPT Code: 90792 - Cost: \$74.62

- PHQ-9 screening test/ form
- Family, medical and social history review

### NURSING ASSESSMENT

CPT Code: Services Incident to MD, PA, NP: 99211 (if established patient)- Cost: \$N/A

- Utilization of Kutcher Adolescent Depression Scale (KADS)
- Head-to-toe physical assessment

### PHYSICAL THERAPY ASSESSMENT

CPT Code: 97161 - Cost: \$66.79

- PHQ-9 screening test/ form
- Family, medical and social history review

### MEDICINE ASSESSMENT

CPT Code (5-11 y/o): 99383 - Cost \$82.67  
CPT Code (12-17 y/o): 99384 - Cost \$90.19  
CPT Code (18-21 y/o): 99385 - Cost \$80.17

- PHQ-9 screening test/ form
- Utilization of Beck Depression Inventory

### SPEECH LANGUAGE PATHOLOGY ASSESSMENT

Evaluation of speech production: CPT Code: 92522- Cost: \$45.00

- Utilization of ASHA Quality of Communication Life Scale for assessment

## BENEFITS TO INTERPROFESSIONAL CARE:

### WORKS TO PROVIDE:

#### INTERPROFESSIONAL TEAMS ARE ABLE TO:

Collaborate in order to provide holistic care and improve the wellbeing of patients in multiple areas.

Patient-centered care that coordinates and plans for the needs of the individual's health.

#### INVESTMENTS:

Into each of the different aspects of health can contribute to a greater overall health for patients and provide for complex problems within a wide range of needs

#### COMMON PURPOSE OF THE TEAM:

Improve the health and outcomes of patients, while providing different sets of skills and knowledge.

#### MENTAL HEALTH IS:

Reliant on psychological, physical, and social well-being. An interprofessional approach can help increase support and care for patients in all aspects.

#### BENEFITS MEMBERS OF HEALTHCARE TEAM:

Allows for communication, efficiency and collaboration. Each team member is able to provide care within their area, while benefitting from expertise and knowledge of others.

### PUBLIC HEALTH ASSESSMENT

CPT Code: N/A - \$N/A

- Assessment to identify risk factors
- Utilize CES-D scale (Centers for Epidemiological Studies Depression Scale) from the National Institute of Mental Health for data reporting and collection

## Challenges/Barriers for Implementation of Interprofessional Assessment Tool:

- 1) The assessment is administered consistently each time and each profession could interpret questions differently;
- 2) Lack of communication/time to communicate between professions;
- 3) Parent/guardian present during interview/examination so the child may not be completely honest.

## Identification of Possible Solutions to Challenges/Barriers:

- 1) Workshops to teach all interprofessional members on how to use the tool;
- 2) Create 15-minute long interprofessional meetings daily to discuss patient caseload;
- 3) Consistently interview/screen minors with the parent/guardian removed from the room;
- 4) Counsel the guardian on your reasoning and the importance of obtaining honest, independently formed answers from the child.

## References

- "Anxiety and Depression in Children: Get the Facts." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 15 Apr. 2019, [www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html](http://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html)
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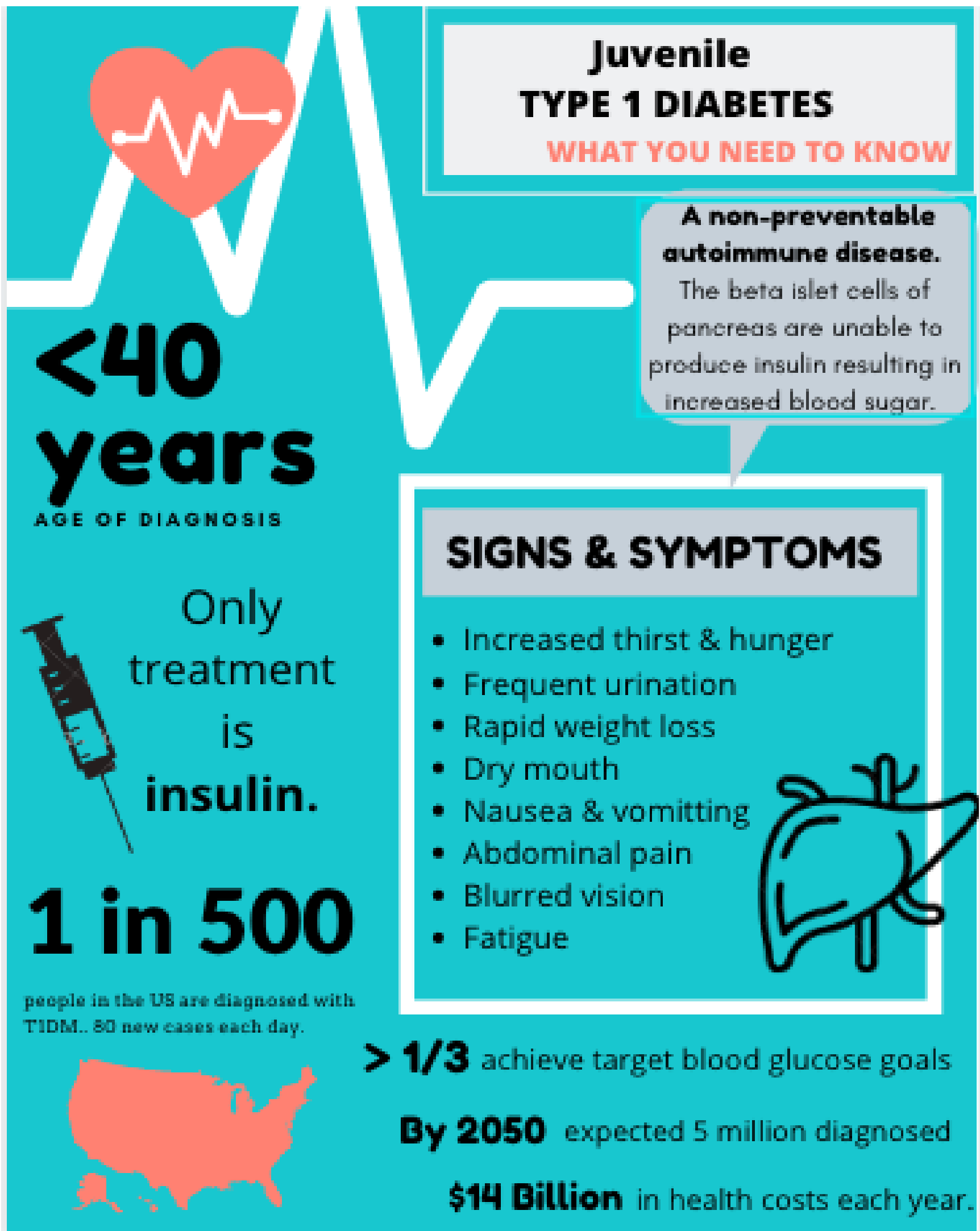


# Juvenile Type I Diabetes

## Team Up Group 46

Sarah Bernard<sup>1</sup>, Bryan Brinker<sup>2</sup>, Landon Broussard<sup>3</sup>, Jacob Elnaggar<sup>4</sup>, Sarah Finken<sup>1</sup>,  
Meghan McNeely<sup>4</sup>, Gabriela Ordoyne<sup>5</sup>, Alexander Osborne<sup>6</sup>, Nazeer Sherwani<sup>4</sup>, Gabby Sperber<sup>1</sup>  
Nursing<sup>1</sup>, Physical Therapy<sup>2</sup>, Dentistry<sup>3</sup>, Medicine<sup>4</sup>, Physician Assistant<sup>5</sup>, Public Health<sup>6</sup>

### Background



- Type 1 diabetes (T1D) is caused by an autoimmune destruction of the pancreatic beta cells, which are responsible for insulin production.
- Symptoms include frequent urination, frequent thirst, fatigue, weight loss, and blurred vision.
- 5-10% of people with diabetes have T1D.
- About 18,000 youth were diagnosed with T1D each year in 2014 and 2015.
- Autoimmune disease meaning T1DM has a strong association to other autoimmune endocrine disorders
- About 1.6 million Americans have T1D.
- Total medical costs for people with diagnosed diabetes (both T1D and T2D) in the US in 2017 was \$327 billion.
- No known methods exist for T1D prevention.
- Risk factors for T1D include a family history and young age. Early diet may also play a role.
- T1D is most likely to develop in children, teens, and young adults.
- Caucasians are most likely to develop T1D in the US.

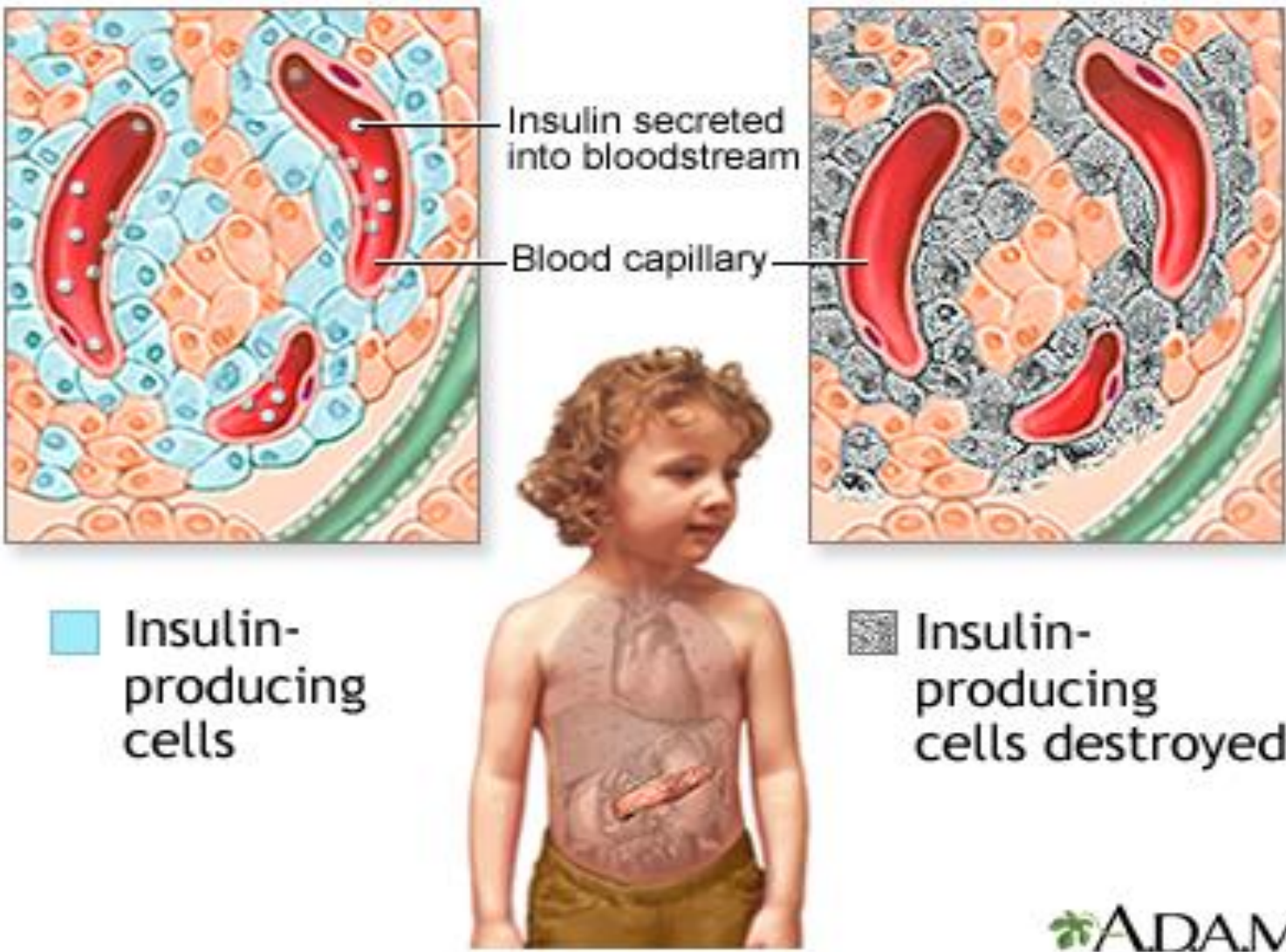


Figure 1. Destruction of pancreatic beta cells in T1D<sup>3</sup>.

### Assessment

	ASSESSMENT	COMMENT	CPT CODE/ FEE
NURSING	Blood glucose monitoring	Nurses should educate patients with Type 1 diabetes on the importance of self-monitoring blood glucose, proper insulin administration, and making healthy lifestyle choices to maintain target blood glucose levels. This includes providing resources for healthy dietary options, exercise plans, and stress management. Patients should also be educated on the complications of T1D and the importance of monitoring their feet, skin, and eyes to detect problems early.	Services incident to MD, PA, NP
	Vital signs and blood pressure monitoring		
	Weight and BMI screening		
	Routine foot care		
	Signs of Hyperglycemia (polydipsia, polyuria, polyphagia)		
MEDICINE	Signs of Hypoglycemia (sweaty, tachycardic, confusion)		
	Primary care visit, history and PE		99201; \$26.24
PHYSICAL THERAPY	HbA1C test	HbA1C test is a measure of the average blood sugar level over the past 3 months.	83036; \$13.56
	PT Evaluation (including observation, ROM, MMT, sensory, gait, balance, functional testing)	Physical Therapy can help with creating safe exercise programs for the patient to help improve their cardiovascular endurance while monitoring glucose levels and skin integrity.	97162 PT Eval Mod Complex
	Monofilament testing Endurance testing (Graded Exercise test)		\$66.79
DENTISTRY	Medical consultation with a physician if they have poor glycemic control or an undiagnosed condition. Routine dental treatment is enough for patients with well controlled T1D. Patients with T1D should be seen for morning appointments. Proper oral hygiene and fluoride instruction.	A dentist should monitor blood glucose levels of diabetic patients at each visit and ask about insulin therapy. If a patient is not diagnosed as diabetic, but the dentist notes signs & symptoms such as polydipsia, polyuria, polyphagia, weight loss, and weakness, the patient should be referred for a medical consult. Acute dental or oral infections are usually more severe in T1D patients and can throw off the patient's glycemic control. The dentist should consult the patient's physician if the patient presents with an infection.	D0150-Comprehensive oral exam; \$47.37
	A diabetic patient presenting with oral infection should: <ul style="list-style-type: none"><li>• Warm intraoral rinses</li><li>• Incision and Drainage</li><li>• Pulpotomy, Pulpectomy, Extractions</li><li>• Antibiotics</li></ul>		D0412-Blood glucose rapid check; Provider's discretion
PUBLIC HEALTH	Education	Public health officials need to work with other health agencies to better inform the public of the risks and signs of Type I diabetes. As this is a genetic disorder, patients should be able to understand if they are at a greater risk for developing it based on their family history. The earlier it can be diagnosed; the faster families can focus on managing their symptoms. With proper medication, nutrition, and exercise individuals can live long happy lives regardless of their diabetic status.	Promotion for education pending grant funding or hospital funding towards preventative medicine.
	Early Detection		
	Management		

### IPEC Sub-Competency Reflection

#### CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.

Students of all health professions represented by our team worked together in designing this assessment tool for Type 1 diabetes. Teamwork is essential in patient-centered care in order to provide patients with thorough, comprehensive treatment plans which include the specific expertise of each health professional. Communication between health professionals is also important in avoiding redundancy and thus extraneous medical costs in patient evaluation.

The treatment and prevention of T1D requires collaboration between health professionals of all scopes. Working together to create this assessment allowed each team member to learn more about the role of other health professionals, specifically as it relates to their workup and treatment of T1D.



### Benefits and Challenges

#### Benefits:

- Avoidance of extraneous medical costs due to redundant procedures or labs
- Increased support team for patient
- Expertise of multiple medical professionals incorporated into treatment plan

#### Challenge:

- Access to various health professionals in differing clinics/locations

#### Solution:

- Patient education on available resources, including clinical spaces which offer care from multiple health professionals

### References

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Background of Opioid Use Disorder (OUD):<sup>1</sup>

OUD is defined by the DSMMD as a problematic pattern of opioid use leading to problems or distress, with at least two of the following occurring within a 12-month period:

- 1. Taking larger amounts or taking drugs over a longer period than intended.
- 2. Persistent desire or unsuccessful efforts to cut down or control opioid use.
- 3. Spending a great deal of time obtaining or using the opioid or recovering from its effects.
- 4. Craving, or a strong desire or urge to use opioids
- 5. Problems fulfilling obligations at work, school or home.
- 6. Continued opioid use despite having recurring social or interpersonal problems.
- 7. Giving up or reducing activities because of opioid use.
- 8. Using opioids in physically hazardous situations.
- 9. Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids.
- 10. Tolerance (i.e., need for increased amounts or diminished effect with continued use of the same amount)
- 11. Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms.

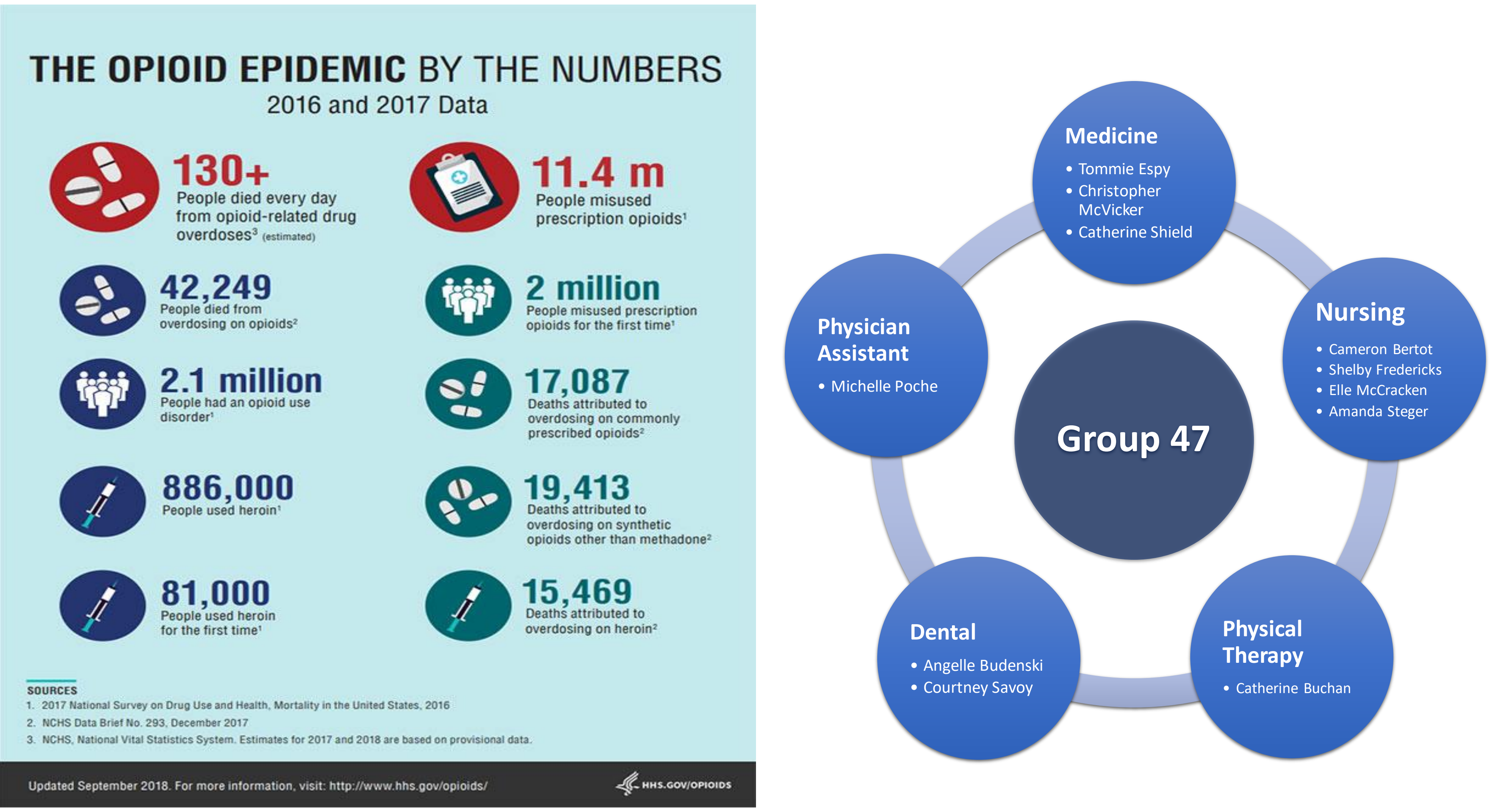
Prevalence/Risk factors

The Opioid Crisis in Rural America



- Nonmedical prescription opioid misuse remains a growing public problem in need of action and is concentrated in areas of US states with large rural populations such as Kentucky, West Virginia, Alaska, and Oklahoma.
- Nearly 8% of rural youth ages 12-19 and 9.5% of rural young adults ages 20-29 had used opioids in the past year compared to nearly 5% of rural adults ages 30-49 and 1.5% of rural adults ages 50 and over.
- Other rural groups at risk of opioid use in the past year were males, those with less than a high school education, those who had never served in the military, the uninsured, and those with low-income
- Individuals in counties outside metropolitan areas have higher rates of drug poisoning deaths, including deaths from opioids, and opioid poisonings in nonmetropolitan counties have increased at a rate greater than threefold the increase in metropolitan counties.
- Drug-related deaths involving opioid analgesics are higher in rural areas even after adjusting for population density, and the ratio of nonmedical users to medical users is higher in rural areas as well.

Opioid Use Disorder in Rural areas



**Current Screening and Treatment Methods:**  
Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research.  
Opioid Risk Tool (ORT) is a brief, self-report screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain.  
Nida-Modified ASSIST (NM ASSIST) is a tool that guides clinicians through a series of questions to identify risky substance use in their adult patients.  
Psychological assessment of addiction status, and willingness to participate in Rehabilitation programs.  
Prescription Drug Monitoring Programs (PDMPs): This data is monitored, analyzed, and shared with authorized entities such as providers and pharmacists who can use this information to identify high-risk patients  
Prescribing Limitations: Several states and localities have implemented policies that limit the dosage or quantity of opioids that can be prescribed or dispensed at one time in an effort to prevent over-prescribing by providers.  
Medication Assisted Treatment (MAT) Medications are combined with behavioral counseling for a “whole patient” approach. MAT has been shown to help people stay in treatment, and to reduce opioid use, opioid overdoses and risks associated with opioid use disorder.

**Assessment Tool Implementation Challenges:**  
With each profession many different assessment tools are used that require different time frames.  
The fees among each assessment tool vary with each profession which could result in a patient not being properly screened due to insurance not paying for a certain test or a patient unable to pay.

**Assessment Tool Implementation Solutions:**  
As with every assessment that does not produce immediate results, patients should be informed of when results should be expected. When results are received, the information could be communicated as soon as possible to the patient and others in his or her healthcare team so that everyone involved is updated on the patient’s status.  
Communication and cooperation both within the healthcare team as well as between the team and the patient’s insurance companies could help reduce unnecessary or repeat testing and increase insurance coverage for the patient, respectively, thereby increasing the patient’s ability to receive adequate care while minimizing the monetary cost. This can be done by communicating performed assessments and their results throughout the team and, when speaking to the insurance companies, providing peer reviewed articles and professional endorsement of a certain assessment.

**Benefits:**  
Interprofessional collaboration benefits the patients for both their time and money. By all the different health care teams working together the patients don’t have to repeatedly tell heath care professionals the same information over multiple appointments in different specialties.

**Team reflection of IPEC sub-competency CC8:**  
In developing an assessment tool, interprofessional communication is crucial. In order to create patient-centered care, communication across providers is needed. This allows for exchange of pertinent information that may or may not have been provided by the patient to each field in order to allow for the best outcome possible. With all providers working with the same information, interventions can be more specifically designed for the patient facing OUD with a decrease in repetition or overlap from one provider to the next. Those who live in rural areas may not see providers as often as most, further emphasizing the need for communication across all fields as all plan of cares progress. With this mentality and action, we as medical professionals will be able to better assess and treat all suffering from OUD in rural areas further improving quality of care for this population and others.

Medicine/PA

- History and physical
- Neuropsychological evaluation
- Urine Toxicology
- Drug Abuse Screen Test (DAST-10)
- Opioid Risk Tool (ORT)

Nursing

- Patient Interview and head to toe assessment
- Review Health History
- Nida-Modified ASSIST (NM ASSIST)
- Educate Patient

Physical Therapy

- Detailed history & Physical
- MOI / Assess for chronic pain – in combination with physical exam
- Patient Education

Dentistry

- Comprehensive Oral Examination
- Complete Series of Radiographic Images

Other Team members

- **Social Work:** connect OUD patients with community resources
- **Behavioral/Mental health:** Addiction counseling

Total Cost: \$451

Medicine/PA	Nursing	Physical therapy	Dentistry
<ul style="list-style-type: none"><li>• 99385=\$80.17</li><li>• 96133=\$89.31</li><li>• 96158=\$59.37</li><li>• H0050=\$33.47</li><li>• H0049=\$14.35</li></ul>	<ul style="list-style-type: none"><li>• No billable code, services incident to MD, PA, NP</li></ul>	<ul style="list-style-type: none"><li>• 97161=\$66.79</li></ul>	<ul style="list-style-type: none"><li>• D0150 =\$47.37</li><li>• D0210 =\$60.17</li></ul>

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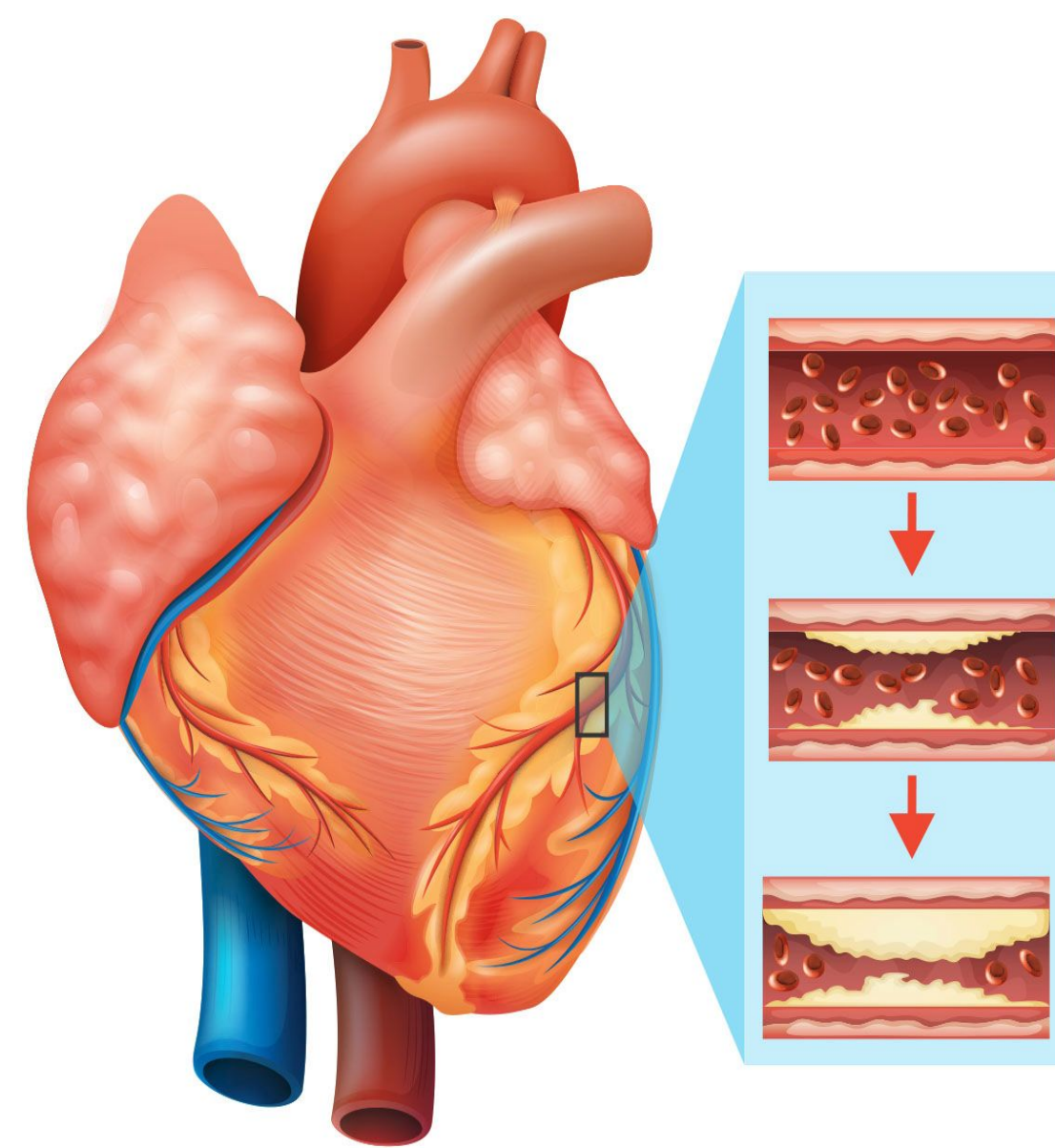


## Background

Cardiovascular Disease (CVD) is a class of diseases that involve the heart or blood vessels. CVD is the **number 1 cause of death globally**, taking an estimated 17.9 million lives each year.

## Common CVDs

- Heart Attack
- Coronary Heart Disease(CHD)
- Stroke
- Coronary Artery Disease (CAD)
- Heart Failure
- Rheumatic Heart Disease



## Signs & Symptoms

- Pain or Pressure in the Chest
- Shortness of Breath
- Nausea and fatigue
- Pain or discomfort in the left shoulder, elbow, jaws or back
- Lightheadedness
- Swelling in the legs, ankles and feet
- Difficulty breathing when lying down

Symptoms will vary depending on the specific condition.

### HEART DISEASE RISK FACTORS



# Primary Prevention of Cardiovascular Disease Males Aged: 60-69

Heart Disease is the leading cause of death for men in the United States

## Challenges and Solutions

**Challenge #1:** Cost and access considerations for dietary changes in 60-69 year old males

**Solution:** Access to a nutritionist to work within their budget to meet dietary goals. Also, group home transportation services and encouraging family members to provide transportation to patients to achieve dietary goals.

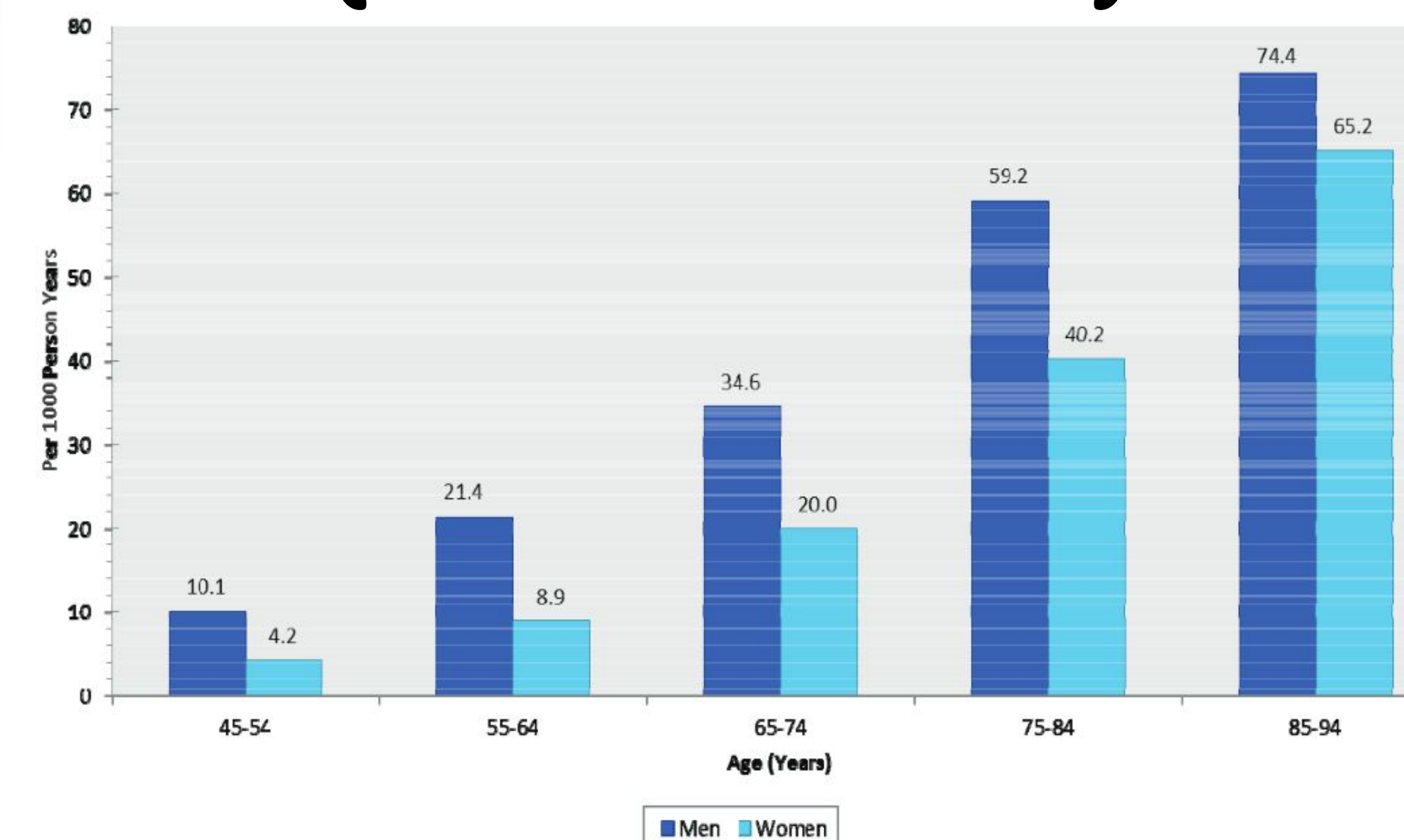
**Challenge #2:** Patient may receive different guidelines and recommendations on becoming more active in order to decrease their risk for CVD.

**Solution:** Make sure there are clear guidelines that the patient can understand in order to become more active.

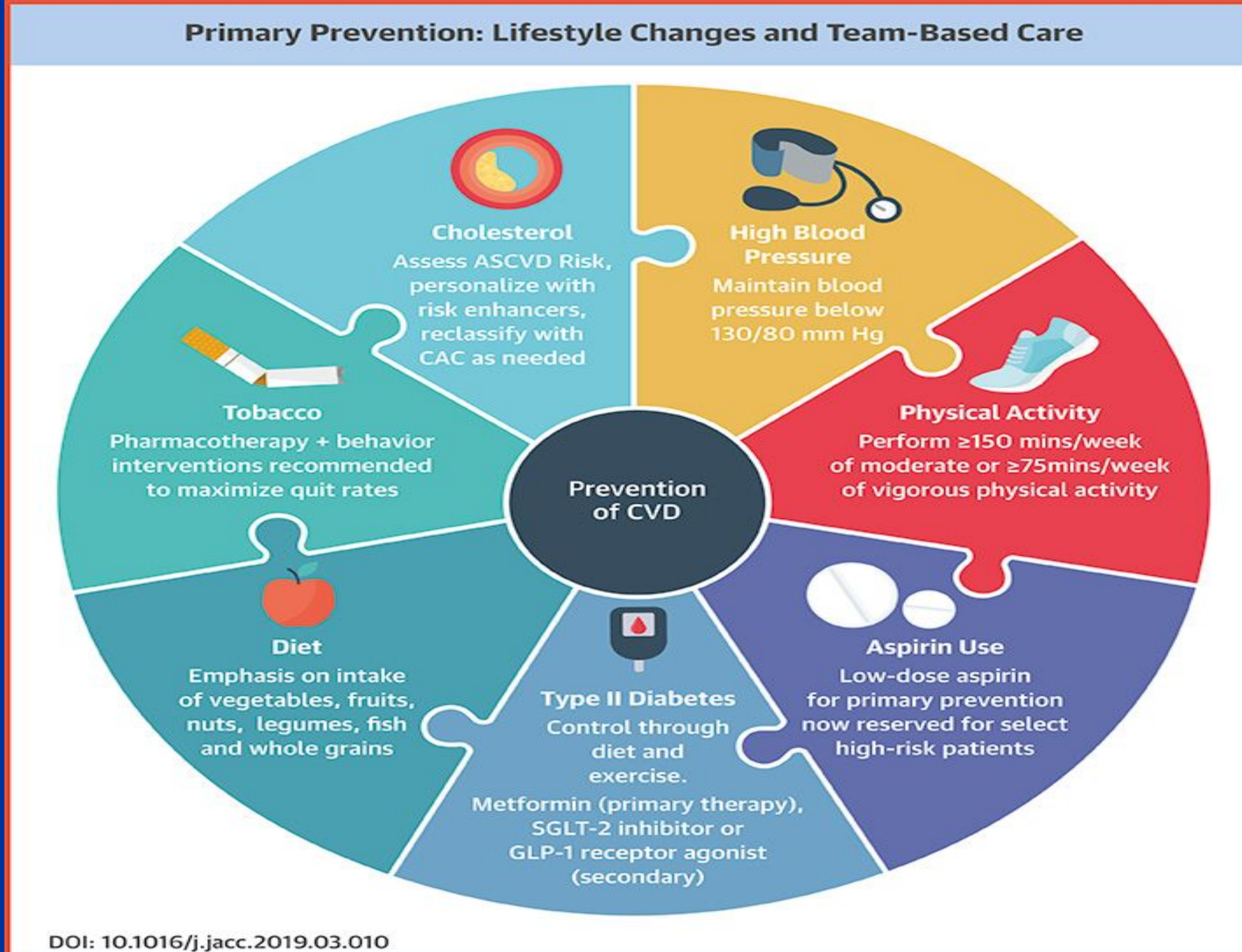
## Costs & Codes

	Assessment	Assessment	Assessment	CPT Code/Fee
Physical Therapy	6 Minute Walk Test	Astrand Rhyming Test	Bench Step Test	97162, 97750
Physician Assistant	Sphygmomanometry	Lipid Panel/CBC FPG/HbA1c	Detailed Social/Occupational/Family History	99385-99387
Nursing	Medication history	Blood draws for lab	Physical exam including vitals and BMI	Services incident to MD, PA, NP
Public Health	Patient profile and history form	Develop policies and public health programs	Enhance funding for cardiovascular disease prevention programs	N/A
Medical	JVP distention	Retinal scan	Renal function assessment	99381-99385, 99386,99387
Dental	Comprehensive oral exam	Full mouth series of radiographs, panoramic radiographic image	Diagnostic casts	D0150 \$47.37, D0210 \$60.17, D0330 \$57.05, D0470 \$47.44

## Incidence of cardiovascular disease by age and sex (FHS 1980-2003)



Source: Incidence and Prevalence: 2006 Chart Book on Cardiovascular and Lung Diseases. Bethesda, MD: National Heart, Lung, and Blood Institute; 2006.



## Team Collaboration

One of the **most important** foundations of healthcare today is **communication**.

**Communication begins with respect and trust among one another and is necessary in effectively assessing our patients.**

Patient outcomes are directly impacted by a lack of **collaboration** between interprofessional healthcare teams..

**Teamwork is an essential part of ensuring that healthcare workers are effectively caring for patients.**



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Common Causes of Death in 70 to 79-year-old males

Cancer	28.1%
Heart Disease	24.8%
Chronic Lower Respiratory diseases	7.0%
Stroke	4.6%

Issues with Aging

- 80% of older adults have a chronic disease and 50% have at two or more chronic diseases (Thandi et. al., 2018).
- After age 70, “the most common chronic health care conditions in older adults are hypertension, heart failure, coronary artery disease, chronic obstructive pulmonary disease, cancer, diabetes, and osteoarthritis. Other common chronic conditions include Alzheimer’s disease, vision and hearing deficits, osteoporosis, stroke, Parkinson’s disease, and depression” (Lewis et. al., 2020, p. 325).
- “Health promotion and prevention of health problems for older adults focus on three areas: (1) increased participation in health promotion and disease prevention activities, (2) reduction in diseases and health-related issues, and (3) increased use of services that reduce health hazards”(Lewis et. al., 2020, p. 344).

Assessment for Primary Prevention of Health Complications in Males: Ages 70-79


Assessment Details	
Medicine/ Physician Assistant	Colonoscopy and Duplex Ultrasound of the Aorta Annual Depression Screening Seasonal Influenza Vaccine Cost : \$500.92
Dentistry	Periodontal Evaluation, Caries Risk Assessment, Oral Cancer Screening, Dentures or Removable Partial Denture
Nursing	Yearly wellness screen including (blood pressure, lipid screening, bone density), SPICES assessment, & administer vaccinations
Physical Therapy	Gait, balance, and fall risk assessment (RLA, TUG, BERG), Cognitive screening (mini-mental exam), & BUE/BLE ROM and strength screen Cost: \$66.79
Public Health	Accountable Health Communities Health-Related Social Needs Screening Tool

# HEALTH COMPLICATIONS

IN MALES AGE 70-79


## CANCER

Prevalence: 14%  
Demographics: African Americans and Latinos have an increased risk  
Risk factors: family history, tobacco or alcohol use, sun exposure, poor diet  
Assessment tools: yearly cancer screenings, genetic testing




## HEART DISEASE

Prevalence: 5.1%  
Demographics: African American, American Indian, Latino  
Risk factors: hypertension, poor diet, smoking, high LDL, obesity, family history, lack of physical activity, diabetes  
Assessment tools: blood pressure readings, blood test, ECG test, genetic screening




## CHRONIC LOWER RESPIRATORY DISEASES

Prevalence: 11.2%  
Demographics: African Americans, Caucasian  
Risk factors: exposure to dust, asbestos, silica, smoking, hypertension  
Assessment tools: pulmonary function test



## STROKE

Prevalence: 7.6%  
Demographics: Latino, Asian, African American  
Risk factors: high cholesterol, diabetes, obesity, atrial fibrillation, smoking, hypertension  
Assessment tools: official stroke assessment scales (ex. CPSS, FAST), CT angiography



### CITATIONS

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4544764/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3681737/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4042912/>  
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3250269/>  
<https://www.cdc.gov/nchs/products/databriefs/db63.htm>

Benefits of Primary Prevention Assessment Tool

SPICES assessment: identifies sleep disorders, problems with eating or feeding, incontinence, confusion, evidence of falls, and skin breakdown.

Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool: identifies unmet health-related social needs such as issues with living situation, food, transportation, safety, financial strain, family and community support, substance use, mental health, disabilities and more for better health outcomes.

Team Reflection

We believe that working as a team makes the process of preventative care easier for both ourselves and our patients. While working together, we realized that professions overlap in performing preventative exams. Patients can get agitated if they must do the same test more than once. By working together as a team, we can limit the amount of tests our patients have to go through and share the results with each other. Open communication of results, histories, and physical exams can help our patients feel heard and appreciated across all disciplines. Also, this can limit the cost associated with each test if we only do them once. It is important to remember that our patients are also a part of our team. According to the article *Health care professional development: Working as a team to improve patient care*, “An effective team is a one where the team members, including the patients, communicate with each other, as well as merging their observations, expertise and decision-making responsibilities to optimize patients’ care”. As future practitioners, we must always remember that the more individuals work together, the more efficient patient care will be.

Challenges to the Assessment

- Screenings are only done in the same category as co-morbidities. A full system screening is tedious and requires follow-up appointments and copious time to explain importance of findings.
- Socioeconomic troubles: patients are unable to afford screenings thus refusing treatment and prevention measures.

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The Accountable Health Communities Health-Related Social Needs Screening Tool. (n.d.). Retrieved March 12, 2020, from <https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>

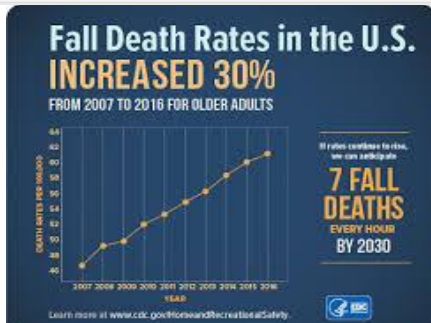
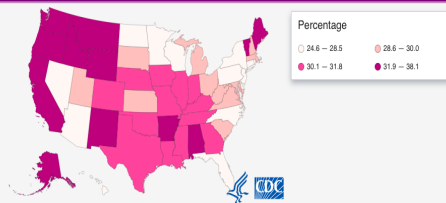
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## Risk Factors

- Lower body weakness
- Vitamin D deficiency
- Difficulties in walking and balance
- Vision problems
- Foot pain or poor footwear
- Home hazards like broken or uneven steps, throw rugs and clutter
- Use of medications like sedatives or antidepressants

Falls Reported by State 2016



## Incidence & Statistics

- 1/4 older adults report falling each year (~30 million/year)
- 3 million are treated in ERs
- 1/5 falls cause serious injury
- 300,000 older patients are hospitalized for hip fractures or head injuries
- Falls are the most common cause of TBI
- In 2015 – Medical costs for falls totaled \$50 billion – Medicare and Medicaid shouldered 75% of these costs
- Louisiana paid \$605,000,000 in medical costs related to falls in 2014 – 74,000,000 being out of pocket

# Call Don't Fall!

## Preventing Falls in 80-100-Year-Old Males

### Medicine

- Initial physical exam and pt. history (99222) \$99.24
- BMI assessment
- Bone density scan (76977) \$18.53

### Nursing

- Hendrich II Fall Risk Assessment
- Depression screening
- Home evaluation
- Nutritional Assessment
- Services incident to MD, PA, NP

### Physician Assistant

- Neuropsychological Testing Evaluation (96132) \$97.52
- Gait training (97116) \$20.06

### Physical Therapy

- PT Eval with ROM testing (97161) \$66.79
- Muscle testing (95831) \$31.20

### Consultations:

- Ophthalmology: Eye exam (92002) \$80.06
- Audiology
- Dietary: Nutrition Eval (97802) \$35.71
- Occupational Therapy: OT Eval (97165) \$87.62

### Total Cost:

• \$536.73

**OLDER ADULT FALLS**  
A Growing Burden

**STEADI** Stopping Elderly Accidents, Deaths & Injuries

2014



2030



## Benefits from the Patient/Client and Community Perspectives

- Patient/Client: Perceive an improved quality of life due to increased independence in performing activities of daily living.
- A decrease in depression and distressed behavior was noted in patient who receive education from interprofessional caregiving.
- Community: Decreases the number of emergency department and hospital visits resulting in a reduction of financial expenses and resources. Also, this allows professionals to be more readily available to critical care patients.

## Benefits From the Health Care Professional's Perspective

- Collaborative team-based practices allows for a more efficient approach to implement high-quality and safe patient care services.
- Team members will be able to anticipate other profession-specific assessments besides their own that will be conducted for this client population.
- A collaborative approach allows professionals to not carry the workload of entire patient care. This disperses the workload amongst various specialties.



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## 2 Challenges to Interprofessional Assessments

### •CHALLENGES:

- Lack of interprofessional communication resulting in inconsistencies in patient care
- Difficulty gaining client's trust due to repetitive questioning

### •SOLUTIONS:

- Patient electronic health record should be updated frequently to promote effective interprofessional communication
- 30-minute interprofessional meetings to discuss patient cases prior to interventions/planning

## Sub Competency CC8

- Representatives from multiple health care professions collaborated to create a tool that would streamline the interprofessional health care team's approach to assessing fall risk in elderly males.
- The goal of utilizing this assessment tool is to improve health outcomes for this population by preventing falls and the associated sequelae.

References: <https://www.cdc.gov/homeandcommunity/recreationalSafety/falls/adultfalls.html>





# Primary Prevention for 11-13-Year-Olds

## TEAM UP



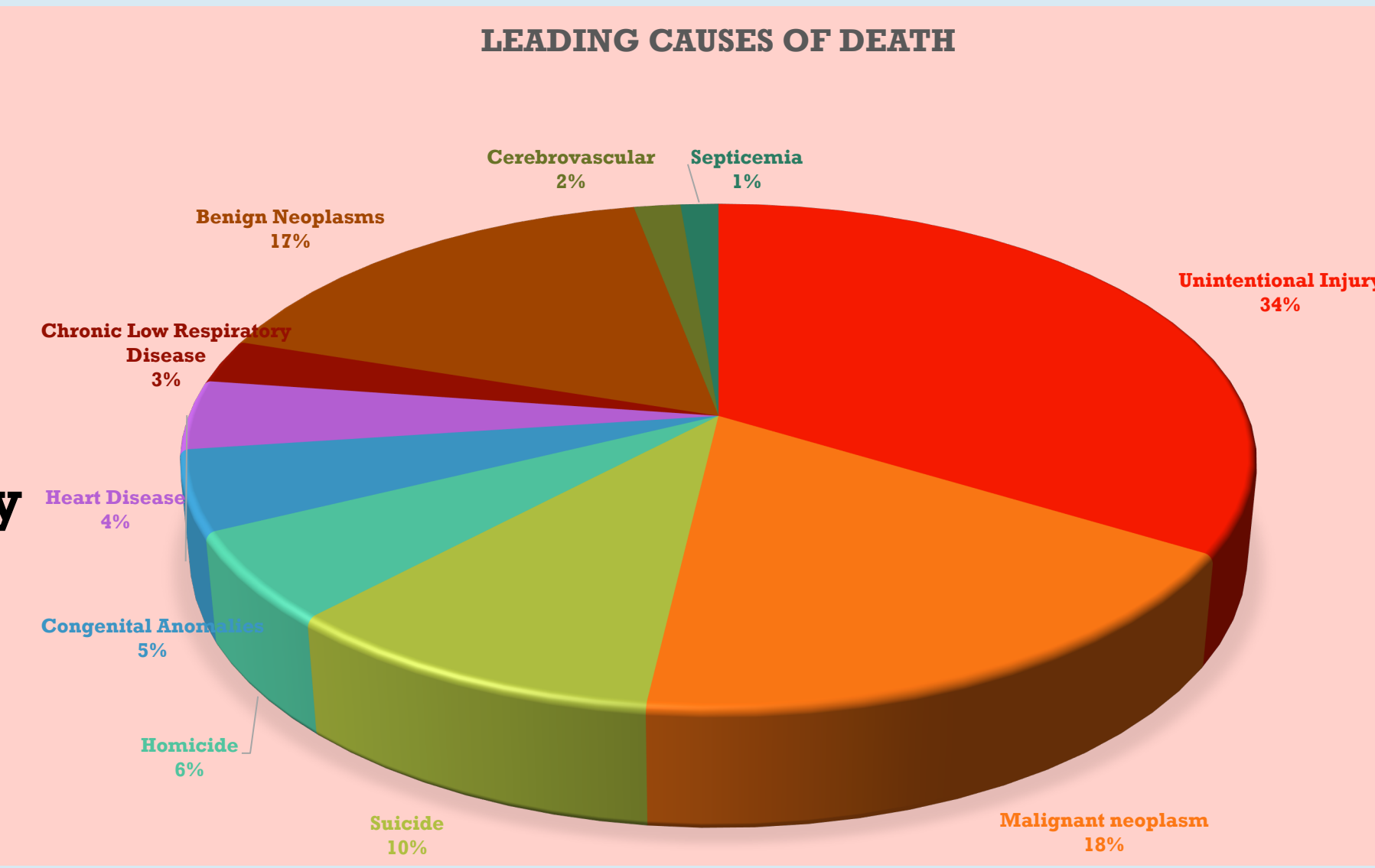
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Chloe Smith, Medicine  
Emily Rolfes, Clinical Laboratory Science  
Bridgette Blunt, Occupational Therapy

Chase Thrasher, Dentistry  
Sarah Carpenter, Dentistry  
Cordell Ricard, Public Health (ENHS)  
Brett Montelaro, Medicine  
Taylor Fradella, Medicine  
Elizabeth Gaeto, Nursing

### Leading Cause of Death in 11-13 Population

- Unintentional Injury
- Malignant Neoplasms
- Suicide
- Homicide
- Congenital Anomalies
- Heart disease
- Chronic low respiratory disease
- Benign neoplasms
- Cerebrovascular
- Septicemia



### Incidence and Demographics

- 62% of unintentional injury is due to transport
- 2.5 deaths per 100,000 persons age 10-14 are due to suicide
- 0.9 deaths per 100,000 persons age 10-14 are due to homicide
- Incidence of diabetes in youth in 2014-2015 was 18,200 with type 1 and 5,800 with type 2 diabetes
- Children with type I diabetes are physically active less often and for shorter time periods when compared to healthy children

### Benefits of interprofessional Assessment

- **Benefits of interprofessional assessment from the perspective of patient**  
Less future visits to the doctor (early diagnosis/treatment)  
Atmosphere of care (most people feel ignored in a hospital)
- **Benefits of interprofessional assessment from the health professional perspective**  
More doctors available for immediate attention (not urgent for a specific doctor to be present in case of emergency)

### Primary Prevention Assessment Tool

Profession	Assessment	Assessment	Assessment	Assessment	CPT Code	Fee schedule
Physician Assistant	Screening for depression in children and adolescents	"The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up."		Purpose: identify depression as a risk factor for suicide - one of the leading causes of death in adolescents aged 11-13.	99385	Medical Psychoanalysis \$57.23 New Patient Exam \$24.61
Nursing	Health History and Head-to-Toe Assessment	Recommendations for Age-Specific Immunizations: Tdap, HPV, Meningococcal, Influenza (Annually)	PSC-Y (Pediatric Symptom Checklist for Youth)	HEEADSSS for Adolescents (Home environment, Education & employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression)	Immunization (90471), Additional (90472); Tdap (90715), HPV (90651), Men (90734), Influenza (90688) Age 11 (99383), Ages 12-13 (99384)	Immunization Administration (\$14.70), Each Additional Vaccine (\$9.13) Age 11 (\$82.67), Ages 12-13 (\$90.19)
Physical therapy	Upper quarter and lower quarter scan	6-minute walk test for endurance	Referral to MD if screens produce red flags	Individualized age-appropriate exercise plan to maintain overall health	97161	\$66.79
Medicine	Annual Well Child Visit, Measurement: height, weight, BMI, blood pressure	Annual Well Child Visit, Sensory: vision screening, hearing screening	Annual Well Child Visit, Developmental/Behavioral: psychosocial assessment	Annual Well Child Visit, health maintenance: administer any immunizations and screen for anemia	Age 11: 99383 Age 12, 13: 99384	Age 11: \$82.67 Age 12, 13: \$90.19
Clinical Laboratory Science	Hemoglobin A1c testing				83036	\$9.66
Occupational Therapy	Functional ROM and MMT including grip and pinch	Motor- Free Visual Perception Test- 4th Ed	Adolescent/ Adult Sensory Profile	Purpose: ensure age-appropriate development	97165 97166 97167	\$64.90
Dentistry	Oral Examination - tooth decay screening - Oral hygiene instruction	Biannual dental cleanings	1 <sup>st</sup> and 2 <sup>nd</sup> molar preventative sealants	Fluoride use education	D0150 D1110 D1208 D1351	\$47.37 \$48.01 \$19.50 \$25.51
Public Health	Health Behavior intervention to target reduction of high-risk behavior	Education and training for pt self management by a qualified, nonphysician health care professional	Flu vaccination		96158 98960 90471	\$27.75 \$14.70

Total Cost: ~\$595.20

### IPEC Sub-Competency CC8 Reflection

Developing an interprofessional assessment tool required our group to work together to consider the top priorities in the health promotion of 11-13-year-olds. As a team, we established the most comprehensive, yet efficient method of promoting quality of life as well as preventing illnesses and injuries. In doing this, we recognized just how essential teamwork is in health promotion and illness prevention. We also learned how important it is to have a good understanding of each other's role on the healthcare team to more efficiently treat our patients.

### Challenges to implementation of interprofessional assessment based on current healthcare environment

- Time constraints and scheduling conflicts
- Non-compliance
- Financial issues

### Solutions to challenges of the implementation of interprofessional assessment based on current healthcare environment

- Financial issues: efficient spending (ex, why are we running two laboratory tests that test for the same thing?)
- Collaborate with other members of the healthcare team to brainstorm ideas to improve patient compliance
- Coordinate one day of the week to come together to perform the comprehensive assessment

### Tips for staying active and healthy at this age



### References

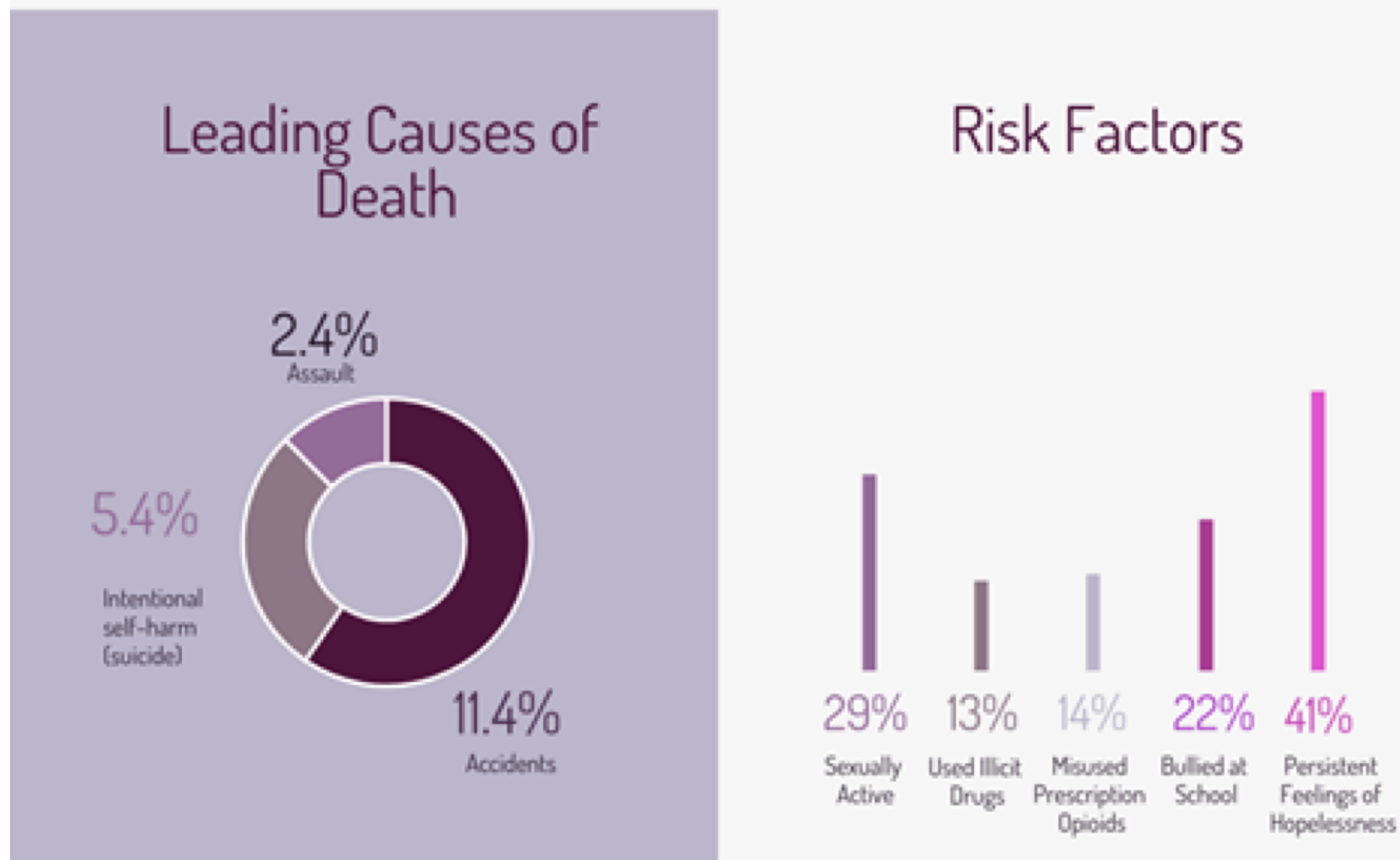
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## Background

### Top 3 Causes of Death

#### 14- 17 year old Females



## IPEC Sub-Competency

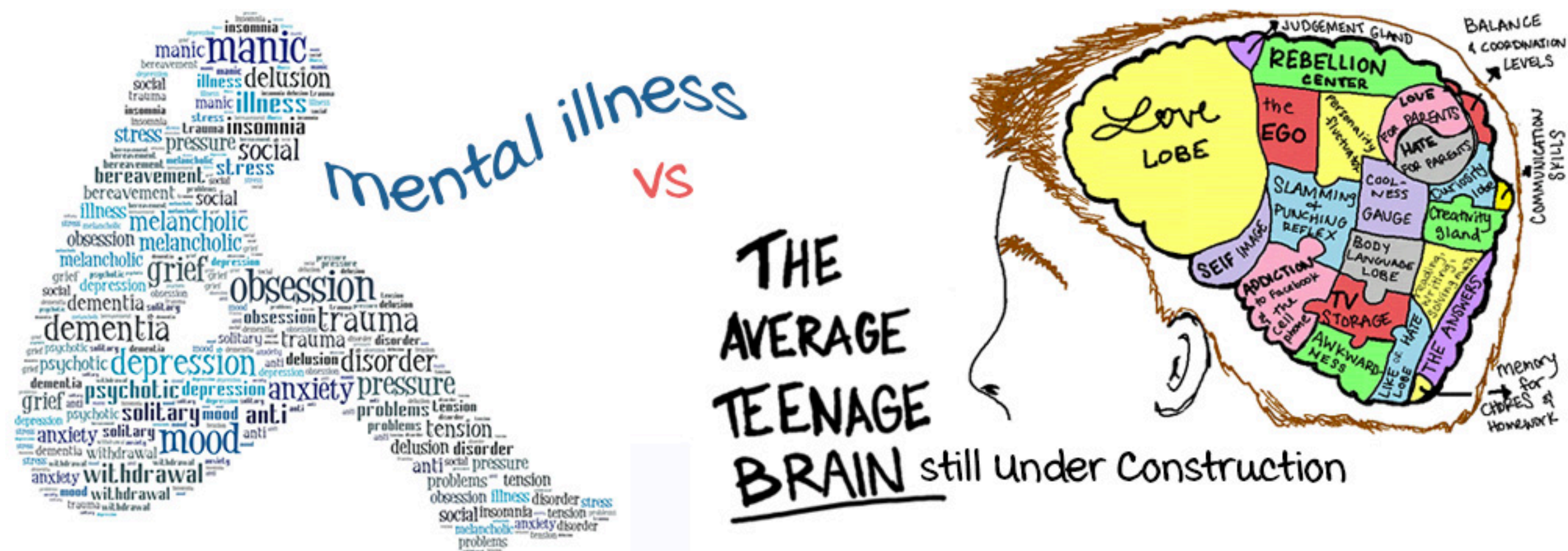
- “Communicate the importance of teamwork in patient -centered care and population health programs and policies.”
- Each member brings their knowledge to the assessment** to provide holistic, quality care.
- With interdisciplinary coordination, a patient receives a health plan based on their individual needs and schedule. **Coordinated care results in less unnecessary and repetitive testing.**
- Coordinated care is more **cost-effective** and **helps the patient maintain compliance** with their health care plan.
- Overall, Group 52 **gained insight into working as a team** and learned about the scopes of each profession throughout the two years of TeamUp.

# 14-17 Year Old Girls

Jeremy Moniz, Anna Kathryn Thames, Annalise Russo, Kat Favaloro, Kaylee Moore, Kelli McFarland, Madeline Shaw, Meredith Enright, Rachel Bond, Reniesha Franklin, Tri Tran, William Smith, Valentina Carrillo

## Assessment and Cost

	Assessment	Assessment	Assessment	Assessment	CPT code	Fee schedule
<b>Dentistry</b>	Prophylaxis	Fluoride Varnish	Dental Sealants	Orthodontics	D1110, D1208, D1351, D8080	\$47.29, \$19.21, \$25.13, \$4,281
<b>Medicine (MD, PA)</b>	BMI calculations	Immunizations (Flu, Meningococcal dose 2)	Screening for substance abuse and risky behaviors	Psychiatric screening	99201, 90473-90672, 90472-90620	\$26.24, \$10.43, \$9.13
<b>Nursing</b>	Annual checks-up vitals such as blood pressure and temperature	Head to toe Assessment	Screening for domestic and sexual assault	Pregnancy tests	Services incidental to MD, PA, NP	N/A
<b>Physical Therapy</b>	BMI calculations	Upper & Lower Quarter Screens	VAS pain score	Satisfaction with Life Scale (SWLS)	97161(low complexity ) 97162 (mod) 97163 (high)	\$75
<b>Occupational Therapy</b>	Canadian Occupational Performance Measure (COPM)	ROM/sensory/ motor/visual assessment	Life Satisfaction Questionnaire (LSW-9)	Depression Anxiety Stress Scale (DASS)	97165, 97166, 97176	\$100
<b>Public Health</b>	Social Determinants of Health (CYW-ACE-Q) 5 min					Free



## Benefits

- The patient will have **more confidence** in the results of their assessment because of the comprehensiveness of an interprofessional tool and the elimination of duplicate screenings.
- Health professionals would benefit for similar reasons as the patient. **Eliminating potential repetition from screenings saves their time.**
- An interprofessional tool facilitates communication among different providers and allows for greater **continuity of care**, creating a more secure work environment for professionals to know they have a **team support**.

## Challenges

- No** spread across interprofessional **collaboration** in the country.
  - Solution:** having different professions **communicate about a shared patient**, or by having an **online system** where each profession treating a patient can access prior assessments done by other healthcare providers.
- Absence of girls 14 to 17-year-old in PCP's office.** Kidshealth.org states teens should visit their PCP annually.
  - Solution:** **Prioritize the education of teen's parents** so they understand PCP's refer to specialists in the case a condition is diagnosed.



## References

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- [https://www.lamedicaid.com/provweb1/fee\\_schedules/eeschedulesindex.htm](https://www.lamedicaid.com/provweb1/fee_schedules/eeschedulesindex.htm)
- <https://www.cdc.gov/nchs/fastats/adolescent-health.htm>
- [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)



The HRSA Women's Preventative Services Guidelines gives recommendations for screening the following common female conditions:

- ⇒ Heart Disease
- ⇒ Breast and Cervical Cancer
- ⇒ HIV
- ⇒ STI's
- ⇒ Diabetes
- ⇒ Depression

Many of these diseases are preventable with lifestyle changes and early screening!

Modifiable behaviors include:

- ⇒ Healthful eating
- ⇒ Exercise
- ⇒ Stress management
- ⇒ Avoid risky substances
- ⇒ Quality sleep
- ⇒ Proper oral hygiene practices

Group Members:

Cameron Barney, LMSW, MPH	Fernanda Morales, BSN
Carolyn Cash, DDS	Marc Moroux, MD
Stanley Fuentes, MD	Lauren Schriber, MPAS
Charlotte Ganucheau, SPT	Michael Stocker, MD
Emily Gathman, BSN	Delmy Urbina, DDS

# Primary Disease Prevention in Females Ages 18-21

Primary screening tools used across the disciplines:

## Interprofessional Assessment:

- History**
- Medical History
  - Medications
  - Lifestyle factors
- Vital Signs**
- Heart Rate
  - Blood Pressure
  - Respiratory Rate

## Medicine:

### Physician Assistants:

Counsel for healthful exercise and eating habits  
AUDIT-C Questionnaire Screen for Unhealthy Alcohol Use  
Cost: \$4

### Occupational Therapy:

Screen for Depression, Anxiety, and Stress  
Cost: N/A

## Nursing:

Screen for Drug Abuse  
Cost: \$33.41  
Screen for Sexual Health Risks  
Cost: N/A

## Physical Therapy:

Upper and Lower Quarter Scan  
Cardiovascular Endurance Test  
Short Form-36 (SF-36)  
Cost: \$66.79

## Dentistry:

Once a year preventative oral evaluation \$47  
preventative Oral hygiene instructions cleanings twice a year \$40  
Cost: \$127

## Public Health:

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences tool  
Cost: N/A



## Team Collaboration:

In creating the interprofessional assessment tool we were able to see the many questions and tools that overlap in different professions. By coming up with a condensed version it allowed us a chance to reflect on what provider would be responsible for administering each piece of the assessment, and which pieces would be most important to assess in 45 minutes.

## Challenges/Barriers to Implementation:

Outside of the hospital setting, and in general, these professions do not work in close contact and are unable to easily share patient information confidentially. The first challenge in implementing this interprofessional assessment is having the different professions practicing in close enough proximity that it is not a burden to the patient to see multiple professionals.

## Solutions to Challenges/Barriers:

Using the One-Stop Shop Model to develop single locations for meeting the many needs of patients is a potential solution to the problem above. A One-Stop Shops can be developed in specific physical location, or the term can refer to a company that offers a variety of services. One-Stop Shops could assist healthcare professionals in meeting the needs of their clients and ensuring that they are as healthy as possible by facilitating effective communication among the multiple professions.

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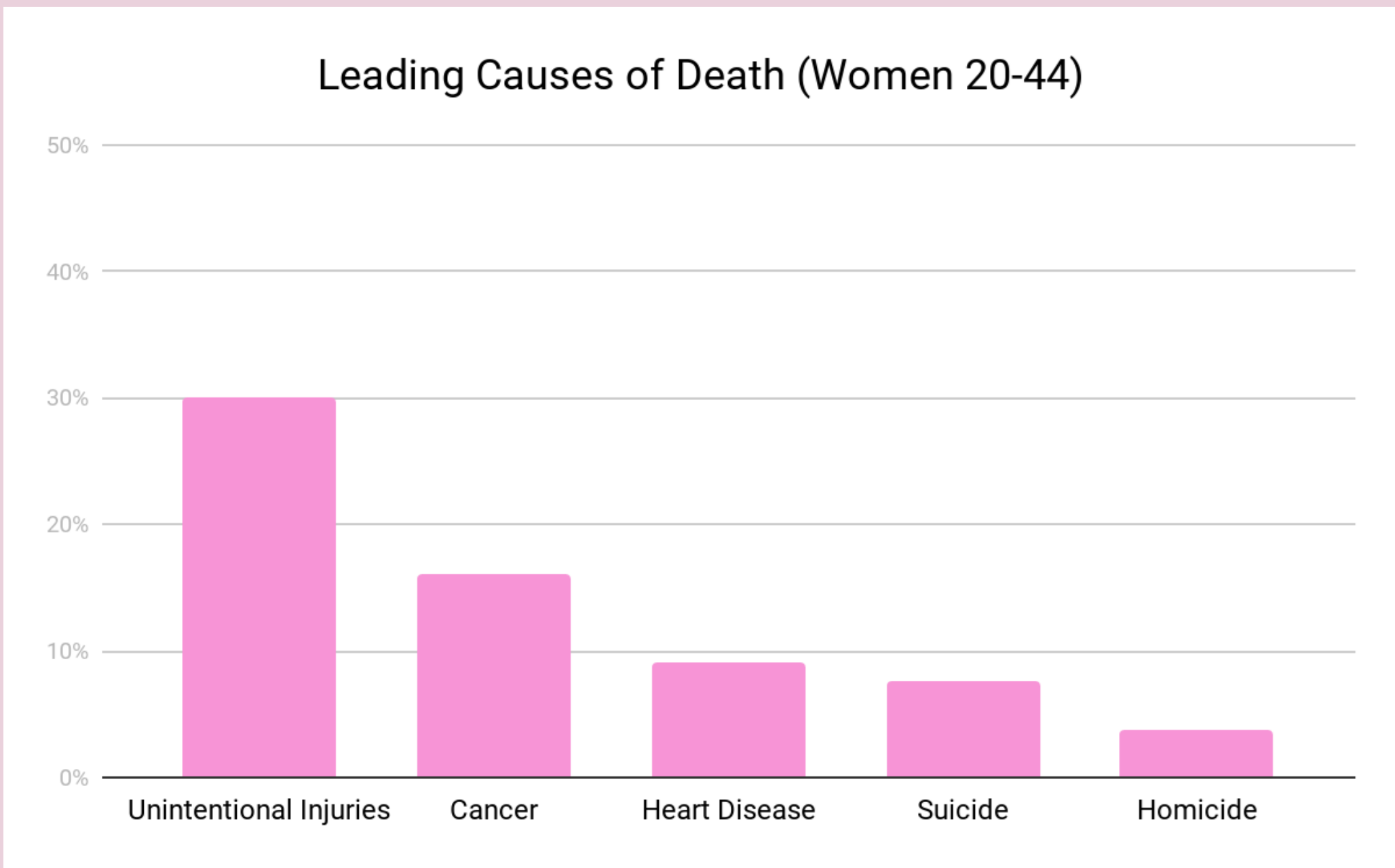


# Background

- Screening during early adulthood impacts the detection and treatment of many diseases.
- Cervical cancer, breast cancer, sexually transmitted diseases, heart disease, and diabetes are just a few of the several diseases prevalent in this population.
- According to the CDC, the 5 leading causes of death for women ages 22-29 are unintentional injuries, cancer, heart disease, suicide, and homicide.

## Health Risks

- Accidental injury
- Depression & Suicide
- Smoking
- Drug and Alcohol Abuse
- Domestic Violence
- Breast Cancer
- Cervical Cancer/HPV
- Pregnancy
- Heart Disease
- HIV and other STDs
- Lack of Immunizations
- Hypertension
- Dental Disease
- Skin Cancer
- Hypo/Hyperthyroidism
- Low Bone Density
- Colon Cancer
- Diabetes



### Challenges

- 1) Lack of access to primary care services
- 2) Lack of health coverage for needed services

### Solutions

- 1) Connect with social worker for possible transportation or other needed accommodations
- 2) Evaluate if patient meets the qualifications for Medicaid or if there are local resources available for patient

**References:**  
National Women’s Health Research Center – Preventative Health Screening for Women  
AeroFlow Healthcare- Women’s Preventative Care  
Care Women Deserve – Preventative Health Screenings and Services By Age  
American Association for Clinical Chemistry – Screening Tests for Young Adults  
Centers For Disease Control and Prevention – Leading Causes of Death – Females All Races and Origins  
Healthy People 2020 Access to Primary Care  
Center for Disease Control and Prevention - Leading Causes of Death

# Interprofessional Primary Prevention Strategies for Women Age 22-29: Group 54



### Women in our 20s:

You can access these preventive health services for \$0 if you have health insurance.

#### Well-Woman Visits

Schedule your well-woman visit at least once a year.

#### Contraception Counseling & Follow-Up Care

Talk to your health care provider about what birth control is best for you.

#### STI Counseling

Counseling is available for preventing and treating sexually transmitted infections.

#### Interpersonal and Domestic Violence

Your health provider's office is a safe place to talk and get connected to services and support.

#### Cervical Cancer Screening

If you are between the ages of 21-29, you should receive a Pap test every 3 years.

#### HIV Screening

Screening is essential to HIV prevention, treatment and care.

# Benefits

## Patient’s Perspective

- Addresses all aspects of the patient’s health
- Improves patient care & outcomes
- Starts treatment faster
- Reduces healthcare costs
- Gives the patient a comprehensive understanding of his or her health status

## Interprofessional Perspective:

- Enhanced communication & collaboration
- Improved staff relationships
- Reduced medical errors
- Systematic and thorough approach to diagnosis

## Note about Team Reflection:

Over the past two years our group has worked diligently and cooperatively to learn about each other’s unique roles and individual professions. Additionally, we have worked hard as a team of healthcare providers to brainstorm and discuss ways we can improve and implement patient centered care and communication among different health care disciplines. Overall, our team has cultivated and largely improved our skills in communication, listening, and sharing. During our monthly team meetings we excelled in communicating our professional roles, thoughts, and opinions while holding space for other’s thoughts and opinions without judgement or argument. We hope to carry these skills with us into the working world and improve patient care and foster beneficial and open relationships between healthcare teams.

## Interprofessional Assessment Tool

	Assessment	CPT Code	Fee Schedule
Medicine & PA	Vital signs, physical exam, pap smear, depression screening, & substance abuse screening	99201, H0049, 99381	\$103.81
Dentistry	Complete series of intraoral radiographs, comprehensive oral exam, panoramic radiographic image,	D0150, D0210, D0330, D1110, D1208	\$232.10
Public Health	HPV vaccine education Maternal health programs Community education of HIV/STI screening Promotion of well-women visits	N/A	N/A
Nursing	Comprehensive physical assessment and patient histories, reproductive health education, IPV screening	Services incident to MD, PA, NP	N/A
Physical Therapy	SI Joint Dysfunction Screen, Pelvic Floor Screen, Knee Joint Screen	97161	\$66.79

### TEAM MEMBERS:

Medicine: Max Morvant, Lindsey Gagnon, Drew Stoltz Public Health: Catherine Conwill Nursing: Amanda Gonzales, Madison Morris Dentistry: Brooke Vinturella, Adam Coughran Physical Therapy: Celise Guidry Physician Assistant: Kaitlyn Spencer



## SOURCES

<https://aeroflowinc.com/womens-preventative-care/>

<https://www.healthywomen.org/content/article/preventive-health-screenings-women>

<http://carewomendeserve.org/preventive-health-screenings-services-age/>

<https://labtestsonline.org/screenings/young-adults>

<https://www.cdc.gov/women/lcod/2017/all-races-origins/index.htm>

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary>



# Approaching Gender Transition from Male to Female

**Transgender:** individuals whose gender identity or expression differs from their sex assigned at birth

**Incidence/Demographics**

- 0.56% of adults (560 per 100,000) identify as transgender
- Incidence highest among adults from 18-24 years of age.
- By age 20, 94% of transgenders began to feel that their gender was different from the sex assigned at birth
- 25% of TGNB have undergone some form of GCS

**Risk factors**

- 35% attempt suicide
- Increased risk of cardiovascular disease, heart attack, and stroke.
- Enlarged prostate or prostate cancer.
- Increased risk of osteoporosis.
- Increased risk of HIV.
- Less access to healthcare.

**Primary & Secondary Prevention**

**Primary Prevention:**

- Increase access and comprehensive care
- Educate clinicians on issues specific to transgender population (e.g. emotional, behavioral, medical, surgical and ethical issues)
- Facilitate affirmation and alleviate gender dysphoria
- Encourage immunization against infectious diseases

**Secondary Prevention:**

- Implement prevention tasks typical for *all* patients (e.g. regular check-up exams, health history, STD & cancer screenings, diet and exercise monitoring)
- Monitor hormone use: estrogen overuse can lead to blood clots, swelling, high or low blood pressure, and high blood sugar
- Monitor cardiovascular health: increased risk for heart attack or stroke, not only from hormone use but other common risk factors
- Screen for signs and symptoms of health conditions that disproportionately affect the transgender population:
  - Depression/Anxiety
  - Substance use
  - Alcohol/Tobacco use

**Referrals**

- Transgender individuals face the same health and wellness issues as many other adults

It's important to refer them to

**Primary care provider**

- Lipid screening & blood pressure screenings
- Diabetes Mellitus- due to estrogen therapy and increased to insulin resistance, weight gain & increased body fat
- Smoking cessation
- HIV screening

**Psychiatrists**

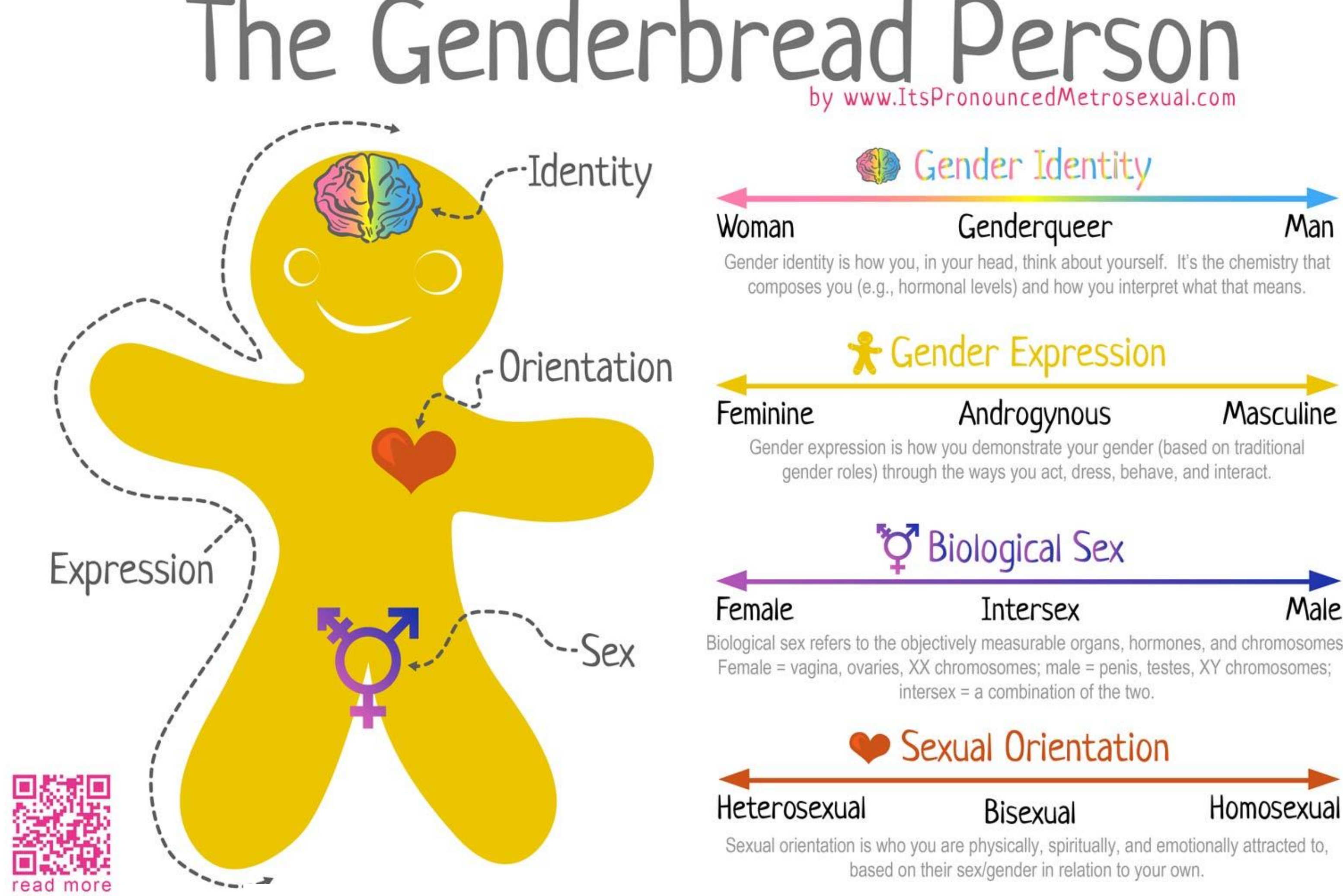
- Transgenders are 2 ½ times more likely to experience depression
- 3 times more likely to attempt suicide
- 4 times likely to physically harm themselves

**Gender Surgeons**

- Hormone Replacement Therapy
- Vaginoplasty
- Facial feminization Surgery
- Breast augmentation

**Oncologist**

By: Sydney Sudderth, Alden Guerin, Bethany Hollier, Brittany Bourg, Megan Sutton, Monique Vu, Olivia Gilbert, Rachel Moyan, Shane Broussard, Skyllar Burke, Taylor Terzo, and Vicki Tran



## Words that are TRANSPHOBIC and WHY



Field	Assessment	CPT Code	Cost
Nursing – BSN	Physical exam, Kessler Psychological Distress Scale (K10)	N/A	N/A
Medicine	Physical Exam, Management of Prescriptions, K10 mental health screen	99381, 90863, 96156	\$154.40, \$21.45, \$72.62
Dental	Comprehensive Oral Exam	D0145	\$47.37
Physician's Assistant	Preventative Medicine Counseling	99401	\$19.72
Physical Therapy	Pelvic Health Screen	90901	\$30.55
Total Cost:			\$346.11

**Interprofessional Communication**

- Make sure that all healthcare providers that are taking care of the patient have communication
- A universal database such as EPIC should be used to allow information sharing in a safe way
- Update this database as frequently as possible to ensure that all members of the healthcare team are aware of any changes

**Interprofessional assessment benefits:**

- **Patient/ Client/ Community perspective=** reduces repetition of information between appointments leading to improved patient satisfaction.
- **Health professional's perspective=** ensures adequate healthcare coverage of each patient. Assists in time management by guiding testing and treatment selection.

**Interprofessional Benefits:**

- Less errors/mistakes made by the team and faster identification of errors
- Consistency among team members
- More support for patient physical and emotional health
- Use of correct patient pronoun throughout team

**Interprofessional Challenges:**

- Lack of coordination among specialties/profession
- Confusion or disagreement with team plan and assessment
- Healthcare professional bias or transgender/LGBTQ individuals among team members
- Distrust of the healthcare system for transgender individuals

**Solutions to Challenges:**

- Correct documentation of patient pronouns and health records
- Supportive attitude from all providers

**References:**

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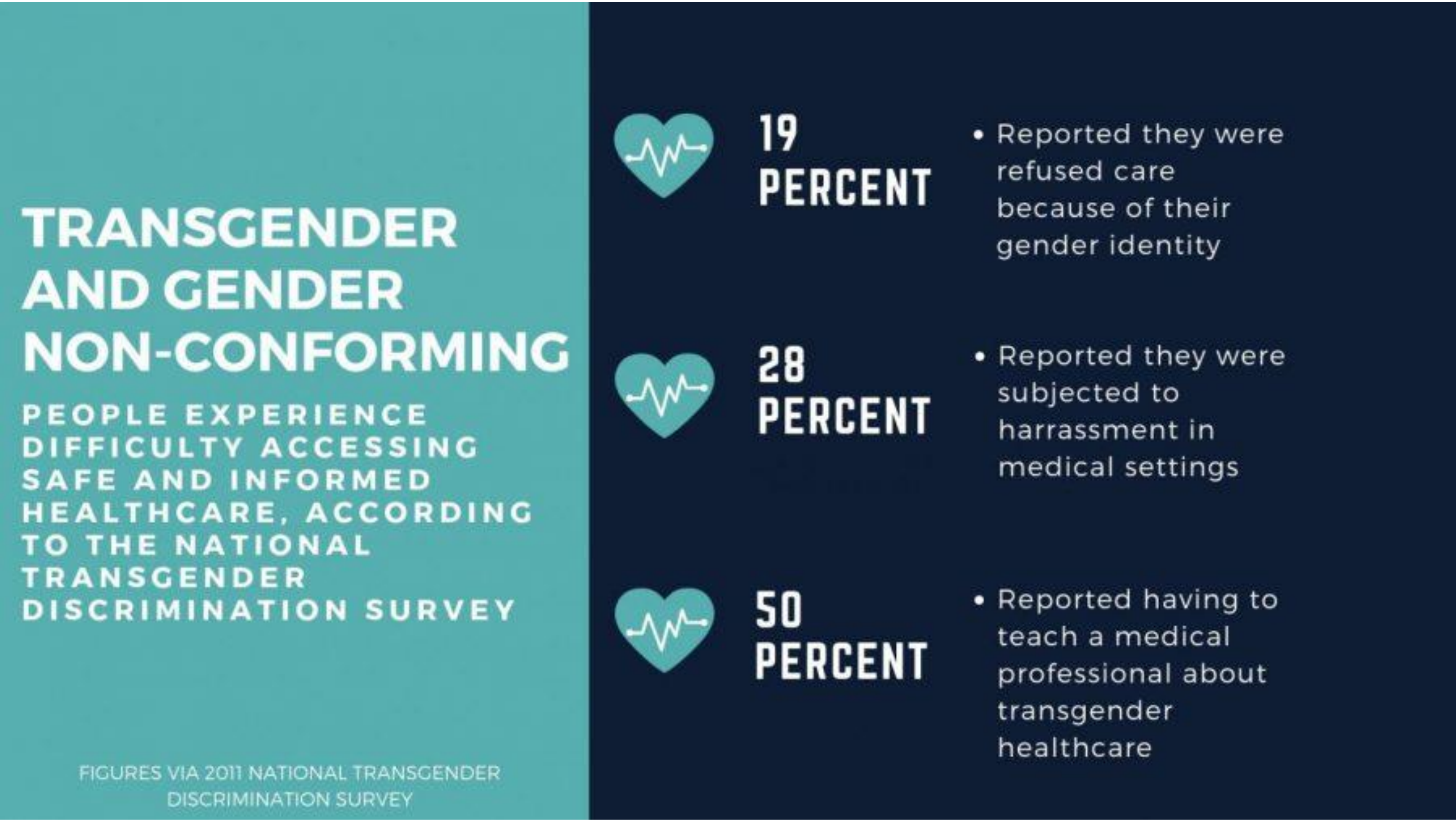
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# Cerebral Palsy in Adults Age 21 and Older

Emma Treuil (Nursing), Ashley Gurba (Nursing), Jaden Danos (Dentistry), Evan Wampold (Dentistry), Meredith Gioe (Medicine), Tierra Moultrie (Medicine), Annie Talbot (Medicine), Kathryn Ingles (Physical Therapy), Kylie Tolar, (Physician Assistant) Megan Schmidt (Public Health) and Mia Mutz (Nursing)

## CEREBRAL PALSY

### PREVALENCE

Most common motor disability of childhood

1 in 323 children

1/2 patients also have epilepsy

### RISK FACTORS

#### Congenital

1. Low birthweight
2. Prematurity
3. Exposure to toxins or infection during pregnancy

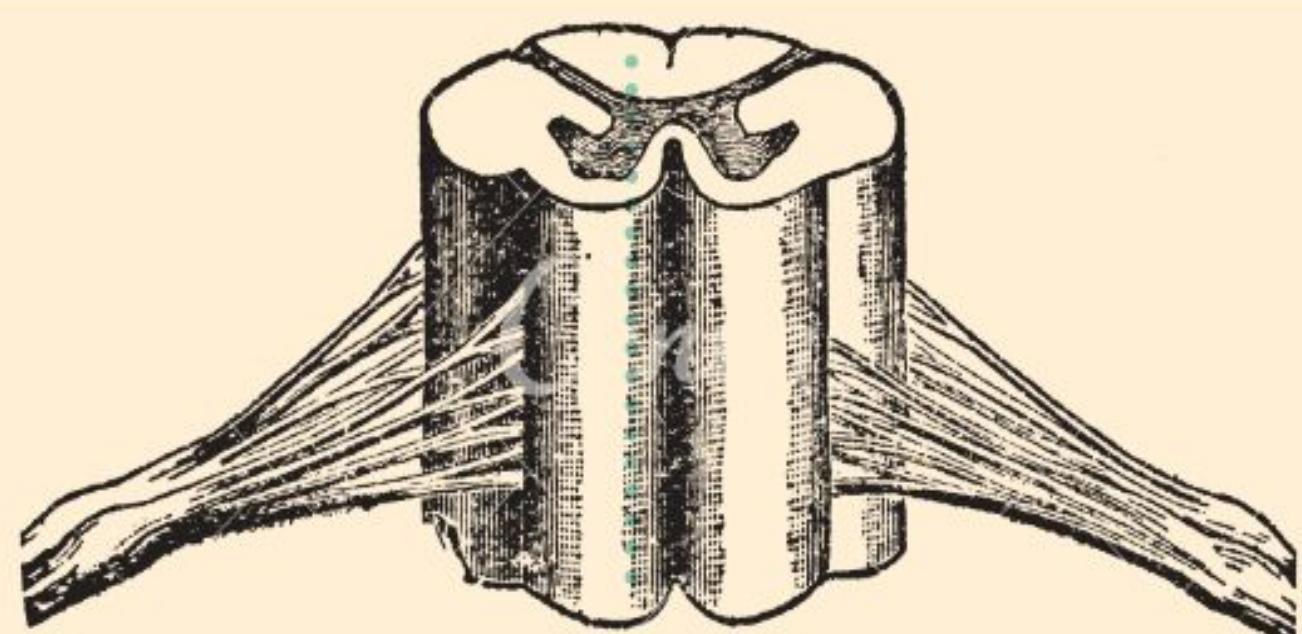
#### Acquired

1. Infection or meningitis
2. Head Trauma
3. CVA

### DEMOGRAPHICS

1. CP is more common in males than females
2. CP is more common among African Americans

MARCH IS CP AWARENESS MONTH



### What is Cerebral Palsy

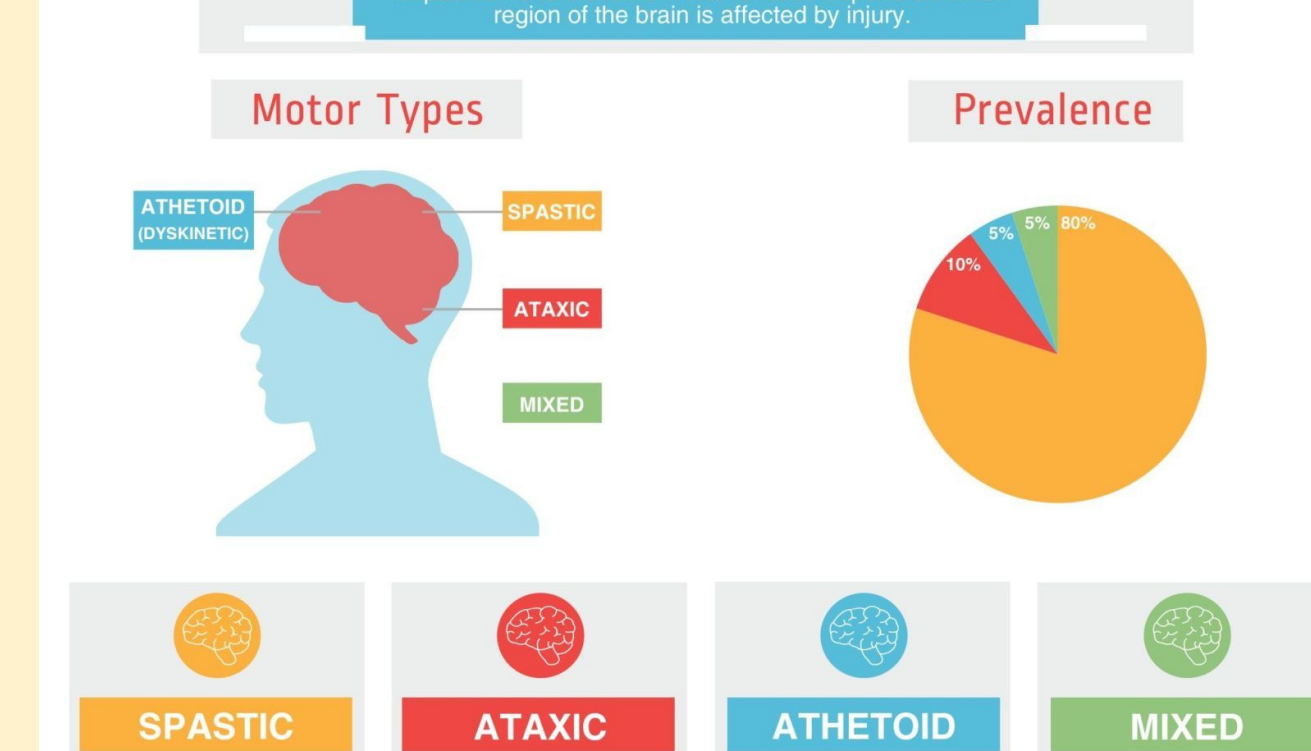
Cerebral Palsy is a group of disorders that affects a person's balance, posture, and ability to move.

Types: classified by main type of movement disorder

1. Spasticity
2. Dyskinesia
3. Ataxia

### TYPES OF CEREBRAL PALSY

#### AND THEIR AFFECTED BRAIN REGIONS

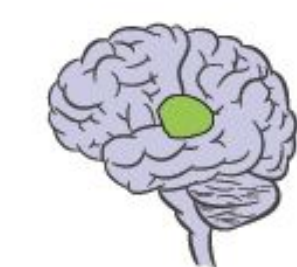


#### What are the Types of Cerebral Palsy?

There are different types of cerebral palsy, depending on what part of the brain is affected.



Stiff muscles (spasticity), associated with damage to or developmental differences in the cerebral cortex



Uncontrollable movements (dyskinesia), associated with damage to the basal ganglia



Poor balance and coordination (ataxia), associated with damage to the cerebellum



Mixed, a combination of two or more types, associated with damage to multiple areas of the brain

### Interprofessional Assessment Tool

Discipline	Assessment	Assessment	Assessment	CPT Code	Fee Schedule
Medicine	Treat muscle spasticity with Botulinum injections to prevent injury due to spasticity.	Monitor sleep disorders and respiratory insufficiency due to chronic obstructive pulmonary disease	Neurological exam to detect loss of function which can signal worsening prognosis	J0587; 94015, 94016, 99385	\$11.99 per unit; \$14.77; \$17.32; \$76.67
Nursing	Monitor for loss of previously attained skills; asses for signs of dysphagia: drooling, coughing, choking, etc	Educate on nutrition for the management of symptoms		Services incident to MD, PA, NP	
Physical Therapy	Exercises to prevent walking difficulties and falls related to muscle stiffness.	Educate on target heart rate at rest and during cardiorespiratory fitness exercises	Hand and wrist exercises to develop fine motor skills.	97161	\$66.79
Physician Assistant	Preventative Medicine Counseling	Established patient periodic preventative exam	Health behavior assessment, or re-assessment	99401, 99395, 96156	\$15.78, \$53.48, \$58.10
Dentistry	Assessing salivary control	Assess for gingivitis as a result of medications (e.g. anti-seizure meds)	Screen for malalignment of teeth due to muscular atrophy	D0150	\$47.37
Public Health	Educate on routine vaccinations	Screen for mental health conditions such as depression and anxiety		N/A	N/A

### IPEC Sub-competency CC8

Working as a team to develop an interprofessional approach to treat adult patients with cerebral palsy has allowed us to consider how we can work together to promote patient-centered care. By creating a clearly-defined interprofessional plan to care for cerebral palsy patients, we have reflected on how we can work together in our respective fields to provide better, more comprehensive care to patients requiring a variety of services from all of our disciplines.

We recognized from our collaboration that our collective knowledge was far greater than the knowledge of any one person in a single profession. Working as a team allowed us to have meaningful discussions about the unique roles each profession has in treating patients with cerebral palsy. We actively listened to our team members share knowledge about their professions' respective roles in treating patients with cerebral palsy, and everyone encouraged one other to express their knowledge and opinions, enabling us to further learn about the professions we would be interacting with in the future.

### Benefits and Challenges of Assessment

Benefits:

- With an interprofessional assessment, each member of the healthcare team can identify and treat the disease processes associated with cerebral palsy that is in their area of expertise.
- There is a decreased likelihood that symptoms and comorbidities are overlooked during physical examination.

Potential challenges to assessment implementation:

- Different healthcare professionals are often not located in the same office building, so it would be difficult to perform an interdisciplinary assessment in less than 45 minutes.

Potential Solution:

- Create an integrated health clinic specifically to treat cerebral palsy patients where different specialists can all practice in the same building

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Cerebral Palsy Guide. (2020). Cerebral palsy in adults. Retrieved from <https://www.cerebralpalsyguide.com/community/cerebral-palsy-in-adults/>

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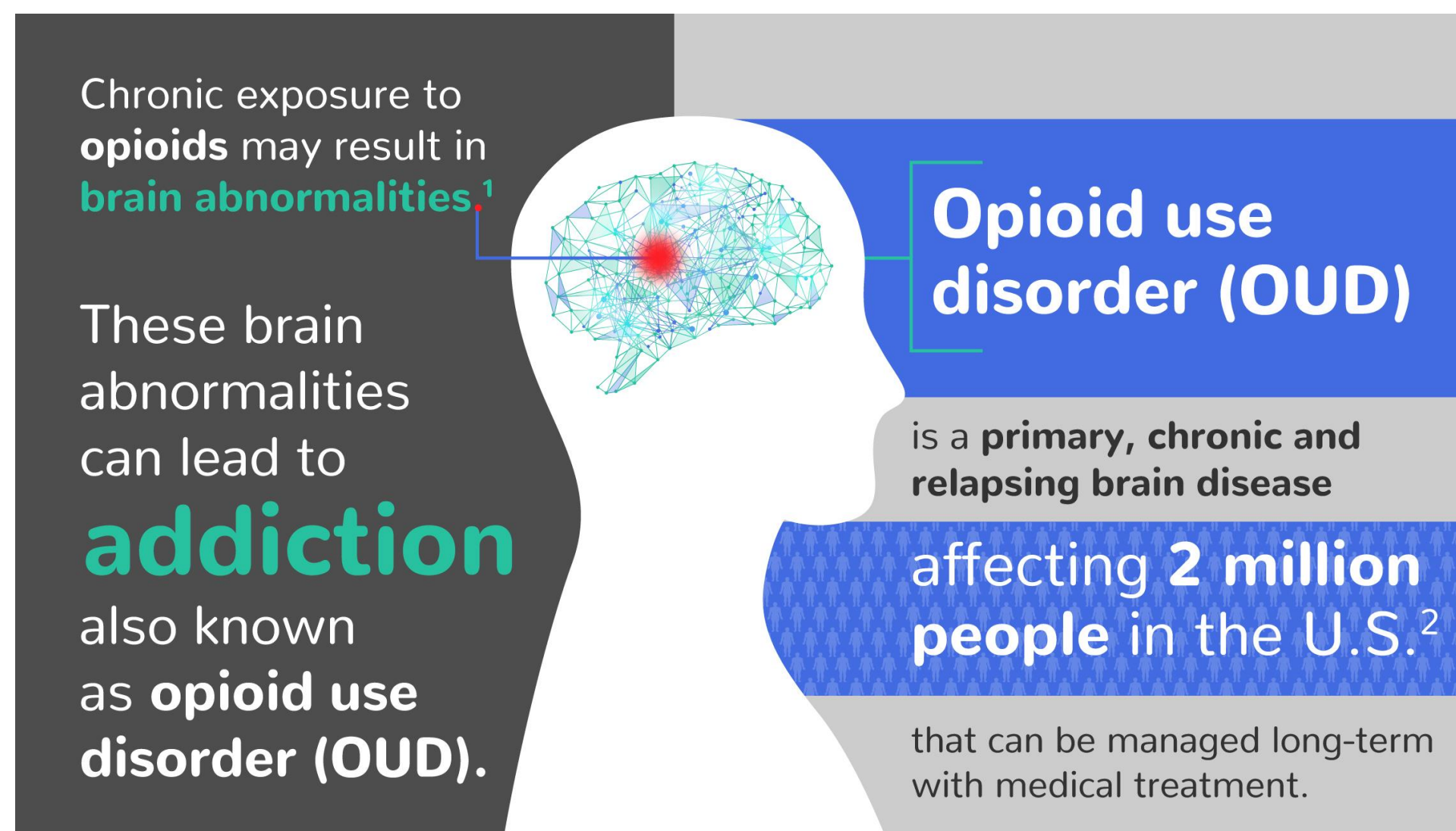
University of Michigan. (2020). Adult cerebral palsy care. Retrieved from <https://www.uofmhealth.org/conditions-treatments/rehabilitation/adult-cerebral-palsy-care>



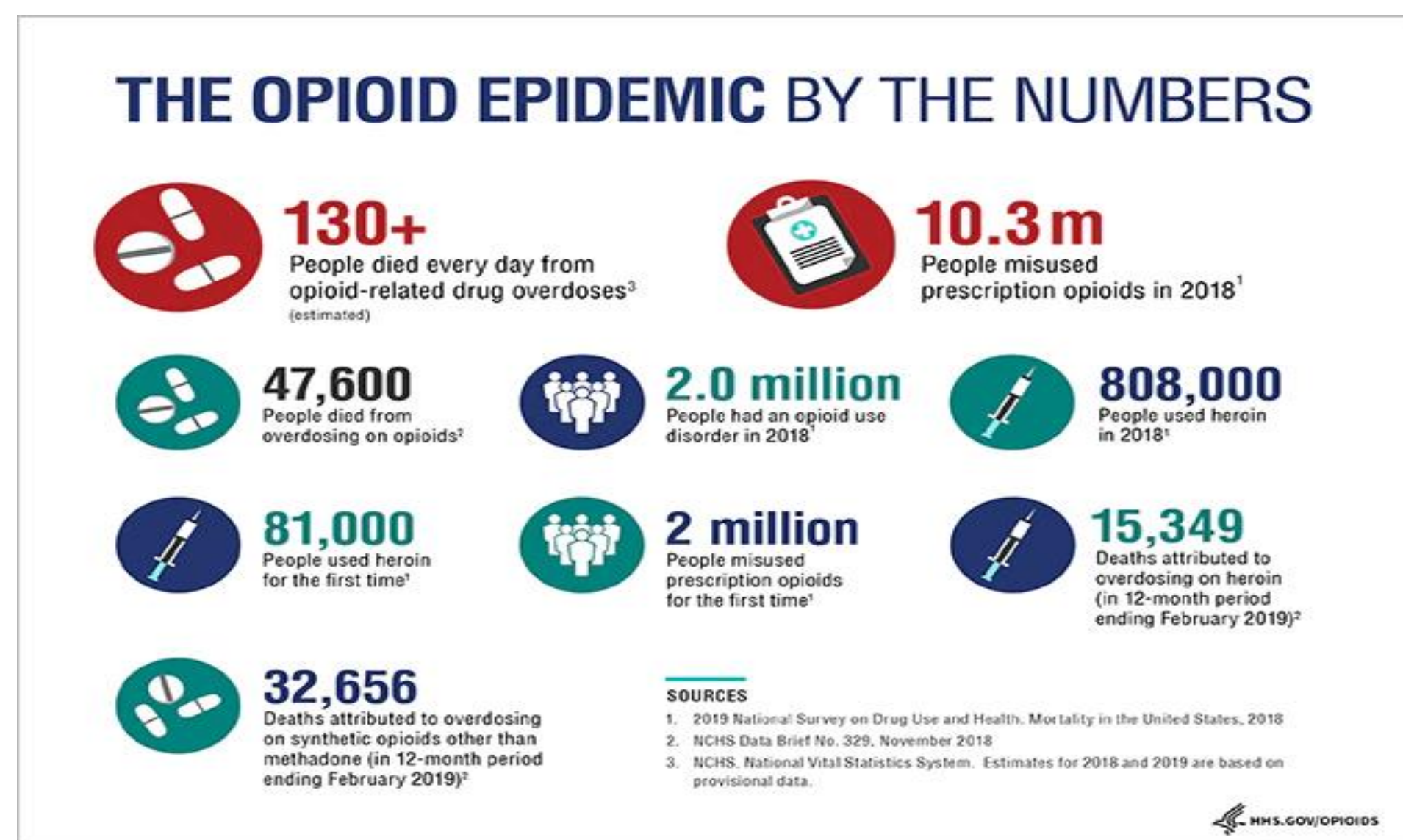
## Group 57

Joseph	Goddu	Medicine (MD), New Orleans
Larissa	Gonzalez-Rubio	Bachelor of Science Nursing
Audrey	Gurnik	Bachelor of Science Nursing
Kristi	Joseph	Physical Therapy, DPT
Adrienne	Murphy	Medicine (MD), New Orleans
Jameyia	Teno	Medicine (MD), New Orleans
Matthew	Thorne	Clinical Laboratory Science
Brice	Wagner	Physician Assistant, MPAS (2)
Jonathan	Waters	Dentistry, DDS
Simone	White	Public Health & Prevent, NM
Anthony	Oakley	Bachelor of Science Nursing

## What is it?



\*Kosten TR & George TP. The neurobiology of opioid dependence: implications for treatment. Sci Pract Perspect. doi:10.1151/spp021113.  
\*SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2018.



## Who's at risk?

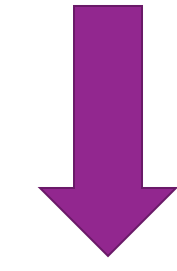
- Nonfunctional status due to pain
- Exaggeration of pain
- Unclear etiology for pain
- Young age
- Smoking
- Poor social support
- Personal history of substance abuse
- Family history of substance abuse
- Psychological stress
- Psychological trauma
- Psychological disease
- Psychotropic substance use
- Focus on opioids
- Preadolescent sexual abuse
- History of legal problems
- History of substance-abuse treatment
- Craving for prescription drugs
- Mood swings
- Childhood adversity

## Opioid Use Disorder: An Interprofessional Secondary Prevention Assessment Tool:

### Case Example

**45yo divorced father of 4. Referred to addiction specialists from employer. Upon eval found to be using oxycodone 20mg 2-3/day(unprescribed). He has been getting the drug off the street for 2years. Opioids give him energy. Pt 1st took opioid in college following an injury and surgery. A few years ago patient separated from spouse and he felt low energy and mood & unmotivated. After which he relied on oxycodone to relieve his low back pain and emotional pain. Patient now wants help to stop .**

## 1. Screen



Conduct medical history including medications, immunizations, surgeries, or hospitalizations to identify risk factors.

Physical Therapy Screen (Observation, Sensory- B LE, ROM/MMT- B LE, gait)

Physical Therapy Code and Cost: 97161 - \$66.79

Initial comprehensive preventive medicine.

Medicine and Nursing Codes and Cost: 99386- 89.97 (40-64 y/o)

## 2. Assess and Engage



Mini Mental Status Exam to identify potential behavioral, cognitive, or mental health risk factors. Identify patient's willingness to engage in alternative pain management tools.

In-depth physical therapy assessments/special tests (based off initial screen).

Patient-Specific Function Scale (PSFS) and Patient Health Questionnaire (PHQ-9)

Physician Assistant and Nursing Codes & Cost: 99385 - 89.97 (40-64 year-old)

Prescription drug monitoring programs and diversion control

Physical Therapy Code and Cost: 97161 - \$66.79

## 3. Pain Management



- Cognitive Based Therapy, Motivational Interviewing, Contingency Management
  - Patient Education (Utilizing #ChoosePT)
- Physical Therapy (Code and Cost: 97161 - \$66.79)
  - Meditation
  - Exercise
- Medicine alternatives (gabapentin, SSRIs)
  - Yoga/Tai Chi
  - Heat/Cold Application
  - Massage Therapy
- Neurostimulation (TENS, acupuncture)

## Team Reflection on IPEC CC8:

*"Communicate the importance of teamwork in patient-centered care and population health programs and policies - Interprofessional Communication"*

*Patients trust that all members of their healthcare team coordinate and manage their care to make sure that all their needs are addressed and met. Therefore effective communication and teamwork is essential for producing positive patient outcomes.*

*Through developing the multidisciplinary screening tool for opioid use disorder, we each learned the role that other professions including medicine, nursing, dentistry, physician assistants, and physical therapy have in addressing this health issue, some of which overlaps. It is necessary to know what each health care provider does for the patient to prevent duplicating tests, assessments, and treatments and ensuring all components of care are delivered.*



## Benefits of an Interprofessional Approach

### *From the patient's perspective*

The patient benefits greatly when an entire medical team approaches from all angles. Where one profession might lack the perspective of the situation, another might have strength in the area. It also benefits the patient by having a greater collaboration and depth of care regarding preventative measures. Lastly, patients benefit with an integral approach of specialized medical and social services concerning their possible addictive behaviors, risks, health and mental care concerns on an individualized basis.

### *From the provider's perspective*

Medical professional's benefit when we work as a team as we are all trained to be experts in our respective fields. Recognizing the gaps in each of our educations while acknowledging the strengths of our fellow medical team members allows the team to maximize the effectiveness of its treatment. This all leads to a more comprehensive diagnosis of the patient, a reduction in the duplicity of time-consuming services, and a better coordination of treatment.

## Challenges & Barriers

**Challenge:** Lack of compliance with prescription drug monitoring tools.

**Solution:** Educating patient on compliance standards and how to reduce behaviors that put them at risk.

**Challenge:** Scheduling and time constraints for the patient and/or each healthcare professional.

**Solution:** Advanced scheduling and sending reminders about appointments through email or text is important.

Also making sure the appointment is comprehensive and all in one setting can be beneficial for the team and patient.

**Challenge:** Lack of trust or understanding of each healthcare member's role on the interprofessional team.

**Solution:** Brief meetings to discuss each team members roles and responsibilities in the assessment.

### References

St Marie B. Assessing Patients' Risk for Opioid Use Disorder. *AACN Adv Crit Care*. 2019;30(4):343–352. doi:10.4037/aacnacc2019931

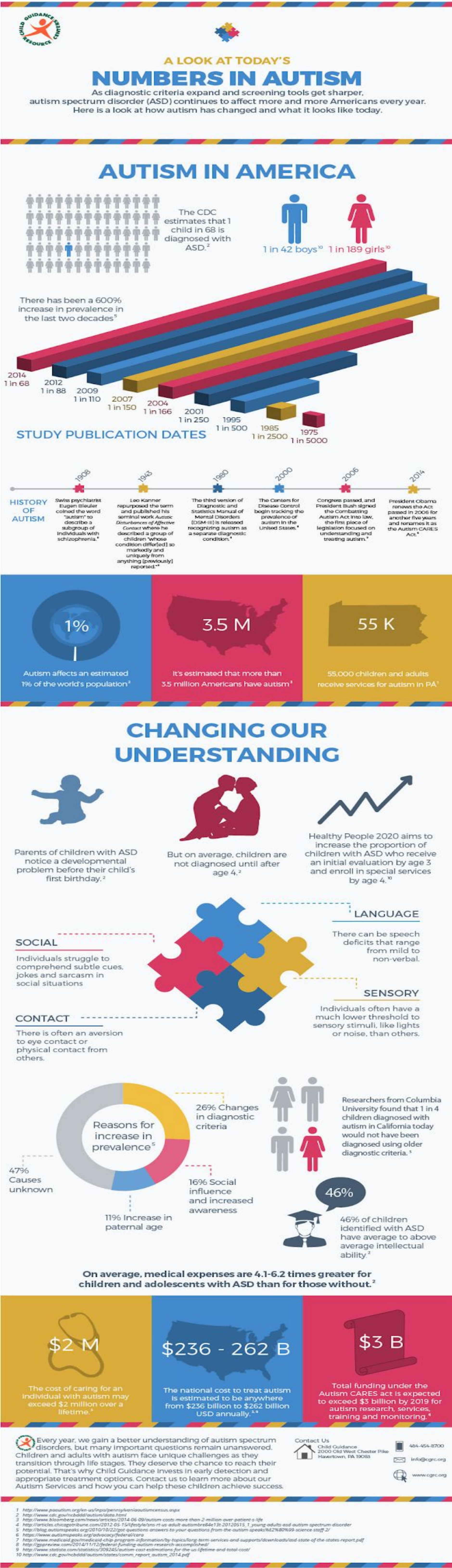
Anesth Analg. 2017 Nov;125(5):1741-1748. doi: 10.1213/ANE.0000000000002496.

<https://www.choosept.com/toolkit>

[https://www.apta.org/uploadedFiles/APTAorg/Advocacy/Federal/Legislative\\_Issues/Opioid/APTAOpioidWhitePaper.pdf](https://www.apta.org/uploadedFiles/APTAorg/Advocacy/Federal/Legislative_Issues/Opioid/APTAOpioidWhitePaper.pdf)



# Background



# Autism Spectrum Disorder in Adults

## TEAM MEMBERS:

Sarah Boustany (Nursing)	Michael Thompson (Medicine)	Lauren Gonzalez (Medicine)
Hannah Hakenjos (Nursing)	Bryn Keller (Physical Therapy)	Renee Nguyen (Nursing)
Alexander Degenova (Dentistry)	Jamarius Williams (PA)	Jeff Musgrave (Medicine)
Michael White (Dentistry)	Leigh-Ann William (Public Health)	

## Interprofessional Assessment Tool

**Medicine-** Comprehensive health screening, cardiac exam, ADHD screening, metabolic panel, depression screening with PHQ-9.

**Nursing-** Abuse assessment screen, Food diary to assess nutritional intake, Assess the need for community group support, Medication review and education, Provide safety measurements

**Dentistry-** Oral Exam, Oral Health Instruction

**Physical Therapy-** ROM, MMT, Muscle Tone, and Observe posture, bed mobility, gait, and balance.

\* We recommend adding a case manager and occupational and speech therapy to the team.

**Cost**  
Estimated \$392.79

## Benefits

Benefits to the patient and community include having a more thorough and comprehensive health evaluation that encompasses all aspects of health and wellness.

Benefits to the healthcare provider includes a more comprehensive patient history, more efficient healthcare delivery, and better prevention of secondary health risks.

## Challenge

Multidisciplinary appointments can be difficult for the patient to coordinate and manage.

## Solution

Have a case manager coordinate appointment schedule so that patients can be seen in a timely manner.

## IPEC Sub-competency CC8

Collaboration in patient-centered care and population health programs was necessary in the making of this interprofessional assessment tool.

## References:

- 1) <https://cgrc.org/todays-numbers-in-autism-infographic/>
- 2) Halter, M. (2018). *Varcarolis Foundations of psychiatric mental health nursing: A clinical approach* (8<sup>th</sup> ed.). New York, NY: Saunders Elsevier.



## Team Members:

### Dentistry:

Rachel Dier  
Brandy Whitlow

### Medicine:

Kenneth Gorman  
Kiyoshi Nakamura  
Brandon Thrash

### Physical Therapy:

Lauren Larson

### Nursing:

Tanzania Bowen  
Cydni Haley  
Emily Nichols

### Physician Assistant:

Trinity Williams

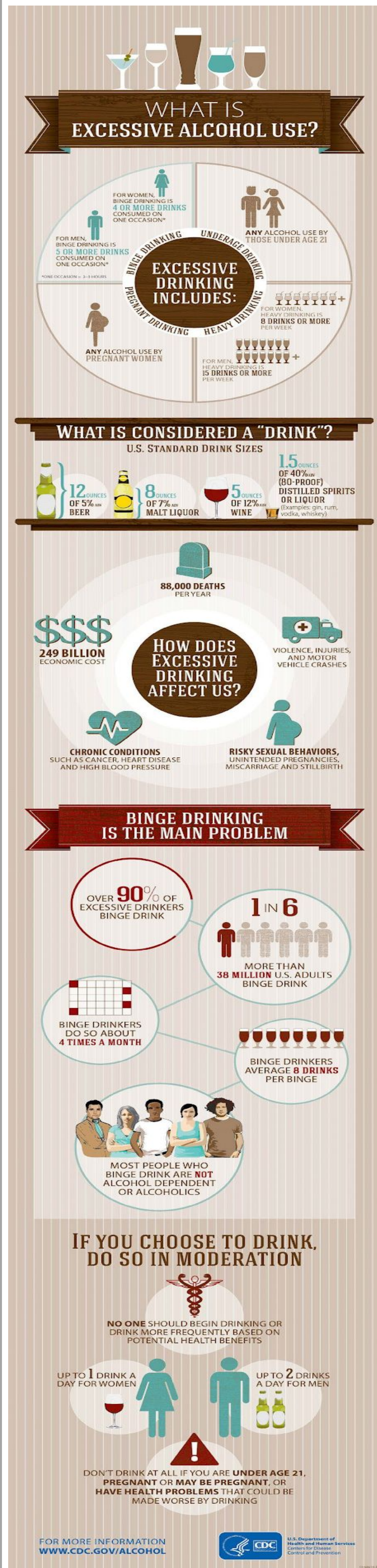
### Public Health:

Elizabeth Yanes

### Occupational Therapy:

Clara Bausa

## Infographics by CDC



- ~38 million adults in the U.S. drink too much
- 9 out of 10 excessive drinkers are not alcohol dependent
- 17 billion total binge drinks by US adults annually; 470 total binge drinks per binge drinker yearly!
- Of those who die from alcohol poisoning, 76% are men & 24% are women
- In the U.S., \$249 billion loss: \$28 billion in healthcare, \$179 billion in workplace productivity, \$13 billion in collisions, & \$25 billion in criminal justice

# ALCOHOL USE DISORDER

## 45-Minute Interprofessional Assessment Tool:

### AUDIT<sup>1</sup>:

**The Alcohol Use Disorders Identification Test: Interview Version**

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?	(a) Never (Skip to Qs 9-10) (b) Monthly or less (c) 2 to 3 times a month (d) 2 to 3 times a week (e) 4 or more times a week	<input type="checkbox"/>
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	(a) 1 or 2 (b) 3 or 4 (c) 5 or 6 (d) 7, 8, or 9 (e) 10 or more	<input type="checkbox"/>
3. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
4. How often during the last year have you found that you were not able to stop drinking once you had started?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	(a) Never (b) Less than monthly (c) Monthly (d) Weekly (e) Daily or almost daily	<input type="checkbox"/>
9. Have you or someone else been injured as a result of your drinking?	(a) No (b) Yes, but not in the last year (c) Yes, during the last year	<input type="checkbox"/>
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	(a) No (b) Yes, but not in the last year (c) Yes, during the last year	<input type="checkbox"/>
11. Have you or someone else been injured because of your drinking?	(a) No (b) Yes, but not in the last year (c) Yes, during the last year	<input type="checkbox"/>
12. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	(a) No (b) Yes, but not in the last year (c) Yes, during the last year	<input type="checkbox"/>
Record total of specific items here: <input type="text"/>		
If total is greater than recommended cut-off, consult User's Manual		

**The Alcohol Use Disorders Identification Test: Self-Report Version**

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?	No	Yes, but not in the last year	Yes, during the last year		
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year		
					Total

### CAGE<sup>2</sup>:

C	Have you ever felt the need to <b>cut</b> down on your drinking?	Yes	No
A	Have people <b>annoyed</b> you by criticizing your drinking?	Yes	No
G	Have you ever felt <b>guilty</b> about drinking?	Yes	No
E	Have you ever felt you needed a drink first thing in the morning ( <b>Eye-Opener</b> ) to steady your nerves or to get rid of a hang over?	Yes	No

NOTE: Two "yes" responses = possible alcoholism.

### Berg Balance Scale Items<sup>3</sup>:

1. Sitting unsupported
2. Change of position: sitting to standing
3. Change of position" standing to sitting
4. Transfers
5. Standing unsupported
6. Standing with eyes closed
7. Standing with feet together
8. Tandem standing
9. Standing on one leg
10. Turning trunk (feet fixed)
11. Retrieving objects from floor
12. Turning 360 degrees
13. Stool stepping
14. Reaching forward while standing



### DASS-21 Scoring<sup>4</sup>:

	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

<https://www.vecteezy.com/vector-art/461809-mental-disorder-and-stress-icons-set>



### Nursing:

- AUDIT<sup>1</sup> Screening. No cost, 5 mins.
  - Incident to MD, PA, NP

### Physician Assistant:

- Interview and physical exam part of the comprehensive preventive medicine eval, 10 mins. \$89.97 (CPT Code: 99386)

### Medicine:

- CAGE<sup>2</sup> Assessment. No Cost, 2 mins.

### Physical Therapy:

- Berg Balance Scale<sup>3</sup> (BBS): A 14-item objective measure to determine the extent of balance impairment. No cost, 15 mins.
  - A full low complexity eval would cost \$66.79. (CPT Code: 97161)

### Dentistry:

- Oral cancer screening part of the comprehensive oral exam, 5 mins. \$47.37 (CPT Code: D0150)

### Occupational Therapy:

- The Depression, Anxiety, and Stress Scale<sup>4</sup> (DASS-21): A 21-item self report scale that measures the emotional stages of depression, anxiety, and stress. No cost, 3 mins.
  - A full low complexity evaluation would cost \$64.90. (CPT Code: 97165)

### Public Health:

- Survey/identify possible risk factors (environmental, health conditions, etc.)
- Patient education and information on AUD. Pamphlets and other informational tools. No cost, 5 mins.

### Other Beneficial Professionals:

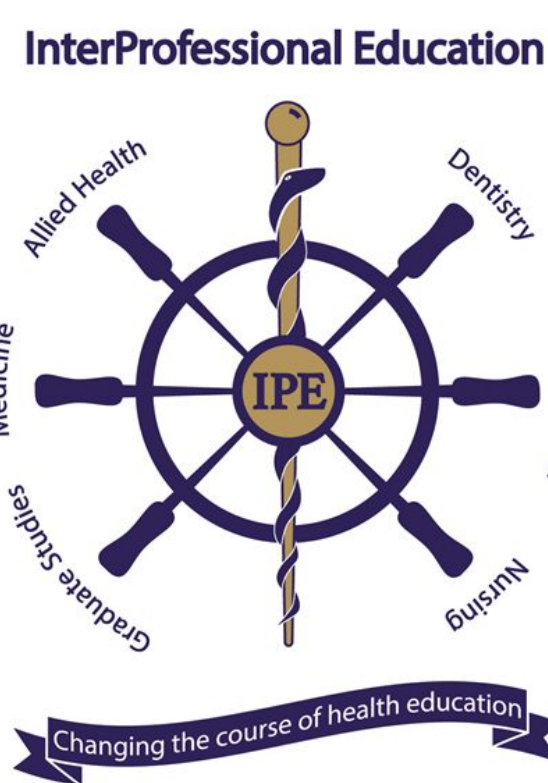
Dietician, Phlebotomist (Lab Work-Up), Mental Health Clinician, Community Support Group



Group #: 59

## Reflection:

Interprofessional collaboration is the basis of patient-centered care and allows the creation of optimal health programs and policies (IPEC-CC8). This will increase patient trust in the healthcare system and decrease unnecessary near misses, and even mortality.



## Benefits:

- For patient:
  - Fewer medical expenses
  - Decreased frustration
  - Sense of being heard and taken care of
  - A team of healthcare professionals providing comprehensive care
- For providers:
  - Additional resources
- Time efficient for both the patient and healthcare providers

## Challenges:

- Ambiguity in professional roles and responsibilities
- The need for clearly defined tasks to avoid overlap among professions
- Ensure that all necessary tests and components from assessment are completed
- Possible solution:
  - Explaining each professional's role in the healthcare of the patient
  - Making sure this is done as soon as the team begins collaborating -- from the start

### References:

1. CAGE Alcohol Abuse Screening Tool. Pedagogy: Online Learning Systems. <https://www.pedagogyeducation.com/Main-Campus/Resource-Library/Correctional-Nursing/CAGE-Alcohol-Abuse-Screening-Tool.aspx>. 2020. Accessed March 8, 2020.
2. Screening and Assessment Tools Chart. National Institute on Drug Abuse. <https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>. Updated June 2018. Accessed Feb. 29, 2020.
3. Berg K, Wood-Dauphinee S, Williams JJ, Maki P. Measuring balance in the elderly: Validation of an instrument. *Can. J. Pub. Health*. July/August supplement 257-11, 1992.
4. Lovibond, S.H. & Lovibond, P.F. Manual for the Depression Anxiety & Stress Scales. Sydney: Psychology Foundation. 2, 1995.
5. Steihaug, S., Johannessen, A.-K., Ådnanes, M., Paulsen, B., & Mannion, R. (2016, July 18). Challenges in Achieving Collaboration in Clinical Practice: The Case of Norwegian Health Care. Retrieved March 9, 2020, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5351059/>
6. Pan, Chi-syuan & Ju, Teresa & Lee, Chi & Chen, Yu-Pei & Hsu, Chung & Hung, Dong-Zong & Chen, Wei-Kung & Wang, I-Kuan. (2018). Alcohol use disorder tied to development of chronic kidney disease: A nationwide database analysis. *PLOS ONE*. 13. e0203410. 10.1371/journal.pone.0203410.
7. <https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx?fbclid=IwAR3k8Bghnyq5pCrlpX19xQVGxrJ0ARdf7FuDc16AMxtlWNl-y4FxE>

# TOTAL ESTIMATED COST: \$137.34 - \$269.03



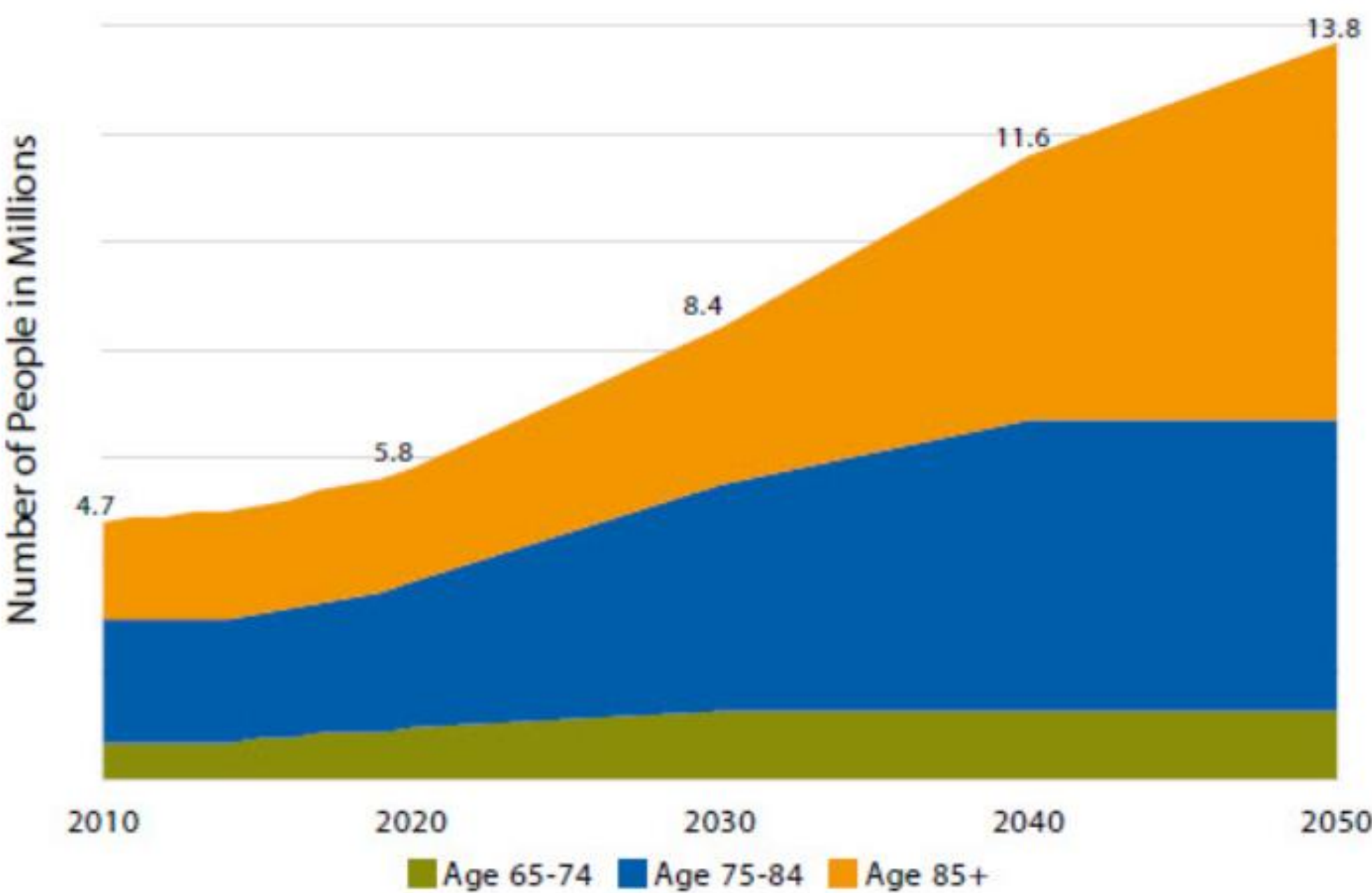
# Alzheimer's Disease Early Detection

Group #: 60

## Prevalence

As of 2014, there were up to **5 million** Americans living with Alzheimer's, and that number is projected to grow:

Projected Number of People Aged 65 or Older With Alzheimer's Disease, by Age Group, United States, 2010–2050



Source: Created from data in Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010–2050) estimated using the 2010 Census. *Neurology*. 2013;80(19):1778–1783.

- Alzheimer's is the 6<sup>th</sup> leading cause of death among adults in the United States
- It is responsible for 60-80% of all dementia cases

## Common Signs & Symptoms

### Early

- Memory loss
- Difficulty with familiar tasks

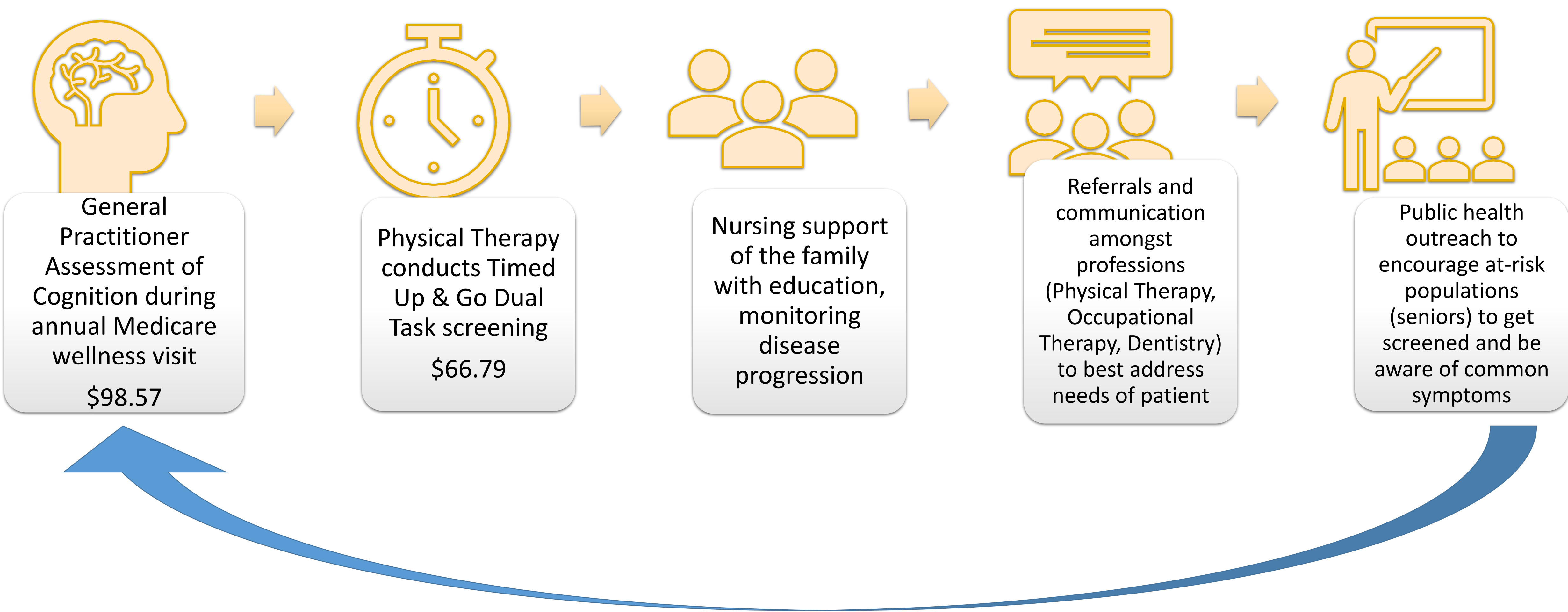
### Late

- Personality change
- Loss of mobility
- Inability to care for oneself

## Risk Factors

- Age is the best known risk factor
- Family history is also important
- Growing evidence suggests that physical, mental, and social activities may reduce risk

## In-Office Assessment and Follow-Up Tool:



## Team Members and Program

**Nursing:** Autumn Hamm, Madison O'Grodnick, Rain Breedlove  
**Physical Therapy:** Mary Lavergne  
**Occupational Therapy:** Katelyn Brady  
**Dentistry:** Kaleb Williamson, Rachel Dufrene  
**Public Health:** Emily Worsham  
**Medicine:** Tim Goyette, Hayden Torres, Tabitha Ndungu

## Challenge to Implementation

Not all providers are located in the same facility to conduct the screen and/or facilitate communication

## Solution

Institute 'multidisciplinary clinic' 1 day per week with all involved providers present to screen and educate patients

## Sources

Cordell, C. B., Borson, S., Boustani, M., Chodosh, J., Reuben, D., Verghese, J., ... Fried, L. B. (2012). Alzheimers Association recommendations for operationalizing the detection of cognitive impairment during the Medicare Annual Wellness Visit in a primary care setting. *Alzheimers & Dementia*, 9(2), 141–150. doi: 10.1016/j.jalz.2012.09.011

CDC.Gov

<https://www.alz.org/professionals/health-systems-clinicians/cognitive-assessment>

Timed Up and Go Dual Task; Timed Up and Go (Cognitive); Timed Up and Go (Motor); Timed Up and Go (Manual). Shirley Ryan AbilityLab. <https://www.sralab.org/rehabilitation-measures/timed-and-go-dual-task-timed-and-go-cognitive-timed-and-go-motor-timed-and-go-manual>. Published 2020. Accessed March 9, 2020.

## Benefits to the Interdisciplinary Model

### Time and Cost Efficient

Helps ensure every senior gets screened during their Annual Wellness Exam

### Tailored Healthcare

Addition of Physical Therapy screen helps providers better understand patient needs

### Multifaceted

Interdisciplinary support improves patient care

### Prevention

Active outreach from multiple disciplines improves patient knowledge about screening and support