

## SOAR Dialogue Highlights 8/21/18

Attendees: Emily Carmody, Natasha Posey, Pamalia Davis, Malik Kennedy, Diamond Jenkins-Nelson, Charlene Meyers, Stacey Costner, Connie Ness, Monique Venning, Kathryn Coiner-Collier, Christina Heggins, Danielle Arthur

### Introductions

- Emily Carmody, NCCEH, Raleigh- Thank you to everyone who provided data for the annual report, NC saw an increase in approval rate which reflects hard work done in the field
- Natasha Posey, Southlight, Raleigh- No new updates
- Pamalia Davis, Housing for New Hope, Durham- 3 approvals this month
- Malik Kennedy, Duke University Police, Durham- 1 approval this month
- Diamond Jenkins Nelson, Southlight, Raleigh- no updates this month
- Charlene Meyers, CIT Program, Johnston County Mental Health Center- first case approved!
- Stacey Costner, MHA of the South Mountains, Cleveland County- several cases in progress
- Meg Yeates, Good Shepherd Center, Wilmington- no updates yet, working on a case
- Connie Ness, WakeMed PATH team, Raleigh- 3 cases in progress
- Monique Venning, Urban Ministry Center, Charlotte- 1 approval and 5 cases pending
- Kathryn Coiner-Collier, Atrium Health, Charlotte- cases pending, 2 people housed while waiting on decision
- Christina Heggins, Mecklenburg County, Charlotte- SSA field office will be putting 3 staff on SOAR cases
- Danielle Arthur, Urban Ministry Center, Charlotte- no updates

### Announcements

- Annual Report Submitted- NC approval rate rose to 74% (yay!). Thank you to everyone for submitting their information.
- Changes at DDS- As emailed, Donna is retiring in October. We are sad to see her go, and DDS is assigning 2 new examiners to SOAR. Donna met with the new examiners to bring them on board. Emily is planning on having a meeting with DDS in October to touch base on the process. Please send Emily any feedback or issues you would like covered in the meeting.

### Engaging Community Partners

#### *Overview*

This month, Julia Gamble, NP from Duke Outpatient Clinic joined the call so SOAR caseworkers could “ask a medical provider” questions they have from the field. Julia is a SOAR-trained provider who established the Durham Disability Workgroup, which achieved Gold SOAR Certification and developed a brochure to educate people about disability benefits. SOAR caseworkers emailed questions prior to the call and asked questions during the call.

## Q&A

*When I get medical records, I find that I tend to skip over the lab results because there are so many and I do not know how to interpret them or identify the significant ones. I would find it helpful if I knew which ones in particular to zero in on and how to interpret the numbers.*

In general, medical providers tend to over-order labs for patients. Many do this on autopilot and not always done thoughtfully. First, scan over the Blue Book listings to see if listing calls for specific labs that you can look for in the records. Others to note:

- CR (creatinine) Lab and/or GFR
  - CR is a measure of kidney function – it can be elevated briefly in a quick illness (acute renal failure) or chronically (all the time in chronic kidney disease)
  - GFR is a calculation that is reported with the metabolic panel that gives an idea of general kidney function – as it decreases people are getting closer to dialysis. You can ask their providers to put this on a problem list (Chronic Kidney Disease Stage number). Good info at this website: <https://www.kidney.org/atoz/content/gfr>
  - As people move towards dialysis, it is an opportunity to get people's benefits in place.
  - If a patient CR is high or GFR is low there are significant kidney issues, need to have conversations around this with providers. Providers are not good at talking about this.
- TSH Lab-
  - Measures thyroid function which impacts mood and function.
  - Can impact someone if way up or way down (outside of normal range).
- Listing for lung disease gives a really nice outline for pulmonary function tests that you can look for but don't really have to understand.
- A1C Test for diabetes
  - Looking at levels in records can show an inability to manage diabetes with medication
  - Could lead to painting a picture of being unable to manage oneself and putting themselves in life threatening scenarios

*We are having a hard time getting medical records for people from the Duke Health System. Is it possible to release a patient's records while they are hospitalized?*

Currently, DUHS is having a barrier in releasing records, and we want to work together to craft a way to raise a complaint up. Emily would like to work with SOAR caseworkers on this. One caseworker suggested that patients could get their own records off of Duke Mychart to provide to DDS.

Other SOAR caseworkers have worked out getting records with health systems. One caseworker stated that she feels better about getting records at WakeMed because she now has the supervisor contact information. Atrium health system can print records onsite, and SOAR caseworkers receive records from them in 24-48 hours.

*Is there a good source to use to look up medical terms?*

Recommended website: <https://medlineplus.gov/>

- Supported by our tax dollars and done through the US National Library of Medicine
- Medical librarians collate medical information, make sure the information is legit, and then put on the website.
- Information about medical procedures, disease process, etc.
- Provides links for clinical trials that you can use to see if there is anything locally you can refer your applicant to
- Medical Encyclopedia
- Look for indication of the National Library of Medicine which means they have reviewed the information

*I see a lot of folks who have histories of head injuries. How do I know if these have caused a brain injury? What should I look for in terms of symptoms or is there a way to evaluate them in the field?*

My favorite tool for evaluating impaired cognitive functioning is the MoCA: <https://www.mocatest.org/>. It is worth using in the field and takes 10-15 minutes. Can do a quick training on website to use it. The test can't be used for diagnosis but can show the primary care provider, psychiatrist, treatment teams, etc. that they need to do additional neuropsych testing.

I encourage everyone to do it correctly:

- Prepare the patient- "This test is going to be about memory which everyone has issues with at times. There will be parts you do well on and parts you may not do well on."
- Comes with a 5-page step by step manual for administering the test and tells you how to ask each question. This can be hard because you want to give someone assistance who is struggling but it is important to ask the questions exactly as written and explained in the instructions for an accurate score.
- Don't score the test in front of the patient and be sure to follow the scoring instructions. You can review the results with the patient at a later time: "You did great in this section, but you had a little trouble in remembering things here."

You can also do a "mini-MoCA":

- You can ask someone to name all the words starting with a given letter in one minute. Time them. If they come up with less than 11 words, that is a sign of a problem.
- Have them draw an "old fashioned walk clock" set to a certain time. See if they can draw a circle, put numbers on correctly, and set time to the time given by you with the "small hand" and "big hand" in the correct locations.

*Do you know anything about the TBI waiver at Alliance? How do we access that for people we work with?*

I know that there can be some funding for neuropsych testing, but I don't know more than that. Other resources for people with TBI:

- Work with primary care provider
  - Letting them know the issue helps them take care of their patient.
  - Work together around this to be sure patient accesses necessary testing and supports that are available in their office.
  - Ask the provider to add head injuries to the list of problems in the electronic medical record.
- Getting school records can be really helpful to show the primary care provider a history of need.
- Other state resources for TBI: <https://www.ncdhhs.gov/assistance/disability-services/traumatic-brain-injury>

Next SOAR Dialogue Call will be September 18<sup>th</sup>: <http://www.ncceh.org/events/1307/>