Finding your Voice: Advocating for clients during a pandemic

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Agenda

- Welcome and Introductions:
  - Commission for Case Manager Certification

- Presentation:
  - Nancy Freeborne, DrPH, MPH, PA-C, Chief Executive Officer of Freeborne Health Advising (FHA)
  - Question and Answer Session
After the webinar, participants will be able to:

- Discuss ethical principles relating to advocating for clients.
- Identify safety issues requiring immediate action.
- Describe best practice advocacy techniques.
- List common medications which need evaluation by providers.
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Nancy Freeborne, PA-C, MPH, DrPH
Freeborne Health Advising
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Ethical Principles related to Advocacy

• **Non-maleficence**: “First, do no harm” (Hippocrates, in *Of the Epidemics*):

  • **Example situations**:
    • **General**: Risk/benefit calculations
    • **In pandemic**: What is harm? Intubation?
Ethical Principles related to Advocacy

• **Autonomy:**

• **Example situations:**
  • **General:**
    • Frail client with movement disorder
  • In pandemic and with other infectious disease:
    • Risk of transmission
    • Pro/con of treatment
    • Delirium, fatigue common with COVID

Ethical Principles related to Advocacy

• **Beneficence (promoting and achieving good):**

  • Example situations:
    • General: Nutrition, reflective exercises, comfort
    • In pandemic: Discussions about death
Ethical Principles related to Advocacy

- **Justice:**

  - Example situations:
    - **General:** Calm communication, preferences

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Ethical Principles related to Advocacy

• **Confidentiality (prudence):**

  • **Example situations:**
    • **General:** Check with patient about their preferences
    • **In pandemic:** Is confidentiality as important?
How to Address Ethical Dilemmas?

- **Do No Harm:** family collaboration, ask for examples, multiple decision points
- **Autonomy:** repeat statements three times, have client repeat back to you
- **Beneficence:** What is best “good” of the day?
- **Justice:** Support of wishes, communication with payers, advocacy to minimize disparities
- **Confidentiality:** common sense-think of your own family
Ethical Principles related to Advocacy

• Resources:


Institute of Medicine

- Six aims for improving healthcare for clients:
  - Safety
  - Effectiveness
  - Client-centeredness
  - Timeliness
  - Effectiveness
  - Equity

- [http://www.ihi.org/resources/Pages/ImprovementStories/AcrosstheChasmSixAimsforChangingtheHealthCareSystem.aspx](http://www.ihi.org/resources/Pages/ImprovementStories/AcrosstheChasmSixAimsforChangingtheHealthCareSystem.aspx)
Advocating for Safety

- During the pandemic?
  - Freedom?
  - How much oversight?

- Falls
  - Coaching
  - Communication techniques
Advocating for Safety

- Nutrition
  - Coaching
  - Communication techniques

- Dementia

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Advocating for Safety with Medicines

- Pill boxes—often crucial
  - But, question the meds
  - Double check prescriptions are not prn

- Titering medicines
  - Ex. Half doses
Advocating for Safety with Medicines

De-prescribing:
- 1st generation antihistamines such as diphenhydramine
- Anti-spasmodics
- Tri-cyclic anti-depressants
- Benzodiazepines

De-prescribing:
- Muscle relaxants
- Anti-psychotics
- Alpha 1 blocker
- Oxybutynin hydrochloride
- Herbal products
- Anti-coagulants-good, but risky

https://www.nia.nih.gov/health/safe-use-medicines-older-adults
Techniques for Advocacy

- **Client-centeredness:**
  - Active listening
  - Motivational interviewing
  - Empathy
  - Full engagement
  - Active advocacy

Image by Robin Higgins from Pixabay
Techniques for Advocacy

• **Case Managers Technical skills and attitudes acquisition:**
  • Certification
  • Life-long learning
  • Practice
  • Self awareness
Advocating for equity

Nationally

- AARP
- Congress
- American Society on Aging
- National Center on Elder Abuse
- National Council on Aging
- National Hispanic Council on Aging

State, County

- Area Agency on Aging
- Aging and Disability Resource Centers
Techniques for Advocacy

- **Stages of Engagement:**
  - Raising awareness
  - Doing for
    - Counseling
    - Doing together
    - Coaching
    - Doing independently
  - Mastery/Maintenance

Case Study # 1: Fred

- **Beneficence:**
  - Comfort
  - Medicine management
  - Big picture advocacy - insurance, county and other resources
Case Study # 2: Charlie

- **Confidentiality:**
  - Ex. New diagnosis
  - What are your limits as a case manager?
Case Study #3: Nelda and John

- **Autonomy:**
  - Choices?
  - Knowledge is power
  - Risk/benefit
Question and Answer

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Thank you!

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