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The Medical Summary Report: A Deep Dive for SOAR Providers

Substance Abuse and Mental Health Services Administration
(SAMHSA) SOAR Technical Assistance Center
Policy Research Associates, Inc.

August 3, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

Webinar Instructions

- Muting
- Recording availability
- Live Captioning and ASL Interpretation
- Downloading documents
- Questions and Answers

Purpose and Objectives



Medical Summary Report Interview Guide and Template

The **Medical Summary Report (MSR) Interview Guide** provides sample questions and guidance for gathering information necessary to the SSI/SSDI disability determination process. We do not expect you to ask all the questions in each section. The questions are intended to help you gather all the information you will need to write a Medical Summary Report. For example, if the individual has not been in military service, there is no need to include a military history section. Likewise, if the individual has no legal issues, do not include a legal history section.

Using this guidance, SOAR-trained providers are able to gather a thorough history in a manner, which in turn helps the Disability Determination Services (DDS) understand the person's impairment and the effect of their illness(es) on work ability and functioning. **Template** may be used to compile information in the form of a narrative letter to the SOAR process. The template has eight main sections, covering the types of information needed to make a decision. Use the headings provided in the template to organize

Using Trauma Informed Interviewing to Reduce Implicit Bias

The SAMSHA SOAR TA Center is working to reduce the influence of implicit bias on diversity, equity, and inclusion (DEI) during the information gathering process for the Summary Report. This guidance asks you to consider how a potential applicant's cultural backgrounds may impact their perceptions regarding their disabilities, diagnosis and treatment and to be mindful of how this may impact your opinions/feelings/client's functioning. The interviewing process can uncover very sensitive topics in current trauma, thus it is important to be sensitive to influences that affect a person's ability to provide information. How questions are asked during this process can affect the appropriate information.

The overarching question you should be asking yourself is: Does asking this information help you gain insight into the applicant's functioning? Is the question being asked in a way that respects care and non-judgement?

Reducing Implicit Bias in the Medical Summary Report (MSR)

It is important to reduce the influence of implicit bias by the writer and those that review MSRs for SOAR-assisted SSI/SSDI applications. Included are helpful tips that help emphasize the experience of the applicant while reducing the stereotypes and biased language that foster discrimination against applicants based on race, gender, sexual orientation, substance use disorders, and past or current involvement in the legal system.

The overarching question to ask yourself: Does including this information help provide insight into the applicant's current functioning?

Categories	Relevant Evidence for Inclusion	Information to Consider
Demographics <ul style="list-style-type: none"> • Race • Gender • Sexual orientation 	<ul style="list-style-type: none"> • Did the applicant experience trauma that can be connected to discrimination, denial of access to medical/educational/or legal services due to discrimination or prejudice? • Does the impact of historical trauma influence the applicant's current ability to function? 	<ul style="list-style-type: none"> • Historical Trauma (Consider the era and the location of where the applicant was raised) • Is there a history of poverty? • Response to and interaction with others that are of a different race/ethnicity/orientation
Legal History	<ul style="list-style-type: none"> • Were there any connections between their symptoms and contacts with police? • What evidence, including evaluations or treatment information, is included to support that the applicant's legal involvement is linked to the behavior that is a consequence of the symptoms of the applicant's conditions? • Are there examples of interactions with police that are linked to behaviors as a result of the applicant's symptoms? • Is there information provided by collateral sources (e.g., friends, family members, spouse, co-workers) about why the applicant has recurrent contact with police that can be linked to the symptoms that the applicant experiences? 	<ul style="list-style-type: none"> • Only list the charges that can be linked to arrests and contact with police due to behaviors that were associated with the applicant's diagnoses. • For instance, if an applicant has several arrests for aggressive and disruptive behavior that can be linked to the symptoms of the paranoia that they experience (as a result of their mental health diagnosis of Paranoid Schizophrenia), discussing that incident of arrest can be helpful to illustrate the severity of the applicant's symptoms and functioning. • Prisons and jails have a unique culture that may result in functional limitations being documented in "disciplinary" reports or other documentation outside of formal medical records. • Institutional living arrangements are a community on the "inside." The same way that the applicant struggles to function in the outside community, they will struggle in the community "inside" their current living arrangement – the struggle just "looks" different because of where they are at the time. Be sure to take a deeper look.

SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance Center
March 2021

- How to access and utilize the MSR Interview Guide and Implicit Bias Considerations document to gather information while making the SOAR applicant feel comfortable sharing their story.
- How to identify and reduce implicit bias in MSRs.
- Why the MSR (the applicant's story) is an important step in the SOAR process describing the applicant's struggle to function.

Agenda

Presenters

- Sametra Polkah-Toe, LMHC, Project Associate, SAMHSA SOAR TA Center, Delmar, New York
- Amanda Starkey, MA, Project Associate, SAMHSA SOAR TA Center, Delmar, New York
- Kerry Vander Bloomer, Disability Examiner Manager, Disability Determination Service, Kalamazoo, Michigan
- Lauren Rodriguez, SOAR Benefit Specialist, SAFE Austin, Austin, Texas
- Jennifer, SOAR Beneficiary, SAFE Austin, Austin, Texas

Questions and Answers

- Facilitated by the SAMHSA SOAR TA Center

Welcome!

Asha Stanly, MSW, LICSW
Government Project Officer
Division of State and Community Systems Development
Center for Mental Health Services
SAMHSA SOAR TA Center

August 3, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Reducing Implicit Bias in the Medical Summary Report (MSR)

Sametra Polkah-Toe
SAMHSA SOAR TA Center
Delmar, New York



August 3, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Medical Summary Report: DEI Considerations

- Reducing implicit bias
 - Race
 - Gender
 - Sexual orientation
- Legal History
- History of Trauma

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SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance Center March 2021

MSR Interview Guide and Template



Medical Summary Report Interview Guide and Template

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Using this guidance, SOAR-trained providers are able to gather a thorough history in a respectful manner, which in turn helps the Disability Determination Services (DDS) understand the duration of a person's impairment and the effect of their illness(es) on work ability and functioning. The **MSR Template** may be used to compile information in the form of a narrative letter to SSA/DDS as part of the SOAR process. The template has eight main sections, covering the types of information that DDS needs to make a decision. Use the headings provided in the template to organize your MSR.

Using Trauma Informed Interviewing to Reduce Implicit Bias

The SAMSHA SOAR TA Center is working to reduce the influence of implicit bias and encourage diversity, equity, and inclusion (DEI) during the information gathering process for the Medical Summary Report. This guidance asks you to consider how a potential applicant's racial, ethnic, and cultural backgrounds may impact their perceptions regarding their disabilities, diagnoses, symptoms, and treatment and to be mindful of how this may impact your opinions/feelings/attitudes towards the client's functioning. The interviewing process can uncover very sensitive topics such as past and current trauma, thus it is important to be sensitive to influences that affect a person's willingness and ability to provide information. How questions are asked during this process can be critical to obtaining the appropriate information.

The overarching question you should be asking yourself is: Does asking this information help provide insight into the applicant's functioning? Is the question being asked in a way that conveys a sense of care and non-judgement?

- Using Trauma Informed Interviewing to Reduce Implicit Bias
- New Notes:
 - Information to Consider
 - Relevant Evidence for Inclusion

MSR Walkthrough: Highlighting Key Information to Include and Information to Avoid!

Amanda Starkey, Project Associate,
SAMHSA SOAR TA Center, Delmar, New York
and

Kerry Vander Bloomer, Disability Examiner Manager,
Disability Determination Service, Kalamazoo, Michigan

August 3, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

Reviewing an MSR



NAME: Michael Byrnes
SSN: 123-45-6789
DOB:

Dear Disability Examiner:

INTRODUCTION

Michael Francis Byrnes is a thirty-three-year-old African American male. He weighs 160lbs and is 5'10". He is not clean shaven and has short dark hair. Michael wears unwashed clothes. Born in Middleton, PA he graduated from Middleton Central High School. After being arrested for drugs, he joined the military. Michael is a single male that has no children and has never been married. Michael has been diagnosed as a paranoid schizophrenic and has Posttraumatic Stress Disorder (PTSD). He has a Polysubstance Dependence diagnosis as well as Hepatitis C, headaches, stomach aches and joint pain. He is not currently in treatment for any of these medical issues. Michael is disabled, homeless and without a source of income. He is very cautious and suspicious of others and his surroundings.

PERSONAL HISTORY

Michael has been living under the bridge for the past two years. He is single never married and has no children. He has one past "important" girlfriend – no current relationship at this time. Michael was born in Middleton, PA. He was raised by his mother and father. (both died in a car accident while Michael was in Iraq). Michael has 3 sisters but he only speaks to one of his sisters (Catherine Daniels) no contact with others sisters because he states that they acted like they are better than him.

Michael started drinking at the age of 11, but hid it from his parents. Michael would drink with his sister Charlene. Michael also started using marijuana and heroin while he was in high school. Michael has been in and out of jail since 2006. For mainly trespassing.

OCCUPATIONAL HISTORY

Mr. Byrnes was in the Army from 2002-2006. He served two tours in Iraq and experienced an IED attack on his tank. Mr. Byrnes has had odd jobs, but no stable employment since 2008. Mr. Byrnes stated he only held his jobs for no more than a few weeks, "Every time the people there...you can't trust them." Often would confront those who worked with him and he would end up getting fired. Employment: Quick Burger, Cook January 2008 (less than a week), Burger Place, Cook July 2007 (less than a week), Middleton Landscaping, General labor October 2006 (Three weeks), Lane Construction, General labor August 2006 (One Week), and South Street Garage, Janitor July 2006 (Two weeks).

SUBSTANCE USE

Michael started drinking at the age of 11, he hid it from his parents. In high school Michael was using Marijuana and heroin, Michael stopped using while he was in the in the Army stating "I was a good soldier. No drugs, I drank during leave but that's it I was a good soldier." After the army Michael states



That he started using heroin again "because it calms me. It stops the noise in my head." He is currently using heroin, methadone, or OxyContin when he has the extra money. I asked him if he was using Marijuana, cocaine, or methamphetamines he denies. He went to local Charities substance Abuse treatment for methadone.

PHYSICAL HEALTH HISTORY

Mr. Byrnes has received treatment from County General Hospital for Hepatitis C, headaches, joint pain, and stomach aches. He hasn't received any dentistry work since he has left the army. Abdominal pain responded to antacids and acetaminophen. As well he was treated with calcium carbonate and acetaminophen. Response to treatment was positive and Mr. Byrnes would be discharged the day following with follow-up instructions.

PSYCHIATRIC HISTORY

Mr. Byrnes has been diagnosed with Post-traumatic stress disorder, Bipolar disorder, and schizophrenia. Mr. Byrnes has received treatment from the County General hospital for his psychiatric health. In 2006 he was treated for post-traumatic stress order with paroxetine and instructed to take 20 mg daily. In 2007 Mr. Byrnes was treated for bipolar disorder with Lithobid, Zyprexa, and was given Benadryl was given for anxiety or agitation. He was discharged with 300 mg of Lithobid, and 5 mg of Zyprexa, as well as 25 mg of Benadryl. In 2011 Mr. Byrnes schizophrenia and Posttraumatic stress disorder. Mr. Byrnes was treated with 20 mg of paroxetine, 200 mg of quetiapine, and 10 mg of haloperidol. He was discharged with haloperidol 10 mg, paroxetine 20mg, and quetiapine 100 mg, levetiracetam of 500mg. Mr. Byrnes' response to treatment was positive and he had no negative reactions reported to treatment.

FUNCTIONAL INFORMATION

Understand, Remember, or Apply Information

Applicant has a hard time understanding information, stating that the "noise inside his head" is too much and causes him to lose focus and get agitated. Applicant easily forgets information that is told to him, often having to be reminded multiple times of appointments. Applicant relies on his friend to help him get to and from important appointments, and his friend is also helping him apply for benefits. Applicant is unable to maintain a steady job due to his lack of understanding and from his paranoia, often stating that "others and the government" are trying to control his thoughts.

SUMMARY

(Brief summary of the evidence provided, restating diagnoses provided in the introduction)

If you have any questions, please call _____ at _____, or Dr. _____ at _____.
Sincerely,

[Insert signatures]

SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center

March 18, 2019



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SSN: 123-45-6789

DOB:

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Remember to always strive for “person-first” language.

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Michael Francis Byrnes is a thirty-three-year-old African American male. He weighs 160lbs and is 5'10". He is not clean shaven and has short dark hair. Michael wears unwashed clothes. Born in Middleton, PA he graduated from Middleton Central High School. After being arrested for drugs, he joined the military. Michael is a single male that has no children and has never been married. Michael has been diagnosed as a paranoid schizophrenic and has Posttraumatic Stress Disorder (PTSD). He has a Polysubstance Dependence diagnosis and joint pain. He is not currently in treatment for a homeless and without a source of income. He is ve

Focus on details that add context to the applicant's story.

PERSONAL HISTORY

Michael has been living under the bridge and has no children. He has one past "important" girlfriend – no current relationship at this time. Michael was born in Middleton, PA. He was raised by his mother and father. (both died in a car accident while Michael was in Iraq). Michael has 3 sisters but he only speaks to one of his sisters (Catherine Daniels) no contact with others sisters because he states that they acted like they are better than him.

Michael started drinking at the age of 11, but hid it from his parents. Michael would drink with his sister Charlene. Michael also started using marijuana and heroin while he was in high school. Michael has been in and out of jail since 2006. For mainly trespassing.

Introduction and Personal History

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Focus on details that add context to the applicant's story.

What experiences triggered symptoms?

PERSONAL HISTORY

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NAME: Michael Byrnes

SSN: 123-45-6789

DOB:

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Expand on military history, when possible.

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Substance Use



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That he started using heroin again "because it calms me. It stops the noise in my head." He is currently using heroin methadone, or OxyContin when he has the extra money. I asked him if he was using Marijuana, cocaine, or methamphetamines he denies. He went to local Charities substance Abuse treatment for methadone.

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FUNCTIONAL INFORMATION

Understand, Remember, or Apply Information

Applicant has a hard time understanding information, stating that the "noise inside his head" is too much and causes him to lose focus and get agitated. Applicant easily forgets information that is told to him, often having to be reminded multiple times of appointments. Applicant relies on his friend to help him get to and from important appointments, and his friend is also helping him apply for benefits. Applicant is unable to maintain a steady job due to his lack of understanding and from his paranoia, often stating that "others and the government" are trying to control his thoughts.

SUMMARY

(Brief summary of the evidence provided, restating diagnoses provided in the introduction)

If you have any questions, please call _____ at _____, or Dr. _____ at _____.

Sincerely,

[Insert signatures]

SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center

March 18, 2019

General labor August 2006 (One Week), and South Street Garage, Janitor July 2006 (Two weeks).

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How have the applicant's mental health symptoms impacted their ability to care for their physical needs?

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Pro-tip: Use the DEI Considerations addendum to facilitate conversations on the applicant's cultural norms and the impact on their comfort or ability to engage in mental health treatment.

Understand, Remember, or Apply Information

Functional Information

Introduction of SOAR. Applicant's response to treatment was positive and he had no negative reactions reported to treatment.

FUNCTIONAL INFORMATION

Understand, Remember, or Apply Information

Applicant has a hard time understanding information, stating that the “noise inside his head” is too much and causes him to lose focus and get agitated. Applicant easily forgets information that is told to him, often having to be reminded multiple times of appointments. Applicant relies on his friend to help him get to and from important appointments, and his friend is also helping him apply for benefits. Applicant is unable to maintain a steady job due to his lack of understanding and from his paranoia, often stating that “others and the government” are trying to control his thoughts.

SUMMARY

(Brief summary of the evidence provided, restating diagnoses provided in the introduction)

If you have any questions, please call _____ at _____, or Dr. _____ at _____.

Sincerely,

[Insert signatures]

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SSI/SSDI Outreach, Access and Recovery (SOAR) Technical Assistance Center

March 18, 2019

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How to Help SOAR Applicants Feel More Comfortable Sharing Their Stories!

Lauren Rodriguez, SOAR Benefit Specialist and
Jennifer, SOAR Beneficiary,
SAFE, Austin, Texas

August 3, 2021



SAMHSA
Substance Abuse and Mental Health
Services Administration

MSR Writing Tips

- Follow the MSR Guide, it gives you a great starting point and helps you see what type of questions to ask your participant.
- I always like to tell my participants that they can choose to not answer a question and that they can stop the interview at any point. This helps establish trust and gives them some control over the process.
- I try to break up the interview into several appointments so that it is not overwhelming for the participants and I also like to let them know before we start the process what it will be like so they can prepare themselves.
- Be aware a lot of the questions we have to ask can be triggering to a participant and they may need additional support to deal with the trauma that these questions can bring up.
- Do not push if a participant says they are not comfortable with answering a question. Use medical records when you can to fill in any blanks left after the MSR interview is completed.

MSR Writing Tips

- Pay attention to visual/auditory clues your participant is giving you. Be mindful that we are asking VERY private information and remain aware of their clues so that you do not push them too far. Some participants may not want to call the interview for fear of disappointing you or hurting their claim. Be aware of clues they are giving you that signals they have had enough.
- Not all questions are pertinent to each participant. Review the MSR guide before beginning the interviews and determine which questions are pertinent to your participant and your case so that you do not overwhelm the participants with a bunch of questions that are not necessary.
- Feel free to add your own questions to your copy of the MSR guide and reword the questions so that it will work best for your participant. The guide is just there to help and is not meant to be done word for word.
- Always be respectful of your participants time and concerns around this process. They really should be the ones in charge of the interview.

Differences in the Interview During COVID-19 Pandemic

- Prior to the pandemic most of our interviews were done in person which made them seem more like a conversation as opposed to an interview.
- During the pandemic most interviews are being done over the phone or virtually.
- Be aware you won't have as many clues to your participants wellbeing due to the distance. This makes auditory clues, e.g.) sighing, sniffing, crying, etc... much more important.
- Be upfront with the participant, it is nearly impossible to make a virtual interview not seem like an interview.
- Be honest, prepare them for an interview and make sure that they know they are in control.

Interview Considerations During COVID-19 Pandemic

- Be aware of background noise when working from home as this can be disconcerting for a participant who is talking about intensely private information.
- Find a quiet place away from children, spouses, and pets so that the participant is not distracted or worried about who is overhearing this interview.
- Make sure you schedule a follow up call/text/email with participant to make sure they are doing ok after the interview and give them the opportunity to be able to discuss anything the interview brought up for them.
- Try and space your interviews a few days apart to give the participants time to process and recover from each appointment.
- Do not make interviews last more than an hour virtually as this can overwhelm and exhaust your participant.

In Conversation

with Lauren and
Jennifer



Please type your questions into the Q&A box on the right of your screen.

Resources

- Medical Summary Report Interview Guide and Template
 - <https://soarworks.samhsa.gov/sites/soarworks.prainc.com/files/SOAR-MSR-Interview-Guide-and-Template2021.docx>
- Reducing Implicit Bias in the Medical Summary Report
 - <https://soarworks.samhsa.gov/sites/soarworks.prainc.com/files/Reducing-Implicit-Bias-MSR.pdf>
- Reference Guide for Obtaining Medical Records for SOAR-assisted Claims

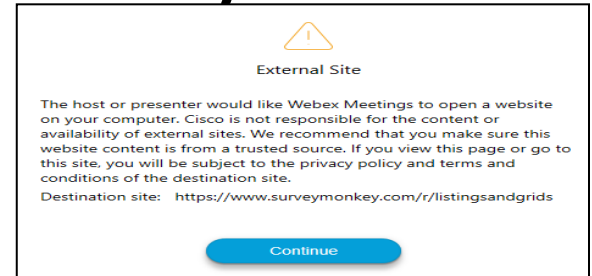
*These documents can be accessed via the link
in your confirmation email.*

Next Steps

- ✓ Download and Review MSR Resources accessible from the SOAR Website/Library
- ✓ Begin to utilize the MSR Interview Guide and Template
- ✓ Contact your SAMHSA SOAR TA Center Liaison with questions and to review redacted MSRs!

Webinar Evaluation

- At the conclusion of the webinar you will be automatically re-directed to SurveyMonkey.
- You will receive this alert that you are leaving WebEx.
- Please click “Continue”!



Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.



www.samhsa.gov

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