



# The Collaborative Model of Mental Health Care for Older Iowans

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# WHY SHOULD WE CARE?



# TODAY'S PRESENTATION

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- SERVICE USE PATTERNS

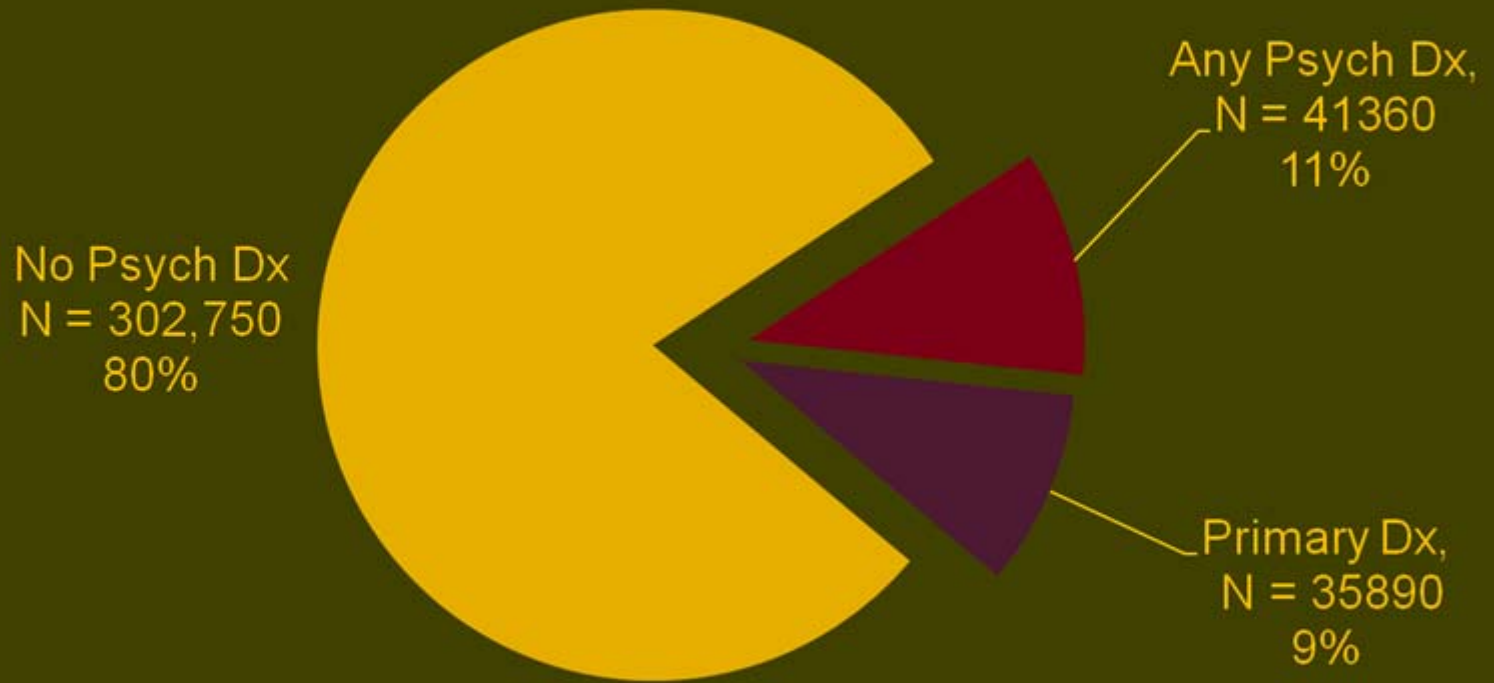
- COLLABORATIVE MODELS

- THE IOWA MODEL

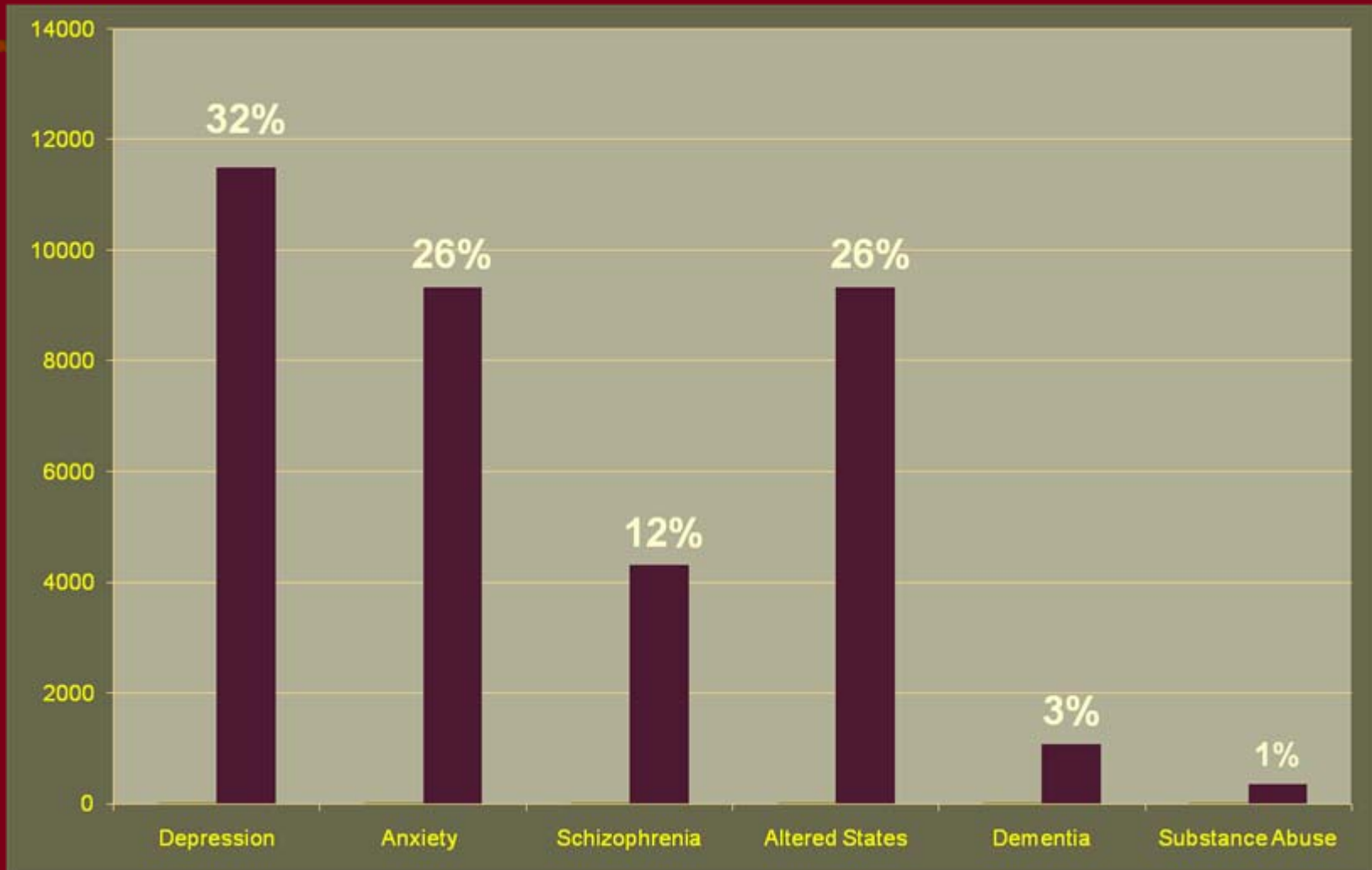
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# HOW IT REALLY IS...

- Psychiatric diagnoses among older Medicare beneficiaries

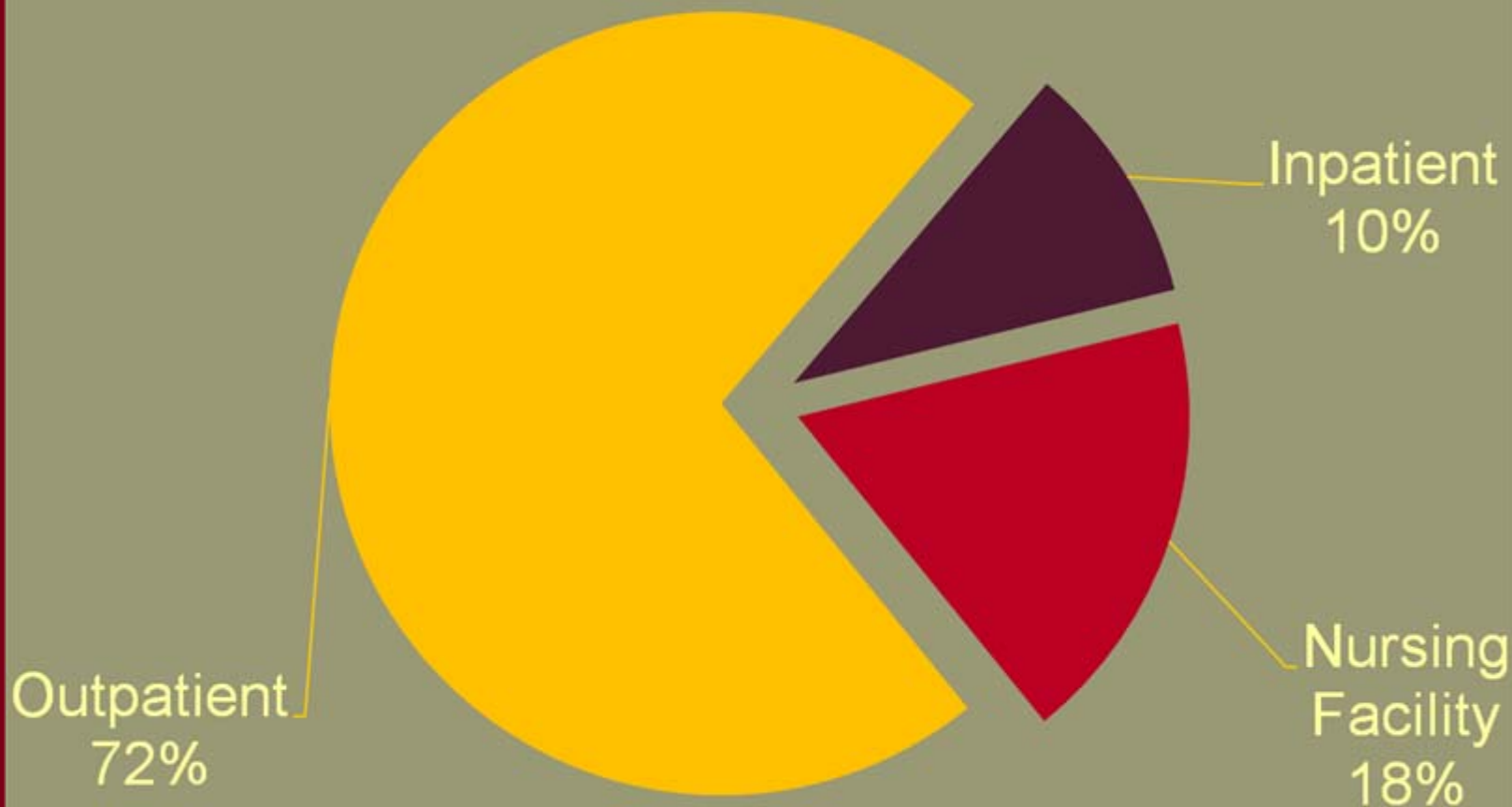


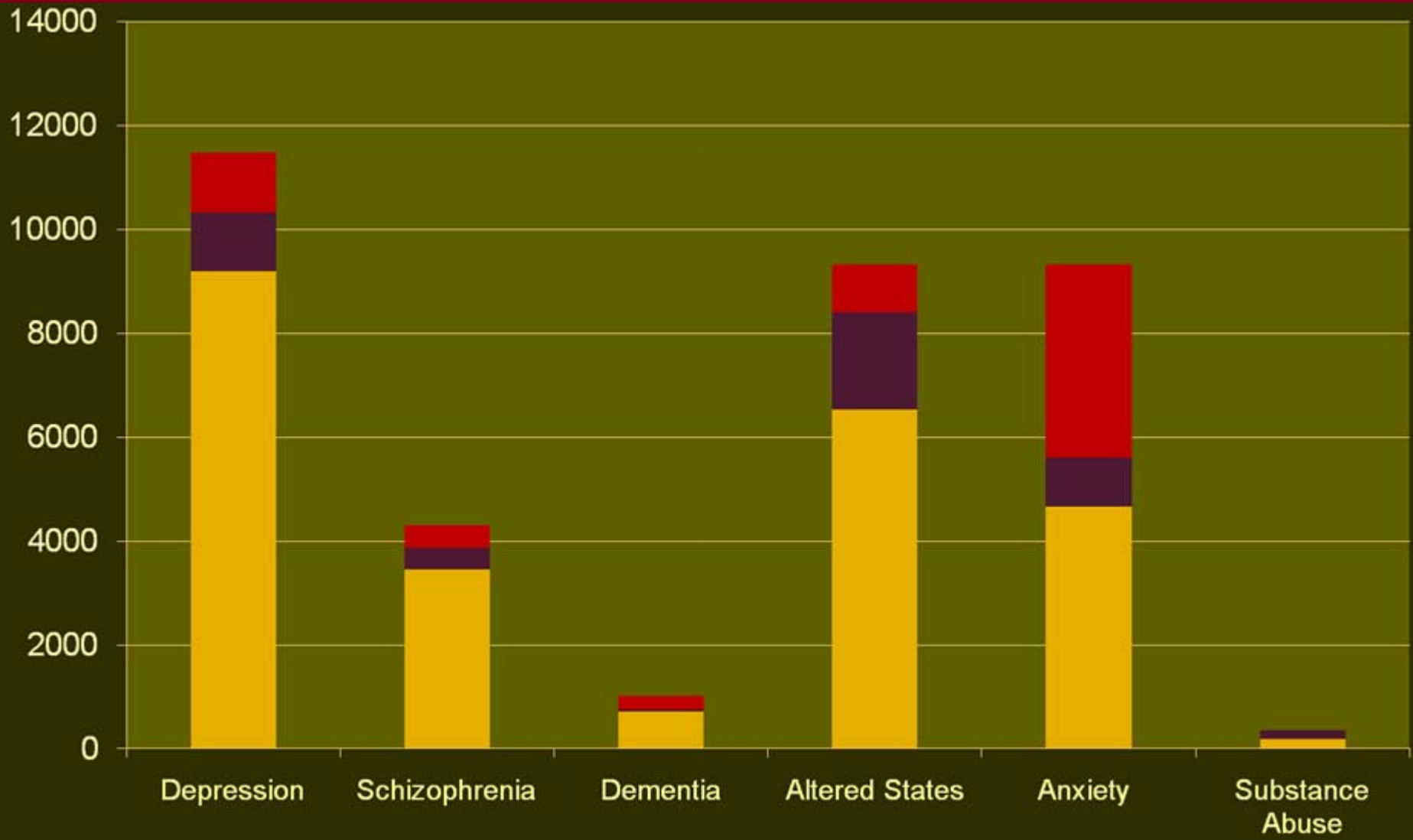
# Spectrum of Primary Disorders



# WHERE DO THEY RECEIVE CARE?

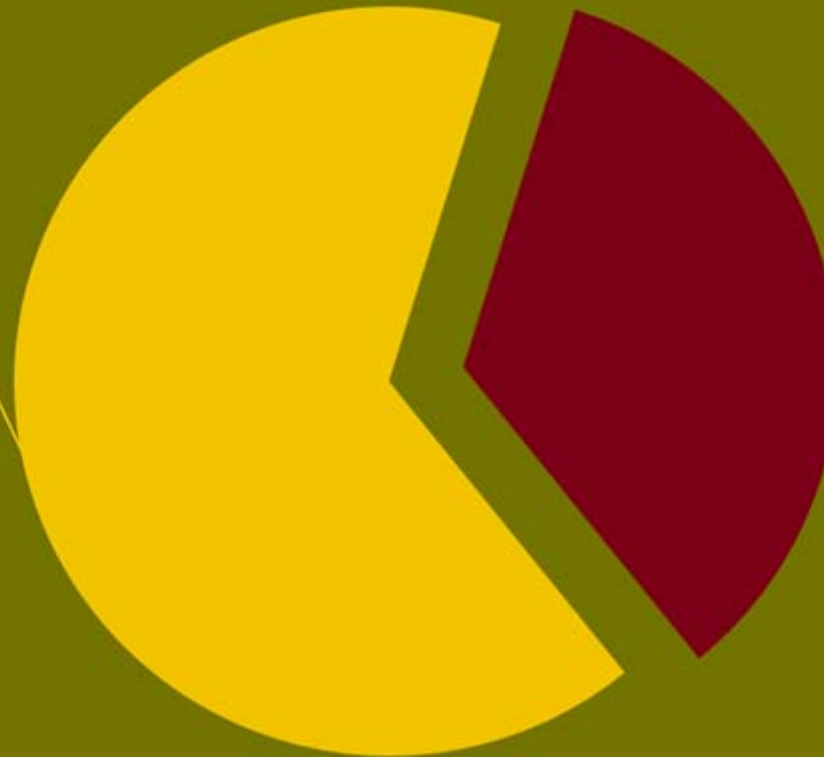
Iowans w/ Primary Psych Dx = 35,890



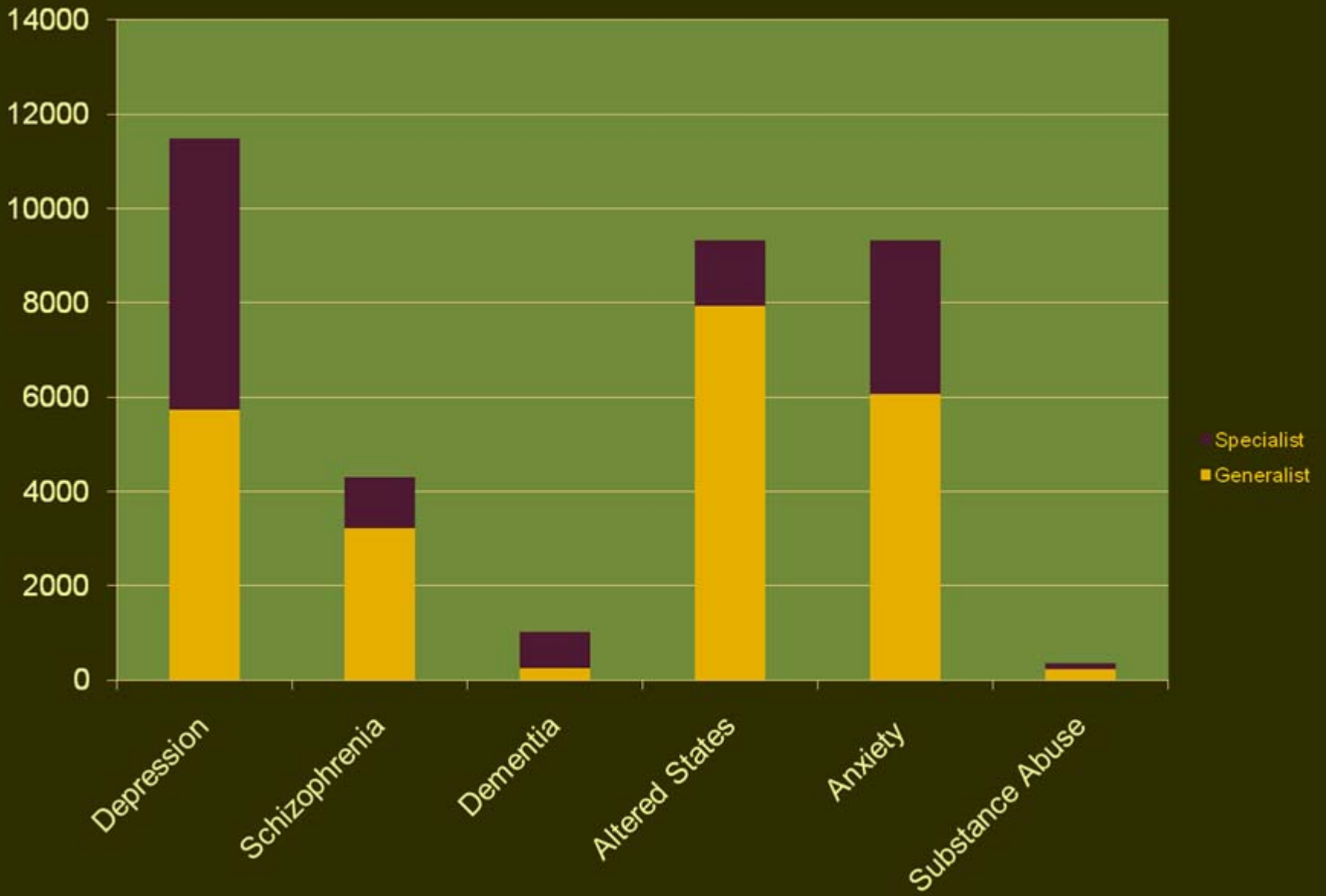


# WHO DO THEY RECEIVE CARE FROM?

Generalist  
65%



Specialist  
35%



# WHAT SERVICES DO THEY GET?

- *44% completed one episode of care*
- *87% received only one procedure*
- *90% of single episodes provided by generalists*
- *lack of diagnostic stability*

The background features a vibrant, abstract pattern of colors including reds, oranges, yellows, and greens, resembling a textured surface or a collage. A solid dark red horizontal band runs across the middle of the image, serving as a background for the title text.

# COLLABORATIVE MODELS

# NATIONAL MOVEMENT

Emerging Issues in  
**Mental Health**  
**Aging**

Margaret Gatz, Editor

**Mental Health:  
A Report of the  
Surgeon General**



**Excerpt: Older Adults  
and Mental Health**

Department of Health and Human Services

**Older Adults and  
Mental Health:  
Issues and Opportunities**



Department of Health and Human Services  
Administration on Aging

# SAMHSA NEWS

SAMHSA's Award-Winning Newsletter

Volume VIII, No. 3 Summer 2000

## Treating Elderly Patients: Primary vs. Specialized Care

Fatigue, aches and pains, confusion, sleeplessness, nerves, bowel troubles—for older patients, these complaints may mask various underlying problems: they're depressed or anxious, drinking too much, or indulging in the dangerous habit of mixing alcohol and prescription medication.

"Older people have a tendency to be shy about acknowledging problems with excessive use of alcohol, substance abuse, or early signs of dementia," said Rosa W. Wims, L.P.N., a 77-year-old community activist and retired nurse in Rochester, NY. "[Because] so many of the professionals giving them health care services are so young compared to the older family doctors they remember, seniors hesitate to give them important information."

That reluctance to discuss mental health and substance abuse issues means that





## PRESIDENT'S NEW FREEDOM

## COMMISSION ON MENTAL HEALTH

### ■ Subcommittee on Mental Health and Aging:

- *“The Federal Government should add evidence-based collaborative care services for psychiatric disorders to the list of covered services through the Medicare National Coverage Process”*

# HR 3200 – Affordable Health Choices Act

## **TITLE III— PROMOTING PRIMARY CARE, MENTAL HEALTH SERVICES, AND COORDINATED CARE**

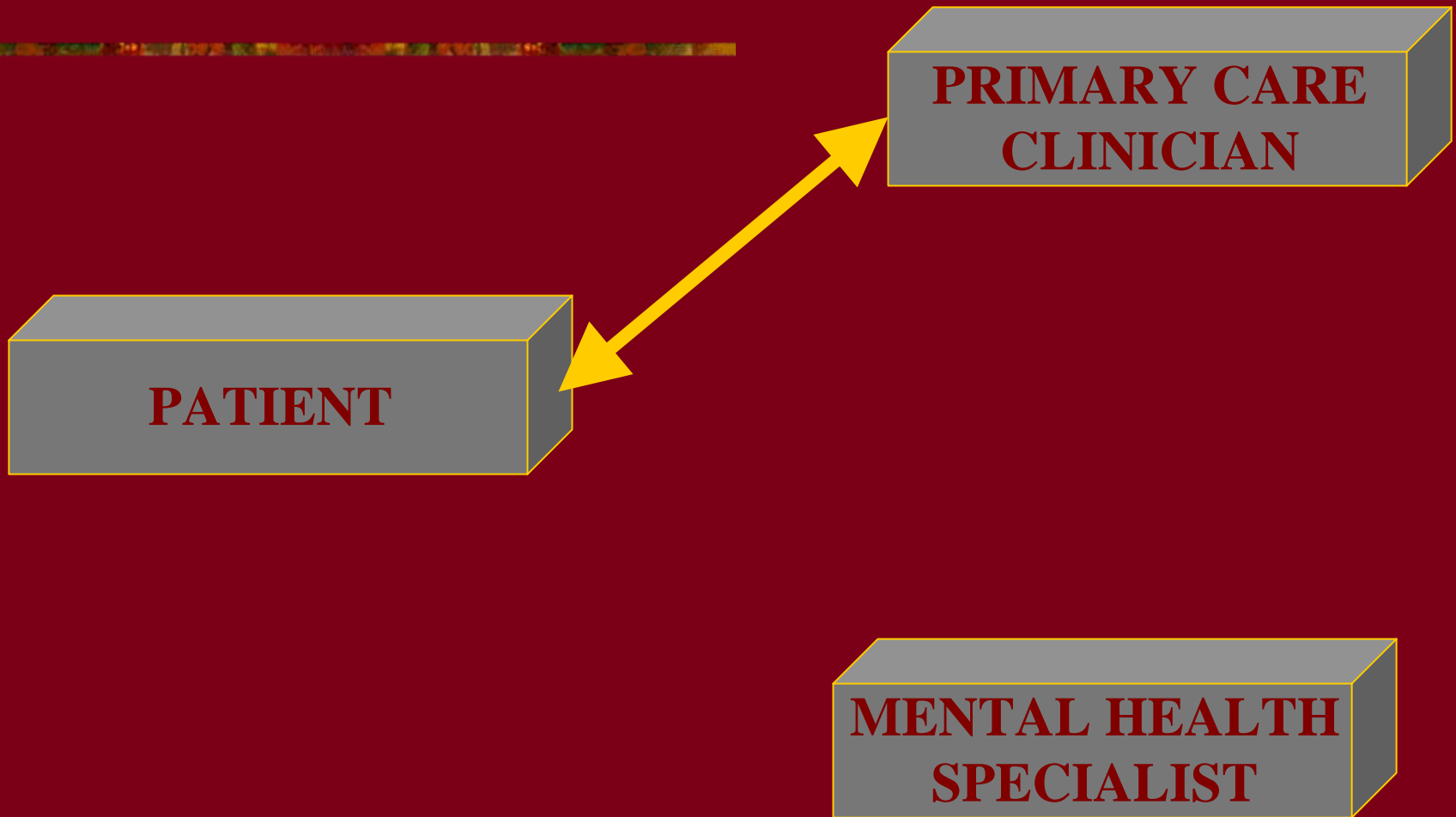


# IMPACT

Evidence

Evidence-based depression care

# Usual Care

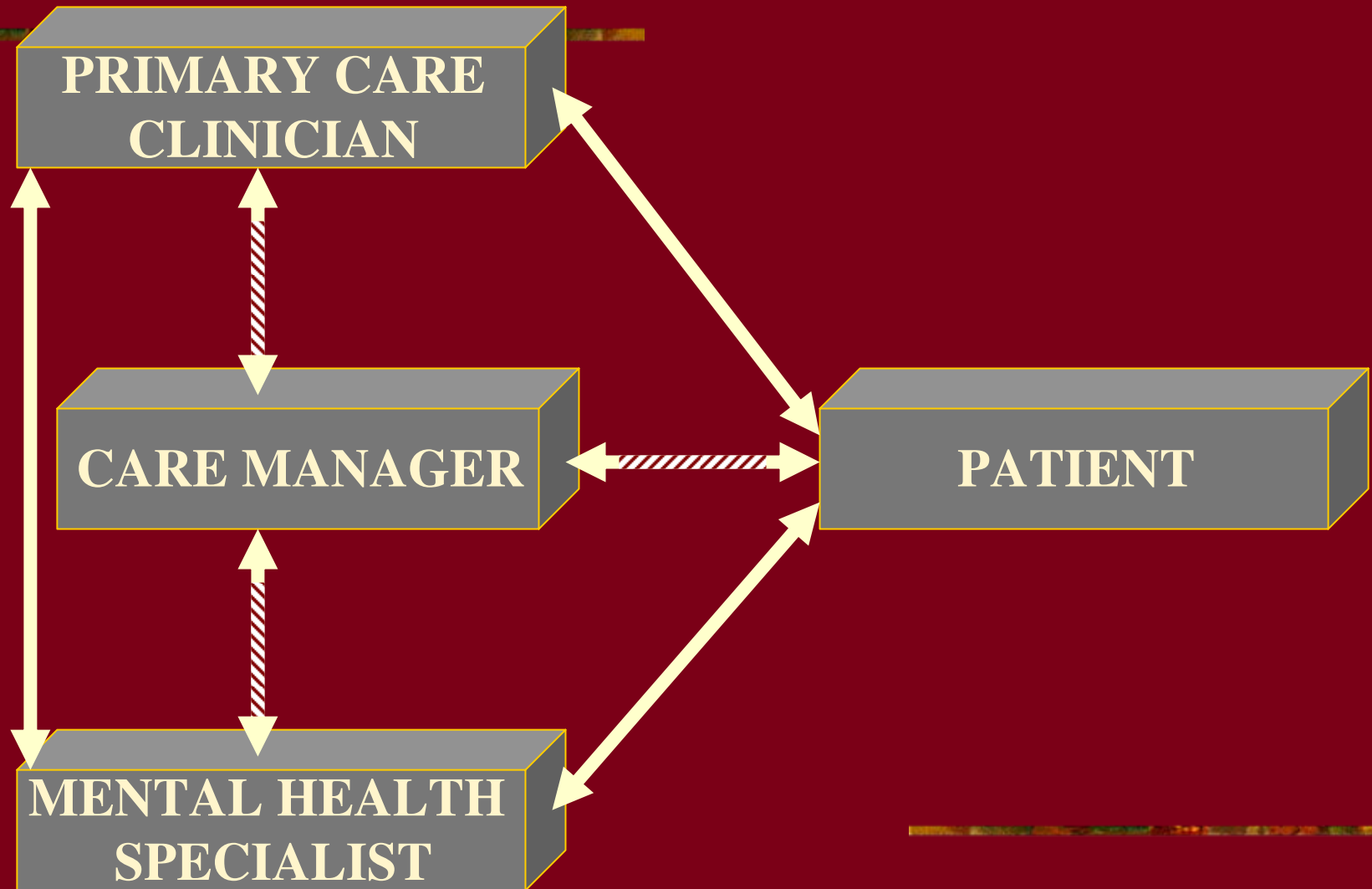




# The IMPACT Model

- **Care manager: Depression Clinical Specialist**
  - **Patient education**
  - **Symptom and Side effect tracking**
  - **Brief, structured psychotherapy: PST-PC**
  
- **Consultation / weekly supervision meetings with**
  - **Primary care physician**
  - **Team psychiatrist**
  
- **Stepped protocol in primary care using antidepressant medications and / or 4-6 sessions of psychotherapy (PST-PC)**

# Component Model (TCM)



# Course of Care



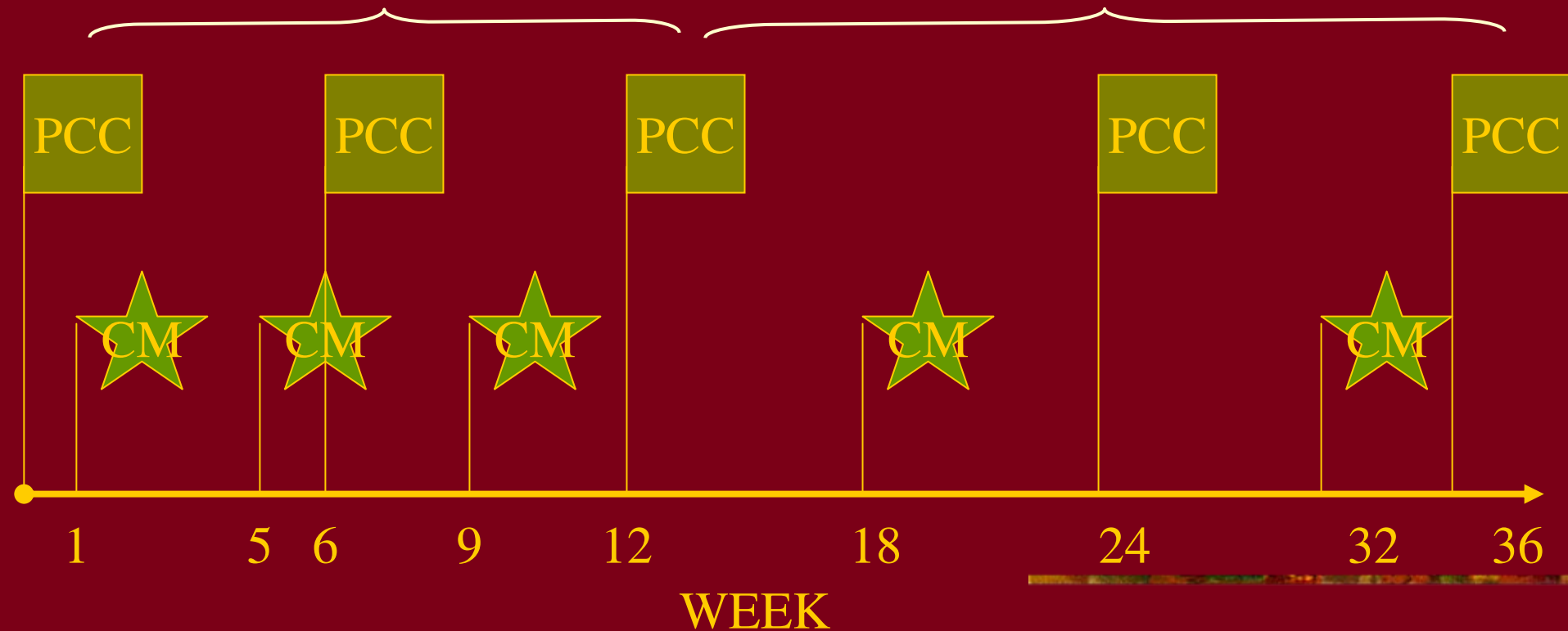
Primary Care  
Clinician Visit



Care Manager  
Phone Call

*Acute Phase*

*Continuation Phase*





*Monitor Depressive Symptoms*



*Educate Patient and Family*



*Monitor Adherence*



*Monitor Side Effects*



*Provide Support*

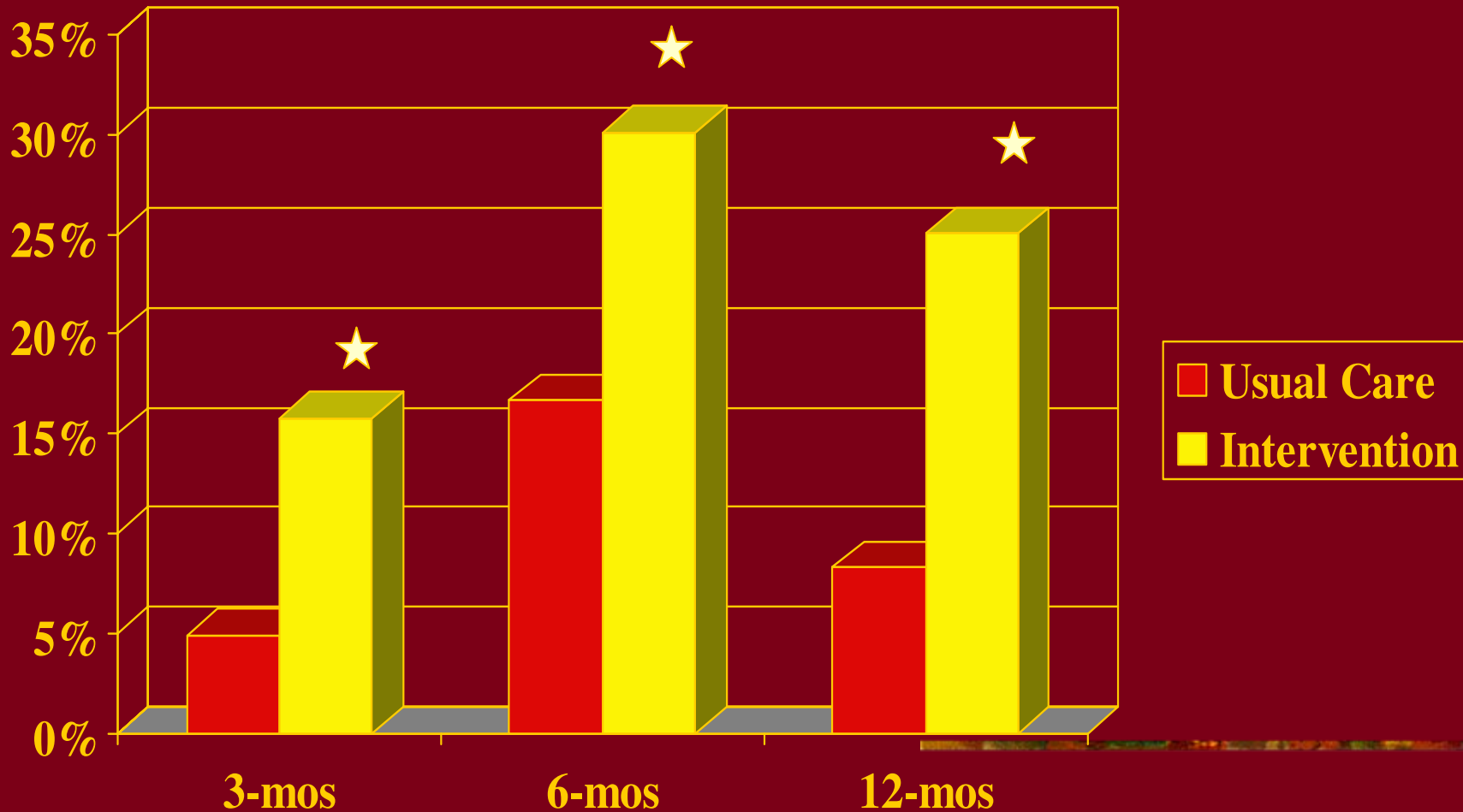


**Managing Antidepressants is Like.....  
Managing Any Other Chronic Disease**

*Consult or Refer to Agency/Outside Specialist As Needed*

# IMPACT Unutzer et al, 2002

Patients in REMISSION (HSCCL $<0.5$ )



# Iowa Pilots

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- *Limited screening*
  - *Referral process*
  - *Diagnostic assessment*
  - *Patient involvement*
  - *Financing*
  - *Sustainability*
-



## COLLABORATIVE MODELS OF MENTAL HEALTH CARE FOR OLDER IOWANS

# CLINICAL PROCEDURES

- *Screening*
- *Referral*
- *Diagnosis*
- *Treatment*
- *Evaluation*

**1. Screening**

*If patient screens positive for mental health problem, then proceed*

**2. Counseling & Referral**

*Counsel patient about benefits of mental health care and schedule diagnostic assessment*

**3. Diagnostic Assessment**

*Conduct formal assessment and start treatment within two weeks*

**4. Treatment**

*Initiate 24 week treatment plan*

# SCREENING

- *15-item IPCS*
- *Clinical judgment*

## THE MENTAL HEALTH SCREEN FOR OLDER IOWANS

**Provider Statement:**

I am going to ask you some questions. Even if you are not sure, please just go ahead and provide your best answer.

I want to start by asking you to repeat and remember three words. Please wait until I say all three words, repeat them, and then try to remember what they are because I am going to ask you to name them again in a few minutes. OK?

Repeat these words after me:

- APPLE
- TABLE
- PENNY

Now I want to ask you some other questions:

No.	Question	Answer	
1	What year is this?	Wrong (1)	Right (0)
2	Have you ever had trouble remembering what you did or said after drinking or taking any of your prescription medication?	Yes (1)	No (0)
3	Who is the current President of the United States?	Wrong (1)	Right (0)
4	What day of the week is this?	Wrong (1)	Right (0)
5	In the past month, have you lost interest or found it difficult to enjoy activities?	Yes (1)	No (0)
6	Have you ever thought about cutting down on your drinking or prescription drug use?	Yes (1)	No (0)
7	In the past month, have you feared the worst happening?	Yes (1)	No (0)
8	Do you ever feel guilty about your drinking or prescription drug use?	Yes (1)	No (0)
9	In the past month, have you felt down or depressed?	Yes (1)	No (0)
10	Do you get annoyed when someone asks about your drinking or prescription drug use?	Yes (1)	No (0)
11	In the past month, have you been bothered by feelings of nervousness?	Yes (1)	No (0)
12	Do you ever drink as soon after you wake up?	Yes (1)	No (0)
	What were the three objects I asked you to remember?		
13	Apple	Wrong (1)	Right (0)
14	Table	Wrong (1)	Right (0)
15	Penny	Wrong (1)	Right (0)

**TOTAL SCORE**

A total score of 2 or more indicates a need for formal diagnostic assessment.

Source: University of Iowa, Center on Aging (2007)



# REFERRAL

- *Immediate scheduling*
- *Supportive*
- *Integrated care*



*If patient screens  
positive for mental health  
problem, then proceed*

## **2. Counseling & Referral**

- A. Convey that mental illness among older adults is not so uncommon, and many types of mental illness do not appear until later in life.
- B. Discuss how many mental illnesses among older adults can co-occur with other health problems.
- C. Underscore the notion that mental illnesses are not normal aspects of getting older.
- D. Highlight the fact that treatment works.
- E. Tell them about the collaborative model.

# DIAGNOSTIC ASSESSMENT

- *Five tests*
- *Clinical interview*



**PRESCRIPTION DRUG USE**

Go through brown bag and fill out the chart and determine if any drugs are potentially high risk.

Brand Name	Generic-Class	Prescribing Physician	Reason for Rx	Dose	Daily Freq	How long
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

The following are considered to be potentially high risk drugs for older adults (generic name (brand name)):

amiodarone (Cordarone),  
 amitriptyline (Elavil, Limbitrol, Triavil),  
 amphetamines and anorexic agents,  
 barbiturates (except phenobarbital for seizures),  
 long-acting benzodiazepines (Dalmane, Librium,  
 Limbitrol, Librax, Praxipam, Tranxene, Valium),  
 chlorpropamide (Diabinese),  
 doxepin (Sinequan),  
 gastrointestinal antispasmodics (Bentyl, Donnatal, Levsin,  
 ProBanthine),  
 guanethidine (Ismelin),  
 guanadrel (Hylorel),  
 indomethacin (Indocin),  
 ketorolac (Toradol),  
 meperidine (Demerol),

meprobamate (Equanil, Miltown),  
 mesoridazine (Serentil),  
 methyldopa (Aldomet, Aldoril),  
 methyltestosterone (Android, Testred, Virilon),  
 muscle relaxants (Flexeril, Norflex, Robaxin, Soma,  
 Skelaxin),  
 NSAIDS (Daypro, Feldene, Naprosyn),  
 pentazocine (Talwin),  
 thioridazine (Mellaril),  
 ticlopidine (Ticlid),  
 trimethobenzamide (Tigan).

Consult with primary physician regarding current prescription use and treatment plan for mental health problem.

Source: <http://www.fda.gov/cder/drug/drugreactions>

# TREATMENT

- *Prescription Therapy*
- *Psychotherapy*
- *Supportive Services*
- *Six-Month Course*

## Typical Course of Treatment Provided within a Collaborative Model

	What Happens?	Who is involved?	Where does tx occur?
First Session	<ul style="list-style-type: none"> <li>- Review assessment</li> <li>- Approve tx plan</li> <li>- Start prescription</li> <li>- Introduce PST</li> <li>- Identify supp services</li> <li>- Set tx schedule</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care Provider</li> <li>- Mental Health Specialist*</li> <li>- Case Manager**</li> </ul>	Primary Care Office***
Week 2-3*	<ul style="list-style-type: none"> <li>- Start PST</li> <li>- Start supp services</li> </ul>	<ul style="list-style-type: none"> <li>- Mental Health Specialist</li> </ul>	- Defined by client
Week 4-5	<ul style="list-style-type: none"> <li>- Medication Monitor</li> <li>- Evaluation I</li> <li>- Adjust Tx Plan</li> <li>- Continue PST</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care Provider</li> <li>- Mental Health Specialist</li> <li>- Case Manager**</li> </ul>	Primary Care Office***
Week 6-7	<ul style="list-style-type: none"> <li>- Continue PST</li> <li>- Cont supp services</li> </ul>	<ul style="list-style-type: none"> <li>- Mental Health Specialist</li> </ul>	- Defined by client
Week 8-9	<ul style="list-style-type: none"> <li>- Medication Monitor</li> <li>- Evaluation II</li> <li>- Adjust Tx Plan</li> <li>- Continue PST</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care Provider</li> <li>- Mental Health Specialist</li> <li>- Case Manager**</li> </ul>	Primary Care Office***
Week 10-15	<ul style="list-style-type: none"> <li>- Continue PST</li> <li>- Cont supp services</li> </ul>	<ul style="list-style-type: none"> <li>- Mental Health Specialist</li> </ul>	- Defined by client
Week 16-17	<ul style="list-style-type: none"> <li>- Medication Monitor</li> <li>- Evaluation III</li> <li>- Adjust Tx Plan</li> <li>- Continue PST</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care Provider</li> <li>- Mental Health Specialist</li> </ul>	Primary Care Office***
Week 18-23	<ul style="list-style-type: none"> <li>- Continue PST</li> <li>- Cont supp services</li> </ul>	<ul style="list-style-type: none"> <li>- Mental Health Specialist</li> </ul>	- Defined by client
Week 24	<ul style="list-style-type: none"> <li>- Medication Monitor</li> <li>- Evaluation IV</li> <li>- Complete or Continue Treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Primary Care Provider</li> <li>- Mental Health Specialist</li> </ul>	Primary Care Office***

\* as determined by individual model staffing resources

\*\* as allowed by client insurance and model staffing resources

\*\*\* primary care visits scheduled at end of first treatment session



# STAFFING AND FINANCING

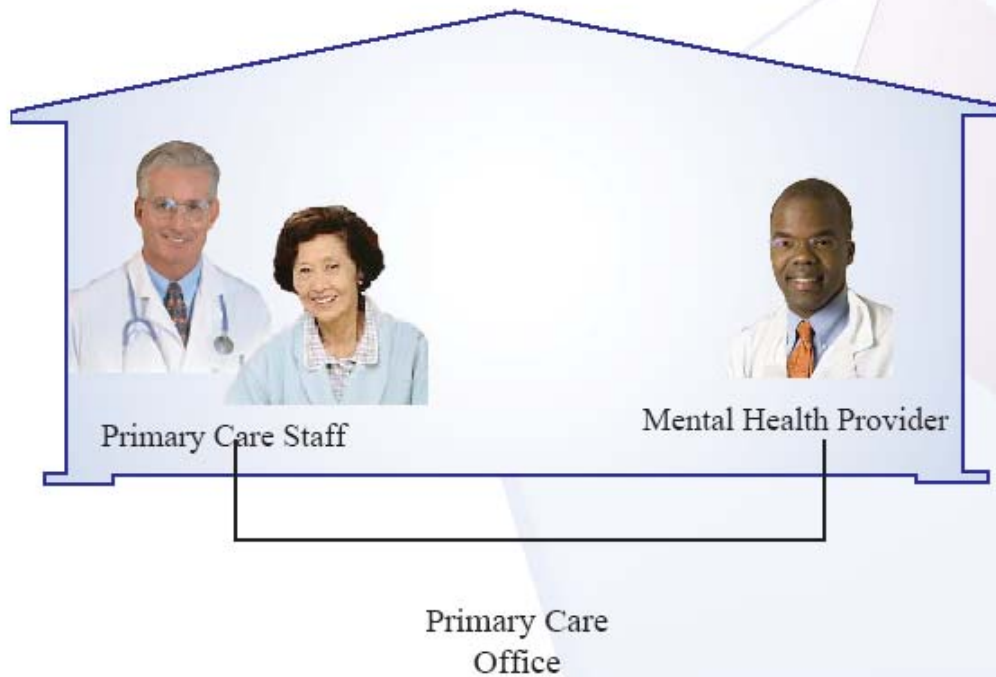
## ■ *Clinical experts*

- Identification of mental health needs
- Qualified for prescription drugs
- Qualified for psychotherapy
- Case manager

## ■ *Administrative support*

### Staffing Model #1 Carve-In (Co-location)

If an older adult appears to have a mental health problem and a formal diagnostic assessment can be done in the same office, then introduce the patient to the mental health provider and complete diagnostic assessment immediately or schedule a follow up appointment within 10 business days.





If an older adult appears to have a mental health problem and a formal diagnostic assessment **cannot be done in the same office on the same day**, then call the mental health provider and schedule the patient to complete a diagnostic assessment within 10 business days at the mental health provider's office.

Primary Care  
Office



Specialty Mental  
Health Clinic

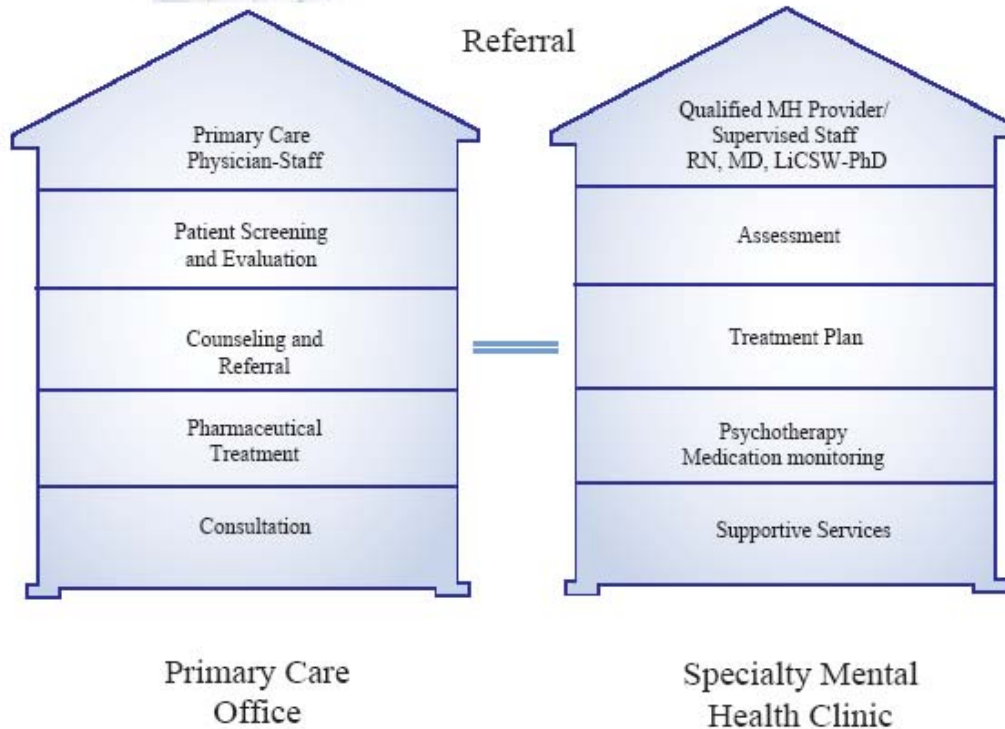




Model 2: Carve Out (Referral)



Referral



# AHRQ AWARD

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*1. Covenant Clinic in Waverly*

*2. Myrtue Medical Center in Harlan*

*3. West Iowa Community Mental Health in  
Denison*

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# MODEL DEVELOPMENT (Year 1)

*a) identify and train designated clinical and admin staff;*

*b) require staff to complete professional training;*

*c) require staff to conduct a public outreach activities and one professional CME event*

# DIRECT SERVICE DELIVERY (Yr 2-3)

- Establish client volume goals
- Develop service reimbursement mechanisms
- Conduct a performance assessment

A scenic view of a mountain valley. In the foreground, a river flows through a lush forest of trees displaying vibrant autumn foliage in shades of red, orange, and yellow. The middle ground shows a dense forest of green trees. In the background, rugged, rocky mountain peaks rise against a clear sky. The text "the time is now..." is overlaid in the center of the image.

*the time is now...*