

The Collaborative Model Of Mental Health Care For Older Iowans

INTRODUCTION

One of the challenges presented by the growing population of aging Iowans concerns the lack of identification and treatment of diagnosable forms of mental illness. It has been reported that approximately 15% of older primary care patients have symptoms of depression and anxiety, as many as 10% have significant problems with alcohol and other substances that are not being treated, and another 5% have problems with their memory and intellectual functions that are not just normal features of growing old.

HOW WAS THE MODEL DEVELOPED?

In 2004-2005, The Iowa Department of Human Services provided pilot grants to two Community Mental Health Centers to improve the ability to identify, refer and treat older Iowans with mental illnesses who appear in primary healthcare settings. The pilot programs consisted of having a mental health specialist assist primary care staff to identify older adults with mental health needs, complete a diagnostic assessment, and then develop a treatment plan that included prescription medication, problem solving therapy and case management.

WHO WAS INVOLVED?

In 2005 – 2006, the Iowa Department of Human Services contracted with the University of Iowa Center on Aging (COA) to assist with the expansion of this

collaborative approach to mental health care. After studying models from across the nation and evaluating the two pilot sites, the COA developed

THE COLLABORATIVE MODEL OF MENTAL HEALTH CARE FOR OLDER IOWANS

The collaborative model consists of completing four clinical procedures. These procedures are defined as (a) patient screening, (b) counseling and referral, (c) diagnostic assessment, and (d) treatment. The collaborative care model necessitates that all four procedures be executed in sequential order. However, where these procedures take place and who executes any one of the particular procedures can vary.

This handout provides an overview of the clinical procedures and administration of the collaborative model. For more detail information, please go to or contact

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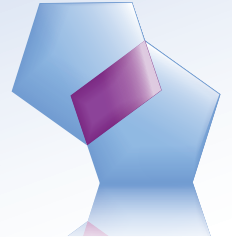
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The Collaborative Model Of Mental Health Care For Older Iowans



1. Screening

If screen positive for mental health problem, then proceed

2. Counseling & Referral

Counsel patient and schedule assessment within two weeks

3. Diagnostic Assessment

Conduct formal assessment and start treatment within two weeks

4. Treatment

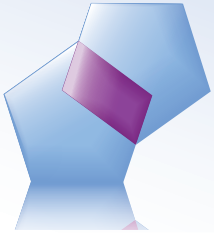
Initiate 24 week treatment plan

PATIENT SCREENING

Patient screening should be conducted by a primary care physician or someone working 'incident to' her as a staff member (e.g., a nurse specialist, a physician's assistant or a qualified mental health provider employed by the primary care practice or working under contract). The screening involves administering the ICPS screening tool and a formal interview that concerns mental health symptoms and functioning. This step can be included as a part of Evaluation and Management Services.

COUNSELING & REFERRAL

If the screening procedure suggests that someone is having a mental health problem, the patient should receive counsel about the importance of addressing mental health issues and then be referred for diagnostic assessment. The referral should be made by the primary care physician or someone working 'incident to' her as a staff member (e.g., a nurse specialist, a physician's assistant or a qualified mental health provider employed by the primary care practice or working under contract), or by the qualified mental health provider who is co-located at the primary care office. The patient should be scheduled to complete a formal diagnostic assessment within ten business days.



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DIAGNOSTIC ASSESSMENT & TREATMENT PLAN

When the patient is referred for diagnostic assessment, it is expected that a qualified mental health provider completes four diagnostic tests, a short health survey and a psychosocial interview that focuses on the symptoms highlighted during the initial screening. This assessment should take no more than 55 minutes to complete and can be billed as a formal Psychological Assessment.

It is expected that the formal assessment leads to the development of a treatment plan that can be carried out over a six month period. This treatment plan is expected to incorporate a collaborative approach in providing pharmaceutical and psychotherapeutic treatments, and require the patient be in contact with a member of the collaborative treatment team at least once a month.

TREATMENT

The pharmaceutical aspect of an older individual's treatment should be defined and monitored by the primary care provider (or staff). This involves making an initial prescription and then managing prescription and dosage levels as indicated by patient feedback as well as feedback offered by the qualified mental health specialist. Effects of pharmaceutical care should be evaluated routinely by scheduling the patient for office visits on a 4-6 week schedule. Pharmaceutical management can be billed as .

The psychotherapeutic aspect of an older individual's treatment should be defined and monitored by the qualified mental health service provider (or staff). This would involve conducting regularly scheduled problem solving therapy sessions, providing additional services as needed, monitoring course of treatment and evaluating treatment outcomes. Problem solving therapy sessions should occur on a regular schedule. Individual treatment sessions can be billed as .

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MODEL ADMINISTRATION

Clinical Skill Set

There are four distinct skills required to successfully administer the collaborative care model. The first is a capacity to conduct the clinical evaluation effectively; primary care staff must be able to implement the IPCS screening tool, conduct a mental status interview, and provide supportive counseling that facilitates a successful patient referral.

The second skill involves the ability to conduct a thorough psychiatric assessment consisting of four psychiatric tests and one health status survey, conduct a diagnostic interview, present a reliable and valid psychiatric diagnosis, and develop a treatment plan in coordination with the patient.

The third skill necessitates an understanding of pharmaceutical therapies targeting older persons with mental illnesses. These include anti-depressants and other medications appropriate for the treatment of anxiety, dementia and substance abuse. This skill also requires ability to consider co-occurring effects of other prescription medications being used to treat other diagnoses.

The fourth skill requires an ability to perform brief, problem solving therapy tailored for depression and other diagnoses. The therapy also must entail an evaluation of the patient's progress within a six month or ten session time frame.

Personnel

Many successful collaborative models feature a primary care staff member who works 'incident to' the primary care physician and can complete many of the remaining clinical procedures. For example, a nurse or physician's assistant can conduct the screening and counseling, be involved with treatment plan consultation and pharmaceutical management. These primary care staff also can assume responsibility for conducting the diagnostic assessment, developing the treatment plan and conducting problem focused psychotherapy. In some models, a staff person who conducts the majority of clinical procedures under the auspices of a medical doctor has been called a Depression Care Manager (DCM).

In some other collaborative models, qualified mental health providers are embedded in the primary care practice as staff. They assume responsibility for the majority of clinical procedures and work under the direct supervision of the physician. The qualified mental health specialist can conduct the initial evaluation, counseling, assessment, treatment plan development and psychotherapy.

Qualified mental health providers also can be located off-site as independent contractors. In these models, the mental health providers can conduct diagnostic assessment and problem focused therapy.

Psychiatrists should be retained as expert consultants when complex or emergency cases require their supervision, or require a referral.