The Collaborative Model of Mental Health Care for Older Iowans

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University of Iowa, Center on Aging
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WHY SHOULD WE CARE?
TODAY’S PRESENTATION

- SERVICE USE PATTERNS
- COLLABORATIVE MODELS
- THE IOWA MODEL
HOW IT REALLY IS…

- Psychiatric diagnoses among older Medicare beneficiaries
No Psych Dx
N = 302,750
80%

Any Psych Dx,
N = 41360
11%

Primary Dx,
N = 35890
9%
Spectrum of Primary Disorders

- Depression: 32%
- Anxiety: 26%
- Schizophrenia: 12%
- Altered States: 26%
- Dementia: 3%
- Substance Abuse: 1%
WHERE DO THEY RECEIVE CARE?

Iowans w/ Primary Psych Dx = 35,890

- Outpatient: 72%
- Inpatient: 10%
- Nursing Facility: 18%
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
COLLABORATIVE MODELS
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
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
Evidence-based depression care
Usual Care

- PATIENT
- PRIMARY CARE CLINICIAN
- MENTAL HEALTH SPECIALIST
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

WEEK
Managing Antidepressants is Like…..
Managing Any Other Chronic Disease

- Monitor Depressive Symptoms
- Educate Patient and Family
- Monitor Adherence
- Monitor Side Effects
- Provide Support

Consult or Refer to Agency/Outside Specialist As Needed
IMPACT  Unutzer et al, 2002

Patients in REMISSION (HSCL<0.5)
Iowa Pilots

- 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
Basic Clinical Model - Four Procedural Steps

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:

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What year is this?</td>
<td>Wrong (1)</td>
</tr>
<tr>
<td>2</td>
<td>Have you ever had trouble remembering what you did or said after drinking or taking any of your prescription medication?</td>
<td>Yes (1) No (0)</td>
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<tr>
<td>3</td>
<td>Who is the current President of the United States?</td>
<td>Wrong (1)</td>
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<tr>
<td>4</td>
<td>What day of the week is this?</td>
<td>Wrong (1)</td>
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<td>5</td>
<td>In the past month, have you lost interest or found it difficult to enjoy activities?</td>
<td>Yes (1) No (0)</td>
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<tr>
<td>6</td>
<td>Have you ever thought about cutting down on your drinking or prescription drug use?</td>
<td>Yes (1) No (0)</td>
</tr>
<tr>
<td>7</td>
<td>In the past month, have you feared the worst happening?</td>
<td>Yes (1) No (0)</td>
</tr>
<tr>
<td>8</td>
<td>Do you ever feel guilty about your drinking or prescription drug use?</td>
<td>Yes (1) No (0)</td>
</tr>
<tr>
<td>9</td>
<td>In the past month, have you felt down or depressed?</td>
<td>Yes (1) No (0)</td>
</tr>
<tr>
<td>10</td>
<td>Do you get annoyed when someone asks about your drinking or prescription drug use?</td>
<td>Yes (1) No (0)</td>
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<tr>
<td>11</td>
<td>In the past month, have you been bothered by feelings of nervousness?</td>
<td>Yes (1) No (0)</td>
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<td>12</td>
<td>Do you ever drink as soon after you wake up?</td>
<td>Yes (1) No (0)</td>
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<td>13</td>
<td>What were the three objects I asked you to remember?</td>
<td>Wrong (1)</td>
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<td>14</td>
<td>Apple</td>
<td>Wrong (1)</td>
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<td>15</td>
<td>Table</td>
<td>Wrong (1)</td>
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<tr>
<td>16</td>
<td>Penny</td>
<td>Wrong (1)</td>
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</table>

**TOTAL SCORE**

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

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

Collaborative Models of Mental Health Care for Older Iowans
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*
MODIFIED DIAGNOSTIC INTERVIEW SCHEDULE

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

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic-Class</th>
<th>Prescribing Physician</th>
<th>Reason for Rx</th>
<th>Dose</th>
<th>Daily Freq</th>
<th>How long</th>
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The following are considered to be potentially high risk drugs for older adults (generic name (brand name)):

- amiodarone (Cordarone)
- amitriptyline (Elavil, Limbitro, Elavil)
- amphetamines and anorectic agents
- barbiturates (except phenobarbital for seizures)
- long-acting benzodiazepines (Dalmane, Librium, Luminol, Librax, Pristam, Tranxene, Valium)
- chlorpromazine (Thorazine)
- diazepam (Nembutal)
- doxepin (Sinequan)
- gastrointestinal antispasmodics (Bentyl, Donnatal, Learsin, Prantaine)
- guanethidine (Ismelin)
- guanadrel (Pyrenal)
- indomethacin (Indocin)
- ketorolac (Toradol)
- meperidine (Demerol)
- naproxen (Naprosyn)
- methadone (Dolophine, Doloxone)
- methocarbamol (Equanil, Milbran)
- meprobamate (Equanil, Milbran)
- metoclopramide (Reglan)
- morphine (MS Contin, Doloron, Demerol, Dolophine, Duramorph)
- oxycodone (Percocet, Percodan, Oxycontin)
- oxycodone (Percocet, Percodan, Oxycontin)
- oxymorphone (Oxynorm)
- pethidine (Demerol)
- prazepam (Oxone)
- promazine (Thorazine)
- quinidine (Isordil, Upjohn)
- ranitidine (Zantac)
- temazepam (Restoril)
- tramadol (Ultram)
- trazodone (Desyrel)
- trimethobenzamide (Tigan)
- valproic acid (Depakene)
- verapamil (Calan, Calan SR, Isoptin)
- zolpidem (Ambien)

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

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

Collaborative Models of Mental Health Care for Older Adults
TREATMENT

- Prescription Therapy
- Psychotherapy
- Supportive Services
- Six-Month Course
## Typical Course of Treatment Provided within a Collaborative Model

<table>
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<tr>
<th>What Happens?</th>
<th>Who is involved?</th>
<th>Where does tx occur?</th>
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</table>
| **First Session** | - Review assessment  
- Approve tx plan  
- Start prescription  
- Introduce PST  
- Identify supp services  
- Set tx schedule | - Primary Care Provider  
- Mental Health Specialist*  
- Case Manager** | Primary Care Office*** |
| **Week 2-3** | - Start PST  
- Start supp services | - Mental Health Specialist | - Defined by client |
| **Week 4-5** | - Medication Monitor  
- Evaluation I  
- Adjust Tx Plan  
- Continue PST | - Primary Care Provider  
- Mental Health Specialist  
- Case Manager** | Primary Care Office*** |
| **Week 6-7** | - Continue PST  
- Cont supp services | - Mental Health Specialist | - Defined by client |
| **Week 8-9** | - Medication Monitor  
- Evaluation II  
- Adjust Tx Plan  
- Continue PST | - Primary Care Provider  
- Mental Health Specialist  
- Case Manager** | Primary Care Office*** |
| **Week 10-15** | - Continue PST  
- Cont supp services | - Mental Health Specialist | - Defined by client |
| **Week 16-17** | - Medication Monitor  
- Evaluation III  
- Adjust Tx Plan  
- Continue PST | - Primary Care Provider  
- Mental Health Specialist | Primary Care Office*** |
| **Week 18-23** | - Continue PST  
- Cont supp services | - Mental Health Specialist | - Defined by client |
| **Week 24** | - Medication Monitor  
- Evaluation IV  
- Complete or Continue Treatment | - Primary Care Provider  
- Mental Health Specialist | 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.
Model #2 - Carve Out (Referral)

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
Staffing Model #2

Model 2: Carve Out (Referral)

Referral

Primary Care Office

- Primary Care Physician/Staff
- Patient Screening and Evaluation
- Counseling and Referral
- Pharmaceutical Treatment
- Consultation

Specialty Mental Health Clinic

- Qualified MH Provider/Supervised Staff RN, MD, LHC, CSW, PhD
- Assessment
- Treatment Plan
- Psychotherapy Medication monitoring
- Supportive Services

Collaborative Models of Mental Health Care for Older Adults
AHRQ AWARD

1. Covenant Clinic in Waverly

2. Myrtue Medical Center in Harlan

3. West Iowa Community Mental Health in Denison
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
the time is now...