Lessons Learned From Geriatric Mental Health/Physical Health Integration Demonstration Projects

Steve Huz, PhD
Gyojeong Gu, MPP

The Geriatric Mental Health Alliance of New York
2012 Annual Conference
May 14, 2012
Overview

• Background of NYS Geriatric Mental Health Demonstration Project

• Evaluation Plan

• Findings from Evaluation of the Geriatric Mental Health/Physical Health Demonstration Projects
  - Quantity of Services
  - Characteristics of Individuals Served
  - Outcomes for Individuals Served
  - Lessons Learned: Implementation, Service Delivery and Sustainability
In 2007, the NYS Office of Mental Health funded six mental health/physical health integration programs. These programs were tasked with implementing a program model which would establish integration of mental health screening, assessment and treatment processes into physical health care settings. Today’s focus is on the evaluation of the six mental health/physical health programs funded by the demonstration project and a seventh unfunded program.
Demonstration Project Sites

- University of Rochester – GEMM Care, Rochester, NY
- New York Presbyterian Hospital – The Wright Center, New York, NY
- Metropolitan Hospital, New York, NY
- Flushing Hospital Medical Center, Queens, NY
- South Oaks Hospital, Suffolk County, NY
- Warren and Washington Counties, NY
- Greene County Mental Health, Greene County, NY
Evaluation Overview

• Formative in nature. Designed to enhance learning *during* the life of the project by generating feedback on performance

• Supported successful implementation of the demonstration projects through a learning collaborative approach

• Facilitated communication between grantees
The evaluation design included:

• Assessment of implementation process

• Evaluation of individual-level outcomes

• Identification of models for integration of mental health in physical health settings for older New Yorkers
Patient Flow and Evaluation Data Focus

Data Collection Focus

- Individuals Screened for Mental Illness
- Individuals Screening Positive for Mental Illness
- Individuals Receiving Assessment
- Individuals Recommended for Treatment
- Individuals Receiving Treatment
- Individuals Not Screened Positive for Mental Illness
- Individuals Not Receiving Assessment
- Individuals Not Recommended for Treatment
- Individuals Not Receiving Treatment
## Evaluation Measures

### Quantity of Services
- Screens Conducted
- Assessments Conducted
- Individuals Recommended for Treatment
- Individuals Receiving Treatment

### Characteristics of Individuals Served
- Gender
- Age
- Race/Ethnicity
- Living Situation

### Outcomes for Individuals Served
- Linkage to Service
- Symptoms of Depression (PHQ-9) and Anxiety (GAD-7)

### Lessons Learned
- Implementation
- Service Delivery
- Sustainability
### Screening and Assessment for Mental Illness and Recommendation for Treatment

#### All Ages

- **Total Screens Conducted for Depression and Anxiety**: 17,678
- **Individuals Screened**: 10,404

#### Ages 60+

- **Total Screens Conducted for Depression and Anxiety (60+)**: 14,162
- **Individuals Screened (60+)**: 8,283

#### Assessment

- **Individuals Recommended for Assessment (60+)**: 2,893
- **Individuals who Received an Assessment (60+)**: 2,123
- **Individuals who were Recommended for Treatment (60+)**: 1,941

---

**NYS Office of Mental Health**

**Office of Performance Measurement and Evaluation**
New York State Physical Health/Mental Health Integration Demonstration Project

Individuals Screened and Percent Recommended for Treatment by Gender and Age

Gender

- Male, 36%
- Female, 64%

Percent of Individuals Screened (n=10,404)

- Male (n=3,787) - 20%
- Female (n=6,617) - 28%

Percent of Individuals Screened Resulting in Recommendation for Treatment

Age

- <50 (n=1,113) - 20%
- 50-59 (n=1,008) - 43%
- 60-64 (n=899) - 24%
- 65+ (n=7,384) - 23%

NYS Office of Mental Health
Office of Performance Measurement and Evaluation

May 14, 2012
### Race/Ethnicity & Living Situation of Individuals Screened

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Individuals Screened</th>
<th>Percent of Individuals Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Non-Hispanic</td>
<td>7,392</td>
<td>71%</td>
</tr>
<tr>
<td>Black/Non-Hispanic</td>
<td>505</td>
<td>5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,788</td>
<td>17%</td>
</tr>
<tr>
<td>Asian</td>
<td>368</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>274</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>Individuals Screened</th>
<th>Percent of Individuals Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Residence-Alone</td>
<td>3,009</td>
<td>29%</td>
</tr>
<tr>
<td>Private Residence with Spouse and Partner</td>
<td>3,749</td>
<td>36%</td>
</tr>
<tr>
<td>Private Residence with Other Family</td>
<td>1,645</td>
<td>16%</td>
</tr>
<tr>
<td>Other (including Assisted Living, Long-term Care/ Nursing Home and Inpatient)</td>
<td>352</td>
<td>3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,649</td>
<td>16%</td>
</tr>
</tbody>
</table>

**Total** 10,404
Diagnostic Profile and Comorbidity at Assessment

Total Number of Assessments with Known Diagnoses = 1,586

- Depression: 71%
- Anxiety Disorder: 35%
- Dementia: 18%
- Adjustment Disorder: 6%
- Psychological Factors: 3%
- Personality Disorder: 3%
- Bipolar Disorder: 1%
- Schizophrenia: 1%
- Delusional Disorders: 1%
- Other: 15%

Diagnostic Comorbidity:
- Depression & Anxiety: 24%
- Depression & Dementia: 6%
- Anxiety & Dementia: 0%
- Depression & Anxiety & Dementia: 3%
Linkage to Service by Mental Health and Physical Health Need When Assessed for Treatment Recommendation

<table>
<thead>
<tr>
<th>Mental Health Need</th>
<th>Physical Health Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>High: 86%</td>
<td>High: 88%</td>
</tr>
<tr>
<td>Moderate: 81%</td>
<td>Moderate: 86%</td>
</tr>
<tr>
<td>Low: 41%</td>
<td>Low: 75%</td>
</tr>
</tbody>
</table>
# New York State Physical Health/Mental Health Integration Demonstration Project

## PHQ-9 Scores at Initial Screening & Change between Baseline and Last Follow-up for Treatment Group: Individuals 60+

### At Initial Screening (n=6,461)

- **Mild, 5-9**: 18%
- **Moderate, 10-14**: 8%
- **Moderately Severe, 15-19**: 4%
- **Severe, 20-27**: 2%
- **None, 0-4**: 68%

### Change on PHQ-9 Scores between Baseline and Last Follow-up

<table>
<thead>
<tr>
<th>Condition</th>
<th>Last Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Improved</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td></td>
</tr>
<tr>
<td>Moderate, 10-14</td>
<td>77%</td>
</tr>
<tr>
<td>Moderately Severe, 15-19</td>
<td>89%</td>
</tr>
<tr>
<td>Severe, 20-27</td>
<td>81%</td>
</tr>
</tbody>
</table>
GAD-7 Scores at Initial Screening & Change between Baseline and Last Follow-up for Treatment Group: Individuals 60+

At Initial Screening (n=5,776)

- None, 0-4: 79%
- Mild, 5-9: 11%
- Moderate, 10-14: 6%
- Severe, 15-21: 4%

Change on GAD-7 Scores between Baseline and Last Follow-up

- None, 0-4
  - Baseline: 79%
  - Last Follow-up: 86%
  - Improved: 86%
  - Declined: 14%

- Mild, 5-9
  - Baseline: 11%
  - Last Follow-up: 80%
  - Improved: 80%
  - Declined: 16%

- Moderate, 10-14
  - Baseline: 6%
  - Last Follow-up: 80%
  - Improved: 80%
  - Declined: 16%

- Severe, 15-21
  - Baseline: 4%
  - Last Follow-up: 86%
  - Improved: 86%
  - Declined: 14%
Lessons Learned:
Implementation, Service Delivery and Sustainability
Lessons Learned:

Obtain high-level organizational and administrative support

- Strategically placed champion for mental health/physical health integration placed within the administrative hierarchy is important.
- A champion can disseminate the vision of integration and facilitate resolution of barriers to integration that inevitably arise.
Lessons Learned:

Understand the culture of primary care

• Secure effective access to the primary care service delivery setting.

• Persistence needed to ensure ongoing fidelity to screening and communication protocols.
Lessons Learned:

Prepare for challenges from primary care

- Challenge to implementation of integration protocols
- Diligence needed to ensure that screening protocols were adhered to.
Lessons Learned:

Use psychiatry resources

• Close physical proximity
• Effective communication
• Education
Lessons Learned:

Monitor patient reaction to integration

• Concern that stigma would discourage engagement.

• Mental health and physical health interaction resulted in welcome attention to mental health.

• Primary care involvement in mental health has reduced stigma.
Use multidisciplinary teams

• Variety of health care disciplines needed.
• Contributed to more seamless referrals between the primary care & mental health sectors
• Improved relationships between practitioners
• Greater acceptance of the mental health interventions.
Lessons Learned:

Develop educational opportunities

• Routine weekly or monthly educational sessions.

• In-service and other education/training opportunities by their psychiatry colleagues.
Lessons Learned:

Establish formal meeting times

- Regularly scheduled meetings were essential.
- Informal communication opportunities established at all sites can not replace formal meeting mechanisms.
Lessons Learned:

Prepare for unmet psychosocial needs

• Complex psychosocial needs were identified.
• Interventions addressing these needs are important.
• Plans for addressing these needs is critical.
Lessons Learned:

Plan for sustainability from the onset

- Understand Medicare and other service reimbursement systems
- Employ staff who are able to be reimbursed for services
- Know every client’s payer benefit package
- Customize encounter billing forms to include covered services
- Monitor the program’s case/payer mix on an ongoing basis
Accomplishments

• All successfully implemented mental health screening in primary health care settings.

• High rates of receipt or linkage to needed services.

• Positive outcomes for most individuals who received treatment.
Established a sustained culture of integration.

With modifications most programs will be able to continue.

Reflections by project staff provide important recommendations on how to realize integration.