FLUSHING HOSPITAL
MEDICAL CENTER

DEPARTMENTS OF
PSYCHIATRY & ADDICTION SERVICES,
AMBULATORY CARE,
&
GERIATRIC MEDICINE
THE
GERIATRIC
PHYSICAL HEALTH-MENTAL
HEALTH
INTEGRATION
DEMONSTRATION PROJECT

2007-2012
A TRANS-CULTURAL DE-STIGMATEZATION DEMONSTRATION PROJECT
OBJECTIVES
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1. To de-stigmatize mental illness for people of all cultures over 65
2. To increase access to mental health care for them.
3. To integrate evidence-based screening, assessment, and treatment for mental disorders into primary geriatric-care
4. To improve physical health.
5. To increase inter-disciplinary quality improvement collaboration.
METHOD
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1. To locate in the Ambulatory Care Clinic a Mental Health Team
AMBULATORY CARE ENVIRONMENT
(Monday-Friday 8 AM-6 PM)

- 2-3 Attending Physicians/Day
- 14 Residents/Day
- 2-3 Nurses/Day
- 5-7 Registrars and Other Clerical Staff/Day
ADD THE GRANT STAFF

- 1.0 Clinical Coordinator (Nurse Practitioner)
- 0.125 Psychiatrist Consultant/Educator
- 1.5 Behavioral Health Clinician (Clinical Social Workers)
- 1.0 Patient Care Coordinator (Assoc. Arts)
METHOD

2. To train Primary Care Physicians and nurses at Flushing Hospital’s Ambulatory Care Clinic to integrate Mental Health with Physical Health with Lifestyle Medicine practices
TRAINING

• Monthly lectures to residents and attending
• Bi-monthly Teaching Seminars in the Clinic
• Bi-weekly Grant staff meeting
• On-going, face-to-face daily interactions
3. To use Successful Aging practices to organize the behavioral self-management/lifestyle modification for training patients to improve mental and physical health.
THE DIABETES PROJECT

• The Ambulatory Care Clinic is implementing a Diabetes Treatment Compliance Project

• These two projects are being integrated based on the principles of Lifestyle Medicine
Successful Aging Lifestyle Practices

1. Diet
2. Exercise
3. Pursuit of mental challenges
4. Self-efficacy
5. Social support
INITIAL STEPS

- PHQ-9 (Depression) (All Patients Ongoing)
- GAD-7 (Anxiety) (April 1, 2008)
- Mini-Cog (Cognitive Impairment/Dementia) (Periodically)
- MMSE (Cognitive Impairment/Dementia) (Future)
- CAGE (Alcohol Abuse) (Future)
On the average, from 2005 through 2007

- 12,000 Total Ambulatory Care Patients/Year
- 30,000 Total Ambulatory Care Visits/Year
- 1550 Ambulatory Care Patients 65+/Year
- 3,900 Visits/Year for 65+ (1/3.3 months)
- 90 Geri-Clinic Patients/Year
- 325 Geri-Clinic Visits/Year
COMMENTS ON INITIAL RESULTS

• Project started 11/19/07
• Started seeing patients and gathering data in December 2007
• Missing and incomplete data due to start-up process challenges
• Some missing data can be retrieved
INITIAL RESULTS FOR 65+ (11/19/07-3/27/08)

- 195 TOTAL PATIENTS SCREENED WITH PHQ-9
- 290 VISITS
- 3/27 Average PHQ-9 Score
- 0 to 21 PHQ-9 Score Range
INITIAL RESULTS FOR 65+ (11/19/07-3/27/08) (Con’t)

• Average age = 74 (range: 65-93)
• Gender:
  – Females = 124
  – Males = 55
• Diagnosed Mental Disorders (either by Ambulatory PCP or by concurrent TX in MHC) = 35 (18% of screened patients)
INITIAL RESULTS FOR 65+ (11/19/07-3/27/08) (Con’t)

• Languages:
  – English = 32
  – Spanish = 87
  – Korean = 14
  – Chinese = 8
  – Hindi = 10
  – Other = 9
INITIAL RESULTS FOR 65+ (11/19/07-3/27/08) (Con’t)

• Ethnicity/Race
  – White = 9
  – Asian = 41
  – Black = 21
  – Hispanic = 80
  – Native Hawaiian/Pacific Islander = 16
  – Other = 3
INITIAL RESULTS FOR 65+
(11/19/07-3/27/08) (Con’t)

• Issues Identified
  – Physical health = 106
  – Mental Health = 54
  – Cognitive = 1
  – Housing = 1
  – Financial = 2
  – Social = 2
Anecdotes
“... Well, it matters to this one.”

- Case A: Victim of Cultural Revolution
- Case B: “Oh! No! They called the psychiatrist”
- Case C: The PCP says, “They’re all non-compliant”
“... Well, it matters to this one.”

- Case D: Alone in America
- Case E: An Indian couple; he 79, she 82
- Case F: 70-y/o Hispanic woman recently divorced, happily so, wants a face lift.
THE TRICKLE-DOWN EFFECT TO INDIVIDUALS <65

• The Lifestyle Medicine Practice is being used for all patients across the life span at the Ambulatory Care Clinic
• All patients at the Ambulatory Care Clinic are being screened with PHQ-9 and soon with GAD-7.
• As a result, pressure is put on the geriatric behavioral health team to assess and treat patients under 65
OTHER ISSUES

- Systemic problems of ambulatory care
- Space
- Time
- Scheduling
- Resources for patients under 65
- Is mental health a second-class service?
THE LONG-RANGE VISION

The Center for Lifestyle Medicine at Flushing Hospital Medical Center