Promoting Health and Wellness for Elderly Persons with Serious Mental Illness Using Concepts of Integrated Healthcare and Psychosocial Recovery Principles

Kathleen McDermott, DNP, RN, MSN, PMHNP-BC
Dr. Mauro Torno, MD, FACP, FAAAAAI
Disclosure

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Learning Objectives

• Describe how a system of integrated psychiatric & medical care impact the health of vulnerable populations, specifically the elderly with serious mental illness

• Demonstrate data supporting a pilot program that embedded primary medical care services within a community mental health center

• Enumerate at least 3 strategies or recommendations to better improve the mental & physical health of aging patients
The Village

Mental Health America of Los Angeles

456 Elm Avenue
Long Beach, California
Background

- MHA Village is a community based mental health center of Mental Health America of Los Angeles (MHALA)
- Founded in 1990 as a pilot project
- Pioneer of the recovery movement
- Provides support and assistance to its members in their recovery journey
- Mission – “To assist people with mental illnesses recognize their strengths and power to recover and achieve full participation in community life. Also, to encourage system-wide adoption of the practice and promotion of recovery and well being”
Guiding principles at MHALA The Village

- Client choice
- Quality of life
- Community focus
- Whatever it takes
Recovery-focused Care

- Hope
- Empowerment
- Self-Responsibility
- Meaningful Role in Life
Statistics

• Mental Illness affects 59 million people annually in US  
  (as cited in NIMH, n.d.)

• 9.6 million of US have serious/severe mental illness (SMI)  
  (as cited in NIMH, n.d.)
  – Schizophrenia
  – Bipolar Disorder
  – Severe Depression

• Approximately 15% of adults aged 60 and over suffer from a mental disorder  
  (WHO.int, 2016)
Statistics

• Mortality rates for persons with SMI are more than double that of the general population (Zolnierek, 2009)

• Deaths are largely from treatable conditions, associated with modifiable risk factors (smoking, obesity, substance abuse) & inadequate medical care
  
  (Barry & Huskamp, 2011)
Our Population at MHALA

Village, Transitional Age Youth, Wellness Center (10/2013 – 12/2015)

18-25 = 113
26-35 = 177
36-45 = 206
46-55 = 284
56-65 = 236
66 – 75 = 42
76 – 85 = 5

40% of members are 50+ years
Population data

- Homeless Assistance Program (HAP)
  - 149 members 50+ years (15%)
  - 606 members in 26-49 age range

- High percentages of CAD, diabetes, HTN, obesity. Similar to information in literature

- Average age of death of our population at MHALA Village = 57 years old
System Issues

- Mental health and addiction treatment historically separated from the rest of medicine (Barry & Huskamp, 2011)

- Gaps in care, inappropriate care, disjointed care, redundant care and ↑ health costs (Kaiser Commission on Medicaid and the Uninsured, 2014)

- Calls for integrated care have been noted for several decades however, segregated systems of care have persisted.

- Affordable Care Act (ACA), Mental Health Parity and Addictions Equity Act (MHPAEA) of 2008, SAMHSA and HRSA
  - models of integration being implemented & evaluated (Barry & Huskamp, 2011)
Barriers to optimal health for people with severe mental illness especially in the elderly

• Increased incidence of modifiable risk factors – smoking, alcohol/substance abuse, STDs – many years of self-neglect, many years of abuse

• Medical conditions go un-identified and/or untreated which shortens life span

• Limited access to medical appointments for preventative and routine care

• Decreased access to quality psychiatric & medical care
Barriers (continued)

• Across disease states, the existence of mental illness seems to affect the quality of medical care (fewer preventative services, lower rates of CV procedures, worse diabetes care)

• Who is in charge of patient health – the Psychiatrist? The Medical doctor? Both? - lack of clarity of responsibility over the health of people with SMIs

• Lack of awareness of physical symptoms (or total denial)

• Insurance – inability to apply, maintain, navigate, utilize maximally
Even more barriers

- Transportation issues
- Poor relationships with healthcare providers – lack of education, lack of empathy, lack of flexibility, lack of tolerance to patients manifesting psychiatric symptoms
- Limited continuity of care
- Complexities of Health System – “Go make an appointment for this. Go fast for 24 hours then do this”
Four Quadrant Clinical Integration Model

- **Quadrant II**
  - BH ↑  PH ↓

- **Quadrant IV**
  - BH ↑  PH ↑

- **Quadrant I**
  - BH ↓  PH ↓

- **Quadrant III**
  - BH ↓  PH ↑

**Behavioral Health Risk/Status**
- Low
- High

**Physical Health Risk/Status**
- Low
- High
Embedding a medical clinic in an outpatient psychiatric facility

• LVN (Licensed Vocational Nurse) MHALA employee
  – available ~ 30 hours per week
• MD – contracted outside provider (Long Beach Health Department)
• Clinic – 6 hours per week with LVN and MD
  – 3 hours on Tuesday mornings
  – 3 hours on Thursday afternoons
• Funding - $98,000 granted for 12 month period
  – Covered staff salary (MD, LVN), medical supplies, medications, lab expenses
Integrated Care Project Objectives

• **SCREEN.** Conduct physical assessments and provide short-term primary care to individuals with mental illness, including the elderly

• **CONNECT.** Connect/Reconnect individuals to public medical insurance and provider to ensure ongoing access to care, example: Affordable Care Act (Obamacare)

• **MAKE SURE THEY STAY CONNECTED TO CARE.** Collaborate with community healthcare providers to integrate physical and mental health treatment of individuals with mental illness
Concept of the Program...
Wellness, Disease and Aging

Determinants of health

Life course view of health & disease
Types of Medical diagnosis:
Many years of self-neglect. Many years of abuse. Age related diseases catching up?

- **Orthopedic / Musculoskeletal 58**
  - Low back/shoulder/knee/ankle/finger joint pain,
  - Fractures,
  - Bodily injuries from motor vehicular accidents

- **Cardiovascular 46**
  - Hypertension
  - Chest pain / coronary artery disease,
  - CHF
    * Others: increased cholesterol, metabolic syndrome, heart murmur

- **Infectious diseases 32**
- **Pulmonary 25**
Types of Medical diagnosis:
Many years of self-neglect. Many years of abuse. Age related diseases catching up?

• 68* members had other chief complaints that require acute resolution (cough, rash, toothache, spider bite, conjunctivitis, blood pressure or blood sugar out of control.

• 67 of 68 (98.5%) got better on follow up

• 1/68 did not (obesity)

*This number includes patients who are requesting for a PCP or they may already have a PCP yet do not have an existing appointment.
The medical clinic at The Village therefore acted as a bridge or a temporary clinic to transform an uninsured, homeless person with severe mental illness and a high volume of ER visits to one who is engaged in the community, cared for by medical and psychiatric providers that they like, in medical homes (not ERs) that are accessible to them in places where they hang out.

- Uninsured or ineffectively utilizing insurance coverage, off the streets, increased ER utilization
- Seen PCP once
- Happy and keeping appointments with PCP, none to very few ER visits, active health insurance coverage
UNIQUE Program Approach

– Patient choice

– Patient engagement

– Patient empowerment

Once these are all achieved, members are transitioned out of the program
The goals of the program have been achieved when ....

....the member is well integrated into health care, is seeing a psychiatrist of his or her choice, is seeing a medical doctor in the community, is keeping all clinic appointments, is taking all prescribed medications.

....insurance coverage is active.

“The program will schedule a final visit with the member in ___ months to ensure stability of medical care.”
Stories that stood out in our minds
“The lady in pink”

65 year old
Caucasian female
Strikingly elegant (all in pink) when she entered the exam room
SMI: Delusional Disorder
Me: What brought you here?
Her: Robert Brown is evil. He implanted electrodes in my head, all of the days of rape and torture. He killed my Mom and burnt our house. It is here (pointing to forehead). It is all here….Then talks about sex trafficking, labor laws, assassination and the Nazis
“She has a cough that won’t go away...”

- 70 year old
- African American female
- Biggest smile showcasing nice white sturdy teeth
- SMI: Bipolar Disorder
Me: What brought you in? How can I help?
Her: Starts talking about the stars and how the stars keep smiling at you…
Others

- 27 year old male with psychotic disorder NOS who just felt clumsy all his adult life (1st time diagnosis of Multiple Sclerosis)
- 60 year old female with major depression & marfans syndrome
- 62 year old male with severe anxiety disorder who was not able to walk a block without chest pain
- 61 year old Asian male with major depression & 1st time diagnosis of psoriasis & diabetes
- 68 year old female with major depression & > 2 years of intractable nausea & vomiting from severe reflux disease
- 57 year old Hispanic male with depression & probable liver cancer - (2) 1.5 cm nodules - growing over a liver infected with hepatitis C
- 62 year old male with major depression & skin cancer (confirmed by skin biopsy)
- 51 year old male with major depression & GAD with huge scrotal swelling
Member perspective

Video

Point of view from 5 members that received care through the Integrated Healthcare Project

www.youtube.com/watch?v=cpZYZAKIM44
Lessons learned and Practical tips

1. In 30 minutes of encounter time, do not rush. Proceed very cautiously. Make your eyes wander.

2. When you need to send the member to the ER or to specialists, insist on it. Go to google images, pull up a picture, print and explain your point some more until they get it.

3. Offer members options
Lessons learned and Practical tips

4. Simplify things for members. Give them few, specific instructions that are easy to follow.
   Example: “Jose, Your insurance coverage is HealthNet Plan....
   **Better:** “I understand you wanted a change in health plan coverage and doctor...

5. Look around you and see who else can help take the member to the ER or to other clinic appointments (PSCs). “Allies” provide that much needed support, help direct the member towards the goal of wellness.
Nov 27: 56 year old CM, poor historian, with 1x1 cm ulcer over R jaw………Worry is for skin cancer. Refer to HUCLA Dermatology

Dec 19: Spoke with Referral Center. Referral to dermatology received Dec 10, appointment pending.

Jan 14: I called Referral Center and got a dermatology appointment for Jan 16 @ 9:15 AM. The Village Nurse Practitioner arranged to have Case Manager (CM) take member to this appointment

Jan 21: Member missed appointment for Dermatology but CM will reschedule. Dr. Mauro provided her with the number to reschedule.

Feb 04: CM called and was told that appointment will be mailed out to member. MD called and was able to get an appointment for Feb 10

Feb 10: CM took patient to Dermatology. 2 lesions over the jaw removed

Feb 28: CM received phone call from Dermatology stating biopsy came back cancer. Surgery scheduled for May 23

May 23: Surgery to remove cancer on face

Biopsy result: Cancer
6. Write things down for members. Write them down in big, bold fonts. Give them print outs of plans of care, addresses, phone numbers, clinic hours of providers you referred them to. Print not one but print several copies.

7. Do not overlook history of allergies (example: to penicillin). Write down member’s allergies in big bold fonts all over the chart pages. Write it down on a card or a sticky note, fold and ask the member to carry this information in his/her wallet at all times.

8. Medication reconciliation. Ask the member to bring in medications at every clinic visit. Pay attention to drug interaction of medications (psychiatric medication), overlapping medications (polypharmacy) example: amlodipine 10 mg and amlodipine 20 mg being taken together. Ask the member for a med list from his providers.
Lessons learned and Practical tips

9. Co-locate services if you can. Medical clinic visits in the same location as laundry, shower and mail services. Medical and psychiatric services in the same building, ideally within walking distance to ER, hospital and laboratory. Provide bus tokens if locations not within walking distance. Taxi services, if you can.

10. Meet members at their point of need. Members are OK if you say you need more time to process the request but do spend time.

11. Be yourself. Project an image of transparency yet project an image of being in control. Admit it if you do not know the answer right away but promise that you’ll call them after you have looked it up or consulted with your peers.

12. Enjoy and just have a good time seeing these members. Seize every opportunity to get to know what makes the members in front of you unique and build rapport from there.
So let’s talk results....

a.k.a. – here comes the data!
Results - Insurance

- 159 members seen,
  - 59 identified to have no insurance
  - 62 Insured - aware of status
    - 36 Insured - unaware of status

- By end of grant, 43/59 applied for insurance or became insured (77%)
  - 16 members not connected with insurance or application process
Results – Community PCP

- 159 members seen,
  - 98 had no community PCP
  - 15 connected to community PCP
  - 2 had 1st appt. with community PCP
  - 43 have identified a community PCP

In the end, 55 connected, 22 members not connected
- 122 members connected, 1st appt, identified PCP
Community Primary Care Provider Status

**Grant initiation**
- Connected: 30%
- Identified: 26%
- First visit: 22%
- Not connected: 22%

**Close of Grant**
- Connected: 45%
- Identified: 24%
- Not connected: 14%
- First visit: 17%
What worked? What didn’t?

• Systems issues

• Member issues

• Strategies to promote success

• Know / learn community resources
Program Approach

• Community integration
• Empowering members to make health decisions
  – To advocate/understand their care
  – Switch doctors as desired
• Graduate from MH doesn’t mean losing your PCP
• Partnerships with the community
Current status

• Program update

• Impact of having this grant
Lessons Learned / Recommendations

- Department of Health and Human Services
- Rapport is key
- Keep focus on health and wellness
Take home points

• Strategic partners

• Grant structure is important

• It CAN be done (even with limited resources)

• This is a worthy effort
References

Thank you!