IMPROVING RURAL ACCESS TO GERIATRIC PSYCHIATRIC SERVICES

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LEARNING OBJECTIVE

Integrate technology into the management of patients in rural areas
GROWTH IN POPULATION AGE 65 AND OVER (IN MILLIONS)

Greenberg SR. Department of Health & Human Services, Administration on Aging. 2009.
THE GROWING GERIATRIC PSYCHIATRIC NEED

- Geriatric psychiatric services meet the demands of the fastest-growing market – the elderly population
- The risk for depression in the elderly is 4x greater than for the general population
- Of those individuals 65 and older, 15% suffer life-impairing depression
  - Majority never get professional help
- Clinical depression eludes diagnosis by mimicking other illnesses

THE GROWING GERIATRIC PSYCHIATRIC NEED (CONT.)

- 20% of the elderly population has mental illnesses that are untreated at this time.
- The elderly population accounts for 20% of all suicides while they comprise 13% of the total population.
- Depression in the elderly greatly increases the risk for heart attack.
- Major depression increases the likelihood of death by 59%.

DIFFERENTIAL DIAGNOSIS
Geriatric Depression

● Possible causes
  ● Medication – increased risk of suicidality, recreational/illicit drug use, prescribed meds (e.g., GI agents, antihypertensives, chemotherapeutic, neurologic, psychotropic)
  ● Comorbid conditions – endocrine/metabolic, ID, CVD, COPD, neurologic, hematologic/oncologic, nutritional deficiency, hepatic failure
  ● Dementia? agitation, sleep or behavior problems?

● Screening
  ● Geriatric depression scale
  ● Hamilton depression rating scale (HAM-D)

IN BETWEEN ACUTE INPATIENT CARE AND INDIVIDUAL OUTPATIENT CARE

- Intensive outpatient psychiatry (IOP) programs
  - One of the most effective ways to reach the senior adult suffering from mental health problems

Association for Ambulatory Behavioral Healthcare.
IOP: IN BETWEEN ACUTE INPATIENT CARE AND INDIVIDUAL OUTPATIENT CARE

- Cost-effective alternative to traditional inpatient care
- Can be set up in a critical access or rural hospital
- Less restrictive
- Allows for a more holistic approach

IOP = intensive outpatient psychiatry

Impacts Associated with the Medicare Psychiatric PPS: A Study of Partial Hospitalization Programs. Centers for Medicare and Medicaid Services, RTI Project Number 0207964.018.005.
IOP: IN BETWEEN ACUTE INPATIENT CARE AND INDIVIDUAL OUTPATIENT CARE (CONT.)

- Allows patient to stay closer to home
- Both physical and emotional needs of the senior adult can be met
- Managed by a multidisciplinary team
  - Primary care physician
  - Psychiatrist
  - RN
  - Licensed therapist

IOP = intensive outpatient psychiatry

Impacts Associated with the Medicare Psychiatric PPS: A Study of Partial Hospitalization Programs. Centers for Medicare and Medicaid Services, RTI Project Number 0207964.018.005.
An IOP is a short-term outpatient psychiatric program designed specifically for older adults who are experiencing behavioral or emotional difficulties.
IOP: SERVICES

- Incident to a physician’s service, i.e., hospital-based
- Reasonable and necessary for the diagnosis or treatment of a patient’s condition
- Prescribed by a physician
- Individualized treatment plan must state type, amount, frequency, and duration of services

Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B, Section 70 - Outpatient Hospital Psychiatric Services.
- Reasonable expectation for improvement of the patient’s condition
- Medicare Part B reimbursement program (hospital-based)
- A valuable additional product line to a hospital’s menu of available services
WHAT ARE THE INTENSIVE OUTPATIENT SERVICES?

In a geropsychiatric intensive outpatient program, the following services are provided:

- Psychiatric evaluation
- Nursing assessment
- Nutritional screening
- Individual & group therapy
- Discharge planning
- History and physical
- Psychosocial assessment
- Medication monitoring and management
- Family education and therapy
- Aftercare planning

Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B, Section 70 - Outpatient Hospital Psychiatric Services.
WHAT ARE THE ADMISSION CRITERIA?

- Psychiatric diagnosis
- Functional impairment
- Potential for gain in functional status
- Endurance to participate
- Motivation of patient
- Potential for successful community re-entry outcome

Medicare Benefit Policy Manual, Chapter 6 - Hospital Services Covered Under Part B, Section 70 - Outpatient Hospital Psychiatric Services.
TELE-PSYCHIATRY
Mental Health Care in Rural Areas

- Can be implemented quickly and at low cost
  - Similar to a Skype model, but with proper security systems for confidentiality

- Example pieces of equipment required:
  - Computer, monitor with speakers and microphone
  - Telephone & fax machine (used as backup)
  - Independent DSL line or cable line used only for this service
  - VPN security system (or similar secure security system)
TELE-PSYCH VS. TELE-HEALTH

- Utilizes less intensive technology and equipment
  - Tele-health is usually HD level quality and designed specifically for higher resolution views
  - Tele-psych does not require a sophisticated T1 line and can be set up using DSL or cable
  - Providing psychiatry care doesn’t usually require HD & high levels of data to be transmitted
**TELE-PSYCH VS. TELE-HEALTH**

**Cost Effectiveness**

<table>
<thead>
<tr>
<th>Costs</th>
<th>Tele-Psych</th>
<th>Tele-Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set Up: Tech needed to install</td>
<td>$500</td>
<td>$10,000 to $15,000</td>
</tr>
<tr>
<td>Monthly Service Fees: Cost of equipment and ongoing maintenance is included in these fees</td>
<td>$250 Outpatient, $400 Inpatient (Only for psychiatry usage)</td>
<td>$2500 to $6000 (Depending on vendor) (Shared across other services if possible)</td>
</tr>
<tr>
<td>Approx. Hospital Facility Fee Reimbursement (Medicare)</td>
<td>$21 per patient per day</td>
<td>$21 per patient per day</td>
</tr>
</tbody>
</table>

Based on example of UTMG model being implemented in Mississippi and Tennessee.
RESULTS OF THIS PARTNERSHIP

• Accurate diagnosis
• Level of care recommendation
• Treatment/management of symptoms, behaviors, medical conditions
• Education of patient/family
  • Diagnosis
  • Prognosis
  • Community support services
RESOURCES

- Geriatric depression scale
  www.stanford.edu/~yesavage/GDS.html

- Hamilton depression scale
  www.servier.com/App_Download/Neurosciences/.../HDRS.pdf

- IOP Programs
  - UCSD Senior IOP – San Diego, CA
    www.health.ucsd.edu/specialties/psych/senior/outpatient.htm
  - Caritas Healthcare – The Geriatric Psychiatry Program – Fall River, MA
    www.caritaschristi.org/St_Annes/Services_and_Clinical_Centers/Geriatrics/The_Geriatric_Psychiatry_Program
  - Memorial Regional Hospital – South Florida
    www.memorialregional.com/BehavioralHealth/outpatientpsychiatricprogram.aspx