

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

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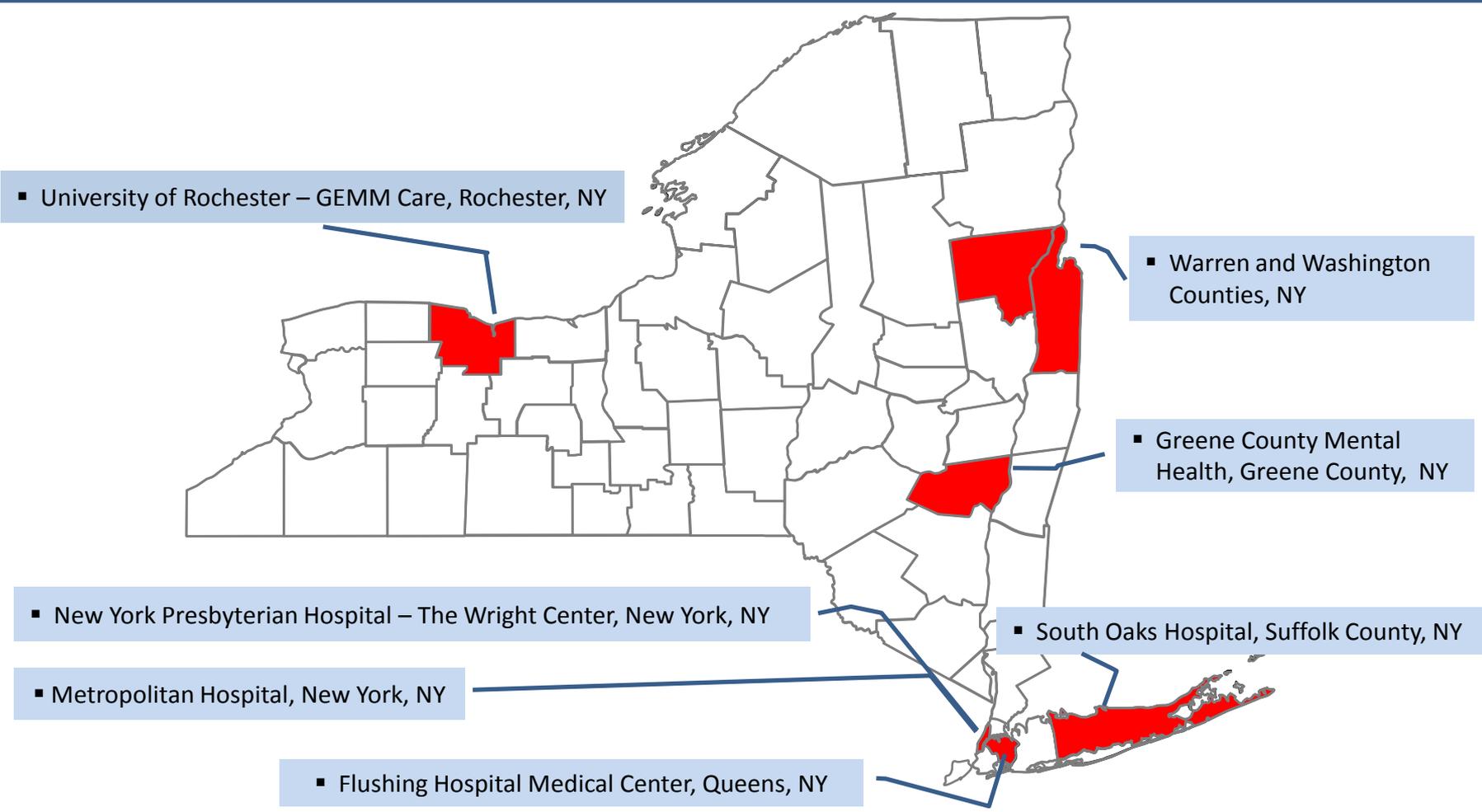
# Overview

- **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

## Background of NYS Geriatric Mental Health Demonstration Project

- **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



## Evaluation Overview

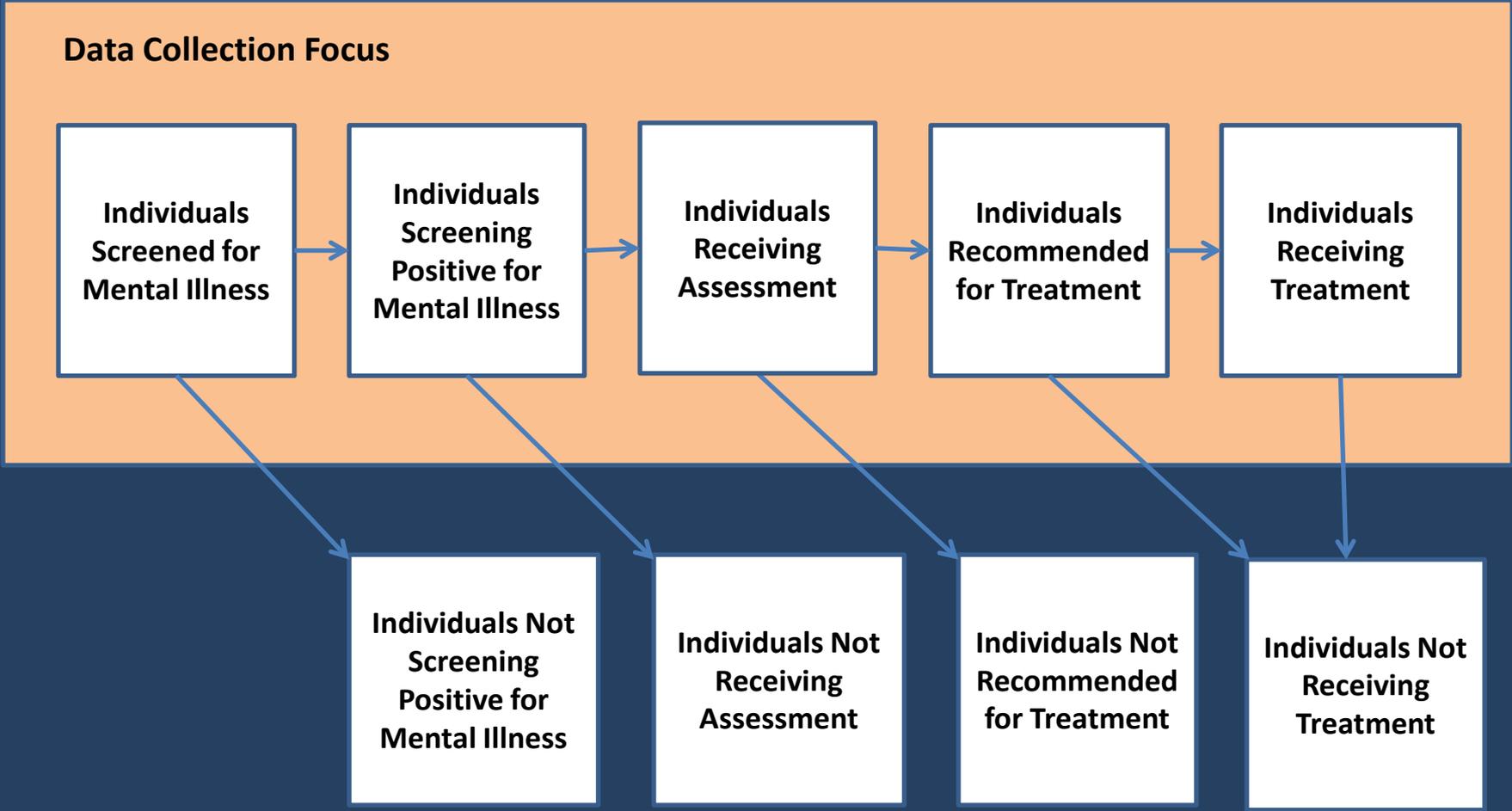
- **Formative in nature. Designed to enhance learning during the life of the project by generating feedback on performance**
- **Supported successful implementation of the demonstration projects through a learning collaborative approach**
- **Facilitated communication between grantees**

# Evaluation Components

**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



# 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

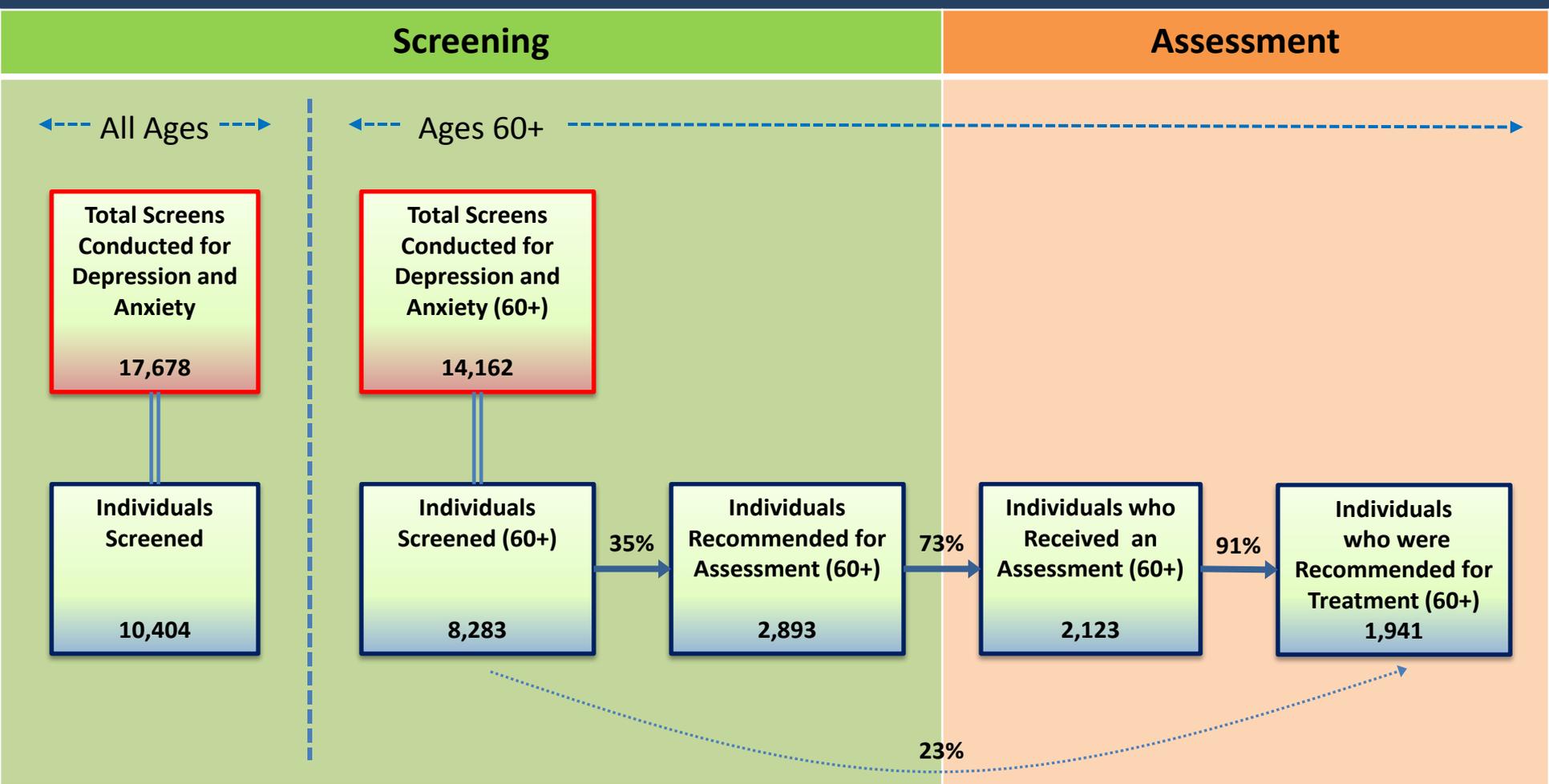
## Outcomes for Individuals Served

- Linkage to Service
- Symptoms of Depression (PHQ-9) and Anxiety (GAD-7)

## Lessons Learned

- Implementation
- Service Delivery
- Sustainability

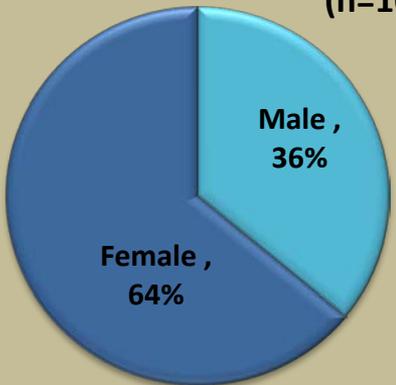
# Screening and Assessment for Mental Illness and Recommendation for Treatment



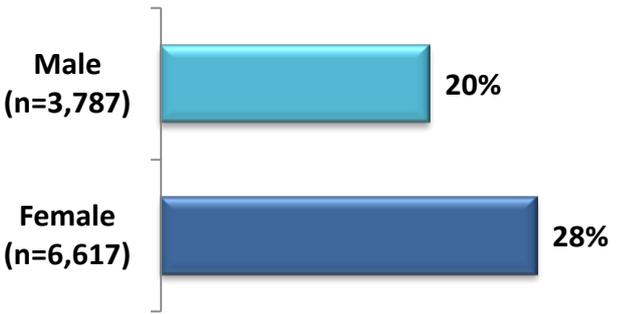
# Individuals Screened and Percent Recommended for Treatment by Gender and Age

## Gender

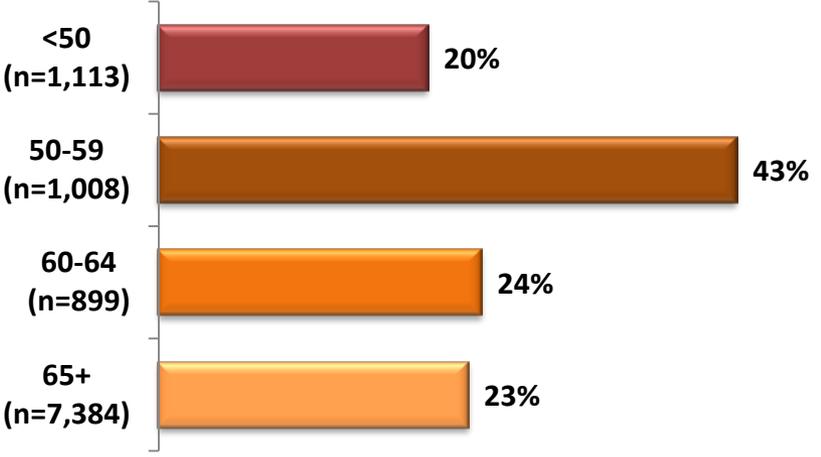
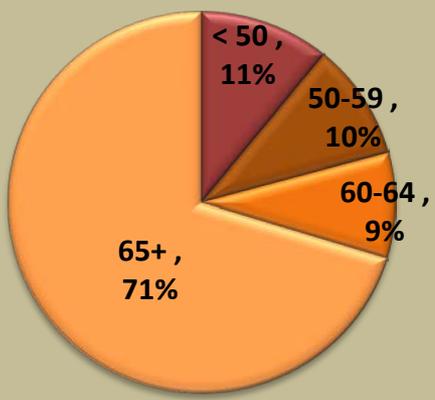
Percent of Individuals Screened (n=10,404)



Percent of Individuals Screened Resulting in Recommendation for Treatment



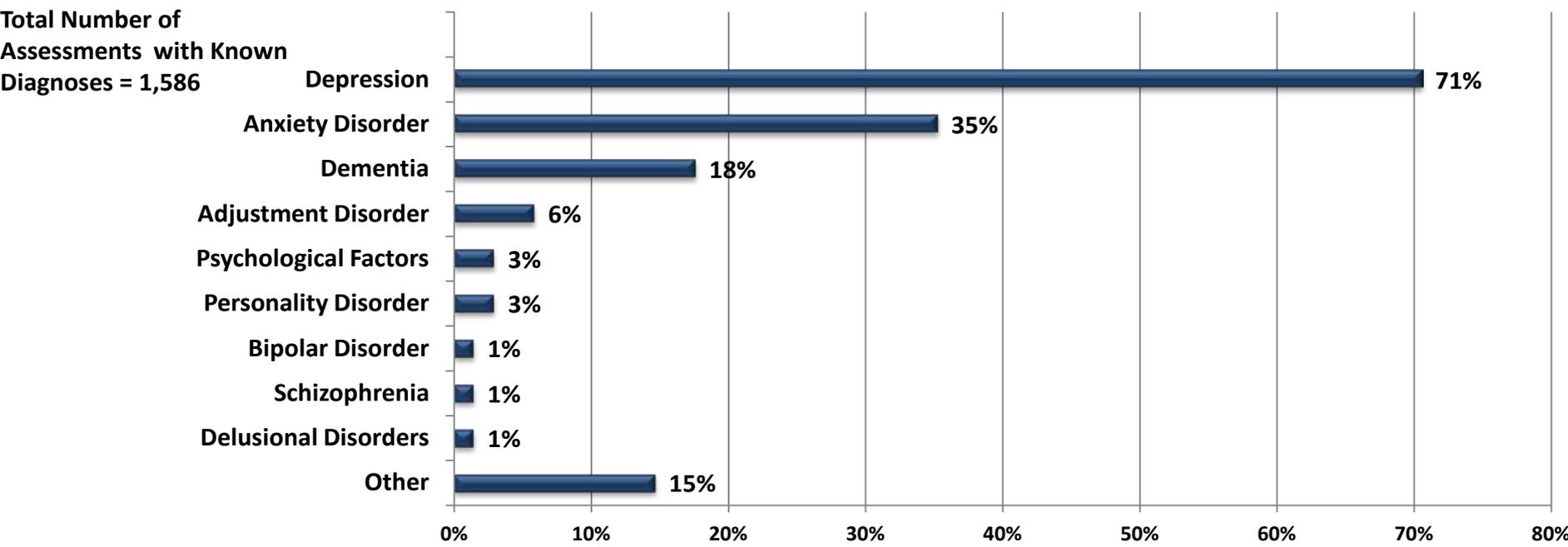
## Age



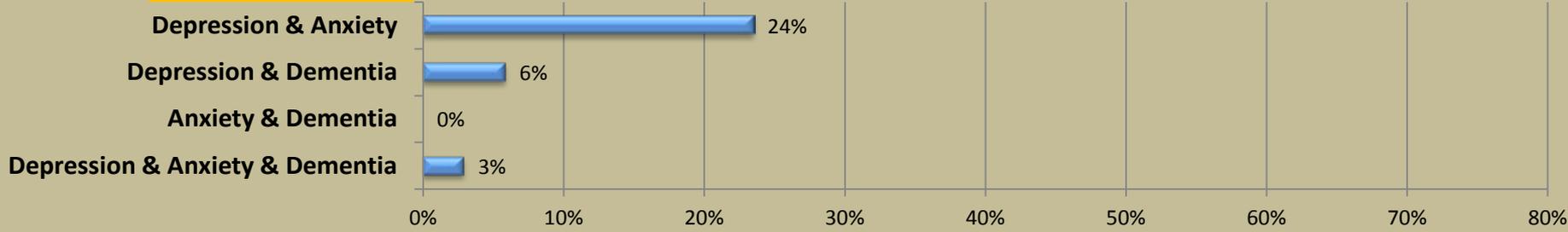
# Race/Ethnicity & Living Situation of Individuals Screened

		Individuals Screened	Percent of Individuals Screened
Race/ Ethnicity	White/Non-Hispanic	7,392	71%
	Black/Non-Hispanic	505	5%
	Hispanic	1,788	17%
	Asian	368	4%
	Other	77	1%
	Unknown	274	3%
Living Situation	Private Residence-Alone	3,009	29%
	Private Residence with Spouse and Partner	3,749	36%
	Private Residence with Other Family	1,645	16%
	Other (including Assisted Living, Long-term Care/ Nursing Home and Inpatient)	352	3%
	Unknown	1,649	16%
	<b>Total</b>	<b>10,404</b>	

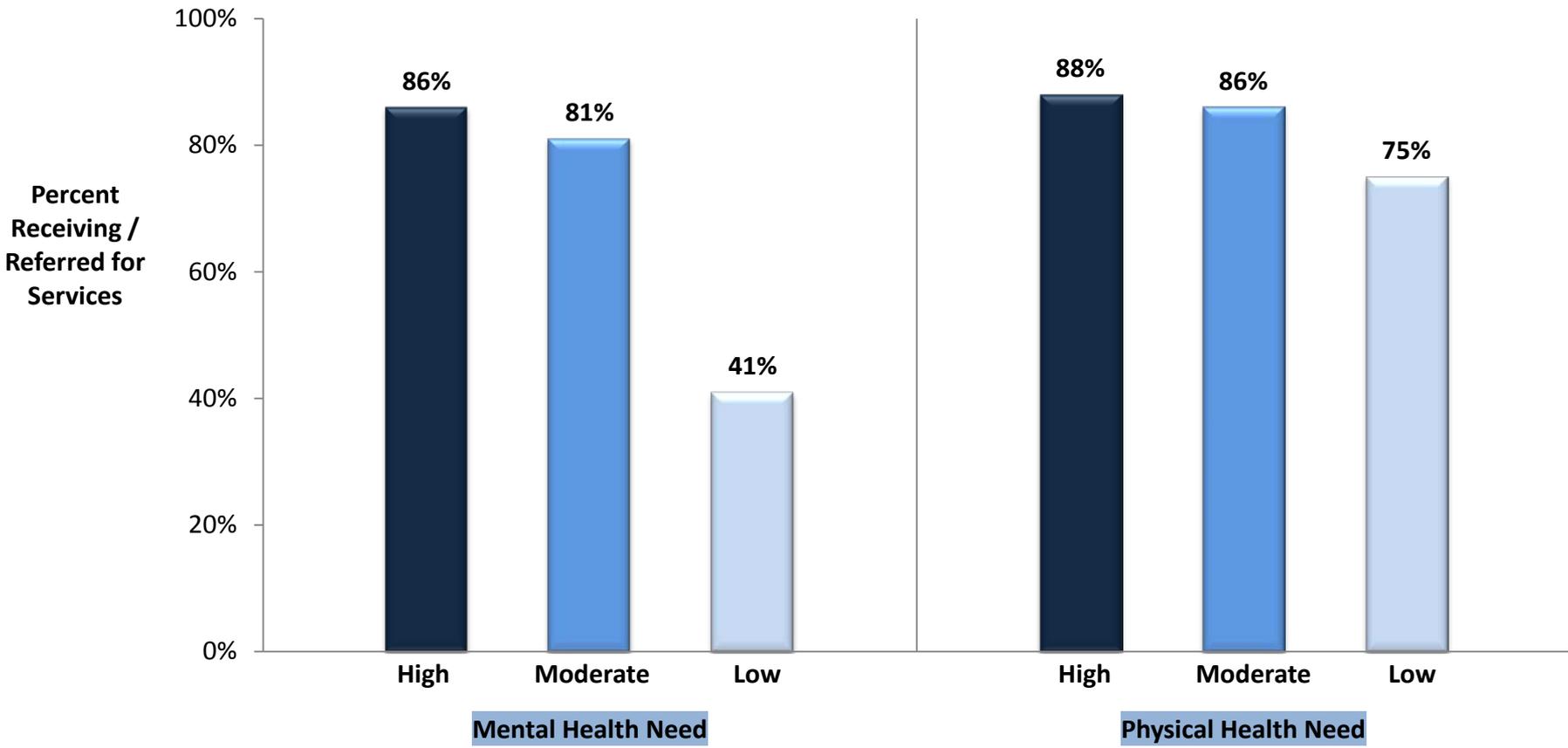
# Diagnostic Profile and Comorbidity at Assessment



### Diagnostic Comorbidity

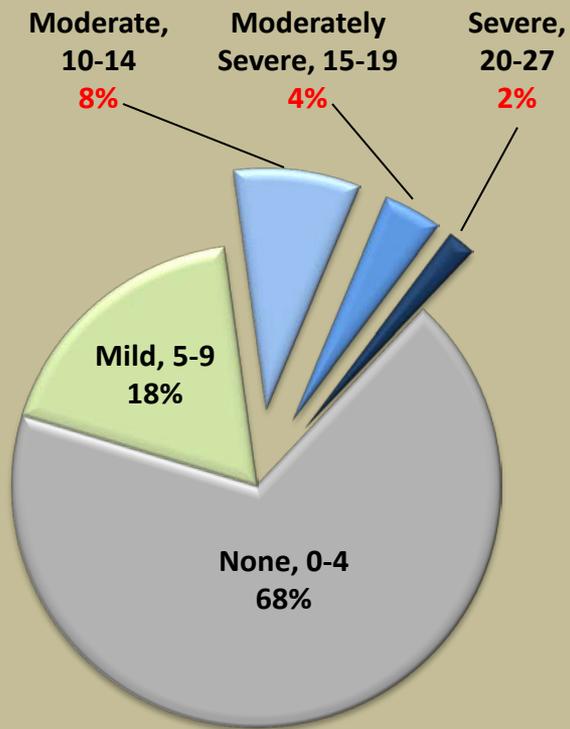


# Linkage to Service by Mental Health and Physical Health Need When Assessed for Treatment Recommendation

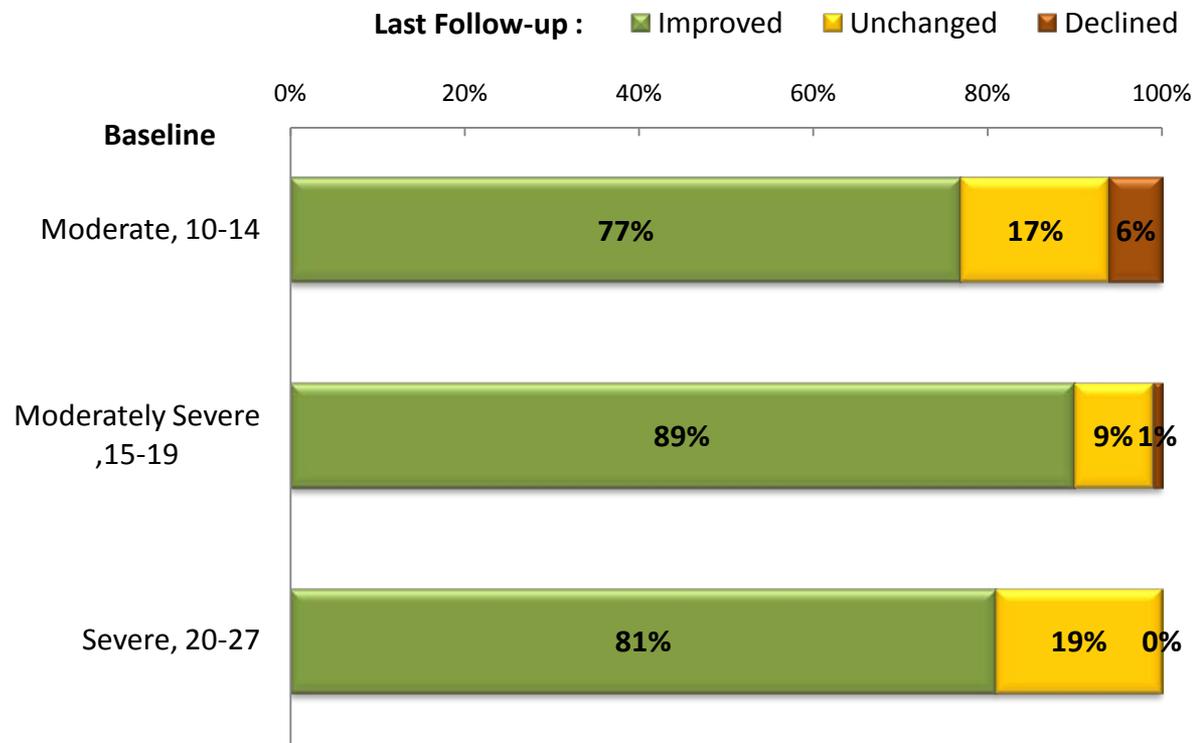


# PHQ-9 Scores at Initial Screening & Change between Baseline and Last Follow-up for Treatment Group: Individuals 60+

At Initial Screening  
(n=6,461)

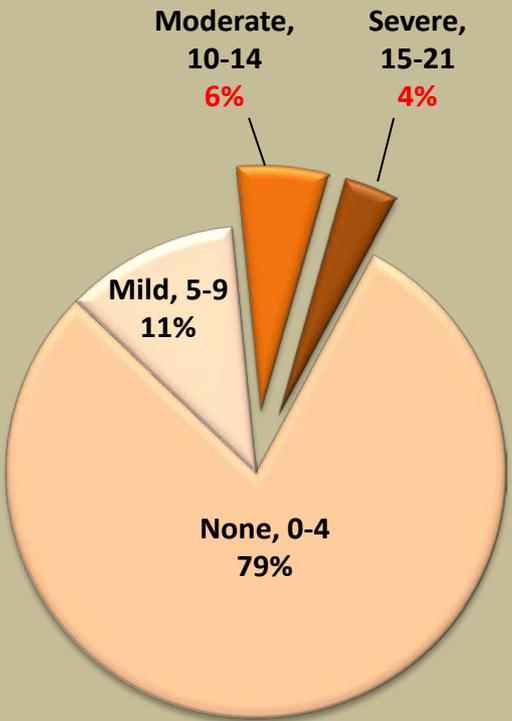


Change on PHQ-9 Scores  
between Baseline and Last Follow-up

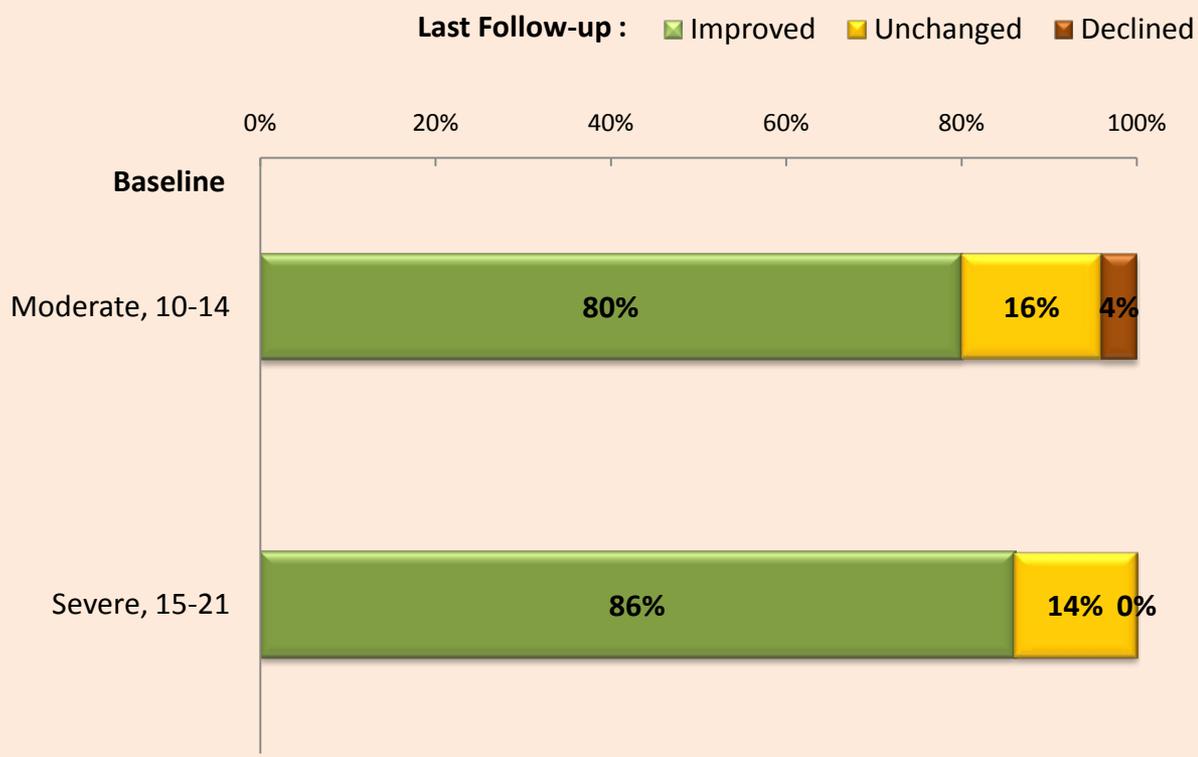


# GAD-7 Scores at Initial Screening & Change between Baseline and Last Follow-up for Treatment Group: Individuals 60+

At Initial Screening  
(n=5,776)



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



# **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.

## Lessons Learned:

### 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.

## Accomplishments

- 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.