

# 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-STIGMATIZATION  
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

# METHOD

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)

# AMBULATORY CARE STATS

## 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**