Building Bridges: Critical Partnerships for Managing Late Life Health

Erin Emery-Tiburcio, PhD, ABPP
 Associate Professor, Geriatric & Rehabilitation Psychology
 Co-Director, CATCH-ON Geriatric Workforce Enhancement Program
Mrs. Martinez, 74 years old

- Hypertension
- Diabetes
- Arthritis, falls
- History of anxiety & depression
Mrs. Martinez, 74 years old

- Spanish-speaking
- Functionally illiterate
- Divorced; abusive husband
- Lives with daughter, grands
- Low income
Overview

• Mental health and chronic condition prevalence & cost
• Models for primary care/Community-Based Organization (CBO) partnership
• Engaging consumers as a CBO: Health Ambassadors
Aging
Aging the US

Population age 65 and over and age 85 and over, selected years, 1900–2014, and projected years, 2020–2060

NOTE: Some data for 2020–2050 have been revised and differ from previous editions of Older Americans.
Reference population: These data refer to the resident population.

Arizona 12th in US
• 100,000 children in AZ being raised by 60,000 grandparents

Health in Aging
## Prevalence of Mental Disorders

<table>
<thead>
<tr>
<th>All Adults</th>
<th>Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 32.4% Any Mental Disorder</td>
<td>• 15.5% Any Mental Disorder</td>
</tr>
<tr>
<td>• 19.1% Anxiety Disorder</td>
<td>• 9% Anxiety Disorder</td>
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<tr>
<td>• 6.8% Major Depression</td>
<td>• 2.9% Major Depression</td>
</tr>
<tr>
<td>• 13.4% Substance Use Disorder</td>
<td>• 5.9% Substance Use Disorder</td>
</tr>
<tr>
<td>• 1.2% Schizophrenia</td>
<td>• 0.6% Schizophrenia</td>
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</tbody>
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Substance Abuse in Later Life

- Alcohol Use Disorders 22%
- Binge drinking 19% men; 6.3% women
- 14% tobacco use
- Rates of illicit drug use in past month
  - 2002: 3.4%
  - 2012 7.2%
- 1.4% used prescription opioids nonmedically

Keurbis et al, 2014
Depression in Later Life

• Prevalence & incidence of major depression double after age 70-85\(^1\)
• Depression linked to increased mortality in older adults\(^2,3\)
• Even “minor” depression associated with decreased function in later life\(^1\)

\(^1\)Alexopolous, 2005; \(^2\)Cuijpers & Smit, 2002; \(^3\)Schulz, Drayer & Rollman, 2002
Suicide in older adults

Mental and Cardiac Health

• Depression links
  – twice as likely to die following a cardiac event as those without depression\textsuperscript{22-25}
  – etiology of coronary heart disease\textsuperscript{23, 26}

• Anxiety link
  – Relative risk of CHD ranging from 2.4-7.8 \textsuperscript{27}
  – Veterans with PTSD 45% ↑risk CVD\textsuperscript{72}

• Link between poverty & heart disease among urban minorities mediated by depression \textsuperscript{49}
Depression & Health Behavior

• Non-adherence with medication regimens\textsuperscript{44}

• Self-neglect leads to decreased levels of physical activity \textsuperscript{46}, poor dietary habits\textsuperscript{47}, and increases in visceral fat\textsuperscript{48}
Multiple Chronic Conditions

- Disability
- Reduced quality of life
- ↑ Hospitalizations
- Death\(^3-4\)
- 84% of national health care spending\(^5-6\)
Medicare Enrollees with 4+ Chronic Conditions

Arizona 32.6%

Source:
- U.S. HHS, Centers for Medicare & Medicaid Services
Mrs. Martinez

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Arizona Aging 2020 Plan

• Goal 1: Make it easier for older Arizonans to access an integrated array of state & aging services.
Model Programs
Bridging Resources of an Interdisciplinary Geriatric Health Team via Electronic Networking
Screen positive for depression or anxiety

Assessment with Program Coordinator

Results sent electronically to the BRIGHTEN virtual team via secure server/EHR; Team “discusses” via web site/EHR
The BRIGHTEN Virtual Team

- (Older Adult)
- Geropsychologist
- Geropsychiatrist
- Gero-Social Worker
- Occupational/Physical Therapist
- Nutritionist
- Chaplain
- Pharmacist
- Community Case Manager*
- Primary Care Physician
Screen positive for depression or anxiety

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BRIGHTEN Intervention

Recommendations presented to participant; Treatment plan developed collaboratively

Evidence-Based Treatment Provided
- Psychotherapy: CBT or IPT
- PT, OT, nutrition, medical services, etc
- Care management

Virtual Team Discussions via secure server/EHR

Monthly Program Coordinator calls to participants

Continued evidence-based treatment and virtual staffing as necessary for up to 12 months
BRIGHTEN vs. IMPACT at 12 months: Percent Achieving >50% Reduction in PHQ-9
PEARLS

Program to Encourage Active, Rewarding Lives for Seniors

• Team: SW, Psychiatrist, PCP
• Population: medically ill, low income, mostly home-bound adults aged 60+ with major or minor depression
• Intervention:
  – Assess with PRIME-MD during home visit/call
  – Positive screen: SCID-IV by SW
  – PST: 8 in-home sessions over 19 weeks, followed by monthly phone check-ins
  – Recommendations by psychiatrist for antidepressant medication if no improvement in 4-5 weeks

PEARLS: Outcome

• RCT: N=158 (n=72 intervention)
• Intervention group:
  – 43% >50% reduction in depressive symptoms after one year (15% control)
  – 36% complete remission from depression (12% control)
  – Greater health-related Quality of Life, functional status

http://www.pearlsprogram.org
Healthy IDEAS
Identifying Depression, Empowering Activities for Seniors

• Extend primary care program into agencies serving “at risk” elders

• Intervention (agency, home, phone, by case managers):
  – Assessment & Screening
  – Depression Education
  – Referral & Linkage to medical and MH
  – Behavioral activation

• www.healthyagingprograms.org

Quijano et al, 2007
Healthy IDEAS: Outcome

- N=94 (GDS>5, intact cognition)
- Reductions in depression at 6 months
- Decreased pain at 6 months
- Behavioral activation – only treatment factor predictive of decreased depression

Quijano et al, 2007
Education
Collaborative Action Team training for Community Health – Older adult Network

Two primary aims:

– Education
– Transform primary care systems
CATCH-ON Elements

Geriatric Primary Care Transformation

• CATCH-ON Community Health
  – Readiness Assessment
  – Tailored program development
  – Training and Support For Sites
  – Outcome assessment

• Older Adult Community Care Collaborative: “Closing the Loop”
Closing the Loop

- Based on Bridge model
- Adults aged 60-75 with MCC, all >75 in primary care + functional deficit
- HCBS rep on primary care team
- Refer to HCBS using referral form
- HCBS assesses needs, sends standardized report to primary care
- Electronic Health Record
CATCH-ON Elements

Education

• Interactive Online Training
• Training Support
• Faculty Development & Course Material
• Learning Communities
• HEALE
• Health Ambassadors
• Ongoing Programs

www.catch-on.org
CATCH-ON Basics
Health Ambassadors
Health Ambassadors

- Developing and empowering a CBO of older adults
- Diverse members of the community
- Working from within the community empowers members of the community to become integral team members
CATCH-ON
Collaborative Action Team training for Community Health – Older adult Network

www.catch-on.org
Older Americans overwhelmingly overdose on prescription painkillers

Age-adjusted rate of prescription opioid overdoses for every 100,000 deaths

![Bar graph showing the age-adjusted rate of prescription opioid overdoses for every 100,000 deaths from 2013 to 2014. The graph indicates a significant increase in the rate of overdoses among older adults.]
Social Determinants

• Depression and anxiety risk increases with:
  – Low socioeconomic status (SES)\textsuperscript{13, 14}
  – Chronic financial burden, crime and violence exposure, and instability in housing environments\textsuperscript{15-18}
  – Lack of access to appropriate mental health care
    • Older blacks get less treatment than whites\textsuperscript{14, 19}
    • Limited Spanish language psychotherapy\textsuperscript{21}
Mental Health in Primary Care

• Many mental health problems in older adults go undetected by primary care providers particularly in men and minorities.

• Even when mental health problems are recognized, clinicians anticipate a poorer prognosis for older than younger adults.

• Less likely to refer older adults for treatment.

Alzheimer’s Disease (AD)

• 6th leading cause of death in the country
• 5th leading cause of death aged 65+
• Illinois sixth in prevalence nationally:
  – 210,000 residents with AD
  – 260,000 residents with AD by 2025
Why Geriatric Teams?

• Most older adults have more than one chronic condition
• No one health care provider can meet the needs of all older adults
• Different team members contribute specialized knowledge to provide better care
Common Team Members

- Physician
- Nurse / NP
- Physician Assistant
- Dietitian
- Physical Therapist
- Occupational Therapist
- Social worker
- Psychologist
- Pharmacist
- Respiratory Therapist
- Speech Language Pathologist
- Audiologist
Unfortunately uncommon team members

- Older adult
- Family / caregiver
- Chaplain
- Community Health Worker
- Community Care Manager (Area Agency on Aging; private agency)
Issues to Consider

- Older adult priorities
- Older adult burden
  - Time, energy
  - Transportation
- Medical necessity
- Insurance / $$
- Availability of providers in area
  - Geriatric specialty
  - Clinic-based vs. in-home
Hospital and ED Use and Costs Related to Drug Misuse among Older Adults

- Roughly 5% of all ED Visits by Older Adults involve drug misuse (both intentional and unintentional)
  - 60% women
  - 47% aged 75 years or older
  - 21% rurally located
  - From both high (21%) and low (27%) income groups
  - 5% involved alcohol (much lower than other age groups)
- Nearly 21% of all drug misuse cases were identified through principal diagnosis
- Nearly 60% of those with a principal diagnosis of drug misuse were hospitalized
- Average Hospital Costs+ ED Costs per visit = $25,275 dollars.
- Annual Hospital + ED costs per year = $898.1 million dollars

Challenges in Opioid Use among Older Adults

- Untreated chronic pain has consequences
  - Increased disability and reduced mobility
  - Falls
  - Depression, social isolation, and anxiety
  - Poor Sleep
- Chronic Pain may stem from multiple underlying conditions
- Many non-opioid drugs are contraindicated; fail to manage pain, but side effects with opioids are high (80%)
  - Exhaust other options first
  - Patient history (Prior addiction? Antipsychotic Use?)
  - Low dosaging and frequent contact needed
  - Patient education and consent needed
- Like most things in life, the middle of the road approach is warranted.

Additional approaches:
- Massage
- Physical therapy
- Meditation
- Psychotherapy
- Yoga/Tai Chi
- Topical

What do you mean, try something else?!
I mean, did you see her list of prescriptions?!