Integrated Geriatric Physical and Mental Health Services

Geriatric Clinic
Metropolitan Hospital
October 2014
Metropolitan Hospital Center

- Metropolitan Hospital is a safety net hospital in the NYC public hospital system (HHC)
- We treat all patients, without discrimination and regardless of ability to pay
- We are a major teaching hospital that is also seen as the ‘community hospital’ for East Harlem
- East Harlem serves as a community for new immigrants, many Spanish speaking
Geriatric Clinic at Metropolitan Hospital

Fiscal Year 2014:

• 4,370 Visits
  1. 88% Medicare
  2. 3% Medicaid
  3. 5% Commercial/HMO
  4. 4% Self Pay
Social Work Counseling
Geriatrician
Psychiatrist
Home Care Nurse
Family Members

DEPRESSED!
Anxious!
Program Goals (Grant)

• Improve quality of physical and mental health care for patients 65 and over
• Improve diagnosis and identification of depression, alcohol and substance abuse, suicidality, and dementia
• Provide comprehensive treatment in a physical health setting
Patient Flow

- All patients are screened with the PHQ 2 when vital signs are taken
- If the PHQ 2 is positive, or the Geriatrician identifies any concerns, the patient is given the PHQ 9
- Geriatrician will also assess for medication assistance
- Social worker sees the patient and supportive counseling is offered (individual and group)
- Visiting nurse services set up as needed
**Clinic Staffing During Project**

- **Chief of Geriatrics:** Shobhana Chaudhari, MD, FACP, AGSF  
  Professor of Clinical Medicine
- **4 Attending Physicians:**
- **1 Nurse Practitioner:**
- **2 Social Workers – 1 clinical care and 1 outreach**
- **Part time Psychiatrist (.1 FTE)**

**MULTICULTURAL TEAM!**
Outreach Efforts

- Senior Centers
- Mexican Consulate
- Health Fairs
- Consortiums, Task Forces, Committees (CB 9, DFTA, etc)
- Presentations to in-house hospital staff
- Farmer’s Market (starting 7/09)
Key points of the Geriatric project (2008)

1. All Geriatric attendings were given 1-3 session in-service from Chief of Psychiatry on management of moderate depression and anxiety

2. Pharmacy allowed these practitioners to prescribe the appropriate medications to treat depression and anxiety without consultation from a Psychiatrist

3. At vital signs, PCA’s administered the PHQ 2 and GAD 2. If results are positive, the PHQ 9 and GAD 7 was administered

4. Patients with moderate levels of depression or anxiety were referred to the social worker and offered on-going counseling (individual and group)

5. Psychiatrist was available to consult with PCP’s for more complicated conditions
Benefits of the Geriatric Grant Program

- Improved team collaboration
- Additional Health Care Provider Education (all team members- MD’s, NP’s, RN’s SW)
- Early Identification and treatment of mental health concerns--formal assessment of depression and other mental health needs at each visit
- Dedicated social worker with office in clinic
- Patient and Caregiver Education – increase use of handouts
Geriatric Mental Health Physical Health/Mental Health Integration Demonstration Projects

Change in PHQ-9 from Baseline to First Follow-up Assessment (individuals with PHQ-9 > than 4 at Baseline)
What is unique about our program

• Metropolitan Hospital is a safety net hospital in the NYC public hospital system
• Many of our patients come from the public housing projects in the East Harlem community
• Many of our patients are low income and isolated with limited family supports
• Dedicated clinic space on first floor just off entrance
• Continued effort to integrate mental health services when patients receive medical care
Successes of Program

• Comprehensive care provided in a physical health setting
• Mental Health services co-located in the clinic-one stop shopping – with early identification and treatment
• Strong team that collaborates continuously
• Early precursor of PCMH
Challenges past and present

• Initial paradigm change—Non-psychiatrists able to manage some forms of anxiety and depression
• Granting Geriatricians the ability to prescribe additional medications
• Our patients reluctance to talk about substance/alcohol use
• Billing for mental health services - psychiatry and social work
Sustainability

• At some point during the grant, this became the model of how service is provided in the clinic
• When there was a delay in backfilling the social work position, several chiefs of service (Geriatrics, Neurology) wrote to administration advocating for the need for an on-site dedicated social worker
Evolving with system re-design

• This model is essential for limiting use of specialty clinics, ER’s, and admissions—better mental health promotes better adherence to medications, less somatic complaints and enhances independence (early precursor to PCMH)
• Our close collaboration with managed care companies (case managers) and home care agencies also increases our patient’s ability to function independently in the community
• DSRIP – to be determined