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BEHAVIORAL HEALTH IS KEY TO LONG-TERM CARE REFORM

A Presentation At A United Hospital Fund Conference
"Medicaid and National Health Reform"
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By:

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Long-Term Care Reform: A State And National Agenda

- Federal and state governments are seeking to restructure long-term care in order to:
  - Improve quality of life for people with disabilities and their families
  - Contain Medicaid costs
- Help people with disabilities to live where they prefer (usually in the community rather than an institution)
  - Expectation that this will reduce costs
- Also reduce costs via reducing number of people eligible for Medicaid, e.g.
  - Longer "look-back" for transfer of assets
  - Increased spousal responsibility
  - Incentives to purchase LTC insurance

Why Long-Term Care Reform Matters

- **Aging Society**
  - Population 65+ will double from 35 million to 70 million by 2030
  - Population 85+ (about half of whom have disabilities and need some assistance) will more than double from 4 million to 9 million
- **Aging population will increase health care costs**
- **Shifting family dynamics** as the "sandwich" generation ages
- **The economics of retirement** will be affected by increased family caregiving responsibilities of older adults for much older adults.

Long-term Care Reform Measures

- Home renovations for accessibility and safety
- Single point of "entry" (e.g. NY Connects)
  - Is this controlled access to LTC or information and assistance getting access to the full range of options?
- In home supports and care, e.g.
  - Home health care
  - Personal care
  - In-home case management
  - Family caregiver support
- Capitated care management
- Nursing home diversion waivers
- Etc. (See UHF Report)

Long-term Care Reform Initiatives Neglect Behavioral Health

- **Mental and behavioral problems** are major contributors to placement in institutions, i.e. nursing homes and adult homes.

- **Family caregiver burn-out** (due to depression, anxiety, and physical illness) and **lack of family support** are major contributors to placement in institutions.

- **Shortage of residential alternatives and of community and home-based services** for people with co-occurring physical and mental disorders is a major contributor to placement in institutions.

Background Information

What Is "Long-term Care"?

- Not just care that lasts a long time.
- A bundle of services under the aegis of the health and aging services systems
  - Mental Health and Mental Retardation also provide care that lasts a long time. Not the topic of this presentation.
- Home health, personal care, home-based case management, day programs, assisted living, adult homes, and nursing homes.
- Note: Not all funded by Medicaid, e.g. adult homes

Who Pays for Long-Term Care?

- Medicaid
- Medicare
- SSI/SSDI
- Long-term Care Insurance
- Self/Family

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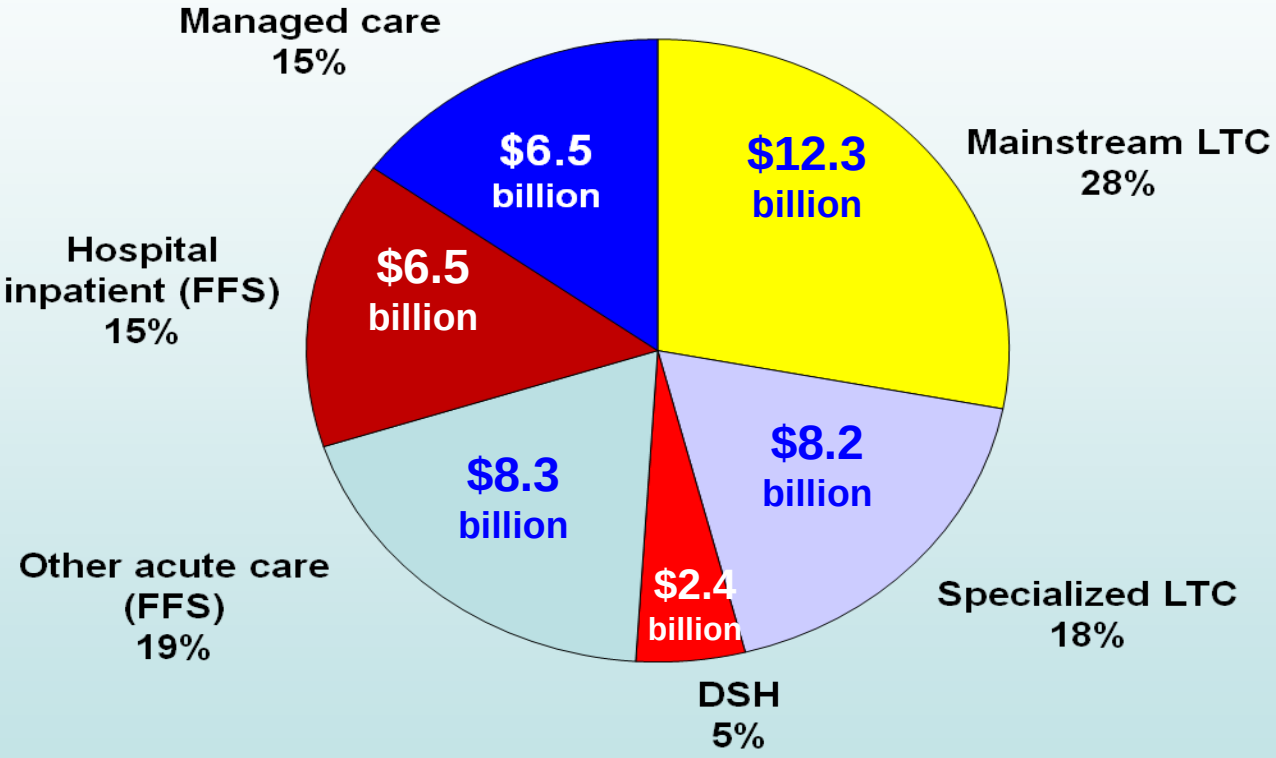
Medicaid Spending In NYS By Service Area



$44.3 billion in 2007

Source: United Hospital Fund analysis of CMS Form 64 data.

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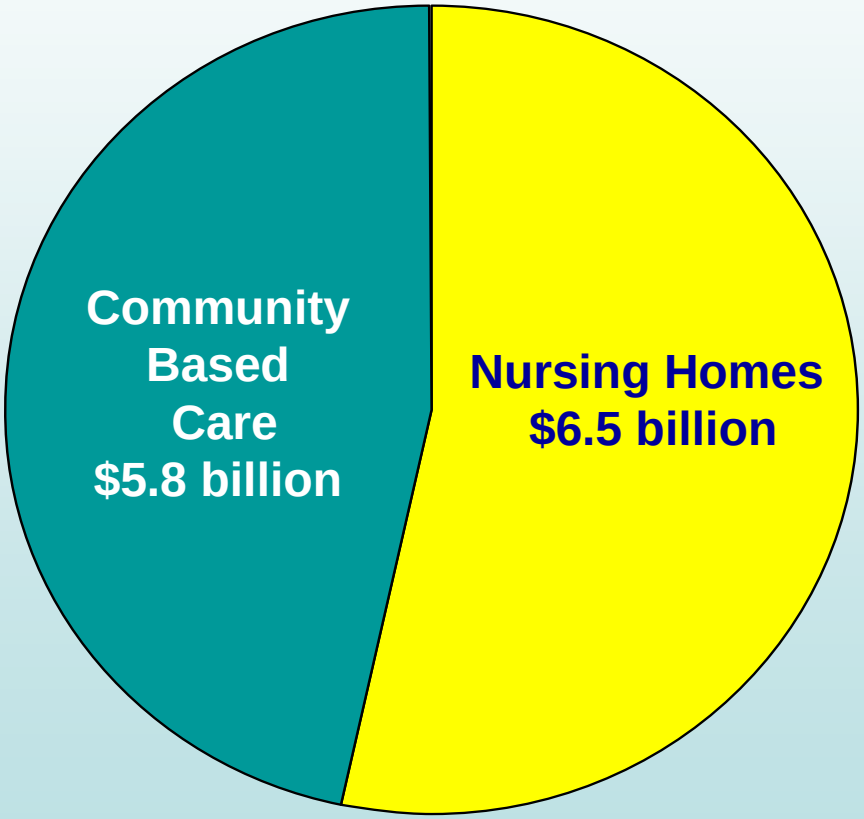
Medicaid Spending in NYS on Main Stream Long-Term Care



Source: United Hospital Fund analysis of CMS Form 64 data._

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Costs for People with Mental Illness In LTC

- Well known that co-occurrence of mental illness results in increased health care costs
- Little seems to be known about how mental illness affects **long-term care** costs.
- One study (Bartels 2003) shows that older adults with schizophrenia have high total Medicaid and Medicare costs.
  - $11,000 more than those with depression.
  - $28,000 greater than those without mental illness.
  - In significant part **due to nursing home utilization**.

In NYS, How Many People Use LTC Funded by Medicaid?

- About 250,000 per month
  - 1/3 in nursing homes or ALP (81,000)
  - 2/3 in community-based care

United Hospital Fund, *An Overview of Medicaid Long-Term Care Programs in NYS*

Who Uses Medicaid Long-term Care?

- Younger disabled people as well as old people
  - Nursing homes: 83% are 65+
  - Community based: 57% are 65+
- 65% meet nursing home level of need
  - 79,000 in nursing homes
  - 78,000 in the community
- "Cognitive impairment"
  - 2/3 of nursing home residents
  - ½ of those getting care in the community

United Hospital Fund, *An Overview of Medicaid Long-Term Care Programs in NYS*

Who Is In LTC? (cont.)

- People with physical disabilities
- People with dementia (usually Alzheimer's Disorder)
  - Co-occurring depression, anxiety, paranoia, psychosis, and severe, long-term mental illness
  - Behavioral problems
- People with co-occurring physical and mental disabilities and/or substance abuse
  - Often shifted from MH system to LTC system due to need for physical health care
- People with severe mental disorders w/o physical disability

Behavioral Disorders In Long-Term Care

- Home health (Bruce 2002)
  - 19% dementia
  - 14% major depression, 11% minor
  - Prevalence of other disorders not known
  - 22% of those with major depression getting treatment
- Adult Medical Day Care (Friedman and Williams 2006)
  - In some programs people with serious and persistent mental illness (SPMI) are more than 50% of population
    - Older SPMI almost always have co-occurring physical disabilities and/or dementia
    - Virtually all SPMI are Medicaid eligible.

Behavioral Disorders In LTC (cont.)

- Assisted Living (Rosenblatt, et al 2004)
  - 68% Dementia (70% with clinically significant psychiatric symptoms)
  - 19% Mood Disorders
  - 13% Anxiety Disorders
  - 12% Psychotic Disorders

  - 50% getting "complete" treatment
  - Indications of overuse of psychiatric medications, esp. anti-psychotics

Behavioral Disorders In LTC (cont.)

- Nursing Homes (CMS 2007)
  - 50% Dementia
  - 21% Depression
  - 12% Anxiety Disorders
  - 6% Schizophrenia
  - 43-86% exhibit disruptive behaviors (Beck et al 1998)
  - Fewer than half with SMI get appropriate pre-admission screening (HHS 2001).
  - Only 35% recommendations for MH treatment are followed (Snowden and Roy-Byrne 1998)
  - Fewer than 1/5 getting MH treatment (Shea and Smyer 1994)
  - **TREATMENT IS USUALLY NOT "RECOVERY ORIENTED"**

Mental and Behavioral Issues: Major Contributors to Placement

- 500,000 people with serious mental illness in nursing homes in the U.S. (Grabowski et al 2009)
- "Depression is a risk factor for early institutionalization of dementia sufferers." (Dorenlot, et al 2005)
- Caregiver stress and burden: a predictor of institutionalization (Gaugler 2000)
  - 46% of caregivers cite behavior problems as a major reason for placement (Buhr 2006)
  - Behaviors lead to placement via impact on caregivers (Chan 2003), de Vugt (2005), Balestra (2000)
- Reduction of depression and/or anxiety in family caregivers delays placement in nursing homes about 18 months. (Mittelman, et al 2004)

Prevalence Of Mental Illness In Nursing Homes Is Increasing

- From 1999 to 2005, the number of people admitted to nursing homes with mental illnesses, especially depression, grew to exceed admissions of people with dementia only by 50%. (Fullerton et al 2009)
- People with serious mental illness 22-64 have increased from 6% to 9% of nursing home residents between 2002 and 2008. (Assoc. Press review of CMS data 2009)
- Increase of people with mental disorders in nursing homes 1999-2004 from 27% to 34%. (Kaiser 2007)
- Nursing home personnel report that they are serving more people with serious mental illness. (Friedman and Williams 2006)

Why Prevalence Is Increasing In Nursing Homes

- Fewer beds in state psychiatric centers
  - 89% of older adults w/ SPMI in institutions are in nursing homes (Bartels 2003)
- Growth of alternatives such as assisted living except for those who are most behaviorally challenging
- Use of nursing homes for physical rehabilitation is resulting in silting up of people with SMI and perhaps substance abuse due to lack of appropriate housing in the community (Friedman and Williams 2006)
- Development of neuro-behavioral units

Why Is Behavioral Health Key To Long-term Care Reform?

Why Is Behavioral Health Key To Long-term Care Reform?

- As people with serious and persistent mental illness age and develop physical disabilities, they often shift into the long-term care system due to lack of appropriate services in the mental hygiene system.
- Mental illness is often the decisive factor in admission to a nursing home. (Grabowski et al 2009)
- Remaining in the community usually depends on family caregivers
  - 80% of care for disabled people is provided by family caregivers (Spillman and Pezzin 2000)
  - At high risk for depression, anxiety disorders, and physical illness (i.e. burning out). (Evercare 2006)

Why Is Behavioral Health Key To Long-term Care Reform? (cont.)

- Paid caregivers and service providers report that the people they are least able to serve in the home are those with mental disorders and behavioral problems such as:
  - Hoarding
  - Wandering
  - Abusiveness
  - Non-compliance
  - Dangerous behaviors, e.g. smoking in bed
  - Annoying behaviors, e.g. repetitive questions

- Caregivers also report difficulty getting access to needed alternative services, such as housing for people with co-occurring mental and physical disabilities. (Friedman and Williams 2006)

Why Is Behavioral Health Key To Long-term Care Reform? (cont.)

- **To reduce rates of institutionalization we must address the behavioral health needs of:**
  - **People at risk of placement or already in institutions**
  - **Family care givers at risk of "burn-out"**

Behavioral Health Goals For Long-term Care

- **Housing alternatives** to institutions for people with co-occurring physical and mental disabilities including home health services in MH and other supportive housing
- **Support for family caregivers**
- **Greater availability of behavioral health services**, esp. in home and community settings for people needing LTC
- **Improved quality of services** for people with co-occurring mental and physical disabilities requiring LTC
- **Integration of behavioral health, physical health, and aging services**
- **Workforce Improvements**
  - Better basic training re. behavioral health for LTC staff in the community and in institutions
  - Cadres of behav. health specialists in LTC services
- **Restructuring financing mechanisms** to promote integrated home and community-based LTC

Immediate Action

- **Intersystem Collaboration** in planning and implementing long-term care reform
  - Include behavioral health experts on all long-term care advisory and planning committees
  - Revise training requirements for long-term care to include more on behavioral health
  - In NYS, establish a sub-committee on long-term care of the Interagency Geriatric Mental Health and Chemical Dependence Planning Council
- **Centers for Excellence** to promote state-of-the-art behavioral health practice in long-term care
- **Demonstration Projects** integrating behavioral health and long-term care
- **Research** re. populations and services in LTC, effective service models, and cost-benefits of reform measures
- **Public-private partnerships**

Support

The Behavioral Health, Chemical Dependence, and Long-term Care Act of NYS

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Geriatric Mental Health Alliance Publications on LTC

- **REPORTS**
  - *Mental Health Is Key to Long-term Care*
  - *Briefing Book-Geriatric Mental Health Policy for the 21st Century*
  - *Geriatric Mental Health: The Need for Change-Focus Group Findings*
  - *Housing in the Mental Health System for Aging People with Serious Psychiatric Disabilities*

- **ARTICLES**
  - "Mental Health is Key to Long-term Care Reform" *Mental Health News* Spring 2005
  - "Geriatric Mental Health, Long-term Care Reform Must Be Linked" *The Journal News* March 20, 2005
  - "How About Recovery for People With Psychiatric Disabilities in Long-term Care?" *Mental Health News* Summer 2009
  - "Cognitive Camouflage, How Alzheimer's Can Mask Mental Illness" *Aging Well* Spring 2009. Written by M. Friedman, G. Kennedy, K. Williams.

These publications are available at www.mhaofnyc.org/gmhany