

Slide 1



Click here to start the module.

Practice Issues in Older Adult Mental Health Care

*At any time, feel free to select the **CC** button to see captions text
or the **Exit** button to leave the module.*

Use the forward arrow to continue.




**Practice Issues in Older Adult
Mental Health Care**

*At any time, feel free to select the **CC** button to see captions text
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Use the forward arrow to continue.





Learning Objectives

After this completing this module, learners will be able to:

- Describe practical considerations for treating older adults and their families
- Identify ways to address these practical considerations to meet the needs of older adults and their families

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Team-Based Care

Given the complex medical, social, and psychological challenges facing many older adults, a multidisciplinary team approach is necessary for the best care

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Team Care Settings and Team Members



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Team-Based Care Benefits

- Associated with improved quality and safety outcomes
 - Reduce medication errors
 - Decrease duplication of services
 - Improve workload distribution
- Team-based care should include community-based organizations
 - Area Agency on Aging



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Rebecca Goldberg

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Take Home Message

- Team-based care improves quality and safety outcomes
- Addresses What Matters



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Collaboration with CBOs

Community Based Organizations (CBOs) are nonprofit entities that provide critical services focused on the needs of the most marginalized communities



CBOs for Older Adults


- Provide a variety of resources
- Know diverse cultures of the community
- Have inside view into the assets and priorities of communities they serve
- Know what resources may benefit community and how to access them



CBO-Healthcare Partnerships

- Helps clinicians learn about communities and community resources available
- Help CBOs find new referral pathways and opportunities to sustain their critical work
- E4 Center of Excellence for Behavioral Health Disparities in Aging created a toolkit to help build this kind of partnership







Take Home Message

- CBOs are critical to ensure person-centered, coordinated, cost-effective, and sustainable care, particularly across transitions of care

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Homebound Older Adults

An estimated 1.9 million older adults in the US are mostly or entirely unable to leave home. Systemic oppression and social and health inequity contribute to this issue.

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Homebound Older Adults and Multiple Chronic Conditions

- Health risks for homebound older adults and caregivers
 - Multiple chronic illnesses
 - Mobility challenges
 - Complex social and housing needs
- Often wait until situation is dire before seeking care
 - Increases risk of unnecessary acute and emergency care use

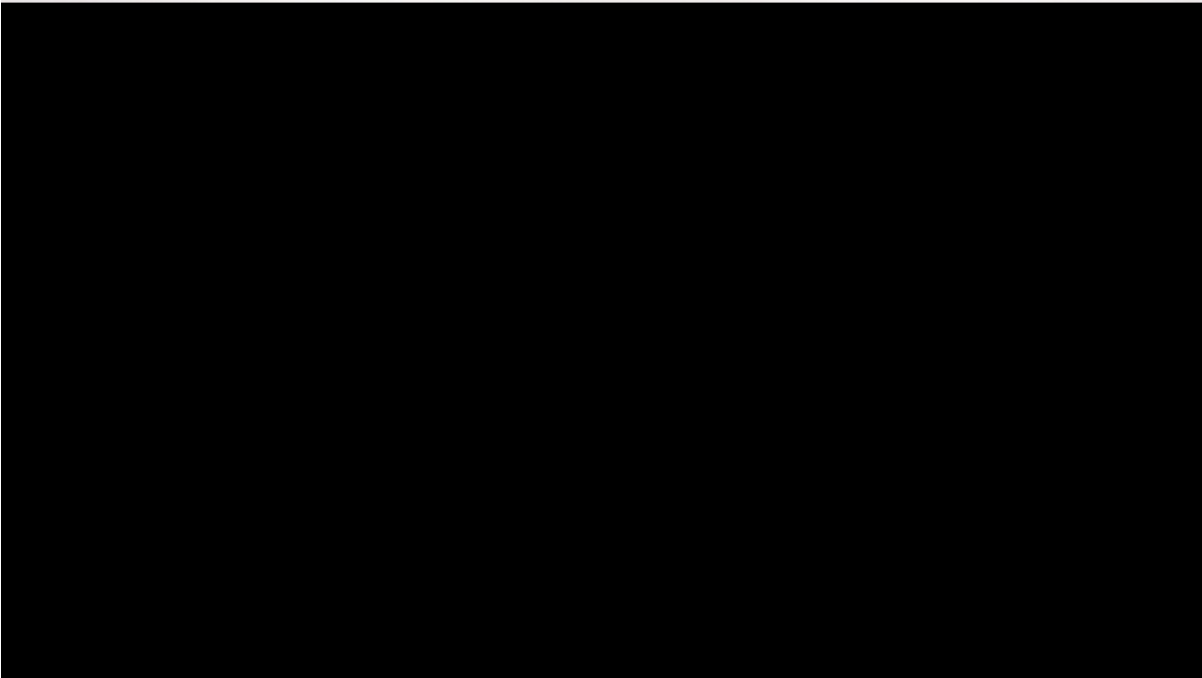


Benefits of Home-Based Care

- Provides “peace of mind,” reduced emergency room visits and hospital admissions
- Substantial cost savings
- Self-directed care programs
 - Opportunity to manage own Medicaid budget
- Home-Based Primary Care program for veterans requiring team-based home support



Michelle Mlinac, PhD, ABPP



Program of All-Inclusive Care for the Elderly (PACE)

- Medicare and Medicaid program
- Provides medical and social services to help older adults stay in community
- PACE participants
 - 55 or older
 - Live in PACE service area
 - Health issues require nursing home care
 - Safely live in community with PACE assistance



Challenges to Home-based Care

- Challenges
 - Time needed to provide care
 - Lack of updated payment models
 - Clinician concerns for safety
 - Lack of home-based care training
- Recommendations for sustainability
 - Deconstructing existing fee-for-service payment models
 - Certification programs for home-based clinicians
 - Standardized methods for measuring and reporting outcomes



Take Home Message

- Home-based care can very effectively meet the needs of older adults in the community
- Remains an under-utilized method of healthcare delivery for older adults





Accessibility

Accessibility in health care includes affordability, consideration of the physical environment, and system navigation ease





Accessibility
to Information
and Services



Accessibility: Physical Space and Mobility

- Accessible parking structures, curb ramps, loading zones, and easily opened doors
- Clearly mark entrances and accessible walkways
- Hallways wide enough to accommodate assistive devices
- Ramps and wheelchair-accessible counters
- Chairs with arms and standard seat height that do not roll
- In restroom, bariatric toilets, grab bars, and room for assistive devices



Accessibility: Clinical Setting

- Rooms large enough for caregivers and assistive devices
- Free of environmental distractions
- Bright lighting without glare
- Signs and written materials should be printed in high-contrast large print



Accessibility: Mental Health Stigma

- Working with older adults requires understanding the impact of early developmental and life experiences
- Acknowledging life events recognizes that older adults' lived experience shape how they see themselves and their world
- May be helpful to directly ask beliefs about mental health and any challenges they may have in talking comfortably about this subject



Accessibility: Hearing

- Older adults and caregivers may not acknowledge hearing loss
- Hearing loss stigma
- When working with deaf or hard of hearing older adults
 - Transparent masks
 - Sound amplifying headphones
 - Sign-language interpreters
 - Reminders to bring hearing aids to appointments
 - Speak in clear low tone
 - If one ear is better than other, direct sound to that ear



Accessibility: Vision

- Provide information in large print, Braille, or electronic format
- Encourage older adults to wear glasses or corrective lenses to appointments
- Be aware of and support older adults compensating for visual perceptual deficits



Accessibility: Cognitive Impairment

- Provide extended visits
- Maintain the individual's attention by saying their name
- Ensure that only one person speaks at a time
- Limited range of affect, facial expression, emotion may be neurological symptom
- Neuropsychological assessment may be warranted to determine if able to participate in psychotherapy
- See our modules on cognition for more information on this topic



Accessibility: Speech and Language

- Give additional clinical time
- Establish eye contact
- Support understanding with a notepad or communication board
- Use gestures, pictures, objects, facial expressions, or body language
- If message is unclear, repeat what you think they are trying to say
- Neuropsychological or speech language pathology assessment may be warranted




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Accessibility: Language Interpreters

- Increasing number of non-native English-speaking older adults seeking healthcare
- Relying on family member interpreters can result in inaccurate or incomplete communication
- Certified medical interpreter in-person or via telephone can maximize interpretation accuracy







Take Home Message

- Accessibility across mobility, sensory, and cognitive abilities is a critical consideration for successful care delivery to older adults

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Telehealth

Telehealth refers to any electronic communication between a patient and clinician by telephone, smartphone, tablet, or computer

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Telehealth Benefits

- Improves access to care
- Enhances continuity of care
- Offers clinician a unique window into the older adult's home



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Telehealth Challenges

- Geographic location, internet access, educational level, economic status affect access
- Older adults over age 80 may have limited or no experience using technology
- Rural or disenfranchised urban areas may lack internet access
- Increased support and assistance are necessary
- Assess accessibility early and frequently




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Telehealth Standards

- Critical to keep in mind standards
 - Access to a tablet, computer, or phone
 - Having a table, stand, and private space
 - Technical support for set-up and troubleshooting
 - Privacy concerns
- Consideration of health equity encourages the inclusion of patients historically excluded




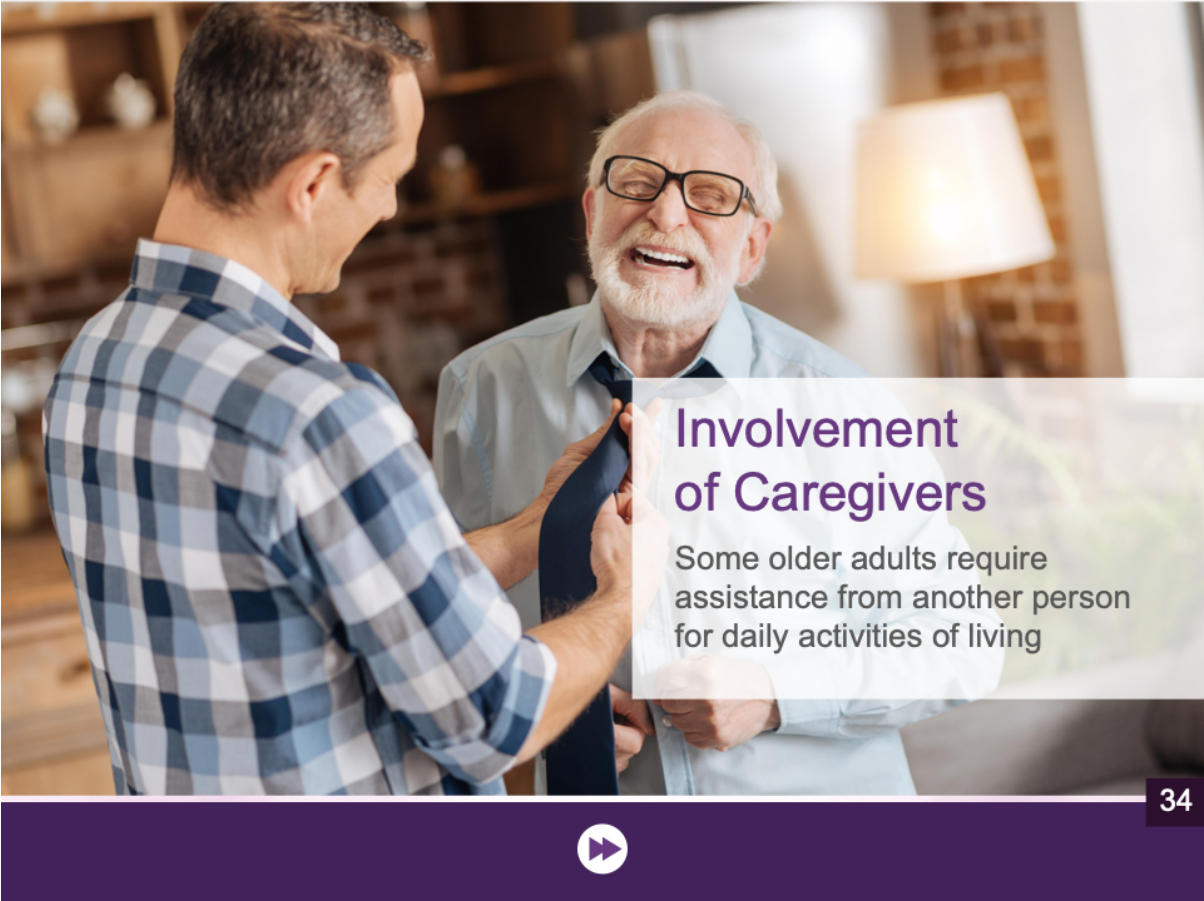


Take Home Message

- Expansion of telehealth services creates unique opportunities for clinicians to develop more sustainable routes to care for older adults

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Caregivers Roles

- Provide collateral information
- Help understand treatment options
- Offer insight into What Matters
- Medication management/treatment monitoring
- Companionship
- Assistance with activities of daily living
 - Custodial care



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Communicating with Older Adults and Caregivers

- Obtain older adult's permission to include caregiver
- Directly address older adult rather than speaking to caregiver
- Communicate directly and respectfully with the older adult first, despite cognitive deficits
- Consult with geriatricians, geropsychologists, neuropsychologists, or geriatric psychiatrists to determine decision-making capacity



Caregiver Advise, Record, Enable Act (CARE Act)

- Provides structure and best practices for the involvement of caregivers in older adults' care
- Mandates that health systems **advise** older adults that they have the option of identifying a caregiver
- **Record** contact information for the caregiver
- **Enable** caregivers to provide needed care at home



Caregiver Resources

- Caregiving can be fulfilling
- Informal caregivers at increased risk for psychiatric and physical morbidity
- Caregivers may neglect own routine and preventative care
- Acute and chronic stress associated with caregiving increases health risk
- Caregiver resources
 - National Caregiver Alliance
 - Local Area Agencies on Aging
 - Disease-specific organizations





Ms. Goldberg

Take Home Message

- Caregivers provide a diverse set of services that are critical to the well-being of older adults
- Clinicians working with older adults consider the benefits of their meaningful participation in care and are aware of the caregiver's needs



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Suzanne Musil, PhD





Decision-Making Capacity

Most older adults are independent and capable of making their own decisions, but age-related risk factors can affect decision-making

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Capacity vs. Competency

- Capacity refers to clinical findings regarding someone's decision-making ability
- Competency is a legal distinction about decision-making ability made in a court of law
- Decision-making capacity is specific to decision and point in time
- If unsure about older adult's ability to make decisions, assessment from a trained clinician is warranted



Decision Making Surrogates

- Needed if capacity assessment determines diminished capacity to make a specific decision at point in time
- Most states have laws that determine an order of surrogate decision-makers if no Healthcare Power of Attorney appointed
- Critically important for LGBTQ older adults who may have complex family relationships



Legal Guardianship

- Court may appoint a legal guardian to protect the adult's interests and make decisions
- Guardianship laws vary by state
- Removes the right for someone to make their own decisions
- Very costly process
- Consultation with elder law attorneys



Take Home Message

- Decision-making capacity and legal guardianship are complex topics that arise when working with some older adults
- Specially trained professionals are needed to assess capacity
- Guardianship determinations require a careful multidisciplinary approach







Long-Term Care Planning

- Explore What Matters most to older adults and families
- Balance of autonomy versus safety
- Consider involving support people in care management
- Enhancing communication between clinicians in long-term care facilities, clinics, hospitals result in more cohesive care planning



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Suzanne Musil, PhD



Take Home Message

- Long-term care landscape is complex and can offer paths to sustained independence and cost savings
- Healthcare clinicians need to connect older adults to the proper supports to help them understand their options





**Elder Abuse, Neglect,
and Exploitation**

Elder abuse deprives older adults of their dignity, security and, in some cases, costs them their lives.

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Prevalence

- 1 in 10 older adults are victims of abuse, neglect, or exploitation
- Rarely gets reported to Adult Protective Services
- In 60% of the cases, perpetrator is family member
- Abused older adults face a 300% increased risk of death



Physical Abuse

- Often experience more than one form of abuse
- Defined as the non-accidental use of force that results in bodily injury, impairment, or pain
- May not have visible signs but may allude to arguments or conflicts
- In cases of suspected physical abuse, ask the older adult to tell you more



Emotional and Sexual Abuse

- Threats, harassment, or verbal assaults
- Signs
 - Increased fear or anxiety
 - Unusual changes in behavior or sleep
 - Withdrawal from normal activities
 - Change in mood, affect, or cognition
 - Reports of frequent arguments
- Older adults with limited cognition and visual impairment at greater risk



Financial Exploitation

- Includes the misuse of or withholding of funds
 - Sudden economic changes
 - Giving away large amounts of money
 - Accounts empty without explanation
 - Unpaid bills



Neglect and Abandonment

- Neglect is the most prevalent form of elder abuse
- Signs
 - Dehydration, unusual weight loss, poor hygiene, and bedsores
 - Less easily recognized signs include missing glasses or hearing aids, unsanitary living conditions, unattended medical or essential needs



Risk Factors for Elder Abuse and Neglect

- Risk factors
 - Social isolation
 - Living with others
 - Poor physical health
 - Poor cognition
 - Women who live in cultures valuing them less than men
- People who are part of marginalized communities lacking resources experience higher rates of abuse



Screening for Abuse and Neglect

Use the buttons below to learn more about selected elder abuse screening measures

Elder Abuse Suspicion Index (EASI)

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

Vulnerability To Abuse Screening Scale (VASS)

Screening for Abuse and Neglect

Use the buttons below to learn more about selected elder abuse screening measures

Elder Abuse Suspicion Index (EASI)

- Six item measure completed by health care professional
- Assesses risk for emotional, physical, financial exploitation, neglect
- Validated in primary care and outpatient settings

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

Vulnerability To Abuse Screening Scale (VASS)

Screening for Abuse and Neglect

Use the buttons below to learn more about selected elder abuse screening measures

Elder Abuse Suspicion Index (EASI)

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

- Six item measure completed by an older adult or health care professional
- Identifies those at high risk for needing protective services
- For use in emergency room or outpatient settings

Vulnerability To Abuse Screening Scale (VASS)

Screening for Abuse and Neglect

Use the buttons below to learn more about selected elder abuse screening measures

Elder Abuse Suspicion Index (EASI)

Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)

Vulnerability To Abuse Screening Scale (VASS)

- 12 item self-report measure
- Assesses dependence on others, coercion, and vulnerability

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Talking About Elder Abuse

- Validate the older adult and the caregiver's emotions
- Acknowledge that the situation is overwhelming
- Assure the older adult that help is available
- Explain mandated reporting process
 - Reinforce that the report will mobilize support, resources, and solutions
 - Remind that the experience is not intended to be punitive, instead intended to bring needed resources to solve a problem



Reporting Elder Abuse

- Activate your institution's reporting protocol as soon as possible
- Ideal to include the older adult in reporting process to maximize autonomy and increase likelihood of smooth resolution
- Adults with decision-making capacity usually have right to endure abuse and refuse help from adult protective services



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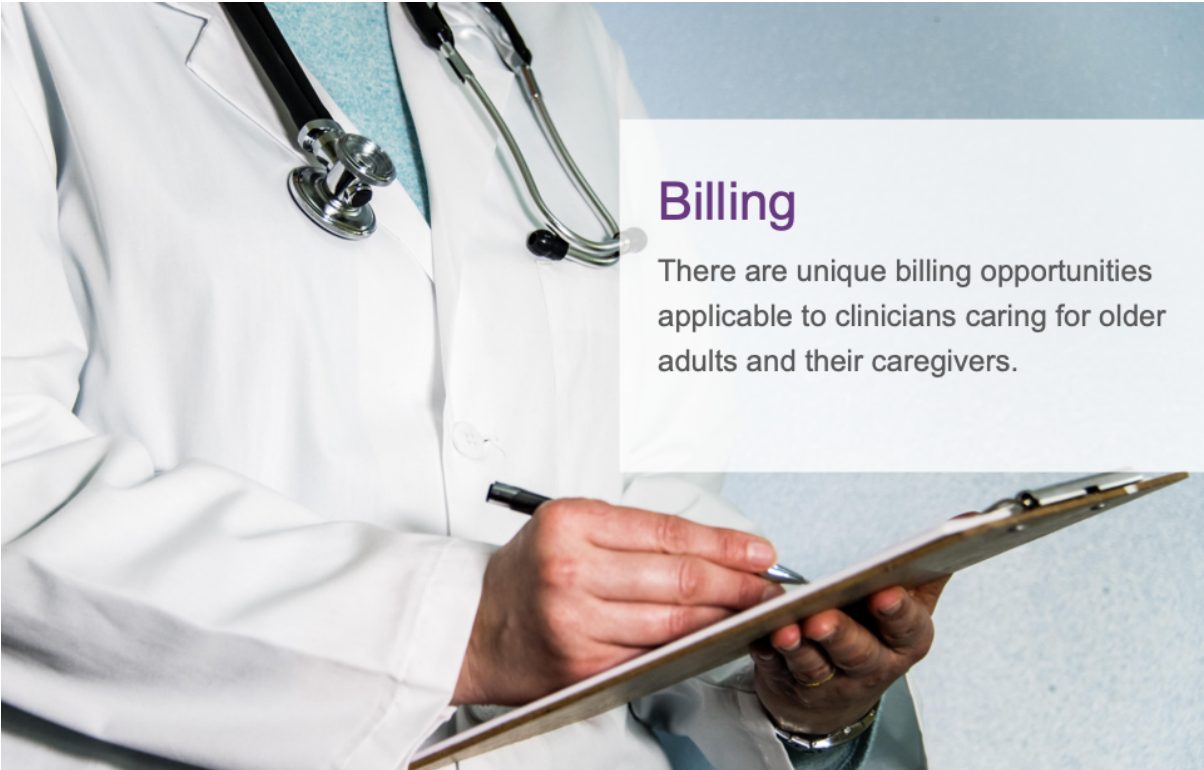




Take Home Message

- Clinicians must attend to elder abuse, including physical, emotional, and sexual abuse, as well as financial exploitation, and neglect
- If any of these forms of abuse are suspected, clinicians should immediately report them to Adult Protective Services

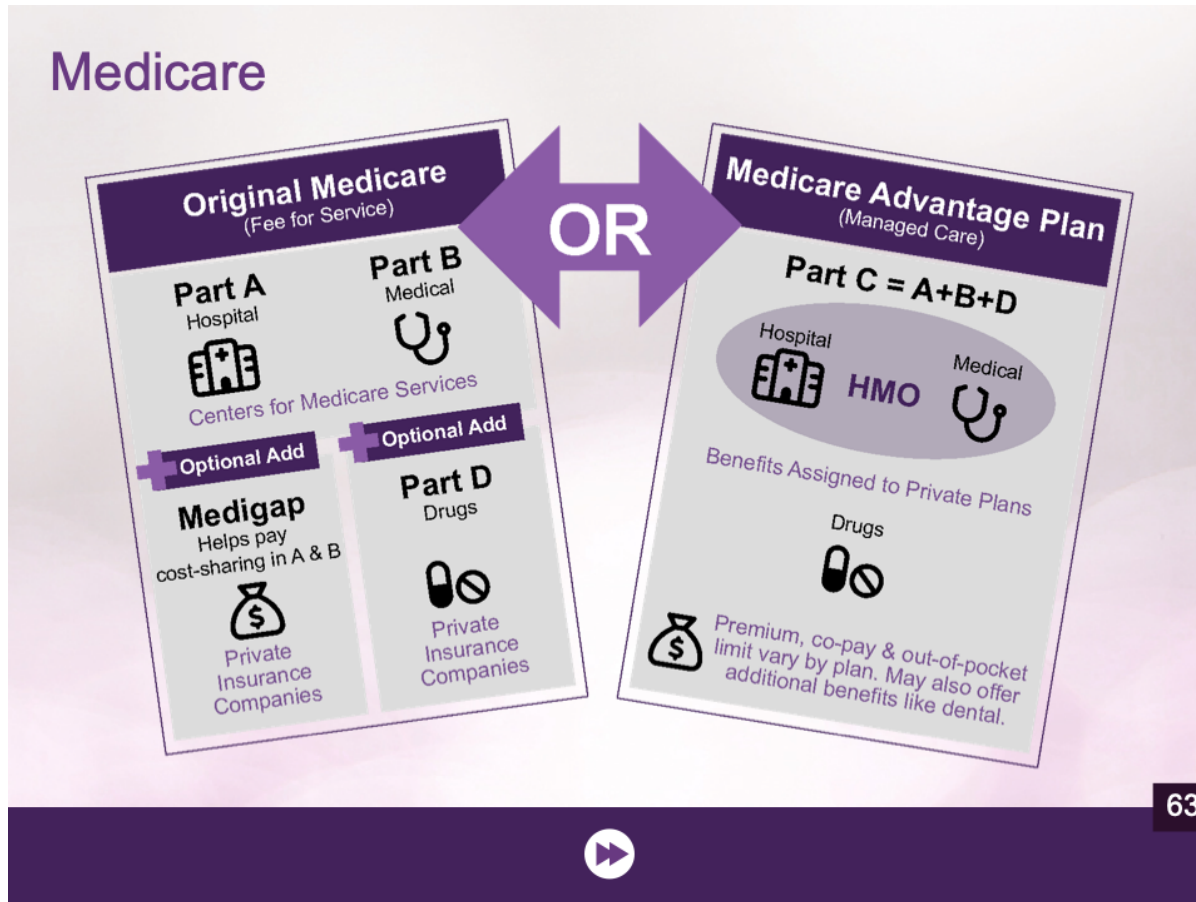




Billing

There are unique billing opportunities applicable to clinicians caring for older adults and their caregivers.





Medicare vs. Medicaid

MEDICARE

- Federally-funded program
- Nationwide coverage consistency
- Mostly benefits people ages 65 and older
- Participants pay deductibles and part of coverage costs

BOTH

- Benefits people with disabilities
- May offer prescription drug coverage
- May offer outpatient and inpatient hospital coverage

MEDICAID

- Federally- and state-funded program
- Coverage varies from state to state
- Mostly benefits pregnant women, individuals with disabilities, and people with lower incomes
- Participants pay little or nothing for coverage



Becoming a Medicare Provider

- To bill Medicare, a clinician must be a Medicare provider
- Healthcare providers need a National Provider Identifier and a completed enrollment application
- Three types of relationships
 - “Participating providers”
 - “Non-participating providers”
 - “Opt-out providers”
- Medicare providers should be familiar with their state’s Medicare Administrative Contractor (MAC)
- To bill a Medicare Advantage plan, must be on a panel, or agree to the plan’s reimbursement rates



Medicare Documentation

- ✓ Reason for the encounter and relevant history
- ✓ Assessment
- ✓ Clinical impression
- ✓ Diagnosis
- ✓ Plan of care
- ✓ Documentation guidelines and additional guidance can be found in links on the reference page



Billing Medicare

- Select billing codes that best represent services provided during visit and “place of service”
 - American Medical Association's CPT code set
 - Healthcare Common Procedure Coding System
- Some services are eligible to be billed to Medicare if they are provided by licensed clinical staff “incident to” the physician or other billing provider



Telehealth

- CMS permanently expanded coverage for telehealth services used in mental health and substance abuse issues
- CMS allows for audio-only telehealth visits
- Regulations may shift over time, so check with Medicare on current rules



Medicare Wellness Visits

- Welcome to Medicare visits are open to new Medicare beneficiaries once during the first twelve months of Part B enrollment
 - Overview of medical and social history
 - Opportunity to offer education on preventative service
 - Free to patient
- Medicare Annual Wellness Visits
 - Available to patient enrolled in Medicare for 12 months
 - Health risk assessments, medication reconciliation, advance care planning, mental health, cognitive screening
 - Free to patient





Advance Care Planning Codes

- Physician or other qualified health professionals can bill for advance directives discussions
 - Most mental health providers cannot
- Part of the Annual Wellness Visit or stand-alone medical service
- Can bill more than once if there is documentation of a change in health status or wishes



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Chronic Care Management (CCM)

- Allows clinicians to bill for care coordination between visits
- Qualifying patients have two or more chronic conditions expected to last at least 12 months or until death
- Several codes billable under CCM reflecting complexity and time spent
- Includes time by team members besides billing provider



Behavioral Health Integration

- Integrating behavioral health care with primary care can be highly effective for improving healthcare outcomes
- Medicare allows physicians and qualified non-physician practitioners to work in a Psychiatric Collaborative Care Services Model




Transitional Care Management Services

- Billing opportunities for physicians or other qualified providers to provide care following inpatient care



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Take Home Message

- Healthcare clinicians are wise to take advantage of unique billing opportunities for older adults to enhance care and increase revenue

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In Summary

In this module, we discussed:

- ✓ Team-based care
- ✓ Accessibility
- ✓ Telehealth
- ✓ Caregivers
- ✓ Decisional capacity
- ✓ Elder abuse and neglect
- ✓ Medicare documentation and billing





Next Steps

- Please see the reference list for more information about practice issues and older adults

[Click here to end presentation](#)

Then click the close button to proceed to the post test

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