



FACES *of* HOME HEALTH

# Caring for Patients with Behavioral Health Issues at Home

**W**ith the mission of bringing the continuum of care into the home, Amedisys' Empowered for Life program targets the specific and unique needs of patients with behavioral health issues. Developed in 2010, the Empowered for Life program originated from the idea of helping all patients—recognizing behavioral health issues that often accompany primary diagnoses of Heart Failure (HF), diabetes, COPD, and more.

Behavioral issues can often occur concurrently with other medical diagnoses. Elizabeth Gregory, RN, CNS, PhD, Director of Behavioral Health at Amedisys, says behavioral health issues addressed in the home are often put into two categories—dementia and psychiatric patients—leaving a third group of those with depression and anxiety disorders without the attention they need. A primary diagnosis of, for example, heart failure or COPD, may trigger depression and anxiety disorders, or may be exacerbated by other, more severe diagnoses. Thus, the Empowered for Life program was born as part

of Amedisys' comprehensive care at home plan in order to assess and treat patients suffering from the full range of psychiatric conditions. A majority of the program's patients are direct referrals from doctors who recognize psychiatric patients, or patients who are exhibiting signs of depression, anxiety, or dementia. A credentialed psychiatric nurse will then do an evaluation of the patient and report back to the doctor. Some evaluations are requested by nurses and other home health clinicians, and a referral is obtained from the physician.

Mr. John Cross is a 66 year-old Vietnam War veteran who was diagnosed with schizoaffective disorder after his third deployment. Prior to his last hospitalization, he was diagnosed with asymptomatic lung cancer and had recently lost his sight from untreated glaucoma. Following his most recent in-patient psychiatric hospital admission in January, 2014, Mr. Cross entered Ford Road Care Home, an assisted care facility, where he received six weeks of home health care from the Amedisys team.



Empowered for Life patient John Cross, pictured with his sister Ms. Shirley Nelms on the far left right, Susan Mullikin, RN of Amedisys, and Ford Care Home Operator Ms. Cornelius Rand on the far right.

Through the Empowered for Life program, Amedisys worked with Mr. Cross, his sister Shirley Nelms, and the Ford Care Home to provide Mr. Cross with occupational therapy for low vision and adaptation interventions, physical therapy for fall risk prevention, psychiatric nursing, and caregiver education in his new group home. Working together, Mr. Cross's team of skilled clinicians and caregivers helped devise a plan that directly addressed occupational needs, and has thus far prevented unnecessary rehospitalization.

### **Working with Patients in Assisted Care Facilities**

Caring for patients like Mr. Cross with behavioral health conditions requires a strong team-based approach that includes home health professionals, caregivers (both family and formal caregivers), and physicians. Upon discharge from the hospital, Mr. Cross moved into Ford Care Home, which is run by Cornelius Rand, a care home operator with experience working with psychiatric patients. Ford helped to ease Mr. Cross's transition into a new home with the assistance of Amedisys.

Susan Mullikin, the Psychiatric Program Manager for Amedisys in West Tennessee, saw Mr. Cross for seven visits. "Initially we focused on teaching his caregiver and sister about his psychoactive medication regimen," said Mullikin. "Everyone understood what the drugs did and how we monitored effectiveness."

Over the course of his home health episode, Mr. Cross received a number of different therapies to ease his transition from the hospital to his new home and adapt to his blindness. According to Ms. Nelms, Mr. Cross is now able to put on his clothes, tie his shoes, and feel his way down the hall—all areas he struggled with after initially being discharged from the hospital. She also noted how comfortable her brother felt with the care team, and the importance of home health in easing the transition to an entirely new home.

As his family caregiver, Ms. Nelms has helped her brother at every step, working with both the care home and the home health team to help her brother continually adapt. Mullikin noted that Mr. Cross "lights up like a Christmas tree" whenever he hears his sister's name. "I try to be as much support as I can," said Ms. Nelms, who also helps her brother to obtain his Veterans Affairs system benefits.

Another important aspect of the care team was Mr. Cross's new care home. Ms. Rand touched on the relationship they developed with Amedisys, and how their team gave them the ok to call any time with questions or concerns.

"One of the things we hope to do," said Ms. Mullikin, "is give this care home setting another level of care. Instead of sending patients directly to the emergency room, they can call us. Otherwise, the only option they have is to call the police (for psychiatric incidents) or an ambulance (for medical issues)."

## Tailoring Care for the Patient

Although Mr. Cross's mental health condition, Schizoaffective Disorder, is a chronic condition, his home health episode of care helped him adapt to a new home and condition, and avoid rehospitalization—an emphasis in his plan of care.

In order to best serve the patient, the home health team worked with Mr. Cross on daily tasks and functions, such as strength training, group behavior, and activities of daily living.

After Mr. Cross was diagnosed with asymptomatic lung cancer, Mr. Cross's home health care team worked with him to support his efforts to quit smoking, a difficult task for the lifelong smoker.

Ms. Mullikin spoke of the importance of building a relationship with each individual patient, especially in cases of psychiatric diagnoses. "We have a number of interventions we use, but probably the most powerful factor is the ability to build a relationship with the patient and caregivers." Ms. Mullikin also emphasized

that a key factor in improving patient outcomes is having a relationship with a nurse that makes them feel safe. Coupled with the therapy interventions Mr. Cross received, the security he felt with the Amedisys team helped combat some of the symptoms associated with schizoaffective disorder, including depressed episodes, periods of manic behavior, and impaired occupational function. Treating Mr. Cross, and other behavioral health patients, requires a combination of skilled care and relationship building—a focus of the Empowered for Life program.

Despite the struggles, both his sister and Ms. Rand spoke about Mr. Cross's improvement both throughout and after his home health episode.

"Mr. Cross will always struggle with psychiatric issues," Mullikin said, referring to the diagnosis he received following his return from the war. "But he's been out of the hospital for nine months, and going from a psychiatric VA hospitalization to a new care home with the history he has is a success story for all of us."

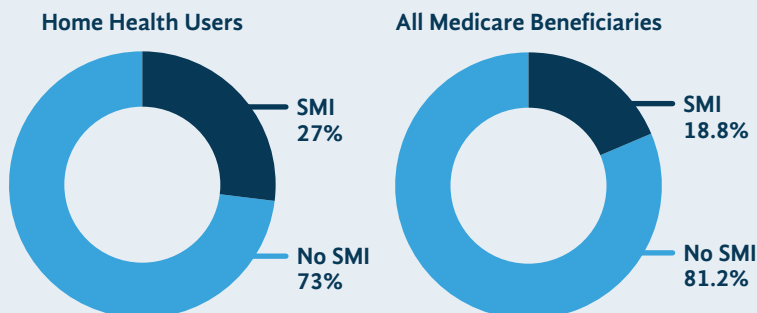
# Information about Patients with Mental and Behavioral Health Issues

National trends for home health care reveal that patients receiving the Medicare home health benefit are more likely to have a severe mental illness (SMI) as compared to the general Medicare population. By way of background, SMI is defined as having depression or another mental disorder, which may include bipolar disorder, schizophrenia, and other psychoses. The following information, taken from the 2014 Home Health Chartbook, reveals basic demographic information using the 2012 Medicare claims data for the patients receiving home health care services under the Medicare program. You can find the full analysis and past years of data at <http://ahhqi.org/research/home-health-chartbook>.

Medicare home health care providers in the United States serve a disproportionate share of SMI patients as compared to the overall Medicare population.

- In 2011, more than one in four, 27.0%, of home health users had a SMI (compared with 18.8% of all Medicare beneficiaries).
- Home health users with SMI tend to be sicker, with a larger proportion having multiple chronic conditions as compared with the general Medicare population. Of those Medicare home health users with SMI, 94.3% suffered from three or more chronic conditions (compared to 62.9% of all Medicare beneficiaries).

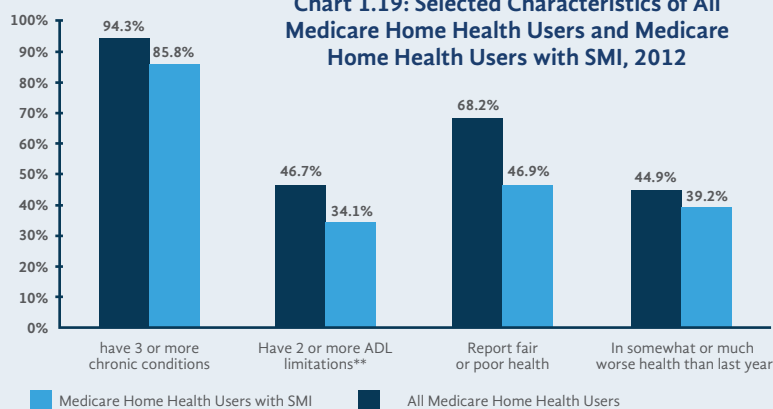
## Demographics of Home Health Users by Severe Mental Illness (SMI)\*



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2012

\* Severe mental illness (SMI) is defined as having depression or other mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

Chart 1.19: Selected Characteristics of All Medicare Home Health Users and Medicare Home Health Users with SMI, 2012



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file 2012.

• Severe mental illness (SMI) is defined as having depression or another mental disorder, including bipolar disorder, schizophrenia, and other psychoses.

••ADL = Activities of daily living, such as eating, dressing, and bathing. Limitations with at least 2 ADLs is considered a measure of moderate to severe disability and is often the eligibility threshold for a nursing home level of care.

- A high proportion of home health users with SMI also tend to have low incomes. 75.8% of home health users with SMI have an income level under 200% of the Federal Poverty Level (compared to 53.1% of all Medicare beneficiaries).
- 97.2% of home health users with SMI have depression, while 21.6% of users with SMI have a mental disorder such as bipolar disorder, schizophrenia, and other psychoses.

## Typical Empowered for Life Patient:

Generally, patients in the Empowered for Life program are older and have reduced abilities and a loss of independence in their homes. This leaves many feeling isolated and with reduced appetites. Patients who enter the program, according to Ms. Gregory, receive care that is tailored to not only their complete set of diagnoses, but also multiple other factors that include their environment, family situation, and socioeconomic status.

“It’s a matter of getting inventive and creative and looking at what programs and services they’ve been involved with in the past,” said Gregory. Nurses are taught to work with patients and caregivers to identify areas of need, and will work with them to ensure they get the support needed, including working with VA programs, and community-based services such as Meals on Wheels.

It’s important to understand that many patients may not just be resistant or non-adherent to their plan of treatment, Gregory added. These patients may be suffering from depression, anxiety or other severe mental illness, which may be inhibiting their compliance.

“When you’re depressed,” she said, “Your mind functions at a slower pace; you lose interest in things, and learning is more difficult.”

Due to the complexities in treating patients with severe mental illness, the Empowered for Life program includes a multidisciplinary approach. Amedisys developed their own series of training courses for nurses working within the program to prepare them to serve patients with serious mental illness. These courses are coupled with ride-alongs, teaching guides, and step-by-step lists of what to address with the patient in order to care for each patient holistically.

## Importance of Programs for Behavioral Health:

Ms. Gregory expressed concerns over inaccurate portrayals of mental illness, including the perception of a highly violent population. This, she says, is not true, and in fact violent behavior is no more likely in the mental health population as in the general population. Patients with mental and behavioral health diagnoses deserve to be treated with the same dignity as any another patient population. Home health can be the “eyes and ears” within the residential environment to clue in on important factors such as family dynamics, emotional tension, living conditions, and lack of available supplies that may impact a patient’s overall and mental health.

Despite the importance of clinical behavioral care in the home health setting, only 3-5% of RNs specialize in psychiatric care. Ms. Gregory said that once medical nurses see the impact of a psychiatric nurse in the care of patients, they notice a huge improvement in the patient’s overall health.

Working with psychiatric patients requires coordination and communication among all members of the care team, including the patient and caregiver. Because of this, and the stability a home environment may provide, the home may serve as a key locus of care. Ms. Gregory stressed that the program is not trying to supplant the mental health space, but instead serving as a supporting partner for homebound patients with behavioral health needs.

“We need to advocate for people,” she said, noting the stigma that mental health patients often face. “It’s not a choice, but a brain disorder, and [mental health patients] have the same right to respectful treatment as any other patient.”