Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Schizophrenia

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November 6, 2018

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Promising Practices for Meeting the Needs of Dually Eligible Older Adults with Schizophrenia

Overview

- This is the fifth session from the "2018 Geriatric-Competent Care Webinar Series"

- This session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com.

Accreditation

- **Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.**
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If You Are A:	Credit Options	Requirements
Option 1: National Association of Social Workers		
Social Worker	The National Association of Social Workers designates this webinar for a maximum of 1 Continuing Education (CE) credit hour. **Please note:** New York, Michigan, and West Virginia do not accept National CE Approval Programs for Social Work. New Jersey, Idaho, and Oregon do not recognize NASW National Approval.	1. Complete the pre-test at the beginning of the webinar 2. Complete the post-test with a score of 80% or higher by midnight November 7, 2018
Option 2: Centers for Medicare & Medicaid Services (CMS)		
Physician (MD or DO)	The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing medical education (CME) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CME information on the amount of credit will be available to participants within the Learning Management System (LMS) after the live activity.	Complete the post-test through CMS' Learning Management System with a score of 80% or higher by midnight November 26, 2018
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Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.
- To learn more about current efforts and resources, visit

  Resources for Integrated Care at: https://www.resourcesforintegratedcare.com.

Introductions

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- **Tracy Beavers, BSN, RN, EMT-P**
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- **Ann Marie Luongo, LPC**
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- **Heidi**
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Learning Objectives

1. Identify common symptoms of schizophrenia in older adults
2. Recognize effective and appropriate treatment options for older adults with schizophrenia
3. Identify practical tips and strategies to improve care for older adults with schizophrenia based on real-life stories from the field
4. Identify opportunities to collaborate with clinicians, social workers, case managers, and caregivers to support older adults with schizophrenia

Webinar Outline/Agenda

- Poll Questions
- Meeting the Needs of Dually Eligible Older Adults with Schizophrenia
  - Geriatric Psychiatrist Perspective
  - Care Manager Perspective
  - Community-Based Program Manager Perspective
  - Family Caregiver Perspective
- Q&A
- Evaluation

Meeting the Needs of Dually Eligible Older Adults with Schizophrenia: A Geriatric Psychiatrist Perspective

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Schizophrenia Prevalence among Dually Eligible Older Adults

- Approximately 3.6% of all individuals with schizophrenia are adults 65 or older
- Older adults who are dually eligible for Medicare and Medicaid have high rates of schizophrenia and other psychotic disorders compared to older adults with Medicare only

TABLE 4-6. Behavioral Health Conditions of Adults Dually Enrolled in Fee-for-Service Medicaid and Medicare and Non-Dually Eligible Adults Enrolled in Fee-for-Service Medicare, 2010

Behavioral health conditions	Adults dually eligible for Medicare and Medicaid		Non-dually eligible Medicare beneficiaries	
	Number	Percent	Number	Percent
Adult enrollees age 65 and older (total)	3,596,395		22,582,221	
Alzheimer's or related dementia	849,628	24%	1,698,680	8%
Anxiety disorders	411,442	11	1,264,621	6
Bipolar disorder	97,542	3	149,626	1
Depressive disorders	685,555	19	1,763,441	8
Schizophrenia and other psychotic disorders	246,647	7	276,451	1

Source:
1. Medicaid and CHIP Payment and Access Commission. (2015). Chapter 4: Behavioral Health in the Medicaid Program – People, Use, and Expenditures.

Recognizing Signs and Symptoms of Schizophrenia

General signs and symptoms:

- Positive dimension: presence of something that is normally absent (e.g., auditory or visual hallucinations, delusions)
- Negative dimension: absence of something that is normally present (e.g., reduced spontaneous speech, diminished emotional expression)
- Disorganized dimension: disorganized speech and behavior, inappropriate affect (e.g., psycho-motor immobility)
- Cognitive dimension: reduced processing speed, working memory, social cognition, attention, visual and verbal learning

Signs and symptoms among older adults:

- Positive and disorganized dimensions often improve with age, negative dimension often worsens with age
- Apathy/loss of interest in living, difficulty expressing emotions, abnormal movements, and "soft" neurological signs such as impaired fine motor coordination
- Greater global cognitive deficits and greater deficits in learning

Source:

2. Schizophrenia and Older Adults. Carl I. Cohen. Am J Geriatr Psychiatry 8:1, Winter 2000

Characteristics of Schizophrenia

- Characterized by chronic psychosocial impairments with psychotic symptoms
  - Generally **phasic** (occurrence in phases rather than continuously)
- With adherence to medication, typically associated with long periods of comparative stability
- Relapse in psychotic symptoms may occur due to stress, poor diet, non-adherence to medication, and multiple co-morbidities

Presentation of Schizophrenia Among Older Adults

- Late-onset schizophrenia
  - Onset between age 40 and 60
  - Typically includes a predominance of psychotic symptoms with preservation of affect (expression of emotions) and social functioning
- Very late-onset schizophrenia-like psychosis (VLOSLP)
  - Onset after the age of 60
  - Typically includes delusions (e.g., “partition” delusions) and hallucinations, often of a persecutory nature

Source:
3. Late life onset of psychotic symptoms. Joy Webster. The American journal of geriatric psychiatry. VOLUME 6 • NUMBER 3 • SUMMER 1998
4. Very Late–Onset Schizophrenia-Like Psychosis A Clinical Update Elizabeth Cort, MSc; Jennifer Meehan, MSc; Suzanne Reeves, PhD; and Robert Howard, MD. JOURNAL OF PSYCHOSOCIAL NURSING • VOL. 56, NO. 1, 2018

Unique Characteristics of Older Adults with Schizophrenia

- As older adults with schizophrenia age –
  - Hospitalizations become more likely due to physical problems rather than psychotic relapses
  - They are at greater risk for most side effects of antipsychotic medications, including metabolic syndrome and movement disorders
  - Cognitive function may worsen in those with a history of poor functioning - especially individuals who are institutionalized

Source:
5. Treating Older Adults With Schizophrenia: Challenges and Opportunities. Dilip V. Jeste. Schizophrenia Bulletin vol. 39 no. 5 pp. 966–968, 2013.
6. Cognitive impairment in elderly patients with Schizophrenia: Age related changes. Philip D Harvey. International journal for geriatric psychiatry. 2001: 16: S78-S85.
7. How to adjust treatment to address aging patients' changing symptoms, comorbidities. Abhilash K. Desai, MD, FAPA
8. Treatment of the special patient with schizophrenia Robert R. Conley, MD; Deanna L. Kelly, PharmD, BCPP. Dialogues in Clinical Neuroscience - Vol 3 . No. 2 . 2001 135

Unique Characteristics of Older Adults with Schizophrenia (cont'd)

- It may be difficult to determine if symptoms experienced by older adults with schizophrenia are due to Alzheimer's disease (AD)
- The most prominent factor in diagnosing AD among older adults with schizophrenia is the course of cognitive deficits
  - AD is associated with a more precipitous and progressive decline in cognitive function
- What to do?
  - Refer for neuropsychological testing to accurately diagnose AD in older adults with schizophrenia as early as possible

Source:
9. Six-year follow-up study of cognitive and functional status across the lifespan in schizophrenia: a comparison with Alzheimer's disease and normal aging. Friedman JI, Harvey PD. American Journal of Psychiatry 2001 Sep;158(9):1441-8.
10. Schizophrenia in older adults. How to adjust treatment to address aging patients' changing symptoms, comorbidities. Abhilash K. Desai, Current Psychiatry Vol. 9, No

Challenges in Treating Older Adults with Schizophrenia

- Older adults with schizophrenia tend to have more complex medical needs (psychiatric, medical, mobility)
- Challenges of the illness:
  - Paranoia
  - Cognitive impairment, difficulty understanding interactions with care team
  - Physical impact of psychotropic medication
  - Increased social isolation due to chronic nature of schizophrenia
  - Caregiver burnout

Source:
11. Physical illness in patients with severe mental disorders. Barriers to care, monitoring and treatment guidelines plus recommendations at the system and individual level. Marc De Hert. WPA educational module.

Challenges in Treating Older Adults with Schizophrenia (cont'd)

- Individuals may underreport symptoms:
  - Schizophrenia and medications used to treat associated symptoms can increase tolerance of pain
  - Cognitive deficits may diminish individual's insight into medical and psychiatric symptoms
- Care may be fragmented:
  - Lack of integration between neuropsychiatric care, medical care, case management support, and care coordination teams
- Physicians' attitudes may create impediments to care:
  - Interpreting somatic complaints as part of individual's delusional state

Source:
11. Physical illness in patients with severe mental disorders. Barriers to care, monitoring and treatment guidelines plus recommendations at the system and individual level. Marc De Hert. WPA educational module.

Complicating Factors: Comorbid Medical Conditions

- Comorbid conditions can adversely effect treatment outcomes in older adults with schizophrenia
  - **Metabolic syndrome** is a cluster of conditions — increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels — that occur together, increasing the risk of heart disease, stroke and diabetes
- Screening goal is to identify high risk older adults, identify modifiable risk factors, prevent and treat for metabolic syndrome
- Screening methods:
  - Use a metabolic screening checklist
  - Use a interdisciplinary care team approach (visiting nurse association, family, primary care provider, psychiatrist, life style modification specialist, and endocrinologist)
- Regularly update medical history
  - List of new and chronic comorbid medical conditions
  - List of all medications, including non-psychotropic medications

Source:
12. Screening for metabolic syndrome in long-term psychiatric illness: Audit of patients receiving depot antipsychotic medication at a psychiatry clinic. Carminda O'Callaghan Department of Adult Psychiatry, University College Dublin

Complicating Factors: Depression

- More likely than the general population to experience depressive symptoms
  - Those with schizophrenia and depression are more likely to experience catatonia (than older adults with depression only)
- Depressive symptoms among older adults with schizophrenia contribute to greater admission rates and days in the hospital
- It is important to routinely screen for depressive symptoms and suicide risk in older adults with schizophrenia and institute prompt treatment as required (e.g. psychotherapy and electroconvulsive therapy)
  - Suicide rates decrease with age but remain considerably higher among older adults with schizophrenia than those without
  - Individuals experiencing command auditory hallucinations (instructing an individual to act) are at an increased risk of suicide
- PHQ-2 can be used for identifying the presence of major depression in older adults
  - However, diagnosis should be confirmed using a more comprehensive diagnostic approach

Complicating Factors: Substance Use Conditions

- The prevalence of substance use conditions among persons with schizophrenia is significantly higher than in the general population
  - Tobacco use is common among dually eligible older adults with schizophrenia
  - Overall, substance use becomes less common as older adults with schizophrenia age
- Extrapyramidal symptoms (tremors, dystonia, akathisias, medication induced parkinsonism, tardive dyskinesia) are of particular concern
  - Older adults with schizophrenia are particularly vulnerable to these side effects of conventional antipsychotics, which occur even more frequently with substance use
  - Likelihood of reversing these potentially debilitating symptoms diminishes with age

Source:

8. Treatment of the special patient with schizophrenia. Robert R. Conley, MD; Deanna L. Kelly, PharmD, BCPP.

Managing Substance Use Conditions in Older Adults with Schizophrenia

- Use Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Regularly assess for substance use
  - Multiple assessments for a more complete clinical picture
  - Specialized screening tools with greater sensitivity for older adults
- Educate older adults on the interaction between smoking and metabolism of antipsychotic medications and provide support to quit
  - Smoking reduces the concentration of antipsychotics, thus decreasing their effect, specifically olanzapine and clozapine
  - Offer nicotine replacement therapy and treatment with bupropion, and refer to National Quitline
- Offer cognitive behavioral therapy and dual diagnosis intensive outpatient programs (IOPs) to address substance use

Assessment Checklist for Older Adults with Schizophrenia (1 of 2)

History*

- ☐ Positive symptoms
- ☐ Negative symptoms
- ☐ Cognitive symptoms
- ☐ Depressive symptoms
- ☐ Smoking (inquire during initial assessment and then as necessary)
- ☐ Alcohol and drug use (inquire during initial assessment and then as necessary)
- ☐ Social integration
- ☐ Instrumental and basic activities of daily living
- ☐ Problems with living situation (inquire during initial assessment and then as necessary)
- ☐ Involuntary movements
- ☐ Falls
- ☐ Vascular risk factors: hypertension, diabetes, hyperlipidemia, weight gain (inquire during initial assessment and periodically thereafter)
- ☐ Hearing problems (inquire during initial visit and then as necessary)
- ☐ Vision problems (inquire during initial visit and then as necessary)
- ☐ Compliance with medications
- ☐ Level of physical activity/regular exercise
- ☐ Healthy nutritional habits

Examination*

- ☐ Blood pressure
- ☐ Weight/body mass index
- ☐ Hearing (inquire during initial assessment and then as necessary)
- ☐ Vision (inquire during initial assessment and then as necessary)
- ☐ Involuntary movements:
  - Assess for EPS
  - Assess for TD (AIMS test is recommended during initial assessment and periodically thereafter)
- ☐ Muscle tone
- ☐ Gait/balance test
- ☐ Speed of walking
- ☐ Speed of thinking
- ☐ Speech
- ☐ Depressed mood
- ☐ Suicidal thoughts (inquire during initial assessment and then as necessary)
- ☐ Delusions
- ☐ Hallucinations
- ☐ Standardized tests:
  - Cognitive functioning (inquire during initial assessment and then every 6 to 12 months using office-based standardized tests such as MMSE or MOCA)
  - Depression (inquire during each visit using PHQ-9 or GDS-15)

Assessment Checklist for Older Adults with Schizophrenia (2 of 2)

Laboratory tests

- ☐ Fasting blood sugar/hemoglobin A1c (baseline and annually thereafter, more frequently if necessary)
- ☐ Lipid profile (baseline and annually thereafter, more frequently if necessary)
- ☐ Electrocardiogram (baseline to measure corrected QT interval)
- ☐ Urine drug screen (as necessary)

Neuroimaging

- ☐ MRI of the brain if dementia and/or stroke is suspected based on history of cognitive decline and/or decline in office-based cognitive test scores. CT scan of the head is a reasonable alternative if MRI cannot be performed

Specialty referrals

- ☐ Neuropsychologist: for neuropsychological testing if dementia is suspected
- ☐ Neurologist: recommended if patient develops new-onset seizures, focal neurologic deficits, and/or EPS on low-potency antipsychotics

More information, including this checklist, can be found here: https://www.mdedge.com/sites/default/files/Document/September-2017/0909CP_Article2.pdf

Antipsychotic Medications for Older Adults with Schizophrenia

- **Age of onset matters**
  - Generally, older adults with late-onset schizophrenia will respond to dosages that are one-quarter to one-half those given to older adults with early-onset
- **Use the lowest dose possible**
  - Start with lowest possible therapeutic dose when introducing medications
  - In care recipients who have been stably maintained on antipsychotic medications, consider incremental dosage decrease to determine the lowest effective dose and occasionally eventual discontinuation
  - Discontinue medications with anticholinergic side effects (e.g., constipation, blurred vision) whenever possible
- **When possible, use second-generation antipsychotics (SGAs)**
  - Adverse effects of antipsychotic medications are more prevalent in older adults
  - SGAs have lower risk of dyskinesia and extrapyramidal symptoms
  - Drawback: SGAs do have increased risk of metabolic disorders

Source:
5. Treating Older Adults With Schizophrenia: Challenges and Opportunities Schizophrenia Bulletin vol. 39 no. 5 pp. 966–968, 2013
10. Schizophrenia in older adults. How to adjust treatment to address aging patients' changing symptoms, comorbidities. Abhilash K. Desai, Current Psychiatry Vol. 9, No

Antipsychotic Medications for Older Adults with Schizophrenia (cont'd)

- **Cardio-metabolic monitoring is key**
  - Regularly check body mass index and blood pressure (monthly in first three months). Identify high-risk patients in electronic health record system
  - Communicate monitoring findings to primary care team and specialists
  - Consider a medication with lower risk profile if weight gain or other adverse effects observed
- Educate older adults and their caregivers about changes in physiology with age, need for reducing dosage, and increased risk for side effects of antipsychotic medications
- **During hospitalizations**
  - Institute fall risk precautions to account for higher risk of falls due to antipsychotic medications
  - Establish parameters to temporarily stop medications due to dizziness or blood pressure falls below a certain range
  - Recommend physical therapy assessment before discharge

Source:

5. Treating Older Adults With Schizophrenia: Challenges and Opportunities Schizophrenia Bulletin vol. 39 no. 5 pp. 966–968, 2013
10. Schizophrenia in older adults. How to adjust treatment to address aging patients' changing symptoms, comorbidities. Abhilash K. Desai, Current Psychiatry Vol. 9, No

Non-Medication Treatments for Older Adults with Schizophrenia

- Psychosocial interventions can improve medication adherence, everyday living skills, and general psychosocial functioning. May also reduce the need for hospitalization and long-term care
- Social skills training may include role-playing exercises and community trips focused on skills such as managing medications, coping with stress, daily activities, making conversation
  - **Cognitive Behavioral Social Skills Training (CBSST) for Schizophrenia:** A bundled, 36-week intervention combining cognitive behavioral therapy and social skills training**.**
    - Improved community functioning, particularly for those with high defeatist attitudes
  - **Functional Adaptation Skills Training (FAST):** Intervention for individuals aged 40 plus living in board-and-care facilities with schizophrenia or schizoaffective disorder

Source:
13. Psychosocial Rehabilitation and Quality of Life for Older Adults with Serious Mental Illness: Recent Findings and Future Research Directions. Curr Opin Psychiatry. 2009 July ; 22(4): 381–385
14. Randomized controlled trial of cognitive behavioral social skills training for older consumers with schizophrenia: Defeatist performance attitudes and functional outcome . Eric Granholm . Am J Geriatr Psychiatry. 2013 March ; 21(3):

Functional Adaptation Skills Training (FAST): Outline

Domain	Skills
Medication management	Track medication administration, monitor psychiatric symptoms and drug side effects, communicate with healthcare providers regarding symptoms and needs, and problem-solving.
Social skills	Engage in appropriate conversation, for example, initiation, maintenance, termination, and active listening.
Communication skills	Recognize different styles of communication — passive, assertive, and aggressive.
Organization and planning	Plan for outings or events, for example, scheduling healthcare or other appointments, items required to take, or items that one needs to provide or obtain.
Transportation	Reading of maps, transportation schedules, and identifying appropriate persons to ask for help.
Financial management	Counting money, writing checks, and reading account statements.

More information, including this outline, can be found here: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.608.1382&rep=rep1&type=pdf

Non-Medication Treatments for Older Adults with Schizophrenia (cont'd)

- **Evaluate caregiver stress** and connect to caregiver education, support groups, psychotherapy, respite care, adult day care
  - MyHealios offers resilience coaching for caregivers of individuals with schizophrenia

- **Supported employment**, specifically placement and support
  - Initial assessment of job skills, job searching, and follow-along support provided at the worksite or the older adult's home
  - Can help individuals with schizophrenia and other mental health issues get jobs, earn money, and work more
  - Working and contributing to the community is tied to better long-term outcomes

Source:
15. Long-Term Outcomes of a Randomized Trial of Integrated Skills Training and Preventive Healthcare for Older Adults with Serious Mental Illness. Am J Geriatr Psychiatry 22:11, November 2014. Stephen J. Bartels

Summary of Tips for Treating Older Adults with Schizophrenia

- **Medications**
  - Use the lowest dose of antipsychotic medication possible
  - Use SGAs rather than FGAs when possible
  - Adjust medication if needed during hospitalizations to reduce fall risk.
  - Monitor for physical impact of psychotropic medications (metabolic syndrome)
- **Care Delivery**
  - Psychiatrists should keep medical history and medications up to date and coordinate with PCPs or geriatric clinic
  - Be careful not to overlook medical problems by attributing changes in condition to be symptoms of schizophrenia
  - Use targeted screenings to assess for comorbid conditions, substance use, depression, and suicide risk
  - Use simple instructions with repetition to ensure understanding
- **Make appropriate referrals**
  - Promptly refer for neuropsych testing if AD is suspected
  - Make referrals to prevent social isolation and support social skill development
  - Watch for caregiver burnout and link to resources

Source:

11. Physical illness in patients with severe mental disorders. Barriers to care, monitoring and treatment guidelines plus recommendations at the system and individual level. Marc De Hert. WPA educational module.

Meeting the Needs of Dually Eligible Older Adults with Schizophrenia: A Care Manager Perspective

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Behavior Health RN Case Manager, CareSource Ohio

CareSource

CareSource MyCare Ohio

- CareSource MyCare Ohio is a managed health care plan for dually eligible beneficiaries enrolled in Medicare and Ohio Medicaid insurance
- MyCare members receive a team approach to care management with their needs at the center
- Care managers provide a single-point-of-contact to assist with all aspects of member care, services, benefits, and claims
- Care managers coordinate with providers and community organizations to address needs related to physical and behavioral health as well as social determinants of health (e.g., housing, transportation, nutrition)

Care Management Approach for Older Adults with Schizophrenia

- Interdisciplinary care team may include the member, care manager, primary care provider, behavioral health providers, caregivers, family members, or other natural supports
- Individualized care led by the member's choice of providers
  - Member can choose between their primary care provider and their psychiatrist to lead the care team
- Customized integrated care plan with an emphasis on the member's individual needs and self-led goals
- With each member interaction, focus on consistent and effective messaging
  - *"Medication taken as prescribed will help manage your psychiatric symptoms."* → Repeat this message at every medication review
  - "200mg of medication should be taken twice a day" → Be specific.

Addressing Challenges for Dually Eligible Older Adults with Schizophrenia

Common Challenge	Tips for Care Managers
Taking initiative to manage health and symptoms	Remind member when recommended care is due and assist with scheduling and transportation
Expressing thoughts verbally, providing emotional support to others, and maintaining relationships	Assist member in recognizing when and how to provide support to others
Dealing with conflict	Coach member to deal with their feelings first, and how to differentiate assertiveness from aggressiveness
Keeping appointments: may cancel follow-ups that are important for monitoring antipsychotic medication use	Schedule afternoon appointments and remind member the day before & day of (to ensure they're awake, getting ready)
Being reliable historians: age- and polypharmacy-related memory issues, multiple comorbid diagnoses	Print medication reconciliation sheet to help member recall medications, attend new provider appointments w/ member

Addressing Challenges for Dually Eligible Older Adults with Schizophrenia (cont'd)

Common Challenge	Tips for Care Managers
Limited family or social support (trust issues, lack of transportation)	Arrange transportation, direct clients to wrap-around supports, social clubs, peer support programs
Financial challenges	Assist in sign-up for programs (utilities, food banks); refer to waiver services, if appropriate
Challenges integrating into the community	Help member to keep appointments and adhere to medication regimen to keep symptoms under control
Difficulty accessing and understanding health information	Explain in clear and direct terms the member's diagnosis and importance of medications
Communication challenges (cognitive impairment, depression)	Develop a personal relationship with the member and be an advocate for them

Meet Members "Where They Are"

- **Perceptions**: Impact of aging and schizophrenia
  - Recognize that your perception and interpretation of a situation may differ from the member
  - Schizophrenia is characterized by distortions of thinking and perception, so the member's perception of an event may not match up to yours
  - Age-related challenges (hearing loss, vision loss, and decreased mobility) can intensify an abnormal perception of reality
- **Interactions**: Verbal and nonverbal – these are even more important among members with schizophrenia due to symptoms (e.g., paranoia, delusions)
  - Speaking loudly due to member hearing loss can sound like anger
  - Members with vision loss may struggle to read nonverbal cues
  - Speak clearly and <u>calmly</u>

Meet Members "Where They Are" (cont'd)

- **Culture**: How you respect the culture of your member
  - Be aware that diagnosis of schizophrenia may be perceived differently based on the member's culture
- **Continuum of Care**
  - Ask the member what kind of experience they had before, during, and after the delivery of care
- **Location**
  - Meet with the member in whatever location works best - home, community location, skilled nursing facility, or provider office

Build Member-Centric Care Plans

- **Include member's input**: Seeing a psychiatrist may not feel important for older adults, so take time to determine what is important to the member
- **Realistic goals based on member's needs**: Help guide the member to set realistic and obtainable goals
- **Individualized:** Each care plan should be as individualized as the member. No copying and pasting
- **Address goals with each meaningful contact**:
  - Each time you have a meaningful contact with the member, discuss how the member is progressing with the goals that they have chosen for their care plan
  - Keep in mind that goal progression for older adults with schizophrenia may differ from those without schizophrenia

Start Slowly – Build Trust

- Paranoia and hallucinations may cause fear and distrust
- Many older adults with schizophrenia may also have depression
- Allow the member to make choices about their care: their life, their choice
- Do not share personal information, but share general information and opinions that you appear to have in common: “I love Buckeye football, too”
- Be consistent with your message
- Always follow through with what you say

Leverage Motivational Interviewing

- Motivational interviewing is a way of talking to members and motivating their own inspiration to succeed
- Take advantage of motivational interviewing training through your employer or look online for free webinars and resources (e.g., https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing)
- Motivational interviewing is **not** a way of misleading your members into doing what you want them to do
- Keep in mind that the older adults with schizophrenia may not have answers that seem appropriate to your open ended questions, and your summary may not be an adequate representation of what they were trying to represent
  - In this moment, be aware of the situation and limit your responses

Leverage Motivational Interviewing (cont'd)

- OARS:
  - **O**pen questions – How are you feeling today?
  - **A**ffirmations – I appreciate how hard that was for you.
  - **R**eflections – It sounds to me like you are saying that you want…
  - **S**ummary – Let me make sure I understand exactly what you have been trying to tell me….

Involve Family and Natural Supports When Applicable

- Many older adults with schizophrenia have limited family support:
  - Isolation
  - Family frustration with repeated behaviors
  - Location
  - No children
  - Aged family members
  - Member distrust of family members
- Locate wrap around support services for member:
  - Warm Line, Contact, Crisis Center, Support Groups, Area Metro Housing Authority, Utility Support, Pantry Services, Food and Clothing Banks, Local Transportation, Home Weatherization, Waiver Services
    - Warm lines and Contact are volunteer staffed listening lines that members can call anonymously to talk to a peer counselor.
      - National CRISIS TEXT LINE: text 4HOPE to 741741
      - Ohio Warm Line Telephone: 440-886-5950, open 9:00am-1:00am, including holidays

Involve Interdisciplinary Care Team and Other Providers

- As a care manager:
  - Reach out to primary care provider, psychiatrist, therapist, and other specialists
    - Follow up: call, portal, fax, or in person visits to office – build relationships!
  - Attend appointments and be an advocate for your member
    - With member consent
  - Share the integrated care plan
    - Ensures member, providers, and care team members are all on the same page
  - Annual interdisciplinary care team "meeting": in person, portal, mail, fax, or via phone
    - May actually be a series of smaller check-in's
    - Led by care manager who gathers information from all providers and members of the care team and formally documents communications

Identify Gaps in Care Related to Comorbidities

- The extent and consequence of medical comorbidity in older adults with schizophrenia is generally not fully appreciated
- As a care manager:
  - Educate your member on the relationship between stress, sedentary lifestyle, nutrition, and these illnesses and how they affect their lives
  - Continue following your members through typical screenings, exams, and other notable events (e.g., ER visits, inpatient stays), but give additional attention to the specific needs related to age and schizophrenia
  - Consider possibility of underreporting symptoms because of increased pain tolerance
  - Consider increased risk of Parkinson's disease, coronary artery disease, and diabetes mellitus due to antipsychotic medications

Facilitate Transitions of Care

- Transitions can be very difficult for older adults with schizophrenia
  - A face-to-face visit within seven days can be very reassuring, and regular ongoing contact is important!
- Transitions may include admission to extended care facility, discharge from hospital/skilled nursing facility to home, or assisted living admission or discharge
- With each transition:
  - Evaluate medication interactions
  - Review discharge information
  - Reach out to new providers to participate in interdisciplinary care team
  - Educate member and caregiver on diagnoses and medications

Support During Any Significant Changes

- Significant changes requires a face-to-face visit with the member within seven days and follow-up visits scheduled as needed:
  - Emergency room visit or inpatient hospitalization
  - Referral to adult protective services
  - Change of residence
  - New diagnosis
  - Change in functional status – physical, behavioral, or social
  - Loss of informal unpaid caregiver
  - Transitions in care to or from a non-acute care facility
  - Member enrollment into waiver services
- With each life change, a new assessment should be completed to establish the member's current social determinants and any necessary requirements

Case Study: Gene

- Gene is a beneficiary dually enrolled in Medicare and Medicaid through CareSource
- His past medical history includes paranoid schizophrenia, osteoarthritis, emphysema, and anxiety
  - Gene knows schizophrenia is a progressive disease, but feels that he will be forced to take medication and then will be unable to control his hallucinations
- Gene is a heavy smoker with a sedentary lifestyle
- At the time of enrollment, Gene had not had established medical care for five years
- Gene has been dependent on his elderly sister's care for all his adult life.
- His medical and behavioral health conditions have become so severe that he is unable to leave his house, care for his home, and do simple tasks for himself (e.g., preparing food)

Case Study: Gene (cont'd)

- Gene and his sister have been living on Gene's social security disability income (i.e., $775 per month). Gene also receives $112 in food stamps each month
- Gene's utilities were hundreds of dollars overdue with shut off notices (Gene was not taking initiative or dealing with conflict)
- In May 2018, Gene's sister was hospitalized for four weeks, and Gene had very little food in the home
- Gene has no children (lack of support) and his other family members have no contact with him (isolation)

Case Study: Gene (cont'd)

- Gene's CareSource telephonic care manager referred him to the behavioral health team
- A focused assessment was completed with Gene's input and several areas of need were identified
- An integrated care plan with realistic, measurable goals was completed (goals included obtaining a primary care provider, and getting help with housing, food, utilities, and transportation)
- As a result, Gene received support connecting with and gaining transportation to:
  - A new primary care physician
    - This was a HUGE step for this member!
  - Behavioral health providers (if and when he is ready)
    - Remember to meet the member where they are -- start slow and build trust
  - Wrap around support
    - Warm Line, Contact, crisis center, smoking cessation

Case Study: Gene (cont'd)

- Gene was also linked with local resources to provide:
  - Pantry goods and supplies delivered to the home
  - Clothing
  - Assistance with applications for rent subsidies and utility assistance
  - Help with the utility bills from local churches
  - Help with the AT&T Access application for low income internet
- Gene's current state:
  - Gene was also referred to an Ohio waiver program and is receiving hot meals delivered daily, an aide to assist with activities of daily living, and transportation to pick up his prescriptions
  - Gene is no longer dependent on his sister, and feels like he is managing his schizophrenia and other medical conditions in a way that he is comfortable with

The most appropriate goals in managing the care
of older adults with schizophrenia
may not be in recovery or even remission,
but in a more meaningful life
that is more satisfying to the individual.

Meeting the Needs of Dually Eligible Older Adults with Schizophrenia: A Community-Based Program Manager Perspective

Ann Marie Luongo, LPC

Program Manager, Advanced Behavioral Health, Inc.

ABH
Creating Solutions Together ®

Advanced Behavioral Health's Role in Supporting Older Adults with Schizophrenia

- Advanced Behavioral Health (ABH) Inc. is a non-profit behavioral health management company that recruits and contracts with service provider agencies, processes claims, provides training, and employs 17 mental health clinicians who assess and admit clients onto the Connecticut Mental Health Waiver
- The goal of the waiver is to allow individuals with serious mental illness, such as schizophrenia, who are living in nursing homes the opportunity to live independently in the community

Paranoia and Delusions among Older Adults with Schizophrenia

- Older adults with schizophrenia may exhibit symptoms of paranoia or have delusional thoughts (e.g., being held captive and not allowed to leave the hospital)
- When individuals with paranoid schizophrenia do not attend medical appointments, they are often labeled as non-compliant
- It is more constructive to examine the reasons why the individual is not going to appointments and try to help them overcome these obstacles
  - Transportation: does the individual have a reliable way to get to the appointment? → Help them investigate resources
  - Fear: the delusions and paranoid thoughts can be quite frightening → Help clients find ways to feel safe (e.g., someone they trust attending with them, a less intimidating setting, GPS alert)

Helping Older Adults with Schizophrenia Manage Anxiety

- Many adults with schizophrenia are very anxious about attending medical appointments: they are not sure if they will be heard, understood, or believed; they may also be fearful that what they say may lead to a hospitalization
- Tips for helping clients manage anxiety:
  - Acknowledge and validate how stressful medical appointments can be for older adults with schizophrenia
  - If possible, ask a supportive person to attend appointments and help communicate with the provider
  - Encourage client to role play before the appointment with someone they trust, which can help the client prepare and hopefully have more confidence in speaking with providers

Medical versus Psychiatric Diagnosis

- Diagnostic overshadowing: assuming that a patient's physical symptoms are a consequence of their psychiatric illness
  - This is especially important to differentiate among dually eligible older adults with schizophrenia
  - Whenever a change in status occurs, it is vital to get a thorough medical evaluation done first to rule out any medical issues before turning to psychiatric treatments (e.g., a urinary tract infection)
- Case example:
  - 66 year old male diagnosed with schizophrenia; symptoms well managed by medication
  - Began experiencing visual hallucinations which was a new symptom for him
  - Hospitalized multiple times and psychiatric medication increased
  - The visual hallucinations were eventually found to be a side effect of pain medication

Strategies for Building Trust

- While we cannot rationalize paranoid thoughts away for the individuals with whom we work, we can be someone who they trust to share these thoughts
- Take the time in the beginning of the relationship to get to know the client as a whole person
  - If we relate to the client as an individual and not just a diagnosis, they will feel more comfortable
- If we earn that trust, we can also acknowledge their fears and concerns, help them deal with those feelings, and develop coping strategies so they can feel safe
  - Guided imagery
  - Breathing exercises/relaxation techniques
  - Empowerment

Engaging Clients in Medical Services

- What community-based service providers can do:
  - Give the client power and choice, offer them the opportunity to be part of the decision making, and give them options
  - Help the client develop a list of positives for following up with medical care (e.g., will feel better, be more active, be able to go out with friends, etc.)
  - Introduce services gradually: show the client the doctor's website, drive by the office, take a stroll through the building; sometimes clients need time to feel comfortable first
  - Provide education on medical issues (websites, pamphlets, magazines)

Person-Centered Approaches to Caring for Older Adults with Schizophrenia

- Person-centered: what is important to the client
- Learn what is important to the client and relate it to receiving medical care: we are all motivated to do things because of the benefits we receive; our clients are no different
  - Instead of: “You need to go to the doctor because you are having trouble walking”
  - Try: “Being able to get around better would make it easier to go to the park”
- And sometimes simply how we say something can make the difference
  - Instead of: “You need to go to the doctor because your sugar numbers are high”
  - Try: “I am concerned that you are getting higher numbers than usual when you check your sugars in the morning. Would you like me to help you contact your doctor?”

Coordinating Care for Older Adults with Schizophrenia

- Design plan of care that lists interventions for both medical and behavioral health providers
- Regular contact between all providers: secure email is vital
- Train as many staff as possible in motivational interviewing to ensure that clients are being heard and understood
- Don't forget the fun! We often design plans that just include the "must dos" (attend appointments, do laundry, etc.)
  - Our clients need to be active and social
  - Help them seek out opportunities from medical, behavioral, and community resources (adult day health, social clubs, senior centers)

Addressing Previous Negative Experiences

- Older adults with schizophrenia may have had previous challenges receiving needed treatment. For example:
  - Providers were not comfortable managing individuals with psychotic symptoms, or attributed medical need to psychiatric symptoms
- It is important to acknowledge these previous challenges and direct individuals to providers that have known good working relationships with older adults diagnosed with schizophrenia

Preventing Nursing Home Placement

- Provide home and community based services to older adults that meet nursing home level of care, but prefer to stay in their homes
  - Older adults with schizophrenia may need a combination of services: Medicaid Waivers, Home Health Care Services, Local Mental Health Authorities/Assertive Community Treatment
- Assist in securing housing where individuals can age in place (finding and maintaining housing can be a struggle for this population)
  - Refer to housing authorities/disabled housing programs, find out who the "friendly landlords" are in the community, address legal and financial barriers
- Utilize medication management supports (electronic medication boxes, daily medication administration, intramuscular therapies)
- Conduct careful screening of nursing home placements: just because we are having trouble finding the right place for them in the community does not mean that they belong in a nursing home

Legal and Ethical Considerations

- Releases of information and hesitancy to sign
  - Can only work with other providers if given permission; fear and paranoia cause some clients to refuse to sign releases
- Working with Conservators of Person (COP) and Estate (COE)
  - Probate Court can assign legal representative to make life and financial decisions, which can be helpful in providing extra support, but some COP/COE are hesitant to allow clients to live in community due to previous issues or not wanting to take risk
- Right to least restrictive environment
  - Due to previous lawsuits, more older adults with schizophrenia being given the opportunity to explore options in community with services in place to meet medical and behavioral health needs (with informed consent)

Legal and Ethical Considerations (cont'd)

- Treatment related decision-making:
  - Include interventions that improve cognition and learning
  - Take a proactive approach and discuss the behavioral health advance directive with care recipients

- Older adults with schizophrenia are encouraged to create a behavioral health advance directive, stating:
  - Where they wish to receive care
  - What treatments they want
  - Who make legal healthcare decisions for them, if they cannot do so due to their illness

- Advance directive laws vary across states. Learn more about advance directives for behavioral health here: https://www.samhsa.gov/section-223/governance-oversight/directives-behavioral-health

Meeting the Needs of Dually Eligible Older Adults with Schizophrenia: A Caregiver Perspective

Heidi

Family Caregiver

Questions

Resources for Integrated Care – Additional Webinars

- Stay tuned for our upcoming webinars:
  - ***Innovations in Member Engagement in Rural Areas – November 27, 2018, 1:00 – 2:00 PM ET***
    - https://resourcesforintegratedcare.com/MemberEngagement/2018_ME_Webinar/Rural_Health
  - ***Palliative Care for Older Adults Dually Eligible for Medicare and Medicaid***
    - More information coming soon!
- Visit https://resourcesforintegratedcare.com/ to view previous webinars and obtain continuing education credit. Webinars include:
  - ***Promising Practices for Meeting the Behavioral Health Needs of Dually Eligible Older Adults***
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Behavioral_Health_Needs
  - ***Supporting Older Adults with Substance Use Disorders***
    - https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/SUD

Thank You for Attending!

- The video replay, slide presentation, and a summary of the Q&A will be available at: https://www.resourcesforintegratedcare.com
- If you are applying for NASW CE credit, you must complete the post-test in order to receive credit: https://www.research.net/r/PostTest_Schizophrenia
- For more information about obtaining CE and CME credit via CMS' Learning Management System, please visit: https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/Older_Adults_Schizophrenia
- Questions? Please email RIC@lewin.com
- Follow us on Twitter at @Integrate_Care to learn about upcoming webinars and new products!

Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation.
- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ

Resources

- Functional Adaptation Skills Training (FAST) Outline: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.608.1382&rep=rep1&type=pdf
- VA Social Skills Training Program (includes general information and handbooks): https://www.mirecc.va.gov/visn5/training/social_skills.asp
- Screening, Brief Intervention, and Referral to Treatment (SBIRT): https://www.samhsa.gov/sbirt
- Assessment Checklist for Older Adults with Schizophrenia: https://www.mdedge.com/sites/default/files/Document/September-2017/0909CP_Article2.pdf
- Checklist for Metabolic Syndrome: http://www.academia.edu/26287527/Screening_for_metabolic_syndrome_in_long-term_psychiatric_illness_Audit_of_patients_receiving_depot_antipsychotic_medication_at_a_psychiatry_clinic
- Motivational Interviewing: https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing
- Advance Directive Laws: https://www.samhsa.gov/section-223/governance-oversight/directives-behavioral-health
- Resilience Coaching for Caregivers (specific to schizophrenia): https://myhealios.com/how-we-help/schizophrenia/
- Resources for Integrated Care: Family Caregiving for Older Adults Resources: https://www.resourcesforintegratedcare.com/concepts/geriatric-competent-care/family_caregiving

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