

VALUE OF IDENTIFYING MOOD DISORDERS IN HOME AND COMMUNITY BASED SERVICES PARTICIPANTS

Home and Community Based Services (HCBS) must encompass a range of social and pragmatic needs, like transportation, housing, nutrition, isolation, emotional well-being and medical problems. One of the fundamental opportunities for Supports Management agencies is to identify and modify risks that can be mitigated, thereby reducing costs and creating a healthier and more stable environment for participants.

Emotional Wellness is one such area where there is enhanced opportunity to develop pro-active processes that can assist in identifying mood disorders and help participants open dialogue with their Primary Care Provider (PCP). This allows the PCP and participant to develop better care plans resulting in fewer hospitalizations and more productive outcomes.

MAKING AN IMPACT

BEST PRACTICES

The UDS Care Management team developed a program to monitor participants for mood disorders. This program consisted of the following components:



TRAINING

100% of the staff was certified in an assessment practice called QPR (Question, Refer and Persuade). This program was piloted for 6-months prior to rolling out globally with the entire staff.



ASSESSMENT

During regular visits with participants, staff conducted the two question Patient Health Questionnaire (PHQ2). Individuals who scored at risk were further screened using the PHQ9.



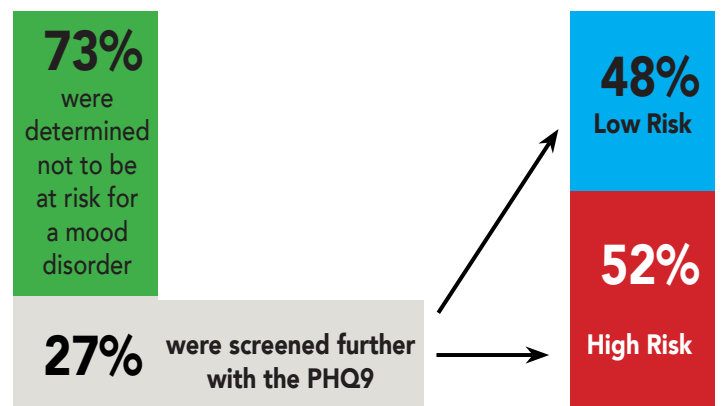
RESULTS

Low risk participants were given a talk help line number or other manual resources. High risk participants were referred to Behavioral Health Services, and in addition, staff contacted participant's PCP.

UDS CARE MANAGEMENT OUTCOMES

Over an 11-month period in Fiscal Year 2018, UDS Care Management used the PHQ2/PHQ9 tools to survey 60% of all participants on our roster. The remaining 40% were either not yet scheduled for a 6-month review (the point at which staff makes this assessment), or were unable to participate due to severe cognitive loss/dementia. Of the participants surveyed, 73% were determined to not be at risk for a mood disorder. The remaining 27% were determined to be at low risk (48%) or high Risk (52%) and given appropriate interventions.

Since implementation of this program, we have seen a reduction in crisis calls and an increase in communication with Primary Care Providers (PCP). It has also provided our staff with a powerful new tool to increase communication with participants on their caseload and gave them the confidence and skills to engage in difficult conversations. Our staff has also reported improved knowledge of their participants. In addition to PCP referral, many high risk participants were also placed on High Risk Person Focused Care Plans for at least 30 days.



EFFECT OF BEHAVIORAL HEALTH ON HEALTH CARE EXPENDITURES

Adults Not Dually Eligible for Medicare and Medicaid Age 21 - 64 with Behavioral Health Diagnosis (BHD)

BASIS OF ELIGIBILITY

	With Disability	Basis Other Than Disability
# Enrollees	1.53 million	2.22 million
Medicaid Spending	\$37.32 billion	\$15.36 billion
% of all Enrollees	47%	21%

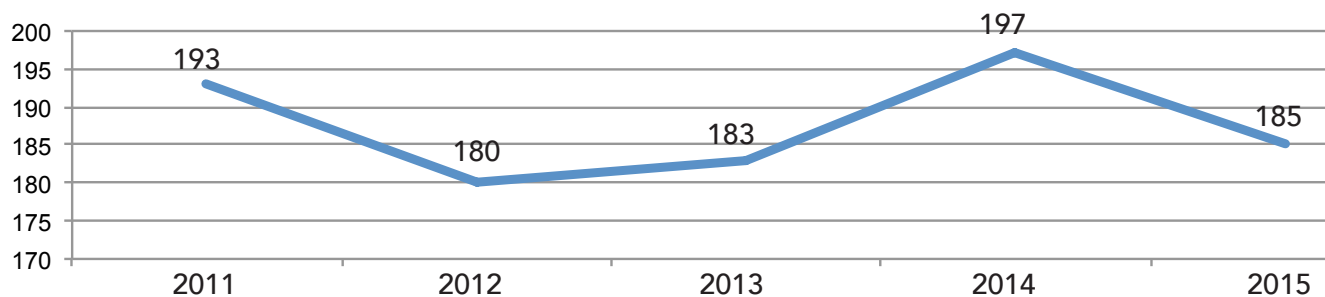
Top 5 Diagnoses of Medicaid (MA) "Super-Users"

- #1 Mood disorders
- #2 Psychotic disorders
- #3 Diabetes
- #4 Chemo/Radiotherapy
- #5 Sickle cell anemia

Top 5 Diagnoses of MA Hospital Readmissions

- 19.4% Mental & behavioral
- 11.8% Pregnancy/childbirth
- 9.4% Respiratory diseases
- 8.5% Digestive diseases
- 7.9% Circulatory diseases

Prevalence of Depression in Pennsylvania Adult Population (per 1,000) from 2011 - 2015



While there is no data available specific to the HCBS population, using Federal and State statistics helps us understand the prevalence and effect mood disorders have on health care expenditures. Although there are fewer BHD enrollees who qualified on basis of disability, spending on this group is nearly double that of enrollees who qualified on basis other than disability. More alarmingly, Mood Disorders are the #1 diagnoses of Medicaid Super-Users and "Mental and Behavioral Disorders" account for the #1 share of all hospital readmissions at 19.4%. In Pennsylvania, nearly 20% of the population has a diagnoses of "Depression" alone.

References: 2012 Health care Cost and Utilization Project (HCUP) Statistical Briefs; PA Dept of Health 2015 Behavioral Risks of PA Adults; AcademyHealth analysis of state-reported data for the Medicaid Medical Directors' Readmission Project; Report to Congress on Medicaid and CHIP - Behavioral Health in the Medicaid Program - People, Use and Expenditures

About United Disabilities Services (UDS)

United Disabilities Services (UDS) is a non-profit organization dedicated to helping seniors, veterans and people with disabilities lead more independent and fulfilling lives. UDS Care Management was one of the first Care Management entities in Pennsylvania to be accredited by the National Committee for Quality Assurance (NCQA). This accreditation directly addresses how case management services are delivered and gets right to the core of care coordination and quality. UDS is dedicated to ensuring the highest level of quality care with a person centered approach.



For more information about UDS visit our website at www.udservices.org