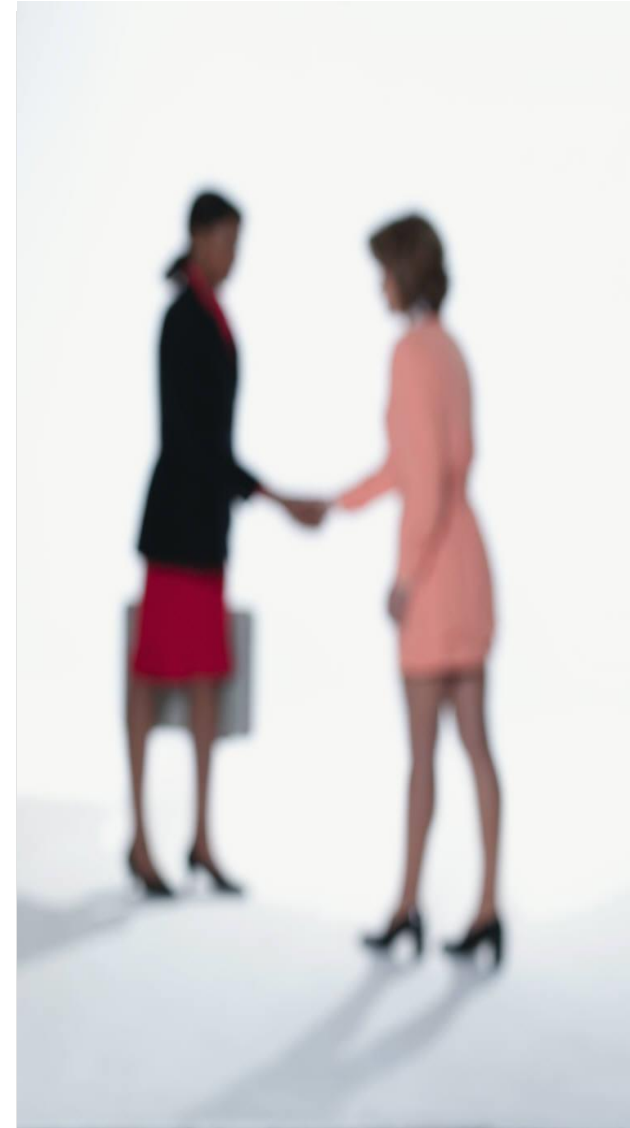
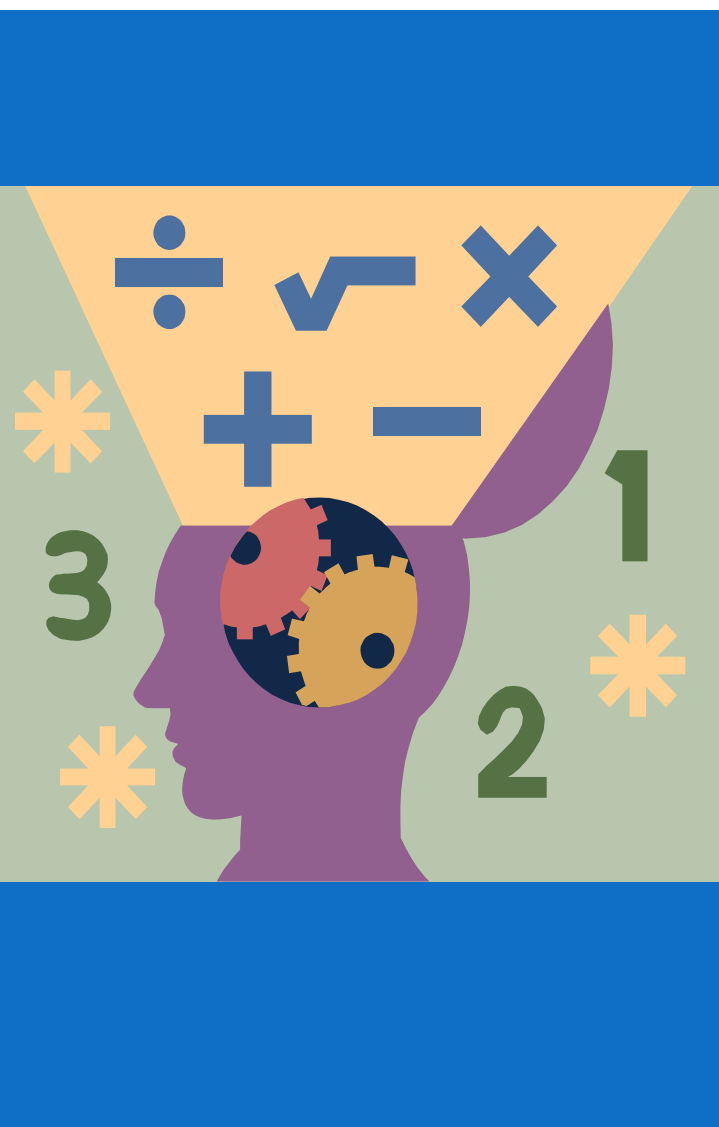


# TAKING YOUR SHARE IN BEHAVIORAL HEALTH HOME CARE

AN OPPORTUNITY FOR GROWTH AND  
COMMUNITY COLLABORATION





# WHAT IS THE NEED FOR BEHAVIORAL HEALTH HOME CARE?

SECTION I - WHAT DO THE NUMBERS  
REVEAL ?



## STATISTICS

- **AN ESTIMATED 26.2 MILLION AMERICANS AGES 18 AND OLDER-ABOUT ONE IN FOUR ADULTS-SUFFER FROM A DIAGNOSABLE MENTAL DISORDER IN A GIVEN YEAR**
- **NEARLY HALF (45%) OF THOSE WITH ANY MENTAL DISORDER MEET THE CRITERIA FOR 2 OR MORE DISORDERS, WITH SEVERITY STRONGLY RELATED TO CO-MORBIDITY**
- **20.9 MILLION AMERICAN ADULTS, OR ABOUT 9.5% OF THE U.S. POPULATION AGE 18 AND OLDER IN A GIVEN YEAR, HAVE A MOOD DISORDER(MAJOR DEPRESSION, BIPOLAR)**
- **BY 2030, 1 IN 5 AMERICANS WILL BE AGE 65 OR ABOVE.**



# MORE STATISTICS

- **CDC REPORTS 1 IN 10 PEOPLE SUFFER FROM DEPRESSION, THE OFFICIAL RATE AMONG THE ELDERLY IS BETWEEN 10-20%**
- Anxiety Disorders affect 40 million adults in the United States age 18 and older (18% of U.S. population).
- **12.4 PER 100,000 TAKE THEIR OWN LIVES EACH YEAR, ACCORDING TO 2010 STATISTICS FROM THE CDC**
- **OVER 65, THE OFFICIAL SUICIDE RATE IS 14.9 PER 100,000**
- **ELDERLY WHITE MEN HAVE THE HIGHEST RATE: 29 PER 100,000 OVER ALL, AND MORE THAN 47 PER 100,000 AMONG THOSE OVER AGE 85.**



## EFFECT OF MENTAL ILLNESS ON OVERALL HEALTH AND HOSPITALIZATION

- **THOSE W/DEPRESSION ARE MORE LIKELY TO HAVE FALLS AND BE HOSPITALIZED**
- **HOMEBOUND ELDERLY WITH BOTH DEPRESSION AND COGNITIVE IMPAIRMENT ARE OFTEN MORE NONCOMPLIANT WITH TX PLAN**
- **ONLY 2.3% OF PRIMARY MDs MAKE REFERRALS TO HOME CARE FOR PSYCHIATRIC REASONS**
- **PEOPLE WITH AN ANXIETY DISORDER ARE THREE TO FIVE TIMES MORE LIKELY TO GO TO THE DOCTOR AND SIX TIMES MORE LIKELY TO BE HOSPITALIZED FOR PSYCHIATRIC DISORDERS THAN THOSE WHO DO NOT SUFFER FROM ANXIETY DISORDERS**
- **40.8% OF HOMEBOUND ELDERS SUFFER FROM 2 TO 3 COMORBID MEDICAL AND PSYCHIATRIC CONDITIONS, 31.9% SUFFER FROM 4 OR MORE COMORBID CONDITIONS**
- **UP TO 50% OF PATIENTS WITH CARDIAC, RENAL, PARKINSON'S DISEASE, CHRONIC PAIN, AND RHEUMATOID ARTHRITIS, AS WELL AS THOSE WHO ARE POST STROKE WILL DEVELOP CO MORBID DEPRESSIVE DISORDERS.**



## STATISTICS IN HOME CARE

- **HOMEBOUND ELDERS IN RURAL AREAS WHO REPRESENT LARGE PORTION OF HOMEBOUND POPULATION ARE NOT DXED OR RECEIVING TX FOR MENTAL HEALTH ISSUES**
- **HOMEBOUND ELDERLY TYPICALLY DON'T RECEIVE TX FOR MENTAL HEALTH ISSUES UNTIL A PHYSICAL PROBLEM ARISES.**
- **TX OF DEPRESSION AND COGNITIVE IMPAIRMENT RESULTS IN IMPROVED PHYSICAL HEALTH IN HOME CARE ELDERLY.**
- **40.5% OF HOMEBOUND ELDERLY HAVE A PSYCHIATRIC DISORDER. TWO MOST COMMON DISORDERS ARE DEPRESSION AND DEMENTIA**
- **DEMENTIA, INCLUDING ALZHEIMER'S DISEASE, IS THE LEADING PROBLEM ASSOCIATED WITH BEING HOMEBOUND -29%.**
- **17% OF HOMEBOUND ELDERS HAVE UNDIAGNOSED COGNITIVE IMPAIRMENTS.**
- **STUDY OF 539 HOMEBOUND PATIENTS REPORTED A 13.5% PREVALENCE RATE - OF THESE ONLY 22% WERE RECEIVING TX**
- **42% PEOPLE 65 AND OLDER HAVE AT LEAST 1 MENTAL ILLNESS , OF THOSE 40% ARE HOMEBOUND AND RECEIVING HOME CARE**

# WHAT DO WE NEED TO CONVEY TO REFERRAL SOURCES

## SECTION 2- KEY TALKING POINTS





IN HOME CARE



## WHAT IS BEHAVIORAL HEALTH HOME CARE?

- **THE BEHAVIORAL HEALTH HOME CARE PROGRAM ASSISTS PATIENTS AND FAMILIES WHO ARE BROKEN AND WOUNDED BY MENTAL ILLNESS TO MOVE TOWARDS WHOLENESS**
- **BILLABLE UNDER MEDICARE**





# PATIENTS WHO BENEFIT?

- **THOSE WITH SEVERE MENTAL ILLNESS WHO:**
  - **HAVE FALLEN THROUGH THE CRACKS OF TRADITIONAL TREATMENT AND ARE AT RISK FOR REPEATED HOSPITALIZATIONS**
  - **HAVE A HISTORY OF NON-ADHERENCE TO MEDICATION**
  - **ARE IN NEED OF BEHAVIORAL MANAGEMENT**
  - **FAIL TO “CONNECT” WITH TRADITIONAL OUTPATIENT SERVICES**
  - **HAVE LIMITED SOCIAL SUPPORT**
  - **HAVE DUAL DIAGNOSES:**
    - **PSYCHIATRIC AND SUBSTANCE ABUSE**
    - **PSYCHIATRIC AND MEDICAL**
    - **PSYCHIATRIC AND A DEVELOPMENTAL DISABILITY**



## **PATIENTS WHO BENEFIT? (continued)**

- **EXACERBATIONS OF DEPRESSION, SCHIZOPHRENIA AND OTHER AXIS 1 DISORDERS**
- **RECENT RELEASE FROM HOSPITAL CARE WITH NEED FOR FOLLOW-UP TO PREVENT RELAPSE**
- **THOSE IN NEED OF MONITORING OF NEW PSYCHOTROPIC MEDICATION**
- **CHRONIC PAIN AND DEPRESSION**
- **ALZHEIMER'S DISEASE AND OTHER TYPES OF DEMENTIA**



## ADMISSION CRITERIA- MEDICARE

### **1- PRIMARY PSYCHIATRIC DISORDER**

- **MAJOR DEPRESSION**
- **ANXIETY DISORDERS**
- **SCHIZOPHRENIA**
- **BIPOLAR DISORDER**

### **2- PSYCHIATRICALY HOMEBOUND (SEE NEXT SLIDE)**

### **3- SKILLS OF A PSYCHIATRIC NURSE REQUIRED**

### **4- PATIENT MUST BE UNDER THE CARE OF A PHYSICIAN**

# PSYCHIATRICALY HOMEBOUND

- **IMPAIRED REALITY — SHOULD NOT LEAVE HOME WITHOUT SUPERVISION**
- **DISORIENTED**
- **CONFUSED**
- **BEHAVIOR POSES RISK TO SELF/OTHERS**
- **USES ASSISTIVE DEVICE (CANE, WALKER, WHEELCHAIR, BRACES)**
- **LIMITED ENDURANCE RELATED TO MEDICAL DIAGNOSIS (SOB)**
- **IMPAIRED JUDGMENT**
- **LEAVING HOME IS NOT POSSIBLE WITHOUT TAXING EFFORT**
- **AGORAPHOBIC**
- **DEPRESSED**
- **ANXIOUS**

**PSYCHIATRICALY  
HOMEBOUND — IF A PATIENT  
IS UNABLE TO CONSISTENTLY  
AND INDEPENDENTLY ACCESS  
PSYCHIATRIC FOLLOW UP  
HE/SHE MAY BE CONSIDERED  
HOMEBOUND**

**DEMONSTRATED BY  
THE FOLLOWING  
BEHAVIORS AND  
CONDITIONS —**



# EXCLUSION CRITERIA

**1. PATIENTS WHO ARE A HARM  
TO SELF OR OTHERS**

**2. PATIENTS WHO ARE  
ACTIVELY ABUSING  
DRUGS/ALCOHOL AND NOT IN  
SUBSTANCE ABUSE  
TREATMENT**

# SERVICES OFFERED



- **COMPREHENSIVE ASSESSMENT AND INDIVIDUALIZED TREATMENT PLANNING**
- **TREATMENT PLAN BASED ON REALITY OF PATIENT'S LIFE AND HOME SITUATION**
- **MEDICATION MANAGEMENT AND ADMINISTRATION**
- **COMPREHENSIVE CARE MANAGEMENT**
- **COMMUNITY LINKAGES**
- **CAREGIVER SUPPORT AND EDUCATION**



# SERVICES OFFERED- CONTINUED



- **PATIENT EDUCATION ABOUT MEDICATION, THE ILLNESS; COPING STRATEGIES; STAYING WELL; AND LIVING WITH A CHRONIC ILLNESS**
- **BLOOD DRAWS FOR SERUM LEVELS OF SPECIFIED PSYCHIATRIC MEDICATIONS; E.G. LITHIUM, TEGRETOL**
- **ADMINISTRATION OF DECANOATE MEDICATIONS**
- **SUPPORTIVE COUNSELING**
- **BEHAVIORAL MANAGEMENT**
- **TELEPHONE SUPPORT**



# WHAT IS NEEDED TO BRING A PROGRAM TO MARKET?

SECTION 3- EFFECTIVE PLANNING

# WHAT IS NEEDED TO TAKE THE PROGRAM TO MARKET?



- ☐ **TRAINING ( CLINICAL AND SALES)**
- ☐ **ADMISSION CRITERIA DEFINED**
- ☐ **TARGET AUDIENCE FOR PROGRAM (ADULTS, GERIATRICS, CHILDREN)**
- ☐ **THE ABILITY TO PAINT THE PICTURE OF THE PATIENT. (CASE STUDIES)**
- ☐ **COMMUNICATION**
- ☐ **CLINICAL CHAMPION (PROGRAM MANAGER)**
  - **PROVIDES ONGOING PROGRAM DEVELOPMENT**
  - **ENSURES STAFF TRAINING AND COMPETENCY**
  - **ATTENDS CASE CONFERENCES**
  - **AVAILABLE FOR MARKETING CALLS**
  - **MONITORS AND REPORTS CLINICAL STAFFING CAPABILITY**



# WHAT IS NEEDED TO TAKE THE PROGRAM TO MARKET?

## □ SALES CHAMPIONS

- ATTENDS GERI-PSYCH CONFERENCES ON UNITS
- CALL ON REFERRAL SOURCES
- INTAKE AWARE AND CAN DISCUSS PROGRAM
- SUPPORTS MARKETING EFFORTS/ PRESENTATIONS
- FOLLOWS REFERRAL PROCESS, TROUBLESHOOTS POTENTIAL OBSTACLES
- KNOWS HOW TO COMMUNICATE WITH PHYSICIANS
- AVAILABLE TO MEET WITH FAMILIES, EXPLAIN THE PROGRAM, DECREASE FEAR AND ESTABLISH TRUST.

## □ CONSUMER MARKETING

- ADS DIRECTED TOWARD THE CONSUMER, USUALLY AN ADULT CHILD OR SPOUSE
- ARTICLES ANNOUNCING THE PROGRAM
- FREE SEMINARS
- COMMUNITY EVENTS
- TIE MARKETING IN TO RECRUITMENT
- MARKETING BROCHURE DEVELOPMENT

## □ IDENTIFY POTENTIAL REFERRAL SOURCES

- CURRENT CUSTOMERS
- NEW REFERRAL SOURCES

## BROCHURE & WEB SITE CONTENT

- What is the program? GOALS
- Who will it serve? - who is appropriate
- Criteria
- How to refer
- Payers accepted

DIRECTED TO CONSUMERS OR  
REFERRAL SOURCES

### Referrals & Additional Information:

#### BEHAVIORAL HEALTH HOME CARE PROGRAM

##### Who Benefits from Mental Home Health? *Homebound Adults Exhibiting any of the following:*

- Depression, Anxiety, and Bipolar Disorders
- Schizophrenia
- Dementia and Alzheimer's Disease
- Newly diagnosed Adults with Psychiatric Diagnoses
- Patients on new psychotropic medication
- Patients who have difficulty with traditional mental health services
- Patients who have issues with medication compliance
- Patients who have difficulty leaving their home
- Patients who need behavioral management
- Patients who have dual diagnoses: psychiatric and medical, psychiatric and developmental disabilities
- Patients who are frequently hospitalized with psychiatric diagnoses commonly seen in the Adult Homebound Population
- Patients with limited support systems



Supporting our Veterans



Comprehensive Short-term Intermittent  
Behavioral Health / Mental Health  
Homecare Services to Homebound Adults

HomeCare Elite  
**2011 TOP**  
AGENCY

NEXT MONTH-2<sup>nd</sup>

Webinar

- How do we sell the program
- Features and benefits of the program
- Best Sales Message to Use

3<sup>rd</sup> Webinar

- Who do we sell to?
- Key referrals sources & strategies

# NEXT WEBINAR SALES & MARKETING PART 2

## Looking Ahead

# TOP 10 STRATEGY LIST ACTION PLAN

ACCOUNT	ACCOUNT TYPE	ACCOUNT STRATEGY	ACTION STEPS	GOAL DATE	PROJECTED REFERRALS	QUARTER REVIEW

**LET'S THINK AHEAD-  
WHO ARE 10  
ACCOUNTS YOU WANT  
TO TARGET?**



C&V SENIOR CARE SPECIALISTS, INC.

