

Factors Associated With The Provision of Mental Health Services In Florida Nursing Homes

BACKGROUND

Mental health needs and mental health services provided to nursing home (NH) residents have been a topic of some controversy. Over the years, there have been longstanding concerns about lack of mental health treatment in NH settings (Burns et al., 1993; Reichman et al., 1998; Rovner et al., 1990), but there have also been qualms about the overuse of psychotropic medications. In an early study, Avorn, Dreyer, Connelly, and Soumerai (1989) found that 55% of a random sample of residents of 55 NHs in the state of Massachusetts were taking at least one psychiatric medication. Thirty-nine per cent of the residents were receiving antipsychotic medication and 18% of these were receiving two or more antipsychotic medications. It is surprising to note that half of these cases had no evidence of a physician participating in mental health decisions during the year of the study. Approximately one third of the residents had serious cognitive impairment, and 6% showed evidence of moderate or severe tardive dyskinesia. The authors concluded that psychoactive drugs were often used in NHs with limited medical supervision. Similar results were found by Arling, Ryther, Collins, and Zimmerman (1991) in a study of 2,000 NH residents in Texas who reported that 45% of the residents receive psychotropic medication, with close to one half not having a psychiatric diagnosis.

THE STUDY

This study focused on mental health diagnoses and services provided to newly admitted NH residents, and on the implications of service provision for short and long-term costs. Specifically, the study addressed 5 research questions:

1. How much mental health care is received by Florida NH residents with psychiatric diagnoses?
 - a. How many, and what percentage of, new NH residents without a prior psychiatric diagnosis receive a psychiatric diagnosis and treatment within 3 months of admission?

- b. How many, and what percentage of, new NH residents with chronic psychiatric symptoms before admission do not receive mental health services?
 - c. To what extent are there changes in psychiatric diagnoses in the year before admission compared with the year postadmission?
 2. What sociodemographic and institutional factors are associated with receipt of mental health care?
 3. Does the provision of mental health services in Florida NHs improve mental and physical outcomes?
 4. Does the provision of mental health services in Florida NHs reduce overall health care utilization and expenditures?
 5. Of those NH patients currently receiving mental health services:
 - a. How many (and what percentage) are provided in the NH setting?
 - b. How many (and what percentage) are provided outside of the NH setting?

STUDY METHOD

Data collected between July 1, 2002, and December 31, 2003, were used to perform the analyses for this study. As noted, the sources of data and related measures were drawn from two datasets: Medicaid and On-line Survey and Certification and Reporting System (OSCAR).

NH residents who were enrolled in Florida NH facilities in the calendar year (CY) 2003 (timeframe changed to match MDS data) were used for the analyses. Because the focus of this study was to investigate mental health service delivery for adult long-term NH residents, those residents who stayed less than 3 months in the facility were excluded, as were residents younger than 21 years.

Specific data sets and salient measures included the following:

- A. Medicaid. Demographics (such as age, gender, and race), procedure codes (types of services such as mental health inpatient, mental health outpatient, emergency department, psychiatric medication, and psychotherapy), providers of the care (to the extent possible), psychiatric diagnosis of recipients of mental health care, and Medicaid service cost claims.
- B. OSCAR. Identifiers for linkage, institutional factors (e.g., profit or nonprofit status, number of beds, urban or rural, number of Medicaid residents).

FINDINGS

This large secondary data analysis study of new residents of Florida NHs enrolled in Medicaid for more than a 1-year period yielded the following results:

1. Within 3 months of admission, approximately 74% of new NH residents receive mental health treatment. Most of this treatment is psychopharmacological, with 71.5% of new residents receiving at least one psychiatric medication and 66% of those receiving psychopharmacological medication are taking two or more psychiatric medications. More than 15% of these residents are taking 4 or more medications. Only 12% of the residents receive nonpharmacological mental health care.
2. Most of the new residents who are prescribed psychotropic medication had not received previous psychopharmacological treatment in the year before admission (57.8%), did not have a past psychiatric diagnosis in the year preceding admission (83.7%), and did not have a current psychiatric diagnosis (81%). However, please note that the data on current psychiatric diagnoses may represent a significant undercount of the true percentage of those currently diagnosed, because psychiatric services are considered a bundled service in NHs and therefore don't require claim forms with psychiatric diagnoses for reimbursement under Medicaid.
3. More than 31% of those with a current diagnosis were diagnosed with "other mental health," 24% as having "other dementia," and more than 10% as having minor depression.
4. New NH residents who are prescribed psychiatric medications are prescribed a variety of different types including antidepressants (49.4%), mood stabilizers (11.8%), antipsychotic medications (26%), antianxiety agents (23%), and medications for dementia (18.5%).
5. Nonpsychopharmacological treatment is relatively infrequently provided for new NH residents (12%) but when implemented is always associated with a psychiatric diagnosis.

6. Eighty-five per cent of those NH residents who had psychiatric treatment before NH admission were receiving current mental health treatment; they were almost 3 times as likely to receive treatment as those residents who had not had previous psychiatric treatment.
7. Receipt of mental health services was associated with male gender, low number of beds at the NH, nonprofit NHs, older age, and ethnic disparities.
8. For the total sample of all new NH residents, mental health service utilization in the first 3 months of admission was a significant predictor of an increase in total expenditures for 12-month NH stay. This finding also held true for the sub-sample of those with previous mental health diagnosis.
9. Approximately 70% of both behavioral health and psychopharmacological services were administered outside of the NH and were not related to racial distinctions

DISCUSSION AND POLICY RECOMMENDATIONS

The finding that such a high percentage of new Florida NH residents receive psychotropic medications despite not having (1) previous mental health services, (2) a previous psychiatric diagnosis, and (3) a current psychiatric diagnosis is also cause for concern. Utilization of nonpsychopharmacological services at 3 months being associated with an increase in total health expenditures is cause for concern. Are expensive medications being prescribed for conditions that do not necessitate such use or could be handled in other less expensive ways, or are those who receive mental health services after admission in fact individuals with greater medical needs in general? Given that it is unclear whether new NH residents are being prescribed too many medications, it is difficult to interpret the results regarding factors associated with receipt of mental health services (male gender, low number of beds at NH, nonprofit NHs, older age, and ethnic disparities). Systems need to be in place at the state, local, NH, and professional levels to assure that new residents are given a proper evaluation, a specific diagnosis, and an individualized treatment plan that explores a variety of both psychopharmacological and nonpharmacological options to assure optimal care for this frail and psychologically needy group.

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