

Effect of Mental Health Assessment on Prescription of Psychoactive Medication for New Nursing Home Residents.

BACKGROUND

The research literature and two successfully completed projects funded by Florida's Agency for Health Care Administration (AHCA) strongly suggest that the full intent of the 1987 Omnibus Budget Reconciliation Act (OBRA-87) to improve the mental health of nursing home residents has not been realized. The present study employed a chart review methodology to track efforts made by nursing homes to provide appropriate OBRA-87 services to new residents and to suggest possible interventions.

THE STUDY

The research was prompted by the fact that in today's economic climate, any attempts to increase the use of non-psycho pharmacological care relative to psycho pharmacological care must be cost-effective.

STUDY METHOD

The methodology included a mental health assessment conducted with 25 nursing home residents, and chart reviews conducted for comparable one month periods for both those residents with the assessment and 25 residents who did not receive the assessment.

FINDINGS:

A mental health assessment administered to all incoming nursing home residents is feasible and has a relatively low cost (approximately \$100 per resident assessment). We found that residents who received the mental health assessment were less likely to receive psychoactive medication and insomnia medication, and there is some evidence that they were more likely to receive mental health consultations from an outside group. Results suggest that the development of such an assessment/intervention represents an evidenced-based approach to promoting good quality mental health care by reducing unnecessary prescriptions of psychoactive medications and increasing psychological interventions. Such an approach may well lead to reduced medical

costs to offset the cost of the assessments and should be studied on a larger scale.

DISCUSSION AND POLICY RECOMMENDATIONS

Incorporating a brief mental health assessment to assist with treatment planning and to emphasize non-psycho pharmacological methods to address mental health concerns appears to be feasible and incur relatively little cost. Our research assistants have been able to administer face-to-face assessments within an hour's time (including garnering informed consent) and spent on average one additional hour organizing the data, receiving supervision, and writing the preliminary report (although travel time is also an expense). The project clinician (PI) who supervised the assessments spent approximately one hour per week supervising these brief assessments. The total cost per resident assessment was approximately \$100. The essential question is whether such a simple, low-cost intervention is effective in reducing psychoactive medication usage and enhancing the psychological care of the residents. We are in the process of conducting a 3-month follow-up assessment to determine whether these findings hold over a lengthier time period.

This policy brief is based on research by Molinari, V., Chiriboga, D., Branch, L., Schonfeld, L., Schinka, J. Vongxaiburana, E., Greene, J., & Hyer, K. Technical Report submitted to the Florida Agency for Health Care Administration. Tampa, FL: USF, Florida Mental Health Institute. June 2011.