The Conundrum

- Treatment: Mental Health Needs versus Physical Health needs

- “Default” Caregiver Shift

- Issues/Opportunities:
  - Blending Treatment Approach
  - Decreasing likelihood of “default” caregivers
  - Advising our clients
A Fragmented Treatment System

• What happens when someone is diagnosed with a mental illness, such as depression or dementia?
  – Adults with serious mental illness die, on average, 25 years earlier than the general population

Physical Impact

• Heart disease, diabetes, respiratory diseases affect the whole population
  • Prevention
    – Smoking
    – Obesity
  • Maintenance
    – Medication
    – Diet
    – Exercise
Social Impact

- Homelessness
- Poverty
- Vulnerable Conditions
  - Predatory targets

Mental Impact

- Disorganized Thoughts
- Decreased Motivation
- Impaired Self-care and Compliance
Multi-Aspect Problem

• Higher rates of substance abuse

• Mental/Physical/Social/Substance
  – Inappropriate care
  – Disjointed care
  – Gaps in care
  – Redundant care

All result in INCREASED healthcare costs.

But its not new....

• World Health Organization’s (WHO)
  – World Health Report 2001 called for the “integration of mental health into primary care”

• Global Burden of Disease Study 2010 confirmed the still urgent need for attention to these disorders
  – The disability adjusted life years attributable to mental, neurological, and substance abuse disorders rose by 38%
  – Mental and behavioral disorders account for nearly 25% of all years lived with a disability
Mental Disorder Disease Burden

- These disorders also contribute indirectly to mortality
  - Suicides
  - Conditions like cirrhosis
  - Both rank among leading causes of disease burden

Children and Adolescents

- According to the 2003 report from President George W. Bush’s New Freedom Commission on Mental Health:

  “undetected and untreated early childhood mental health disorders may persist and lead to a downward spiral of school failure, poor employment opportunities, and poverty in adulthood”.
Why the Focus on Our Kids?

• Researchers have estimated that over 1 million American children and adolescents experience problems suggestive of a pre-psychosis risk state.

• Early intervention may prevent
  – Onset of psychosis among at-risk individuals,
  – Avert other adverse mental health outcomes associated with psychosis risk states such as:
    • Mood syndromes;
    • Substance abuse disorders;
    • Functional decline.

Why the Focus on Our Kids? (cont.)

• The earlier that depression is identified and treatment begins, the more effective the treatment is likely to be and the less likely recurrence becomes.
Real World Examples

- A child taking medication for Attention Deficit Hyperactivity Disorder (ADHD) may develop **tremors and high blood pressure**

- A child in active treatment for a behavior health disorder may begin to experience symptoms of an emerging medical condition such as **asthma**

- Routine medical screening identifies physical health conditions when they first appear
  - Prevents or mitigates progression

Risks—For Everyone

- Physical and social exposures at every state of life influence risk

- At older ages, the interaction continue:
  - Comorbid physical conditions increase risk for poor mental health as well as other non-communicable diseases
    - *Heart disease, diabetes and asthma.*

- Midlife and late life symptoms versus continued learning in older age
Compliance Challenges

- Recommended follow up services
  - Lack of trust
  - Fear/Overwhelming
- Poor “historians”
- Unable to provide information that medical professionals need

A Holistic Integration of Coordination

- The foundation of integrated care is a holistic view of the individual and personal health as complex, integrated systems, rather than a simple sum of independent body systems.
What Does that Mean?

• Adoption by primary healthcare providers of tools to screen for behavioral healthcare needs.

• Adoption of behavioral health providers of tools to screen for physical health needs.

So What?

• Care coordination and integration = removing barriers
  – Allow effective management of mental health conditions.
  – Care management with tracking and monitoring by RNs
  – Procedures to encourage medication adherence
  – Linking of patients to community-based health professionals other than physicians, including pharmacists.
It’s not Rocket Science

- RN care coordination of patients 65 and older
  - resulted in improved quality of care and cost savings
  - medication self-management
  - a patient-centered record
  - primary care and specialist follow up
  - patient education of warning signs and symptoms indicative of a worsening condition

What Did the Patients Think?

- Participants in the study reported increased confidence in the ability to self-manage their care.

- The findings demonstrated that care coordination:
  - Improved the quality of care and reduced costs;
  - Ensured the safety of older adults.
Engaged Health Advocacy

- 40 to 80% of medical information provided by health care practitioners is forgotten by patients immediately.

- Nearly 20% of patients said their health had suffered due to poor communication for varying reasons.

- 52 million informal caregivers provide care to adults (aged 18+) with a disability or illness.

A Cultural Challenge

- Lengthened the average life-span by nearly two years every decade
  - The average US citizen can expect to live to the age of 80.

- At the Same Time, dramatic downturn in family size
  - People will routinely reach old age with very few, if any, immediate family members.
Singleton Statistics

- Growing number of single people who have no “default” caretaker

- Prediction: the graying of the baby boom generation will only increase the number of single-person households (due to illness and disability)

- Despite federal programs to help “age in place”, resources are limited

“Chosen Family”

- Many singles rely on “chosen family” for emotional, physical, and financial support.
- Chosen families ≠ next-of-kin
- No legal standing
  - Chosen family members are often comprised of individuals in the same age group.
  - Aging policy in the US assumes the existence of a multi-generational network of support.
Caregiving Stats

• 80% of all long-term care is provided by informal, unpaid caregivers who are most often younger relatives or spouses.

• A 2009 national study showed:
  – Relatives comprise 89% of all unpaid caregivers for individuals 50 yrs;
  – Average age of caregivers for individuals 75+ is 51 yrs.

Caregiving Stats (cont.)

• For singles whose chosen family includes only a single generation, its members will age at the same time resulting in overlapping caregiving responsibilities.
Emergency Contact?

• Listing an emergency contact person
  – Need for Coordinated Care vs. Self-Advocate
    • No One in the Waiting Room;
    • No One to argue with the Insurance Company;
    • No One to oversee that medications.

• Patchwork Support System

Incapacity

• Advances in medical technology have greatly increased the likelihood that individuals will experience some period of incapacity prior to death
  – Essential documents help to ensure that the individual’s wishes are followed
  – Need for Durable Powers of Attorney, Advance Directives, etc.
    – Appointed surrogates = A Voice

• If no documents, Next-of-kin is assumed to make the necessary decisions
**Advocacy Services**

- Professionals
  - Nurses
  - Licensed clinical Social Workers
  - Paraprofessionals

- Roles
  - Assisting individuals with behavioral health conditions in seeking medical help;
  - Directly interacting with medical professionals to advocate for a certain medical procedure or reconcile medications;
  - Promoting patient engagement to help achieve better-integrated, more holistic care.

**Effectiveness**

- Effective advocates must have the ability to establish a trusting relationship with their clients.

- The relationships established with providers can foster a culture of coordination and integration between physical and behavioral health professionals.
Health Advocacy Services

- Should Include:
  - Comprehensive care management;
  - Care coordination and health promotion;
  - Comprehensive transitional care;
  - Patient and family support;
  - Referral to community and social support services;
  - The use of health information technology to support these services.

Health advocates connect, coordinate, and integrate the many services and supports.

Cost Concerns

- McKinsey Global Institutes, 2008:
  - US spends more on healthcare than other industrialized nations;
  - This pattern occurs despite the fact that the prevalence of many diseases is lower in the US than in other areas.

- State Laws:
  - Some do not allow health centers to include the costs of multiple services provided to the same individual on the same day:
    - such as a physical health and a behavioral health service.
  - Some prohibit same-day billing for certain combinations of behavioral health services.
Interesting Statistics

• 25% chance that one spouse of a couple at 65 will live to be 100

• Out of pocket healthcare costs in retirement = $400K (estimate)

• Healthcare is 20% of the GDP spend

AARP’s Public Policy Institute:

• One in five Medicare beneficiaries is re-hospitalized within 30 days of discharge; one in three is readmitted within 90 days.

• More than 20% of older Americans suffer from five or more chronic conditions that account for **75% of total Medicare spending**—mainly due to high rates of hospital admission and readmission.

• It is estimated Medicare spends approximately $17.4 billion in annual readmission costs.
Healthcare Planning

- Healthcare costs rising 5-7% annually; SS increases 2% annually
- Medicare covers about 51% of the average couple’s health care costs-today
- Advisors who can help their clients determine future costs and prepare for them will be in the best position.

Care Coordination Benefits

- The potential exists to reduce cost and improve outcomes for all populations in all healthcare settings
- The most impressive outcomes occur in high-risk populations whose complex health issues involve costly treatments and repeated hospitalizations.
  - Average patient costs of those with uncoordinated care were 75% higher than patients with coordinated care.
  - Studies show enhanced care coordination could reduce 35% of costs.
  - Multiple care delivery models and options have been evaluated in relation to improved clinical and financial outcomes.

Care coordination results in better care at lower cost, particularly for populations with multiple health and social needs.
Conclusion

• For professional advisors, two systems impacting care and health are adding tremendous complexity to our clients’ lives.
  – First, the fragmented practice of treating mental and physical health independently.
  – Second, the continuing societal trend of “singleness”, resulting in a lack of traditional “default” immediate family caregivers.

Advisor Value

• For clients with multiple physician providers, care coordination is a must.
• For clients with the additional complexity of no “default” caregivers, advocacy and care management is critical.
  – Several options exist, ranging from private-pay RN advocates to local aging agency volunteers.
  – Every advisor should know the options in their area and be prepared for their clients to need these solutions.
References


References (cont.)