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Treating Elderly Patients: Primary vs. Specialized Care

Fatigue, aches and pains, confusion, sleeplessness, nerves, bowel troubles—for older patients, these complaints may mask various underlying problems: they're depressed or anxious, drinking too much, or indulging in the dangerous habit of mixing alcohol and prescription medication.

"Older people have a tendency to be shy about acknowledging problems with excessive use of alcohol, substance abuse, or early signs of dementia," said Rosa W. Wims, L.P.N., a 77-year-old community activist and retired nurse in Rochester, NY. "[Because] so many of the professionals giving them health care services are so young compared to the older family doctors they remember, seniors hesitate to give them important information."

That reluctance to discuss mental health and substance abuse issues means that primary care physicians, who are older patients' most frequent contact with the health care system, will be less likely to recognize these problems—especially as office visits have become increasingly short. Even when physicians do see a problem, they may assume that depression is a natural part of aging or that a few drinks will do no harm and so fail to treat problems appropriately. Also, fear of social stigma, lack of transportation, and other barriers can keep older people from following through on referrals to specialized mental health and substance abuse services.

Photo Courtesy of the Administration on Aging

The result? A growing number of untreated mental health and substance abuse disorders among Americans older than 65.

Now a new SAMHSA program is trying to determine the best way to help. Launched in 1998, "Aging, Mental Health/ Substance Abuse, and Primary Care" seeks to answer a key question: Do older people with mental health and substance abuse problems fare better when they receive treatment for these disorders within a

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primary care setting or when they receive referrals for specialized treatment?

The 4-year project is a joint effort by SAMHSA's Center for Mental Health Services (CMHS), Center for Substance Abuse Prevention (CSAP), and Center for Substance Abuse Treatment (CSAT) as well as the Health Resources and Services Administration (HRSA) and the U.S. Department of Veterans Affairs (VA). The partners are also exploring a possible collaboration with the Health Care Financing Administration (HCFA).

Out in the field, 11 sites across the country are now screening older patients for three target conditions—depression, anxiety, and alcohol abuse—and then randomly assigning those with problems to receive mental health and substance abuse treatment in either primary care or specialized settings. Coordinated by the Harvard Upper New England Geriatric Education Center, the sites are using a common study design that will facilitate comparison of their findings. The project's final results, which will be available in 2002, will not only help the Nation provide better care to its oldest citizens but may even help reduce health care costs. Designed to have a practical as well as a policy impact, the project also requires each site to develop a manual that will help other health care providers replicate the programs in the future.

"The population of Americans age 65 and older is increasing rapidly, and a significant portion of this population has mental health and substance abuse problems that warrant professional intervention," said Joyce Berry, Ph.D., J.D., Director of the Division of State and Community Systems Development at CMHS. "These older people require the same mental health and substance abuse services as younger persons, but it is essential that these services be tailored to their specific needs and circumstances."

Photo Courtesy of the Administration on Aging

An Unmet Need

The need for such services is enormous. For example, experts at the Harvard Upper New England Geriatric Education Center estimate that as many as 37 percent of the older patients in primary care settings may be suffering from depression. According to studies cited in a CSAT publication, *Substance Abuse Among Older Adults*, up to 17 percent of older people may be abusing alcohol or prescription medication. Overlooking these conditions can be deadly but easy to do. A study reported in the *American Journal of Geriatric Psychiatry*, for instance, found that patients 75 and older were only half as likely as those in the 21-to-34 age group to reveal suicidal thoughts to others before killing themselves.

Until now, there has been little research exploring the best way to meet these older patients' needs. "We need more research to be able to provide solid support for what types of systems work best for older adults," explained co-project officer Betsy McDonel Herr, Ph.D., a research clinical psychologist in the CMHS Division of Knowledge Development and Systems Change. "Most information about the impact of integrating mental health and substance abuse services into primary care settings comes from studies that don't specifically target older adults. Furthermore, studies in the general adult population are done with enough differences that it's challenging to weave them together and draw a conclusion. That's why it's so valuable to have uniformity in research design, screening measures, and outcome measures across all of these study sites."

Although the research suggests that many older people prefer to receive mental health and substance abuse services within a primary care setting, Dr. Herr and her colleagues also found examples where integration didn't work. That's why their study has what's called a "bi-directional" hypothesis.

"It could go either way," explained Sue Levkoff, Sc.D., S.M., M.S.W., a principal investigator of the project's Coordinating Center and an associate professor of psychiatry at Brigham and Women's Hospital and Harvard Medical School. "Patients with minor depression may be adequately treated in primary care settings, whereas those with major depression may require the more intensive services available through specialized treatment. Some types of treatment work better in specialized settings."

Success also depends on how well mental health and substance abuse services are integrated into primary care settings. It's not enough, investigators say, to simply hand physicians guidelines for treating depression and expect them to do an adequate job of diagnosing and treating older patients.

Although the integrated settings will have variations in their treatment for depression and anxiety, they will all be using the same alcohol treatment model. With the 15- to 25-minute intervention being used in the study, patients deemed to be at risk of drinking problems learn about the special hazards older drinkers face, receive specific instructions about ways to reduce their drinking, and keep diaries of their alcohol use.

"As people age, their metabolism slows down, and their bodies can't process alcohol like they used to," explained Melissa V. Rael, M.P.A., a public health adviser in the Division of Practice and Systems Development at CSAT. "As the baby boomers age, there's an increasing public health concern about their consumption of alcohol."

To help prevent drinking problems from developing in the first place, the project has received additional funding from CSAP to produce a health literacy component focusing on alcohol use. The Coordinating Center will produce educational materials, carry out the health literacy campaign, and then evaluate older participants' use of services in treatment and comparison sites.

Project investigators and advisers gathered in July in Washington for their quarterly meeting. Pictured here (standing, l to r): Dr. Sue Levkoff, Dr. Paul Wohlford, Dr. Betsy McDonel Herr, Dr. William Van Stone, Melissa Rael, and Dr. John McIntyre. Sitting, l to r: Rosa Wims, Dr. Susan Cooley, and Trudy Persky.

Photo Courtesy of the Administration on Aging

"The health literacy campaign is a tool for educating the elderly about prevention," said Patricia A. Sabry, a public health adviser in the Division of Knowledge Development and Evaluation at CSAP. "It leverages our resources and extends our impact."

Interagency Collaboration

Co-project officer Paul Wohlford, Ph.D., a clinical psychologist in the CMHS Division of State and Community Systems Development, actively sought interagency collaboration during the project's formative stages as an important means to achieving the study's goals.

Take the collaboration with VA, for instance. In addition to nearly doubling the size of the study, VA's five sites serve mostly men and help counterbalance the preponderance of women served at the other sites. The collaboration also furthers VA's own goals.

"VA is facing a demographic imperative," explained Susan G. Cooley, Ph.D., chief of geriatric research and evaluation in the Geriatrics and Extended Care Strategic Healthcare Group in the

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Veterans Health Administration at VA. Although only 13 percent of the general population is older than 65, 38 percent of the veterans population is.

Although VA has been actively exploring ways of integrating primary care, mental health, and geriatric services, it also recognizes the need for more information on how best to accomplish that goal. "This collaboration gives us the opportunity not only to look at several VA sites but also to pool our resources and to contribute to the general knowledge," said Dr. Cooley.

HRSA also has a keen interest in the project's outcome. HRSA, which provided extra funding to improve services at the three community health centers participating in the study, hopes to increase access to mental health and substance abuse services for the poor, mostly minority patients that HRSA serves.

"Our system is basically the bedrock safety net for the underserved," said Carolyn Aoyama, C.N.M., M.P.H., deputy branch chief of the Clinical Management and Professional Development Branch in HRSA's Division of Community and Migrant Health. "But we need to know how best to meet their needs. Although we know that mental health and substance abuse issues are fundamental to health care, we have a ways to go to integrate these services into all federally supported community health centers."

An additional proposed collaboration with the Health Care Financing Administration (HCFA) would enhance the study's ability to answer questions about cost. As it is, the study will compare costs between the integrated and referral models. However, by giving the project access to Medicare and Medicaid data, the proposed collaboration would allow investigators to track subjects' total health care expenses—even if they receive care outside the study sites. If an older participant sees a physician or goes to a hospital that's not part of the study, for instance, their expenses could still be included in the study's analysis.

"The result would provide, for the first time, an accurate comparison of the cost as well as the effectiveness of services for mental and addictive disorders for older adults delivered in primary care settings as opposed to specialty settings," said Dr. Wohlford.

More important, the proposed collaboration would allow investigators to see whether treating mental health and substance abuse problems in older people can reduce overall health care costs down the road. An older patient suffering from depression, for example, might continually return to the doctor complaining of sleeplessness, weight loss, or similar problems. Because older people are prone to other conditions with the same symptoms, the doctor may order expensive—and needless—tests, and the patient may incur costly hospitalization. The proposed HCFA study will seek to confirm the hypothesis that treating patients' underlying mental health and substance abuse problems will lower total health care costs later on.

"Although this so-called 'medical cost-offset' has been demonstrated among adults, it has not yet been documented in an older adult population," Dr. Wohlford said.

Photo Courtesy of the Administration on Aging

Project Sites

The Aging, Mental Health/Substance Abuse, and Primary Care project uses a complex, multisite structure. In addition to a Coordinating Center at Harvard Medical School, there are six SAMHSA-funded sites:

- *University of Pennsylvania in Philadelphia, PA*
- *Unity Health System in Rochester, NY*
- *Dartmouth College in Hanover, NH*
- *University of California in San Francisco, CA*
- *Chinatown Action for Progress in New York, NY*
- *Sunset Family Health Center in Brooklyn, NY*

The latter three are located at community health centers funded by the Health Resources and Services Administration.

The U.S. Department of Veterans Affairs (VA) has its own Coordinating Center, housed at the Veterans Affairs Medical Center in Miami, FL. The five VA-funded sites include VA facilities at the following locations:

- *Miami, FL*
- *Chicago, IL*
- *Madison, WI*
- *Little Rock, AR*
- *Philadelphia, PA.*

Photo Courtesy of the Administration on Aging

One Study Site

In the project's first year, participants established their goals and created a plan for achieving them. Now their work is starting to come to fruition as sites begin enrolling study participants.

Dr. Wohlford cites the Rochester, NY, program as an example. "Unity Health System in Rochester serves a diverse population, including both African-Americans and Caucasians, and has a variety of socioeconomic strata represented, too," he explained. "This site may look more like the picture of America than most of the other sites because of that diversity."

Principal investigator John S. McIntyre, M.D., who also currently chairs the project's multisite steering committee, plans to screen 2,000 older patients seeking care in six primary care practices affiliated with the health care system. The first step is a 5-minute screening phone call to all patients 65 and older with appointments to see primary care doctors at participating practices. About 10 percent of these patients will have scores high enough to indicate a potential problem that needs to be communicated to the primary care physician, the investigators predict. Depending on the primary care physician's judgment and the patient's consent, these patients then undergo a more intensive, 1-hour assessment at a later date. These assessments can take place at the primary care office, at the patient's home, or by telephone.

If the assessment reveals depression, anxiety, or alcohol abuse, the patient then gets randomly assigned to receive treatment in either the primary care practice or at one of the specialized mental health or substance abuse programs affiliated with Unity Health System. Continuing a process begun several years ago, the primary care sites work with behavioral health teams comprising psychiatrists, psychologists, social workers, and psychiatric nurses to provide care. Dr. McIntyre and his team will assess each patient's symptoms, service use, and satisfaction with care before, during, and after the study.

Dr. McIntyre hypothesizes that these integrated sites may do a better job of treating some patients than the specialized sites. "I don't think it's going to be all or nothing," explained Dr. McIntyre, who is also chair of the Department of Psychiatry and Behavioral Health at Unity Health System. "Some patients with certain characteristics or perhaps certain illnesses may do better at the traditional mental health sites or alcohol abuse treatment sites. But I think the integrated sites have a number of advantages."

For one thing, he says, receiving mental health and substance abuse services within a primary care setting can be more convenient for older people with mobility problems. Some may have given up driving; others may be too frail to get around easily.

More importantly, receiving these services in a primary care setting can help older people overcome their fears of social stigma. "People often think that mental illness is not a real illness and that you should be able to take care of these kinds of problems by yourself without treatment,"

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Special Challenges of Aging

Older people face special challenges that can put them at risk of developing depression, anxiety, and substance abuse problems. According to Mental Health: A Report of the Surgeon General, *for example, at least 10 to 20 percent of widows and widowers succumb to clinical depression in the year following their spouse's death. CSAT's* Substance Abuse Among Older Adults *actually recommends screening for alcohol abuse any time an older person faces a significant life change. Transitions that put older people at risk include the following:*

- *Departure of children from the home*
- *Caregiving for ailing relatives or grandchildren*
- *Retirement and the loss of structure, social support, social status, self-esteem, and income that could result*
- *Menopause*
- *Diagnosis with serious illness*
- *Declining health*
- *Impaired sensory capabilities*
- *Diminished mobility*
- *Divorce*
- *Widowhood*
- *Death of other family members and friends*
- *Moving into retirement communities where drinking is common.*

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Dr. McIntyre explained. "That kind of stigma is even more of an issue for older people, [because] many of the advances that have been made in terms of understanding mental illness have only happened in the past 20 years or so."

"The purpose of the study is to see if these theoretical advantages actually translate into improved outcomes for some or all of the patients."

Consumer Involvement

Older people aren't just the subjects of the study, however. They also play an important role in the planning and oversight at both the local and national levels. Every site has its own consumer council of approximately 8 to 10 members recruited from the community. These councils are composed of older persons who receive their primary care at the study sites and who are themselves users of the site's mental health and substance abuse services. Several mental health activists sit on the councils as well.

Each of these older people also gets a chance to serve on the multisite steering committee, which holds weekly conference calls as well as four face-to-face meetings each year. In fact, consumer participation is so important that each of the five consumer representatives serving on the multisite steering committee has a vote, just as each of the 11 principal investigators do.

During the project's first year, the consumers helped the investigators decide on the study's goals, design, and outcome measures. They also helped with the more practical aspects of the study, such as training interviewers and reviewing assessment questionnaires and consent forms. Now that the sites are starting to enroll patients, the consumer councils have shifted their attention to helping recruit study participants.

Consumer advisers such as Aaron Spector (l) and William Faust (r) are central to the project.

Ms. Wims, who is a member of both the Rochester consumer council and the multisite steering committee, actually participated in the Rochester site's assessment procedure twice to make sure it was appropriate for older people. As a result, she offered suggestions on ways to shorten the interview, reword the questionnaire, and encourage study participation. For instance, one of the questions originally asked about alcohol abuse. At Ms. Wims' suggestion, the question now asks whether the person uses anything to get to sleep at night. Stressing the importance of confidentiality, Ms. Wims urged investigators to use letters rather than postcards to communicate with study participants. She and the other consumers also let the investigators know when they're using medical terminology that participants aren't likely to understand.

For Ms. Wims, the consumers' most important contribution has been the chance to educate physicians and other health care providers about what older persons really want and need.

"We're not just there as tokens," said Ms. Wims. "We're there to really be a part of the study." Noting that most older people grew up with doctors who knew their entire families, Ms. Wims and her peers have taught the researchers to slow down and really get to know their patients without resorting to the false intimacy of immediately addressing them by their first names. Once trust, respect, and confidentiality have been established, said Ms. Wims, older patients will open up about their mental health and substance abuse problems.

"I was surprised that the project reached out to seniors, because we're so often overlooked," said Ms. Wims. "But we have the wisdom they need; we're a resource they need. Now we're speaking out, speaking up, making our voices heard. It's just wonderful."

—By Rebecca A. Clay