

*Southern California Renal Disease Council, Inc.
ESRD Network 18*

Psychonephrology Project

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Online WebEx

ESRD Network 18

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Topics to Cover

- Psychopathology of ESRD Patients
- Mental Health and Prevalence among ESRD Patients
- Project Description
 - Purpose and Goal
 - Methodology
 - Depression Assessment Scans
 - Toolkit
- Mental Health Services
- Coordination of Care
- Network Technical Assistance



Psychopathology of the ESRD Patient

- Adjustment
- Fear & Confusion
- Physical pain & loss of energy
- Grief and Loss
- Depression
- Coping skills
 - Effective
 - Maladaptive
- Differences among men and women



Psychopathology of the ESRD Patient

- Emotional / Physical
- Financial and Environmental
 - Income, insurance, transportation, recreation
- Cultural / Religious
- Social
 - Family, peers, caregivers, religious relationships
- Employment / Education



Mental Health Overview

- The National Institute of Mental Health reports that 1 in 4 adults (approx. 57 million Americans) are diagnosed with a mental illness yearly.
- The World Health Organization reports that 4 of the 10 leading causes of disability in the US are mental illnesses.
- The World Health Organization suggested that by 2020, Major Depressive Disorder will be the leading cause of disability in the world for women and children.
- Mental illness typically manifests during adolescence and young adulthood. Older adults are equally vulnerable.



Mental Health Overview

- Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning.
- Any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning.



Mental Health Overview

- Mild Mental Health Concerns
 - Developmental Disorders
 - Beginning stages of Dementia
 - **Mild/Moderate** Depression and/or Anxiety

- Severe and Persistent Mental Illness
 - Major Depressive Disorder
 - Bipolar Disorder
 - Schizophrenia
 - Dementia
 - Personality Disorders



Mental Health Overview

- Untreated mental illness may result in:
 - Unemployment
 - Substance abuse
 - Homelessness
 - Inappropriate incarceration
 - Death
- Risks among ESRD community:
 - One or more IVD's
 - Ongoing conflict between patient and staff
 - Reduced quality of care
 - Increased hospitalization



Mental Health Overview

○ Treated

- Patient is linked with a Psychiatrist.
- Medication is at a therapeutic dosage.
- Patient is regularly attending therapy.
- Patient is regularly involved in recovery services.

○ Untreated

- Patient demonstrates behaviors/symptoms.
- Patient has diagnosis yet is not receiving any treatment.
- Patient is taking medication from non-MH provider.
- Patient is symptomatic and refuses referrals.



Mental Illness among ESRD patients

- Limited research has been done to address the problem of Major Depressive Disorder in the ESRD patient population.
- Depression is more prevalent in dialysis patients than in both the general population and patients with other chronic illness diseases. (Lindberg, 2011)
- Approximately 44% of all newly diagnosed patients with ESRD will also be diagnosed with Major Depressive Disorder.



Project Review

- Network-wide Quality Improvement Project
- Cohort Study
- Baseline established from new patients during Jun-Aug.
 - Identify
 - Refer
 - Treatment received or denied
 - Outcomes



Project Review

- Identify
 - All new patients from June 1, through August 31, 2011.
- Referrals to any of the following agencies.
 - Individual Therapy
 - Medication management
 - Case management
 - Education Counseling
 - Group Therapy
 - Any other services that provide Mental Health Services



Project Review

○ Treatment

- Have these patients received treatment and if not, what is the reason?
 - Non compliance
 - Language barriers
 - Transportation
 - Agency availability
 - Patients in Denial
 - Insurance issues
 - Other



Project Review

○ Outcomes

- The patients in this study as compared to others in the Network have received:
 - Better Outcomes
 - Worse Outcomes
 - Same Outcomes
 - Unable to determine
 - Reason





Depression Assessment Initial Scan

Depression is an important factor impacting Dialysis care. Individuals with kidney disease live with chronic pain, nausea, diarrhea, fatigue and other medical issues which impact their quality of life, overall mood, and level of happiness and satisfaction.

Please complete the following Depression Assessment Scan for your facility and submit it to the Network 18 office by Monday, September 26, 2011. An instruction/information sheet is attached.

Facility Name: _____ CCN (CMS Certification #): _____

Social Worker Who Completed Scan (Please Print Clearly): _____

Question:	Answer:
1. Number of newly admitted patients from June 1, 2011-August 31, 2011?	_____
2. Of the patients in #1, how many patients present with symptoms and/or behavior associated with Depression after having the Initial Comprehensive Assessment completed?	_____
3. Of the patients in #1, which self administered depression scale was utilized? 1) Becks Depression Scale 2) Geriatric Depression Scale 3) PHQ-9 4) Other 5) None of the above	1) _____ 2) _____ 3) _____ 4) _____ 5) _____
4. Of the patients in #2, how many patients have been referred to Mental Health Services? (i.e. Individual Therapy, Medication management, Case management, Education Counseling, Group Therapy, etc...)	_____
5. Of the patients referred for Mental Health Services, how many were <u>diagnosed</u> with a form of Depression?	_____
6. Of the patients presenting with symptoms related to depression, how many patients have been referred to Mental Health Services and <u>ARE</u> engaging in services.	_____





Depression Assessment Follow-Up Scan

Depression is an important factor impacting Dialysis care. Individuals with kidney disease live with chronic pain, nausea, diarrhea, fatigue and other medical issues which impact their quality of life, overall mood, and level of happiness and satisfaction. *Please complete the following Depression Assessment Scan for your facility and submit it to the Network 18 office by September 16, 2011.*

Facility Name: _____ CCN (CMS Certification #): _____

Social Worker Who Completed Scan (Please Print Clearly): _____

Question:	Answer:
1. How many newly admitted from June 1, 2011-August 31, 2011?	_____
2. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 in #1, how many included one of the following scales in their Comprehensive Assessment (<i>after 30 days or 13 treatments</i>): Depression Scale (PHQ-9, Becks Depression Inventory, or Geriatric Depression Scale)?	_____
3. Of the completed depression scales, how many newly admitted patients from June 1, 2011 - August 31, 2011 scored positive for Depression?	_____
4. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 presenting with symptoms related to depression, how many patients have been referred to Mental Health Services?	_____
5. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 presenting with symptoms related to depression, how many were diagnosed with a form of Depression?	_____
6. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 referred to Mental Health Services, how many were denied care because of their insurance source?	a. _____ b. _____ c. _____ d. _____
7. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 presenting with symptoms related to depression, how many patients have been referred to Mental Health Services and ARE engaging in services?	_____
8. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 receiving mental health services, how many patients have coordination of care between the dialysis unit and mental health agency?	_____
9. Of the newly admitted patients admitted from June 1, 2011-August 31, 2011 diagnosed with depression and have received a prescription for psychiatric medication(s), how many patients ARE taking medication as prescribed?	_____
10. How many newly admitted patients from June 1, 2011-August 31, 2011 are denied/disqualified for a transplant due to not passing the psychological evaluation?	_____



Mental Health Services

- Psychiatrist
- Therapist
- Case Manager
 - Recovery Specialists
- Education/Employment
 - Job Coach
- Private
 - 3rd party insurance
 - Group health insurance
 - More affluent patients
- Community Based
 - Medicaid
 - Medicare
 - Supplemental state insurance
 - Lower socio-economic status



Coordination of Care

- “The deliberate integration of patient care activities between two or more participants involved in a patient’s care to facilitate the appropriate delivery of health care services.” **McDonald et.al.*
- Are facilities now responsible for the patients mental health treatment?



Coordinating Care

- Initiating and maintaining coordination of care
- Who has the power?
 - Patient, Conservator, Power of Attorney
- Challenging behaviors from patients
- Challenging behaviors from family/significant other/PoA



Coordination of Care

- Benefits of coordinating care:
 - Reduce the risk of over medication.
 - Avoid duplication of diagnostic testing.
 - Decrease multiple, conflicting, Care Plans.
 - Less fragmentation of care.
 - Greater effectiveness of care.
 - Reduction in cost.



Network Technical Assistance

- Encourage a team approach
- Stress importance of Coordination of Care
- Educate on Psychonephrology
- Encourage referral to mental health.
- Offer tools: BDI, PhQ9, GDS, GAD-7
- Patient-centered approach
- Explore medication regimen.
 - Are psyche medications removed by dialysis?



Network Technical Assistance

- Change in shift/chair
- Send patient home if behaviors escalate
- Activities during dialysis
- Psychiatric evaluation
- Sitter during dialysis
- Psychiatric 72 hr. hold
- Staff trainings
 - MH symptoms & behaviors
 - ESRD & MH
 - Recover Model
- Care Planning
- Letters of Concern
- Care Conference
 - Include family, MH care providers.



Network Technical Assistance

- Root Cause Analysis
- Ischikawa Diagram
- Scan completion
- Project Methodology



Accuracy and Compliance

- All requests for submissions will be via fax only.
- Reminders will be faxed one week prior to any deadline.
- Forms must be completed in it's entirety.
 - CCN number is NOT the tax ID number. It is also known as the Medicare Provider Number. The CCN is six (6) digits long.
- Requests for additional copies of faxes sent will be considered on a case by case basis if time permits.
- It is the responsibility of the Dialysis Center to forward all requests from the Network.



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