

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

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Project Title	<p><i>Improving access to a home-based depression care management program for frail, homebound elders using the existing Medicaid waiver.</i></p>
Rationale for the Project	
<p>Depression is a significant health care issue, affecting over 6.5 million older Americans, which influences quality of life, risk of death, and health care utilization. Depression is linked to impaired functional status, increased service use, and poorer physical, social and mental health. Depressive symptoms (e.g., fatigue, weight loss) overlap other medical disease symptoms and thus complicate treatment of chronic diseases (e.g. diabetes, epilepsy). Depression hinders patient-provider relationships, access to care, and self-care behaviors. Untreated depression leads to limitations in function, mobility, isolation, and other challenges that increase the likelihood of institutionalization of older adults, either through nursing homes or hospitalizations. These increases are devastating across the board – older adults and their families want to remain living at home as long as they can, and Medicare and health care systems recognize the exorbitant costs when elders are institutionalized prematurely or readmitted to hospitals.</p> <p>The good news is that effective treatments exist – in 2008 The Community Guide recognized home- and primary-care based depression care management models as effective for treating late-life depression in older adults. The Program to Encourage Active, Rewarding Lives (PEARLS) is one of these home-based depression care management models. PEARLS began over a decade ago when the director of our local Area Agency on Aging approached the University of Washington Health Promotion Research Center (HPRC). She was looking for a way to serve older adults with depression, including those served by the agency’s home and community based services program. Depression in this population is high - when we analyzed data from 16,032 elders receiving Home and Community Based Services (HCBS) in Washington State in 2005, two-thirds of clients met criteria for clinical depression.</p> <p>PEARLS is a brief, home-based depression care management program. PEARLS is based on the Chronic Care and the Collaborative Care model in order to improve chronic care management - using patient-centered models that teach lasting skills so that people can better manage their chronic conditions and in turn, their lives. These skills include a 7-step approach to problem-solving and action planning to increase physical, social and pleasant activities. PEARLS is a structured intervention delivered in 6-8 one-hour visits over the course of a 4-5 month period. Sessions taper from weekly to monthly to give participants time to practice and learn the skills. PEARLS reaches elders who are not reached through other traditional health care-based services since the program is delivered at home, including those with limitations in ambulation or transportation or stigma about talk therapies and mental health settings.</p> <p>The results from a randomized control trial show that PEARLS is clinically effective. PEARLS leads to greater reduction in or remission from depressive symptoms than no treatment, and has greater health-related quality of life improvements in both functional and emotional well-being. Study results also showed a strong trend toward reduced hospitalization. This demonstrated effectiveness has led to PEARLS reaching over 2,000 frail, homebound elders in 50 sites across 18 states. PEARLS is currently offered in various community-based settings (area agencies on aging, senior centers, community centers, community mental health centers) through master’s level and front-line social workers, nurses, case managers, and therapists. PEARLS serves elders from diverse communities,</p>	

including racial/ethnic minorities (through interpreters and bicultural/ bilingual staff), recent immigrants, limited income and/or education, veterans and veterans' spouses/widows, low literacy or illiterate elders, elders with physical disabilities, and urban, rural and suburban populations.

PEARLS has been recognized by several national clearinghouses including the Substance Abuse and Mental Health Services (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP), the Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange, and the Administration for Community Living (ACL) Aging and Disability Evidence-Based Programs and Practices (ADEPP) webpage. Recent digital and media stories from participants illustrate how their lives have been impacted by PEARLS. PEARLS participants identify benefits beyond depression improvement, such as increasing QOL, physical health and function, and learning practical tools for life.

PEARLS has a long history in Washington State and HPRC has developed strong partnerships with the state and local area agencies on aging. Though the Medicaid Waiver includes funding for PEARLS that organizations around the state can utilize, only the Seattle area is currently using this funding. We propose a transformation project that will build a robust network of providers across the state to better recognize and treat depression in low-income elders.

The project relates to several of the Medicaid objectives as stated in GAO report 15-239, April 2015, including:

- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations, and
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

By building partnerships between Area Agencies on Aging and community-based providers of social, aging, health and mental health services to provide PEARLS, this project will create and maintain a network of providers that are more effectively screening for and treating depression in their older adult population.

- Improve health outcomes for Medicaid and low-income populations.

PEARLS is an evidence-based program that has been shown to effectively treat depression in an elder, low-income and Medicaid populations with multiple chronic conditions. In addition to improving depression outcomes, this project also has the potential to improve quality of life, management of other chronic conditions, and health services utilization and costs.

Project Description

The following Medicaid Transformation Goals¹ are supported by this project/intervention:

- Reduce avoidable use of intensive services, such as emergency rooms and inpatient hospitalization, and nursing homes.
- Improve population health, with a focus on better management of depression and other chronic conditions, using a person-centered model that teaches skills that older adults can use after the brief PEARLS intervention ends.

The following Transformation Project Domain(s) are involved in this project:

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

This project would be implemented across Washington State through the State Unit on Aging working with the twelve Area Agencies on Aging that provide home and community-based services to low-income older adults. Many of these elders are on Medicaid or dually-eligible for Medicare and Medicaid, and some are high utilizers of expensive services given the multiple chronic conditions that they live with and their poor access to services. Home and community-based services allow older adults to continue living at home independently and maintain their quality of life, something that elders and their care partners and families desire, and something that costs much less money to the state than institutionalizations or hospitalizations.

The goal of the project is to spread the PEARLS program around Washington State through building an implementation network through Area Agencies on Aging (AAA) partnering with community-based organizations that serve frail, homebound older adults, such as senior centers, BHOs and community-based organizations that

serve specific racial/ethnic populations. There is already Medicaid Waiver funding for PEARLS which has been successfully utilized by only one AAA (Seattle-King County) partnering with Senior Services. The Medicaid Waiver funding for PEARLS provides the foundation for program implementation, and ALISA has previously supported the dissemination of PEARLS through embedding the PHQ-9 validated depression screening measure into the annual CARE Assessment for home and community-based services clients. The Health Promotion Research Center would work with the State Unit on Aging and AAA's to identify facilitators and barriers to PEARLS implementation that utilize existing and new provider networks to both engage new participants in the program, deliver the program, and support elders once the program has ended. In addition to building a transformed PEARLS network on top of existing Medicaid waiver funding, this project aims to have more low-income elders recognized and effectively treated for depression, managing other chronic conditions, and utilizing fewer institutions.

This project aligns well with the existing Medicaid waiver that covers PEARLS for older adults that receive home and community-based services. This project also complements efforts around the state to integrate behavioral health and primary care (e.g. managing behavioral health through managed Behavioral Health Organizations) as PEARLS helps activate older adults to engage in both depression treatment and other mental health care, as well accessing primary care providers. We will engage the state unit on aging and the thirteen area agencies on aging that serve over 16,000 older adults with depression throughout the state. They in turn will network with provider networks in community-based organizations that reach low-income older adults, such as senior centers, CBOs that serve specific racial/ethnic populations, and community mental health agencies.

Core Investment Components

The proposed activities would be for HPRC to work with ALISA and the 13 AAAs around the state to build a network of providers to refer to and deliver PEARLS. We will conduct focus groups to identify facilitators and barriers to creating and sustaining this network of existing agencies that want to work more effectively together for seamless, holistic, patient-centered care. Costs for this project are estimated at \$250,000 to cover staff time at HPRC and the aging network to plan for and develop this new PEARLS provider network. We are open to discussing other budgets to make this project feasible. The costs for PEARLS delivery will be covered under the waiver. We anticipate serving 20 older adults in each area agency on aging region during year 1 of the project (N = 260), increasing up to 100 per region during the second year (N = 1,300 elders) at a cost of \$1,350 per person. We will be able to track health, service utilization and cost outcomes for HCBS elders who participate and do not participate in PEARLS, and the cost of the intervention delivery, to look at ROI for this study. PEARLS costs approximately \$1,350 per participant to deliver – based on the current unit rate covered under the Medicaid waiver.

Project Metrics

We will include several priority performance measures for critical behavioral health and community support services as laid out by HCA in the Medicaid Waiver Application recommended by the 5732/1519 Steering Committee and which include the Behavioral Health Measures from HCA's website. These will include looking at the number and percentage of HCBS older adults (Medicaid) who are screened for depression using the PHQ-9, the number and percentage of Medicaid older adults who meet criteria for depression, the number and percentage of HCBS Medicaid older adults are assessed for depression, the number and percentage that response or remission from depression after PEARLS treatment (both after the final session at 6-months and 6-months following at 12-months), the percentage of Medicaid recipients who receive PEARLS depression treatment (mental health services penetration), and the number and percentage of older Medicaid recipients with depression who are readmitted to nursing home or hospital including a psychiatric inpatient unit for those who enroll and do not enroll in PEARLS.

These data will be gathered from existing (already collected) CARE assessment and Medicaid data at DSHS, and we have experience working with DSHS to obtain and analyze these data. We will compare our findings after the project to benchmark data that is established before the project begins.