

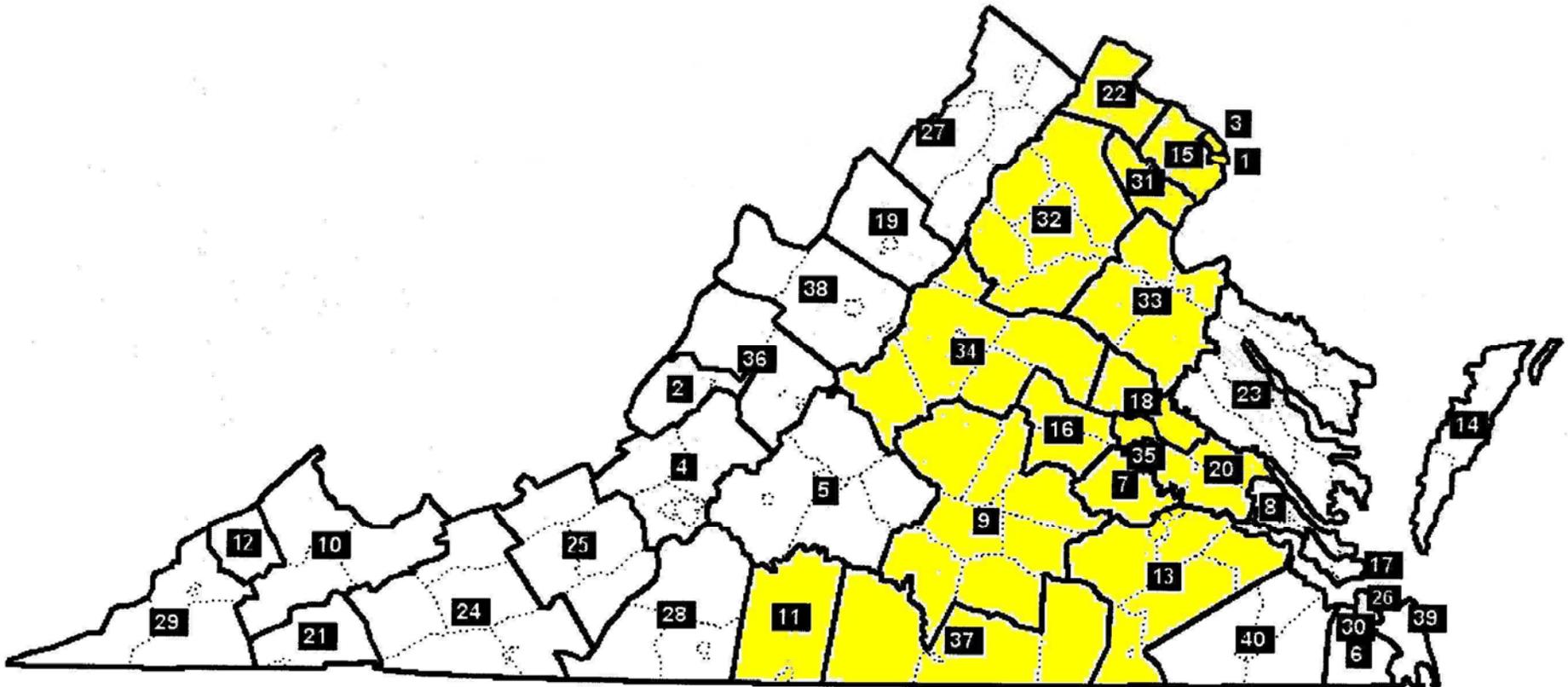


Piedmont Geriatric Hospital

*Presentation to the Senate Finance Committee
Subcommittee on Health and Human Resources*

June 16, 2008

Catchment Area



Map Key

- | | | |
|--|---|---|
| 1 - Alexandria Community Services Board | 15 - Fairfax-Falls Church Community Services Board | 33 - Rappahannock Area Community Services Board |
| 3 - Arlington Community Services Board | 16 - Goochland-Powhatan Community Service | 32 - Rappahannock-Rapidan Community Svcs. Board |
| 7 - Chesterfield Community Services Board | 18 - Hanover County Community Services | 34 - Region Ten Community Services Board |
| 9 - Crossroads Community Services Board | 20 - Henrico Area Mental Health & Retardation Svcs. | 35 - Richmond Behavioral Health Authority |
| 11 - Danville-Pittsylvania Community Service | 22 - Loudoun County Community Services Board | 37 - Southside Community Services Board |
| 13 - District 19 Community Services Board | 31 - Prince William County Services Board | |

June 2, 2008

Census Information

Fiscal Year	Average Census	Number Admissions	Regular Discharges	Discharges by Death	Total Discharges
1998	176	97	69	30	99
1999	154	98	105	31	136
2000	130	73	67	12	79
2001	127	76	56	17	73
2002	135	72	69	14	83
2003	127	85	64	16	80
2004	128	89	75	19	94
2005	123	105	100	20	120
2006	123	124	93	12	105
2007	123	73	71	6	77
2008*	121	66	54	9	63

* As of 06/02/2008

Census Management

- ❑ Current census = 128
- ❑ Divert TDOs to local private hospitals
- ❑ PGH is the "safety net" for the private hospitals admitting only most medically and psychiatrically complicated cases
- ❑ New admissions should be discharged within 60 to 90 days
- ❑ Works with a select group of nursing homes and ALFs using a cooperative approach, including a PGH discharge team
- ❑ By diverting TDOs and cooperative discharge planning, PGH reduced census to 111 and expanded region to N.VA
- ❑ However, more community resources needed to bridge gap in services between inpatient psychiatric and long-term care

Admission and Discharge

- Patients admitted under standard civil commitment criteria (danger to self/others or unable to care for self). Most transferred from university and private acute care hospitals.
- Upon discharge most go to LTC facilities (nursing homes and ALFs). However, the level of psychiatric care is not sufficient for many so it is supplemented by the discharge team and cooperative care.

Treatment

- **Treatment is provided in a multidisciplinary manner:**
 - Psychiatric and medical needs are attended to by physicians
 - Clinical Psychologists provide behavioral interventions
 - Various forms of therapy are provided by social workers, music therapist, recreation therapist, and art therapists
 - Licensed nursing staff provided the bulk of the 24-hour care

- **All services at PGH are billable**
 - Medicare and Medicaid provide reimbursement to PGH
 - PGH is funded by 17% GF and 83% Special Funds
 - The cost of treatment is approximately \$450 per day

Treatment and Service Costs

- Of the 83% Special Fund amount:
 - 88% is Medicaid
 - \$15,990,443 of the SF appropriation representing Medicaid reimbursement
 - \$7,995,222 is State GF
 - \$7,995,221 is Federal Match
 - 5% is Medicare, about \$1 million
- \$450 PGH cost per day:
 - 66% (\$297) direct patient care services
 - 34% (\$153) administration and direct support services
 - Most administration and support costs are for food services, laundry, housekeeping and physical plant services.
 - Pure facility administration makes up only about 15% of cost to operate the facility.
- Nursing homes range in cost up to \$160 per day on average

Treatment Effectiveness

- Although, many forms of dementia are irreversible, behaviors and symptoms can be alleviated with medications and therapy
- With intensive treatment, individuals are managed in the least restrictive environment as possible
- Frequently have patients return to the community within 60 days

Working With Nursing Homes

- ❑ Develops partnerships to encourage nursing homes to accept our patients
- ❑ Provides education and consultation to these nursing homes in exchange for accepting our patients
- ❑ Works with some facilities to allow “trial visits” to see if the transition will be accepted by facility and patient
- ❑ Overall, PGH has worked hard to have acute treatment case to be diverted to local private hospitals
- ❑ Works to develop trust and cooperation with private nursing homes to take patients from facility once stable

The Future of PGH

- ❑ Manage the demand with continued support of community programs. However, cost for medications, nursing, and physicians is increasing faster than the budget can handle.
- ❑ Current building is not cost-efficient. It is worth noting that capital cost can be reimbursed from Medicare/Medicaid over time and repair cost exceeds new building costs as time goes by. PGH is one of two facilities in Virginia with a unique status for Medicare/Medicaid which maximizes reimbursement.

Nationwide Trends

- ❑ Anticipated impact of aging “baby boomers.” By 2030, population estimated to grow to 25% = 70M older adults. About 15M will have a psychiatric disorder
- ❑ Nearly 20% of adults 55+ experience MH problems not part of normal aging process
- ❑ Increasing risk of mental illness and substance use disorders
- ❑ LTC facilities lack expertise caring for older adults who are mentally ill and managing behavior problems, leading to over-reliance on medications
- ❑ Untreated acute psychiatric problems lead to and more expensive treatment

Virginia Trends

- ❑ Availability of geriatric beds decreasing in private facilities and the need for inpatient hospitalization is increasing
- ❑ Medicare, Medicaid and other insurers continue to decrease reimbursement
- ❑ Older adults with mental illness is an underserved population by CSBs. According to the Census Bureau, 11.6% of VA population are older adults, though less than 5.6% of CSB consumers are older adults.
- ❑ Transferring older adult mentally ill consumers from state facilities to less restrictive environments increases the role of and strains on Department and CSBs
- ❑ Insufficient number of caregivers, inadequate training and support

Older Adults Served By CSBs

# by age cohort	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
65-74	3452	3534	3458	3598	3647	4089
74+	2485	2434	2315	2410	2485	2581
Total	5937	5968	5773	6008	6132	6670

Treatment for Older Adults

- ❑ Serving older adults complex because of treatment needs for chronic medical conditions and psychiatric disorders
- ❑ Providers need specialized training; Shortage of qualified providers
- ❑ Services need to include informed and educated primary care providers equipped to manage the older adult
- ❑ Abuse of alcohol and prescription and OTC drugs is a serious health problem
- ❑ Limited number of specialized community-based programs
- ❑ Integrating behavior healthcare into primary care or other generalist settings

CSB Services

- CSBs provide geriatric services: emergency services, local acute psychiatric inpatient services and outpatient (therapy, counseling and medication management), rehabilitation services, residential service options, and day support services
- Some CSBs have developed and implemented highly innovative services and treatment programming for older adults
 - Colonial CSB has dramatically expanded services for the geriatric population
 - Region Ten CSB convened an Interagency MH Support Team for Aging to improve communication and cooperation among community agencies serving aging residents

Geriatric Pilots

- **Region II - Regional Older Adult Facilities MH Support Program (RAFT)**
 - Staff hiring and program development phase
 - Priority admissions to ready for discharge ESH and PGH clients
 - Discussions with nursing homes and ALFs about being a RAFT site
- **Region V - Geriatric Psychiatric Continuum Model**
 - Providing psychiatric services to 13 LTC facilities
 - Over 300 unduplicated patients have been seen as of May 2008
 - Providing physician consultative services and geriatric team services
 - An in-home respite care program developed between Catholic Charities and the Sub-Regional Group in S. Hampton Roads. A similar program will be developed between Catholic Charities and HNN CSB effective July 1, 2008.
 - Considering joint ventures with select private inpatient providers for an inpatient psychiatric unit exclusively for older adults
 - Providing psychiatric services to the Riverside PACE Program

Cost of Geriatric Pilots

- Appropriated FY08
 - Region II \$1,050,000 (Northern Virginia)
 - 500K = Mental Health Block Grant (federal)
 - 550K = State GF
 - Region V (Tidewater, Northern Neck)
 - \$500,000 = Mental Health Block Grant (federal)

The Future of Care for Older Adults

- Community resources needed to address the number of patients deemed ready for discharge by PGH with no support services in the community.
 - Resources should continue to be shifted from facilities to communities.
 - This allows facilities to focus on the few remaining patients in need of intensive treatment.
- Current pilot programs need to be supported and expanded to develop these community support services.