Two States Partner to Identify Social Isolation and Depression and Provide PEARLS to Older Adults

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FLORIDA HEALTH NETWORKS

- Associated organization created by Health Foundation of South Florida to support sustainable and cost-effective processes and ensure ADRC’s/AAA’s and/or Community-based organizations in the State are able to scale up the dissemination of evidence-based health and wellness programs.
MARYLAND LIVING WELL CENTER OF EXCELLENCE

• Aging Network Hub for evidence-Based programs with strong hospital partnerships
• Statewide License for Chronic Disease Self-Management Education (CDSME), Stepping On Falls Prevention and PEARLS Depression programs
• Training, technical assistance, webinars, tools, fidelity and quality assurance for evidence-based programs
• Centralized referral, certified workforce, community-based locations, quality assurance measures, HIPAA compliant
• Statewide calendar, quarterly reporting includes: participant completion, pre-/post- clinical measures, patient activation/satisfaction, long-term goals
• Robust quality assurance measures and HIPAA compliant protocols
WHAT IS PEARLS?

• Community-based program designed to reduce depression and social isolation in older adults ages 50 and older.

• Concrete, easy-to-learn and empowering approach to solving problems and reducing depression.

• Delivered **One-on-one** in home or at a community location by a certified & trained PEARLS counselor.
PEARLS is based on three fundamental principles:

- Participant’s experiencing symptoms due to depression
- Link between unsolved problems and depression
- Participation in social, physical and other pleasant activities leads to a decrease in depressive symptoms
• **Session Structure:**
  - 6-8 sessions over a 6 month period
  - Each session is one hour in length

**Clinical Supervision:**
Psychiatrist, or equivalent, reviews all cases during regular case supervision meetings with the PEARLS counselor.

- **Sessions 1-3**
  - Delivered on a weekly basis
  - Consent Form, Social Isolation Questionnaire, Patient Information, Baseline Questionnaire, Problem List
  - PHQ-9, PST, Behavioral Activation, and Pleasant Activities

- **Sessions 4-5**
  - Delivered bi-weekly
  - PHQ-9, PST, Behavioral Activation, and Pleasant Activities

- **Sessions 6-8**
  - Delivered on a monthly basis
  - Final Questionnaire, Program Evaluation, Social Isolation Follow-Up Call
  - PHQ-9, PST, Behavioral Activation, and Pleasant Activities

- **Follow-up Calls**
  - Every month for up to 3 months after program
  - 15-minute conversations
The lack of social relationships are a major risk factor for health—rivaling the effect of health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity [1]

- The health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day

- A lack of social connections can increase the risk of death by at least 50%, and in some circumstances, by more than 90% [2]

- Lonely individuals are more prone to depression [3]

- Loneliness and low social interaction are predictive of suicide in older age [4]

1. House, Landis, and Umberson; Science 1988
THE LINK BETWEEN SOCIAL ISOLATION AND RISK FOR DEPRESSION

• Social Relationships Improve:
  • Patient care
  • increasing compliance with medical regimens
  • promoting decreased length of hospitalization [5]
SOCIAL ISOLATION

Causes of Social Isolation

• transportation challenges
• poor health and well-being
• life transitions/role loss or change
• societal barriers
• lack of access and inequality

Constructs

Objective and subjective (perceived) isolation:

• social network characteristics
• instrumental support
• social participation
• perceived social support
• loneliness
SOCIAL ISOLATION

Measures

• Valid, reliable, responsive to change over time with community-based older adults with depression

• Interviewer-administered over the phone

• Widely used (comparable to other studies)
  • Duke Social Support Index/DSSI-10 (Pachana, 2008)
  • UCLA Loneliness Scale (Hughes, 2004)

• Measure both objective and subject isolation
2 YR WEINBERG FOUNDATION GRANT SUPPORTS 2-STATE INITIATIVE

- Build capacity to lead the local delivery and dissemination of PEARLS
- Screen 800 low-income and/or rural older adults for depression and enroll 480 in the PEARLS program
- Create marketing kit for health care providers about older adult depression
- 5 MOUs with health care providers for depression referrals
- 60% reduction in symptoms and 35% remission from depression among PEARLS participants.
- 25% reduction in number of PEARLS participants reporting poor health.
TWO MODELS OF IMPLEMENTATION

Florida
• Geriatric Psychiatrist oversee trained counselors (Social workers/Community Health Workers) trained in PEARLS who deliver one-on-one in the home.
  • Initial screening/eligibility assessment is completed by Social worker/Community Health Worker (counselor)
  • Screening Includes Social Isolation Assessment and referral to additional services if needed

Maryland
• Geriatric psychiatrist and psychiatric nurse oversee community health workers trained in PEARLS who deliver the program face-to-face in the home or at MAC, Inc.
  • Initial screening/eligibility assessment is completed by psychiatric nurse
  • Screening includes assessment of Social Determinants of Health (SDoH) and referral to additional services if needed
STRATEGIES FOR RECRUITMENT AND PROGRAM IMPLEMENTATION

Maryland

• Partner with hospitals, ACOs and providers to refer individuals for PEARLS screening
• Partner with local mental health provider and Maryland Older Adult Behavioral Health Preadmission Screening and Resident Review Organization for referrals
• Embed PHQ-2 (2 question screen) into MAP–MD Access Point Aging and Disability Resource Center Information and Assistance for referral
• Partner with MD Department of Disabilities and MD Department of Aging for referrals of people with disabilities
• Provide educational webinars and face-to-face meetings with providers about community resources/PEARLS
• Offer sessions at AAA location where congregate meals and other services are available
Florida

- Partner with ACOs, FQHCs, and other healthcare providers to refer individuals for PEARLS screening
- Partner with local mental health provider and other community based organizations
- Embed depression screening or PHQ-2 (2 question screen) into Aging and Disability Resource Center Assessments
- Partner with MD Department of Disabilities and MD Department of Aging for referrals of people with disabilities
- Provide educational face-to-face meetings with providers about community resources/PEARLS

STRATEGIES FOR RECRUITMENT AND PROGRAM IMPLEMENTATION
IDENTIFYING AND ENGAGING OLDER ADULTS AT RISK OF DEPRESSION

• Market the program to seniors WITHOUT saying ‘depression’
  • Manage Your Feelings
  • Have You Been Feeling Down, Sad or Blue?
  • Take Control, Feel Better

• Utilize Meals on Wheels drivers to identify social isolation risk/use PHQ2 screen for depression

• Market the program to Assisted Living Facilities, Low-income Senior Housing, etc.
Outcomes

• Significant reduction in depression symptoms;
• Self-reported improved health;
• Changes in social isolation; and
• Number of individuals who achieve complete remission from depression.

Reimbursement Strategies

• Embedding referrals and program implementation within hospital budget
• Medicare reimbursement via Chronic Care Management
• Medicare reimbursement via Psychiatric Collaborative Care Management
STORIES FROM THE FIELD: PROVIDING PROGRAMS FOR OLDER ADULTS WITH DEPRESSION

Miss P

- Lost spouse a few years ago
- Current mood sad, overwhelmed, and constantly crying
- Only left apartment for doctor’s appointments and occasional family gatherings
- No current physical activities
- Relapsed last October
- Improved mood after PEARLS sessions to laughter, smiles, and just a few tears
- Increased Social Activities started dating, has friends come over frequently, and plays in the pool
- Will join MAC gym once she is medically cleared
Miss S

• Referred by PCP

• First Session: after reviewing medication list it was noticed she had been prescribed 2 (two) antidepressants of the same class

• Clinical Supervisor was informed and confirmed that is was rare for medications to be taken together

• Could present a safety risk to the client

• Contacted PCP office and the nurse spoke to the client and gave proper instructions on taking her psychotropic medications

• PEARLS program is almost complete and there are no incidents
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