

A Psychiatry Support Service for the Frail Elderly
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Approximately 10% of elderly primary care patients and 15-20% of long-term care (LTC) residents have major depression. Treatment of psychiatric illness in the elderly, already considered to be inadequate for most elderly populations, will fall far short of meeting this country's future needs unless resources are improved. Using strategies developed by similar collaborative care models, this 2-year project will develop a program to provide geriatricians education and support enabling them to treat depression effectively in the primary care setting. Effectiveness of the project will be evaluated by several process and outcome measures.

The project site is Boston's Hebrew Rehabilitation Center, a 700-bed LTC caring for frail elderly residents where a closed staff of physicians and nurse practitioners provide medical care. The project will entail three phases: 1) program development and collection of baseline data; 2) implementation of the Psychiatry Support Service; 3) process and outcome data collection.

During the initial phase, staff education modules will be developed and baseline patient Minimum Data Set Depression Rating Scale (MDSDRS) data will be collected. A depression competency pretest will be administered to the members of the medical staff to assess their knowledge of and confidence in treating depression. A staff psychologist will be trained in the role of Depression Care Manager. In the following 1-year implementation phase, education modules will be presented at regularly scheduled medical staff meetings. The Depression Care Manager will help primary care clinicians monitor patients' progress, provide short-term psychotherapy where indicated, and will facilitate consultation with the psychiatrist for complicated cases. During the final phase of the project, process measure data will be collected including clinicians' attendance at depression education sessions, primary care providers' referrals to the Depression Care Manager, and primary care provider Medicare billing for the diagnosis of depression. Primary outcome data will include change in quarterly MDSDRS scores over 1 year and change in primary care providers' scores on the primary care provider depression competency post-test. Secondary outcome measures will include change in psychiatric hospitalization rates during the study period and change in primary care provider productivity as measured by generation of monthly Medicare Resource Value Units. The latter will be used to help justify the financial feasibility of the Psychiatry Support Service. Findings from this project will be applied to the development of similar Psychiatry Support Services for the primary care clinicians caring for the community-dwelling elderly of Hebrew SeniorLife and the Beth Israel Deaconess Medical Center Gerontology practice.

Please [email Eran](#) with any questions or comments regarding this project.