Telepsychiatry In Rural Nursing Homes

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Scope of Problem: Severe Unmet Need

- Over 5,000 rural/HPSA SNFs
- 75% of rural counties have no psychiatrist
- According to CMS, one in five Medicare patients discharged from a hospital are readmitted within 30 days.
- 2004 National Nursing Home Survey found that 40% of nursing home resident ED visits in the past 90 days were potentially preventable
Scope of Problem (cont.)

- Older adults account for 12-24% of all ER visits
- ER personnel have limited geriatric training
- 5% of elderly patients present to the ER for psychiatric reasons
- Psychosis, agitation, depression, suicidality and substance abuse are the most common reasons for elderly ER visits, with dementia the most common diagnosis
Definitions of Agitation and Aggression

- **Agitation:**
  Inappropriate verbal, vocal, or motor activity not explained by apparent needs, confusion, medical condition, or social/environmental disturbance

- **Aggression:**
  Hostile actions directed toward others, self, objects
  Can be verbal, physical, vocal, sexual
Behaviors Reported in Agitation and Aggression

- **Agitation**
  - **Physical**: pacing, inappropriate robing/disrobing, trying to get to a different place, handling things inappropriately, restlessness, stereotypy
  - **Verbal**: complaining, requests for attention, negativism, repeated questions/phrases, screaming

- **Aggression**
  - **Physical**: hitting, kicking, pushing, scratching, tearing, biting, spitting
  - **Verbal**: threats, accusations, name-calling, obscenities
Delusions in Alzheimer’s Disease

- Delusional thought content (e.g., paranoia) is common (studies suggest 34% to 50% incidence)
- Common delusions
  - Marital infidelity
  - Patients, staff are trying to hurt me
  - Staff, family members are impersonators
  - People are stealing my things
  - My house is not my home
  - Strangers living in my home
  - Misidentification of people
  - People on TV are real
Goals for Treating Aggressive Demented Patients

- Patient to feel safe
- Patient to feel physically comfortable
- Patient to experience a sense of control
- Patient to experience optimal stress
- Patient to experience pleasure
Practical Suggestions for Decreasing Agitation and Aggression in Dementia

- Communicate effectively
  - capture the patient’s attention: stay in view
  - use simple, direct statements
  - limit choices
  - use gestures to assist with verbal instructions
  - speak clearly and slowly; allow time for response
  - lower tone if voice needs to be raised
  - make known your desire to help
Practical Recommendations: Decrease Escalation

- Approach in a calm manner
- Use distraction: food, drink, music
- Maintain eye contact and comfortable posture
- Match verbal and non-verbal signals
- Identify and state the affect observed in the patient
- Identify what is triggering the behavior
- Modify the environment
Nonpharmacologic Interventions: Systematic Review of Efficacy

- Effective psychological therapies\(^1\)
  - Efficacy lasting for months
    - Behavioral management methods focused on individual patient behavior
    - Psychoeducation aimed at changing caregiver behavior
  - Efficacy during session only
    - Music therapy and Snoezelen\(^\circledR\) (cost may not permit its widespread use)

- Therapies requiring more evidence\(^1\)
  - Reminiscence therapy
  - Cognitive stimulation therapy
  - Caregiver education focusing on behavior management
  - Therapeutic activities
  - Specialized dementia units
  - Simulated presence interventions (playback of positive autobiographical memories)
  - Reduced stimulation units

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Mental status changes and behavior problems are two key conditions that may lead to ED visits and hospitalization.

Distant site board-certified geriatric psychiatrist referred to see residents through a HIPAA compliant telehealth videoconferencing system.

Forefront staff visited facility prior to starting to train staff in both the technology and importance of nonpharmacologic strategies in dementia.

Nurse or social services director present for visits, with occasional participation of family members, CNAs, and others.

Records reviewed through EMR, secure email and fax, including nursing notes, lab results, medical and previous records.
Methodology (cont)

- Psychiatrist connected through home office computer with web cam, echo-cancelling microphone, and cable modem
- Hands-free, automated user interface at facility
- Life-sized image of doctor to patient, who is escorted to room for virtual visit
- Psychiatrist uses one of seven national telehealth codes for billing: G0425-7 for initial visit, G0406-8 for follow-up, G0459 for med management
- Scheduling and connection monitoring done by Forefront
Case I.S. Issues Presented

- Verbal agitation in dementia: repetitive vocalizations, anxiety, significant distress
- Importance of thoughtful psychopharmacology
- Importance of nonpharmacologic strategies
- Staff reassurance in light of regular psychiatric telehealth visits
History of Present Illness

- 95 y.o. ww female admitted to NH June 2014
- 7-8 year hx. progressive memory decline, now with mod-severe dementia
- Reported history of anxiety and depression
- Descriptors of behaviors: “continuous questioning/yelling out “miss, miss, help.” “Continuously requesting food, bathroom, self-propelling into other residents’ rooms
Homemaker, worked on farm, born in rural PA

8th grade education, 1 son, husband died 17 years ago

No history of ETOH or smoking

No previous formal psych hx.

Living alone prior to admission
Past Medical History

- Congestive Heart Failure, Osteoarthritis, Peripheral Vascular Disease, Hyperlipidemia, Hypothyroidism, Dementia
- Admission meds: Lopressor, Lasix, Synthroid, Potassium Chloride, MVI, Nitrodur, Percocet prn, Benadryl 25 mg qhs
- NKDA
Exam (7/31/14)

- well-groomed, appears younger than 95
- Extremely preoccupied with requesting to go to bathroom
- affect highly anxious
- No anhedonia, feels well-treated by staff
- Oriented to person, not year, month or place; couldn’t recall any of 3 words in 2 minutes, couldn’t follow 3 step command, good naming of keys and pen
- No current aggression or delusions
Impression: moderate-severe dementia, severe anxiety/perseveration, no obvious psychosis or depression

Recommendations: check labs, discontinue benadryl, add trazodone 25 mg po qhs, add buspar 5 mg po bid

Recommendations: nonpharmacologic strategies critical: distraction, redirection, reassurance, music, etc.
Follow-up Visits

- Every other week follow-up visits until October 2014
- First follow-up visit pt. doing poorly: severely anxious, restless, repetitive; decision made to start effexor XR, titrate Buspar
- Staff agreed to not send patient to ER due to reassurance of close follow-up
- Sept. 11 f/u: moderate improvement noted, states she’s “not worried,” less restless, less agitated per staff; further titration of effexor and buspar
- October 2 f/u: good visit with granddaughter, more focused and redirectable, enjoying music from Broadway musicals; oriented to city and state; no med changes recommended
Virtual vs. In-person Nursing Home Visits

- Advantages of virtual visits: controlled environment, staff present to assist, residents comfortable with technology, less stigma, convenience for provider, reassurance for staff

- Disadvantages of virtual visits: culture/physical environment of nursing homes less accessible, relationships with local providers more challenging to develop