

Date: January 31, 2014

To: Kathy Swizzero for Madeleine Biondolillo, MD

From:

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Re: MA DPH Behavioral Health Planning

SECTION II: ANSWERS to QUESTIONS FOR RESPONSE

1. **Q: How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?**

A: Health resource planning would help by (i) recognizing the type of behavioral health services available through SCVNA and (ii) identify locations these services are available and (iii) creating a supply-demand channel for providers, patients and families to SCVNA. The information resulting from this effort will be used to forecast provider and patient demand so that SCVNA can ensure an adequate supply of staff throughout its Southcoast service area.

2. **Q: Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.**

A: Yes: specifically skilled psychiatric nursing services which are home based, provided to geriatric patients (age 65+) who have a primary or secondary diagnosis of depression. Health resource planning would identify the volume demand for this patient profile: e.g., the number of people with this demographic profile, their specific diagnosis and the towns /cities where they live.

3. **Q: Given the importance of prevention and also "post-acute" services for mental health & substance abuse, what critical evidence-based services & programs are available, should be expanded, or need to be developed? Are there specific models you suggest we study?**

A: Much more can be done to provide patients, providers and families home based skilled mental health nursing care with nurses trained, educated and certified to provide effective care for elderly people with depression. These nurses can treat ongoing chronic depression, identify the signs and symptoms of the onset / emergence of clinical depression and care for patients with multiple comorbidities such as depression + diabetes, depression + heart disease, etc. These chronically ill mental health patients, especially those with multiple comorbidities, are very complex and expensive cases and they are at the highest risk for rehospitalization and ER visits. They are often non-compliant with their physician's orders, prescribed medications, and frequently miss scheduled follow-up appointments. Home care agencies such as SCVNA can provide the necessary care and the evidence based, medical outcomes for these geriatric mental health services for all patients admitted into its specialized mental health program. Home care is a highly effective location of care for mental health patients and it remains the lowest cost denominator in the care continuum - yet it is under prescribed by physicians and case managers and underutilized. More should be done to improve the level of awareness and education with providers at the acute and sub-acute levels as well as in primary care medicine so that homecare is prescribed more frequently.

4. **Q: Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific "data gaps" that you feel are important for future data collection?**

A: Hospital affiliated home care service agencies are able to collect, store and report on relevant data for treating this population through various internal IT, e.g., electronic medical record and patient care systems. System capacity, accuracy and reporting capabilities are rarely an issue. *Ensuring the safety and security of patients and patient information and complying with all state and federal guidelines and laws including HIPPA are enforced policies of SCVNA and the Southcoast Healthsystem.*