

SERIOUS MENTAL ILLNESS ASSESSMENT AND CARE IN NURSING HOMES: STAKEHOLDER PERSPECTIVES

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BACKGROUND

- The Preadmission Screening and Resident Review (PASRR) program was developed as part of the Omnibus Budget Reconciliation Act (OBRA) of 1987.¹
- PASRR includes two parts: The Level I assessment is provided to anyone who applies to live in a Medicaid nursing home, and Level II screening is administered if the individual shows signs of serious mental illness (SMI).²
- This project focused primarily on Level II screening, which is used to discern whether SMI is present, if nursing home (NH) care is required, as well as whether the individual requires specialized mental health services in the NH.²
- The prevalence of SMI in NH is increasing, and little is known about the impact of this policy intervention.³

RESEARCH QUESTIONS

- 1) To what extent does the PASRR process help to appropriately place people with serious mental illness in nursing homes?
- 2) How does SMI or the co-occurrence of SMI and dementia impact quality of care/quality of life in nursing homes, particularly for residents of color and indigenous residents?

METHODOLOGY

20 semi-structured key informant interviews, lasting about 30 minutes were completed and recorded via Zoom. Transcripts of interviews were analyzed with NVivo by a team of 3 coders.

Sample:

Participants included stakeholders at the county, state, and national level. This included: 3 PASRR assessors, 2 hospital discharge planners, 3 mental health advocates, 4 policymakers (2 state, 2 national), 1 managed care organization (MCO), 3 care provider organizations (1 national, 2 state), 2 geriatricians, 1 psychiatrist and 1 psychologist. Known key stakeholders were identified first, and snowball sampling was used to recruit additional study participants.

Analysis:

- Partially deductive/partially inductive codes were used.
- Codes were broken down into the following groupings: mental health & clinical care, PASRR and special cases, PASRR processes, PASRR-issues & working well, recommendations and key issues, and stakeholder specific items.
- Coders divided these groupings and created summaries which were then analyzed for key themes and important quotes.

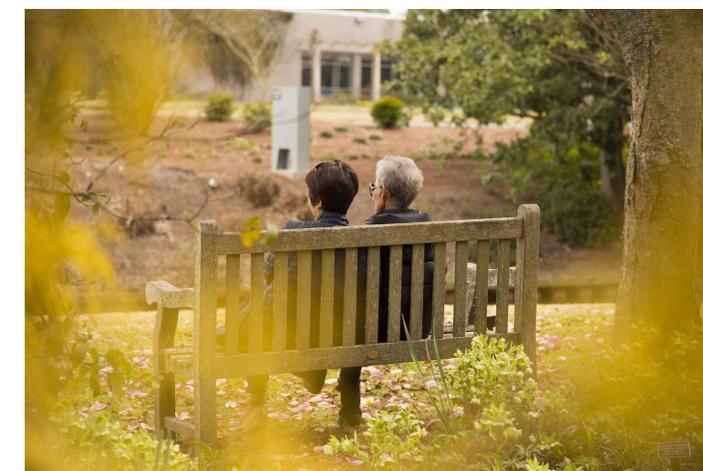
RESULTS

Five themes arose from interviews:

Table 1: Key Themes and Quotes

There is a need for improved communication between PASRR stakeholders.	“It’s not real streamlined and because every county just has their own processes, it’s done a little bit differently” (MCO).
Training issues exist at multiple levels.	“So there’s a long history of just really bad PASRR and I think it is a lack of training because anybody who works in a health facility can just do a PASRR” (Policymaker).
There are concerns regarding usefulness of PASRR data.	“I’ve always been concerned that I don’t know that it is always anything more than just checking a box that something has been evaluated” (PASRR Assessor).
Social factors like mental health stigma influence quality of life/quality of care for NH residents with SMI.	“But my hypothesis would be, all of the inequities we see there, only more so because you have inequities in mental health. So I have no doubt you would see similar results here” (Policymaker).
Concerns of whether NH are the most appropriate settings for individuals with SMI.	“From an administrative perspective, I think we feel sometimes that this is just the landing place of least resistance” (Geriatrician).

CONCLUSIONS



Overall, there is a need for further attention to be placed on NH residents with SMI. For PASRR to achieve its purpose:

- The process needs to be streamlined.
- Training needs to be improved for those administering PASRR, as well as NH staff who provide care to residents with SMI.
- On a broader scale, issues of stigma around mental health need to be addressed through a lens of racial equity.

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