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Refer to ABLE Home Health for:

- Orthopedic Rehabilitation
- Certified Wound Care
- Psychiatric Nursing
- Readmission Prevention
- Medication & Diet Teaching
- Observation & Assessment
- Fall Risk Reduction
- Neurological Rehabilitation
- Cardiopulmonary Rehab
- Chronic Disease Management
 - Diabetes
 - COPD
 - Heart Failure
 - Hypertension
 - Parkinson's
 - Multiple Sclerosis
- Private Duty Non-Medical

Home of the One Nurse Policy

Each patient gets the same nurse and therapist for each visit.

Disciplines:

- Skilled Nursing
- Wound Care Certified Nursing
- Psychiatric Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Medical Social Work
- Home Health Aides

Preventing Rehospitalization

Our patients are 35% less likely to be hospitalized compared to national home health averages.

Source: HHQI 2012 avg

Locally Owned and Operated

Expanding Care for Mental Health

A Call to Action: The Surgeon General reports that mental disorders account for more than 15 percent of the overall, economic burden of disease. Even with an estimated 50% of psychiatric disorders going undiagnosed,¹ their cost ranks higher than all forms of cancer combined. Depression alone produces as much suffering and disability as heart disease or diabetes.²

The Role of Psychiatric Home Health: Psychiatric home health is a specialty of Medicare certified home health that utilizes nurses with extensive experience in mental health. Complimenting normal psychiatric care delivery systems with the addition of in-home interventions has resulted in significant reduction in both hospital readmission and recidivism rates.³ Mental health home care programs have also been associated with cost reductions of up to 68%, improvement in mental conditions, social functional outcomes, and service satisfaction.⁴ Psychiatric home health promises to be an important tool for physicians in terms of controlling national healthcare costs while improving patient care. In general terms, psychiatric home health nurses use many of the same approaches home health nurses use for care of common chronic diseases. They work with both your patient and your patient's at-home caregivers to enhance education about important medications, coping strategies, disease recognition, and disease management. In the home environment, psychiatric nurses can work on issues such as transition from in-patient facilities, caregiver concerns, lack of structure/involvement in daily activities, structural and functional factors affecting adherence, and the presence of persistent symptoms. Your patients may or may not have been exposed to some or all of the same information in other settings, but the home health model for reinforcing disease management education consistently results in greater understanding, adherence, and patient / family peace-of-mind.



The Role of the Family Practitioner: ABLE Home Health receives psychiatric home health referrals from both psychiatrists and family practitioners. In 1996, the Health Care Financing Administration (now CMS), broadened service capacities by allowing all physicians, not just psychiatrists, to sign a Medicare psychiatric plan of care. The official position of the American Association of Family Practitioners is that "family physicians are prepared to manage mental health problems . . ." For reasons that sometimes revolve around economics, primary care physicians actually provide the majority of mental health care.⁵ Estimates suggest that 11% to 36% of primary care patients have a psychiatric disorder.¹ If you have patients showing non-adherence to psychiatric medication, having family problems revolving around a psychiatric condition, or receiving repeated admissions to inpatient facilities, consider ABLE's psychiatric home health as a possible extension of your care. In addition, when you have patients with physical maladies accompanied by psychiatric comorbidities, please bear in mind that ABLE is one of the few providers who has extensive experience in both domains.

Medicare Pays 100%: As with other home health services, Medicare pays 100% of psychiatric home health for qualified patients. Qualified patients have no co-pays, deductibles, or other out-of-pocket costs. The normal *skilled need* qualification applies. Medication teaching and disease management teaching usually meet the skilled need requirement. There is, however, one important exception to the homebound criterion. Patients with a psychiatric diagnosis that manifests itself in a refusal to leave the home or with a psychiatric condition that would make it unsafe to leave the home unattended qualify as homebound even in the absence of physical limitations.

Please tell your patients about ABLE Home Health.

References

1. Schwenk TL. Screening for depression in primary care. *JAMA*. 2000; 284 (11): 1379-80.
2. Well K, Sherbourne C, Schoenabaum M, et al. Impact of disseminating quality improvement programs for depression in managed care. *JAMA*. 2000; 283(2): 212-20.
3. Biala K. Psychiatric home health: the newest kid on the block. *Home Care Provid*. 1996 Jul-Aug; 1 (4): 202-4.
4. Tsai S, Chen M, Yin T. A comparison of the costs-effectiveness of hospital-based home care with that of a conventional outpatient follow-up for patients with mental illness. *J Nurs Res*. 2005; 13(3): 165-73.
5. Gallo J, Coyne J. The challenge of depression in late life: bridging science and service in primary care. *JAMA*. 2000; 284 (12): 1570-2.