

Psychiatric home care



LECTURER:

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Outline



- Mental Health
Home Care Roles
and Functions
- Current Business

Mental Health Home Care Roles and Functions



Mental Health Home Care Roles and Functions

- Care Roles
- Criteria for referral
- Functions

Care Roles



What can we do?

- This standard is established in accordance with Article 35, Paragraph 2 of the Mental Health Act



Criteria for referral.¹

- The **symptoms** of the mental illness significantly interfere with family and community life, and the **patient refuses to seek medical treatment.**

Criteria for referral²

- The patient lacks insight into their illness and is at risk of discontinuing treatment.
- The patient is unable to receive regular treatment and has a high rehospitalization rate.

Criteria for referral.³

- The patient's mental, occupational, or daily life **functions have deteriorated**, necessitating home care.
- The patient is **elderly, lives alone**, or is **unable to seek medical care** independently and requires psychological support or assistance in receiving treatment.



Functions₋₁

- General physical examinations and health assessments.
- Assessment and necessary management of the patient's psychiatric symptoms.
- Medication management and consultation.
- Family therapy.

Functions-2

- Crisis intervention counseling and psychological counseling or therapy.
- Consultation and **referral** to medical and community welfare resources.
- Other services that **prevent deterioration of the patient's condition** or enhance the patient's ability to adapt to life.

Current Business



Current Business

- National health insurance medical payment improvement plan for schizophrenia(295)
 - Schizophrenia medical payment improvement plan, utilizing post-acute care (PAC)
- Compulsory community treatment



National health insurance medical payment improvement plan for schizophrenia(295)

295

- Objectives of the Plan
- Eligibility Criteria
- Enrollment Criteria
- Termination Criteria



Objectives of the Plan⁻¹

- To encourage medical institutions to shift financial incentives from volume-based competition to gradually improving the quality of medical care.

Objectives of the Plan⁻²

- To encourage physicians to actively and proactively intervene in treatment, enabling patients with schizophrenia to receive regular and consistent treatment, thereby improving patient compliance.

Objectives of the Plan⁻³

- To prompt medical institutions to enhance the quality of medical care for schizophrenia, thereby improving patients' functional and quality of life and reducing societal costs.

Eligibility Criteria

- Patients with schizophrenia who hold a Catastrophic Illness Card (diagnostic codes ICD-9-CM: 295; ICD-10-CM: F20, F25).

Enrollment Criteria₁

Regular
Patients

Irregular
Patients

Long-term
Non-
Visitors

Enrollment Criteria⁻²

- Regular Patients
 - Patients who have received psychiatric medications at least 8 times in the previous year, with more than 60% of their annual psychiatric visits at a specific medical institution.

Enrollment Criteria₋₂

- Irregular Patients
 - Patients whose psychiatric visits (including outpatient and inpatient) in the previous year were not significantly concentrated at a specific medical institution (i.e., patients other than regular patients and long-term non-visitors).

Enrollment Criteria⁻²

- Long-term Non-Visitors
 - Patients who have no psychiatric visit records (including outpatient and inpatient) for more than six consecutive months in the previous year.

Termination Criteria

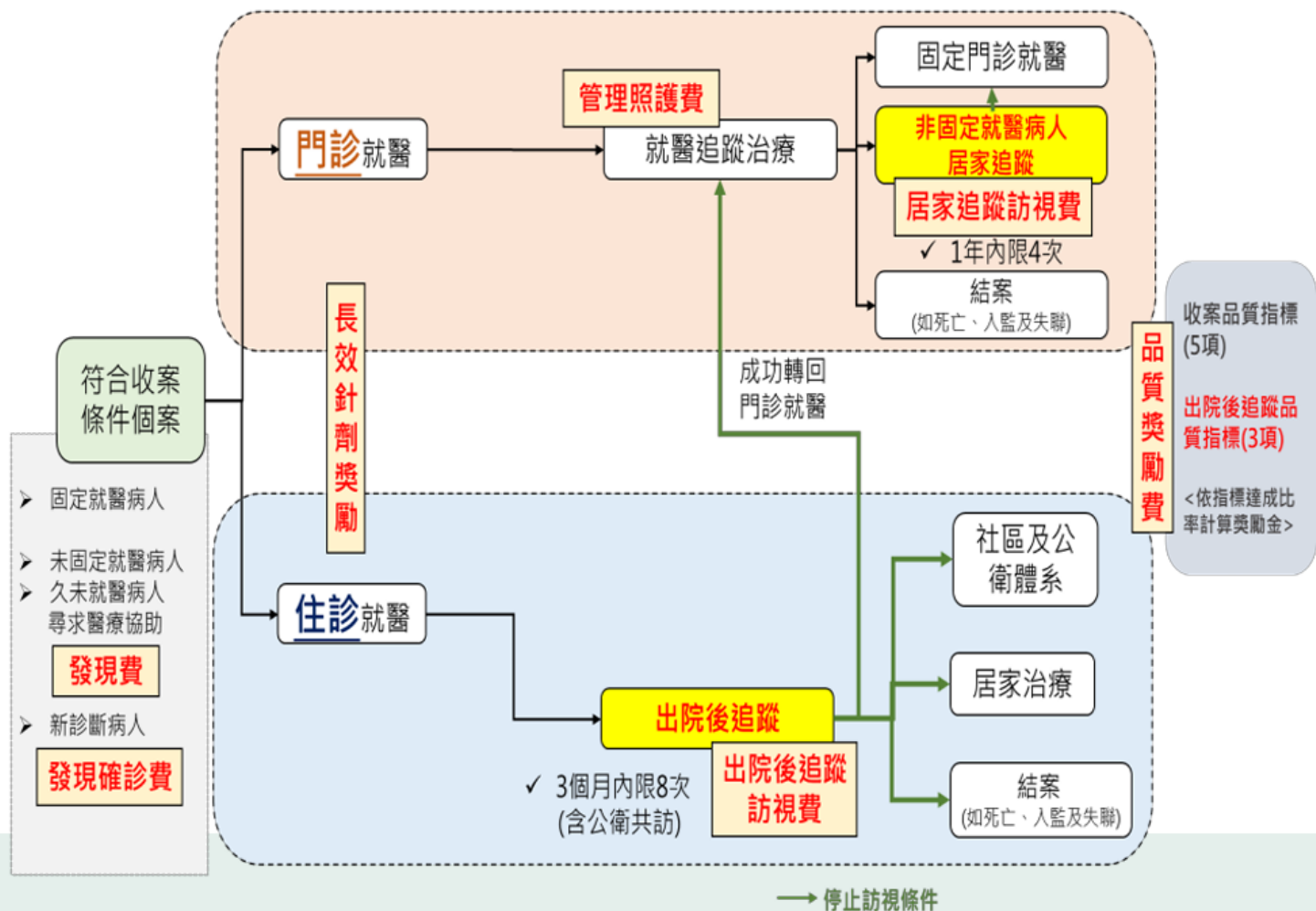
- Death.
- Imprisonment.
- Loss of contact for more than 2 months (i.e., not visiting the enrolled medical institution for two consecutive months).
- Discharge due to referral.

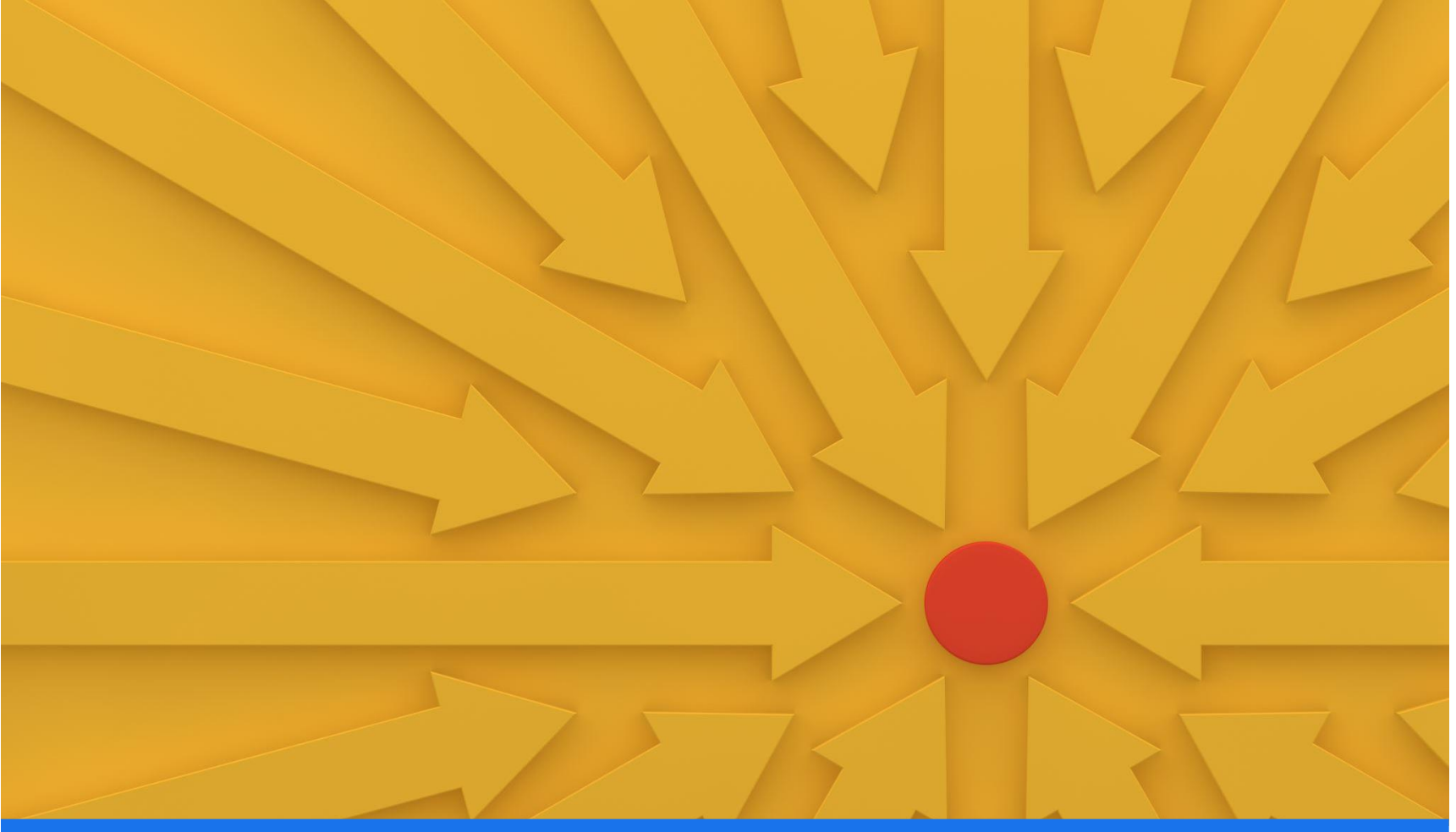
(行動計畫5)

全民健康保險思覺失調症醫療給付改善方案架構(1/2)

衛生福利部

- 本方案自99年1月1日起推動(原精神分裂症方案)
- 經費來源：醫院及西醫基層總額之專款「醫療給付改善方案」。





PAC

- Project Objectives
- Service Model



**Why do we need
to implement
post-acute care?**

Why do we need to implement post-acute care?

- High-risk patients for discharge
- Patients who are irregular visitors, have not sought medical care for a long time, and are not hospitalized, as well as those starting long-acting injectables

→ 295

Suspected or optimized care plan for community psychiatric patients

- Referrals from the Health Bureau, patients served by our hospital

Why do we need to implement post-acute care?

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→ 295

Suspected or optimized care plan for community psychiatric patients

- Referrals from the Health Bureau, patients served by our hospital

— Project Objectives₁

- Establish an integrated post-acute care model for psychiatric patients in Taiwan to provide proactive integrated care.
- Develop a transition model between acute care, post-acute care, and **public health follow-up visits** to enhance continuity of patient care.

— Project Objectives₋₂

- Ensure the completeness and effectiveness of post-acute care for psychiatric patients to help restore their function or reduce the degree of disability, thereby reducing subsequent emergency visits and rehospitalization costs.

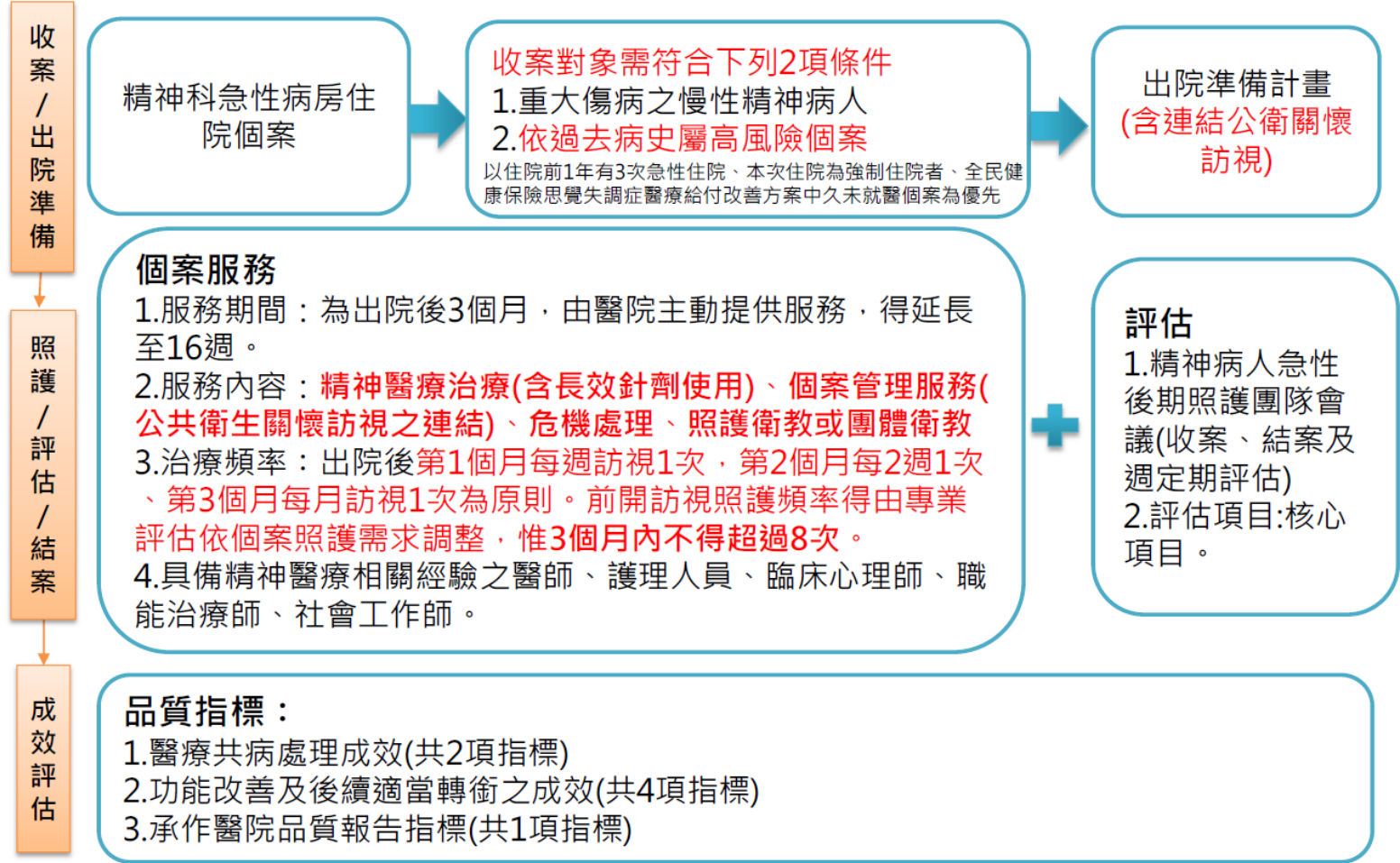


Service Model₁



衛生福利部
MINISTRY OF HEALTH AND WELFARE

精神病人急性後期照護之服務模式



Service Model-2

成效評估

品質指標：

- 1.醫療共病處理成效(共2項指標)
- 2.功能改善及後續適當轉銜之成效(共4項指標)
- 3.承作醫院品質報告指標(共1項指標)

(一)醫療共病處理成效(共2項指標)

1.6個月內精神科急性再住院率

分子：分母個案於結案6個月內再入精神急性一般病房個案數(含跨院)。

分母：當年度院所急性後期照護團隊結案個案數(排除已死亡個案)。

2.結案後90日內急診率

分子：分母個案於結案後90日內急診之個案數(含跨院)。

分母：當年度院所急性後期照護團隊結案個案數(排除已死亡個案)。

Service Model₋₃

(二)功能改善及後續適當轉銜之成效(共4項指標)

1. 公共衛生關懷訪視共訪比率達100%

分子：精神病人急性後期照護服務期間，居家照護與關懷訪視共訪至少3次之個案數

分母：當年度院所急性後期照護團隊收案個案數(排除已死亡個案)。

2. 30日內轉入社區資源比率

分子：分母個案於結案後30日內轉入社區復健中心、社區心理衛生中心、身心障礙者福利服務資源、就業服務中心等其他社區資源中心之個案數。

分母：當年度院所急性後期照護團隊結案個案數(排除已死亡個案)。

3. 個案之功能進步情形達80%

結案時台灣版世界衛生組織生活品質問卷得分較收案時增加10分以上個案占率。

分子：分母個案中結案時台灣版世界衛生組織生活品質問卷提升10分以上之個案數

分母：急性後期急性後期照護團隊結案個案數(排除已死亡個案)。

4. 14天回診率

分子：分母個案於結案後14天內回診個案數

分母：當年度院所急性後期照護團隊結案個案數(排除已轉入日間病房、死亡個案)。

(三)承作醫院品質報告指標(共1項指標)

1. 符合長效針劑指引推薦適用個案運用長效針劑比率達50%

分子：符合長效針劑指引適用個案且於結案前使用長效針劑之個案數。

分母：當年度院所急性後期照護團隊符合長效針劑指引適用結案個案數(排除已死亡個案)

Compulsory Community Treatment



- Criteria for Applying
- Services Provided

Compulsory Community Treatment

Criteria for Applying

- When the patient does not follow medical advice, resulting in an unstable condition or deterioration in functional living abilities.
- When the designated specialist diagnoses the necessity of community treatment, but the severe patient refuses to accept it or is unable to express consent.

Services Provided¹

- For those providing medication treatment, there should be a psychiatrist with at least two years of clinical experience, conducting at least two consultations per month.

Services Provided-2

- For those providing blood or urine concentration tests for medications, alcohol, or other addictive substances screening, there should be a medical technologist and related testing equipment, or arrangements with a medical testing institution capable of performing these tests.

Services Provided⁻³

- For those providing services to prevent the deterioration of the patient's condition or enhance the patient's ability to adapt to life, there should be psychiatrists, nursing staff, occupational therapists, or social workers with relevant professional expertise.

**Thank you for
listening**

