Integration of Care for Persons in Public Mental Health Settings: A Public Health Approach

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Overview

- Defining the problem
- A public health approach to addressing it
- Current initiatives

The Problem: Medical Illness and Premature Mortality in the Public Mental Health Sector

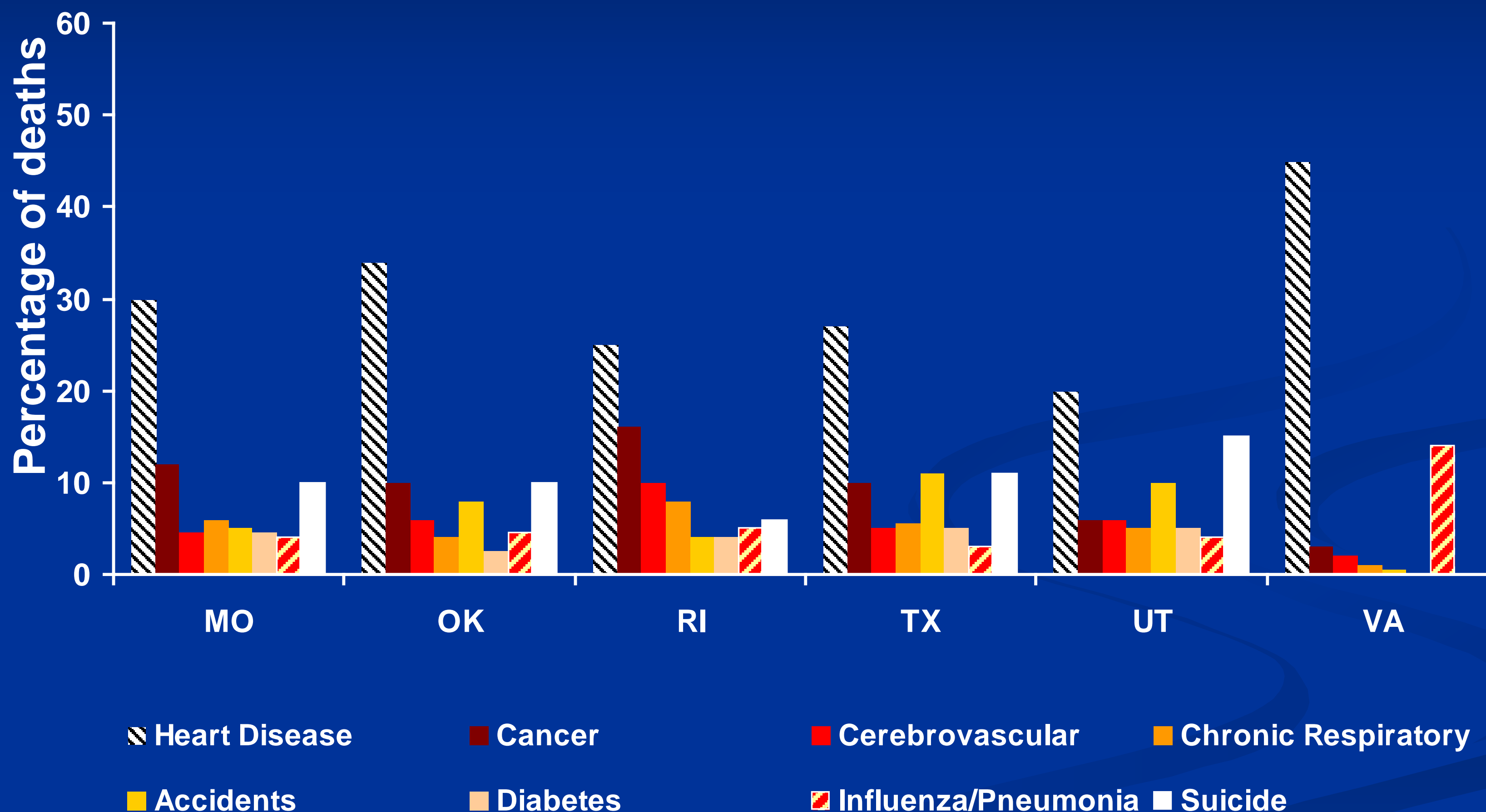
Mortality Associated with Mental Disorders: Mean Years of Potential Life Lost

Year	AZ	MO	OK	RI	TX	UT
1997		26.3	25.1		28.5	
1998		27.3	25.1		28.8	29.3
1999	32.2	26.8	26.3		29.3	26.9
2000	31.8	27.9		24.9		

Compared with the general population, persons with major mental illness lose 25-30 years of normal life span

Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited]. Available at: URL:http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

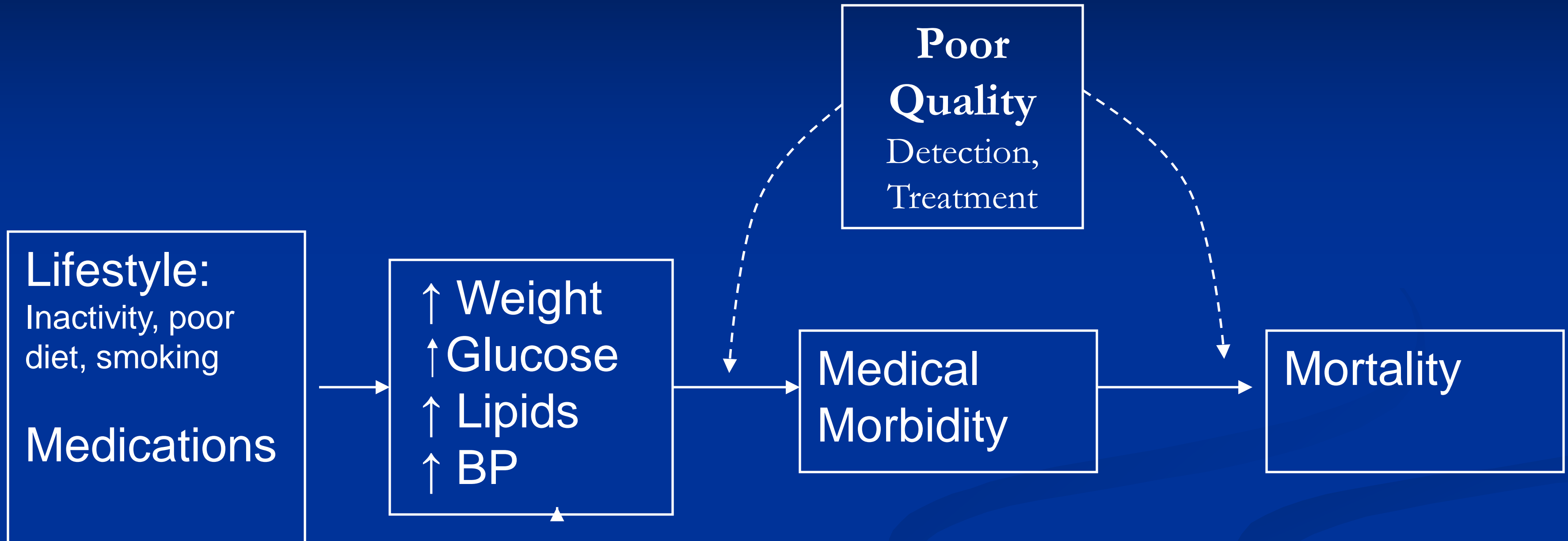
Cardiovascular Disease Is Primary Cause of Death in Persons with Mental Illness*



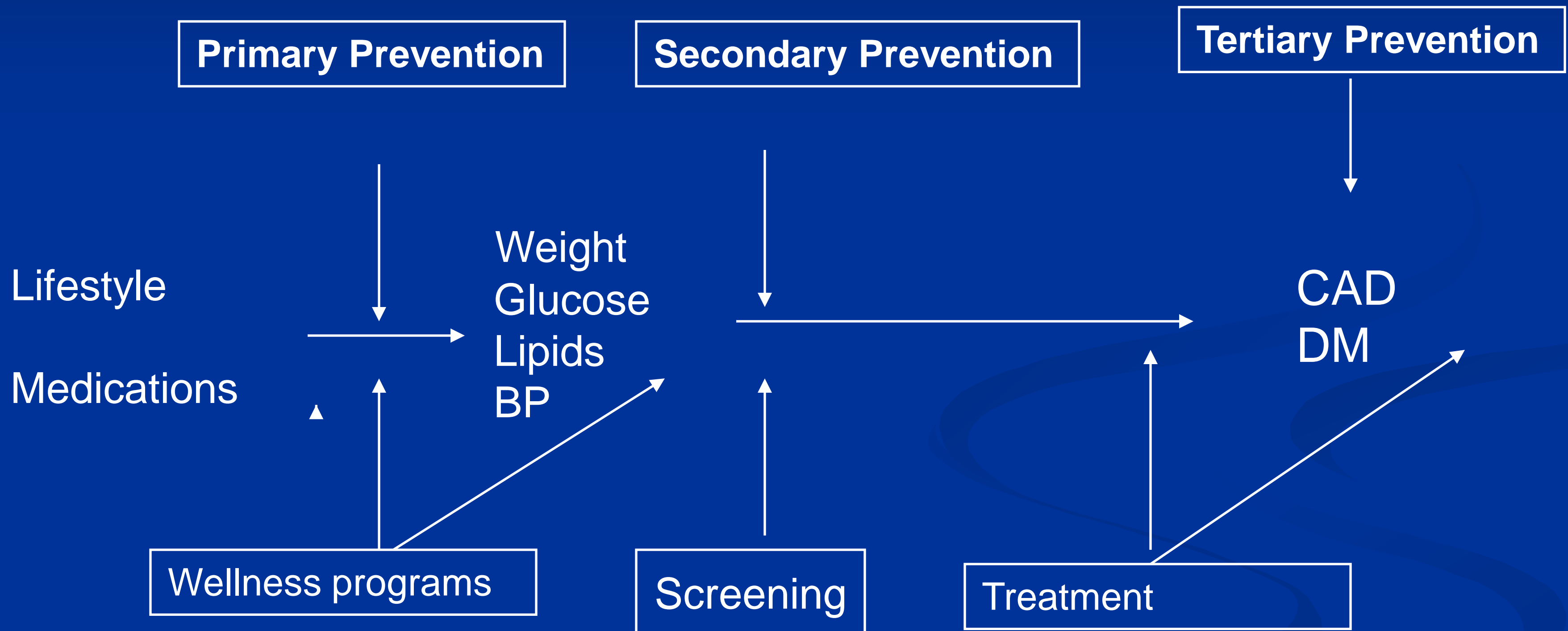
*Average data from 1996-2000.

Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited]. Available at URL: http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

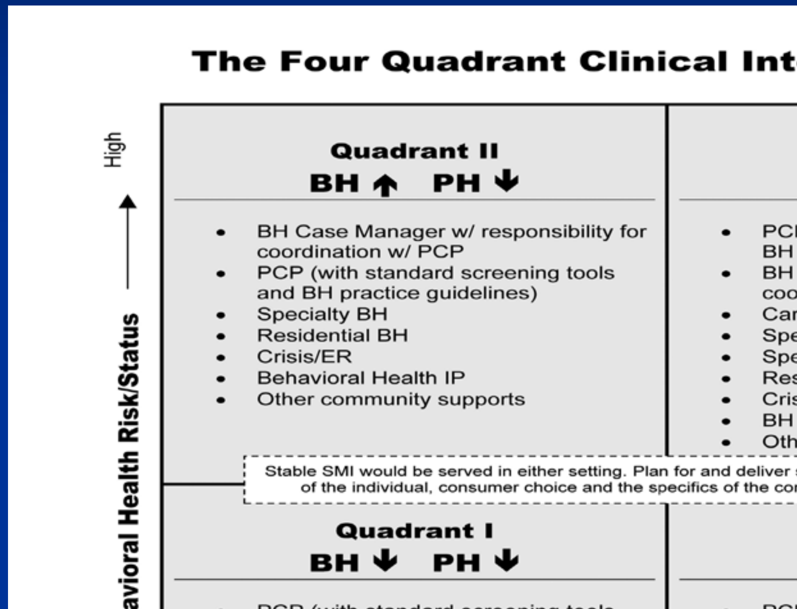
Risk Factors



Addressing Risk Factors



Where Should Care Be Delivered? The 4 Quadrant Model



Quadrant II

Quadrant II

BH↑ PH↓

- Population-based care in MH settings
- Primary prevention (wellness activities) and secondary prevention (screening for glucose, lipids, high blood pressure etc)

Quadrant IV

Quadrant IV

BH↑ PH↑

•Requires both MH and medical care, as well as a mechanism for coordinating care between them

• Care can be provided either **onsite** (collocated) or in the community with care management

How Well Are We Doing?

2007 Survey of NCCBH members:

- Capacity to Screen and Provide Care:
  - 2/3 have capacity to screen for common medical problems.
  - 1/2 can provide treatment or referral for those conditions
  - 1/3 can provide some medical services onsite
- Barriers to providing general medical services: Problems in reimbursement, workforce limitations, physical plant constraints, and lack of community referral options.

Druss BG et al 2008 Psychiatric Services

Examples from research and real world settings

Primary Prevention: Training Consumers

- Research: The HARP project (Health and Recovery Peer Project): An NIMH-funded study to adapt a peer led medical Self-Management Program for MH Consumers in Atlanta GA.[1]
- Real World: "In Shape" Program in New Hampshire: physical fitness and weight loss program for MH consumers using community resources (e.g. YMCA membership)

Funded by NIMH R34MH078583

Providing Secondary and Tertiary Prevention Services Onsite

- Research: The Integrated Care Clinic: A multidisciplinary team provided medical care for veterans with SMI. The intervention was associated with improved access, quality, and medical outcomes.[1]

- Real World: Cherokee Health Systems in Tennessee is a CMHC that became an FQHC; it provides integrated, collocated medical and mental health care

1. Druss et al: Arch Gen Psychiatry. 2001;58(9):861-8.

Providing Secondary and Tertiary Prevention Offsite: Care Management

- Research: The PCARE (Primary Care Access, Referral, and Evaluation) study: An NIMH-funded trial of medical case management for consumers at an Atlanta CMHC.
- Real World: Georgia's Medicaid Disease Management Program, APS, is the first in the country to manage all the comorbid problems of people with particular conditions (including schizophrenia) rather than just the conditions themselves.

Funded by NIMH R01MH070437

Policy Initiatives

- *Advocacy groups: "10 in 10" Campaign* Advocacy groups and governmental agencies have committed to reducing the mortality gap for persons with SMI
- *States:* 2006 NASMHPD Medical Directors Morbidity and Mortality Report helped mobilize states to begin screening and treatment programs
- *Federal:* CMHC Improvement act would provide $50 million each year to fund collocated primary services in the nation's CMHCs.

Local Consideration in Choosing Care Models

- *Community Resources:* What are the medical referral options in the community?
- *Onsite Medical Capacity:* are there qualified staff onsite who can deliver primary care services?
- *Reimbursement Factors:* Who will pay for the services?
- *Consumer Preferences*—Are people more likely to accept care in primary care or specialty settings?

Conclusions

- Excess morbidity and mortality in persons with SMI is a public health crisis
- Reducing the epidemic of excess mortality in MH consumers will require policy changes at multiple levels
- In the meantime, local providers and communities must be creative in developing programs that are consistent with their local resources and needs.