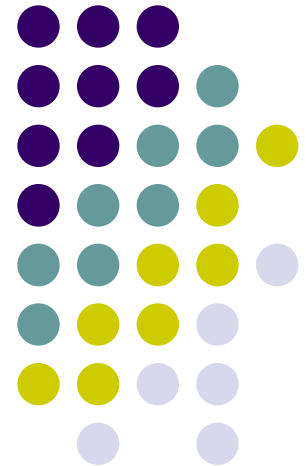


Integrated Health: Connecting Body and Mind

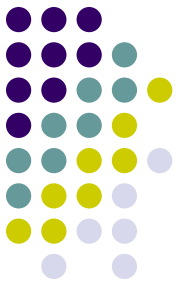
Wellness Promotion Initiatives In a Challenged Urban Setting

William Peabody, CEO
North Central Health Center
Detroit, Michigan

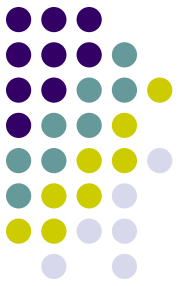
September 8-9, 2008



Case Study



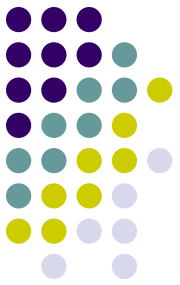
- Adult Psychiatric Clinic, aka North Central Community Mental Health Center, aka North Central Health Center is a private, not-for-profit ambulatory health care provider
- Located in the City of Detroit, borders of Hamtramck and Highland Park
- Former heavy industry with bedroom neighborhoods



- High: crime, pollution (lead and mercury), abandoned homes, new ethnic groups, pit bulls, drug trade, party stores
- Low: educational level of community, employment, 2 parent homes, supermarkets, health care facilities, dentists, rec centers, libraries, swimming pools



- 3,500 registered patients
- Typical patient profile:
 - SMI, depressed, hypertensive, overweight, nutritionally deficient, abuses drugs and alcohol, likely diabetic, no transportation, unemployed, victimized.



The Past

- 1946

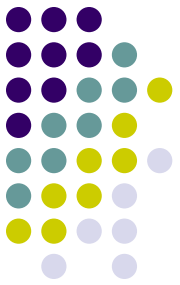
Founded by a group of psychiatrists to treat seriously mentally ill patients in an outpatient setting

- 1981

Moved to the north and central section of Detroit

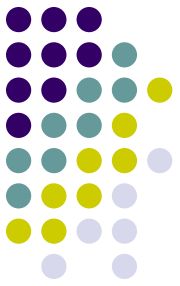


- 1993
Nothing worked
- 1994
“Volunteer” Family Doctor and Nurse
- 1995-2000
Building phase



The Recent Past and Where We Are

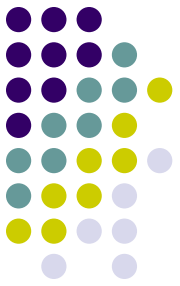
Healthcare Team



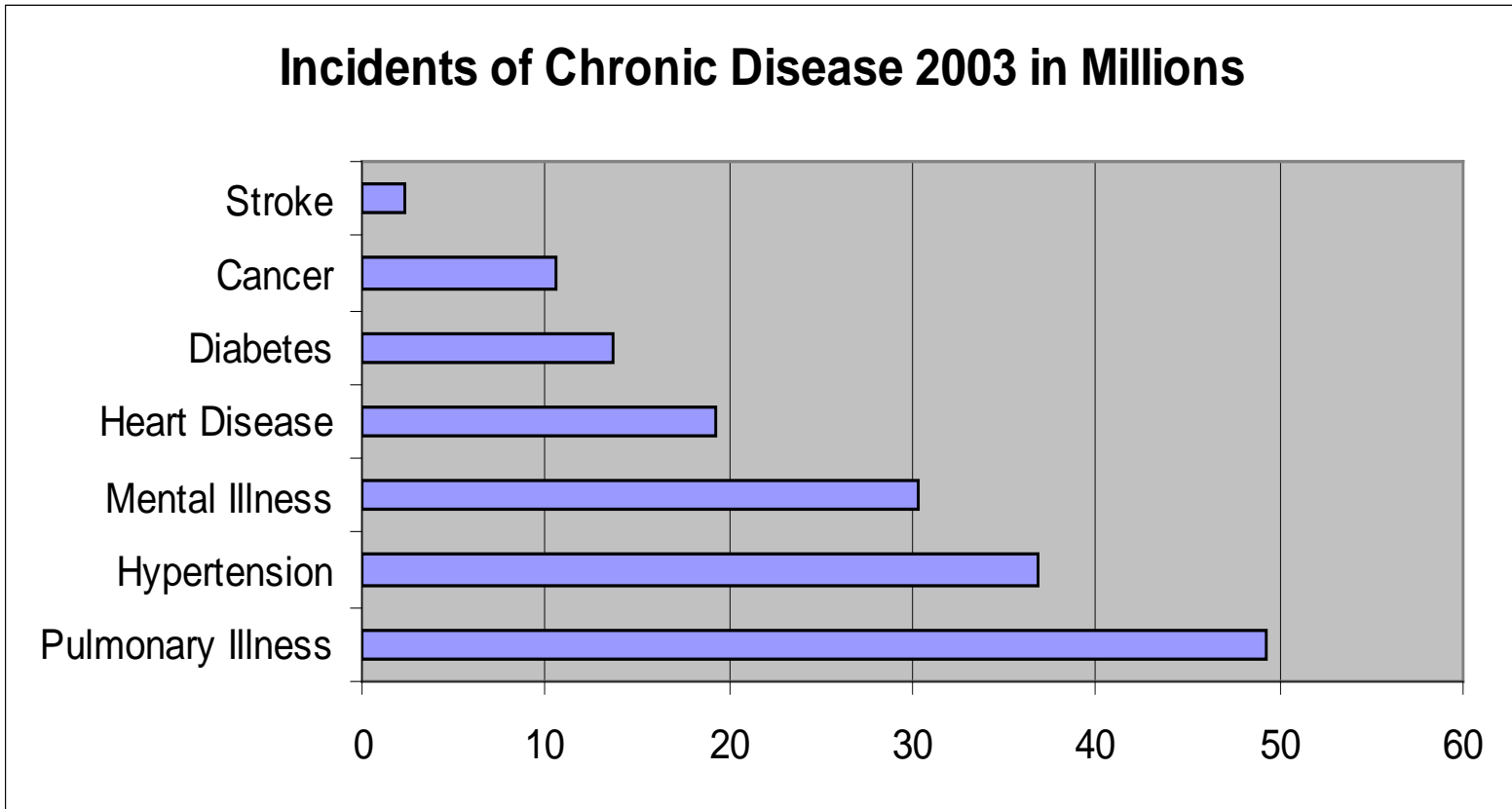
- Primary Care Physician
- Psychiatrist
- Nurses
- Registered Pharmacist
- Case Managers and Clinical Counselors
- Drivers
- Peer supports

Source: Milken Institute

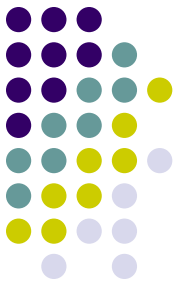
Data: 2003



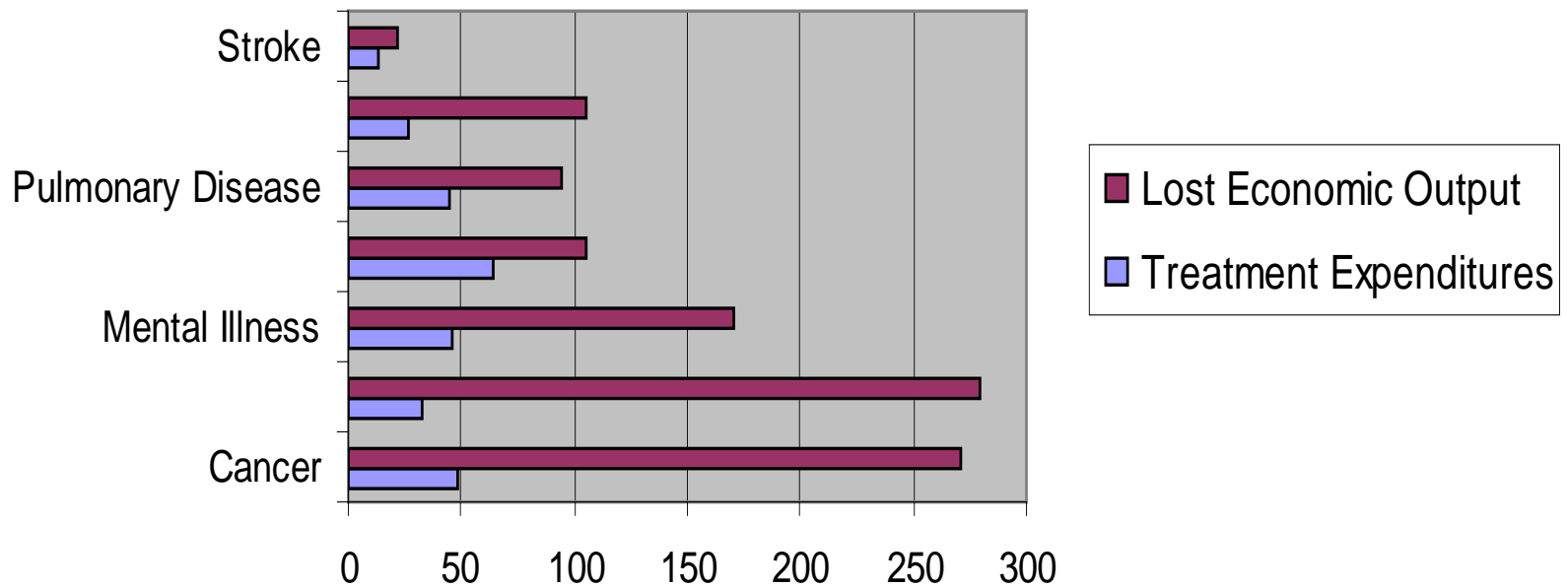
Incidents of Chronic Disease 2003 in Millions



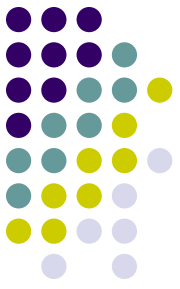
Source: Drug Benefit Trends, Dec 2007
Data: 2003 Milken Institute



Economic Impact of Chronic Disease in \$Billions



Definition of Terms – Outcome Study



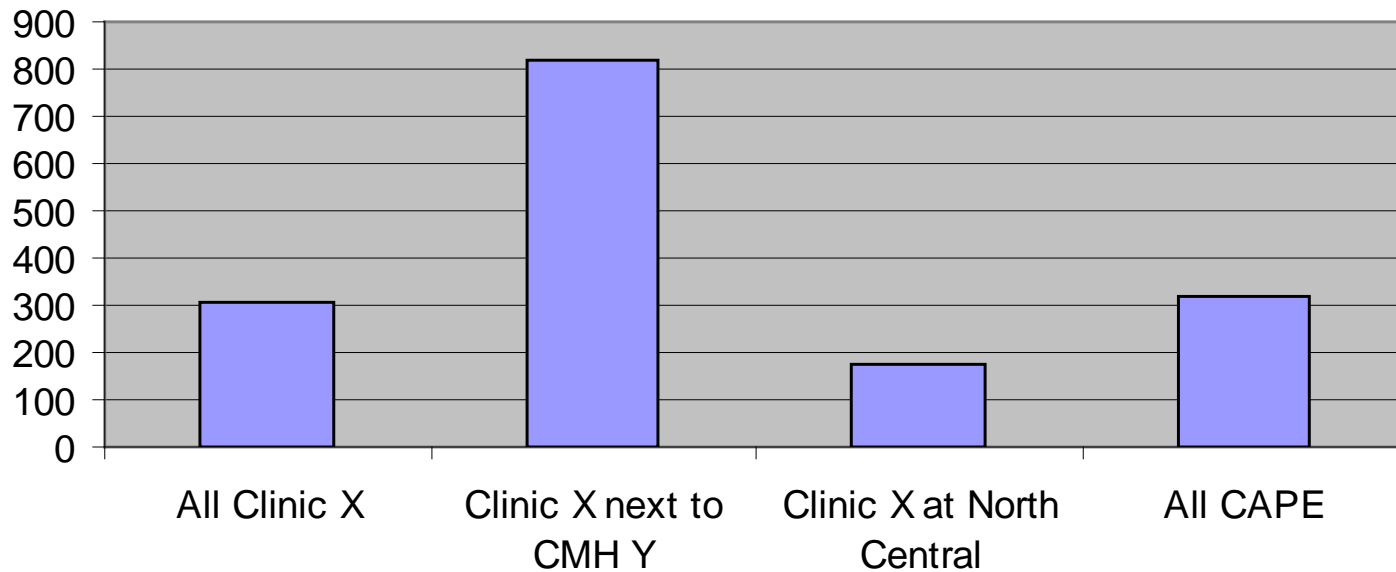
- Clinic X means a multi-site ambulatory family practice
- CMH Y means a mental health provider of comprehensive services for adults and children
- All CAPE means the average of all patients registered in the CAPE HMO

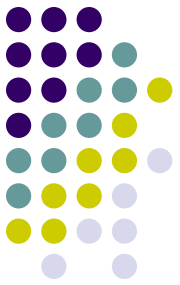
An outcome study was conducted by CAPE Health Plan that reviewed and compared data on 10,000 patients

January 1, 2003 – March 14, 2004

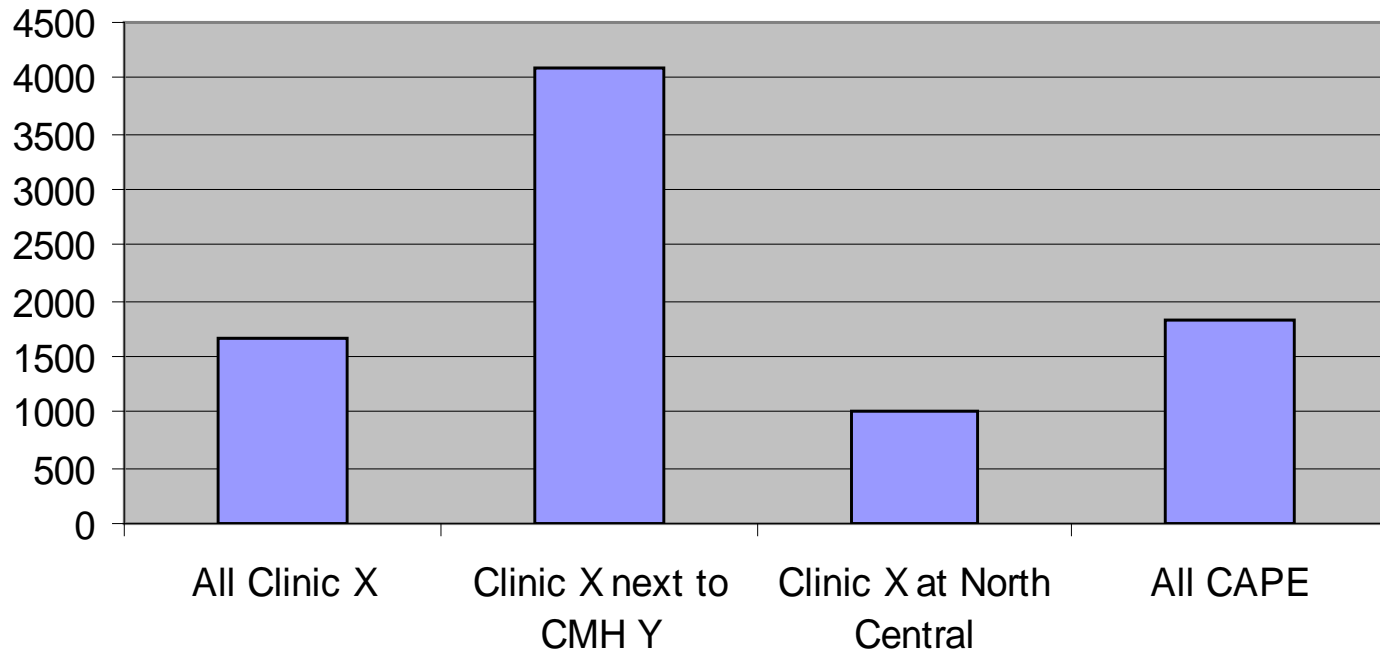


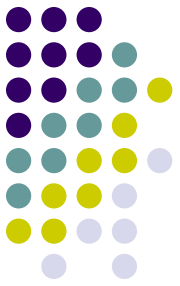
Non-OB Hospital Admissions per 1000 Members per Year



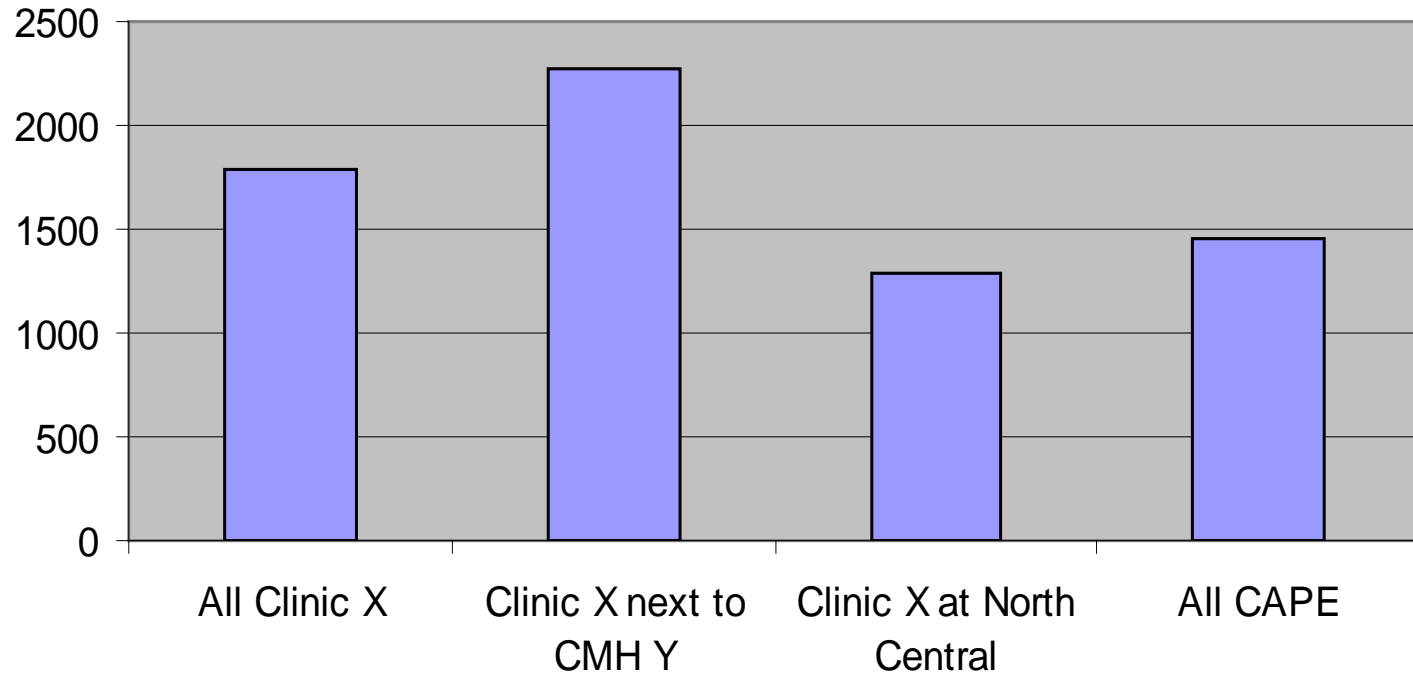


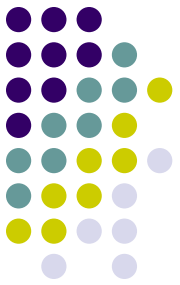
Non-OB Hospital Days per 1000 Members per Year



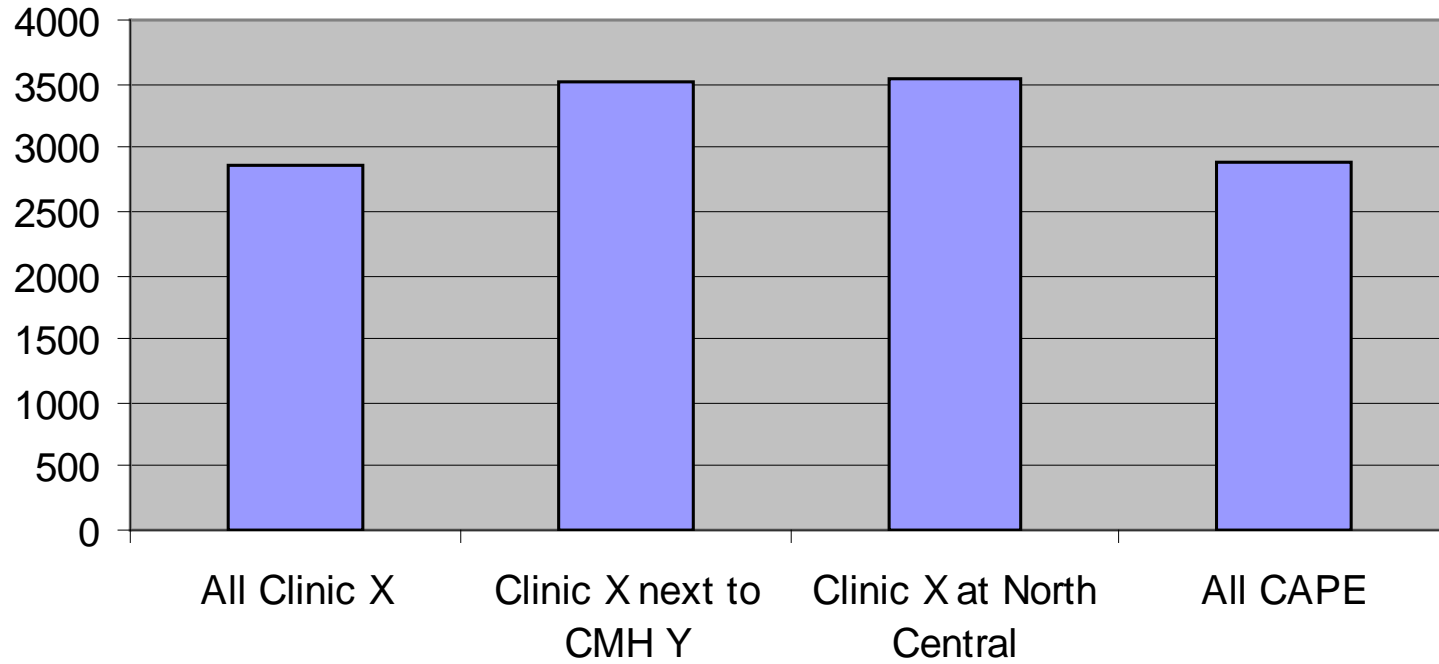


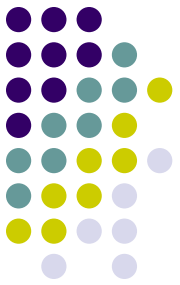
ER Visits per 1000 Members per Year



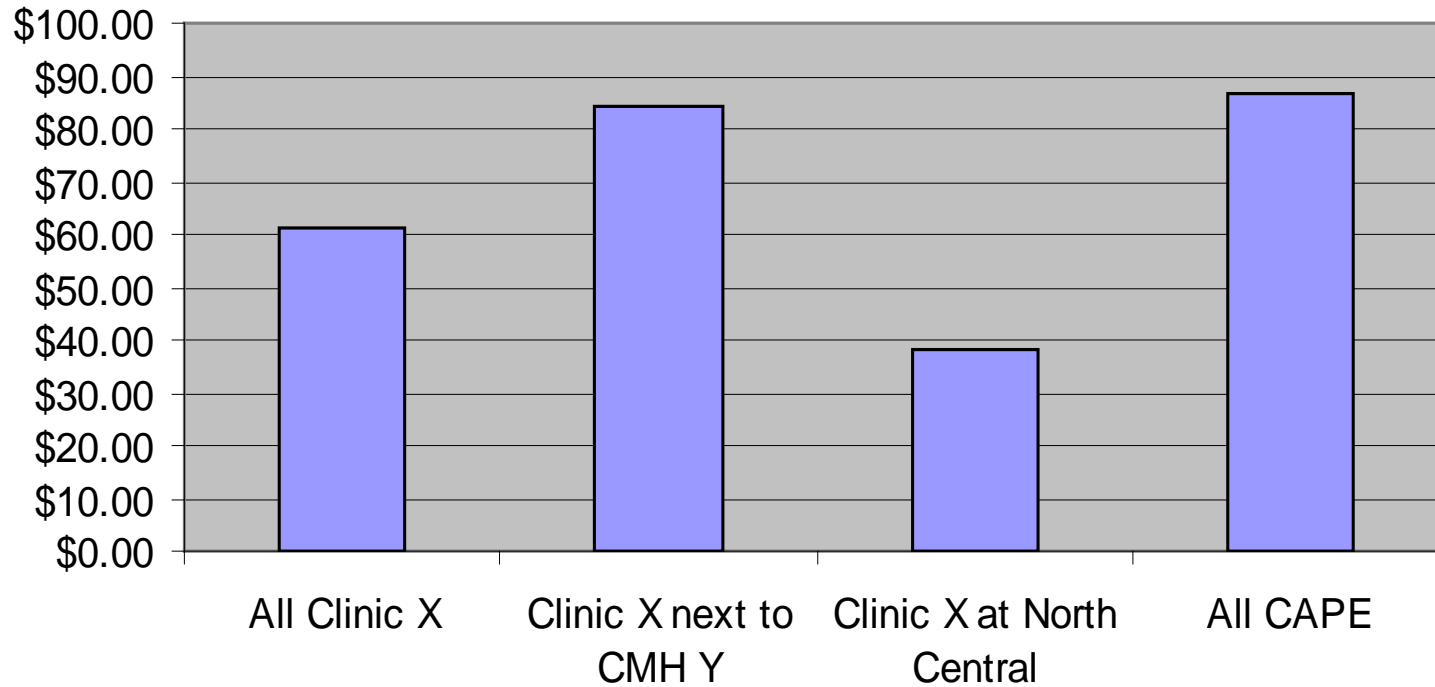


Office Visits per 1000 Members per Year





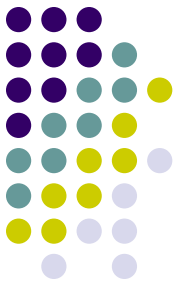
Pharmacy Costs per Member per Month





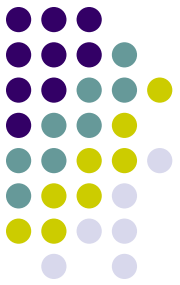
How did we do this?

- Constructed a facility to the planned treatment
- Trial and error initiatives
- Weekly all staff meetings
- Recruited cross-trained Registered Nurses



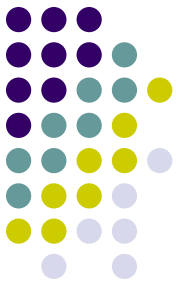
How did we do this?

- Banned pharmaceutical representatives and use of sample medications
- Targeted health initiatives such as
 - Undiagnosed heart disease
 - Diabetes
 - Hypertension
 - PAP's



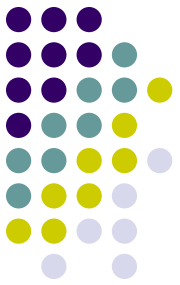
How did we do this?

- Modified the ACT program to stress serious co-morbidities
- Modified staff expectations, assignments and payroll
- Established “almost real-time” communications systems



How did we do this?

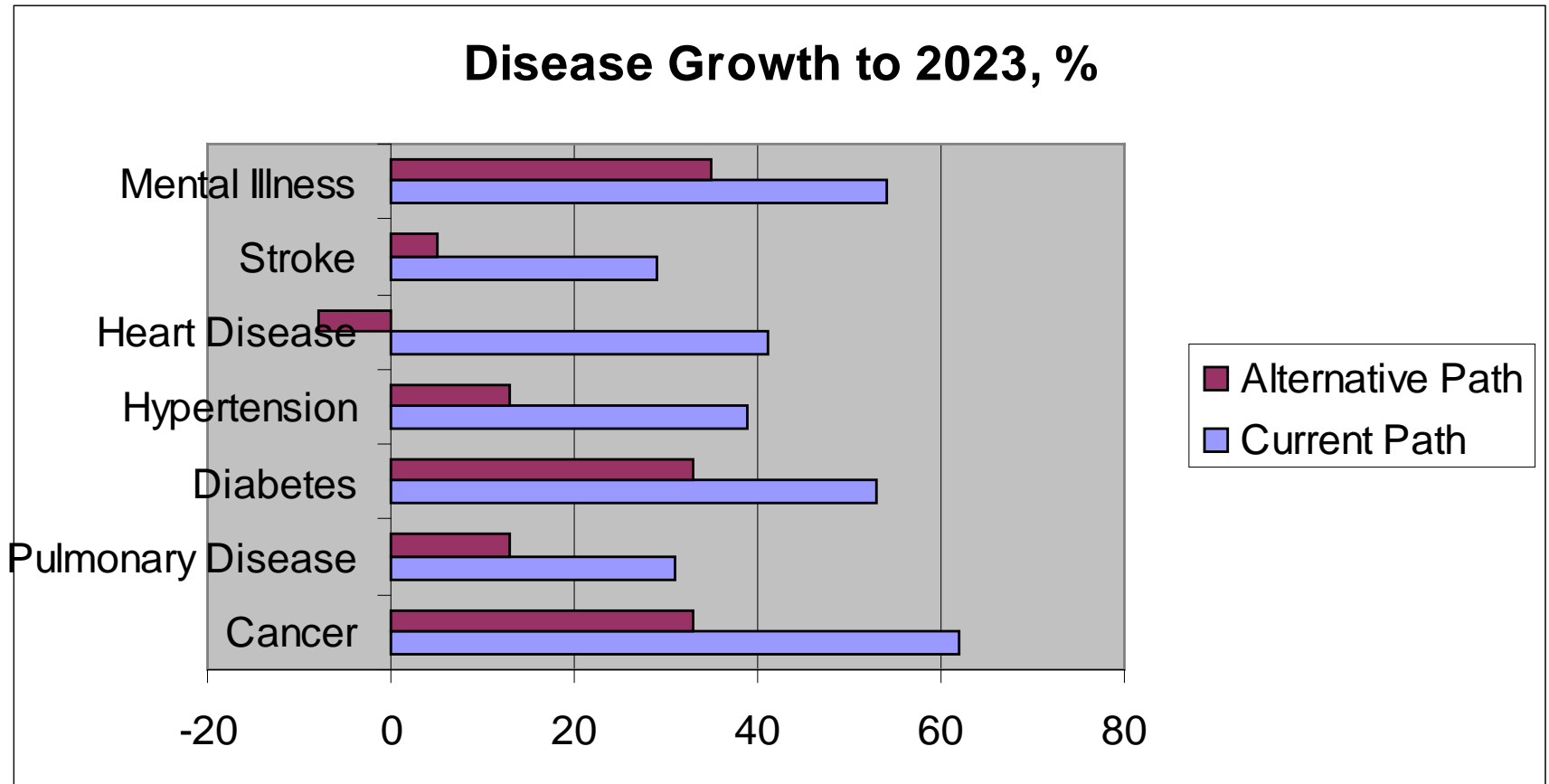
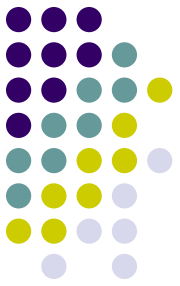
- Expanded treatment modalities
 - Group medical visits
 - Health change and maintenance groups
 - Use of the pharmacy as an additional level of control
 - Monitoring all healthcare procedures—case managers attend hospital and physician visits



The Future or

Who put the bumps on this path?

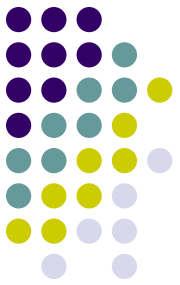
Source: Drug Benefit Trends, Dec 2007
Data: 2003 Milken Institute





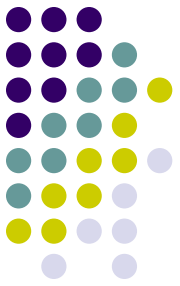
What is the “Current Path?”

- Separation of mind and body in policy
- Lack of parity in process and product
- Focus on pathology and disease
- Seeking “the thing” that works for everyone all the time



- Support process outcome measures in lieu of product outcomes
- Maintain/increase access barriers
- Maintain/increase system created stigma
- Maintain enrollment in the pill generation

What is the “Alternative Path?”

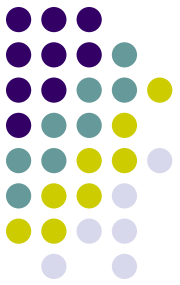


- Decrease incidents of obesity
- Increase physical activity
- Improve air quality, smoking reduction
- Improve knowledge and ability to make health-decisions
- Open access to HEALTH strategies



Integrated care

- Co-location does not ensure integrated collaborative care
 - May only produce parallel practice
- Establish a culture and philosophy of care that considers physical and psychiatric needs, personal goals, and community issues



“Medical needs of the mentally ill are least likely to fall through the cracks when psychiatrists and primary care doctors practice in the same facility, but integrated clinics are quite rare.”

Chris Koyanagi
Policy Director
Bazelon Center for Mental Health Law