HEALTH CARE INTEGRATION: PSYCHIATRY AND THE MENTAL HEALTH SYSTEM'S ROLE IN THE FUTURE

JASKANWAR S BATRA, MD, CPE
CLINICAL ASSOCIATE PROFESSOR OF PSYCHIATRY, UNIVERSITY OF VERMONT
MEDICAL DIRECTOR, DEPARTMENT OF MENTAL HEALTH
PRESIDENT, ASTUTE HEALTH

Objectives

- Keeping an eye on the broader goal - Triple Aim
- Discuss what Integrated Care means - Coordination, Collaboration and Integration
- Behavioral vs Psychiatric problems
- Innovations in Integrated Care
- Models for Delivering Better and More Integrated Care
- Can we afford it?

Fundamental Principle

IHI Triple Aim

HTTP://WWW.IHI.ORG/ENGAGE/INITIATIVES/TRIPLEAIM/PAGES/DEFAULT.ASPX

The Bottomline

- A healthier population, a better experience of health care and better use of our healthcare expenses (Triple Aim) can be achieved by promoting mental health by:
  - Adoption of Vermont Family Based Approach statewide
  - Healthy behavior change as primary, secondary and tertiary prevention of chronic disease
  - Screening for mental illnesses and providing treatment via a collaborative, integrated health care system

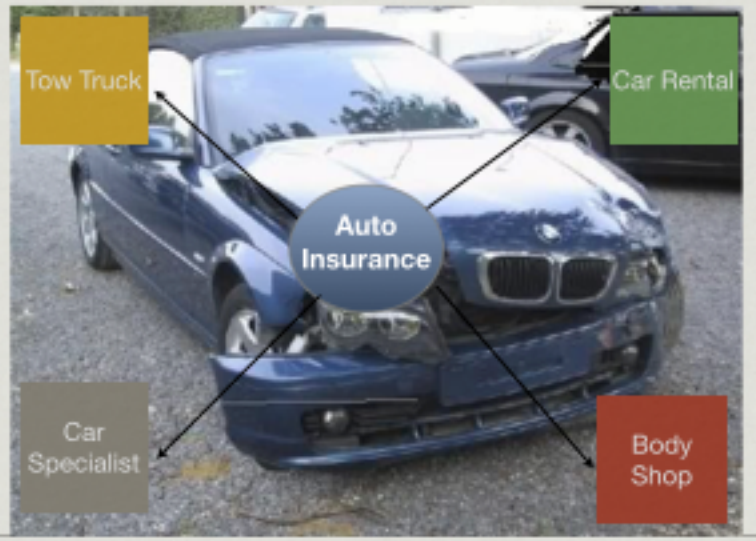
What is Integrated Care?

Coordination

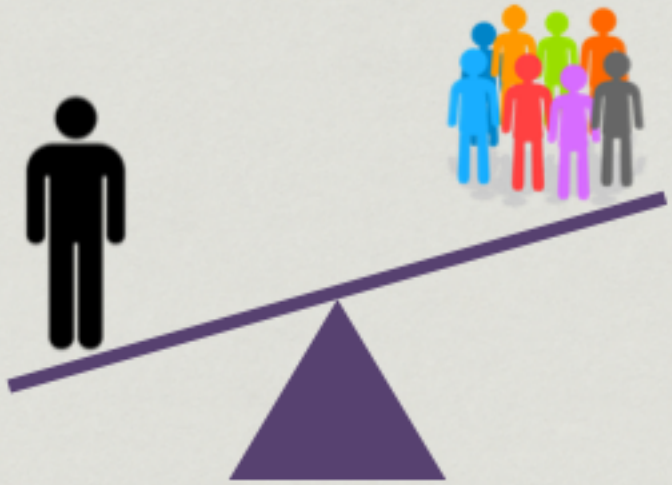
Collaboration

Integration

Integration



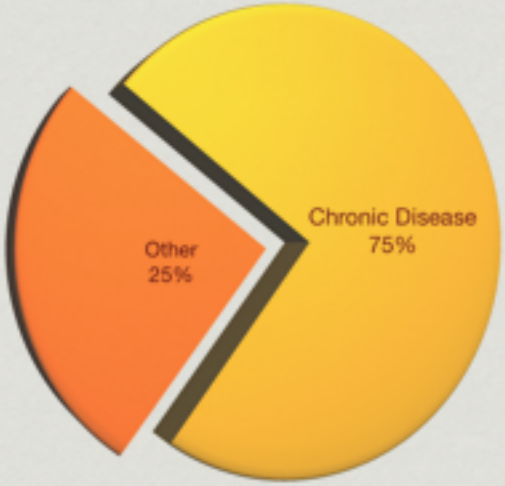
Individual versus Population Health



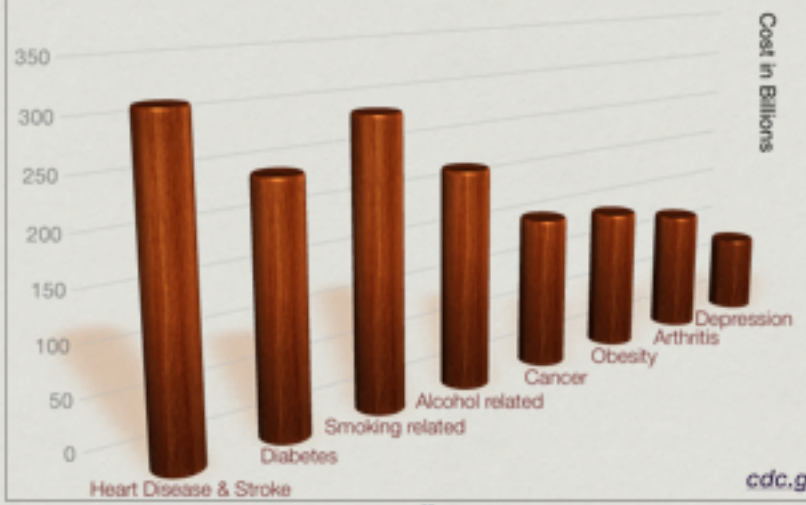
What gives?

Bridge over Choluteca River in Honduras

What Ails Us

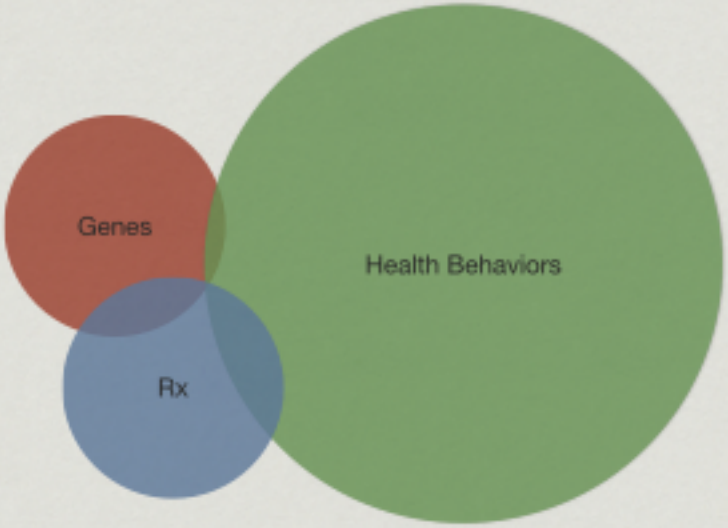


NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, CDC.GOV

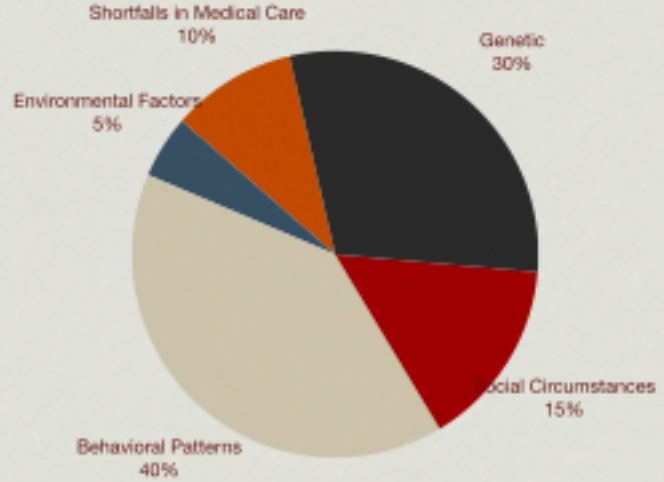


Factors in the Treatment of Chronic Disease

Improving Outcomes in Chronic Disease

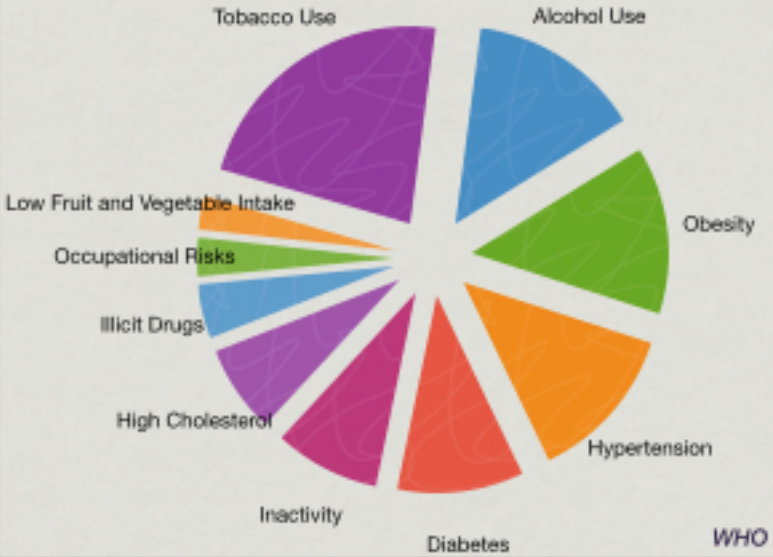


Determinants of Early Death in United States



McGinnis et. al. Health Affairs 2002

Leading Risk Factors Contributing to Death in High Income Countries



WHO 2004

Top Ten Reasons to See Primary Care among Adults

Adverse Childhood Experiences

Vermont Adverse Family Event Data

Laurin Kasehagen, MA, PhD. Vermont Depts of Health and Mental Health, CDC

Correlation with Poor Health

- 1 in 8 kids suffers from 2+ chronic diseases (Diabetes, Asthma, Depression, Anxiety etc.)
- School-age kids exposed to 3+ AFEs have higher odds of failing to:
  1. engage in school,
  2. exhibit resilience, and
  3. flourish
- Special health care needs much higher in kids who have experienced 3+ AFEs
- More kids with 2 or fewer AFEs are flourishing in school as compared to those with greater number of AFEs

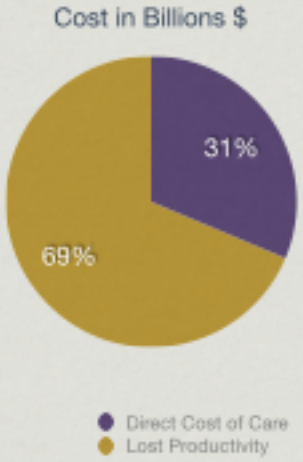
Resiliency

CO-OCCURRING MENTAL ILLNESS

Depression

18,800,000 People suffer from Depression

Less than 1 in 3 see a professional for treatment



cdc.gov

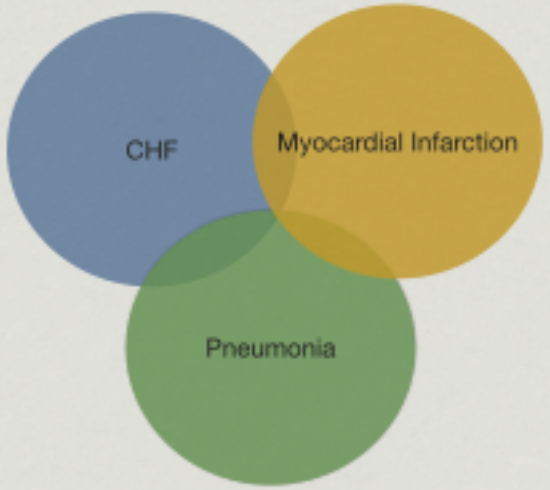
CoMorbidities

- Persons with current anxiety disorders showed a three-fold increased prevalence of coronary heart disease (5).
- Depression is a primary risk factor for ischemic heart disease (IHD) and a secondary risk factor for worsened prognosis in patients with IHD and heart failure (6). It is also shown that mental health treatment can reduce that risk substantially (7).
- Controlling for anxiety disorders reduced the associations in both men and women, and in fact, anxiety disorders were more strongly associated with vascular diseases in men, whereas bipolar disorder continued to be an important correlate of vascular disease in women (8).

CoMorbidities

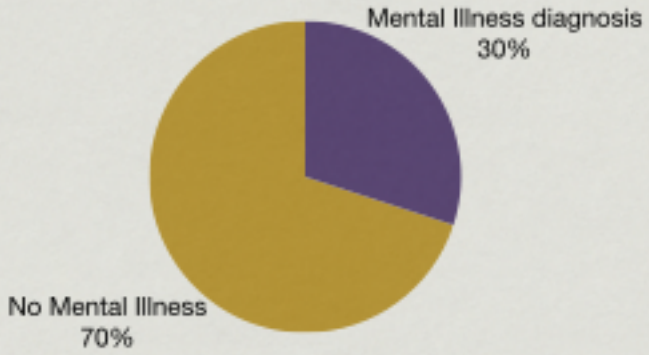
- In patients with severe COPD, the prevalence of depression was 2.5 times greater for patients with severe COPD than for controls (9).
- Obesity was associated with significant increases in lifetime diagnosis of major depression, bipolar disorder, and panic disorder or agoraphobia (10).

Improving Outcomes

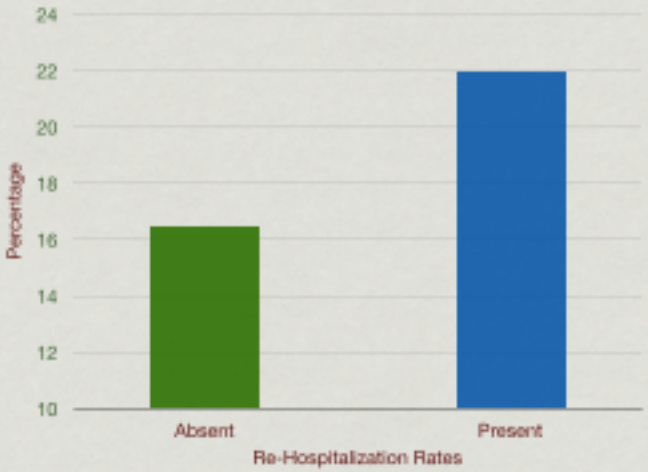


160,000 hospital admissions across 10 health plans 2011

Mental Illness Co-Morbidity



All Cause Re-Hospitalization Rates with the Presence of Mental Illness



INAPPROPRIATE USE OF SERVICES

Use of Inappropriate Services

Annals *of* Emergency Medicine

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Annals of Emergency Medicine
Volume 41, Issue 5, Pages 659–667, May 2003

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Emergency department use of persons with comorbid psychiatric and substance abuse disorders☆☆☆

Presented in poster format at the Research Society on Alcoholism annual meeting, Denver, CO, June 2000.

Geoffrey M. Curran, PhD, Greer Sullivan, MD, MSPH, Keith Williams, PhD, Xiaodong Han, MS, Kirsten Collins, MA, Judy Kapoi, RN, Kathryn J. Kotrla, MD

Conclusion: Substance use comorbidity among patients presenting to an ED with a psychiatric disorder is associated with substantially increased ED service use. Improved detection, referral, and treatment of substance use disorders in this population could result in decreased ED use and improved patient outcomes.

SOLUTIONS

CHILDREN AND FAMILIES

"Armed with modern neuroscience and modern genomics… create a program that will help all children and all families and not just those who suffer from psychopathology. We have developed strategies to promote good family health, prevent the development of emotional and behavioral problems, and when present, treat these problems in a family based way. That is the Vermont Family Based Approach"

~ James Hudziak, MD

To learn more please go to: http://youtu.be/uiZbfypvv1s

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BEHAVIOR CHANGE IN ADULTS

Motivational Interviewing

Systematic review and meta-analysis of 17 randomized controlled trials

"Meta-analysis showed a significant effect (95% confidence interval) for motivational interviewing for combined effect estimates for

A. *Body mass index,*
B. *Total blood cholesterol,*
C. *Systolic blood pressure,*
D. *Blood alcohol concentration and*
E. *Standard ethanol content, while*
F. *Combined effect estimates for cigarettes per day and for HbA1c were not significant"*

"Motivational interviewing in a scientific setting outperforms traditional advice giving in the treatment of a broad range of behavioural problems and diseases."

Sune Rubak MD, Anneli Sandbaek MD PhD. et. al. British Journal of General Practice, April 2005

Other Behavior Change Therapies

- Cognitive Behavior Therapy
- Token economy
- Others

TREATING CO-OCCURRING ILLNESS

WHAT CAN BE DONE?

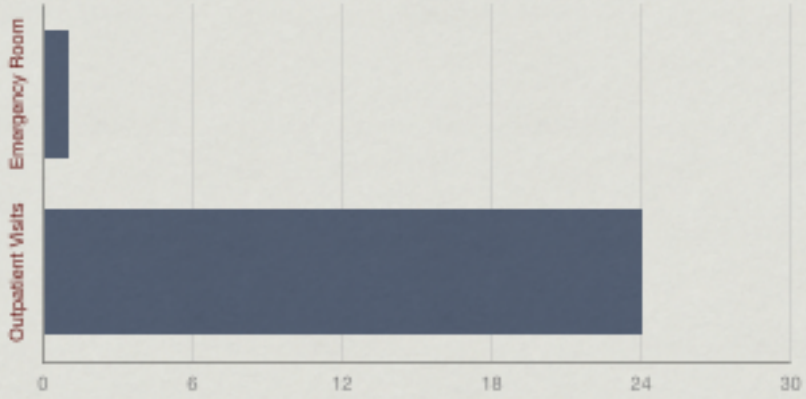
http://www.shmg.org/cim

Visits to Emergency Room

Total Cost

Proactive Mental Health Care

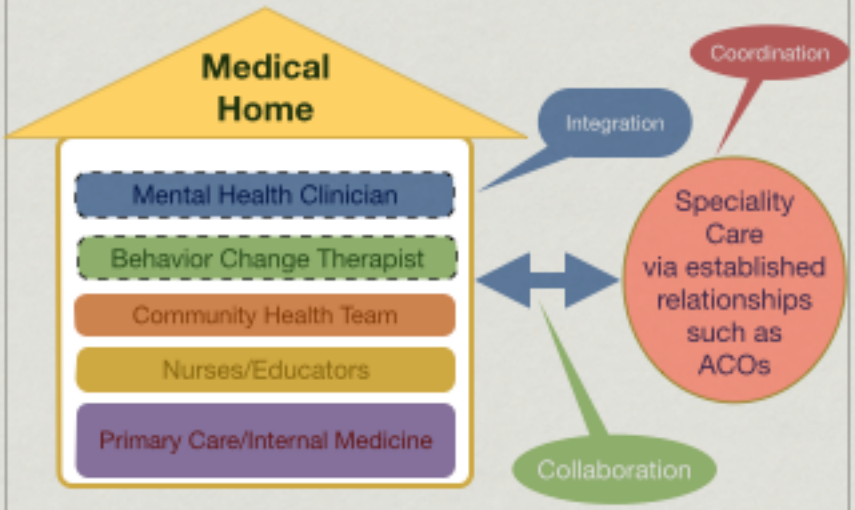
Proactive Mental Health Care & Healthy Behavior Change



INTEGRATED SERVICES

LIKE A GOOD MEDICAL HOME...

What can be done?



The Elephant in the Room

$2,900,000,000,000.00

28%

$174,000,000,000.00
or $174B of Medicare funds are spent in the last six months of life

Can We Afford Parity?

- It is clear that improving access to mental health/substance use disorder treatment, use and spending before and after parity did not affect cost of care.
- Costs to the payer were unchanged for most and even decreased for those with certain common disorders.
- Out-of-pocket spending decreased for all enrollees (11).
- In a study of 30,000 patients after implementation of parity policies the results show no cost increase and intact out-of-pocket savings

Disorder	Change in total spending	Change in Out of Pocket spending
Bipolar Disorder	-$436	-$148
Major Depression	-$36	-$100
Adjustment Disorder	-$62	-$68

What can be done?

- Prevention
  - Strengthening Families approach
  - Reducing ACEs/AFEs (VT Family Based Approach)
  - Building resilience (VT Family Based Approach)
- Proactive Behavior Change/Education
  - Embed trained therapists trained in Motivational Interviewing, Screening and Therapy
- Look for Mental Health co-morbidities
  - Low motivation (Depression)
  - Anxiety - hypercortisolemia (Stress - HPA axis)
  - Anxiety - exaggerated perception of symptoms

Conclusion

- Cost savings by rationing of mental health services has been detrimental
- A healthier population, a better experience of health care and better use of our healthcare expenses (Triple Aim) can be achieved by promoting mental health by:
  - Adoption of Vermont Family Based Approach statewide
  - Healthy behavior change as secondary and tertiary prevention of chronic disease
  - Screening for mental illnesses and providing treatment via a collaborative, integrated health care system
- Mental health providers have to shift focus to health coaching and healthy behavior change in addition to treatment of illnesses.
- Outcome based cost control on mental health services rather than limiting appointments and "pre-authorizations" etc.

Summary

- Lets build a bridge over where the river is now.
- Understanding of mental illnesses and behavior change has come a long way (albeit has a long way to go).
- Healthier population will be less reliant on expensive health care services.
- Although Health Care Integration isn't limited to mental health integration its a good place to start.
- Integration means looking at access and care through the patient's eyes and not from a business interest's point of view.
- Healthy population is a win-win for patients, providers and payers.
- Preventing traumatic experiences, changing behavior, and treating mental illness (rather than rationing it) is the way to better health outcomes.

"In your life you only get to do so many things and right now we've chosen to do this, so let's make it great"

- Steve Jobs

If you would like slides from this presentation please send an email to JBatra@mac.com

References:

1. *Chronic Diseases: The Power to Prevent, The Call to Control: At A Glance 2009.* Centers for Disease Control and Prevention. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from: http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm
2. Murphy SL, Xu JQ, Kochanek KD. *Deaths: Preliminary data for 2010.* National Vital Statistics Reports; vol 60 no 4. Hyattsville, MD: National Center for Health Statistics. 2012. Retrieved from: http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf
3. Ward BW, Schiller JS. *Prevalence of Multiple Chronic Conditions Among US Adults: Estimates From the National Health Interview Survey, 2010.* Prev Chronic Dis. 2013; 10: 120203. Retrieved from: http://www.cdc.gov/pcd/issues/2013/12_0203.htm
4. *Chronic Disease Overview: Prevalence of Chronic Conditions.* State of Vermont Department of Health. Burlington, VT: State of Vermont Department of Health. Retrieved from: http://healthvermont.gov/research/chronic/documents/Prevalence.pdf
5. Vogelzangs N, Seldenrijk A, Beekman A. *Cardiovascular Disease in Persons With Depressive and Anxiety Disorders.* J Affect Disorder. 2010 September; 125 (1-3): 241-248. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2964459/
6. Jiang W. *Impacts of Depression and Emotional Distress On Cardiac Disease.* Cleve Clin J Med. 2008 Mar; 75 Suppl 2: S20-25. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/18540181
7. Jiang W, Velazquez E, Kachilshatla M. *Effect of Escitalopram on Mental Stress-Induced Myocardial Ischemia: Results of REMIT trial.* JAMA. 2013 May 22; 309 (20):2139-2149. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/23695485
8. Fiedorowicz J, He J, Merikangas K. *The Association Between Mood and Anxiety Disorders With Vascular Diseases and Risk Factors in A Nationally-Representative Sample.* J Psychosom Res. 2011 February; 70 (2): 145-154. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3052932/
9. Van Manen J, Bindels P, Dekker F. *Risk of Depression in Patients with Chronic Obstructive Pulmonary Disease and its Determinants.* Thorax. 2002; 5: 412-416. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1746349/pdf/v057p00412.pdf
10. Simon G, Von Korff M, Saunders, K. *Association Between Obesity and Psychiatric Disorders in the US Adult Population.* Arch Gen Psychiatry. 2006 July; 63 (7): 824-830. Retrieved from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913935/
11. Busch A, Yoan F, Barry C. *The Effects of Mental Health Parity On Spending and Utilization for Bipolar, Major Depression, and Adjustment Disorders.* Am J Psychiatry. 2013 February 1: 170 (2): 188-187. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/23377639
12. Kathol R, Lattimer C, Gold W. *Creating Clinical and Economic "Wins" Through Integrated Case Management: Lessons For Physicians and Health System Administrators.* J Ambul Care Manage. 2011 Apr-Jun; 34 (2): 140-151. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/21415612
13. Baker L, Johnson S, Maisuby D. *Integrated Telehealth and Care Management Program for Medicare Beneficiaries with Chronic Disease Linked to Savings.* Health Aff. September 2011; vol. 30 no. 9: **1689-1697. Retrieved from:** http://content.healthaffairs.org/content/30/9/1689.full.pdf+html
14. State of Vermont Department of Mental Health. Montpelier Vermont: State of Vermont Department of Mental Health. Retrieved from: http://mentalhealth.vermont.gov/report
15. Wegner S, Humble C, Feaganes J. *Estimated Savings From Paid Telephone Consultations Between Subspecialist and Primary Care Physicians.* Pediatrics. 2008; 122: e1136. Retrieved from: http://pediatrics.aappublications.org/content/122/6/e1136.full.pdf