

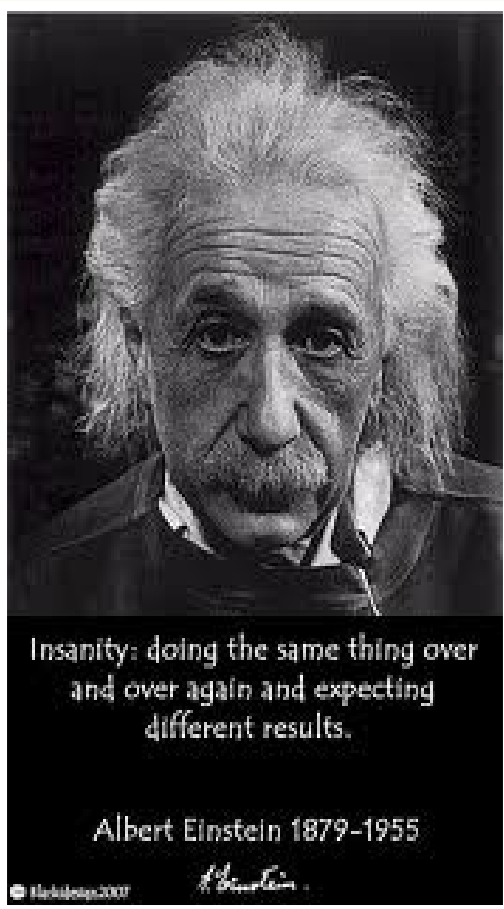


Mental Health in the Medical Home

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In 2008, mental health conditions accounted for \$72 billion in expenditures, making them the third most costly condition (along with cancer), exceeded only by heart conditions and trauma-related disorders.



An estimated one-third of 2006 health care expenditures, about \$700 billion or nearly 5% of GDP, did not improve health outcomes. (*Source: Congressional Budget Office*)

Healthcare costs are rising 6% a year.

The cost of doing something that may work is less than the cost of continuing to do something that definitely won't.

75% percent of total health care spending in 2007 went towards the treatment of chronic diseases, such as diabetes and asthma. ¹

Half of all chronic diseases are linked to preventable problems including smoking, obesity, and physical inactivity.²

40% of premature deaths in the U.S. are attributable to health behavior factors.³

1. CMS

2. CDC

3. McGinnis et al, 1993; Mokdad et al., 2004).

In any given year, 28-30% have a diagnosable mental illness or addictive disorder.¹

10% of children and adolescents in the US suffer from Behavioral Health Disorders.² (US Surgeon General)

4 out of 10 leading causes of disability in developed countries is mental illness.¹

By 2020 Major Depressive Illness will be the leading cause of disability in the world for women and children.¹

1. WHO

2. US Surgeon General

The Impact on Primary Care:

PCPs furnish over half of all mental health treatment.¹

25% of all primary care patients have diagnosable mental disorders.¹

50-70% of a PCP's normal caseload consists of patients whose medical ailments are psychologically related.²

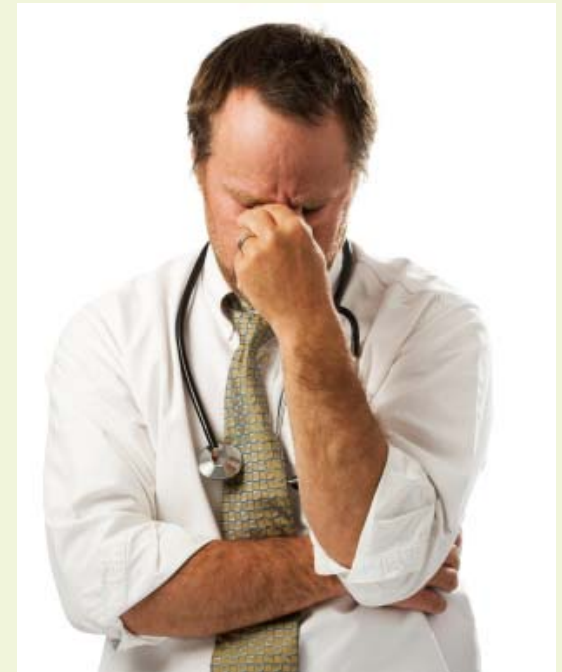
11-36% of all PCP visits involve patients with diagnosable psychiatric disorders.^{3,4}

50% of all behavioral health disorders are treated in primary care.⁵

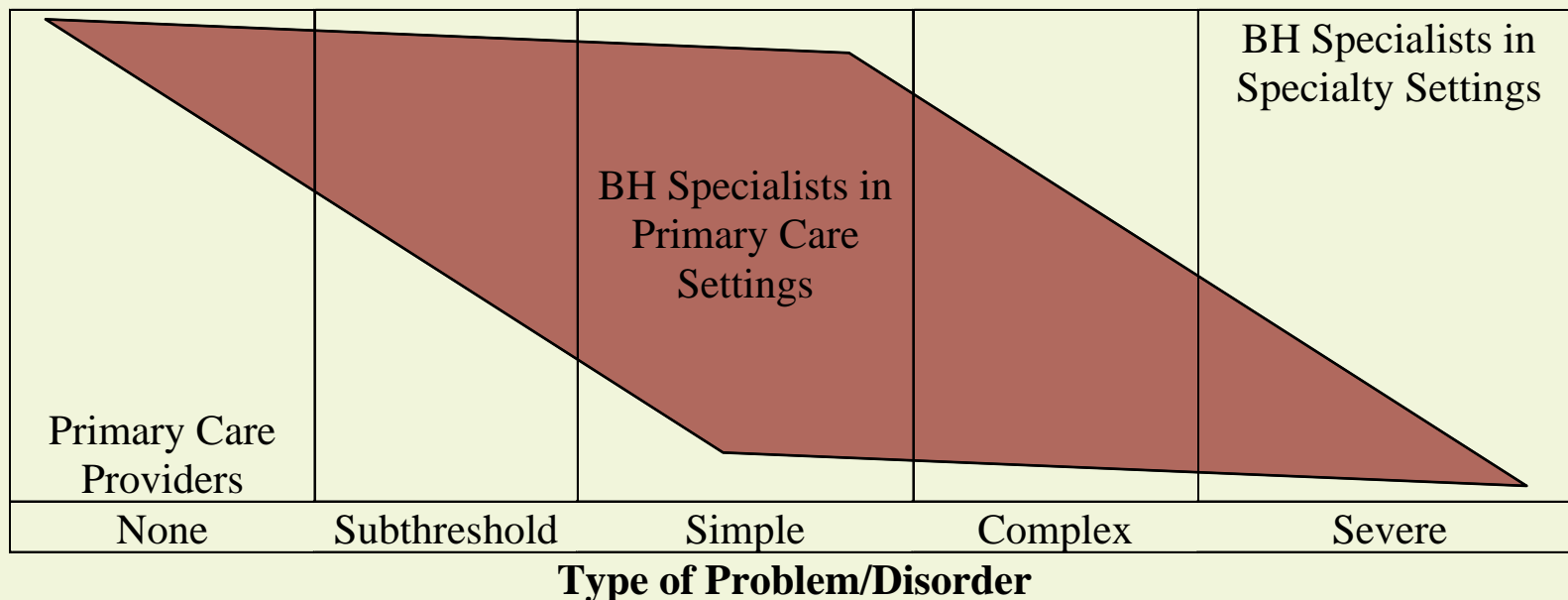
Most patients receiving referrals to specialty mental health do not follow through with the referrals.^{6,7}

40% to 60% of people who complete suicide have seen a PCP in the preceding month.⁸

1. WHO
2. VandenBos, 1988.
3. Simon et al., Arch Fam Med. 1995;4(2): 99-105
4. Tiemens et al., Am J Psychiatry. 1996;153(5):636-644
5. Kessler et al., NEJM. 2005;352:515-23.
6. Petterson et al., Am Fam Physician. 2008;77(6):757.
7. Rittenhouse et al., JAMA. 2009;301(19):2038-2040.
8. Fawcett et. All, 1993.



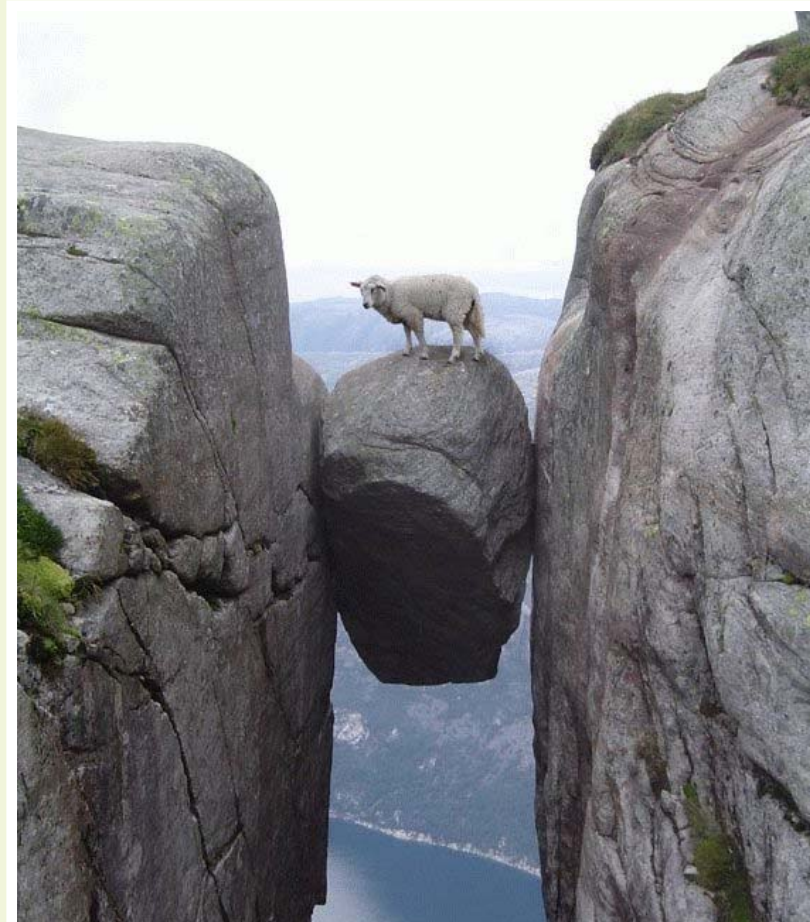
Relative Degree of Involvement of Primary Care Providers and Behavioral Health Specialists in the Treatment of Mental Health Disorders



Pincus, H.A. (2003) The Future of Behavioral Health and Primary Care:

Drowning in the Mainstream or Left on the Bank? Psychosomatics 2003; 44:1

Why are we in such a pickle?



Divided systems breed divided practice

Language Influences Perception

Physical

Mental

Biological

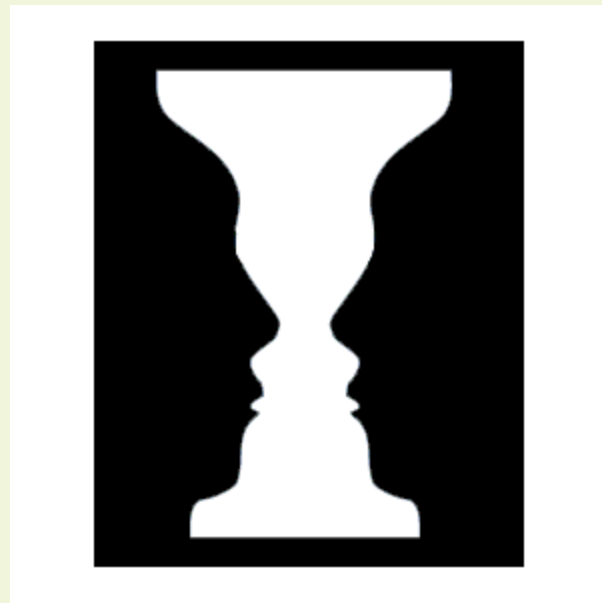
Real

Fixable

Emotional

Imagined

God help us



Treated

Ignored



Perception Influences Everything

Location



Payment

- Carved out systems
- Fee for service vs. capitation
- We'll pay you to do it there, but not there



And Yet . . .

	Annual cost without a MH condition	Annual cost with a MH condition
Heart Condition	\$4697	\$6919
High Blood Pressure	\$3481	\$5492
Asthma	\$2908	\$4028
Diabetes	\$4172	\$5559

Original source: US Dept of HHS, 2002/2003 MEPS, AHRQ.

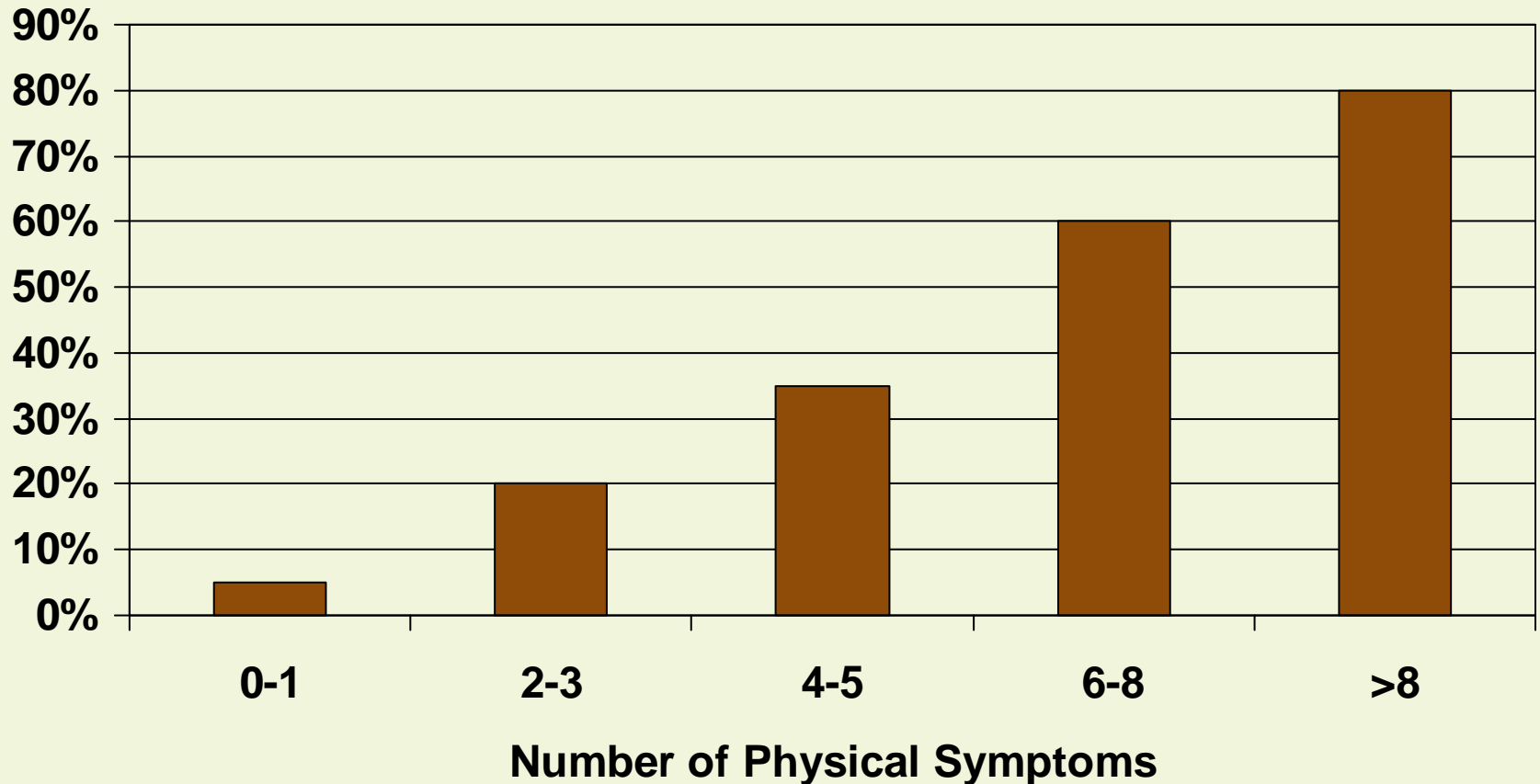
As cited in Petterson et al. "Why there must be room for mental health in the medical home."

The medical/mental
split exists at all levels



except in actual people

Number of Physical Symptoms & Likelihood of Mental Diagnosis

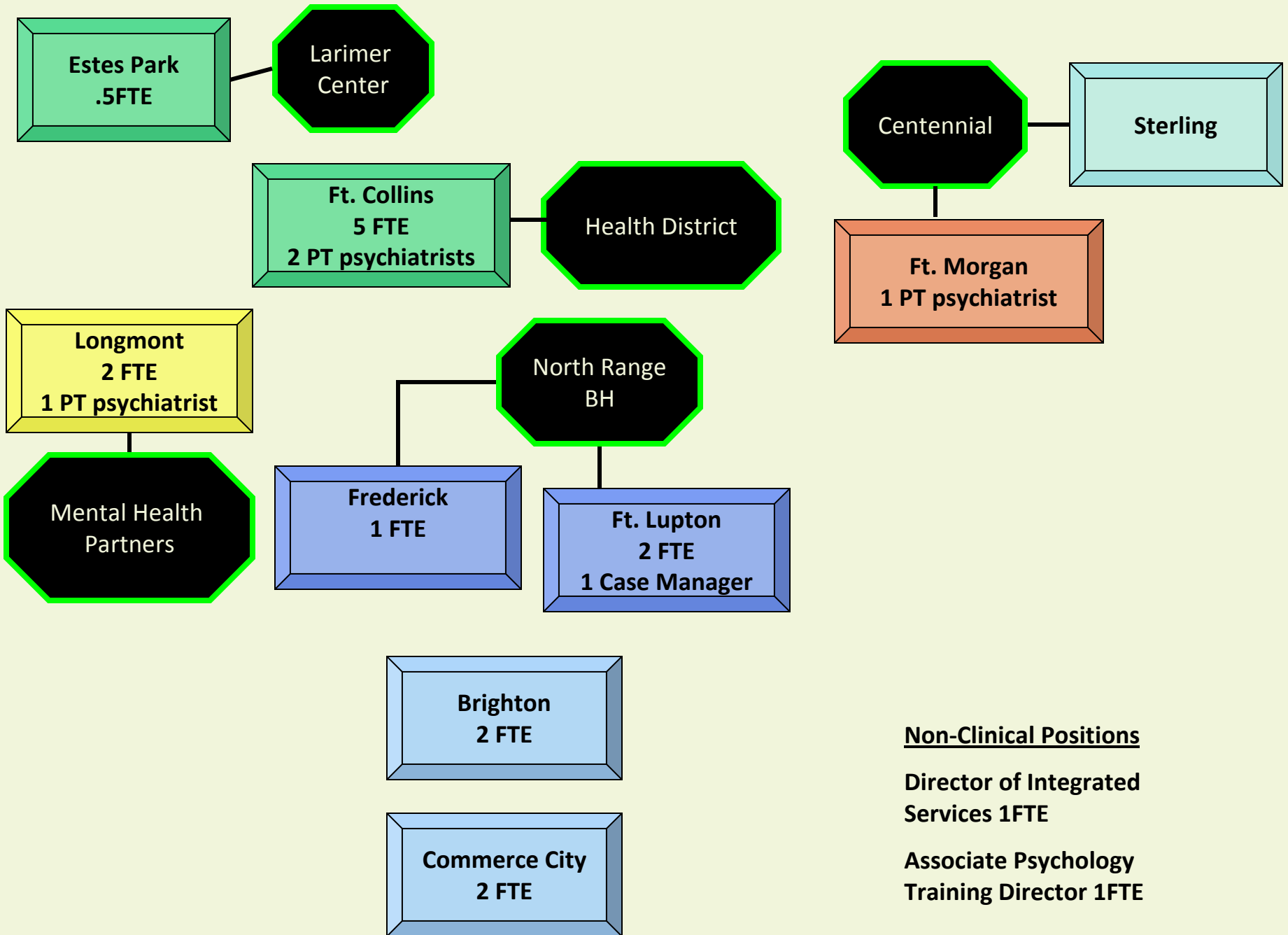


Spitzer et al., JAMA.1994; 272(22): 1749-1756



Transitioning to practice

THE SALUD STORY



Service-Delivery

BHP Initiated

Screening

PCP Initiated

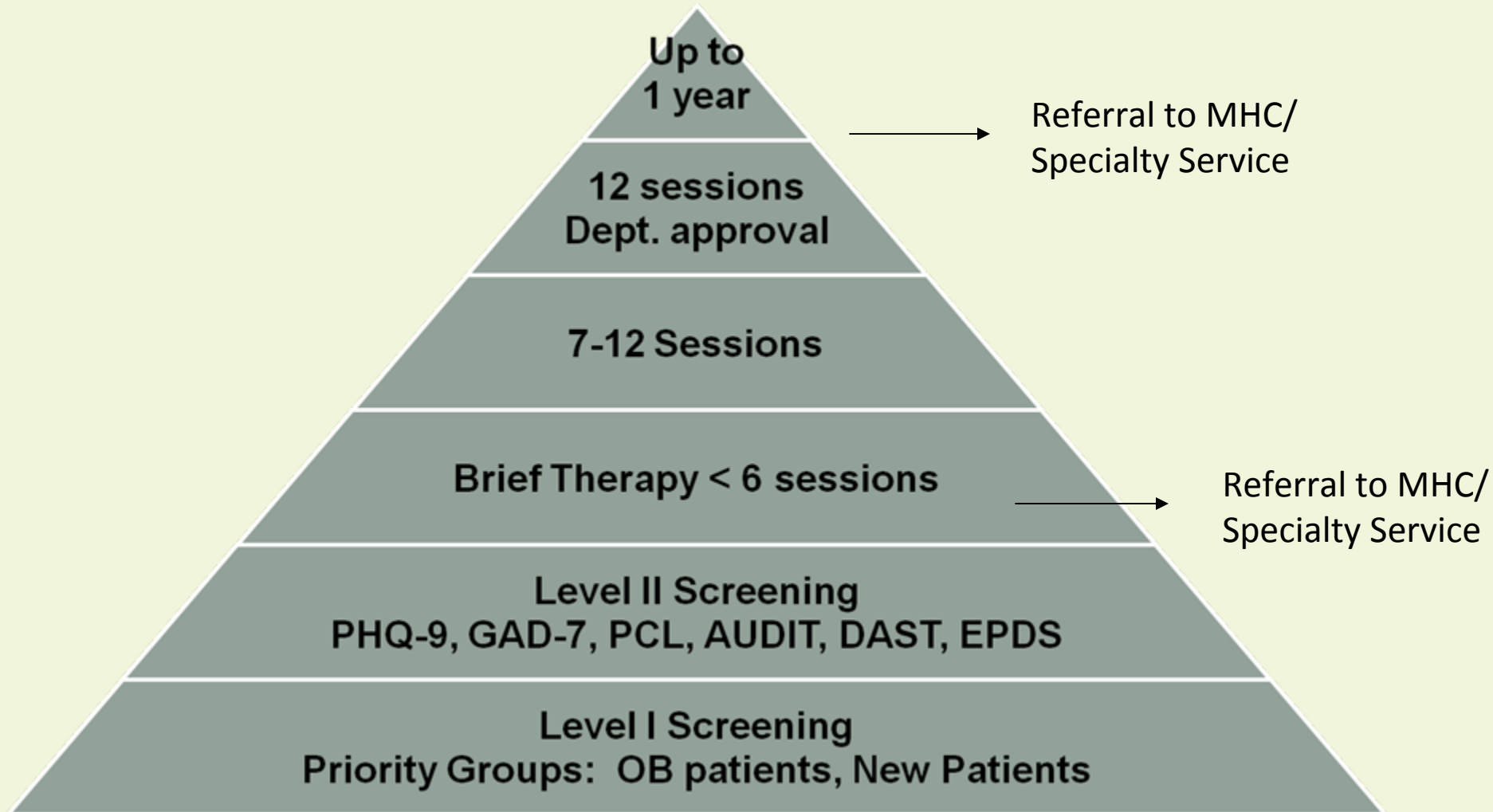
**Consultation,
Evaluation, & Brief
Interventions**

Patient Initiated

Therapy

**A completely integrated primary care system that
provides quality population-based care through
improved access**

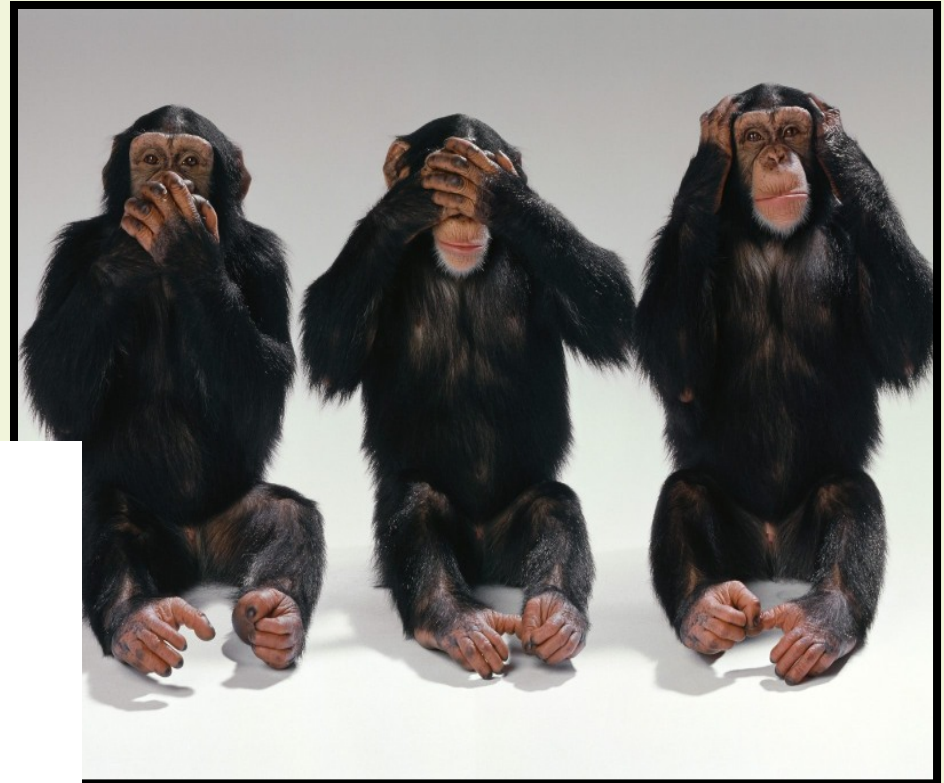
Adult Screening to Treatment Protocol



What We Know

- Depression: 35%
- Anxiety: 35%
- Trauma: 13%
- Alcohol: 10%
- Substances: 4%
- Smoking: 30%
- Safety of Living Environment: 2%

What it Means



It's not just about depression

Disease-specific models are for people with specific diseases treated in systems that can accommodate disease-specific models

PCMH 2: Identify and Manage Patient Populations

Element C: Comprehensive Health Assessment that includes:

6. Behaviors affecting health
7. Pt and family mental health/substance abuse
8. Developmental screening using a standardized tool
9. Depression screening for adults & adolescents using a standardized tool

PCMH 3: Plan and Manage Care

Element A: Implement Evidence-Based Guidelines through point of care reminders for patients with:

3. The third condition, related to unhealthy behaviors or mental health or substance abuse

To receive a 50% or 100% score, at least one identified condition must be related to #3 (obesity, smoking, drug addiction, alcoholism, depression, anxiety, ADHD)

PCMH 4: Provide Self-Care Support and Community Resources

Element B: Provide Referrals to Community Resources

3. Arranges or provides treatment for mental health and substance abuse disorders

Recommendations

- Strategies trump models
- Building the infrastructure to support the idea
- Meaningful use of meaningful measures
- Doing what we can to do today to help us build the case for doing it tomorrow
- Making the business case
- Training providers for the system we want, not the system we have

Thank you

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