



# Medical and Mental Disorders ONC-SAMHSA Behavioral Health Clinical Quality Measure



Caroline Carney Doebbeling, MD, MSc  
Chief Medical Officer  
MDwise, Inc.  
August 9, 2012

Exclusively serving Indiana families since 1994.



# Introduction

- MDwise is Indiana's largest not-for-profit health plan exclusively serving Medicaid populations
- Managed Care and Care Management programs
- 300,000 members throughout Indiana
- Delivery system model



# Overview

- What is comorbidity?
- Why does it happen?
- Why is it important?
- What can we do?

## Case History

- 28 y/o seen in ED for extreme agitation, complaining that he needed treatment for ADD, and complained of hearing voices
- Seven ED visits and two inpatient mental health stays in 2012 year to date
- Admitted to inpatient psychiatry unit
- Treated with two antipsychotics, one mood stabilizer, one benzodiazepine, and two antidepressants
- Diagnoses over time included: schizophrenia, schizoaffective disorder, bipolar disorder, borderline personality disorder, PTSD, ADHD, substance abuse
- Developed GERD, pancreatitis, type II DM

## The rest of the story

- At day seven of inpatient stay, unit called to request coverage of further days of stay
- On review
  - No standardized assessments
  - Increases in medications, with potential for significant drug:drug interaction
  - Emergency department labs ignored
- Final Diagnosis
  - Urine drug screen was positive at admission for PCP
  - All prior hospitalizations associated with positive drug screens on admit
- No links to primary care, except through ED care

# How is Comorbidity Defined?

- Comorbidity – the co-occurrence of mental and physical disorders in the same person, regardless of the chronological order in which they occurred or the causal pathway linking them

# Scope of Problem

National Comorbidity Survey Replication, 2001–2003

58% of adults have medical conditions

The diagram consists of two overlapping circles. The left circle is labeled '58% of adults have medical conditions'. The right circle is labeled '25% of adults have mental conditions'. The overlapping area in the center is shaded darker blue. Two blue arrows point from the text at the bottom to the overlapping area: one from the left text to the left side of the overlap, and one from the right text to the right side of the overlap.

25% of adults have mental conditions

68% of adults with mental disorders have medical conditions

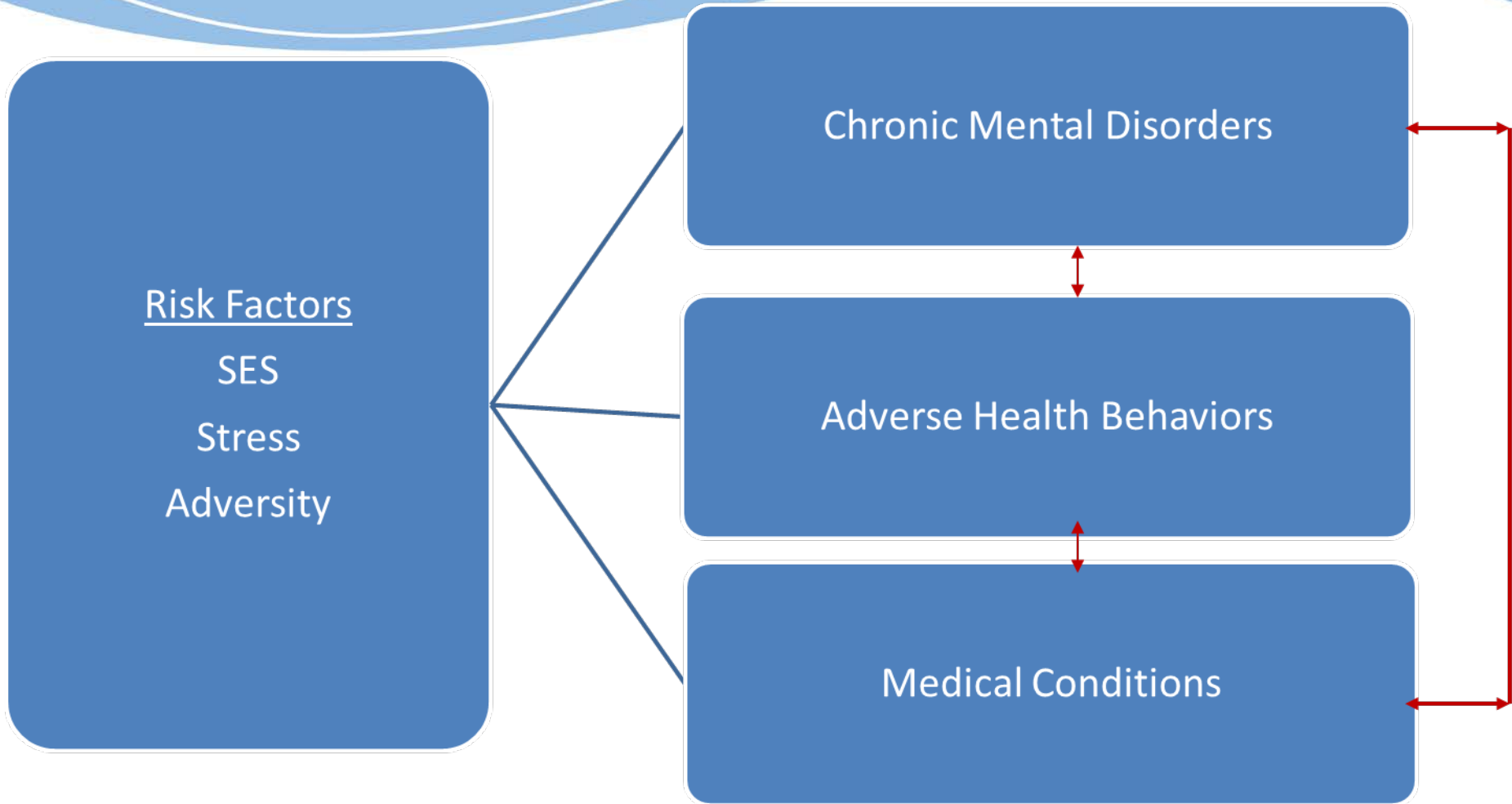
29% of adults with medical conditions have mental disorders

## Alcohol, Substances, and Primary Care

- Alcohol-related disorders occur in up to 26% of general medical clinic patients--prevalence rate similar to those for such other chronic diseases as hypertension and diabetes
- 6.1% of the population age 12 and older, currently use illicit drugs
- 15.8% had engaged in binge or heavy drinking
- 5 million users of illicit drugs and 18 million people with alcohol use problems need treatment, but only one fourth of them receive it



# Why?

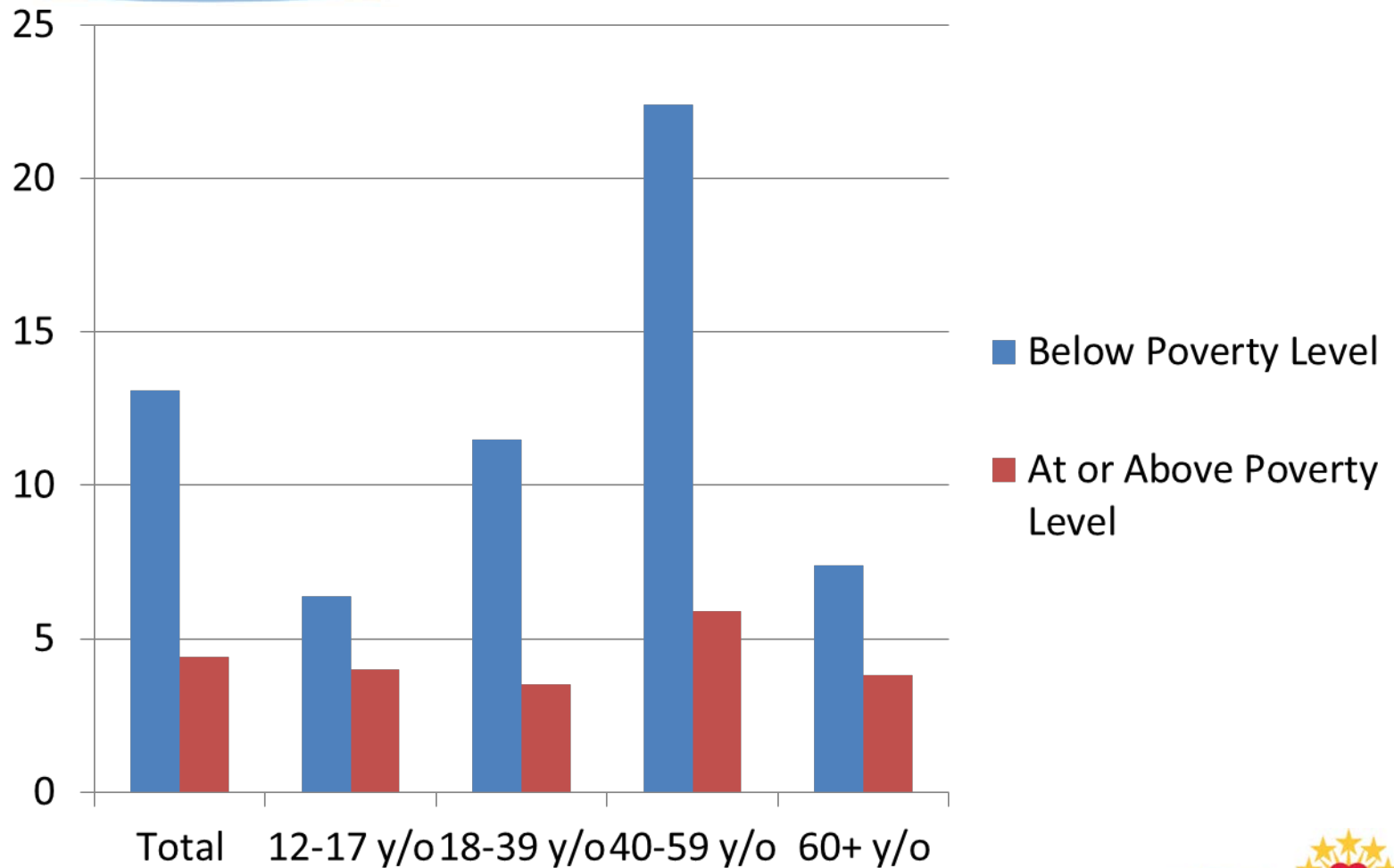


Katon WJ. "Clinical and Health Services Relationships between Major Depression, Depressive Symptoms, and General Medical Illness." *Biological Psychiatry*, vol. 54, no. 3, 2003.

# Why? Stress

- Exposure to stressors is linked to a weakening of the immune system and an increase in the inflammatory response
- Mental disorders, such as depression, are also linked to altering the immune function and increasing inflammation
- The inflammatory response is usually a good thing to fight infection or injury
- BUT, too much inflammation over too long a time leads to illness

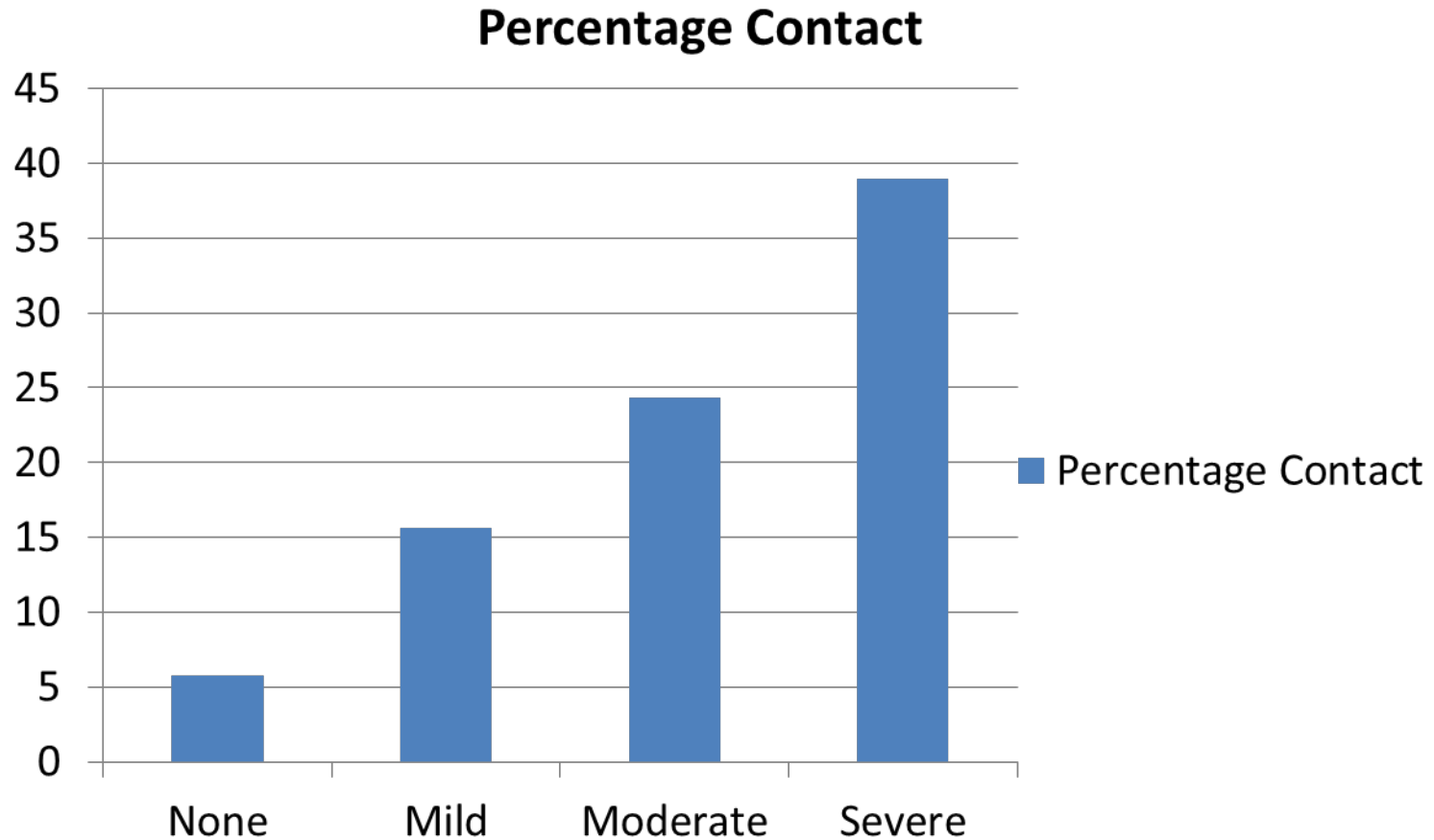
# % of Persons with Depression by Poverty Status: 2005-2006



NCHS Data Brief Sept 2008



# % Persons who had Contact with Mental Health Professional by Depression Severity



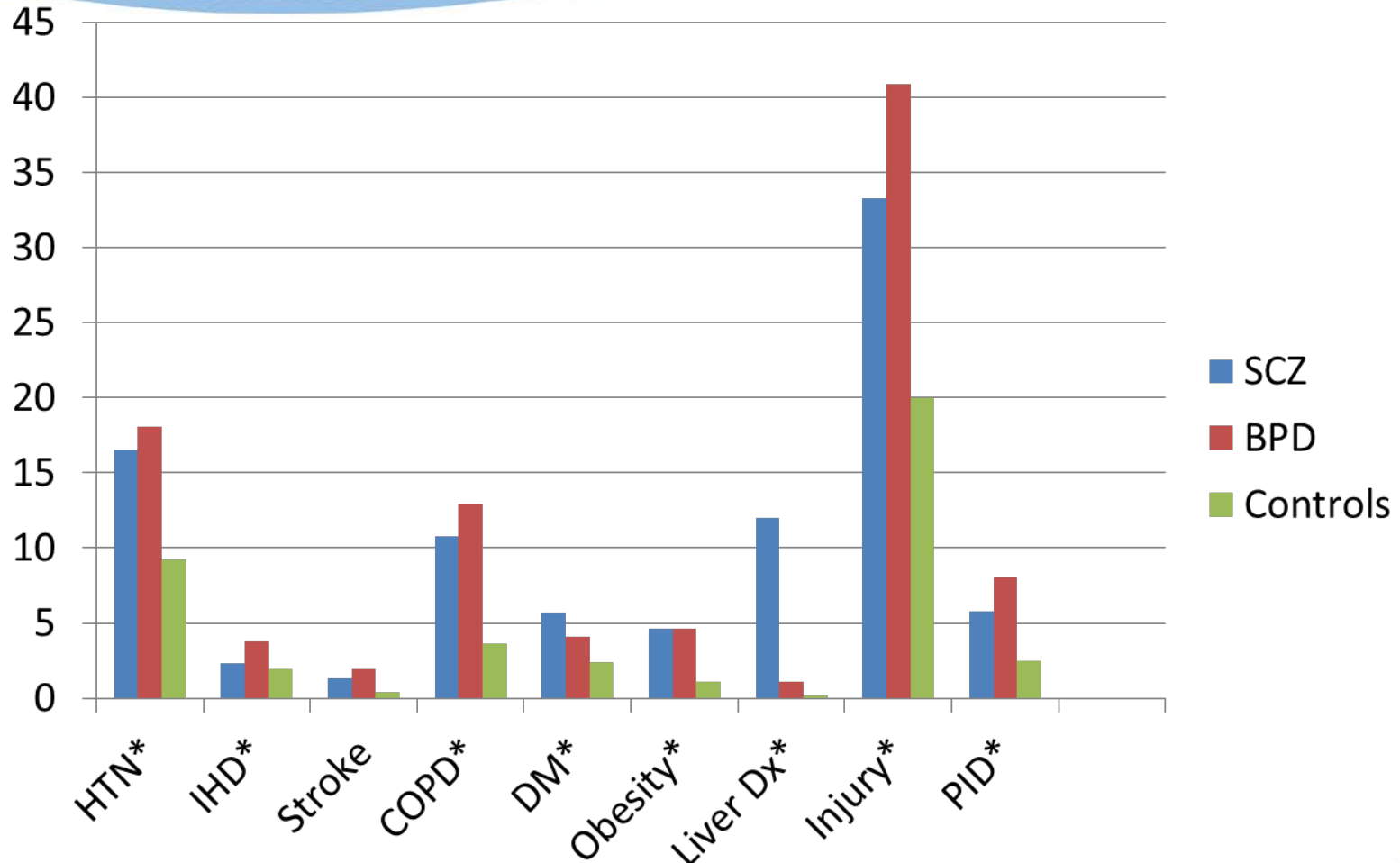
Mental Health Professional defined as psychologist, psychiatrist, psychiatric nurse, or clinical social worker

# Why?

## Adverse Behaviors

- Persons with mental illness are more likely to smoke
  - 44% of all cigarettes in the U.S. are consumed by persons with mental disorders
  - Persons with mental conditions are 2-3X as likely to smoke
- Persons treated for schizophrenia and bipolar disorder are 12X & 20X more likely to be treated for alcohol abuse
- Persons treated for schizophrenia & bipolar disorder are 35X and 42X more likely to be dependent on illegal drugs
- Up to 43 percent of civilians with PTSD & up to 75 percent of veterans with PTSD have a substance abuse disorder
- People with severe mental illness (SMI) report less physical activity
- People with SMI have diets high in fat, low in protein, fresh foods
  - Access and economic issues

# Medical Comorbidity with SMI?



Carney, Jones: Psychosomatic Medicine & JGIM



# What Is the Population Burden?

- 34 million American adults, or
- 17 percent of the adult population
- Which is more people than living in...

2001–2003 National Comorbidity Survey Replication



# The entire state of Texas



US Bureau of Statistics, 2011 population  
data for Texas 25,674,681



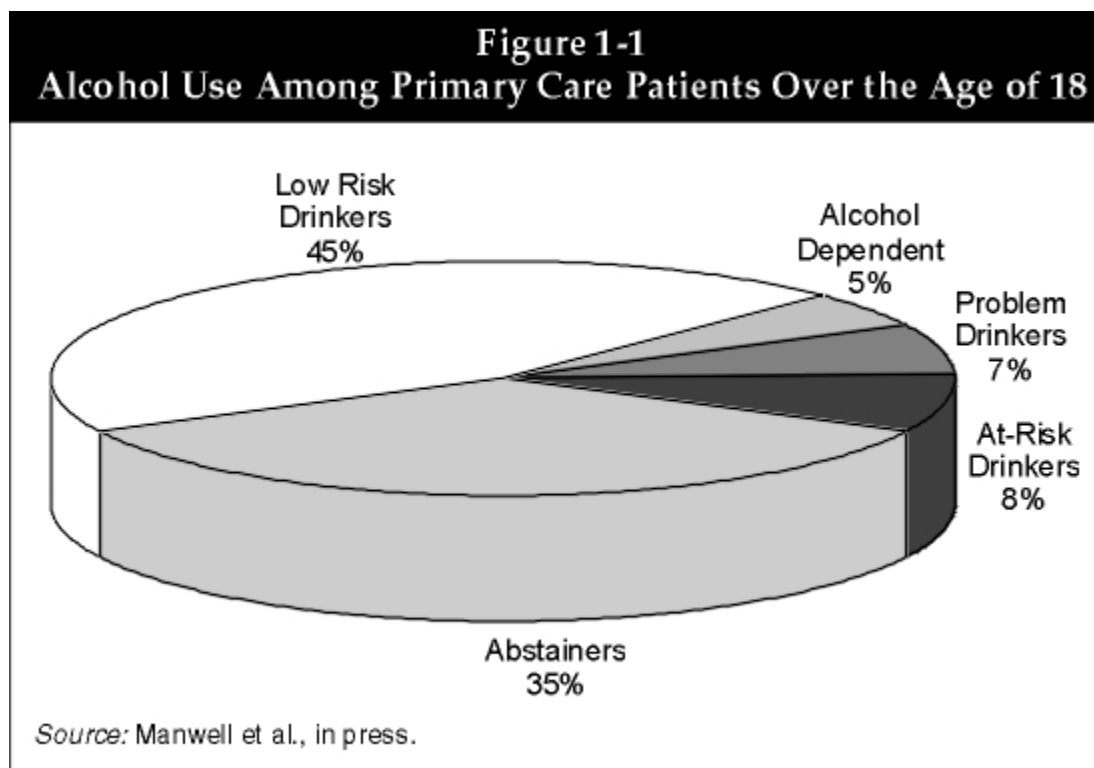
# What Does Comorbidity Practically Mean?

- The odds of severe disability among those with both mental disorder and physical conditions were significantly greater than the sum of the odds of the single conditions
- Loss of role functioning
  - Education
  - Employment
  - Parenting

[Psychol Med.](#) 2009 Jan;39(1):33-43. Epub 2008 Mar 26.



# Alcohol Use in Primary Care



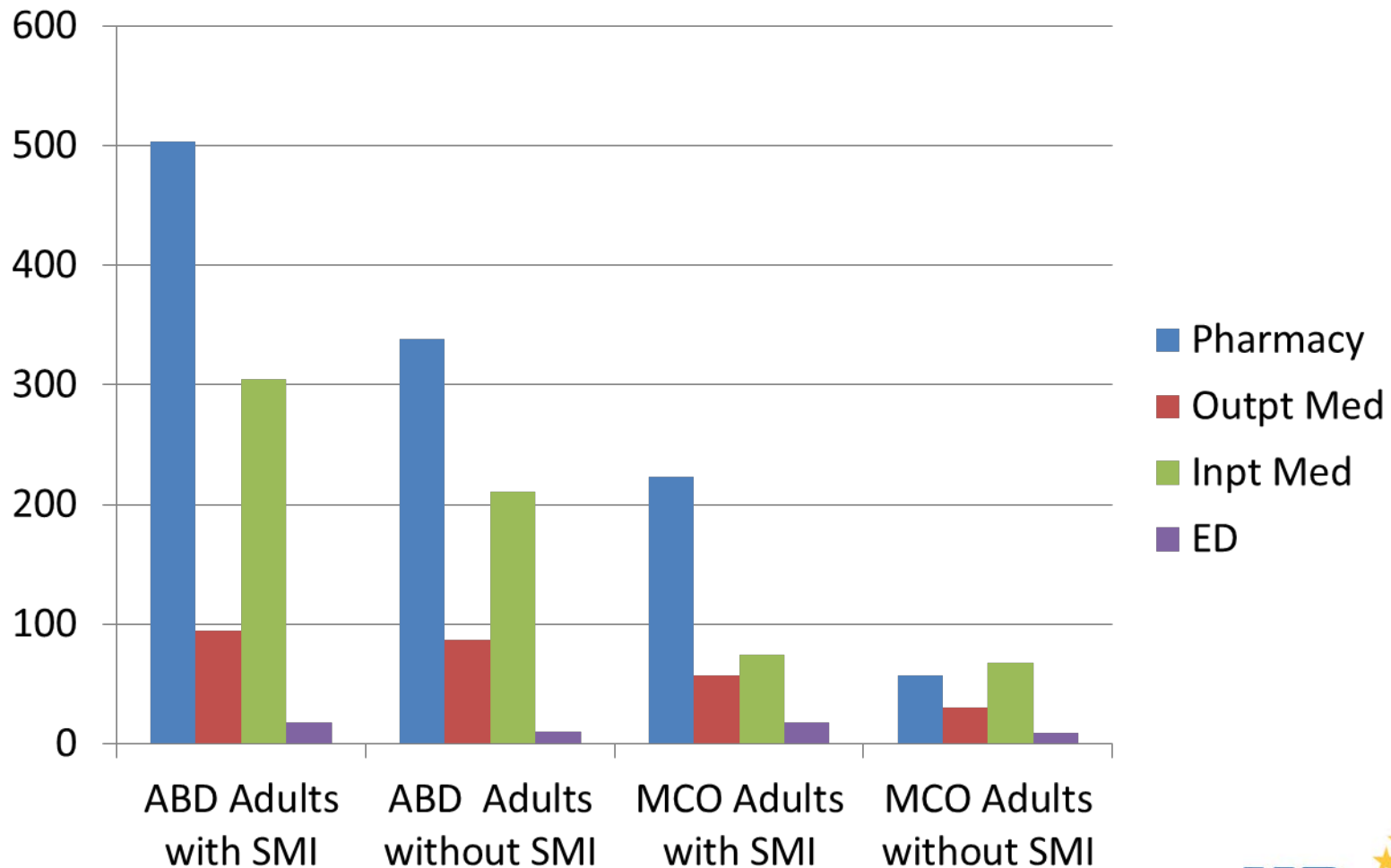
# Opana Abuse in USA Overtakes Oxycontin: USA Today



*A masked man walked into a Fort Wayne, Ind., drugstore early one Saturday morning, approached the pharmacy counter and, realizing it was closed, left.*

*An hour later, wearing the same mask, he entered the store across the street, handed the pharmacist a list of drugs scrawled on a napkin and threatened to kill the pharmacist if he didn't get them, police say.*

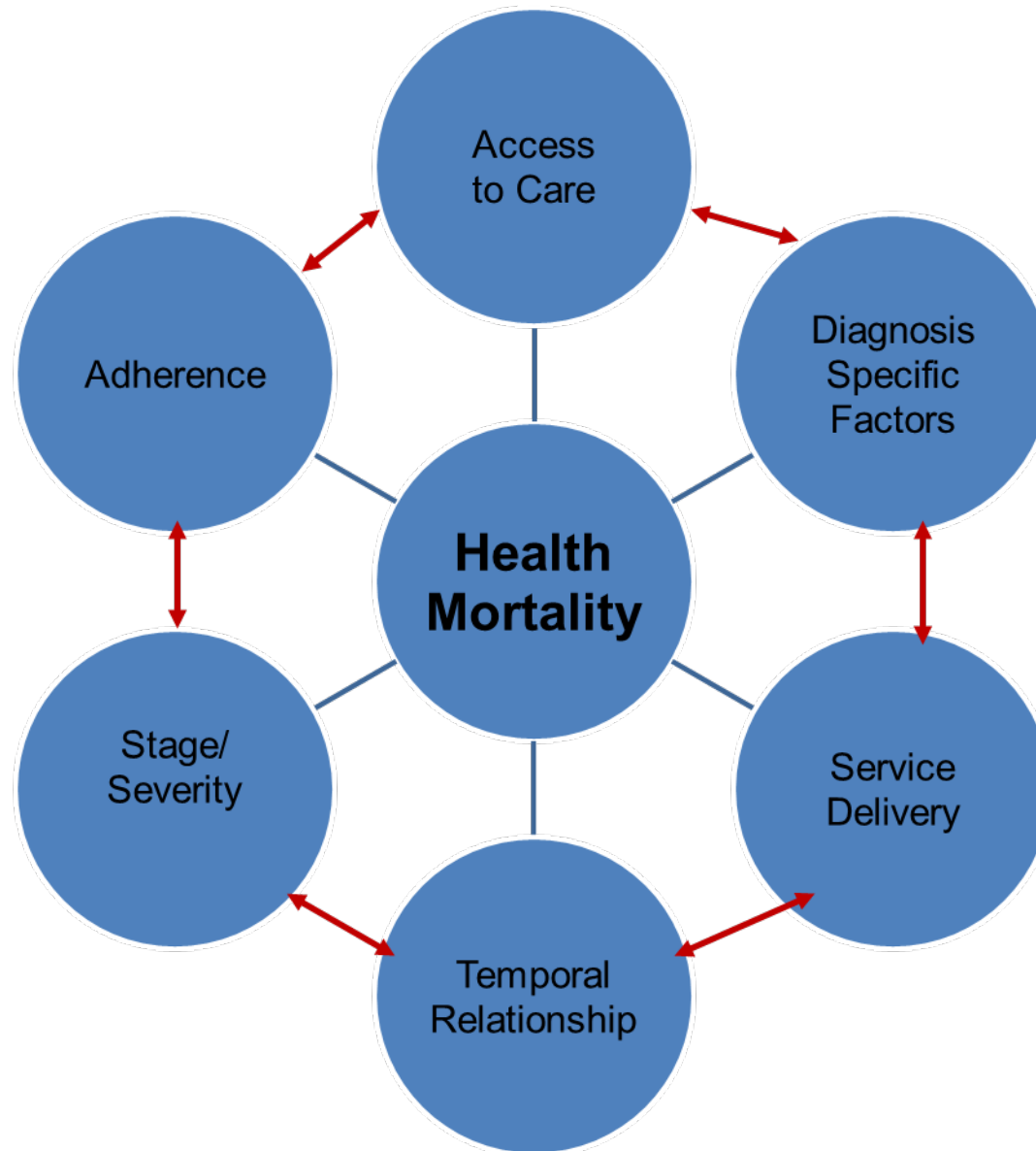
# PMPM Costs for Adult Medicaid Enrolled Members With and Without SMI—CY2009



# Mortality Due to Mental Illness

- Persons receiving public assistance 1997-2001
- Nine states reporting
- SMR's ranged from 1.2 (VA) to 4.9 (TX)
- Average years of life lost: 25-32 yrs.
- Average age of death: 49-60 y/o
- Comparable to US Mortality in 1930's

# Factors Contributions to Illness and Mortality



# Models of Successful Integration

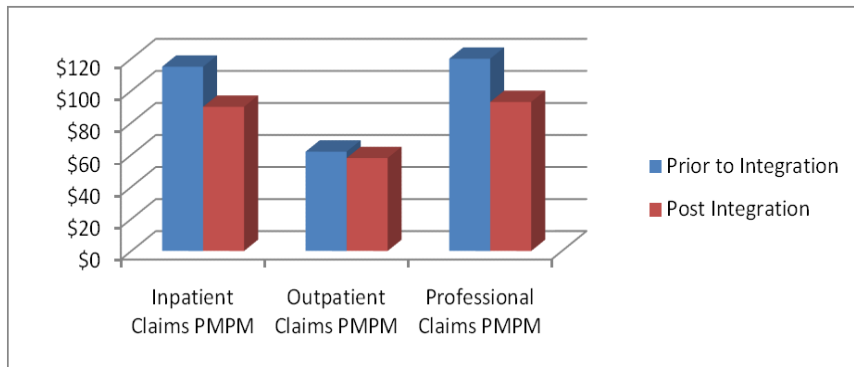
- Care Management/PCP Embedded in Community Mental Health
  - Navigation Barriers
  - Expertise and trust with SMI
  - Focus on common conditions, preventive care
- Behavioral Care Embedded or Closely Coordinated with Medical Setting or Medical Homes
- Four Quadrant Model to Identify those with need
- Performance measures around what matters

# MDwise and Integrated Care

- 68 RIDs Examined after 2 Statistically Extreme Outliers were Removed
- All Visit Types are Included
- Pharmacy is Excluded

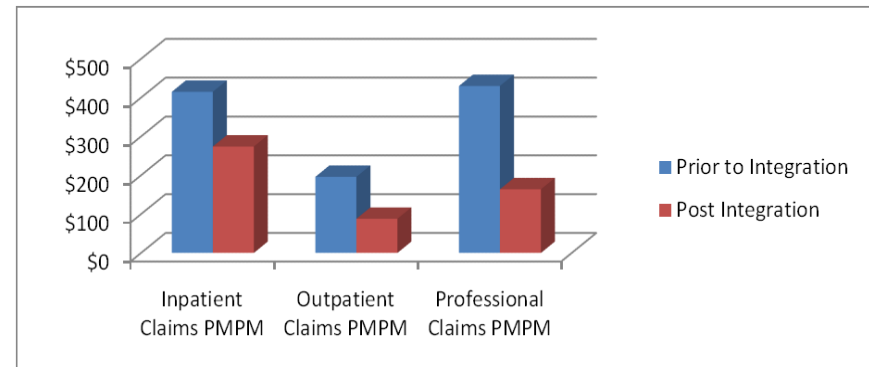
MidTown and North Shore Members with at least one month of eligibility prior to and after initial integration visit.

	Prior to Integration	Post Integration
Inpatient Claims PMPM	\$115	\$90
Outpatient Claims PMPM	\$62	\$58
Professional Claims PMPM	\$120	\$93



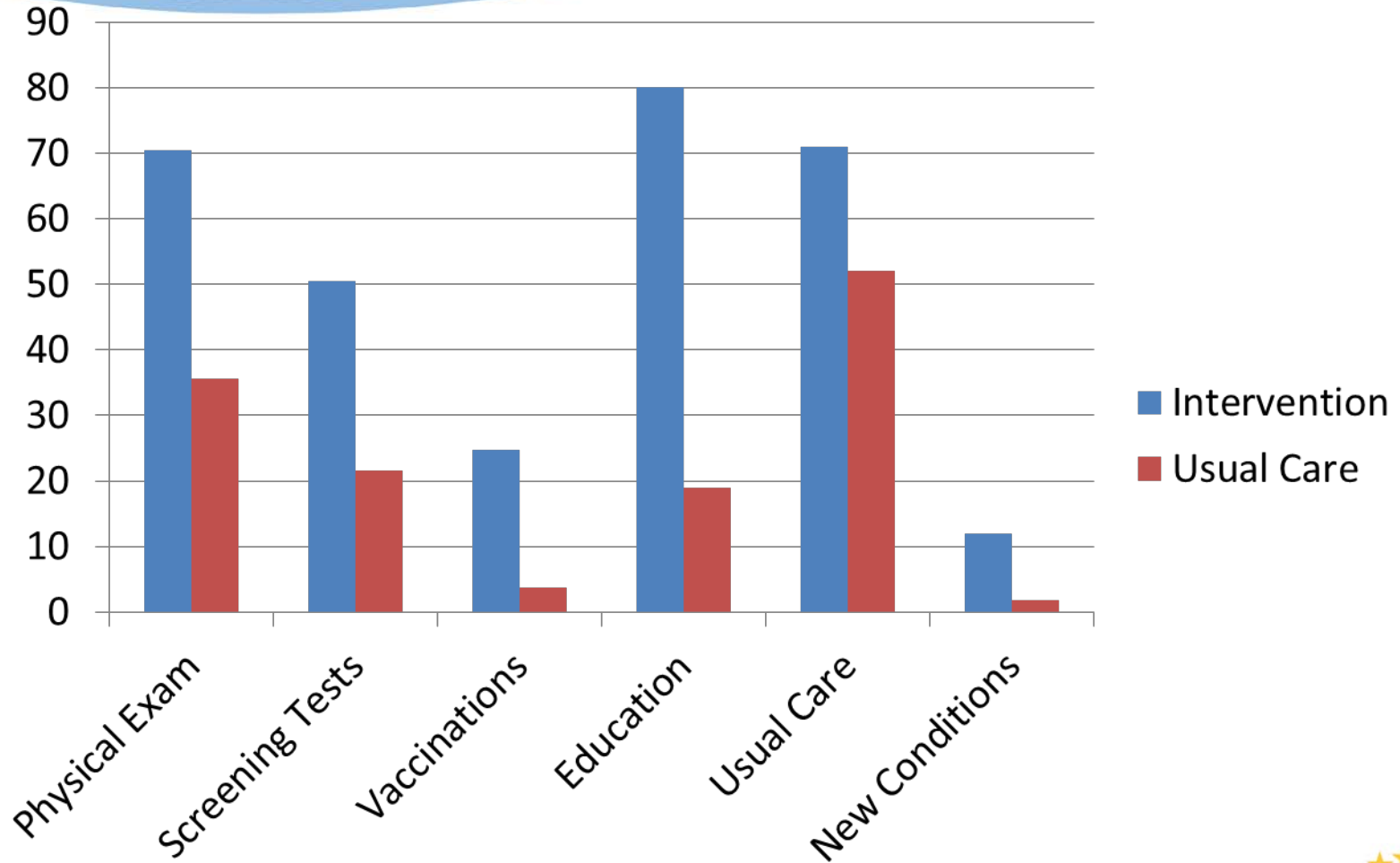
MidTown and North Shore Members with 6+ months of eligibility prior to 9+ months after initial integration visit.

	Prior to Integration	Post Integration
Inpatient Claims PMPM	\$415	\$274
Outpatient Claims PMPM	\$196	\$88
Professional Claims PMPM	\$430	\$164





# Quality of Preventive Services



All differences  $p < 0.001$

Druss, et al. Am J Psych, 2010



# Barriers

- Lack of qualified and/or willing providers
- Lack of integrated medical records between behavioral health and medical providers
- Lack of funding for start-up costs
- Lack of incentive in FFS models
- Lack of payment structures to compensate comprehensive care, or provider medical care in traditional mental health settings, or mental health care in medical settings

# American Board of Internal Medicine: Residency Requirements

- The 36 calendar months of full-time internal medicine residency education:
- Must include at least 30 months of training in general internal medicine, subspecialty internal medicine and emergency medicine. Up to four months of the 30 months may include training in areas related to primary care, such as neurology, dermatology, office gynecology or office orthopedics.
- May include up to three months of other electives approved by the internal medicine program director.
- Includes up to three months of leave for vacation time.

# Psychiatry Requirements

- A minimum of four-months in a primary care clinical setting that provides comprehensive and continuous patient care in specialties such as internal medicine, family medicine, and/or pediatrics. Neurology rotations may not be used to fulfill this four-month requirement. One month of this requirement may be fulfilled by either an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures, and
- No more than eight months in psychiatry.

# Family Medicine Requirements

- Human Behavior and Mental Health
  - should acquire knowledge and skills in this area through a program in which behavioral science and psychiatry are integrated with all disciplines throughout the residents' total educational experience.
- Training should be accomplished primarily in an outpatient setting through a combination of longitudinal experiences and didactic sessions.

# Family Medicine Requirements

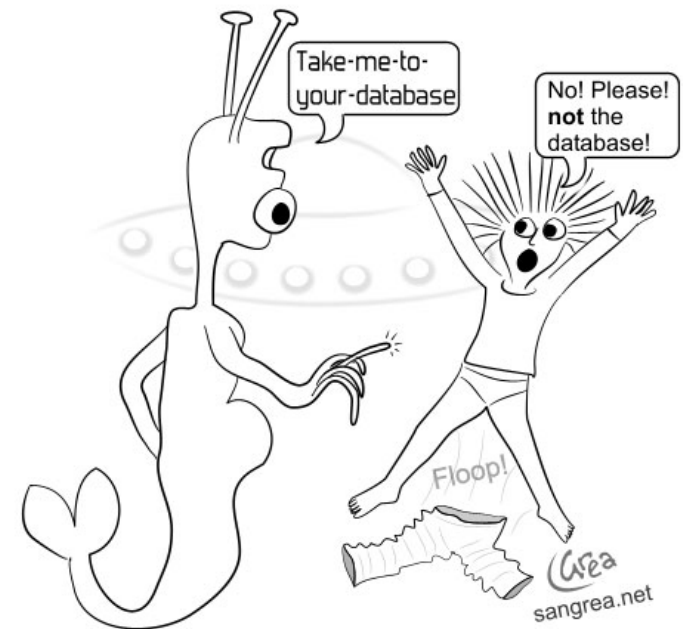
- There must be instruction and development of skills in the diagnosis and management of psychiatric disorders in children and adults, emotional aspects of non-psychiatric disorders, psychopharmacology, alcoholism and other substance abuse, the physician/patient relationship, patient interviewing skills, and counseling skills. This should include videotaping of resident/patient encounters or direct faculty observation for assessment of each resident's competency in interpersonal skills.

[http://www.acgme.org/acWebsite/downloads/RRC\\_progReq/120pr07012007.pdf](http://www.acgme.org/acWebsite/downloads/RRC_progReq/120pr07012007.pdf)



# Encounter Claims and the Attempt to Measure Quality

- Limited delivery of encounter claims by plan
- Behavioral Health services carve outs
- <5% estimated behavioral health
- Sporadic pharmacy claims
- Instituted claims capture P4P
- Physical health/pharmacy 90%
- Mental health 75%



Sci-fi in the 21st century

## What Do We Do?

- Continuity and Coordination of Care
  - Range from 5-53% of audited charts had evidence of at least one exchange of information
- HIPPA Clarifications
- Data capture through EMRS—links between physical and behavioral health
- Training and work force issues
- Standardized Assessments: GAD, PHQ, MAST, CAGE
- Review of psychopharmacological treatment in primary care; ED
- Review of narcotic pain medications
- Payment practices
- Models of care