

The Poor Health Status of Consumers of Mental Health Care The Interaction of Behavioral Disorders and Chronic Disease

Brenda Harvey, Commissioner, Maine DHHS
Elsie Freeman, M.D. M.P.H. (elsie.freeman@maine.gov)
Medical Director, Maine DHHS
James T. Yoe, Ph.D (jay.yoe@maine.gov)
Director, Maine DHHS, Office of Quality Improvement




*Quality Improvement
Services*

*An Office of the
Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

What Do We Know About the
Health Status of Persons with
Serious Mental Illness?

A faint, semi-transparent image of two hands shaking is visible in the background, centered horizontally and positioned below the main text. The hands are rendered in a light teal color, matching the background, and are shown in a firm grip, symbolizing support or agreement.

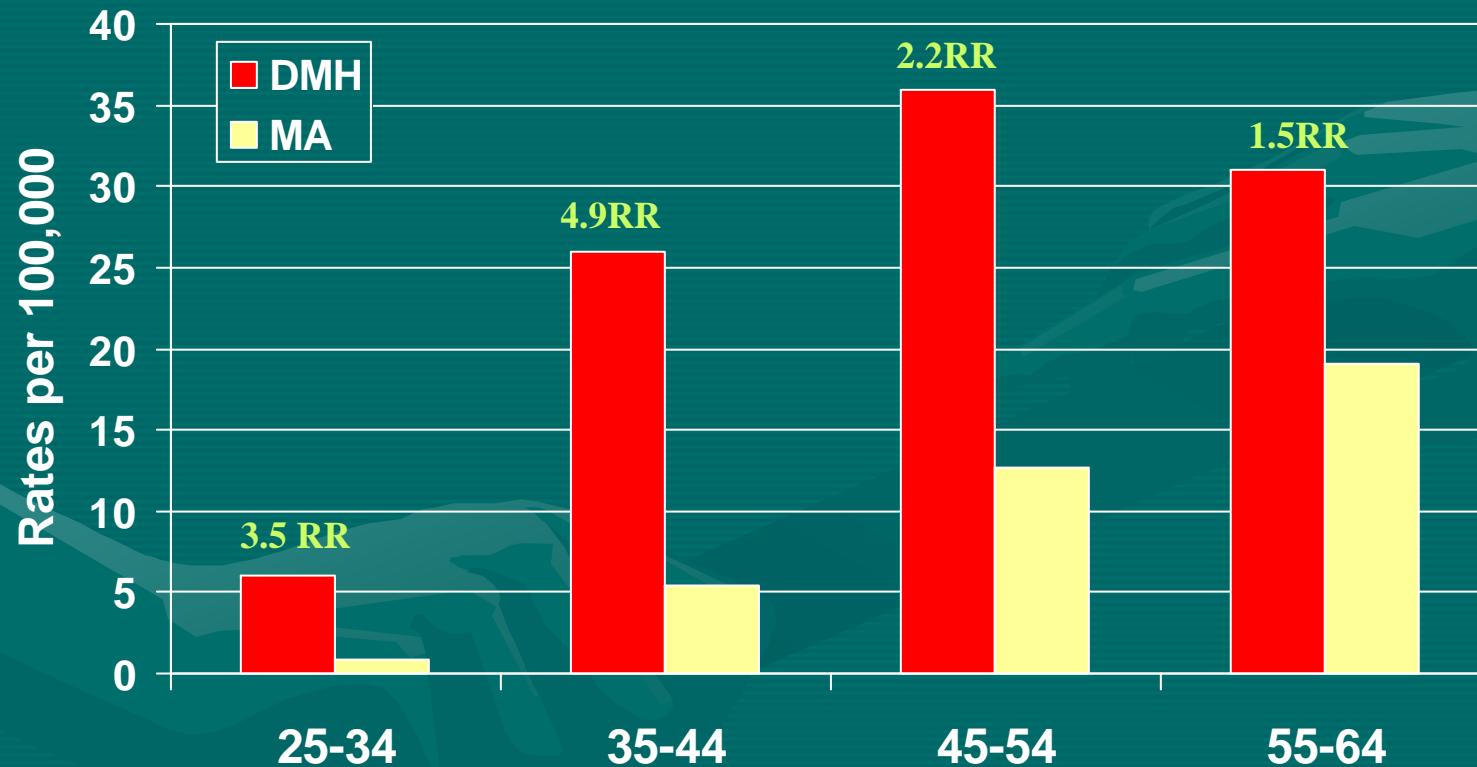
Recent Multi-State Study Mortality Data: Years of Potential Life Lost

Year	AZ	MO	OK	RI	TX	UT	VA (IP only)
1997		26.3	25.1		28.5		
1998		27.3	25.1		28.8	29.3	15.5
1999	32.2	26.8	26.3		29.3	26.9	14.0
2000	31.8	27.9		24.9			13.5

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

Colton CW, Manderscheid RW. Prev Chronic Dis 2006 Apr .
URL:http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

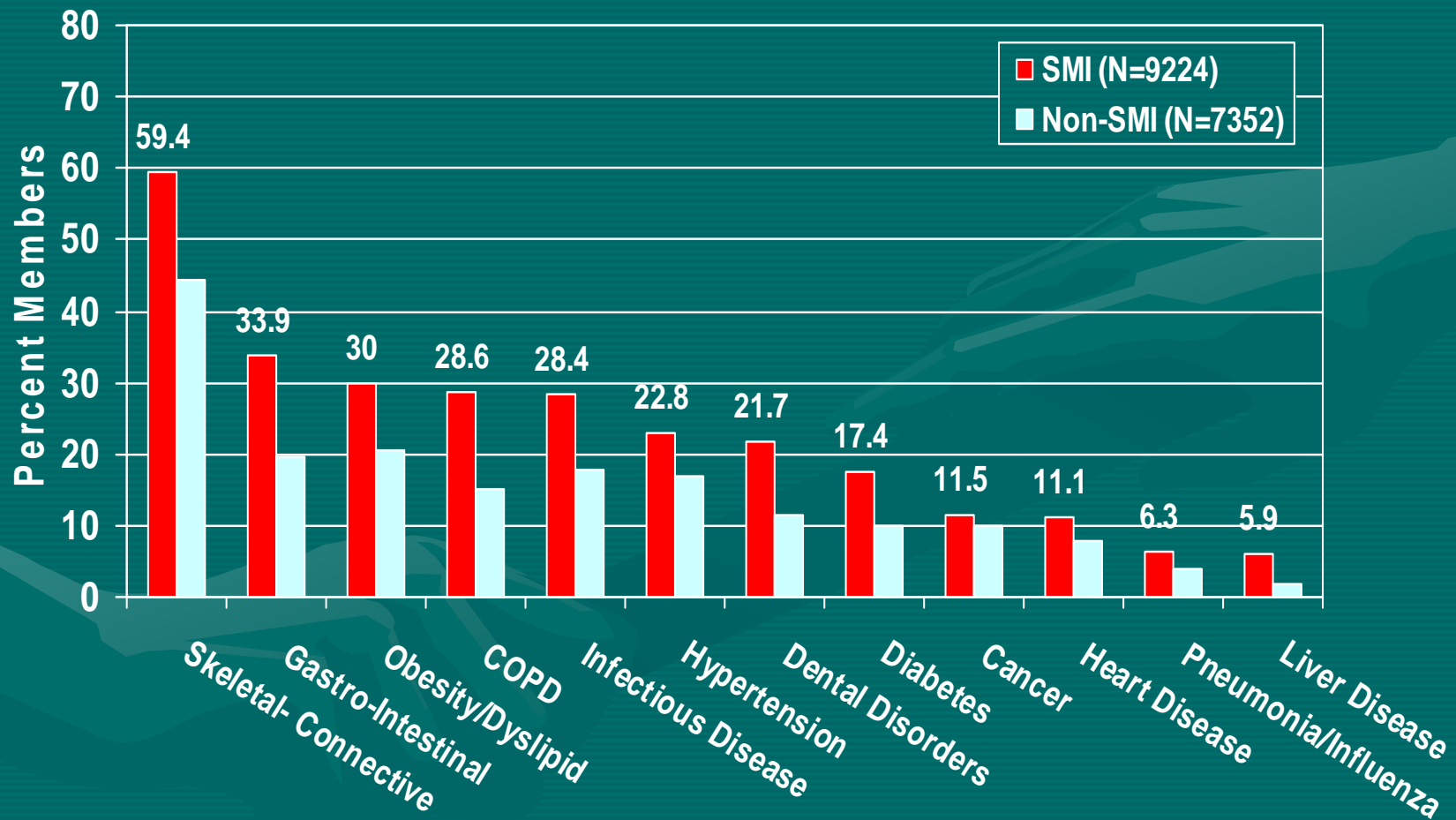
Deaths from Heart Disease by age group.
Mass DMH Enrollees with SMI compared to general
Massachusetts population 1998-2000



Cardiovascular Disease is Associated with the Largest Number of Deaths in the SMI population

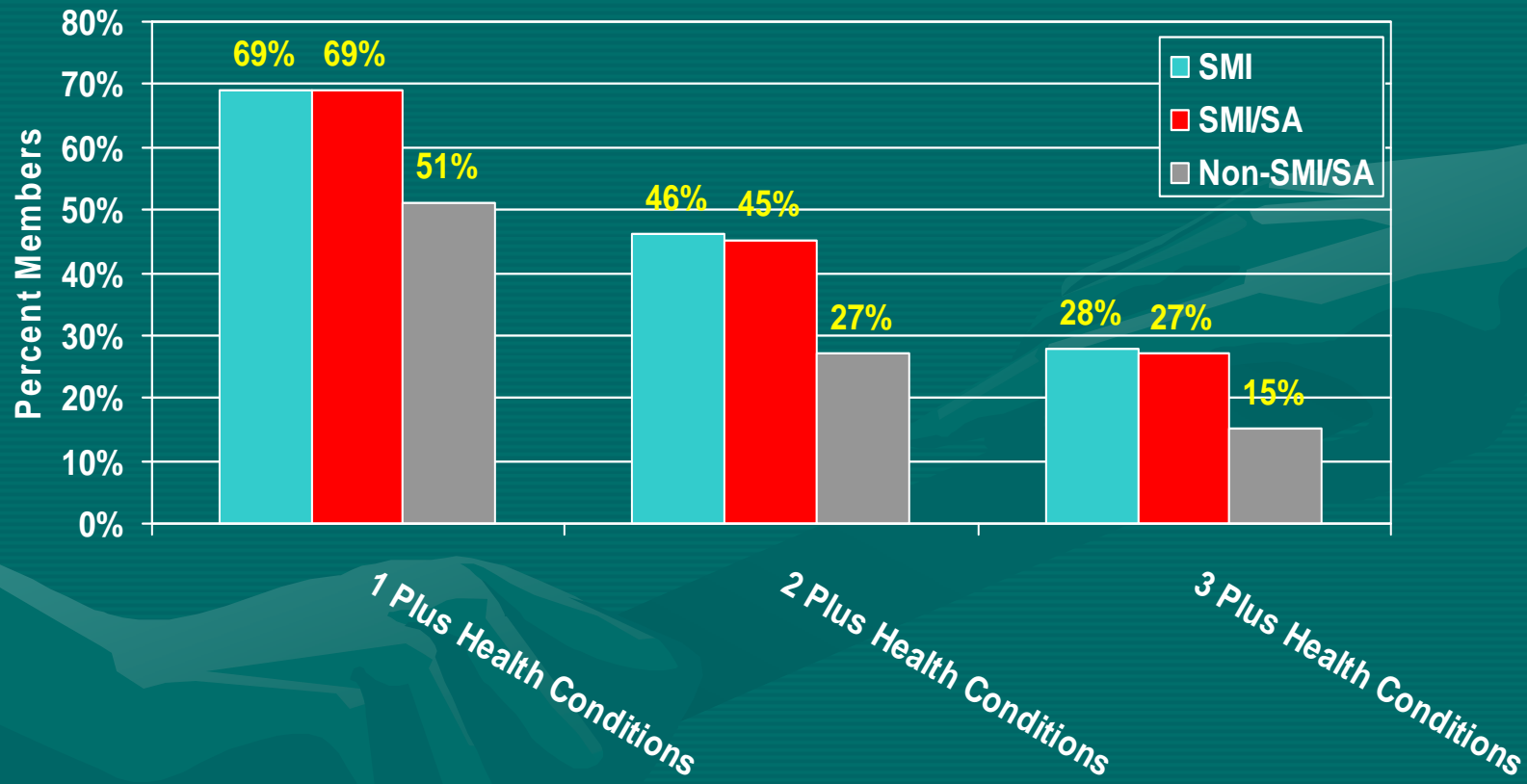
Deaths related to heart disease exceed
deaths from suicide

Comparison of Health Disorders Between SMI & Non-SMI Groups in Maine Medicaid



Burden of Medical Illness

Maine Medicaid





For Persons with SMI
Chronic Health Conditions Are an
Expectation
Not an Exception

WHY?

- Metabolic Changes related to Mental Illness
- Psychotropic Medications
- Lifestyle issues: smoking, physical activity and nutrition
- Poor access to quality health care
- Disconnect between health and mental health systems

WHY: the Biology of Mental Illness

- Increased platelet stickiness and thrombogenesis, reversed by antidepressant medication
- Increase in endothelial inflammation markers
- Prolonged sympathetic nervous system activation
- Changes in insulin and gluco-corticoid signalling
- Increases in cortisol and adipokinines, reversed by antidepressants

Depression is a risk factor for stroke and coronary artery disease

- Independent of age, gender, lifestyle
- Likelihood of developing myocardial infarction 4X
- Likelihood of stroke 2.6 X general population
- ?Increased platelet activation, endothelial dysfunction, elevated inflammation markers, deficiencies in omega-3 fatty acids

Larson et al, *Stroke*. 2001;32:1979; Yamanaka et al, *Biomed Pharmacother*. 2005 Oct; 59 Suppl 1:S31; Marzari et al, *J Gerontol A Biol Sci Med Sci*. 2005;60(1):85-92

WHY: Lifestyle Issues

- Smoking
- Physical Inactivity
- Poor nutrition



Health Risk

*Maine DIG Surveys
(Age 18-64 Years)*

Health Risk	Age Group	2007 DIG Survey (n=731)	2007 Maine BRFSS
Smoking	18-44	46.1%	26.3%
	45-64	49.5%	18.8%
Obesity	18-44	49.4%	26.0%
	45-64	49.6%	27.6%

WHY: Risk Factors Affected by Psychotropic Medication

- Weight gain
- Insulin resistance – high blood glucose
- Dyslipidemia – abnormal fats in blood

American Diabetes Association, American Psychiatric Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity:

Consensus Conference on Antipsychotic Drugs and Risk of Obesity and Diabetes

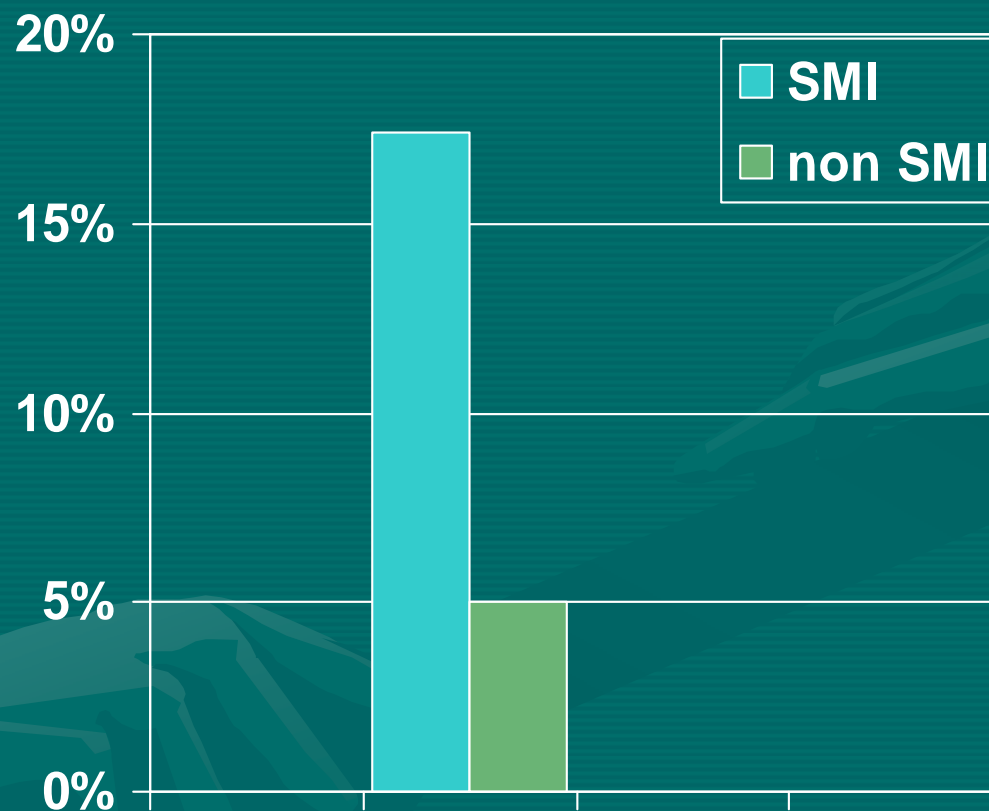
Drug	Weight Gain	Diabetes Risk	Dyslipidemia
clozapine	+++	+	+
olanzapine	+++	+	+
risperidone	++	D	D
quetiapine	++	D	D
aripiprazole	+/-	-	-
ziprasidone	+/-	-	-

+ = increased effect; - = no effect; D = discrepant results.

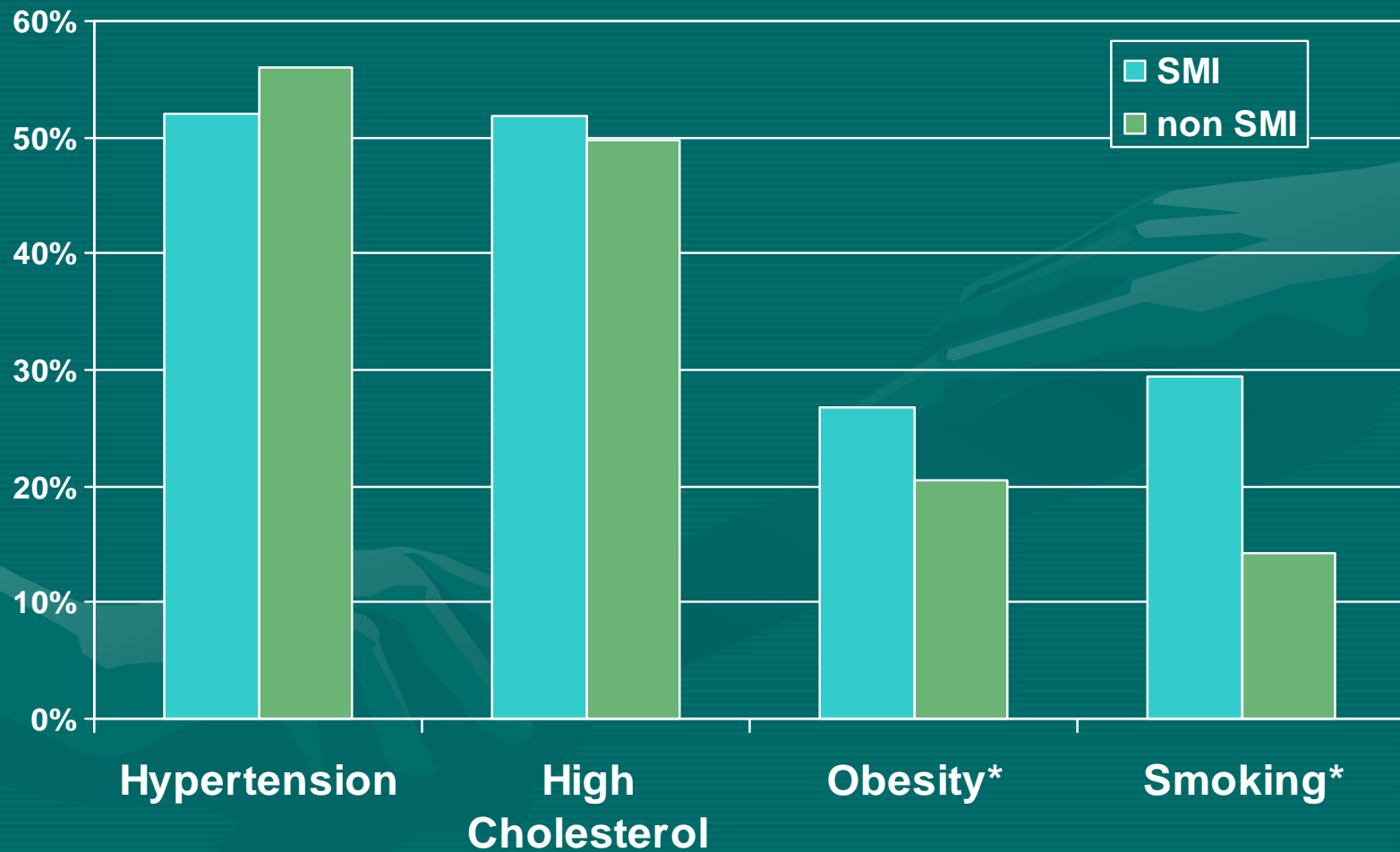
**Not only biology,
lifestyle and
psychotropics**

Access and Quality of Care

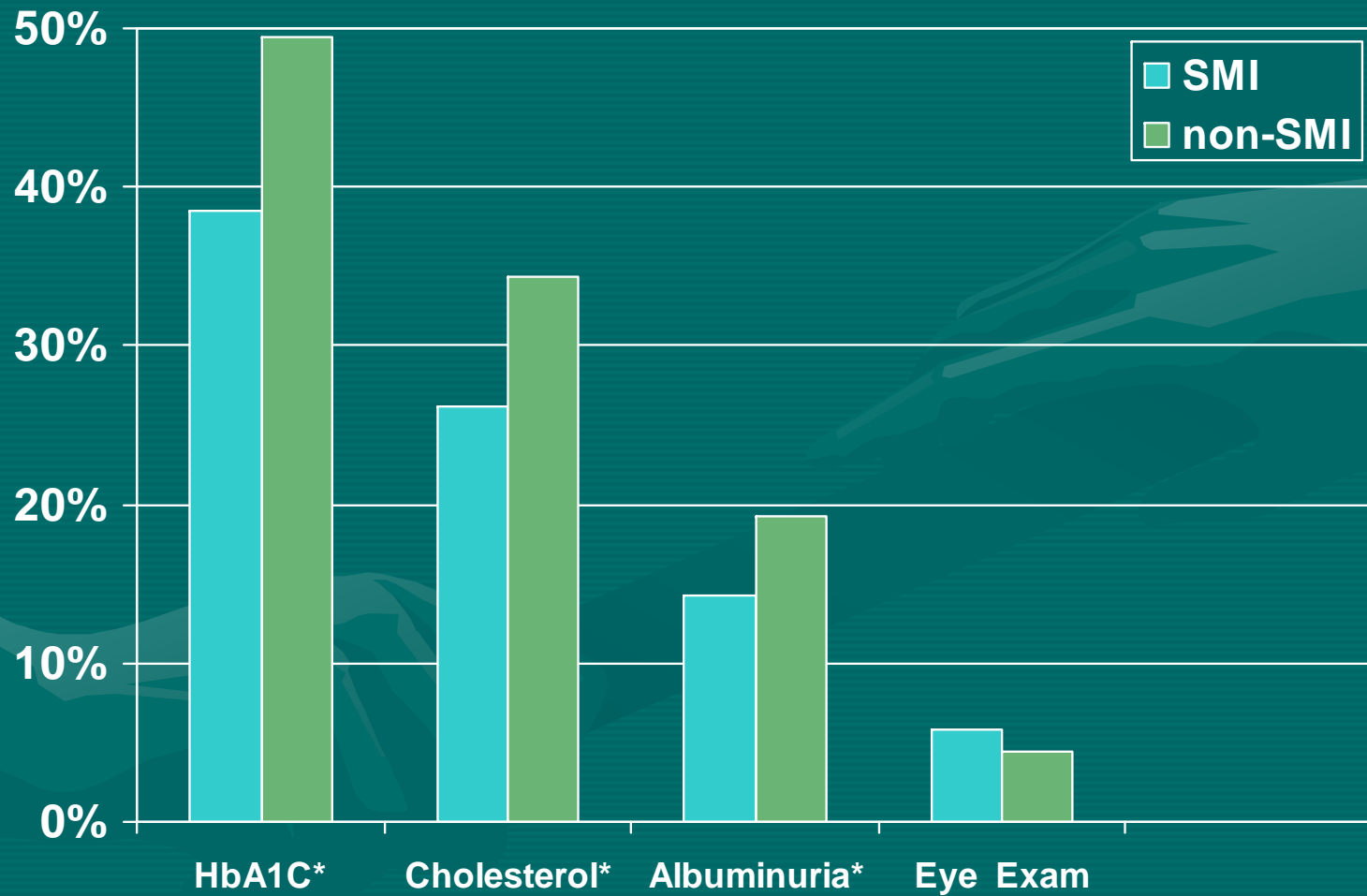
MaineCare Diabetes Prevalence



MaineCare Metabolic Syndrome: Pre-Diabetes

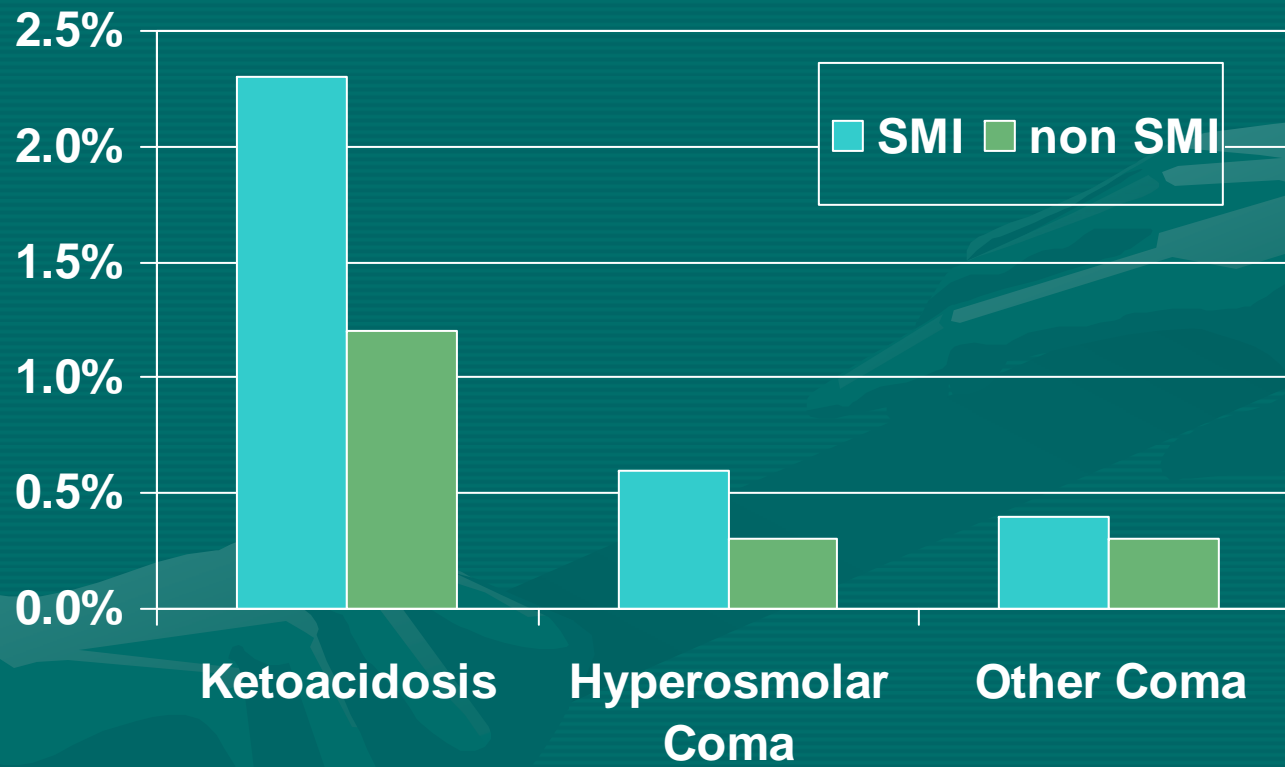


MaineCare Annual Tests as Quality Measures

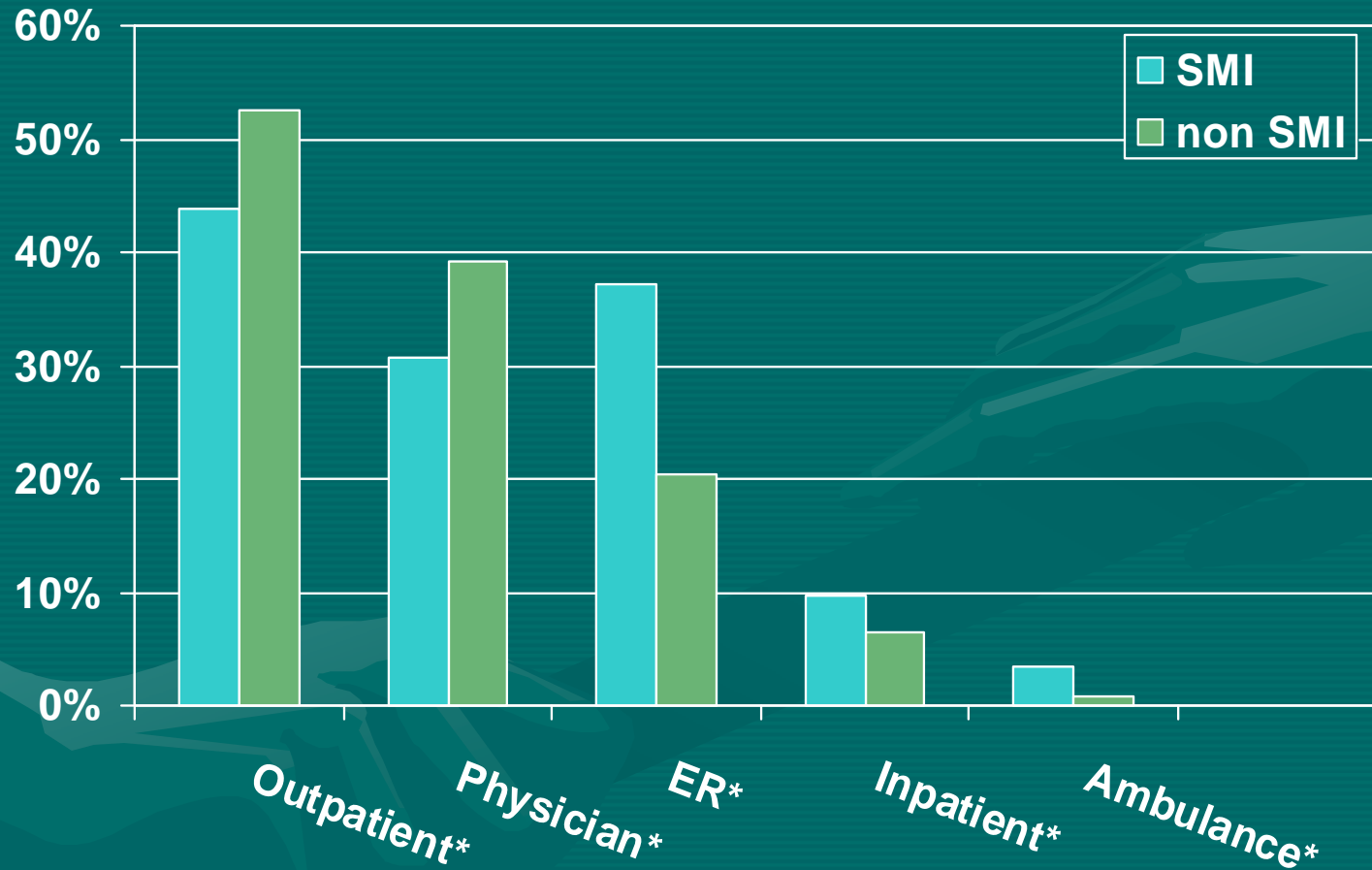


MaineCare

Short-Term Complications



MaineCare Utilization of Health Services



What do we know about Diabetes and SMI in Maine Medicaid

- Almost 2X prevalence
- High risk: obesity, smoking, dyslipidemia
- High utilization of hospital/ER
- Lower level of medical home
- Less access to quality care
- Poorer outcomes of care
- 1.4 times cost of diabetes care

Now we have defined the problem, what next....

We could blame the medical system...It's not our
problem....We don't do health care

OR... How can we make Mental Health Systems
Co-Occurring Capable

(co-occurrence of SMI and Chronic Health
Conditions)

If you don't measure it, you won't get anywhere...

- Health screening: Routine tracking of medical diagnosis and health risk factors
- Ongoing monitoring of BMI, blood pressure, glucose, lipids for persons on atypical antipsychotics

Using data to inform practice...medication management

- Adding medications to reduce plaque formation (aspirin, lipid lowering drugs)
- Switch to low weight gain antipsychotics
- Prescribing appetite suppressants
- Weight management support from outset as part of prescribing practice within mh programs
- Shared decision making – consumer education
- Track BMI, blood pressure, glucose, lipid)

Link each consumer to a continuous, healing medical relationship

- Co-location, shared governance, shared record?
- Identify primary care practices in Maine's medical home pilot project (see Quality Counts)
- Meet and greet primary care partners
- Do something for primary care (send mental health staff, psychiatric consult)
- MOU
- Free flow of information between health care and mental health
- Educate consumers in value of medical home –

Collaboration between mental health case management and medical care management

- Meet medical care managers
- Understand the medical care needs
- Develop a collaborative care plan
- Incorporate health goals in ISP
- Support optimal interactions with medical system (more than transportation)
- Integrated care management? Mental health case manager also providing support for management of diabetes, other chronic conditions

Support for Consumer Self Management: Consumer and Workforce Education

- Nutrition, exercise, smoking cessation etc
- Health literacy – standards of quality healthcare, how to be a partner in health care decisions, how to get the most out of a medical visit
- Specific education on disease self management :
Diabetes 101; Stanford Living Well with Chronic Disease Program; diabetes education classes

Support for Self management: Program Development

- Borrow from Workforce Programs: health risk assessment, personal health goals, mentor/coaching, peer support, volunteers, natural helpers
- Group and individual strategies
- Adaptation of existing diabetes education/smoking cessation programming
- Develop ealth and wellness programs in mental health agency

Leverage what is already out there...

- Linkage to public health programs in diabetes prevention and control, cardiovascular disease, healthy weight, nutrition, smoking cessation
- Linkage to community programs (YMCA: Ten Ways to add 2000 Steps; Cooperative Extension Programs, HMP's)
- Environmental policies (e.g. vending machines, adoption of nutrition guidelines in group settings, smoke free settings)
- Worksite wellness activities

But how do we get started?

- Be a champion
- Make the case...often (use and adapt this presentation)
- Recruit others (medical director, nurse, social worker, consumers) and soon you will have a team
- Get CEO and Board buy in
- Making the case and finding partners can take a while

Next steps...

- Start small
- Something doable within existing resources
- Make a plan
- Have short term objectives
- Measure - evaluate
- Learn from the process
- Move to the next
- Celebrate

Some activities

- Health Screen
- Medical Provider data – who, how often, ER use, release of information, care manager, meet and greet
- Diabetes self care: HgbA1C, Lipid, Know your numbers, take statin?, check blood sugar?
- Diabetes 101, referral and support for community diabetes education class
- Living Well with Chronic Disease
- Activities re nutrition and physical activity

Resources

- SAMHSA 10 X 10 Campaign to reduce premature mortality by 10 years in 10 years: www.bu.edu/cpr/resources/wellness-summit/pledge
- National Association of Community Mental Health Centers: www.theNationalCouncil.org
- DHHS MeHAF Integration of Health into Mental Health Systems Website: www.integratingHealthMentalHealth.org
- NASMHPD Medical Directors reports on Mortality and on Screening: www.nashmhpd.org