No Health Without Mental Health

David L. Shern, Ph.D.
President/CEO Mental Health America
Quality Indicators for Quality Improvement in Medicaid Managed Care
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Our Challenge

- Generate Sustained Political Will to Implement our Science Base and Improve the Pathetic State of Behavioral Health in Our Nation
- Medicaid Programs are an Essential Element
12-Month Prevalence of Mental Health Conditions

Prevalence

Percent

0 5 10 15 20 25 30

Italy Germany Belgium The Netherlands France United States
### Disability Impact

#### Illness Related Disability (U.S.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Conditions</td>
<td>24%</td>
</tr>
<tr>
<td>Cardiovascular Diseases</td>
<td>20%</td>
</tr>
<tr>
<td>Cancer</td>
<td>16%</td>
</tr>
<tr>
<td>Alcohol/Drug Use</td>
<td>12%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>0%</td>
</tr>
</tbody>
</table>

Alcohol/Drug Use: 24%
Half of all people with a mental health diagnosis first experience it by age 14. But won’t receive treatment until age 24.

Children with mental health conditions are likely to perform poorly in class, miss school, drop out, abuse drugs/alcohol, have poorer occupational goals and achievements.
Counting the Costs

Serious mental health conditions are associated with $193.2 billion in lost earnings per year.

Costs more than $600 per person in the country.

Costs more than the annual revenue for every Fortune 500 company except WalMart.
Our Case

- The United States has the Most Expensive Health Care System in the World that produces Poor to Mediocre Health Outcomes

- Lack of Attention to Behavioral Factors is Fundamental to Improving these Outcomes
Very Expensive – Poor Outcomes

- U.S. citizens spent $5,267 per capita for health care in 2002—53 percent more than any other country. (Health Affairs, 2005)

- U.S. ranks 42nd for life expectancy down from 11th in 1987 (Census Bureau, National Center for Health Statistics, 2007)

- U.S. ranks an average of 12th among 13 industrialized nations for 16 health indicators, including:
  - 13th for low birth weight percentages
  - 13th for neonatal mortality and infant mortality overall
  - 11th for post-neonatal mortality
  - 13th for years of potential life lost (excluding external causes)
  - 10th for life expectancy at 15 years for females, 12th for males
  - 10th for life expectancy at 40 years for females, 9th for males
  - 7th for life expectancy at 65 years for females, 7th for males
  - 3rd for life expectancy at 80 years for females, 3rd for males (JAMA, 2000)
PARTNERSHIP TO FIGHT CHRONIC DISEASE
Truth #1: Chronic diseases are the #1 cause of death and disability in the U.S.

133 million Americans, representing 45% of the total population, have at least one chronic disease.

Chronic diseases kill more than 1.7 million Americans per year, and are responsible for 7 of 10 deaths in the U.S.
**Truth #2: Chronic diseases account for 75% of the nation’s health care spending**

During 2005, the U.S. spent almost $2 trillion on health care.

*Of every dollar spent...*

75 cents went towards treating chronic disease.

In public programs, treatment of chronic diseases constitute an even higher portion of spending:

More than 96 cents in Medicare... ...and 83 cents in Medicaid.

*“The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases.”*  
-- Centers for Disease Control and Prevention
Truth #3: Two-thirds of the increase in health care spending is due to increased prevalence of treated chronic disease.
Truth #4: The doubling of obesity between 1987 and today accounts for nearly 30% of the rise in health care spending.

Percent of U.S. Adults Who are Obese*

1985

*BMI ≥30, or ~ 30 lbs overweight for 5’ 4” person
Truth #4: The doubling of obesity between 1987 and today accounts for nearly 30% of the rise in health care spending

Percent of U.S. Adults Who are Obese*
2005

If the prevalence of obesity was the same today as 1987, health care spending in the US would be 10 percent lower per person—about $200 billion less

*BMI ≥30, or ~30 lbs overweight for 5’4” person
Truth #5: The vast majority of cases of chronic disease could be better prevented or managed

- The Centers for Disease Control and Prevention (CDC) estimates…
  - 80% of heart disease and stroke
  - 80% of type 2 diabetes
  - 40% of cancer

  …could be prevented if only Americans were to do three things:
  - Stop smoking
  - Start eating healthy
  - Get in shape

- Management of chronic disease could also be significantly improved: Chronically ill patients receive only 56% of the clinically recommended preventive health care services
Behavioral Health Interventions are Central to Preventing and Effectively Managing Chronic Disease
Mental Illnesses are the Most Frequent Co-morbid Chronic Diseases

Percent With Depression

- Chronic Pain: 52%
- MI: 40%
- Stroke: 40%
- Asthma: 45%
- Diabetes: 27%

Co-Morbid Mental Illnesses Dramatically Increase Disability

Kessler et al (2003, JOEM)
Impact on Health Chronic Illnesses and Depression Co-morbidity

## Impact of Depression on Medical Cost

<table>
<thead>
<tr>
<th>Condition</th>
<th>Annual Medical Costs per Patient <strong>Without</strong> Depression ($)</th>
<th>Annual Medical Costs per Patient <strong>With</strong> Depression ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure</td>
<td>2.56</td>
<td>6.74</td>
</tr>
<tr>
<td>Allergic rhinitis</td>
<td>3.27</td>
<td>8.46</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.73</td>
<td>10.56</td>
</tr>
<tr>
<td>Migraine</td>
<td>3.82</td>
<td>15.47</td>
</tr>
<tr>
<td>Back pain</td>
<td>11.61</td>
<td>33.25</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13.06</td>
<td>27.28</td>
</tr>
<tr>
<td>Hypertension</td>
<td>13.38</td>
<td>27.16</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>62.40</td>
<td>110.94</td>
</tr>
</tbody>
</table>

Actual annual medical costs per patient based on claims data for 229,776 patients, 1995-1998.

SOURCE: OCI 2001
Aetna’s PCP Depression Initiative

**Usual Care**

- Patient
- Primary Care Clinician
- Mental Health Specialist

**Collaborative Care**

- Patient
- Mental Health Specialist
- Prepared Primary Care Practice
- Care Planner
### Integrated Medical/Behavioral Health: Clinical Outcomes

Member response to intake and discharge questions:

#### SF12 Mental Health

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intake</th>
<th>Discharge</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>79%</td>
<td>44%</td>
<td>35% drop in Depression</td>
</tr>
<tr>
<td>Energy Level</td>
<td>49%</td>
<td>75%</td>
<td>26% increase in energy</td>
</tr>
<tr>
<td>Work Limitations</td>
<td>63%</td>
<td>29%</td>
<td>34% drop in work limitations</td>
</tr>
<tr>
<td>Social Limitations</td>
<td>71%</td>
<td>41%</td>
<td>30% drop in social limitations</td>
</tr>
</tbody>
</table>

#### SF12 Physical Health

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intake</th>
<th>Discharge</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td>5%</td>
<td>9%</td>
<td>4% increase in General Health</td>
</tr>
<tr>
<td>Work Limitations</td>
<td>61%</td>
<td>48%</td>
<td>13% drop in work limitations</td>
</tr>
<tr>
<td>Does Less Work</td>
<td>64%</td>
<td>45%</td>
<td>19% increase in work</td>
</tr>
<tr>
<td>Bodily Pain</td>
<td>12%</td>
<td>5%</td>
<td>7% decrease in bodily pain</td>
</tr>
</tbody>
</table>
Medical Psychiatric Case Management: Medical Cost Outcomes

- ER Utilization Reduction
- Inpatient Length of Stay Reduction
- Outpatient Visits – No change
- Total Pharmacy Cost – Increase
  - Antidepressant accounted for 28% of increase
- **Net Medical Cost Reduction with 2:1 ROI**
Collaborative Care and Depression Outcomes

- Meta Analysis of 37 Randomized Trials
- N = 12,355
- Significant Between Group Differences at
  - 12, 18 & 60 months
- Higher Fidelity trend toward Improved Outcomes
- More Supervision of Case Managers > Outcomes
- Case Managers with MH Background > Outcomes

For Persons with More Severe Illnesses

People with serious mental illnesses served in the public system are dying, on average, 25 years early, from a full range of preventable health problems, such as heart disease and diabetes. (NASMHPD, 2006)
Premature Mortality Among Persons with SMI

- 66 Studies between 1934 – 1996
  - Many published in the late 70s and 80s
  - Why the delay in attention?
- Recent Meta-Analysis Shows Situation Worsening for People with Schizophrenia
- Compelling rationale for better integration between general and specialty care
Increased Risk of Early Death for People with Schizophrenia – 38 Studies

- Causes of Death
  - All Causes: 2.58
  - Natural Causes: 2.41
  - Unnatural Causes: 7.50
  - Cardiovascular: 1.79
  - Digestive: 2.38
  - Infectious: 4.29
  - Respiratory: 3.19
  - Suicide: 12.86

- Has Worsened in Recent Decades

Cardiovascular risk factors – overview

The Framingham Study

Single Risk Factors

Multiple Risk Factors

BMI = body mass index; TC = total cholesterol; DM = diabetes mellitus; HTN = hypertension.

# Cardiovascular Disease (CVD) Risk Factors

<table>
<thead>
<tr>
<th>Modifiable Risk Factors</th>
<th>Estimated Prevalence and Relative Risk <em>(RR)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Obesity</td>
<td>45–55%, 1.5-2X RR¹</td>
</tr>
<tr>
<td>Smoking</td>
<td>50–80%, 2-3X RR²</td>
</tr>
<tr>
<td>Diabetes</td>
<td>10–14%, 2X RR³</td>
</tr>
<tr>
<td>Hypertension</td>
<td>≥18%⁴</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>Up to 5X RR⁸</td>
</tr>
</tbody>
</table>

Conclusions

- Health Care Costs are Out of Control and Driven by Chronic Disease
- Chronic Diseases Account for Excess Mortality for Persons with Severe Mental Illnesses
- Critical to Treat to Whole Person – Not Just the Psychiatric Illness
  - Aggressively Manage Metabolic Side Effects
- Behavioral Health Problems are Commonly Co-morbid with Other Chronic Illnesses – Multiply Costs and Compromise Outcomes
- We don’t Systematically Implement Well Understood Strategies to Prevent and Treat these Chronic Conditions
- Managed Care Strategies May Provide a Context to Address these Issues
- Treatment Must be Clinically/Scientifically Driven and Supported by Appropriate Business Models
Mental Health America’s Approach

- In 2006 renamed the Organization from the National Mental Health Association to Mental Health America
- Emphasis on the Centrality of Mental Health to Overall Health
- Position Issues to Increase Appeal to Broader Audiences
  - Business
  - Education
  - General Health Care
  - General Public
- Explicit Use of a Wellness/Public Health Framework rather than Focusing Singularly on Disease and Disability
Wellness Concept

- Activities to Promote Health, Social Participation and Life Satisfaction.
- Provides a Platform that is Relevant across the Full Spectrum of Health, Illness and Disability
- Specific Strategies Crafted to Respond to Individual’s Preferences, Health Status, Environment and Needs
Mental Health America

Defining the Wellness Platform
Health and Functional Status

Comorbid Health Conditions

Disability

None | Mild | Moderate | Severe

None | Mild | Moderate | Severe

Signs and Symptoms of Mental Illnesses

Mental Health America
Disability = None
Signs and Symptoms = None
Co-morbid Health Conditions = None

What to do?
Disability = Severe
  > Work, Home, Interpersonal

Signs and Symptoms = Severe
  > Frequent, troubling hallucinations

Co-morbid Health Conditions = None

**What to do?**
Wellness strategy likely to involve intensive treatment to reduce psychiatric symptoms, rehabilitation services and supports to improve functioning at work and home. Wellness interventions including group supported activities to stop smoking, get daily exercise, aggressively manage weight.
Disability = Severe
> Work, Home, Interpersonal

**Signs and Symptoms** = Severe
> Frequent, troubling hallucinations

**Co-morbid Health Conditions** = Three
> Diabetes
> Hypertension
> Arthritis

**What to do?**
Wellness strategy likely to involve intensive treatment to reduce psychiatric symptoms, rehabilitation services and supports to improve functioning at work and home as well as integrated general health care to aggressively manage other chronic conditions. APA/ADA diabetes Protocol, Medications/Exercise to manage hypertension, medication/physical therapy and supports for arthritis.
Overall Conclusions

- Mental Health is Clearly Integral to Health
- Managing Health Care Expenditures will
  - Require Preventing and Managing Chronic Illness
  - Co-morbid Mental Illnesses are a Key
- Persons with Severe Mental Illnesses are a Special Concern
  - Require Focused Care for the Whole Person
- Wellness is an Integrating Framework
- Medicaid Managed Care Programs may be a High Leverage Strategy for Addressing these Challenges
- MC Business Strategies Must be Driven by Clinical/Evidence Based Models
What You Can Do

- Join Mental Health America in its movement
- Sign up at http://takeaction.mentalhealthamerica.net.
- Connect with your local MHA affiliate.
- Give me your email or get a card from me and send me an email.