

From Silos to Systems

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Presented to

Moving Forward:

Designing and Financing Effective Mental
Health Services in an Era of Transformation

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Acknowledge

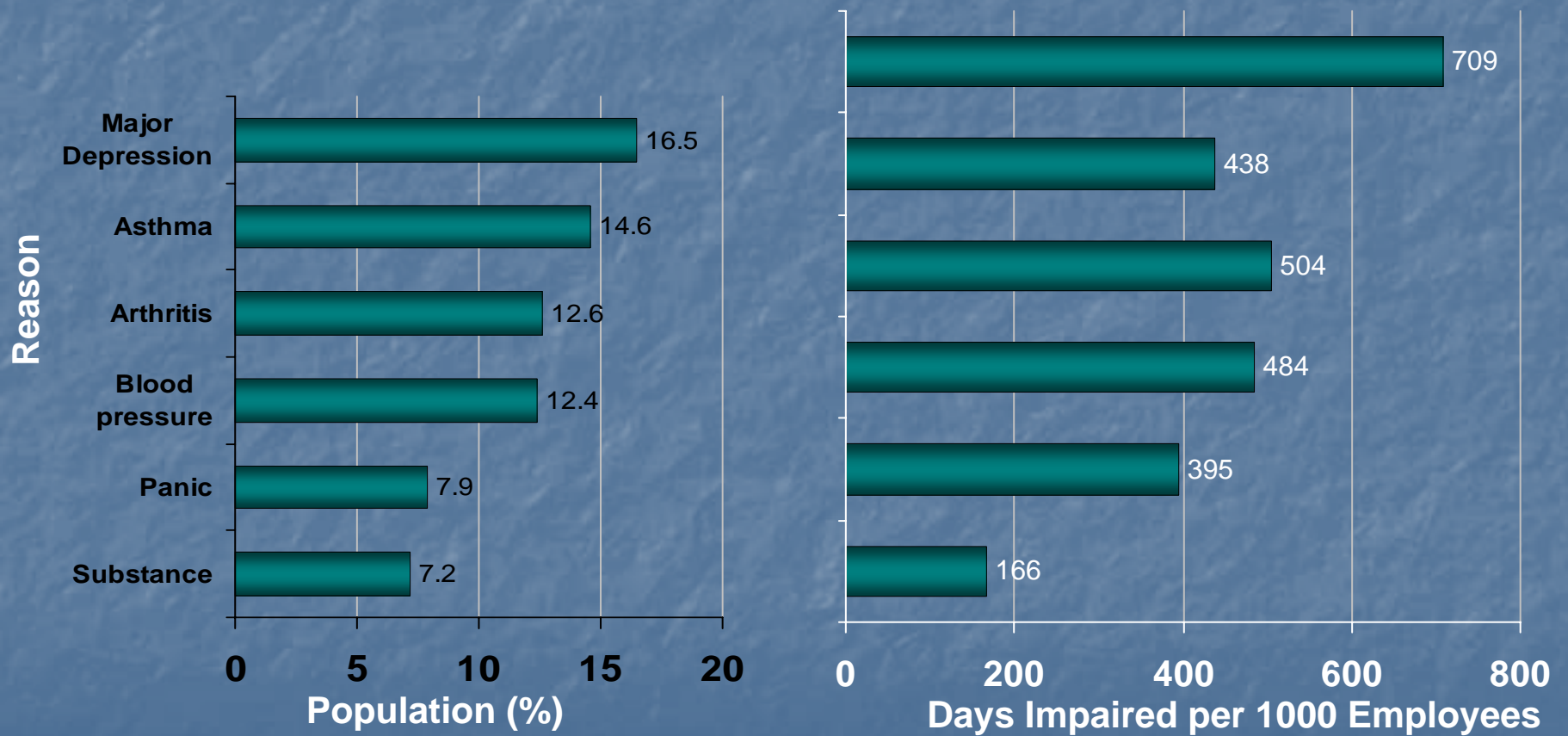
- Slide Material abstracted from work by
 - Hyong Un, M.D., Aetna
 - Joe Parks, M.D., Missouri Department of Mental Health
 - Florida Colleagues for Managed Care Study



Overview of the Presentation

- Co-morbidity, Cost and Outcomes among Commercial Populations
- Excess mortality among persons with SMI
- Clear Need to Integrate General Health and Mental Health Care
- Managed Care/Risk Based Financing Schemes as an Integrative Strategy
 - Carve-in vs. Carve-outs
- Need for Clinically Informed Financing and Management Models
 - Collaborative Care
 - Strategic Systems Leadership

Disease Prevalence and Impact

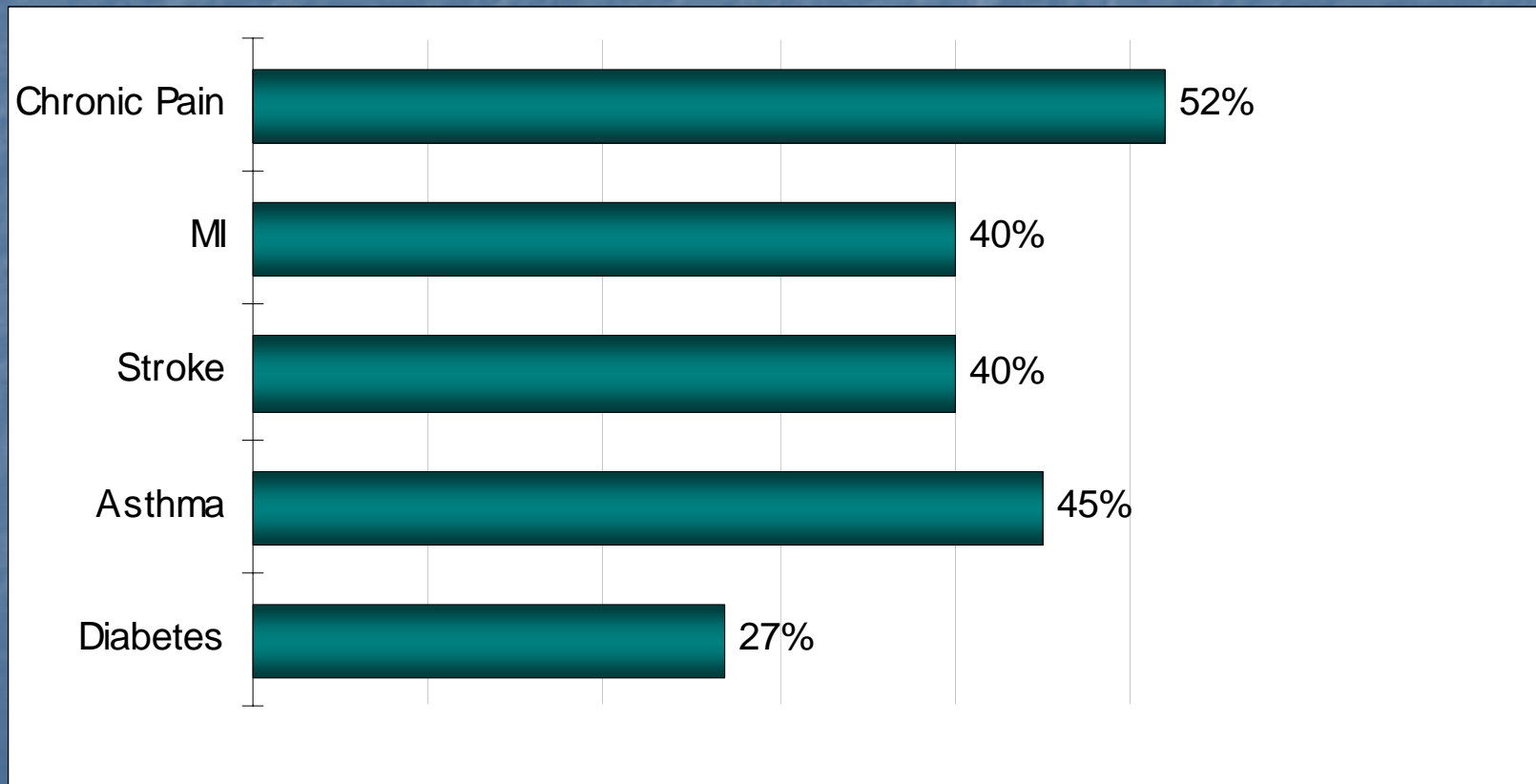


Kessler RC, et al. *J Occup Environ Med.* 2001;43:218-225.

Prevalence of Depression in Medical Illness

Percent With Depression

Medical Condition



Pincus HA. *J Clin Psychiatry*. 2001;62 Suppl 6:5-9; Schatzberg AF. *J Clin Psychiatry*. 2004;65 Suppl 12:3-4.

Impact of Depression on Medical Cost

Condition	Annual Medical Costs per Patient Without Depression (\$)	Annual Medical Costs per Patient With Depression (\$)
Heart failure	2.56	6.74
Allergic rhinitis	3.27	8.46
Asthma	3.73	10.56
Migraine	3.82	15.47
Back pain	11.61	33.25
Diabetes	13.06	27.28
Hypertension	13.38	27.16
Ischemic heart disease	62.40	110.94

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

Co-Morbidity and Outcome

- Mortality Risk nearly Double for Co-morbid Cardiac Disease and Depression
- Depression and Diabetes increases Difficulty in Clinical Management and Adverse Outcomes including Death
- Many Other Examples of Increases in Costs, Greater Problems with Care Management and Poor Outcomes

Persons with SMI Served in State Systems: 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 typically lose more than 25 years of normal life span

Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited]. Available from: URL:http://www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

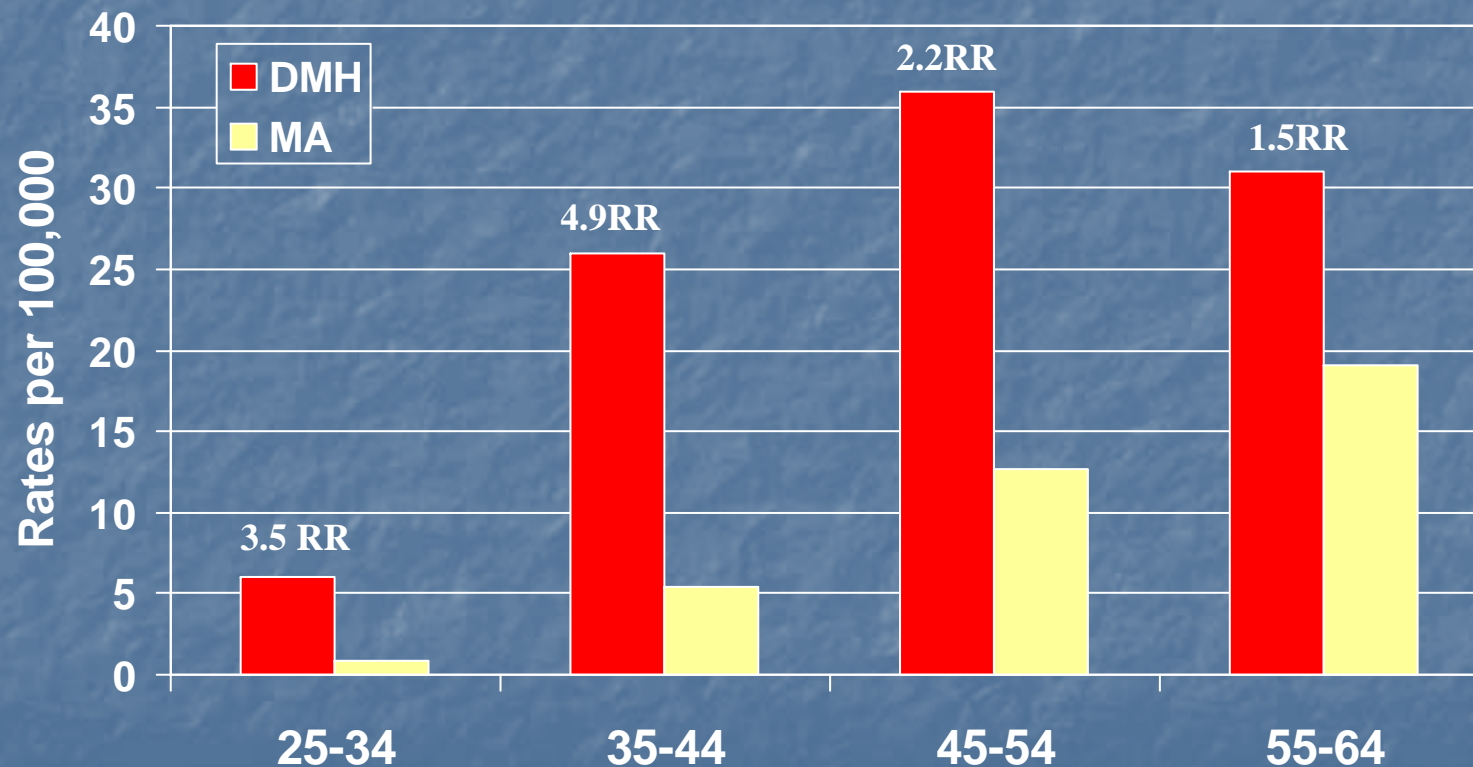
Ohio Study-1998-2002

Mean Years of Potential Life lost

20,018 persons discharged, 608 deaths

<u>Cause</u>	<u>M</u>	<u>F</u>	<u>Pop</u>
All	31.8	32.5	32.0
Intentional self-harm (suicide)	41.4	42.7	41.7
Assault (homicide)	42.3	35.8	41.6
Accidents (unintentional injuries)	39.5	43.1	40.4
Symptoms, signs, & abnormal clinical & laboratory findings, NEC	32.8	35.0	33.4
Diabetes mellitus	25.8	37.2	30.2
Pneumonia & Influenza	29.4	25.0	28.3
Diseases of heart	27.7	26.6	27.3
Cerebrovascular diseases	20.7	32.8	25.5
Malignant neoplasms (cancers)	24.3	26.9	25.3
Chronic lower respiratory diseases	18.6	24.1	21.1

Massachusetts Study: Deaths from Heart Disease by Age Group/DMH Enrollees with SMI Compared to Massachusetts 1998-2000



Schizophrenia: Natural Causes of Death

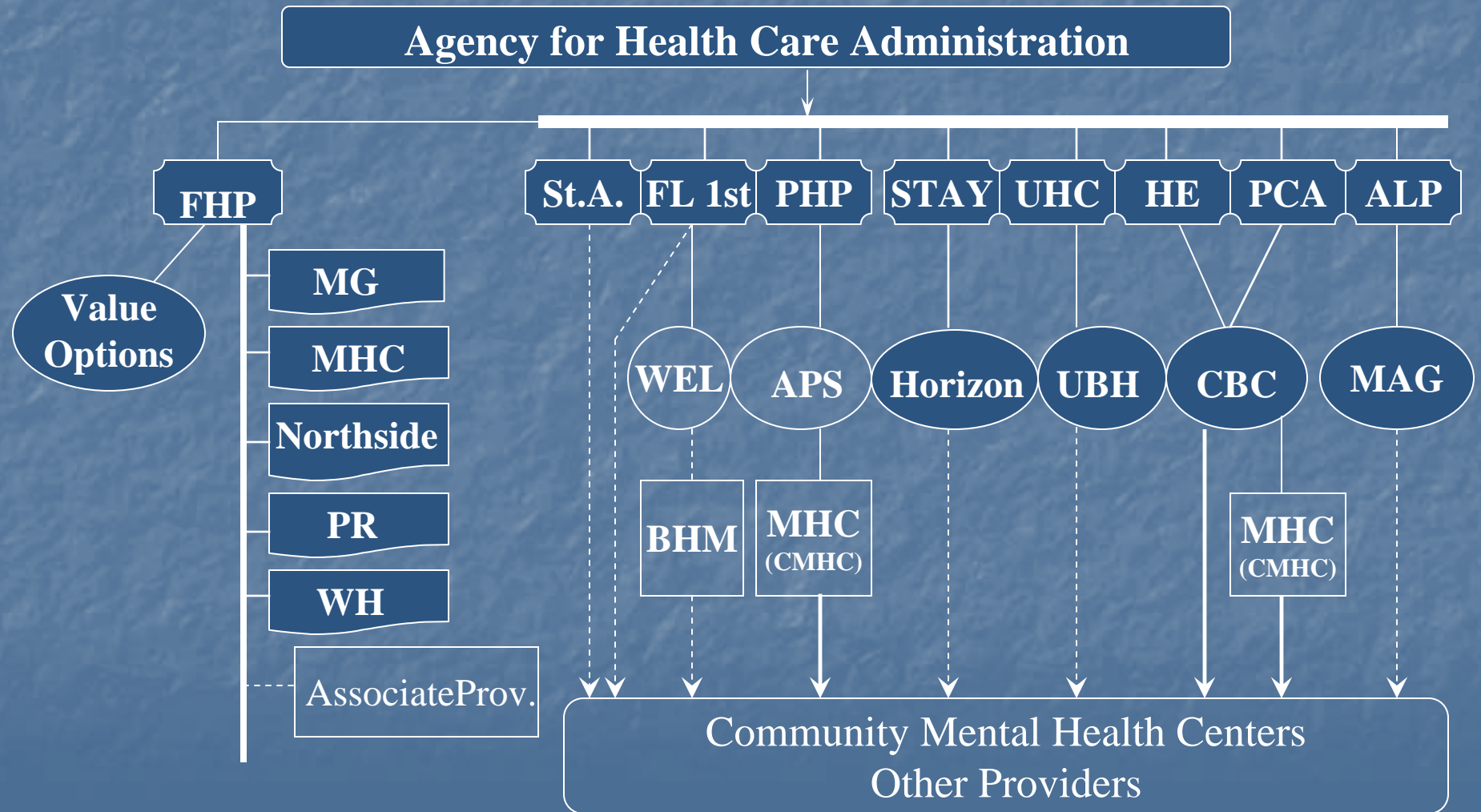
- Higher standardized mortality rates than the general population from:
 - Diabetes 2.7x
 - Cardiovascular disease 2.3x
 - Respiratory disease 3.2x
 - Infectious diseases 3.4x
- Cardiovascular disease associated with the largest number of deaths
 - 2.3 X the largest cause of death in the general population



Compelling Need to Integrate Care

- Managed Care/Risk Based Financing Schemes Hold Promise for Incenting Integrated Care
- Carve-in vs. Carve-out Models of Care
 - CI - Full Risk Capitation for Health, Mental Health and Pharmacy
 - CO – Separately Capitate Mental Health Services
- Florida Demonstration
 - Non-equivalent Comparison Group Design Contrasting Fee-for-Service, Carve-in and Carve-out Models in Medicaid Population
 - Measured Access, Cost, Quality and Outcomes
 - Did General Health Care Integration Improve Under an Integrated Premium

Organizational Structure: Funding Streams as of 1/00

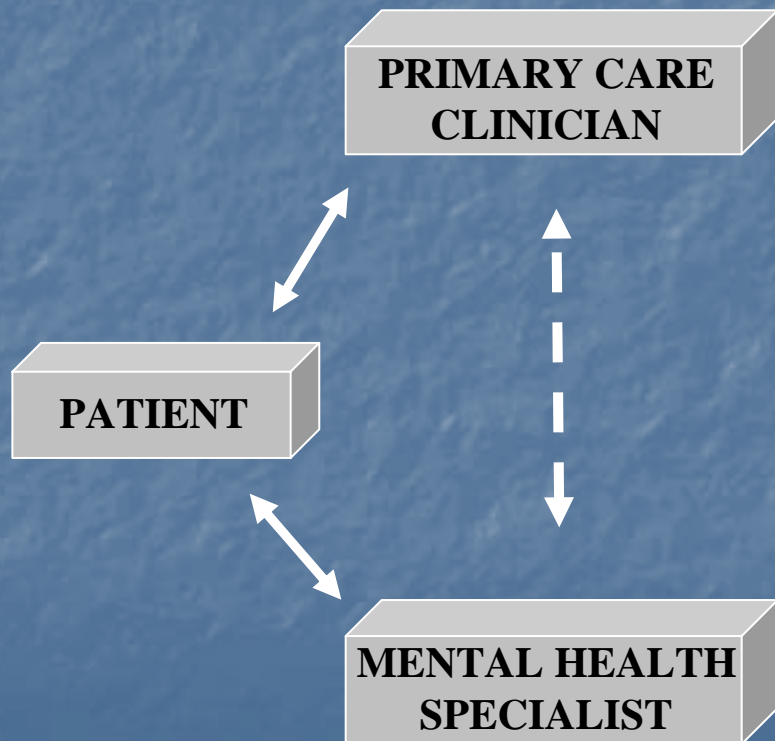


Major Findings

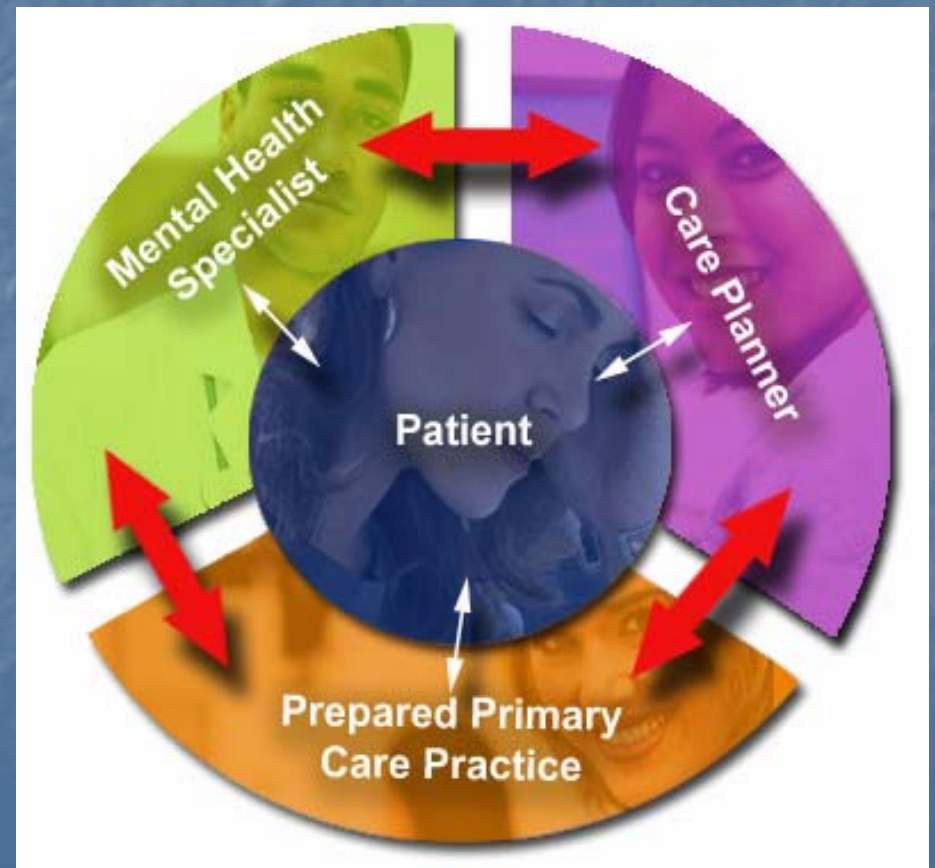
- Access to Services Not Improved
- Little Evidence that Quality Improved vis a vis Guideline Specific Care
 - FFS Condition May Have Greatest Guideline Compliance
 - **No Indication that General Health and Mental Health Services were Better Integrated in Carve-in than Carve-out or FFS**
- Significant Problems in MIS System
- Little of No Downward Substitution of Non-traditional Services
- Outcome Differences Small and Inconsistent Across Years but Often Favor the FFS
- No Net Social Cost Savings
 - May be Cost Shifting onto Family and Informal Resources

Aetna's PCP Depression Initiative

Usual Care



Collaborative Care



Integrated Medical/Behavioral Health: Clinical Outcomes

Member response to intake and discharge questions:

SF12 Mental Health

Condition	Intake	Discharge	Outcome
Depression	79%	44%	35% drop in Depression
Energy Level	49%	75%	26% increase in energy
Work Limitations	63%	29%	34% drop in work limitations
Social Limitations	71%	41%	30% drop in social limitations

SF12 Physical Health

Condition	Intake	Discharge	Outcome
General Health	5%	9%	4% increase in General Health
Work Limitations	61%	48%	13% drop in work limitations
Does Less Work	64%	45%	19% increase in work
Bodily Pain	12%	5%	7% decrease in bodily pain

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

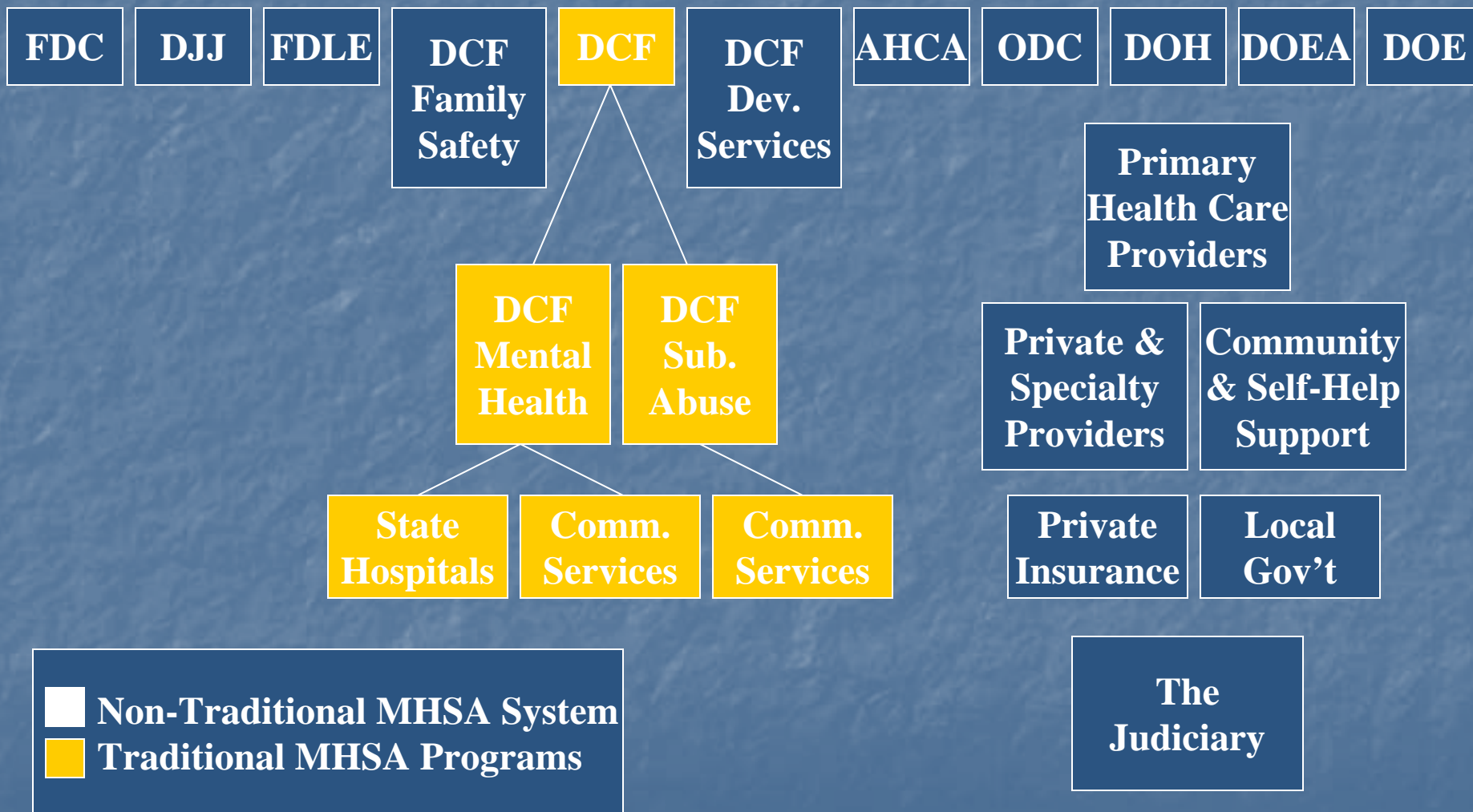
Depression Disease Management: Preliminary Medical Cost Outcomes

For enrollees of the program:

- BH inpatient cost decreased 23%
- Medical inpatient cost decreased 17%
- Medical ER visits decreased 10%
- Antidepressant adherence improved by 10%
- ROI 1:1.6

But the Problem is Even More
Complicated Than This

Florida's Mental Health/Substance Abuse Services



Conclusions

- Strategic Leadership of Care System is Critical
- Information for Management of Care Across Organizational Boundaries is Essential
- Distributed Costs Across Sectors Must be Routinely Assessed
- Engineered Systems must Focus on Consumer Derived Outcomes within Cost Constraints