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UNC ECHO

FOR MEDICATION ASSISTED TREATMENT

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

The UNC Extension for Community Healthcare Outcomes for Rural Primary Care Medication-Assisted Treatment (UNC ECHO for MAT)
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Project ECHO®
The University of North Carolina at Chapel Hill

SAMHSA-HRSA Center for Integrated Health Solutions

Primary Care Providers Working in Mental Health Settings:

Improving Health Status in Persons with Mental Illness

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Disclosures: None

About This Course

These modules are intended for primary care providers (PCPs) working in public mental health settings, a growing trend across the country to deal with the health disparity experienced by people with serious mental illnesses (SMI).

The goal is to help facilitate their work in this environment, which may be unfamiliar to many PCPs, so they can best serve this population of patients.

Module 1: Introduction to Primary and Behavioral Healthcare Integration

Learning Objectives:

- Recognize the dangers of keeping primary care and behavioral heath in silos
- Appreciate the reasons for premature mortality
- Know the definition of Serious Mental Illness (SMI)
- Brainstorm ideas for caring for this population

Definition: Serious Mental Illness (SMI)

- A mental, behavioral, or emotional disorder (excluding substance use and developmental disorders)
- Functional disability in areas of social and occupational functioning
- Functional impairment that substantially interferes with or limits one or more major life activities – GAF ≤50

1:20 of general US population has an SMI (vs. 1:5 for all mental illnesses)

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Pre Test Questions

1. **The premature mortality seen in the general SMI population is estimated to be:**
   a) 25 – 30 years
   b) 20 – 25 years
   c) 15 – 20 years
   d) 10 – 15 years

2. **What percent of illness contributing to this early mortality is preventable?**
   a) 20%
   b) 40%
   c) 60%
   d) 80%

3. **What are the leading illnesses that contribute to early mortality in the public SMI population?**
   a) Cardiovascular
   b) Infectious disease
   c) Cancers
   d) All of the above

Why primary care services in mental health?

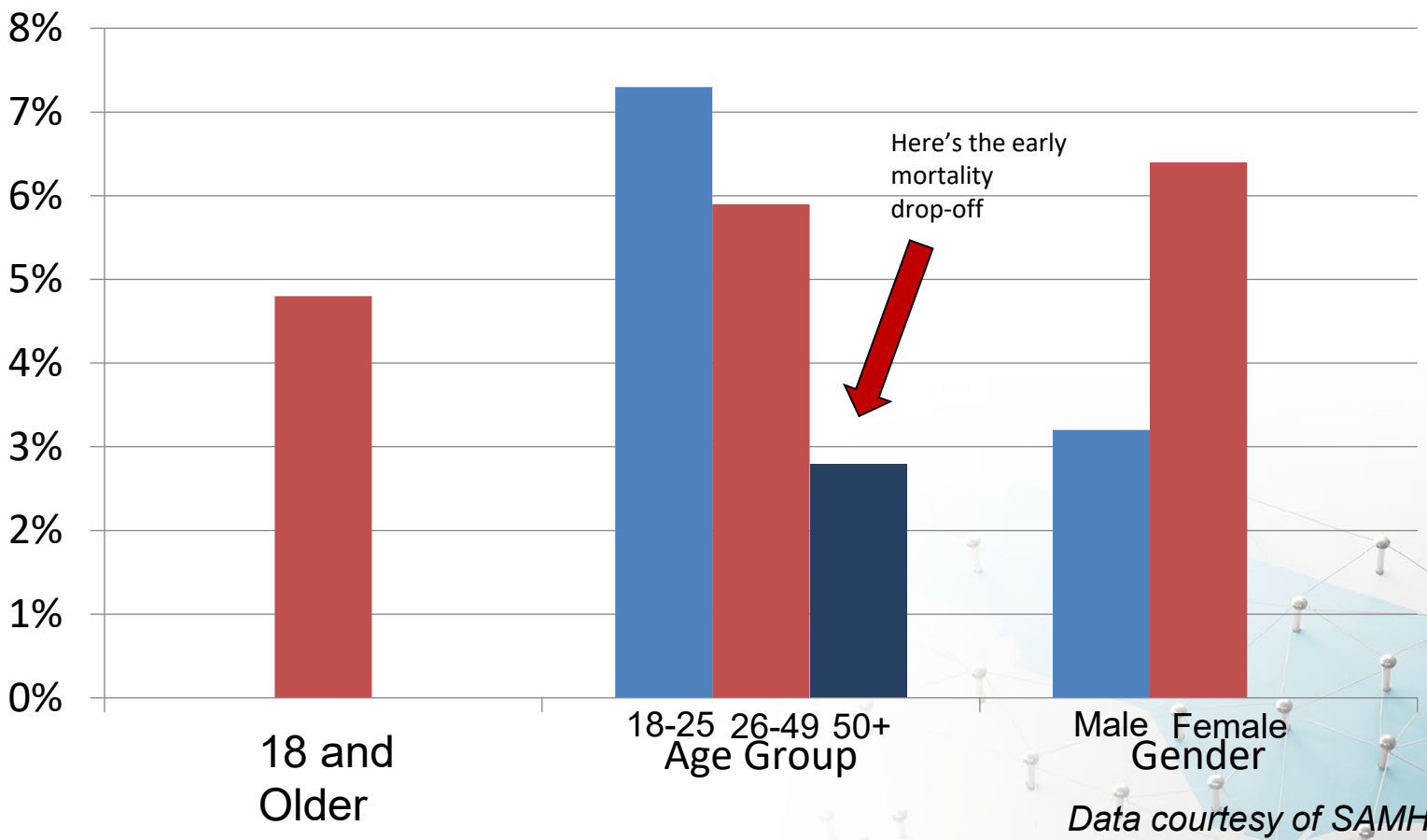
- High rates of physical illness with mental illness
- Premature mortality
- People with mental illness receive a lower quality of care in primary care settings
- High cost of physical illness with mental illness
- *Access problems*

Decreased Life Span

People with mental illness have a shorter lifespan compared with the general population. ***In the past 30 years, the mortality gap has progressively increased from 10-15 years to 15-25 years lost.***

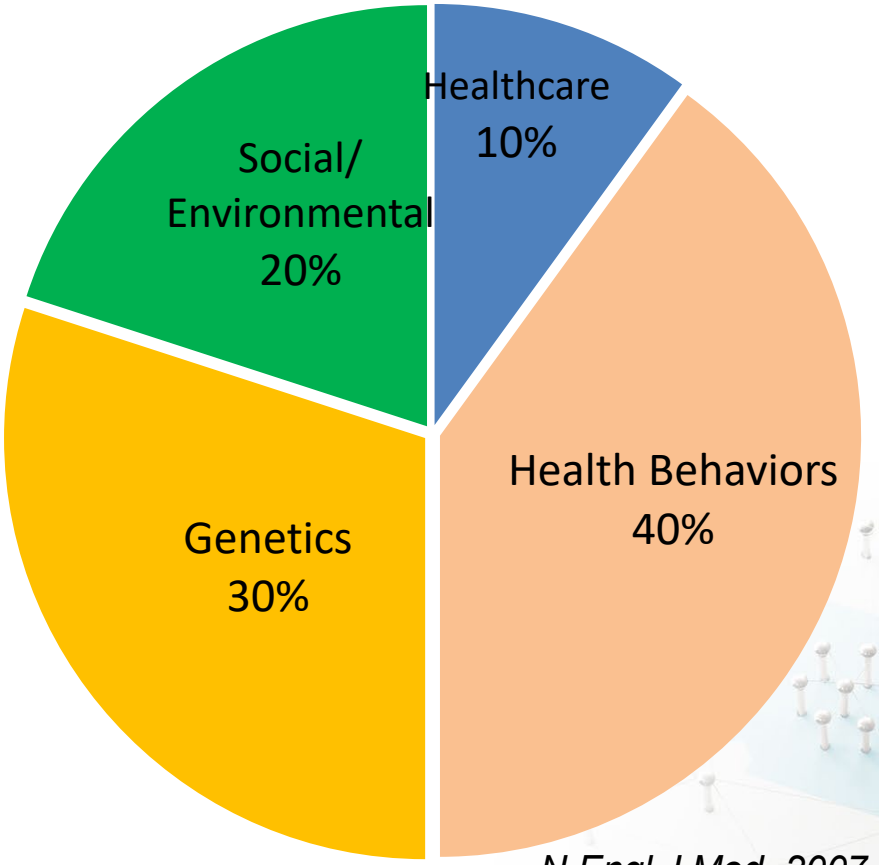
- Compared to the general population, people with SMI lose more than 25 years of normal life span. (Lutterman, 2003)
- Suicide and injury account for about 30-40% of excess mortality. 60% of premature deaths in persons with schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infectious diseases. (Parks, 2006)
- Men with schizophrenia die 15 years earlier, women 12 years (Crump, 2013)

Past Year SMI Among Adults



Data courtesy of SAMHSA

Preventable Causes of Death



N Engl J Med. 2007 Sep 20;357(12):1221-8.

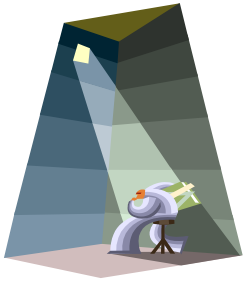
Cardiovascular Disease Risk Factors

Modifiable Risk Factors	Estimated Prevalence and Relative Risk (RR)	
	Schizophrenia	Bipolar Disorder
Obesity	45–55%, 1.5-2X RR[1]	26%[5]
Smoking	50–80%, 2-3X RR[2]	55%[6]
Diabetes	10–14%, 2X RR[3]	10%[7]
Hypertension	≥18%[4]	15%[5]
Dyslipidemia	Up to 5X RR[8]	42%
Metabolic syndrome	43%	37%

1. Davidson S, et al. *Aust N Z J Psychiatry*. 2001;35:196-202. 2. Allison DB, et al. *J Clin Psychiatry*. 1999; 60:215-220.
3. Dixon L, et al. *J Nerv Ment Dis*. 1999;187:496-502. 4. Herran A, et al. *Schizophr Res*. 2000;41:373-381.
5. MeElroy SL, et al. *J Clin Psychiatry*. 2002;63:207-213. 6. Ucok A, et al. Psychiatry Clin Neurosci. 2004;58:434-437.
7. Cassidy F, et al. *Am J Psychiatry*. 1999;156:1417-1420. 8. Allebeck. Schizophr Bull. 1999;15(1)81-89. 9. VanCampfort

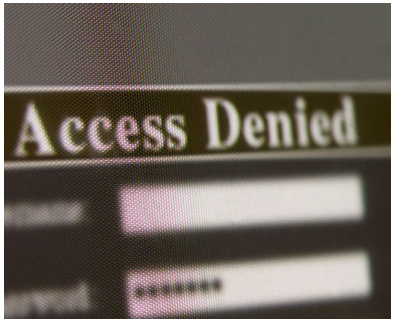
Cumulative Effect of Many Problems

Modifiable risk factors:
Smoking, weight
and inactivity



Social isolation/Vulnerability
Violence

Unemployment/
poverty



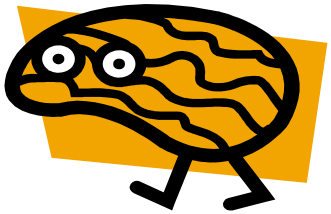
Lack of access
to care

Medication/
Polypharmacy

Separate silos of care.

Patient Level Factors

Lack of motivation, apathy



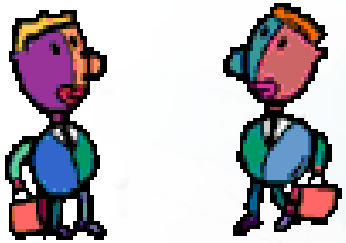
Cognitive impairment

Lack of perceived need for health care

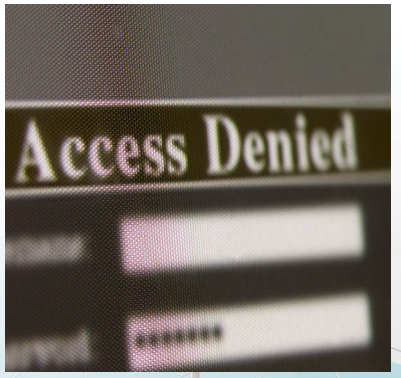
Poverty

Comorbidity

Fear and distrust



Poor social, communication skills



Lack of access to care

Provider Level Factors

Why bother? "Just treat the Schizophrenia and leave the rest."

Lack of Knowledge about specific disorders

Attribute physical sx to mental illness and miss the problems

Fear and Distrust

Discomfort

Take too long, high no-show, impacts bottom line

Lester HE. BMJ, doi.1136/bmj.38440.418426.8F 2005

Other Psychiatric Comorbidity with SMI

- Substance Use Disorders
  - 47% of SMI population use alcohol
  - 44% Cannabis
  - 50 – 80% use tobacco products

Buckley, PF et al: 2009, Padgett, D.K., and E.L. Struening 1992, Carey KB, CareyMP, Simons JS. 2003, Kaylee H, Taylor M: 2010

Comorbid Alcohol Disorders

Diagnosis	Lifetime Prevalence of Alcohol abuse or dependence
Bipolar I	46.2%
Bipolar II	39.2%
Schizophrenia	33.7%
Panic Disorder	28.7%
Unipolar Depression	16.5%
General Population	**13.8%**

Regier DA et al. JAMA, 1990

Post Test Questions

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"Different models must be tested - the cost and suffering of doing nothing is unacceptable."

Vieweg, et al., *American Journal of Medicine*. March 2012

Reflection and Discussion

- How do you envision that we can help the SMI population?
- What outcomes do we hope to achieve by addressing the health issues in the SMI population?

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Adapted from: Peek, CJ - A family tree of related terms used in behavioral health and primary care integration http://integrationacademy.ahrq.gov/lexicon 2012

Standard Framework of Integration

COORDINATION

We discuss patients, exchange information if needed

Collaboration from a distance

CO-LOCATION

We are in the same facility, may share some functions/staffing, discuss patients

INTEGRATION

System–wide transformation, merged practice, frequent communication as a team

Doherty et al, 2013

End of Module 1