

Working with People with Serious Mental Illness to Improve Health Outcomes

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Learning Objectives

At the conclusion of this training, attendees will be able to:

- 1. List the medical conditions driving increased mortality in the seriously mentally ill.**
- 2. Outline the most effective approaches to addressing these conditions.**
- 3. Describe existing and potential funding approaches to these efforts.**

New York Times Article: May 2018

The Largest Health Disparity We Don't Talk About

Americans with serious mental illnesses die 15 to 30 years earlier than those without.

By Dhruv Khullar

May 30, 2018



Death and Mental Illness

Patients with schizophrenia are at a greater risk of dying at any given age than the population at large, and this disparity has been increasing.

Standardized mortality ratio of patients with schizophrenia vs. the general population.

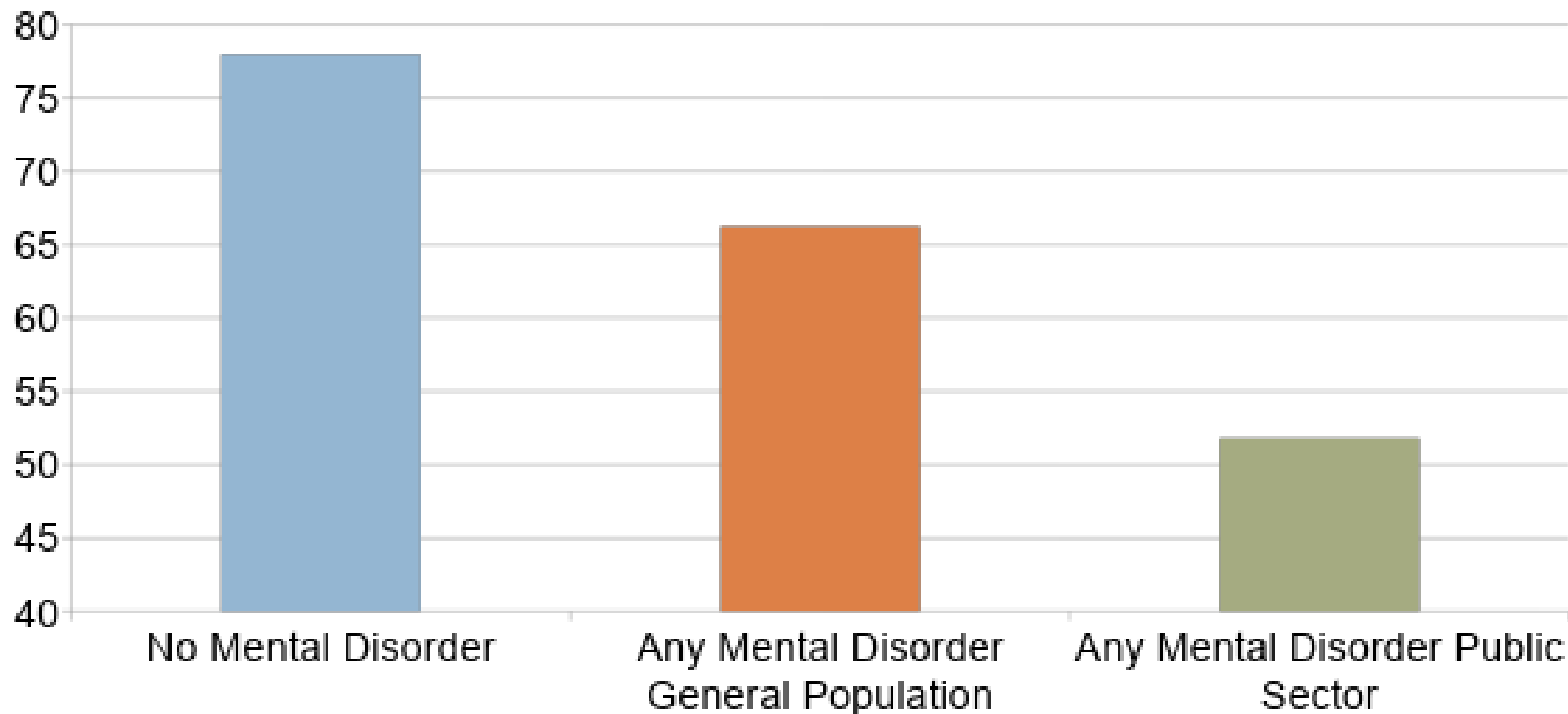


By The New York Times | JAMA Psychiatry



Background: Life Expectancy in SMI

Short and NOT Improving

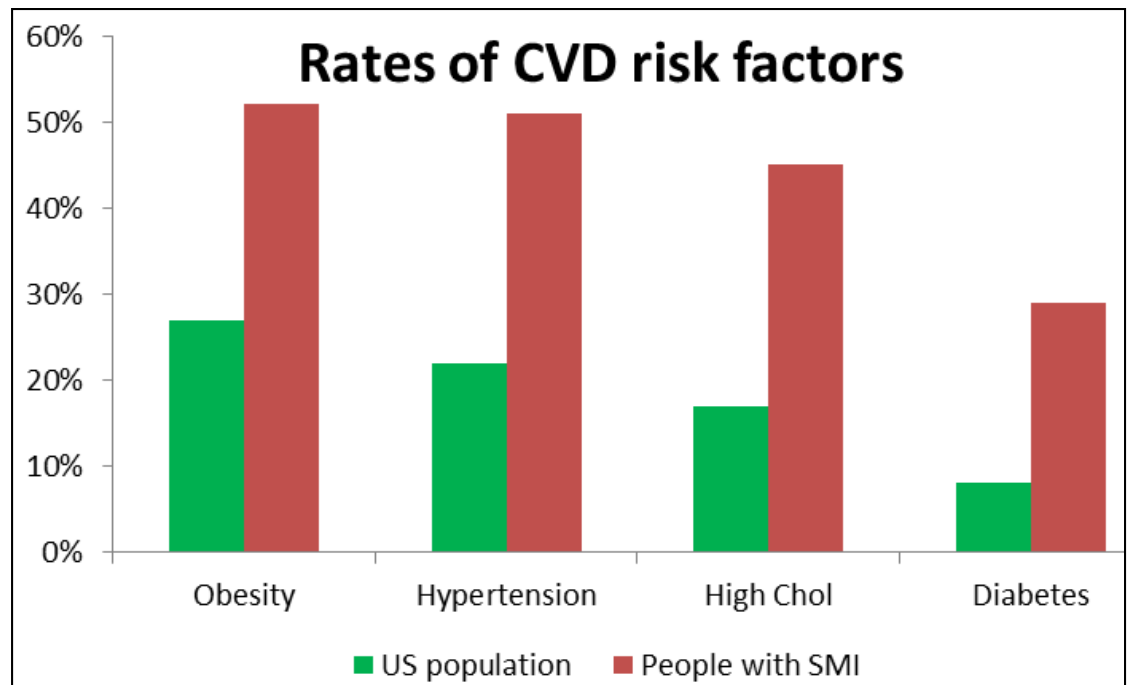


Bar 1 & 2: Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. *Med Care*. 2011 June;49(6):599-604

Bar 3: Daumit GL, Anthony CB, Ford DE, Fahey M, Skinner EA, Lehman AF, Hwang W, Steinwachs DM. Pattern of mortality in a sample of Maryland residents with severe mental illness. *Psychiatry Res*. 2010 Apr 30;176(2-3):242-5

Most Premature Mortality Due to Cardiovascular Disease (CVD)

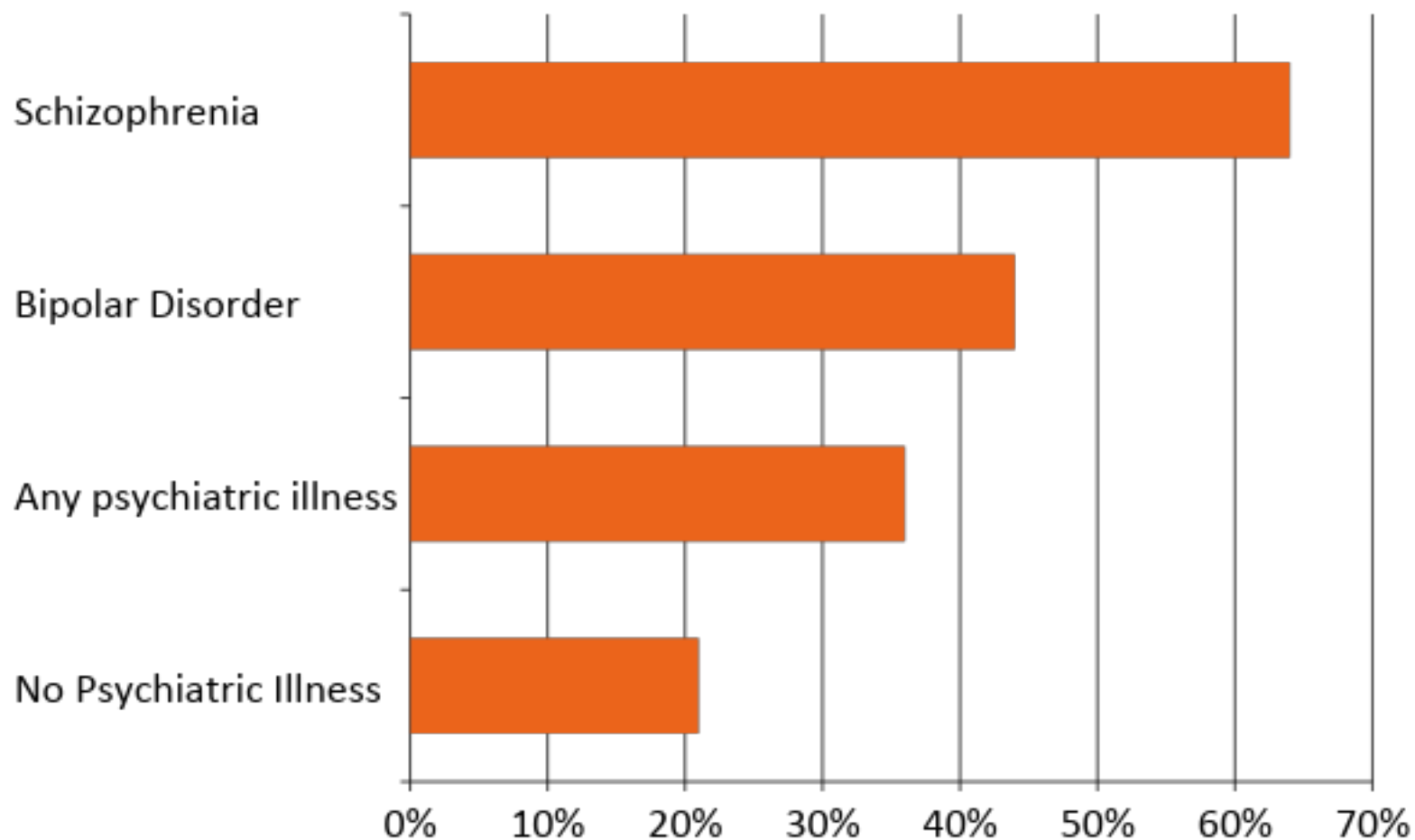
- Life expectancy 15 years shorter
- CVD accounts for 60% of premature deaths among persons with SMI



- Every CVD risk factor is more than twice as common

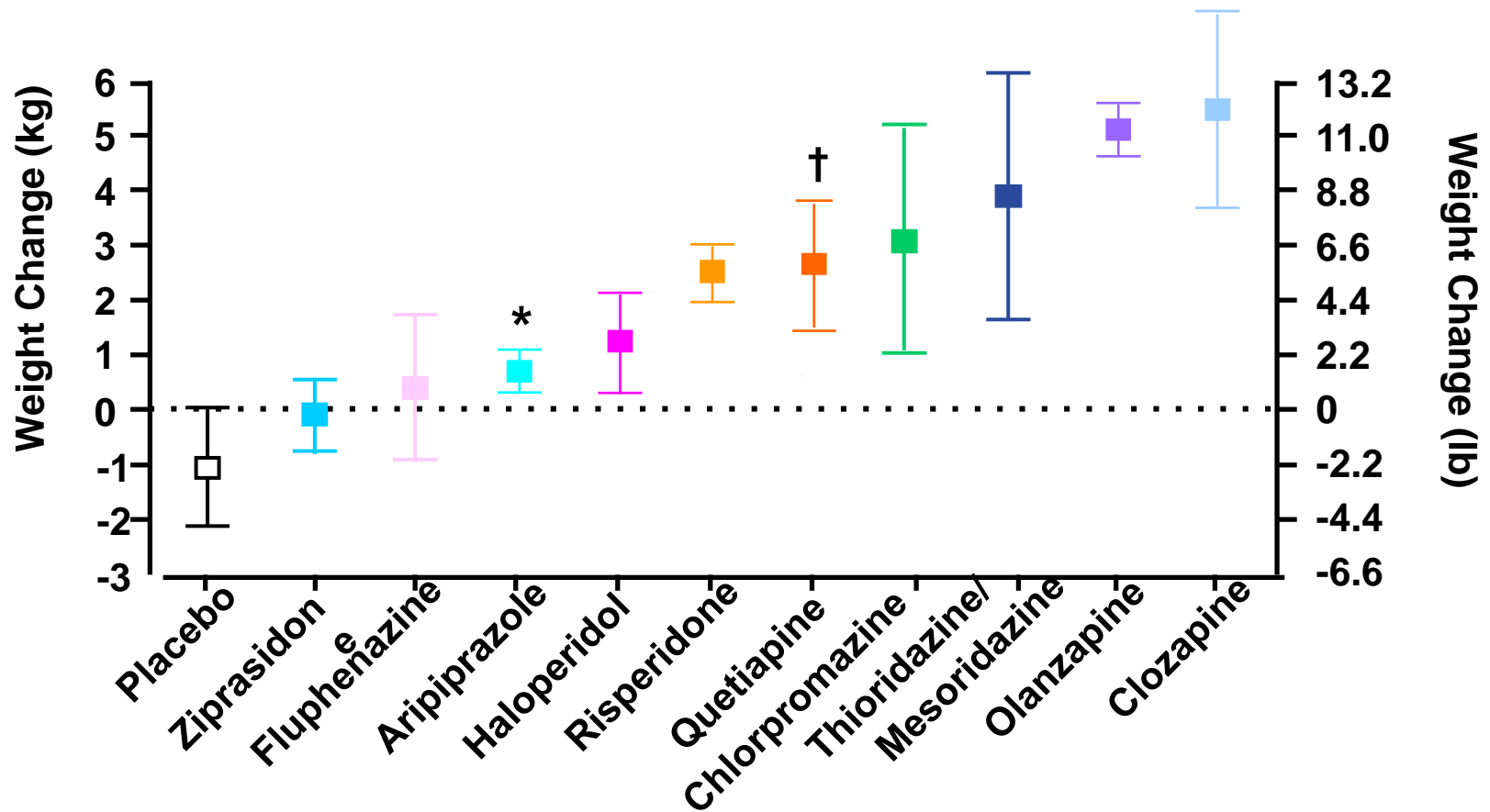


Prevalence of Current Smoking



Impact of Antipsychotic Medications

Estimated Weight Change at 10 Weeks on “Standard” Dose



*4–6 week pooled data (Marder SR et al. *Schizophr Res.* 2003;1;61:123-36; †6-week data adapted from Allison DB, Mentore JL, Heo M, et al. *Am J Psychiatry.* 1999;156:1686-1696; Jones AM et al. *ACNP*; 1999.



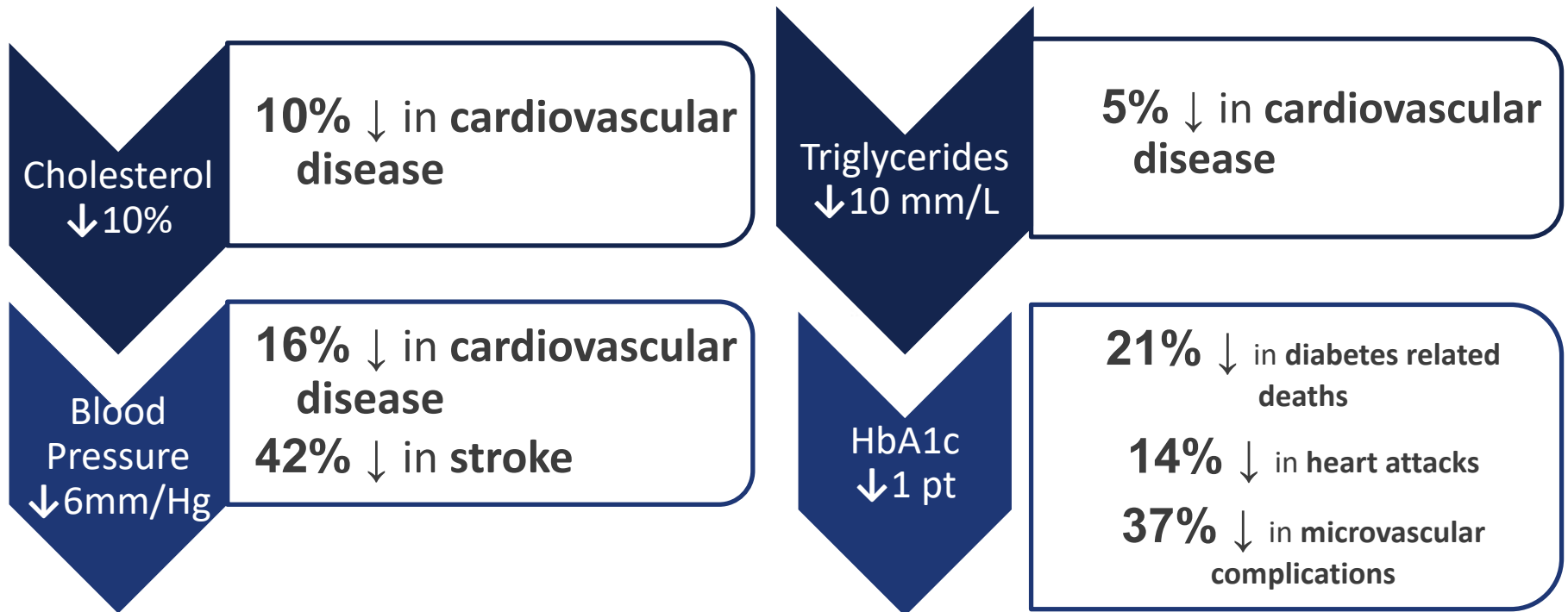
What Can Reduce CVD Risk?

- **Meta-analysis for AHRQ: 33 RCTs from 1980-2012¹**
 - **28 studies addressed weight**
 - **One weight loss study of Schizophrenia and Diabetes²**
- **Comprehensive review for NIMH³ (80 of 108 studies related to obesity)**
 - **Strong evidence for use of four interventions**
 - **Metformin for obesity**
 - **Lifestyle modification for obesity**
 - **Bupropion for tobacco cessation**
 - **Varenicline for tobacco cessation**

¹Gierisch JM, et al. *J Clin Psychiatry*. 2014 May;75(5):e424-40.; ²McKibbin CL, et al. *Schizophr Res*. 2006 Sep;86(1-3):36-44.; ³McGinty EE et al. *Schizophr Bull*. 2016 Jan;42(1):96-124.



Small Changes >> Big Difference





Behavioral Health Home examples

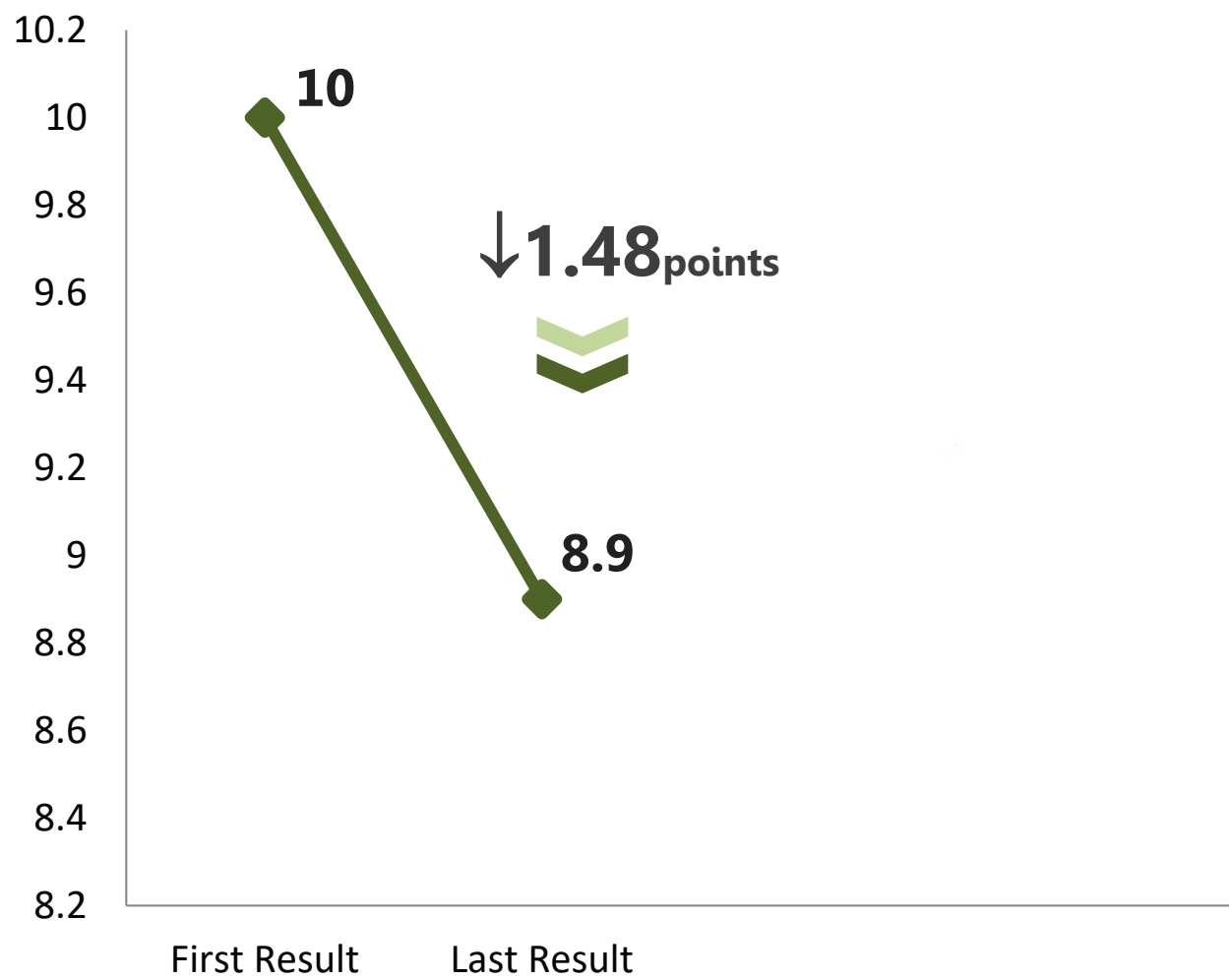
- **Missouri CMHC Health Homes**
 - <https://drive.google.com/file/d/1ddhHustznfrNQ08BOa6uEJh1qqcSwHG6/view>
- **Community Care Phoenix**
 - *Psychiatric Services* 2020; 71:796–802
- **Maryland**
 - *JAMA Network Open.* 2020;3(6):e207247. doi:10.100
- **Kitsap**
 - <https://doi.org/10.1176/appi.ps.201700450>
- **Washington**
 - **Multiple models in demonstration**

A **Behavioral Health Home** is a **healthcare** service delivery **model** focused on the integration of primary care, **mental health** services, and social services and supports for adults and children diagnosed with **mental** illness.



Missouri CMHC Healthcare Homes Outcomes

Improving uncontrolled A1c



For individuals with A1c > 9.0 at initial test result

N = 909

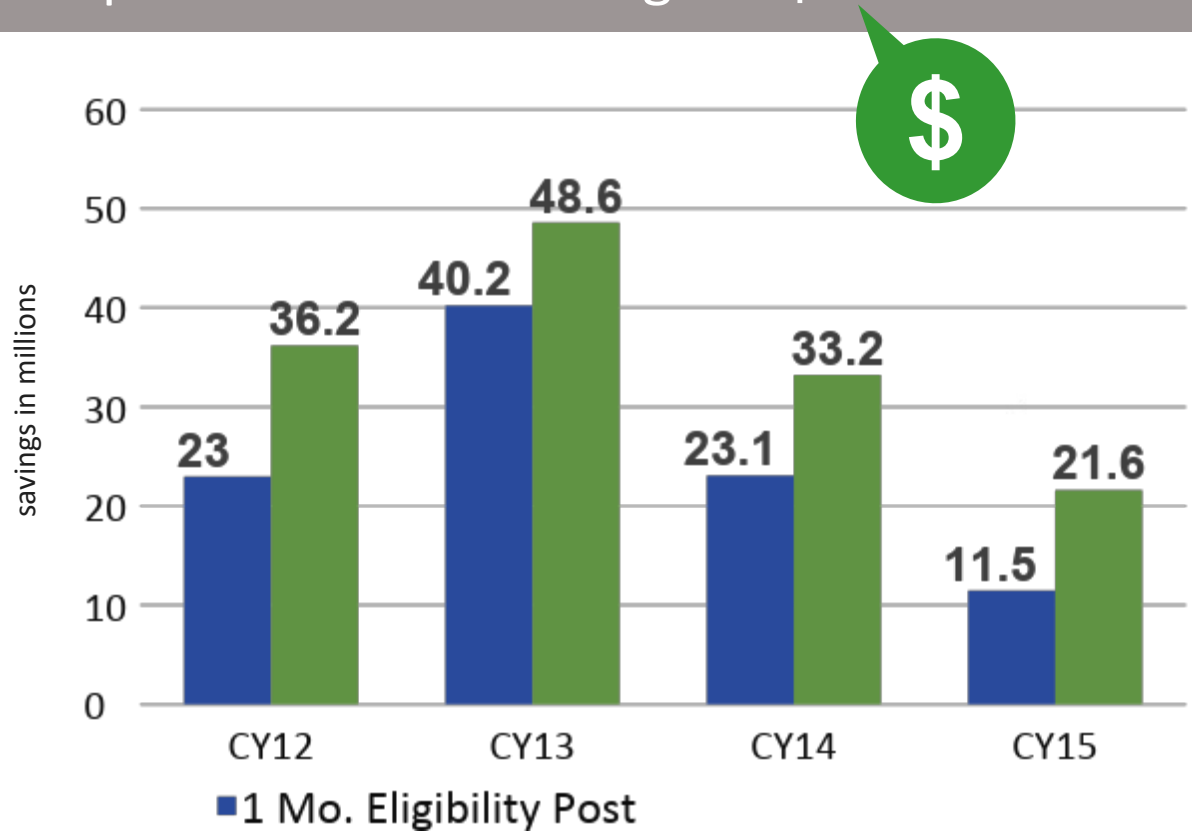
First Result: 10

Last Result: 8.9





Over the first 4 years, CMHC Healthcare Homes produced a net savings of \$98 million!

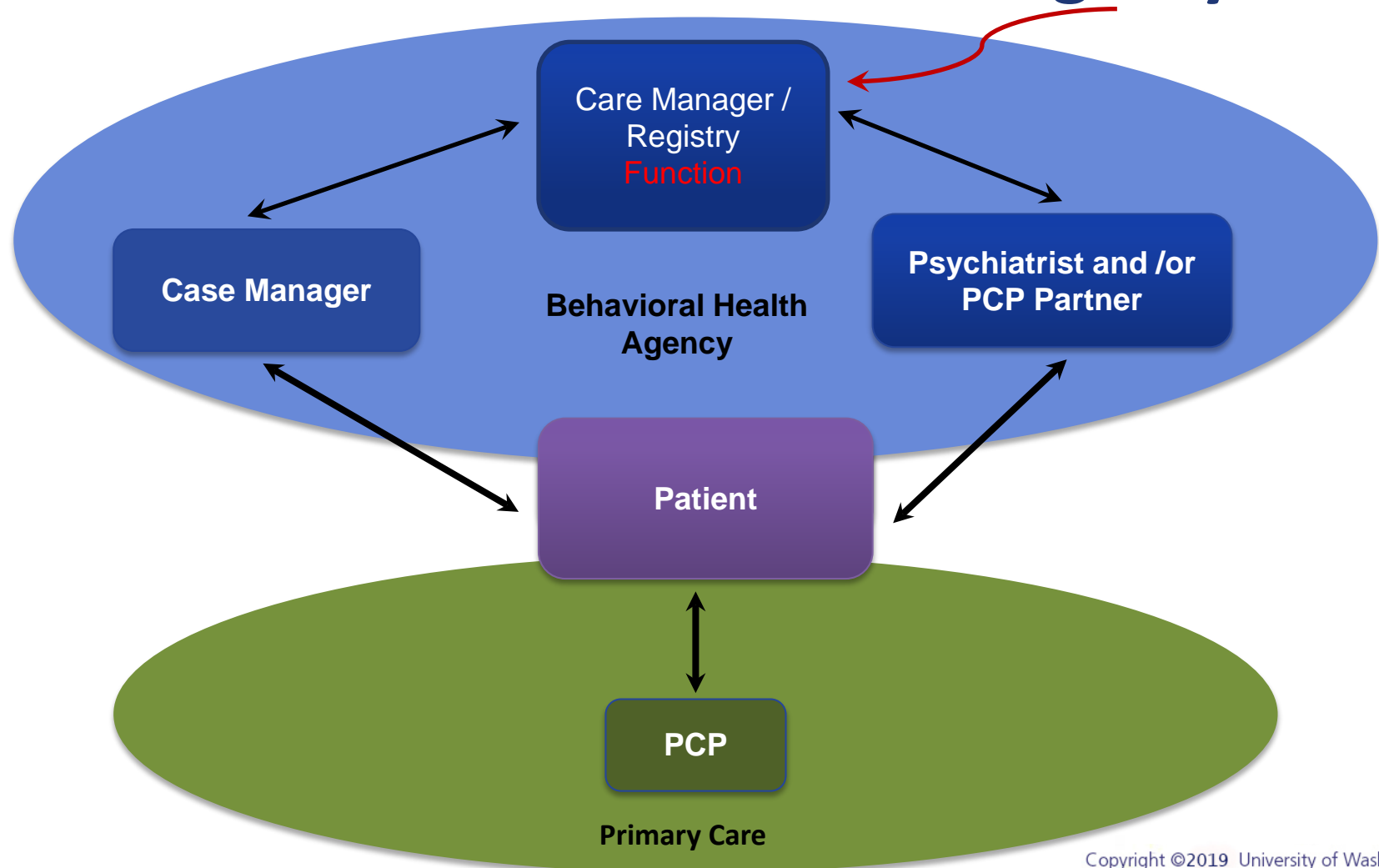



Cost Savings (2012-2015)

Current per member per month (PMPM) rate for CMHC Health Homes is \$85.23 (Jan 2016)



Integration of Care in Behavioral Health Needs **Someone** to Drive the Registry:





Addressing Physical Health in Pediatric Populations

- Weight gain is **severe and rapid** in people who have never been treated with an antipsychotic; not only with olanzapine but also with quetiapine, risperidone, and aripiprazole¹
- Child and Adolescent Psychiatrists²
 - Over 95% aware of all guidelines
 - Over 80% agreed with most guidelines
 - Less than 20% had adopted and adhered to most guidelines

¹JAMA. 2009;302(16):1765–1773.; ²Psychiatr Serv. 2017 Sep 1;68(9):958-961.



Addressing Physical Health in People with Substance Use Disorders

- **HIV / Hep C at much higher rates, and not screened as well.**
- **Wounds / MRSA**



Choosing screeners

- **Widely used based on evidence based practices.**
- **Related to conditions driving mortality.**
- **SDOH**
- **Children at high risk: e.g., antipsychotics**

HbA1c, BP, BMI, lipid screening

SDOH assessment: PRAPARE, DLA-20

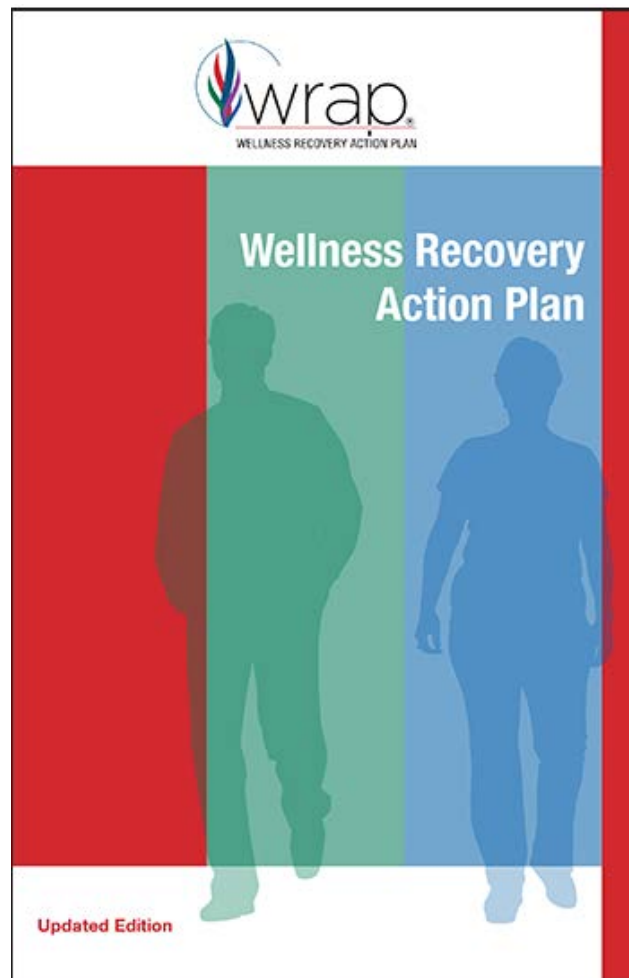


Addressing social determinants of health

Underlie a significant amount of the excess mortality in SMI populations.

In these models, SDOH are largely addressed by case management interventions.

Wellness Recovery Action Plan



“ Self-designed prevention and wellness process” most often used by people with SMI to plan recovery.

Includes evidence based plans for dealing with stressors, crises, building relationships, self-care **including physical self-care.**



Cultural Humility

Direct behavior change and case management interventions necessarily require a culturally humility approach.

This ends up being largely the purview of the case manager.

Example: ACRS / ICHS and Asian populations





Recovery and resilience

SAMHSA: “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

It is difficult to meet goals for a meaningful life including relationships and work, when chronically ill or prematurely deceased.

Skill building about managing physical diagnoses and interactions with the medical system can be generalized to improve coping in other areas of life.



Takeaways

- 1. People with SMI are at extremely high risk for early death from cardiovascular disease.**
- 2. Organized approaches to mitigation of the causes of this early mortality can work.**
- 3. These approaches will not be adopted by behavioral health agencies in Washington in Washington without a dependable stream of funding.**



Questions and Answers



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Thank you for joining us today.

