

# The Problem

- Mental Disorders are the leading cause of disability in the U.S. and Canada for ages 15 – 44.
- An estimated 26%, or 1 in 4 adult Americans age 18 and over suffer from a diagnosable mental disorder in a given year
- Nearly ½ of these meet criteria for 2 or more disorders. Severity of disorder is strongly related to co-morbidity

# The Impact of Mental Illness

- Many medical co-morbidities
- Shortened Life Expectancy
  - On average, those with SPMI die 25 years younger than others
- Poor participation in health care system
- Increased costs

# Morbidity and mortality

- The increased risk, among people who have SPMI, relative to the general population, for 4 leading preventable conditions
- Cardiovascular disease – 2.3 X
- Diabetes – 2.7 X
- Respiratory failure – 3.2 X
- Infectious diseases 3.4 X

# Poor Participation in the Health Care System

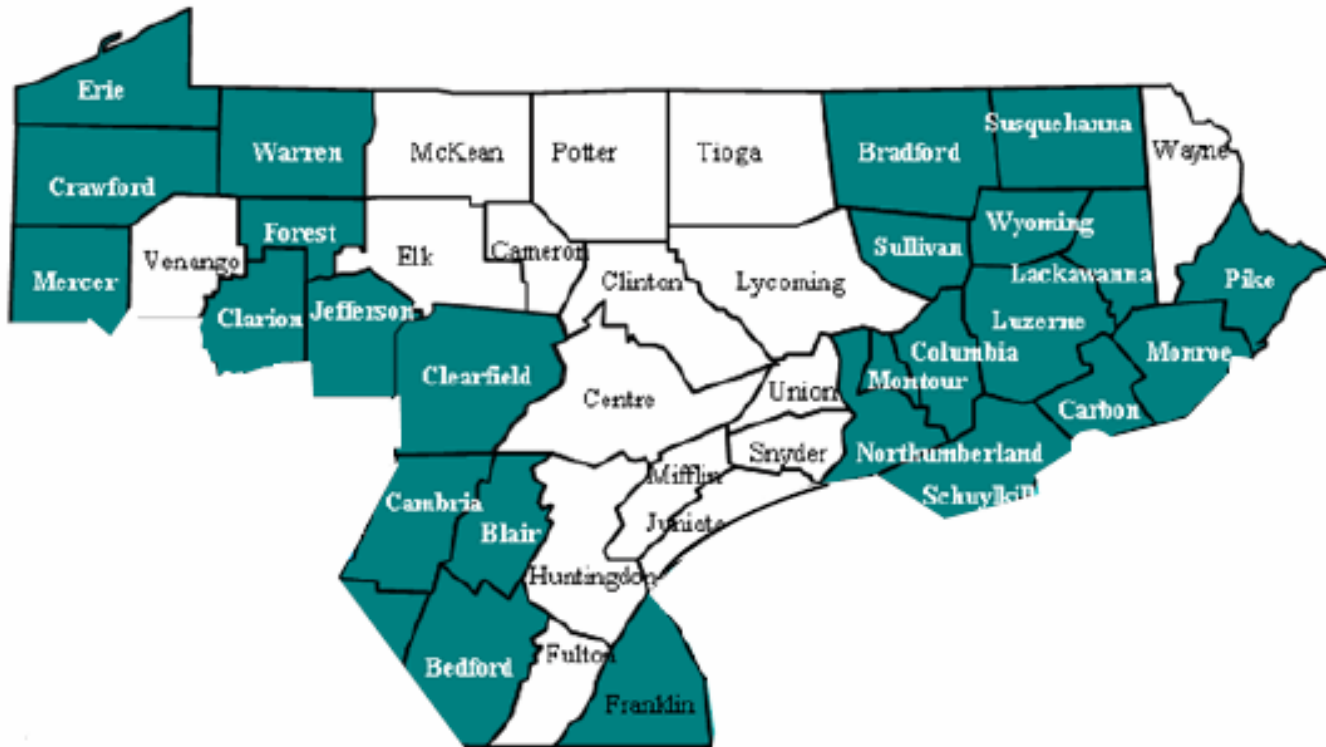
- 88% of persons with schizophrenia and hyperlipidemia are not being treated for hyperlipidemia
- 62% of persons with schizophrenia and hypertension are not being treated for hypertension
- 30% of persons with schizophrenia and diabetes are not being treated for diabetes

# The CNS Project

- The Office of Medical Assistance programs has Partnered with Comprehensive NeuroScience (CNS) to coordinate Physical Health and Behavioral Health healthcare in the 42 fee for service counties in the “T” of Pennsylvania.

# The 42 Counties

- As of 6/30/2008
- 372,291 adult recipients
- 48,615 child recipients (age  $\leq$  18)
- 23,473 prescribers



# CNS project - History

- Since 2005 CNS has been working with OMAP on a Behavioral Pharmacy Management (BPM) program
  - Looks at prescribing patterns of providers
- In Late 2007, a Healthcare Optimization (HCO) program was initiated
  - Looks at overall care of high risk recipients

# Behavior Pharmacy Management (BPM) Program

- Based on pharmacy claims data reported to OMAP
  - Reviews prescribers' prescribing patterns
  - Does informational mailings to prescribers with prescribing patterns that may pose increased risk

# BPM Intervention

- Each reporting period informational mailings are sent to 400 prescribers who most often deviate from identified prescribing patterns

# Health Care Coordination

Low BH needs Low PH needs	High BH needs Low PH needs
Low BH needs High PH needs	High BH needs High PH needs

# The consequence of not coordinating

- 3 out of 5 persons with mental illness die from preventable diseases due to deficiencies in the current management of diseases such as diabetes, heart disease, depression, and asthma

# The Healthcare Optimization (HCO) Program

- Identifies High risk recipients
- Child ( $\leq 18$  years old)
  - ADHD
  - Asthma, diabetes
- Adult (19 – 64 years old)
  - SPMI (schizophrenia, Bipolar Disorder, Major Depression)
  - Chronic Severe Physical Illness (diabetes, COPD, CHF)

# HCO Program (continued)

- Cohort Size
  - Children: 890
  - Adults: 881

# Integrated Health Profile

- Report generated for each member of the adult and child cohorts
- 4 – 8 pages
  - Demographic information
  - Diagnostic information for last year
  - Medications and prescribers for the last year
    - Refill & gap information for all meds
  - Services utilization
    - ER, Hospital, outpatient
  - Most frequently seen physicians & other clinicians
- Report goes to all identified prescribers & clinicians, known care managers and case managers

# Our Outreach

- During 2008, we have conducted
  - Six days of on site training
  - Two webinars
- Step By Step
  - Conference for administrators, professional and line staff
    - Hypertension & respiratory diseases
    - Diabetes & nutrition
    - Infectious diseases (TB, Hepatitis, MRSA)
  - Medical Letter & Checklist
  - Health Brochures (asthma, diabetes, hepatitis, hypertension, cardiovascular disease, dental hygiene, COPD, smoking, medication engagement, healthy child)

# Contact Information

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