Efforts to Address Physical Health Disparities among Individuals with Serious Mental Illness in Ohio

Key Drivers

- *NASMHPD Medical Director's Council Report*: Morbidity and mortality in people with serious mental illness (Parks, Svendsen, Singer, Foti, 2006)
    - Individuals with SMI dying 25 years earlier than in the general population, largely due to treatable medial conditions caused by modifiable risk factors (smoking, obesity, SA, inadequate access to medical care).
    - Increased risk associated with second generation antipsychotic medications.
    - Numerous factors account for inadequate healthcare for individuals with SMI, including patient, provider and system factors.
    - Call for stakeholders to embrace guiding principle that overall health is essential for mental health; adopt concept of Wellness.

- *ODMH Study* (Miller, Paschall, Svendsen, 2006)
    - Average of 32.2 years of life lost among individuals with SMI (with history of hospitalization) compared to the average life expectancy of the general population.
    - The leading causes of death included cardiovascular disease (21%) and suicide (18%). Among those who died from cardiovascular disease, most have identified AXIS III diagnoses consistent with preventable or treatable risk factors such as hypertension, obesity, and diabetes. Tobacco dependence was not included on most discharge diagnoses.

Ohio's Response

- ***Provide collaborate leadership through multiple strategies to promote partnerships, address obstacles, and share information***

    - **Coordination and linkage with stakeholders including federally qualified health centers** (FQHC's), Medicaid managed care providers, Ohio colleges of medicine and nursing, and other state departments (Health, Aging, Jobs and Family- Medicaid) and private foundations

    - **Consultation and technical assistance** to emerging programs (see attached summary)

    - **Subsidy funding** (State-appropriated and/or federal block grant funds used to promote wellness at agencies, for professional, multi-disciplinary training emphasizing wellness through participation in integrated physical and mental health care settings.

- **Explore effective models** of integrated physical and mental health care, including: Structure and Clinical Focus; Finance; Training; and Evaluation

- **Bring individuals with expertise to the discussion** (national experts, other states)

Specific Strategies to Accelerate Focus On Wellness in Ohio

- **Statewide "Wellness Colloquium,"** (April, 2008) funded in collaboration with Ohio Foundations. (See attached agenda for details)

    - Brought together local/national experts, mental health programs with expertise, primary care organizations (e.g., FQHC's), and funders Medicaid, managed care plans and foundations).
    - Focus on critical issues: Finance; Legal contracts and agreements; Clinical integration; Leadership; Operations

- **Development of Ohio-based "Learning Community"**

    - Web based resource will be first product (May, 2008)
    - Plans to support ongoing technical assistance to accelerate integrated approaches with mental health agencies serving as medical homes
    - Linkage with other states and regional efforts to share approaches and to promote integrated care.
    - Engage stakeholders for financial assistance (private foundations, others)
    - State Transformation Grant linkage and support

- **Promoting Tobacco Cessation via grant from Ohio's Tobacco Cessation Foundation**

    - Focus on integration of tobacco dependence treatment and policies in community behavioral health settings.
    - Developed a model for implementation for individuals with SMI
    - Provides consultation, training, and implementation resources to community behavioral health settings statewide

- **Utilizing Block Grant Funding to support the Wellness Management and Recovery (WMR) Coordinating Center of Excellence**

    - Psycho educational curriculum teaches agency providers and empowers individuals to become more involved in their health and preventative care
    - Emphasis on holistic health, collaborative partnership (provider-consumer), and cultural competence.

- **Promotion of Wellness within State Psychiatric Facilities**

    - Efforts to more effectively assess physical health needs
    - Programs to promote healthy lifestyle (walking program, nutrition)
    - Implementing WMR at a hospital practice site

- **Partnering with Ohio Medicaid Behavioral Health Collaborative**

    - Focus on addressing Medicaid barriers to integrated care
    - Includes managed care plans, state departments, community providers

Attachment

<u>Activity Taking Place in Ohio Mental Health Agencies to Address Integrated Health and Wellness</u>

Southwest Ohio Urban Agency: Greater Cincinnati Behavioral Healthcare

Co-location with an FQHC (The HealthCare Connection) and a pharmacy at their mental health agency

- Established "Wellness Action Plan" and strategic initiative to build awareness and buy-in
- Working to move from co-location to coordination and fuller collaboration
- Evaluation
  - Physical health (rates of Diabetes, Hypertension, deaths)
  - Implementation: % with wellness goal in ISP, % with PC provider
  - Staff healthcare costs, sick days, FMLA
  - Consumer satisfaction and Ohio Outcomes scale
- Finance: Start-up funding from Health Foundation of Greater Cincinnati. Beginning discussion with managed care plans regarding high cost clients

Southern Ohio Rural Agency: Clermont Counseling Center

Co-location with an FQHC (Health Source), primary care wing at their mental health agency

- Built relationship with FQHC around their "Mutual Vision" to provide high quality health care to individuals with mental illness
- Start-up funding from Greater Cincinnati Health Foundation
- Lessons learned: need to focus on building relationship, communication, trust, experienced operational expertise, understand cultural differences between MH and primary care, be prepared to consumer resistance to primary care

Central Ohio Urban Agency: Southeast Inc.

- Home of Wellness Management and Recovery CCOE
- Established primary care services in response to observation that SMI consumers received poor quality of care in primary care settings.
- Employ dual boarded Nurse Practitioners with prescriptive authority. Provide services to both consumers and staff.
- Finance: Sought Medicaid billing number, got on Medicaid managed care panels, established their own pharmacy (provides a revenue stream that can cover costs of less profitable services).

Northeastern Ohio Urban Agency: Recovery Resources

– Planning Phase

- Needs assessment, including evaluation of whether consumers would seek primary care if clinic located on site
- Engaging FQHC, focusing on shared population with high risk diabetes
- Finance: initial planning grant, exploring approach for sustainability

Northeastern Ohio Urban Agency: Community Support Services

Developing an on-site clinic, seeking partnership

- Collaboration with NEOUCOM, Departments of Psychiatry and Family Medicine, APN and Pharmacy students (Univ. of Akron and Kent State?)
- Initial attempt to partner with FQHC was not successful, currently pursing partnership with Summa Health System (Akron City Hospital)
- Future vision to pursue integrated electronic medical record
- Finance: Morgan Foundation funding to build on-site clinic, ODMH training grant to develop training capacity.