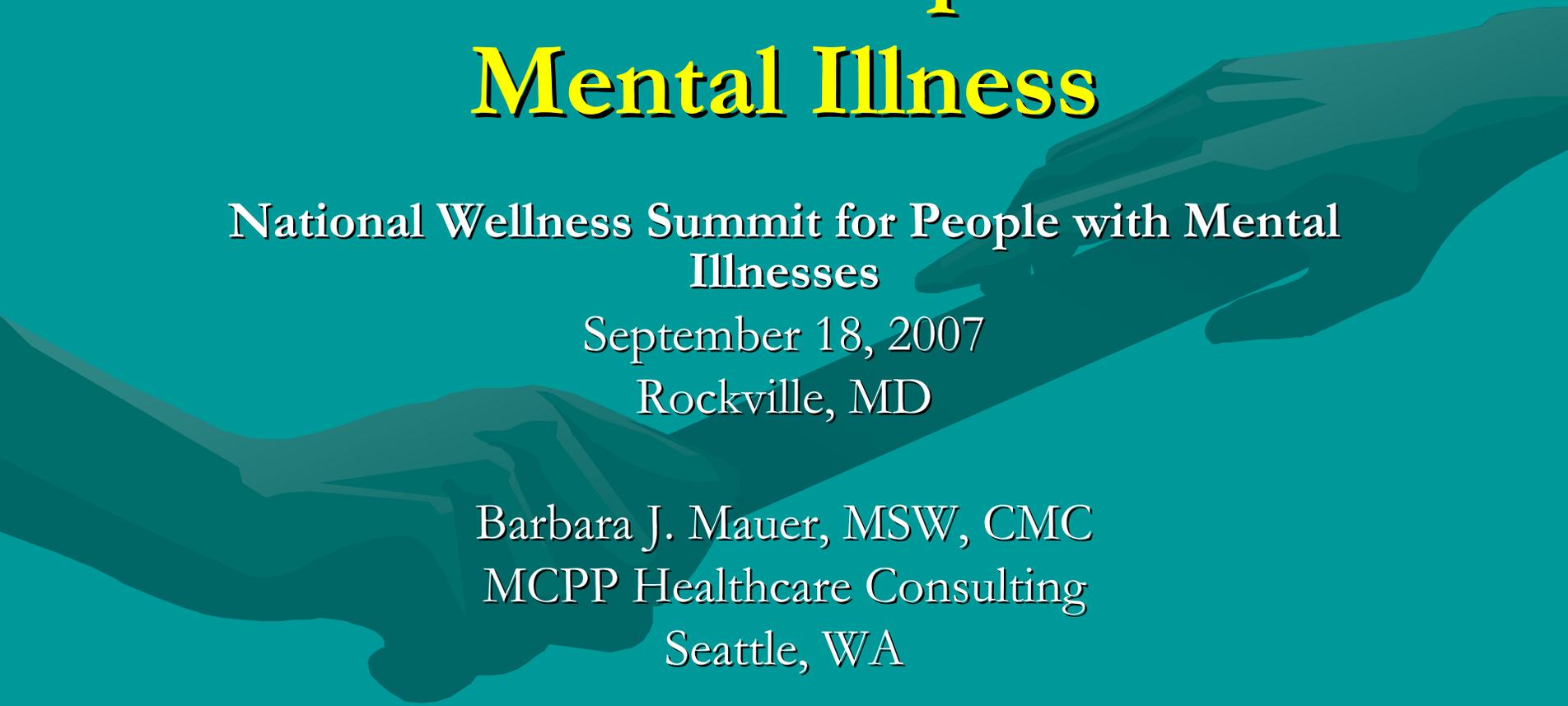


# Health and Wellness in the Future for People with Mental Illness

A stylized illustration of two hands shaking, rendered in shades of teal and dark teal, positioned behind the text.

National Wellness Summit for People with Mental  
Illnesses

September 18, 2007

Rockville, MD

Barbara J. Mauer, MSW, CMC  
MCPP Healthcare Consulting  
Seattle, WA

# National 100,000 Lives Campaign

*boston.com*

## The Boston Globe

Changes may have saved thousands, Harvard doctor says  
Project embraced in 3,000 hospitals focused on details

By Liz Kowalczyk, Globe Staff

June 15, 2006

Three thousand US hospitals that improved care in six specific areas, including administering proper antibiotics before surgery and activating "rapid response teams," saved an estimated 122,300 patients who would have died from errors and poor care, said a Harvard physician who oversaw the 18-month project.

Dr. Donald Berwick, a Harvard Medical School professor who is chief executive of the Institute for Healthcare Improvement in

Cambridge, made a splash in December 2004, when he announced plans to enlist hospitals in a campaign to save 100,000 lives by providing them with checklists to improve patient care.

More than 3,000 hospitals joined the project, including 61 in Massachusetts. Yesterday, Berwick said the campaign had created a new standard of care, and, by his organization's calculations, had saved more lives than predicted

# What Must We Do to be As Successful?

- **Clear, shared vision** – requires leadership, communication and measures of success
- **Proven methods and tools** – uses multiple, effective processes and tools to create sustainable improvements
- **Courageous commitment** – risks the setting of high goals and boldly pursue them

# Clear, Shared Vision



# A National Wellness Action Plan for People with Mental Illnesses

## Vision and Pledge

- We envision a future in which people with mental illnesses pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources
- We pledge to promote wellness for people with mental illnesses by taking action to **prevent and reduce early mortality by 10 years over the next 10 year time period**

# Clear, Shared Vision

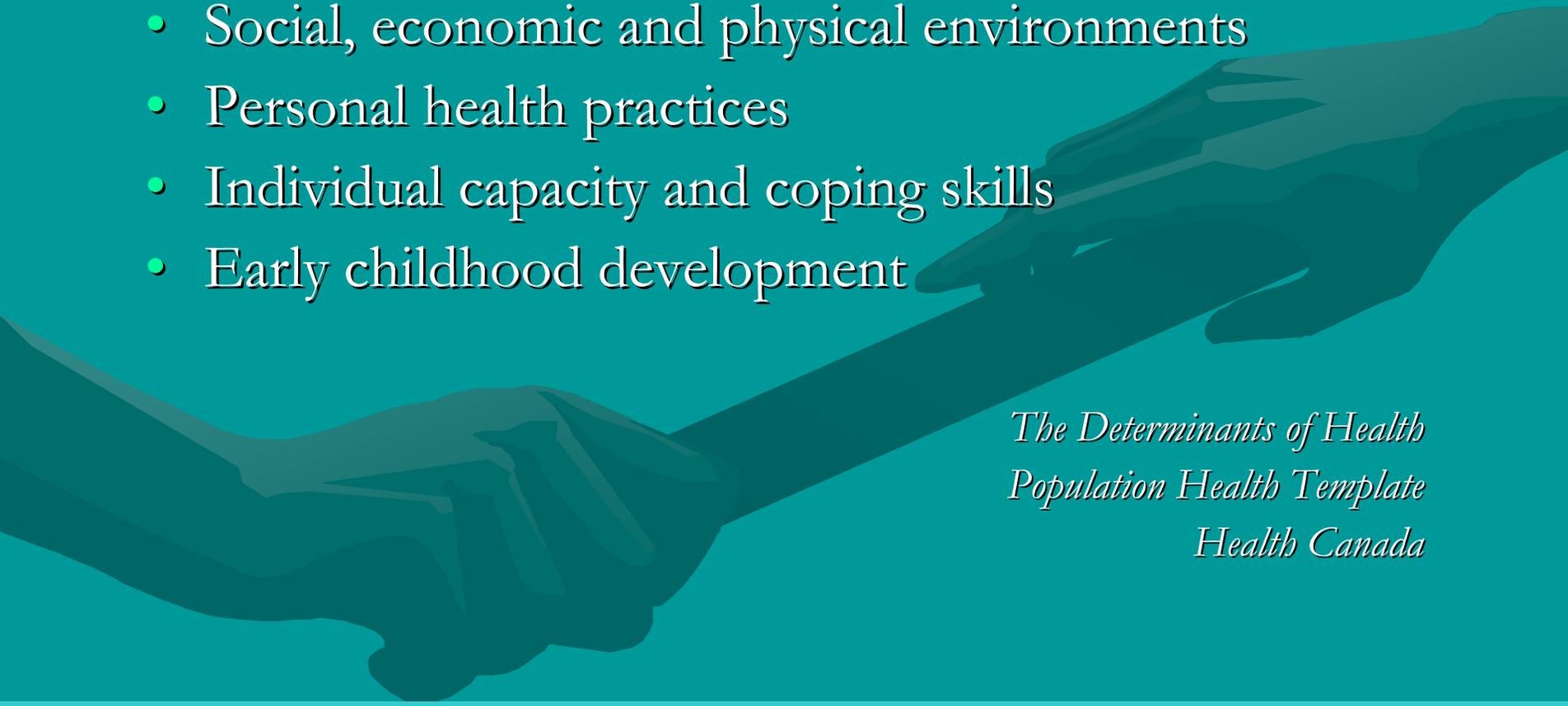
- Articulate what we will accomplish and how we will do it
- Use specific, measurable goals
- Set timelines
- Assure leadership communication and promotion, with clear communication plans that are sustained and consistent
- Assure every individual and organization understands their task/role

# Proven Methods and Tools

- **As** people with mental illness have a life span shorter than that of the general population and shorter than those groups currently the focus of reduction in health disparities
- **Then**, efforts to achieve **10 more years in 10 years** should be at least **equivalent to the efforts for the general population**, and include special focus to reduce the larger health disparity
- We must **assure that people with mental illness are afforded the benefits of national strategies**, not just the crumbs left at the end of the national process

# Proven Methods and Tools

- Health services
- Human biology
- Social, economic and physical environments
- Personal health practices
- Individual capacity and coping skills
- Early childhood development



*The Determinants of Health  
Population Health Template  
Health Canada*

# Proven Methods and Tools

- Expand health insurance to all
- Increase transparency and reporting on quality and costs
- Implement proven quality and safety improvements
- Reorganize health delivery to emphasize patient-centered primary care
- Expand the use of information technology
- Reward quality and efficiency
- Encourage public-private collaboration

*The Best Health System in the World  
2006 Annual Report  
The Commonwealth Fund*

# Methods and Tools to Improve General Population Health

- Health Services
  - **Insurance coverage**
  - **Delivery system access and quality**
- Human Biology
  - Assessment of genetic health risks
  - Preventive education and strategies
- Social, Economic and Physical Environments
  - **Safe and affordable housing**
  - **Life in the community, above the poverty level**
  - Effective Public Health strategies and services
- Personal Health Practices/Individual Skills
  - **Health education and supports/care management**
  - **Self management goals and strategies**
  - Supportive friends and families
- Early Childhood Development

# Health Services: Insurance Coverage

- **Lack of adequate health care coverage** represents an enormous barrier
- Adults over 18 and under 65 make up 80% of the uninsured in our country
- 1 in 5 people with a serious mental health condition is uninsured (SAMHSA)
- It is difficult for Medicaid and Medicare enrollees to **find primary care and specialty health care providers** who will see them

# Health Services: Insurance Coverage

- **Parity—MH and SA coverage** with the same rule set as for general healthcare
- **Covering the uninsured**—a recent conversation among 3,500 CA citizens had these results—82% said the system requires major change, 84% said they are at least somewhat willing to pay for reform and 63% said they would support:
  - Expanded eligibility for Medicaid to **include individuals without children and incomes at 100% of the federal poverty level**
  - **Health plan subsidies for low to moderate income people**
  - Improved payment for Medicaid providers
  - As long as the program includes **provisions for wellness and prevention**

*<http://www.californiaspeaks.org/>*

# Health Services: Delivery System

## Access and Quality



### IOM Six Aims

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

*Institute of Medicine, Crossing the Quality Chasm*

### IOM Ten New Rules

- Care based on continuous healing relationships
- Customization based on patient needs and values
- The patient as the source of control
- Shared knowledge and the free flow of information
- Evidence-based decision making
- Safety as a system property
- The need for transparency
- Anticipation of needs
- Continuous decrease in waste
- Cooperation among clinicians

# Health Services: Delivery System

## Access and Quality

- The USPSTF was convened by the U.S. Public Health Service to rigorously evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counseling, immunizations, and chemoprevention

*U.S. Preventive Services Task Force (USPSTF) <http://www.abcpr.gov/clinic/uspstfix.htm>*

- The Washington State Board of Health List of Critical Health Services is based on review of USPSTF recommendations regarding efficacy of screening, education/support, and/or interventions

- **General Access to Health Services**
- **Health Risk Behaviors**
- **Communicable & Infectious Diseases**
- **Pregnancy and Maternal, Infant & Child Health/Development**
- **Behavioral Health & Mental Health**
- **Cancer Services**
- **Chronic Conditions**
- **Oral Health**

# Health Services: Delivery System Access and Quality

## Care Model

**Community**

**Resources and  
Policies**

**Health System**

**Health Care Organization**

**Self-  
Management  
Support**

**Delivery  
System  
Design**

**Decision  
Support**

**Clinical  
Information  
Systems**

**Informed,  
Activated  
Patient**

**Productive  
Interactions**

**Prepared,  
Proactive  
Practice Team**

**Improved Outcomes**

*[www.improvingchroniccare.org/change/index.html](http://www.improvingchroniccare.org/change/index.html)*

# Health Services: Delivery System

## Access and Quality

- Principles of the **Patient-Centered Medical Home**
  - Personal physician
  - Physician directed medical practice (team care that collectively takes responsibility for the ongoing care of patients)
  - Whole person orientation
  - Care that is coordinated and/or integrated
  - Quality and safety (including evidence based care, use of information technology and performance measurement/quality improvement)
  - Enhanced access to care
  - Payment structure that reflects these characteristics beyond the current encounter-based reimbursement mechanisms

*The American Academy of Family Physicians, American Academy of Pediatrics,  
American College of Physicians, and American Osteopathic Association*

# Health Services: Delivery System

## Access and Quality

- When adults have **health insurance coverage and a medical home**—defined as a health care setting that provides patients with timely, well-organized care and enhanced access to providers—racial and ethnic **disparities in access and quality are reduced or even eliminated**...their access to needed care, receipt of routine preventive screenings and management of chronic conditions improve substantially

*Closing the Divide: How Medical Homes Promote Equity in Care*  
*The Commonwealth Fund, June 2007*
- Report preceded by a proposed **new payment structure tied to patient centered medical homes**—the encounter-based reimbursement system would be replaced by a per-patient payment (a case rate, not capitation), substantially increasing payments for primary care in return for greater accessibility, quality, safety, and efficiency
  - Over two-thirds of the payments would be for multidisciplinary health care teams

*Journal of Internal Medicine [22(3)410-15], March 2007*

# Health Services: Delivery System

## Access and Quality

- United Way of King County (Seattle)—The Healthcare Safety Net: Shared Information Community Forum (October 2007) to explore the feasibility of developing:
  - **Data Warehouse** – tool that uploads select clinical data across information platforms, refreshed every 24 hours: Best practice model: Washtenaw County, MI
  - **Personal Health Record** – patient-maintained online health record: Best practice model: Shared Care Plan in Whatcom County, WA
  - Both operate under what is a a **Regional Health Information Organization (RHIO) or Health Information Exchange (HIE)**

# Health Services: Summary

- Insurance Coverage that includes parity for MH and SA
- Patient Centered Medical Home/Care Model
- Electronic Health Record/Personal Health Record/RHIO

## PLUS

- **Adequately funded, recovery oriented MH and SA services**  
(MH/SA expenditures as a proportion of all health care declined from 8.2% of total national health care expenditures in 1993 to 7.5% in 2003)
- **Strong models for collaborative primary care, MH and SA services**

**We must work to implement all of these strategies for people with mental illness to achieve 10 more years in 10 years!**

# Social, Economic and Physical Environments

- It is estimated that as many as 1 million people live in board and care homes nationally, and that as many as 330,000 residents may have psychiatric disabilities
- Concerns have been raised regarding lack of effective statutory oversight power, **poor environmental and physical conditions**, civil rights violations, **lack of recreational** and cultural activities, refusal to readmit residents, financial improprieties, and **inadequate medical and mental health care**
- **Every person with a psychiatric disability deserves a range of housing choices and to live in a home of his or her own**

*Transforming Housing for People with Psychiatric Disabilities Report, SAMHSA, 2006*

**Safe and affordable housing for people with mental illness is a health and wellness priority**

# Social, Economic and Physical Environments

- In neighborhoods with **lower socioeconomic status and lower life expectancy**, studies have shown **markedly lower or no access to healthy foods** –an upcoming PBS special “Unnatural Causes: Is Inequity Making Us Sick?”, will focus on socioeconomic and racial disparities in health
- Whether people have been able to obtain employment, where they live, and whether they have sufficient income to purchase healthy food are interrelated—housing costs reduce the amount remaining for food—the Oregon Hunger Summit identified more affordable housing as one of their major strategies to address hunger

**Employment services/supports for living wage jobs for people with mental illness is a health and wellness priority**

# Personal Health Practices/Individual Skills

- Health education and supports have been widely implemented through the concept of disease management (DM)—**a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant**
- As a key element of DM, **care management**—the coordination of care in order to reduce fragmentation and unnecessary use of services, prevent avoidable conditions, and promote independence and self-care—has been identified as being among the few policy options that hold promise not only of containing costs but also of **improving health outcomes for high-risk populations**

*Stretching State Health Care Dollars During Difficult Economic Times , The Commonwealth Fund*

# Personal Health

## Practices/Individual Skills

- **Wellness Recovery Action Plan** —an educational self-management model which results in an action plan for both health and illness
- **Illness/Wellness Management and Recovery Program**—an evidence-based practice of skill development to support pursuit of recovery goals
- **Stanford Patient Education and Research Center Programs**—self management for people living with chronic diseases such as diabetes, incorporating medical, physical and emotional components

**The tools are available, we must use them to address both medical and psychiatric illnesses and assure that everyone has access to them—self efficacy for people with mental illness is a health and wellness priority**

# Achieving 10 More Years in 10 Years

- **Clear, shared vision** – requires leadership, communication and measures of success
  - **Proven methods and tools** – uses multiple, effective processes and tools to create sustainable improvements
  - **Courageous commitment** – risks the setting of high goals and boldly pursue them
- 
- Health Services
    - **Insurance coverage**
    - **Delivery system access and quality**
  - Human Biology
    - Assessment of genetic health risks
    - Preventive education and strategies
  - Social, Economic and Physical Environments
    - **Safe and affordable housing**
    - **Life in the community, above the poverty level**
    - Effective Public Health strategies and services
  - Personal Health Practices/Individual Skills
    - **Health education and supports/care management**
    - **Self management goals and strategies**
    - Supportive friends and families
  - Early Childhood Development

# Courageous Commitment

- **Some is not a number; soon is not a time—**  
Berwick (announcing the 100,000 Lives Campaign)
- Establish high and achievable goals
- Boldly embrace the challenge – **10 more years in 10 years!**

# Reaching the Summit

*boston.com*

## The Boston Globe

**Partnership Achieves  
Extended Life Span for  
People with Mental  
Illness—10 More Years  
in 10 Years**

