

## Activities for Addressing Morbidity and Mortality in People with Serious Mental Illness

This matrix was developed from the Morbidity and Mortality in People with Serious Mental Illness report from NASMHPD (October 2006). People with serious mental illness (SMI) die, on average, 25 years earlier than the general population. State studies document recent increases in death rates over those previously reported. This is a serious public health problem for the people served by out state mental health systems. While 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.

<u>Level</u>	<u>Goals</u>	<u>Activity</u>	<u>Examples</u>	<u>Activities in Oregon</u>
<u>State</u>	<b>1. Prioritize the Public Health Problem of Morbidity and Mortality and Designate the Population with SMI as a Priority Health Disparities Population.</b>	<i>a. Collect surveillance data on morbidity and mortality in the population with SMI.</i>	*1	
		<i>b. Apply a public health approach and population based interventions.</i>	*2	
	<b>2. Improve Access to Physical Health Care</b>	<i>a. Require, regulate, and lead the public behavioral health care system to ensure prevention, screening, and treatment of general health care issues.</i>		
		<i>b. Build adequate capacity to serve the physical health care needs of the SMI population.</i>		
	<b>3. Promote Coordinated and Integrated Mental Health and Physical Health Care or Persons with SMI</b>	<i>a. Utilize the system transformation recommendations from the New Freedom Commission, Institute of Medicine and SAMHSA to achieve a more person-centered mental health system. Specifically, implement the following selected recommendations, as identified in the IOM</i>		

**Activities for Addressing  
Morbidity and Mortality in People with Serious Mental Illness**

		<p><i>report, and modified to address the morbidity and mortality issues.</i></p> <ul style="list-style-type: none"> <li>▪ <i>Create high-level mechanisms to improve collaboration and coordination across agencies</i></li> <li>▪ <i>Promote integration of general health care and mental health records</i></li> <li>▪ <i>Revise laws and other policies to support communication between providers</i></li> </ul>		
		<p><i>b. Implement the recommendations found in the 11<sup>th</sup> NASMHPD Technical Paper: Integrating Behavioral Health and Primary Care Services.</i></p>		
	<b>4. Support Education and Advocacy</b>	<p><i>a. Develop and implement toolkits and guidelines to help providers, self-help/peer support groups and families understand how to facilitate healthy choices while promoting personal responsibility.</i></p>		
		<p><i>b. Establish training capacity. A key component of this plan will be training and technical assistance for the mental health workforce on the importance of the issues.</i></p>		
		<p><i>c. Involve academic and association partners in planning and conducting training.</i></p>		
		<p><i>d. Address stigma/discrimination</i></p>		
	<b>5. Address Funding</b>	<p><i>a. Assure financing methods for service</i></p>		

**Activities for Addressing  
Morbidity and Mortality in People with Serious Mental Illness**

		<i>improvements. Include reimbursement for coordination activities, case management, transportation and other supports to ensure access to physical health care services.</i>		
		<p><i>b. As a health care purchaser, Medicaid should:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Provide coverage for health education and prevention services (primary prevention) that will reduce or slow the impact of disease for people with SMI.</i></li> <li>▪ <i>Establish rates adequate to assure access to primary care by persons with SMI.</i></li> <li>▪ <i>Cover smoking cessation and weight reduction treatments.</i></li> <li>▪ <i>Use community case management to improve engagement with and access to preventive and primary care.</i></li> </ul>	*3	
	<b>6. Develop a Quality Improvement (QI) Process that Supports Increased Access to Physical Health Care and Ensures Appropriate Prevention, Screening and Treatment Services.</b>	<i>a. Establish a system goal for quality health care with the same priority as employment, housing or keeping people out of the criminal justice system.</i>		
		<i>b. Join with the Medicaid and Public Health agencies at the state level to develop a quality</i>	*4	

**Activities for Addressing  
Morbidity and Mortality in People with Serious Mental Illness**

		<i>improvement (QI) plan to support appropriate screening, treatment and access to health care for people being served by the public mental health system, whether Medicaid or uninsured.</i>		
		<i>c. Assure that all initiatives to address morbidity and mortality have concrete goals, timeframes and specific steps. Gather performance measurement data and use to manage overall system performance.</i>	*5	
			*6	
		<i>d. Use regulatory, policy and other programming opportunities to promote personal responsibility for making health choices by changing the locus of control from external (program rules, regulations, staff) to the individuals we serve (self-control and management).</i>		
		<i>e. Continue to promote adoption of recommendations in the NASMHPD Technical Reports on Polypharmacy and Smoking to implement policies and programs addressing these risk factors.</i>		

\*1 Two state-level surveillance methods have demonstrated use of data from other systems to match data from the MHSA system:

## Activities for Addressing Morbidity and Mortality in People with Serious Mental Illness

- For mortality, match to the State Department of Health death records to obtain information on numbers and causes of death in the population served by the MHSA. The data from Ohio is an example, although only matched to inpatients.
- For morbidity, match to the Medicaid encounter data to obtain information on the diagnoses and treatments being provided by the health care system for the population served by the MHSA.

\*2 “Public Health includes the activities that society undertakes to ensure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public.”

Ten essential Services of Public Health is a template used by Public Health Systems nationally:

### *Assessment*

1. Monitor health status of the community
2. Diagnose and investigate health problems and hazards
3. Inform and educate people about health issues

### *Policy Development*

4. Mobilize partnership to solve community problems
5. Support policies and plans to achieve health goals

### *Assurance*

6. Enforce laws and regulations to achieve health goals
7. Link people to needed personal health services
8. Ensure a skilled public health workforce
9. Evaluate effectiveness, accessibility, and quality of health services
10. Research and apply innovative solutions

## Activities for Addressing Morbidity and Mortality in People with Serious Mental Illness

\*3 There are two aspects of Medicaid financial impact: the opportunity to provide health education and prevention services (primary prevention) that will reduce or slow the impact of disease for people with SMI, and the cost of providing appropriate health care services (secondary and tertiary prevention) to people with SMI.

\*4 Common causes of increased mortality and chronic medical illness in the SMI population should be targeted for QI action planning and programmatic interventions. Assure integrated data analysis of utilization, cost and quality outcomes for both health care and mental health, including analysis of degree to which improvements in one system of care leads to changes in the other system of care.

\*5

- How widespread is screening?
- How many cases are detected?
- How many cases are prevented?
- In how many cases are outcomes improved?
- How much did it cost?
- Who was paid?

\*6 Performance measurement must be a part of these new programs as they are designed and implemented. The Center for Quality Assessment & Improvement in Mental Health has presented three sets of quality measures for use:

- Quality measures for patients with co-occurring medical and psychiatric conditions treated in primary care settings
- Quality measures for patients with co-occurring substance use and psychiatric conditions treated in the mental health specialty setting

Each set includes structure, process, and outcome measures.