

Measurement of Health Status for People with Serious Mental Illnesses

NASMHPD Medical Directors Council
16th in a Series of Technical Reports
in Collaboration with NRI
Supported by CMHS and SAMHSA

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Principles

- Vision is the long term focus: ***Integrated Healthcare in the Mental Health System for People with Serious Mental Illnesses.***
- Immediate focus is the development of health status measurement to:
 - improve individual care
 - evaluate the population impact of future healthcare initiatives
- The SAMHSA Fundamental Components of Recovery (Appendix B)
- Dimensions of Wellness (Appendix C)

Intent

- One set of consumer oriented indicators for all parts of the mental health system.
 - Health and process indicators
 - Propose an initial set and sites for testing
- Measure what is important for improving care
 - person-level
 - population-level data for quality improvement and planning.
- Have person-level indicators for all consumers
- Measure functions of a person-centered healthcare home.
- Require transparent, shared access to person-level data to be used for individual consumer decision making.

Priority Criteria for Indicators

- Indicators that identify untreated yet treatable conditions.
- Indicators that are already defined and in use in general healthcare.
- Indicators that are meaningful to consumers and culturally competent.
- Primary prevention indicators (risk factor screening).
- Secondary prevention indicators (screening for current conditions).
- Tertiary prevention indicators (monitoring of specific indicators related to a current condition like blood pressure).

Health Indicators

- Weight/Height/Body Mass Index (BMI)
- Blood Pressure
- Blood Glucose or HbA1C
- Lipid Profile
- Medication History/Current Medication List, with Dosages

Health Indicators

- Personal History of Diabetes, Hypertension, Cardiovascular Disease
- Family History of Diabetes, Hypertension, Cardiovascular Disease
- Tobacco Use/History
- Substance Use/History
- Social Supports

Process Indicators

- Screening and monitoring of risk and selected health conditions in MH settings
- Access to and utilization of primary care services

Testing the Indicators

- Conduct an Environmental Scan in all states:
 - Do you use these indicators now?
 - What methods of measurement are you using?
 - What are the barriers to effective implementation?
- Pilot the new indicators
 - In volunteer states in hospitals and community services, with data reported to NRI
 - Incorporation of the indicators into the hospital discharge communication process per The Joint Commission ORYX® initiative, with communication to both the mental health provider and the primary care provider in the community
 - Analysis of Medicaid data for independent verification of provider encounters, lipid and glucose testing

Recommendation -**Pilot and Implement a Standard Set of Health Indicators**

- Provisionally adopt the proposed set of health and process indicators to test their feasibility.
- Authorize an Environmental Scan of all State Mental Health Agencies of their current activities and data in light of the proposed indicator set.
- Authorize a proposal to support pilot testing, based on states' interest and willingness to participate.

Recommendations-Adopt Proven Population Surveillance Tools

- Revise the Mental Health Statistics Improvement Program (MHSIP) Consumer-Oriented Report Card to include selected indicators from the Behavioral Risk Factor Surveillance System (BRFSS) and other sources.
- Routinely incorporate the K6 and PHQ-9 into the CDC BRFSS annual survey.

Recommendations-Engage Public Health And Healthcare Leadership in Action

- Continue to advocate with the CDC and the Health Resources and Services Administration (HRSA) to designate SMHA consumers as a health disparities population and to sponsor a Collaborative on Prevention and Management of Chronic Medical Conditions in People with Serious Mental Illnesses.
- SMHA Medical Directors should engage medical leadership in their state Public Health and Medicaid authorities to promote integration of health and mental health issues in state level health policy, planning and reimbursement.

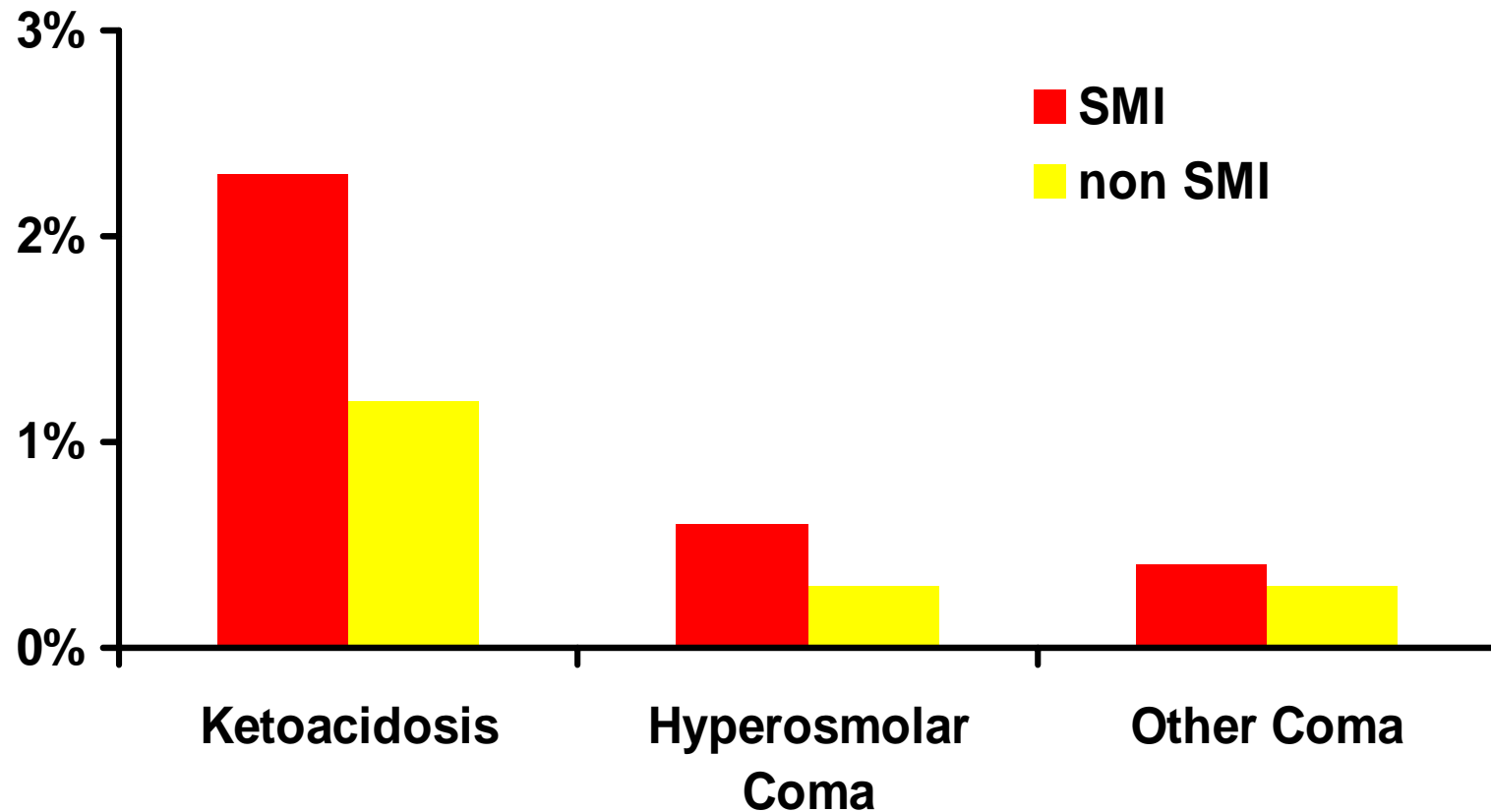
Recommendations-Engage Public Health And Healthcare Leadership in Action

- Association of State and Territorial Health Officers (ASTHO) and the National Association of County and City Health Officials (NACCHO) in planning and collaboration to address the needs of SMHA consumers.
- National Council for Community Behavioral Healthcare (NCCBH) and National Association of Community Health Centers (NACHC) in planning for implementation of the Health Indicators pilot.
- National Association of State Medicaid Directors (NASMD) and the Centers for Medicare and Medicaid Services (CMS) to identify opportunities and barriers to improving access/utilization of Medicaid health quality initiatives for persons living with serious mental illness. Coordinate with CMS to address the co-morbidity of mental illness and chronic disease in its services research and in its policy and planning.
- Coordinate with the Agency for Healthcare Research and Quality (AHRQ) to develop standards of quality care for persons with co-morbid chronic health conditions and serious mental illnesses.

Utilization of Services Maine Medicaid

Service	SMI	Non-SMI	Odds Ratio
General Outpatient	43.8%	52.5%	0.7*
General Inpatient	9.7%	6.4%	1.6*
Ambulance	3.4%	0.9%	3.7*
Emergency Room	37.1%	20.4%	2.3*
Physician	30.8%	39.1%	0.7*

Short-Term Complications Maine SMI/Diabetes Study



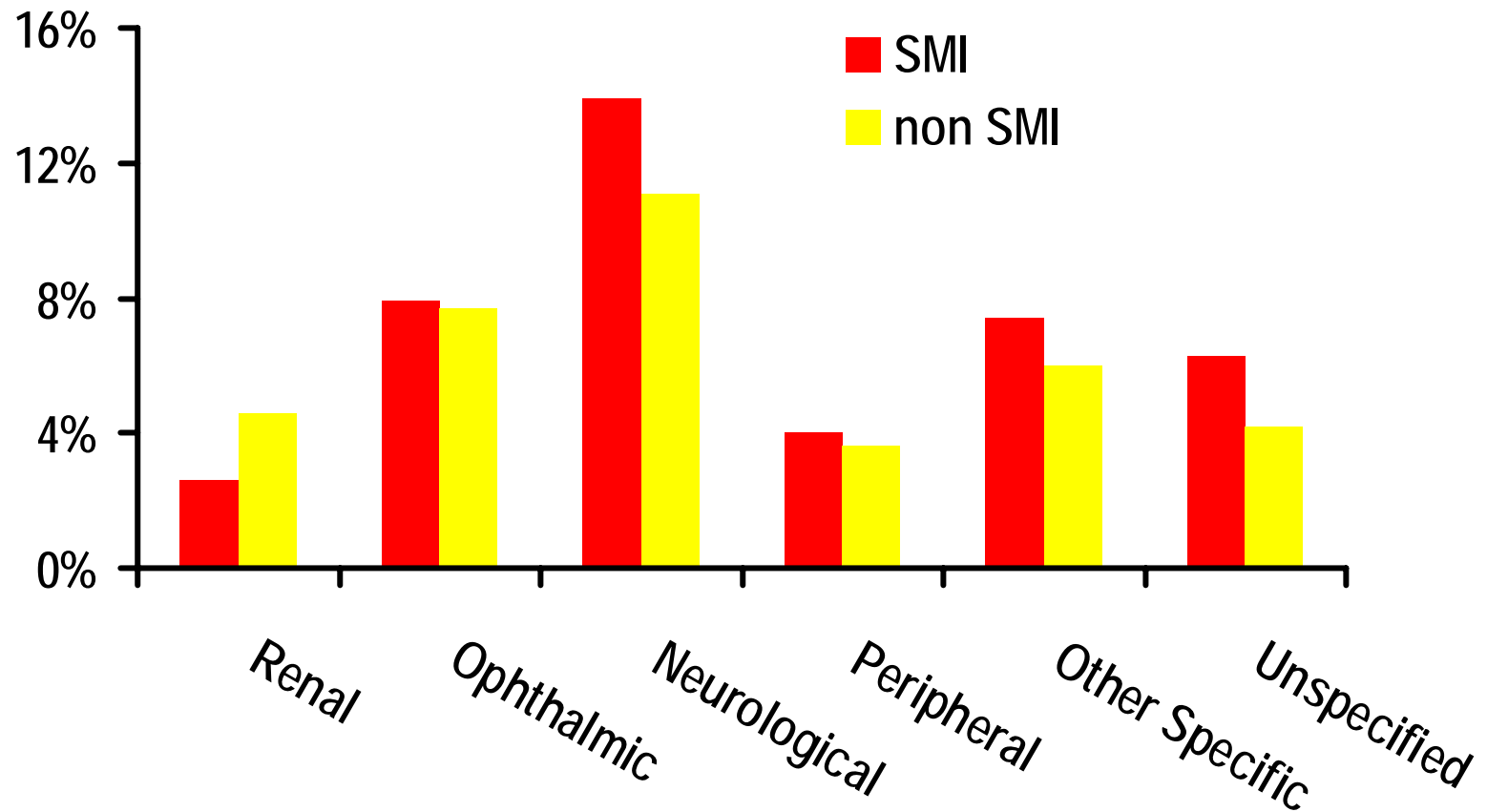
Quality Measures

Maine SMI/Diabetes Study

Test	SMI	Non-SMI	Odds Ratio
HbA1c	38.6%	49.4%	0.6*
Lipid Profile	26.2%	34.3%	0.7*
Microalbuminuria	14.2%	19.2%	0.7*

Maine SMI Study

Long-Term Complications



Maine SMI Diabetes Study: Diabetes Expenditures per Member per Year

