

Behavioral Health and EMR's

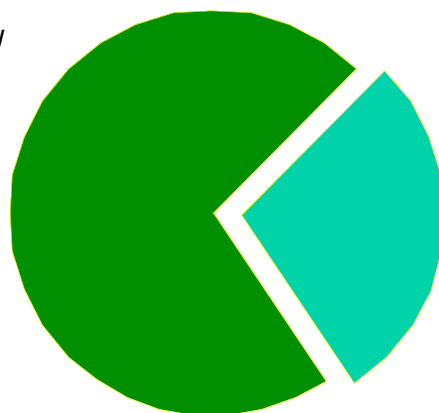
- Epidemiology of Behavioral Health
- Financial / Reimbursement
- Is Mental Illness like other medical illness
- Behavior Health Care Delivery
- Care givers and clients
- Clinician Types
- EMR's in Mental health - Unique Documentation
- Confidentiality Issues / Legal Issues
- Research in Mental Illness
- Mindlinc: Who we are



Diagnosable Mental/Addictive Disorder

28% or 84,000,000 people in USA have a

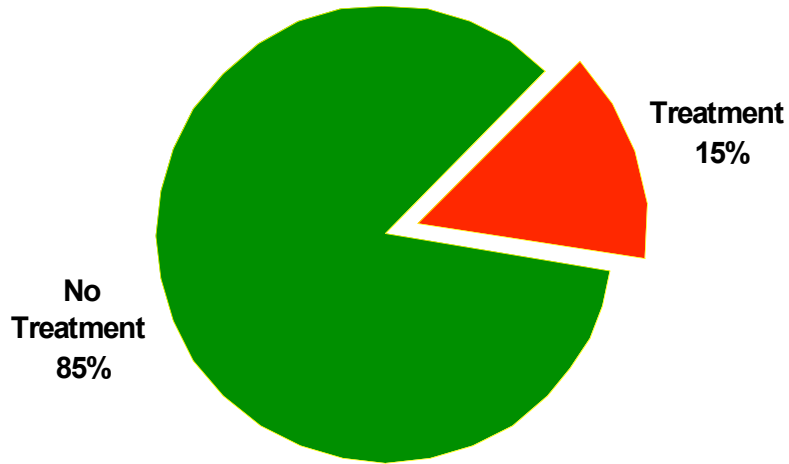
No Mental/
Addictive
Disorder
72%



Mental/
Addictive
Disorder
28%

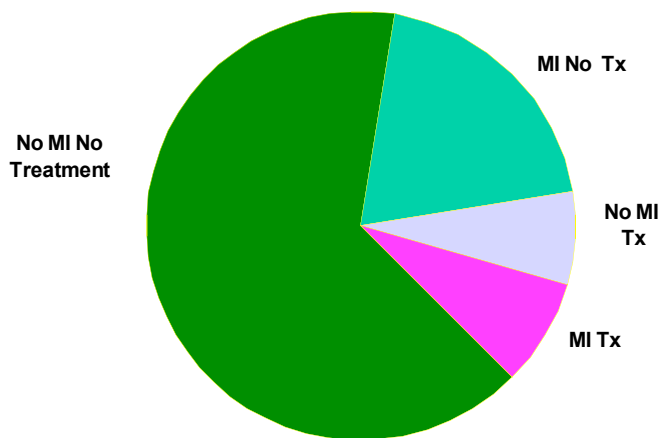
Reiger et al. 1993

40,000,000 people in the US receive services for Mental/Addictive Disorders



Reiger et al. 1993

50,000,000 people with a Mental/Addictive disorder receive no services



Reiger et al. 1993

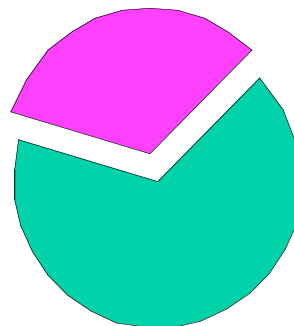
Percentage of Patients per Sector

PATIENTS SECTOR

21.5%	Not in Treatment
15.0%	Specialty Mental Health, Inpatient and Outpatient Overlap
54.1%	General Medical Sector, Outpatient, Primary Care
3.4%	General Medical Sector, Inpatient, including Nursing Homes

Mental/Addictive Disorders in Primary Care

**No
Medical
Illness
1/3**



**Medical
Illness
2/3**

Primary Care Outpatients

- 20-25 % Diagnosable Mental/Addictive Disorders
- 15 % Sub-threshold Mental/Addictive Disorders
- 60 % “Psychological Distress”

Disease Burden

Mental disorders collectively account for more than 20% of the overall burden of disease from all causes

Disease Burden by Selected Illness Categories in Established Market Economies, 1990

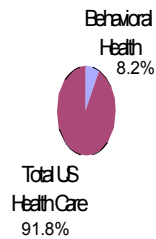
Condition	% of total DALYs*
All cardiovascular conditions	18.6
All mental illness	15.4
All malignant diseases (cancer)	15.0
All respiratory conditions	4.8
All alcohol use	4.7
All infectious and parasitic diseases	2.8
All drug use	1.5

* Disability-adjusted life year (DALY) is a measure that expresses years of life lost to premature death and years lived with a disability of specified severity and duration.

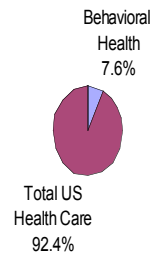
Percentage of US Expenditure

This growth rate lag has resulted in behavioral health care spending representing a decreasing proportion of total US health care spending.

Behavioral Health Care Expenditures as a % of Total US Health Care Expenditures, 1991

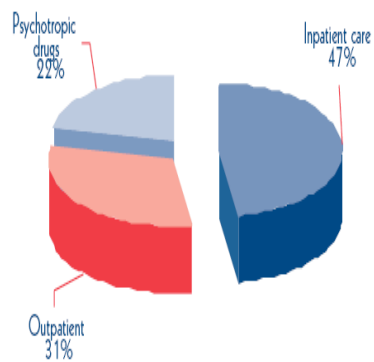


Behavioral Health Care Expenditures as a % of Total US Health Care Expenditures, 2001

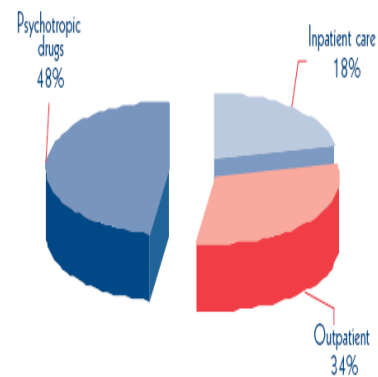


Spending in Clinical Care

1992, Distribution of Behavioral Health Spending in Private Insurance



1999, Distribution of Behavioral Health Spending in Private Insurance



SOURCE: *Health Affairs*, January/February 2003

Financial Burden

- Parity – This is not presently a reality
- Insurance issues
 - Limited coverage – cap on both inpatient and outpatient
- Certifications / authorizations
 - Have to get permission to see patients
- Reimbursement
 - Psychiatrist lowest paid specialty
 - Most clinicians in MI are non-physicians
 - Anti-science non medical model
 - Payer mix is predominantly Medicaid



Is mental illness like other medical disorder

- Is it like other medical illness
 - 70% better / Efficacy is similar
 - No objective markers (labs)
- Stigma is it deserved
 - Different groups
 - SPMI (schizophrenia, severe Bipolar)
 - State hospital population transferred to jails
 - Anxiety, Depression
 - Substance Abuse – is this a disease?



Service Delivery - single payer system

- System -
 - State Hospitals
 - Community Mental Health – 5200
 - Private Hospitals
 - Prison System
 - SPMI is predominantly Medicaid
- Legal Issues
 - Incarceration
 - State and Federal Laws of Care
 - Shot of Depot



Care Model and Clients

- Multidisciplinary Care – MD is not the center of care
Clients/Patients, Case Managers, Education school,
Caregivers, Patients, parole officers, foster care
Qualification to be a caregiver?
 - Care Model is anti medical – and anti-technology
Patient are called clients considered part of team
- Location of Patients
Prison, group homes, nursing home, residential care, schools



EMR - Documentation

- Documentation
 - Treatment Plan - is the core documentation
 - Groups - progress note
 - Non-MDs – Non-standard documentation
 - Anti-technology bias < 5% use EMR
 - Scales – are markers but not widely used
 - Re-imburement encourage inaccurate diagnosis
- Process of Care
 - Patients come to the doctors office
 - Nursing goes to the patients
 - Patient have passes
- Confidentiality Issues
 - Should a person with psychosis see their chart
- Psychiatric advanced directives
 - What is informed consent when you are psychotic
 - What is a PHI if you are no able to reason clearly

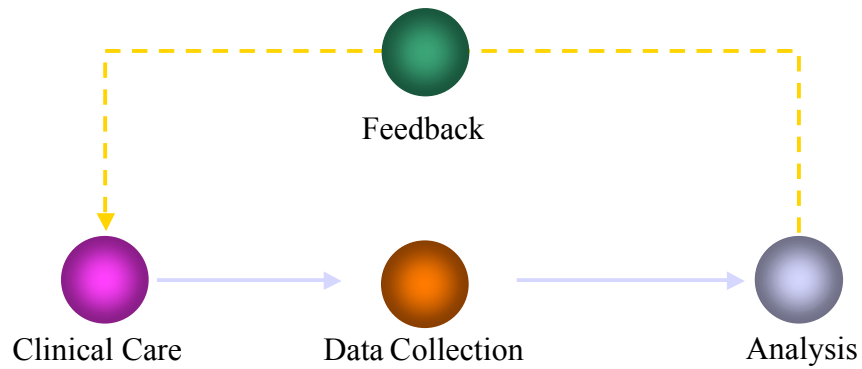


Research

- 20 % pharmaceutical industry research and development dollars are spent in CNS; percentage is increasing
 - 2 of top 10 selling drugs in 2002 were psychiatric
 - 50% of clinical trials in mental health are failures
 - 2nd only to cardiology in research dollars



Clinical Feedback loop



MindLinc: Mission use IT to improve mental health

- Electronic Medical Record, EMR
 - 25 sites – mix of academic, community, private
 - Clinical Care and research sites
- Data Mining
 - Largest psychiatric clinical database of its kind. 180,000 patients and 1,700,000 encounters;
 - Industry, Academics, marketing, discovery.
 - Decision Support / Compliance
- Clinical Trials
 - ePRo Technology, interfaces into EMR
 - On going trials, NIDA, SAMHSA, West, Pharma

MindLinc

The End