

The Wellness and Recovery Medicine (WaRM) Center at Massachusetts Mental Health Center:

A Health Home for People with Serious Mental Illness

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THE KRAFT CENTER
for Community Health



Disclosures

We have no financial relationships with commercial entities relevant to the content being presented.

Overview

- Poor health and healthcare of people with serious mental illness
- How Health Homes can help
- The Wellness and Recovery Medicine (WaRM) Center at MMHC



Poor Health and Healthcare

Early Death

On average, adults with serious mental illness die **25 YEARS** earlier than Americans overall

Years of Potential Life Lost

13-30
years

8 states
DMH
1997-2000
Colton

8.5 - 15 years
Swedish registry
Scz and BPAD
2003-09
Crump

8.8 years
MA
DMH 1989-
94
Dembling

10 - 16 years
W. Australia
Any MH dx
1985-2005
Lawrence

12 years
London
SMI
2007-09
Chang

14.5 years
Ohio
CMHC
1998-2004
Piatt

22.5 years
Finnish registry
Scz
1996-2006
Tiihonen

32 years
Ohio
State hospitals
1998-2002
Miller

Serious Mental Illness and Early Death

Most (60%) of these early deaths are from?

Medical Illness

The #1 cause of death?

Heart Disease



Medical Illness & Mental Illness

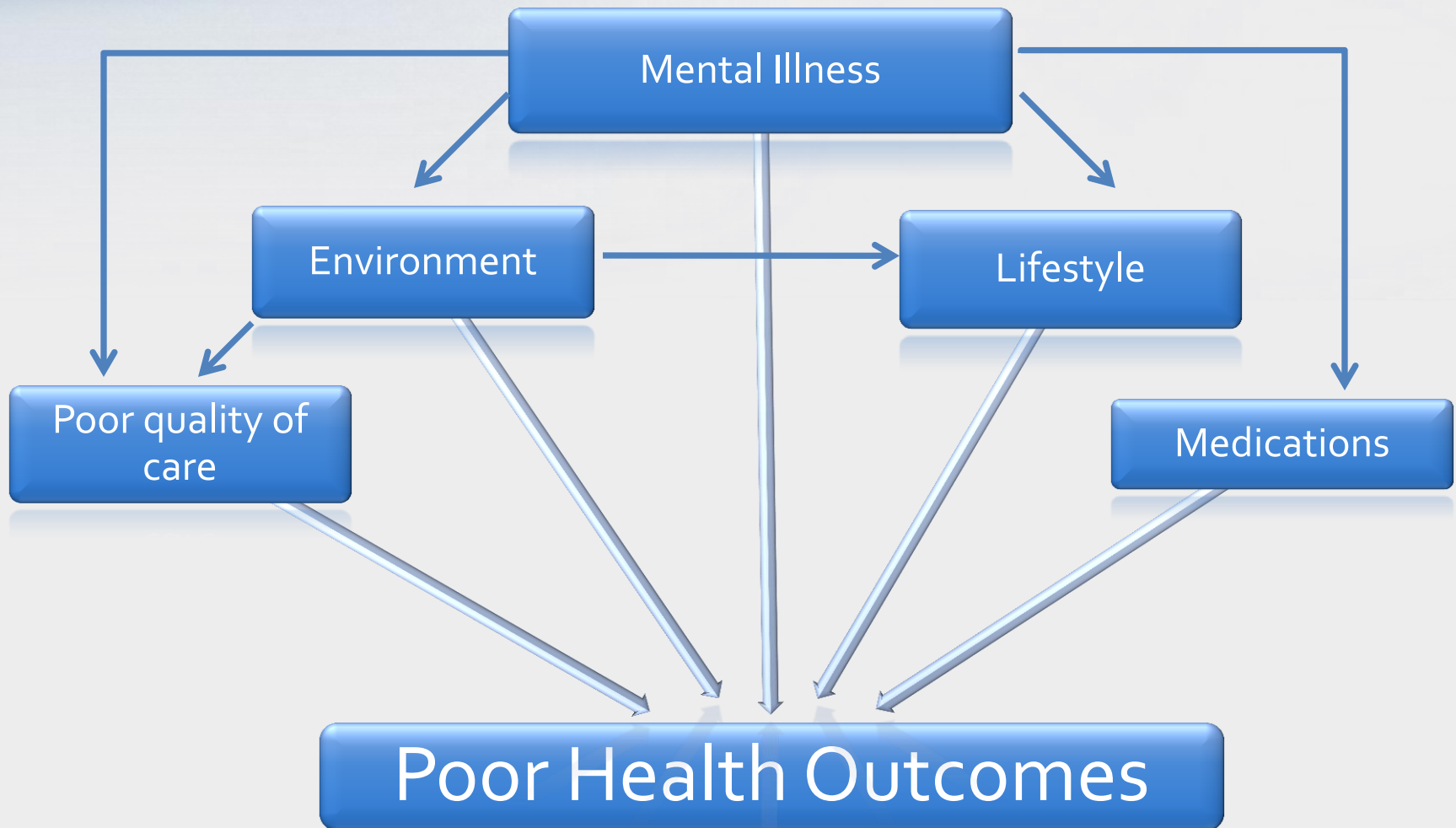
- People with mental illness are more likely to
 - Have medical problems
 - Get them at a younger age
 - Die sooner once they have them

Why is this important to us?

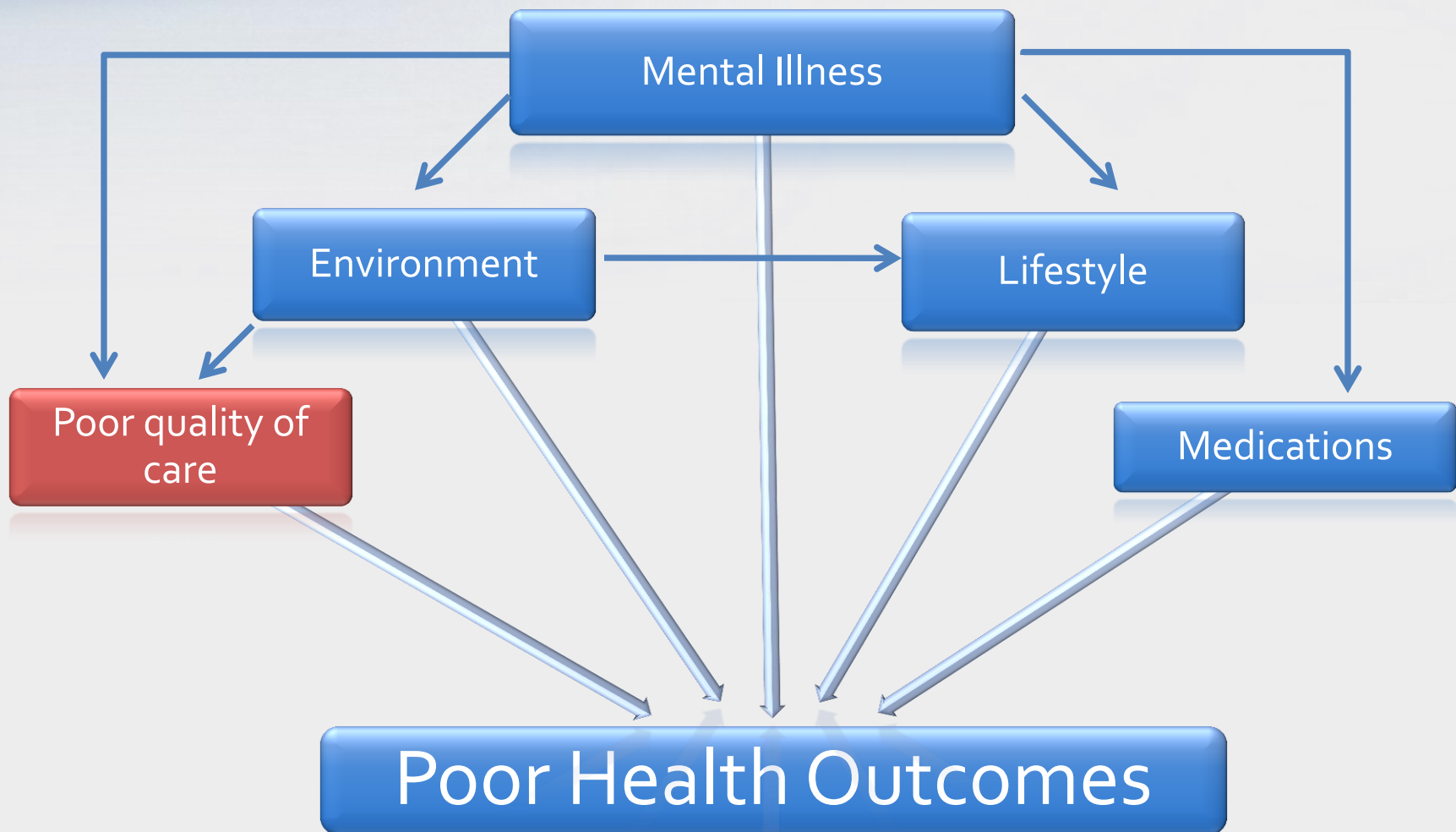
“Dying from medical illness prevents recovery from mental illness”



What Causes the Poor Health of People with Mental Illness?



What Causes the Poor Health of People with Mental Illness?



Issues with the Healthcare System

System is
fragmented /
split into
separate silos

Hard to get doctors
to talk to each other
or share information



Poor Quality of Medical Care

- Often miss out on high quality treatment for medical illness
- Receive fewer of the services that help identify and prevent illness, such as screenings and vaccinations
 - Medical illness is diagnosed at later stages of the illness
- Less likely to be offered diet and exercise advice and help with quitting smoking





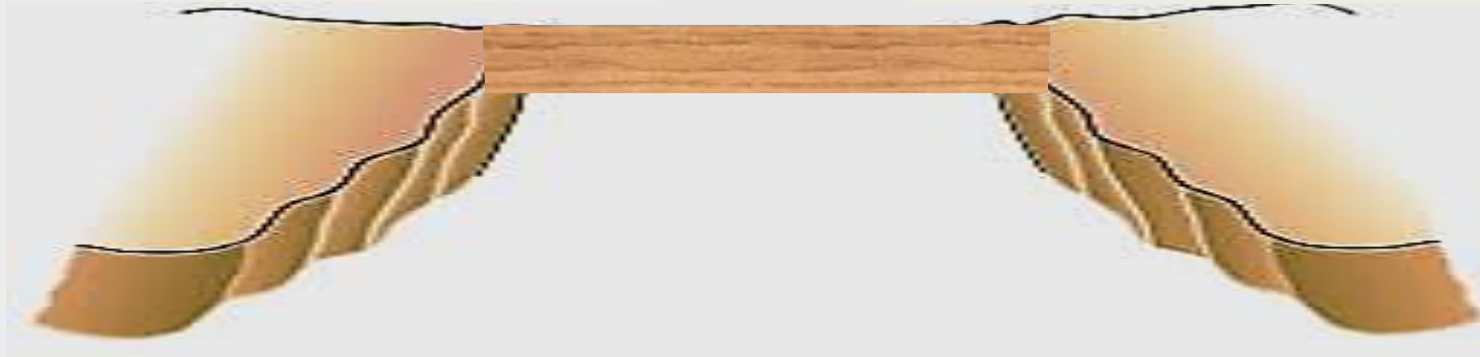
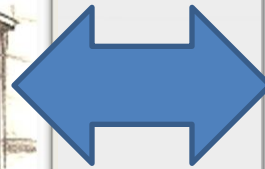
Health Homes

Integrated Care

MENTAL HEALTH



PRIMARY CARE



Health Home Values



Health Home Services



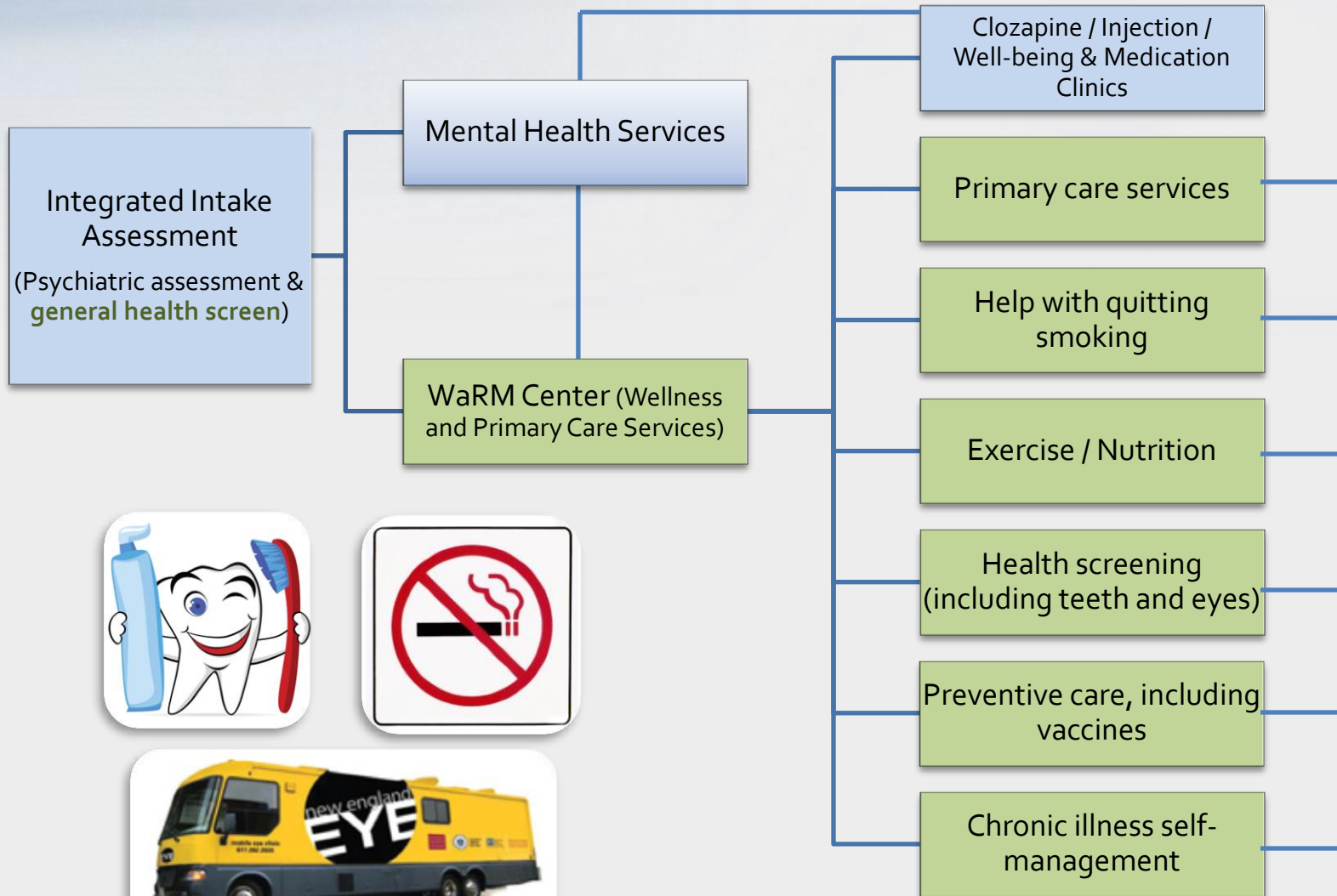


The WaRM Center at MMHC



The WaRM Center

Wellness & Recovery Medicine @ MMHC



Health and Wellness Snapshot

MMHC Health and Wellness Snapshot

Name: []	Date of Birth: []	Sex: [Select M / F]	Today's Date: []
Primary Care Provider & Organization: []		None <input type="checkbox"/>	MMHC Clinician & Psychiatrist: []

Healthcare History

When was the last time you had a:	Never	In the last year	1 to 5 years ago	More than 5 years ago	Don't Know
Primary care visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear (if female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical History

Do you have any of the following conditions:	Never	In the Past	Currently
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis/COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: []	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Considering your age, how would you rate your overall health:	Poor	Not Good	Average	Good	Excellent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Substance Use History

Do you use any of the following?	Never	In the past	Currently
Cigarettes/Cigars/Pipe/tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection (needle) drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many cigarettes per day do you usually smoke? []

How many years have you smoked? []

Alcohol: How many times in the past year have you had more than four drinks (for women) or five drinks (for men) **in a day**?
*1 drink = 1 beer, 1 glass of wine, 1 mixed drink, or 1 shot

	Never	1	2	3	4 or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Activity and Diet

How often do you do the following:	Never	Rarely	Sometimes	Frequently
Participate in at least 30 min of moderate physical activity most days of the week? (brisk walking, stairs, gym, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat a healthy diet? (regular meals, fruits and vegetables, avoiding snack/junk food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interest in MMHC health and wellness services

Would you like to receive your primary care services through MMHC? Yes No Not Sure

What other health and wellness activities are you interested in?

Quitting Smoking	Diet/Nutrition	Fitness/Exercise	Learning ways to manage my illness	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[]

MMHC Health and Wellness Snapshot

Health Check (to be filled out by your healthcare provider)

Vital Signs

Date taken: []	Done today <input type="checkbox"/>			
Blood Pressure: []	Height (in): []	Weight (lbs): []	BMI: []	Waist Circumf (in): []

Lipid Profile

Date of last test: []	Drawn today <input type="checkbox"/>		
Total Cholesterol: []	LDL: []	HDL: []	Triglycerides: []

Hgb A1c (glucose)

Date of last test: []	Drawn today <input type="checkbox"/>
Value: []	

Carbon Monoxide (smoking status)

Date of last test: []	Measured today <input type="checkbox"/>
Value: []	

Completing Staff Member Name: []	Date Completed: []
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Health and Wellness Snapshot

Healthcare History

	Never	In the last year	1 to 5 years ago	More than 5	Don't Know
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When was the last

Primary care visit

Dental exam

Eye exam

Colonoscopy

Pap smear (if female)

Vital Signs

Date taken: <input type="text"/>		Done today <input type="checkbox"/>			
Blood Pressure: <input type="text"/>	Height (in): <input type="text"/>	Weight (lbs): <input type="text"/>	BMI: <input type="text"/>	Waist Circumf (in): <input type="text"/>	

Medical History

Lipid Profile

Substance Use

Date of last test: <input type="text"/>		Drawn today <input type="checkbox"/>			
Total Cholesterol: <input type="text"/>	LDL: <input type="text"/>	HDL: <input type="text"/>	Triglycerides: <input type="text"/>		

Do you use any of the following?

Cigarettes/Cigars:

Alcohol:

Injection (needle):

How many cigarettes per day:

Alcohol: How many drinks per week? (for women: *1 drink = 1 beer, 1 glass of wine)

Hgb A1c (glucose)

Date of last test: <input type="text"/>		Drawn today <input type="checkbox"/>			
Value: <input type="text"/>					

Carbon Monoxide (smoking status)

Date of last test: <input type="text"/>		Measured today <input type="checkbox"/>			
Value: <input type="text"/>					

Physical Activity

How often do you exercise?

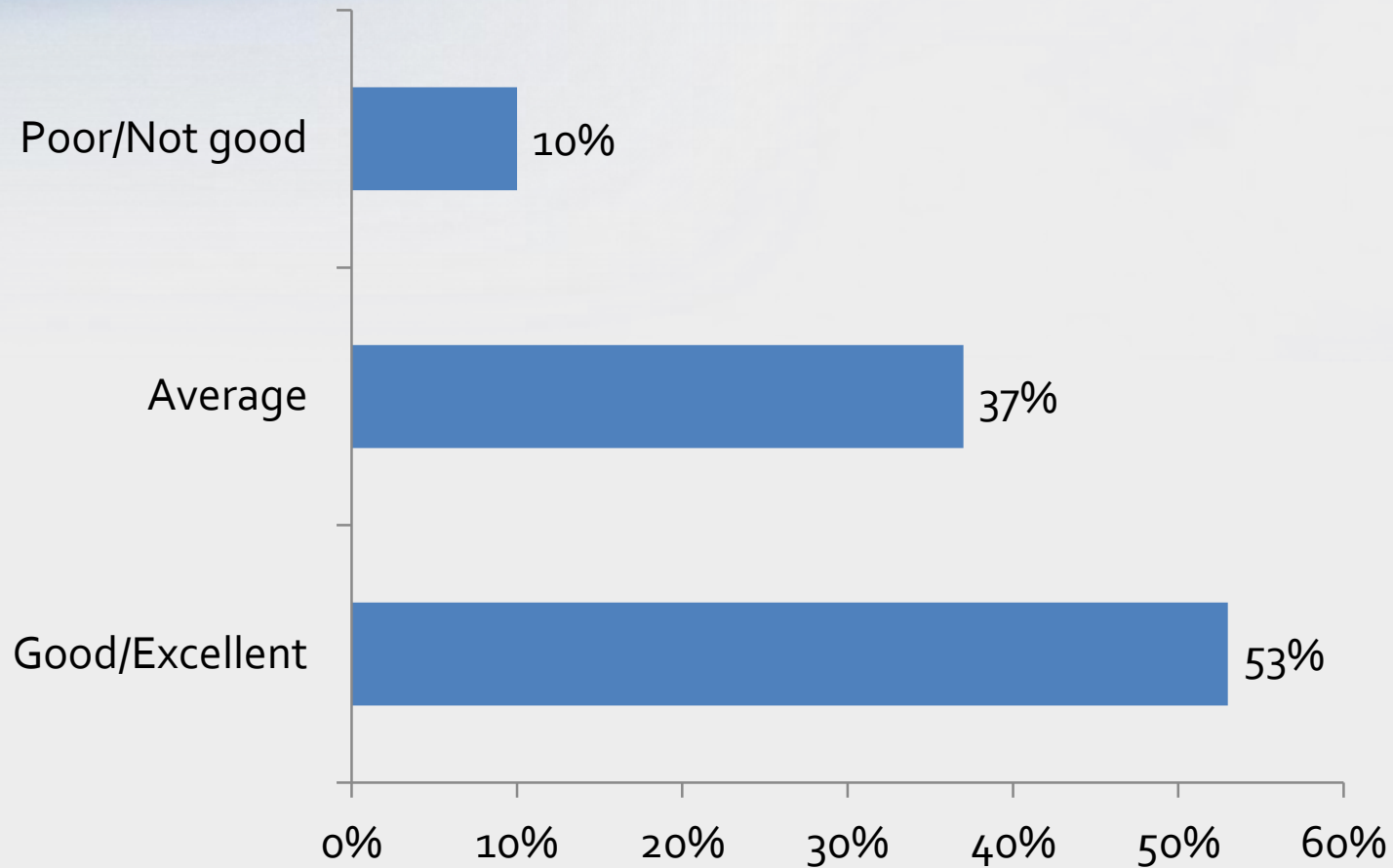
Participate in at least 30 minutes of moderate physical activity on at least 5 days of the week?

Eat a healthy diet? (regular meals, fruits and vegetables, avoiding snack/junk food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Snapshot Round 1 Results

- Sept and Oct 2013
- Completed 313 snapshots (28% of center's patients)
- Male: 60%
- Age range: 19 to 84 (avg 47)

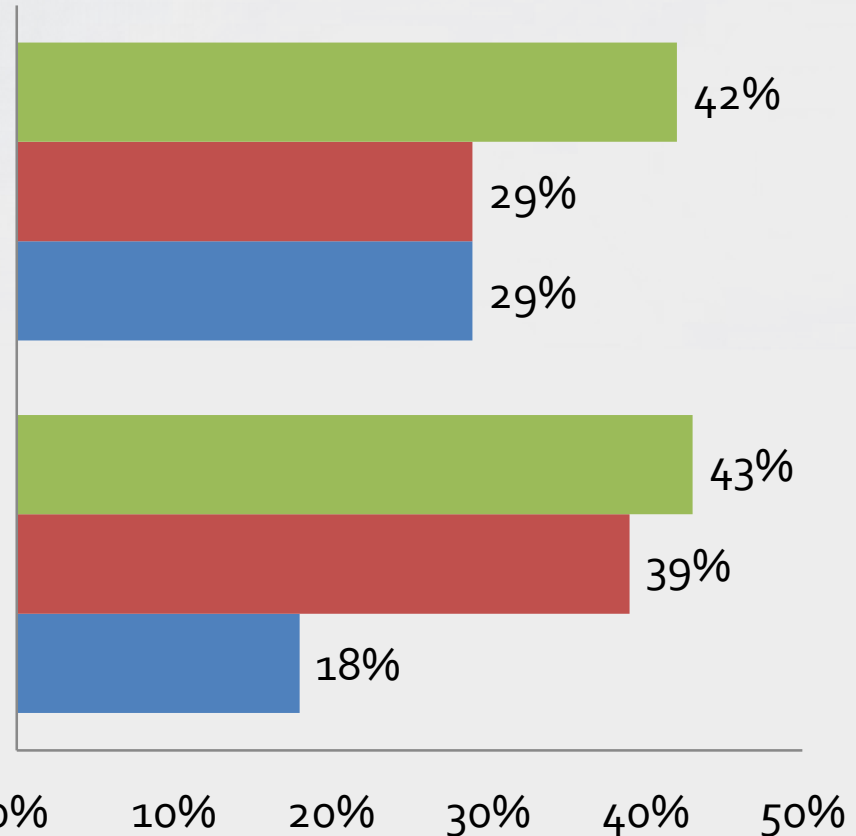
How would you rate your overall health?



How often do you...

Engage in physical activity

N 298

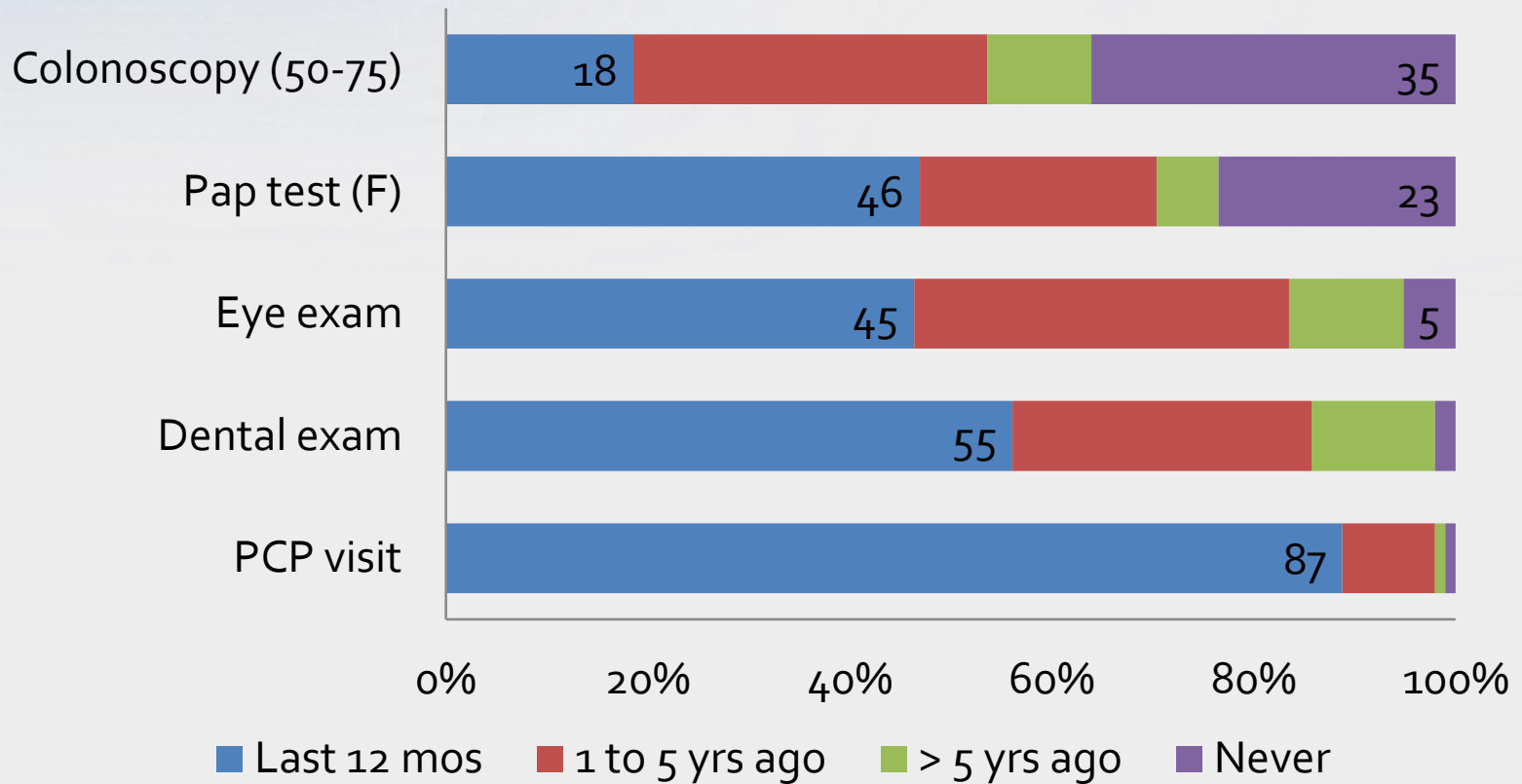


Eat a healthy diet

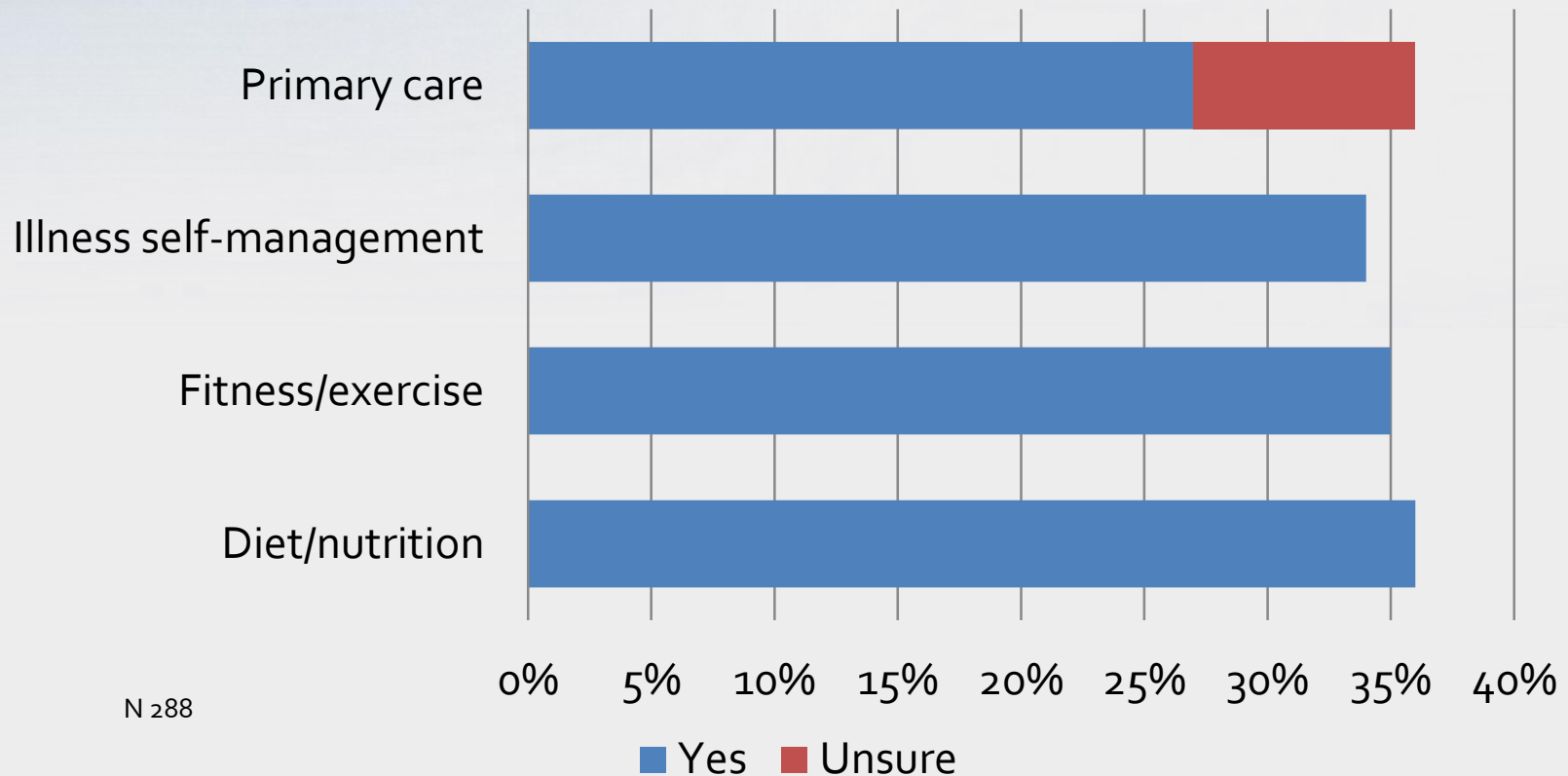
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■ Frequently ■ Sometimes ■ Never/Rarely

When was the last time you had a...



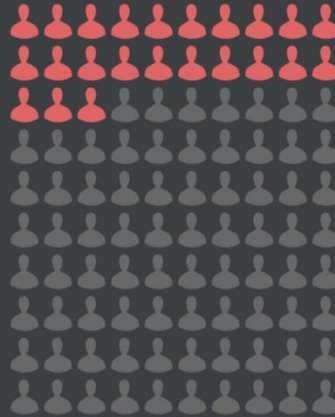
What services are you interested in?



CHRONIC MEDICAL ILLNESS @ MMHC



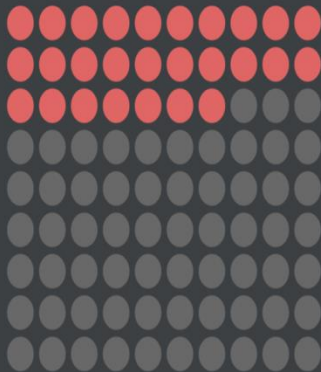
Hypertension 46%



Asthma 23%



Bronchitis/COPD 16%



Chronic pain 27%



Diabetes 20%

Other:
Heart Disease 8%
Hepatitis 7%
Stroke 3%

CARDIOMETABOLIC RISK @ MMHC

Avg Body Mass Index (BMI)



Range 15.5 to 64.4

By A1C

Diabetes

15%

Pre-Diabetes

32%

N=401

Obesity

47%

Avg waist circumf (m&f)

42"

"Abdominal obesity" =
M>40" or F>35"

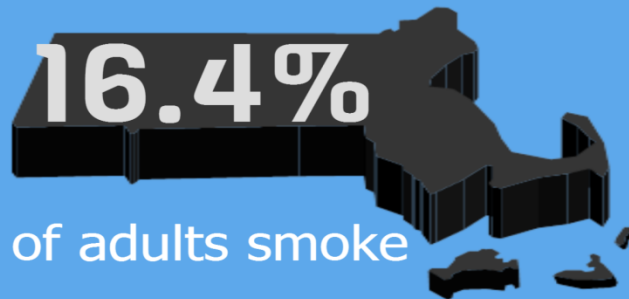
Abnormal lipids

59%

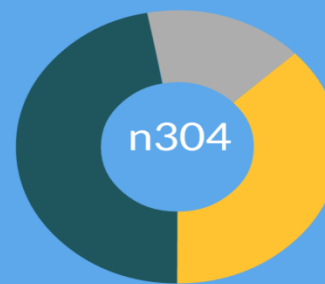


Smoking @ MMHC

In Massachusetts



At MMHC



On average @ MMHC

13.5

Cigarettes per day

21.5

Years smoked

31
ppm

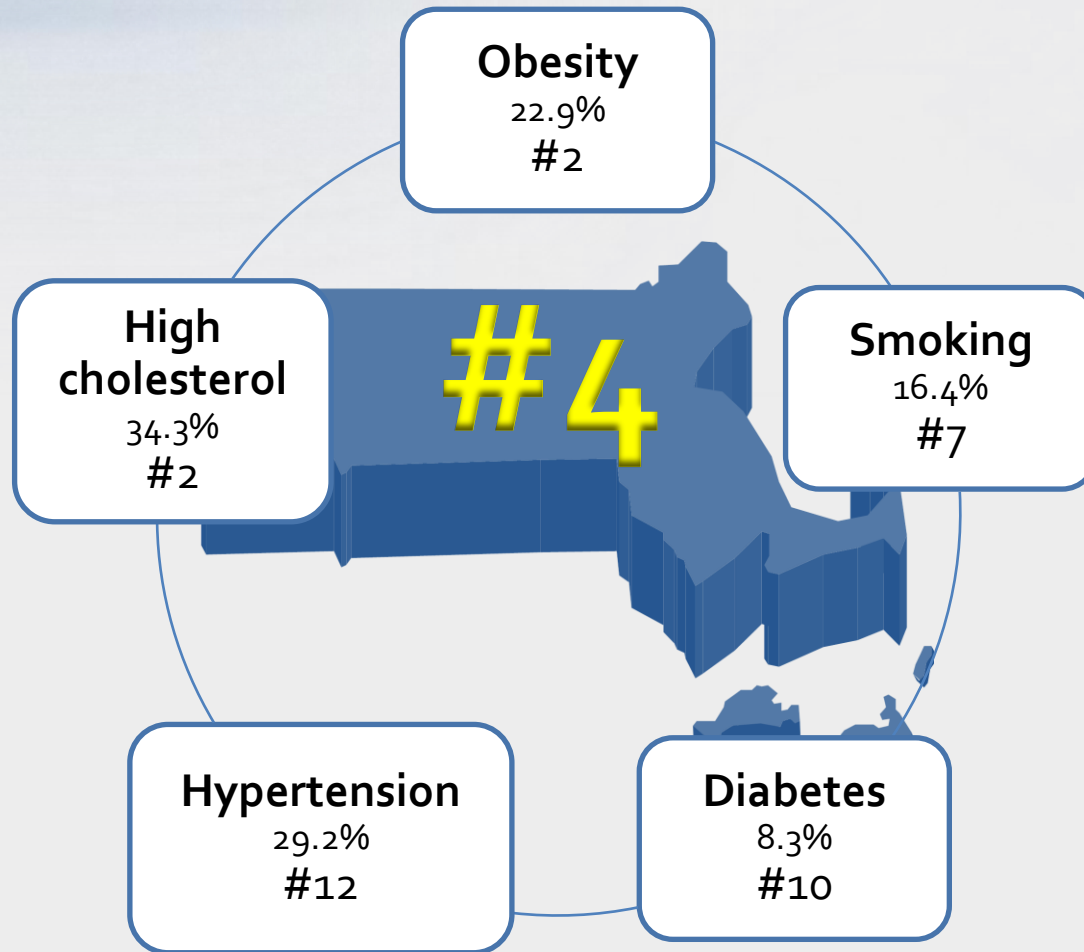
Breath CO level

(>20 = heavy smoker)

Percent of smokers interested in
cessation services

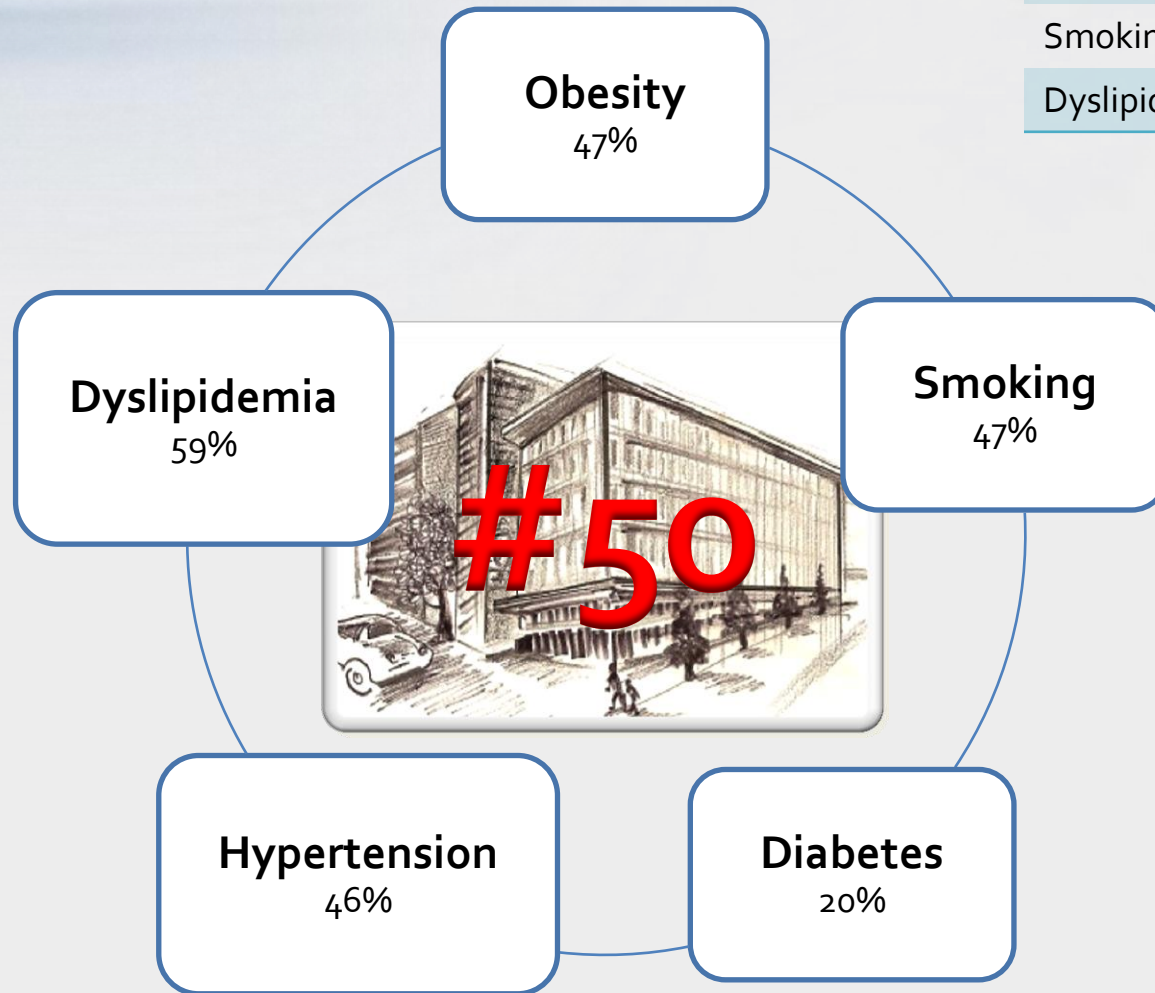
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How healthy is Massachusetts?



How healthy is MMHC?

	MA	MMHC
Obesity	22.9	47
Diabetes	8.3	20
HTN	29.2	46
Smoking	16.4	47
Dyslipidemia	34.3	59



Population Health Management

Patient	Age	Sex	TotChol	LDL	HDL	Trig	A1C
1	44	F	251	175	44	160	13.6
2	54	M	204	104	55	224	10
3	51	F	135	80	39	78	9.5
4	43	M	163	84	65	69	9.4
5	56	F	174	88	59	137	8.8
6	45	M	162	48	24	470	8.7
7	59	M	100	53	23	121	8.4
8	41	M	191	127	47	86	8.1
9	22	F	166	106	41	93	7.9
10	62	F	140	55	63	111	7.9



Identify high risk patients



Notify care team



Evaluate care



Engage patient in personalized interventions (PCP, medication eval, lifestyle modification)



Monitor outcomes

Challenges

- Limited resources
- Lack of interoperable and robust EHRs
- No show rates
- Recruitment and engagement for wellness programming
- MH provider discomfort with medical issues

Future Directions

- What are the best ways of meeting the needs of our population?
 - Continuous quality improvement
 - Formal health services research, comparative efficacy
- Shared decision making, health education, self-management, engagement/activation
- Unified treatment plans
- Peers as wellness coaches and navigators
- Nurse care managers

Future Directions

- Healthcare reform: MassHealth Health Homes, OneCare
- Grant opportunities: Smoking cessation care management program
- Teaching and training models for mental health and primary care trainees
- Innovative uses of technology:
 - Telehealth, mHealth
- Leverage various data sources to track care utilization, outcomes, cost

Come see us!

The WaRM Center

Wellness & Recovery Medicine @ MMHC

