The Thirty-second Annual Rosalynn Carter Symposium on Mental Health Policy

The Carter Center

WIDENING THE CIRCLE OF HEALTH & WELLNESS: THE CENTRAL ROLE OF BEHAVIORAL HEALTH
Opening Keynote

Paul Summergrad, MD
Dr. Frances S. Arkin Professor and Chairman,
Department of Psychiatry,
Tufts University School of Medicine
Rethinking Behavioral Health
Paul Summergrad, MD
Dr. Frances Arkin Professor and Chairman of Psychiatry
Professor of Medicine
Tufts University School of Medicine
Tufts Medical Center
Chairman
Tufts Medical Center Physicians Organization

Past President
American Psychiatric Association
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Alan Gregg and the Rockefeller Foundation
Massachusetts General Hospital Circa 1930
Medical Psychiatric Co-Morbidity

- People with mental disorders: 25% of adult population
- People with medical conditions: 58% of adult population
- 68% of adults with mental disorders have medical conditions
- 29% of adults with medical conditions have mental disorders

Who cares for patients?

Estimated percent distribution of persons with mental disorder, by treatment setting, in United States in 1975. Data relating to sectors other than specialty mental health sector reflect number of patients with mental disorder seen in those sectors without regard to amount or adequacy of treatment provided. Asterisks indicate exclusion of overlap of unknown percent of persons also seen in other sectors.

Regier et al Arch Gen Psychiatry 35:585-593, 1978
Number of Years Lived With Disability by Age for 20 Broad Groups of Diseases and Injuries in the United States in 2010 for Both Sexes Combined
Number of Deaths and Percentage of Disability-Adjusted Life-Years Related to the 17 Leading Risk Factors in the United States in 2010 for Both Sexes Combined


Increased Medical Spending (251.5 bil.) 73%

Total MHSA Spending (92 bil.) 27%

Total MHSA & Increased Medical Spending $343 Billion
Impact of Co-Morbidity - Massachusetts

Clinical conditions: interaction of conditions can result in higher than expected spending

Claims-based medical expenditures per patient (excluding pharmacy spending)
Relative to average patient with no behavioral health or chronic comorbidity in 2010

- Average patient with neither comorbidity
- Behavioral health comorbidity
- Chronic condition comorbidity
- Both comorbidities

**Medicare**
- 1x
- 2.2x
- 2.8x
- 7.0x

**Commercial**
- 1x
- 1.6x
- 2.1x
- 4.2x

Health Policy Commission 2013 MA Cost Trends Reports
Readmission Rates and Behavioral Health Comorbidity by Common Discharge Diagnosis

Heart Failure: 18.9% Rate with Behavioral Health, 29.4% statewide rate, 19,848 discharges.
Septicemia & Disseminated Infections: 15.8% Rate with Behavioral Health, 23.2% statewide rate, 19,902 discharges.
Chronic Obstructive Pulmonary Disease: 15.4% Rate with Behavioral Health, 26.4% statewide rate, 15,017 discharges.
Other Pneumonia: 12.7% Rate with Behavioral Health, 21.0% statewide rate, 15,399 discharges.
Renal Failure: 18.1% Rate with Behavioral Health, 27.0% statewide rate, 10,400 discharges.
Kidney & Urinary Tract Disorders: 13.2% Rate with Behavioral Health, 21.9% statewide rate, 10,780 discharges.
Cardiac Arrhythmia & Conduction Disorders: 11.3% Rate with Behavioral Health, 20.6% statewide rate, 11,628 discharges.

Note: Diagnostic categories are defined by the All-Payer Refined Diagnosis-Related Group (APR-DRG). Analyses include discharges for adults (age 18+) with any payer and exclude obstetric discharges.
Data source: Massachusetts Hospital Inpatient Discharge Databases, July 2013 - June 2014.
A Global Perspective

Age and Cause of Death US

http://www.healthmetricsandevaluation.org/gbd
Age and Cause of Death Developing World

http://www.healthmetricsandevaluation.org/gbd
DALY’s US Ages 15-49

http://www.healthmetricsandevaluation.org/gbd
Sub Saharan Africa DALYs Ages 15-49

http://www.healthmetricsandevaluation.org/gbd
India DALYs Ages 15-49

http://www.healthmetricsandevaluation.org/gbd
China DALYs Ages 15-49

http://www.healthmetricsandevaluation.org/gbd
MH and CVD are largest causes of economic impact
Output Losses Increase

Figure 4: Output losses will speed up over time (Breakdown of NCD cost by disease, based on EPIC model)
Lincoln on Melancholy

• A tendency to melancholy, let it be observed.... is a misfortune, not a fault
  
  – Abraham Lincoln Letter to Mary Speed 1841
Conclusion and Discussion