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Psychiatric medical home model; Medical, substance use disorders and mental health cost savings

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People with severe mental illness (SMI) die from the same chronic medical conditions as those in the general population (e.g., heart disease, diabetes, stroke, and pulmonary disease). However, these diseases are more common in people with SMI leading to death 25 years earlier than the general population. The modifiable health risk factors that contribute to these diseases-smoking, obesity, hypertension, metabolic disorder, substance use, low physical activity, poor fitness and diet-are also more common and have an earlier onset in people with SMI. Side effects of psychiatric medications, which may include weight gain and metabolic disorders, add to these health risks. The risk to African Americans with SMI is even greater due to existing racial health disparities. For example, African American men are 30% more likely to die from heart disease than non-Hispanic white males, 14% of all African Americans have diabetes, and 39% of African American males suffer from hypertension.This project will test the effectiveness of services interventions that specifically target young (18-40) AfricanAmericanmales with SMI. The objective of these service interventions is to reduce the prevalence and magnitude of common modifiable health risk factors that contribute to premature mortality in this population by reducing or eliminating racial and gender disparities in response to treatment for SMI and chronic medical conditions.The primary service intervention vehicle will be a patient-centered medical home model that integrates psychiatric and primary care. This project will embed primary providers (PCPs) in three different Community Mental Health centers, one in a large metropolitan area, one in a mid size city, and one from a rural community. The synergy that will result from this approach will address a key barrier to successfully managing these modifiable health risk factors: the reluctance of PCPs to treat an SMI patient's chronic medical conditions for fear of being overwhelmed by the complexity of the patient's mental health issues. The use of these three centers will provide data to facilitate the evaluation of the potential of this psychiatric-medical home model to be easily expanded to many settings, so as to reach a large portion of people with SMI.This psychiatric-medical home model has the potential to produce clinically significant health improvement and reduction in common modifiable health risk factors associated with early mortality in young African American males with SMI. The multidimensional treatment team, which includes psychiatrists, social workers, PCPs and nutritionists, is designed to target the multiple health risk factors that affect this patient population. A key service provided by this treatment team will be antipsychotic medication management that maximizes optimal psychiatric and functional outcomes while minimizing side effects and adverse health consequences. The service interventions provided through this treatment team will include diabetes prevention/management, cardiovascular disease prevention/management, fitness and diet improvement, psychotropic poly-pharmacy reduction and tobacco cessation. The project will include assessment of the following clinically significant patient-level outcomes that represent objective indicators of health improvement: improved glycemic levels, improved lipid levels, lowered cholesterol levels, healthier body mass index, lowered blood pressure, and reduced medical and psychiatric hospital admissions.

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