

Designing Medical Homes to Meet Mental Health Needs

Consideration of the “patient-centered medical home” model of care is leading to broader examination of its application to different groups of healthcare consumers with specialized needs. For those who need mental health care and treatment, the medical home model holds significant promise. Care must be taken in the model’s design and implementation, however, if people with mental health treatment needs are to find it effective.

While a lack of coordination characterizes much of the nation’s healthcare system, consumers of mental health services are particularly aware that fragmentation of care affects both its cost and quality. Gaps in the coordination of primary care with mental health services can lead to dire consequences. Forty percent of individuals with mental health problems initially seek care in primary care settings, making it extremely important that these settings adequately address mental health conditions.¹ Moreover, persons with severe mental illnesses who are served in our public mental health systems die on average 25 years prematurely, due to a range of common chronic conditions that often go unrecognized and untreated.² These findings underscore the urgent need for improved integration of mental and primary health care. Accordingly, the Campaign for Mental Health Reform believes that every person should have an individual provider or entity accountable for coordinating the person’s overall health.

The medical home model of care offers the opportunity to improve coordination and integration of mental health and primary care systems. Properly designed and implemented, medical homes can enhance efficiency and quality while improving access to needed healthcare and support services. The medical home is a health care setting or primary provider (including physicians or non-physician providers) providing care that is “accessible, continuous, comprehensive and coordinated and delivered in the context of family and community.”³ Consumers should be able to select their medical home to serve as their main source of routine care, working in partnership with them (and their families, if appropriate) to coordinate and integrate care across all elements of the complex health care system and the consumer’s community.

To be effective, medical homes must be responsive to and inclusive of the needs of individuals with mental illness and substance use disorders, including the need for access to care by mental health professionals. Medicare and Medicaid reimbursement policies must be modified to remove current barriers to integrating mental health and primary

¹ Chapa, T., *Mental health services in primary care settings for racial and ethnic minority populations*, Draft issue brief, Rockville, MD: Office of Minority Health, September 2004

² *Morbidity and Mortality in People with Serious Mental Illness*, National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, October 2006, www.nasmhpd.org

³ AAFP, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, “Joint Principles of the Patient-Centered Medical Home,” March 2007, <http://www.medicalhomeinfo.org/Joint%20Statement.pdf> (accessed 10 April 2008)

care. Medical homes should facilitate, and not impede, access to needed care, particularly specialty care.

Improving coordination of mental health and primary care systems will be a key component of any successful healthcare reform effort and the medical home concept suggests an effective approach to achieving that goal.

Ideally, the medical home model will improve the healthcare system's ability to provide mental health services to all Americans in need of them. For some, these services can be carried out in primary care settings, in the same way many general healthcare services are delivered. However, for many children with mental health service needs and for adults with serious mental illness, additional considerations must be addressed for the medical home model to fulfill its promise.

Children

The Campaign endorses the concept and experience of a "medical home" (also called "clinical home" or "health care home") for children with special health care needs as defined, implemented, and advocated over the past decade by the American Academy of Pediatrics (AAP). Medical homes as defined by AAP are about a single medical practice taking ownership/responsibility to coordinate interventions for children with special needs - either complex needs and/or a variety of needs.

Essential elements of a medical home for children with special health care needs are:

1. Personal physician in a culturally and linguistically competent physician-directed medical practice who provides continuous and comprehensive care
2. A focus on the "whole" child, youth, and family with coordinated care/services/supports based on a strengths-based assessment that builds on and reinforces the strengths of the child/youth
3. A family-driven and youth-guided partnership that ensures a coordinated network of community-based services where both physicians and families share accountability for quality improvement through a performance measurement system.
4. A focus on "transitions" to ensure no disruptions of services as children and youth progress through normal stages of growth and development
5. Privacy-protected electronic medical records for communication with youth and families and consultation between treating professionals, coordinated with personal medical records developed and maintained by individual youth and families.

Adults with Serious Mental Illness

The National Association of State Mental Health Program Directors (NASMHPD) found that 3 of 5 persons with serious mental illnesses die due to a preventable health condition.⁴ People with serious mental illnesses have significantly higher rates of diabetes, hypertension, heart disease and asthma, among other chronic health conditions. The NASMHPD report estimated that people with serious mental illnesses are dying 25 years earlier than the rest of the population.⁵ As pointed out in this report, this means that chronic health conditions and early death are significant barriers to the achievement of recovery.

Meeting the physical, mental health, and support needs of this population should be a national priority and the approach to implementing medical homes for this population may take several forms.

Community Health Centers are in a strong position to meet the standards set for clinical homes and should be encouraged to provide basic mental health services and to screen and refer, as appropriate, to outside mental health agencies. The primary care and specialty behavioral health system must develop protocols, however, that spell out how acute behavioral health episodes or high-risk individuals will be supported. Specialty behavioral health clinical and support services will vary based upon state- and county-level planning and financing; some localities may encompass the full range of services offered by specialty behavioral health systems.

For behavioral health providers envisioning a future role as person-centered healthcare homes, there are two pathways to follow. Behavioral health providers who want to become full scope person-centered healthcare homes for people with serious mental illnesses should consider becoming a Community Health Center and developing the capacity to provide the full range of primary care services for consumers with serious mental illness, as well a broader community population. This model provides the opportunity for there to be structural and financial integration that supports the focus on clinical integration.

Alternatively, community mental health organizations can create partnerships with Community Health Centers or other primary care providers to co-locate primary care services in their organization. Organizations seeking to implement this model should provide collaborative care, care management, a designated primary care consultant, outcome measurement, and stepped care for the range of primary care needs in behavioral health settings.

In a partnership model between a behavioral health organization and a full scope healthcare home, the organizations must assure mission alignment and be deliberate about designing clinical mechanisms for collaboration, supported by structural and financial arrangements appropriate to their local environment.

December 15, 2008

⁴ *Morbidity and Mortality in People with Serious Mental Illness*

⁵ *ibid*