Johnson City Community Health Center and Treating the Uninsured Mentally Ill

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Disclosure Statement of Financial Interest

I DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

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Objectives

• Discuss the incidence and prevalence of uninsured clients with a mental illness.

• Describe the repercussions associated with having a mental illness and not having insurance.

• Discuss evidence based guidelines for the care of uninsured clients with a mental illness.

• Describe the model of care used at the Johnson City Community Health Center and the Johnson City Downtown Daycenter.
Psychiatric Disorders

- 1 in 5 adults will experience a mental health problem

- Persons with serious mental illness die on average between 13.5 and 32.2 years earlier than the general population.

- 217 million days of lost productivity occur annually among workers with psychiatric disorder

- Mental illness accounts for 1/3 of adult disability globally.

Langheim F., et al. (2014), Sarris, et al. (2013)
SAMSHA 2014 National Survey

- Only 38% of individuals with mental health issues have received appropriate services.

- Estimated 10.7 million Americans had an unmet need for mental health treatment.
• 2/3 of all people with a diagnosable psychiatric disorder do not seek treatment.
Patient-Level Factors
* Not recognizing the problems
* Self-stigma
* Difficulties navigating the health system and scheduling
* Transportation
* Problems getting time off work

Provider-Level Factors
* Limited appointment availability
* Customer service and quality concerns
* Problems with rapport and the therapeutic alliance
* Workforce shortages

Systems-Level Factors
* Public stigma
* Lack of insurance
* Underinsurance
* Lack of mental health parity
* Fragmentation of services
* Inequalities within funding of the public health mental health system
Figure 2.12 Reasons for Not Receiving Mental Health Services in the Past Year among Adults Aged 18 or Older with an Unmet Need for Mental Health Care Who Did Not Receive Mental Health Services: 2011

Could Not Afford Cost: 50.1%
Could Handle Problem without Treatment: 28.8%
Did Not Know Where to Go for Services: 16.2%
Did Not Have Time: 15.1%
Treatment Would Not Help: 10.4%
Did Not Feel Need for Treatment: 8.5%
Health Insurance Did Not Cover Enough Treatment: 8.3%
Might Cause Neighbors/Community to Have Negative Opinion: 8.0%
Did Not Want Others to Find Out: 7.1%
Might Have Negative Effect on Job: 7.0%
Fear of Being Committed/Having to Take Medicine: 7.0%
Health Insurance Did Not Cover Any Treatment: 6.7%
Concerned about Confidentiality: 5.9%
1960’s Deinstitutionalization

- October 31, 1963: Community Mental Health Centers Act

- JFK: “When carried out, reliance on the cold mercy of custodial isolation will be supplanted by the open warmth of community concern and capability.”

- Where the largest inpatient psychiatric facility in the U.S.?
“The severely mentally ill often exist in limbo, neither institutionalized nor embedded in a community.”

E. Fuller Torrey, 2013
Wall Street Journal
AMA, 2015

• The total number of physicians in the U.S. increased by 45 percent from 1995 to 2013.

• The total number of adult and child psychiatrists rose by only 12 percent.

• During that span, the U.S. population increased by about 37 percent.
• 70 years ago the U.S. had 600,000 inpatient psych beds for a country half its current population. Today the U.S. has approximately 65,000 beds for 9.6 million persons with a mental illness.

• The average time between a first episode of psychosis and initial treatment can be 110 weeks.

• In the U.S., 3,100 counties have no practicing psychiatrist, psychologists, psychiatric nps or social workers.

• Nearly every county (96.2%) in the U.S. has unmet need for prescribers in mental health.

• Nearly 55% of counties do not have a practicing psychiatrist, psychologist or social worker.

Morrissey, et al., 2014
Mental Health Association of Maryland

• Only 14 percent of psychiatrists listed in the qualified health plans in the Maryland marketplace were actually accepting new patients and available for an appointment within 45 days – the suggested wait time.

• Findings also showed that customers had a difficult time paying for medications, and that certain medications, like some antipsychotics, were not covered at all or only available with high out-of-pocket costs. For marketplace plans, denials were nearly twice the rate for other medical care.

MHAM, 2015
Martin Luther King, Jr.

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

1967
• U.S Census Bureau estimated almost 48% people were without insurance in 2012 which is 15% of the population.

• Lack of health insurance is associated with receiving less preventive care, having more undiagnosed chronic conditions and experiencing poorer health outcomes.

Langheim et al. (2014)
• Of the 30 million Americans who are both indigent and uninsured, 7.6 million will require some kind of mental health care in the course of any year.

Walter, et al. 2010
• Adults with mental illness lack insurance coverage at significantly higher rates than those without mental illness.

• More than 1 in 4 young adults ages 19-25 are uninsured.

• Insured individuals are more likely to seek and receive mental health treatment than those who are uninsured.
• 4 million seriously mentally ill without insurance.
In a 12-month period almost three-fifths of persons with severe mental illness did not receive specialty mental health care.

1 in 5 persons with severe mental illness are uninsured, and Medicare or Medicaid insures 37 percent.

Persons covered by Medicaid or Medicare are over six times more likely to have access to specialty care than the uninsured are.
• 62% of those with a mental illness did not receive treatment.

• 41% of those with a serious mental illness did not receive treatment.

• Having health insurance was a strong correlate of mental health treatment use.

“Serious Psychological Distress Among Adults”

CDC

• “The poor have more mental health problems than the rich. “

• Infants and toddlers growing up in low-income communities are more likely to experience the kind of “toxic stress” (neglect, abuse, seeing violence in the home) that can hinder brain development and lead to mental illness in adulthood.
• Low income uninsured children and adults were substantially less likely to have reported mental health symptoms than low-income children and adults with Medicaid or Medicare coverage.

Satcher, et al. 2013
Low-Income Young Adults

• Many low-income young adults become uninsured or transition to private health plans or other public plans that often include substantial consumer cost sharing for mental health care.

• 64%–76% of all young adults who lose Medicaid become uninsured.
Health Insurance Discrimination

• Historically, the health insurance coverage model in the US is predominantly employment based, and individuals with serious mental illnesses often have high levels of disability, unemployment or underemployment.

• Rates of being insured are significantly higher in specific population groups.

• Individuals living in poverty are significantly less likely to have health insurance than individuals and families with greater household income.

Walker et al. 2014
Affordable Care Act

- Aims to end health insurance discrimination.

- When the Affordable Care Act (ACA) is fully implemented in 2019, it will have extended health insurance to nearly 4 million previously uninsured people with severe mental disorders.
568,000
Economic Repurcussions

• Costs the U.S. $444 billion a year
  – Lost productivity
  – Caregiver’s lost earnings
  – Tax dollars spent to build prisons
• Mental illness sends nearly 5.5 million people to the emergency department each year.

• Many of the mentally ill are uninsured and hospitals are often uncompensated for their care.

• This increases the burden on hospitals and taxpayers.
Consequences

• Unnecessary suffering
• Functional impairment
• Mortality
• Economic losses
• Healthcare costs
• Increased risk of hospitalization
• Increased burdens associated with physical disease
• Violence
• Self-medication
• Homelessness
• Poor social functioning
• Social isolation
• Poor clinical functioning
• Diminished quality of life
• Interrupted careers
• Jails
• Prisons
• Streets
• Homeless shelters
• Morgue
Evidenced-Based Recommendations

• Explored the benefits of the patient-centered medical home for adults with mental health disorders

• Results found that participants with a usual provider were significantly more likely than those with no usual provider to have experienced a primary care mental health visit and to have received psychiatric treatment.

Olfson, M., et al. (2013)
Evidenced-Based Recommendations

• Mental and substance use disorders alone are estimated to surpass all physical diseases as a major cause of worldwide disability by 2020.

• There has been a call for the use of the primary care delivery platform and the related patient-centered medical home to effectively address these conditions.

Evidenced-Based Recommendations

• Make critical reforms to allow for patients to use mental health services and primary care services at the same location.
Primary Care

• WHO has called for integrating mental health services into primary care as the most viable way of closing the treatment gap for untreated mental illness.

• Integrating mental health and primary health is a trend highly favored by the nation’s mental health advocacy organization such as MHA.

• Current health care reform stresses need for integration of mental health services into primary care.
Integrated Care

- The integration of care for Medicare-Medicaid dually enrolled beneficiaries.
- The integration of mental health and substance abuse.
- The integration of mental health and substance abuse.
- The integration of mental health and substance abuse with medical care, most commonly primary care.
The U.S. Preventive Services Task force

• “Recommends screening for depression in all adults in primary care when appropriate staff is in place to support depression care and follow-up.”

• The annual cost of depression in the U.S. is estimated to be $83 billion.

Wu, B. (2013)
The Mental Health Reform Act of 2015

• Introduced by Senator Bill Cassidy & Senator Chris Murphy on August, 4. 2015

• This bill aims to:
  – increase the resources available to treat mental illness
  – improve coordination of care
  – encourage the development of solutions to help families dealing with mental illness.
  – require states to identify barriers to integration.
Why Primary Care?

- The responsibility for providing mental health care is falling increasingly to primary care providers.
- The non-psychiatric sector of health care is the default provider for mental health needs.
- At least 30% of all primary care recipients have diagnosable mental health disorders.
- Primary care is now the sole form of health care used by more than one-third of patients with a psychiatric disorder.
Why Primary Care?

• Mental illness exacerbates morbidity from the multiple chronic diseases.

• Stigma, as well as benefits disparity, decreases access to mental health care in the specialty sector.
Why Primary Care?

• 45% of people who died by suicide had contact with primary care providers in the month before death.

• Among older adults, it’s 78%.

• Malpractice Claims.
• The provision of frontline mental health services in primary care settings (when appropriate) have positive impacts including:
  – Improvement of patient & provider satisfaction
  – Overall healthcare costs efficiency
  – Improved clinical & functional patient outcomes
  – Increases adherence to treatment
  – Reduces stigma

Collaborative Practice Model (CPM)

- Collaborative practice can be defined as “the continuous interaction of two or more professionals or disciplines, organized into a common effort, to solve or explore common issues with the best possible participation of the patient
- Well-studied but under-used.
- Reduces the burden of the primary care physician by providing a mental health care specialist within the primary care setting.
- CPM may establish simple mental health treatment protocols, providing mental health screenings and education and conducting ongoing outcome management.
- Numerous examples of successful collaborative practice models (CPMs) exist in the literature.
- CPM have proven to improve both mental and physical health outcomes.

Olfson, F. (2013)
FQHC

• A community based organization that provides comprehensive primary and preventive care to low income, uninsured or underinsured people.

• FQHCs receive federal grants and are eligible for additional moneys from HRSA.
The Family Practice & Counseling Network (FPCN)

- Nurse-managed FQHC.

- The FPCN has managed to cut its waiting list for behavioral health to two weeks by assigning a clinical social worker to its primary care department.


