

Health Care Disparities for Persons with Serious Mental Illness and Cardiovascular Disease

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Introduction

Data has shown that persons with serious and persistent mental illness have a significantly elevated risk of early death from cardiovascular diseases (CVD). These individuals have a high incidence of CVD risk behaviors (including smoking, obesity, diabetes, dyslipidemia and hypertension), which contribute to premature death from heart disease, but they may also have less access to appropriate health care. The goal of this study is to compare the status of general health care, preventive health care and CVD specific care for Medicaid enrollees with and without severe mental illnesses (SMI), to understand whether persons with SMI constitute a population with health care disparities and to suggest directions for improvement of medical care for this population.

Hypotheses

1) Persons with SMI have higher rate of risk factors for CVD such as disorders of lipid metabolism, obesity, and smoking. 2) Utilization of the emergency room, ambulance and inpatient services is higher and utilization of ambulatory and preventive medical services lower among the persons with SMI. 3) Persons with SMI have less access to preventive, diagnostic and treatment procedures specific for cardio-vascular diseases. 4) Persons with serious mental illness have a higher rate of complications of CVD such as acute myocardial infarction, congestive heart failure and stroke.

Method

The sample includes 9223 persons with SMI enrolled in Maine's Adult Mental Health Service System. This sample of Medicaid enrollees with SMI has been matched with a random sample of 7356 Medicaid enrollees with no diagnosis of mental illness. The prevalence of CVD in the SMI Medicaid group is 11.1% as compared to a prevalence of 7.9% in the non-SMI group. We are in the process of comparing the utilization and cost of general medical and preventive services (e.g. medical home, immunizations), cardiac specific preventive, diagnostic and treatment procedures, medications, presence of CVD risk factors, complications of CVD such as acute myocardial infarction, congestive heart failure and stroke, for Medicaid enrollees with and without serious mental illness.

Results

Preliminary analyses suggest that Medicaid members with SMI and CVD have average medical expenditures of \$11,825 per member, as compared to an average expenditure of \$14,832 for medical and surgical services for

persons without SMI. The SMI group has significantly higher utilization of emergency room and ambulance services and lower utilization of outpatient care. The SMI group has half the utilization of Cardiac Rehab and CVD specific surgical procedures (e.g. bypass and stent) than the non-SMI group. Analyses in process include comparisons between the SMI and the non mentally ill group of the following: access to general and CVD specific preventive care, prevalence of adverse outcomes, prevalence of ambulatory sensitive conditions, quality of psychopharmacologic care, presence of a medical home etc. Having data about health status and health care delivery will also allow policy makers to understand the degree to which persons with serious mental illness are a distinct population with health care disparities. Data on the utilization and outcomes of care for cardio-vascular diseases among the persons with severe mental illnesses will clarify priorities for targeted interventions that will reduce the morbidity and mortality from CVD of this population. As states engage in transformation of mental health systems, it will be essential to have methods for tracking utilization and costs of medical and surgical services for this population, because meaningful recovery from mental illness will be compromised for any person suffering from inadequately treated disabling physical illness.