Psychiatrists Coordinate Care Under New Model

BY DENISE NAPOLI

The term "medical home" has become a health reform buzzword. But a new model of care for patients with severe mental illness has lately emerged: the mental health home.

"The [mental health home] model of care incorporates medical home characteristics," wrote Dr. Thomas E. Smith and Dr. Lloyd I. Sederer in a recent paper (Psychiatric Services 2009:60;528-33).

"The key characteristics of the medical home model involve commitment to the management of chronic illness, involvement of the individual and family/support system at all times, multidisciplinary collaboration, and coordination of services. These are exactly the principles we want to emphasize with our 'mental health home' approach," said Dr. Smith, of the department of psychiatry at Columbia University, New York, in an interview.

The 'mental health home' model of care targets seriously mentally ill patients 'who don't engage well ... and aren't advocates for their own care.'

But there are key differences. For one, in the mental health home—a term Dr. Smith and Dr. Sederer coined—the care is coordinated by a psychiatrist or other mental health physician, not a primary care doctor.

That does not mean psychiatrists will treat medical conditions. "They will, however, be much more active in monitoring basic health and wellness indicators in their patients with serious mental illness." And considering that psychiatric treatments are often associated with weight gain, metabolic syndrome, diabetes, and obesity, "I think the onus is on the mental health provider to pay attention to some of these primary care issues," he added.

The second difference between the proposed mental health home and the conventional medical home model is that the former would target a very exclusive group of patients: the seriously mentally ill.

"This is not for the entire mental health population," Dr. Smith said. It would service "a population that in most states are treated within the public mental health system, either state-run clinics or clinics that bill for state services."

The people who are cared for in these settings primarily have diagnoses like schizophrenia, bipolar disorder, or severe depression, with significant disability.

"These are [patients] who don't engage well; they don't follow up and aren't advocates for their own care... These people don't have family doctors. They have a hard enough time following up with their mental health care, never mind their primary health care," he added.

The goal of the paper, said Dr. Smith, was to introduce the concept of a mental health home as being a complement—not replacement—to the medical home model, and to "get people thinking about how these principles could be applied to the care and of the seriously mentally ill."

Neither Dr. Smith nor Dr. Sederer, who is with the medical director of the New York State Office of Mental Health, disclosed any conflicts of interest. ■

Payment Urged for Pediatricians Who Administer Mental Health Care

A new joint paper urges reimbursement for pediatricians who screen and treat patients for mental illness in the "medical home" setting.

That's because pediatricians, can and should act as effective "portals of entry" into specialty mental health treatment, according to the authors. They therefore deserve "payment for assessment and treatment of mental health problems [that is] adequate and comparable with payment for services addressing other medical illnesses," according to the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics.

"Furthermore, payment must be proportionate to the complexity of the situation and the additional time and work required in managing mental health conditions," the statement said (doi: 10.1542/peds.2009-0048).

The statement is at least partly a reaction to the ongoing shortage of child and adolescent psychiatrists, which "makes coordination of treatment between primary care physicians, and child and adolescent psychiatrists paramount," said AACAP President Robert Hendren, D.O., in a statement.

The report adds that although "almost one in five children in the United States suffers from a diagnosable mental disorder, only 20%-25% of affected children receive treatment."

The paper was supported by an "Improving Mental Heath in Primary Care Through Access, Collaboration, and Training (IMPACT)" grant from the U.S. Department of Health and Human Services.

POLICY & PRACTICE

State's Psychiatrists Top List

Once again in Vermont, psychiatrists were identified as the top recipients of pharmaceutical industry funding in an annual report compiled by the state's attorney general. The data are from drug manufacturers' public disclosures between July 2007 and June 2008. They include consulting and speaking fees, travel, gifts, and other payments to physicians, nurses, physician assistants, hospitals, and universities. The largest dollar amount—$500,000—went to 11 psychiatrists, with 1 receiving $112,000. Internal medicine, neurology, endocrinology, and physicians with ionizing radiation privileges completed the top five recipients by specialty. Interestingly, in the past 4 fiscal years, there's been a significant increase in the companies reporting their expenditures, while expenditures have dropped by a third. The top five 2007-2008 spenders were Eli Lilly—the leader for 3 years consecutively—Pfizer, Novartis Pharmaceuticals, Merck, and Forest Pharmaceuticals. The full report can be found at www.atg.state.vt.us.

NAMI Queried on Industry Funds

Sen. Chuck Grassley (R-Iowa) continued his pursuit of conflicts of interest in psychiatry with a request in April to the National Alliance for Mental Illness (NAMI) that the patient advocacy–group disclose how much of its funding comes from pharmaceutical manufacturers. NAMI received $13 million in revenue and support for the year that ended June 30, 2008. The organization lists corporate and other donors in its annual report but does not disclose how much it gets from each source, according to NAMI spokesman Bob Carolla. He added that the organization has a policy that guides its acceptance of industry money and aims to protect its independence. Mr. Carolla said NAMI would meet with Sen. Grassley' about his request.

Psych Care Often Inaccessible

Two-thirds of primary care physicians said they cannot get outpatient mental health services for their patients, according to a study by the Center for Studying Health System Change. The 2004-2005 data are from the center's Community Tracking Study Physician Survey and other sources. Sixty-seven percent of primary care physicians said they couldn't access mental health services for patients, compared with 34% who said they couldn't get specialist referrals and 30% who had trouble getting diagnostic imaging. Problems related to health plan barriers, inadequate insurance coverage, and shortages of providers. The study, funded by the Commonwealth Fund, was published in the online version of the journal Health Affairs.

Bill Would Restrict Ingredient

The U.S. House in late March passed the Dextromethorphan Distribution Act (H.R. 1259), which would restrict purchases of dextromethorphan, the active ingredient in many over-the-counter cough medicines. Only entities that had registered with the Food and Drug Administration or certain state agencies could buy the raw product. The Consumer Healthcare Products Association endorsed the legislation. "There is no good reason for anyone but manufacturers, pharmacists, and researchers to have the raw form of this ingredient," said association's president, Linda Suydam, in a statement.

Alzheimer's as Economic Threat

Without decisive political action, the economic consequences of Alzheimer's disease could dwarf the current economic crisis, according to the final report of the Alzheimer's Study Group. The group was created by Congress in 2007 and includes politicians, advocates, physicians, and researchers. Its "National Alzheimer's Strategic Plan" calls for reengineering dementia care delivery and more research focused on delaying and preventing Alzheimer's disease. It also calls on Medicare to increasingly reimburse physicians for dementia care according to the quality of their work. By 2016, these "value-based payments" should cover half of all dementia care, said the group cochaired by former House speaker Newt Gingrich and former Democratic senator Bob Kerrey. The Alzheimer's Association praised the strategic plan for bringing attention to the "looming national crisis" created by the condition.

Administration Posts Filling Up

The Obama administration has named officials to several top health care–related positions that do not require Senate confirmation, including the director of the White House Office of Health Reform, administrator of the Health Resources and Services Administration (HRSA), and the new National Coordinator for Health Information Technology. Nancy-Ann DeParle, who ran Medicaid and Medicare under President Clinton, will now lead the White House office. Rural health expert Mary Wakefield, Ph.D., was selected to head HRSA, joining the agency from the University of North Dakota, Grand Forks. Internist David Blumenthal, former director of the Institute for Health Policy at Massachusetts General Hospital, Boston, will take the lead on creating a nationwide health information technology infrastructure. And three new members will join the U.S. Preventive Services Task Force: Susan Curry, Ph.D., of Iowa City, an expert on tobacco use; Dr. Joy Melnikow of Sacramento, a family physician; and Dr. Wanda Nicholson of Baltimore, a board-certified ob.gyn. and a perinatal epidemiologist.

—Alicia Ault