

Addressing the Future: Health Reform and Mental Health



What do health policy makers
need from mental health
researchers?

Panel Discussion



- Dr. Donald Steinwachs, Professor, Johns Hopkins University, Health Policy and Management
- Dr. Connie Garner, Deputy Staff Director, U.S. Senate Health Subcommittee
- Dr. Steven Mayberg, Mental Health Commissioner, State of California
- Dr. Rhonda Robinson-Beale, Chief Medical Officer, OptumHealth Behavioral Solutions

Overview



- President Obama's health reform priorities
- Research gaps and the American Recovery and Reinvestment Act of 2009 (ARRA)
- Health care needs of persons with severe mental illness (SMI)
- Barriers to meeting SMI health care needs
- What research is needed in support of health reform?

President Obama's Budget '10



- Reserve fund for health reform \$630 billion
- Adoption of health information technology (HIT)
- Lower drug costs
- Improve Medicare and Medicaid oversight and program integrity
- Expand Medicare and Medicaid research agenda
- Provide health care coverage to low-income Americans
- Strengthen health professions workforce in underserved areas
- Compare effectiveness of alternative treatments
- Expand capacity of drug courts
- Reduce health disparities

ARRA funding of NIH Research



- Funding \$10 billion
- \$8.2 billion for Office of Director
 - \$7.4 billion transfer to institutes and centers and to the common fund
 - \$800 million retained by Director to be used within two years
- Intent is for NIH to take advantage of scientific opportunities to maximize scientific and health benefit.
- NIMH to receive \$350 million to be largely spent within two years on R01, supplements and special initiatives.

ARRA: Comparative Effectiveness



- \$1.1 billion funding for “comparative effectiveness research”
 - AHRQ administers \$300 million
 - NIH administers \$400 million
 - Secretary HHS allocates \$400 million
- “used to conduct or support research to evaluate and compare clinical outcomes, effectiveness, risk, and benefits of two or more medical treatments and services that address a particular medical condition”

ARRA: Prevention and Wellness Fund



- o \$1.0 billion funding
 - \$400 million for CDC to carry out section 317 immunization program
 - \$600 million to carry out evidence-based clinical and community-based prevention and wellness strategies and public health workforce development activities that deliver specific, measurable health outcomes that address chronic and infectious disease rates, health disparities,

Health Challenges for Persons with SMI

Persons with SMI die 25 years earlier

- Maryland SMI leading causes of death:
 - Heart disease (SMR=2.3)
 - Cancer (1.6)
 - Diabetes (3.8)
 - Lung disease (2.7)
 - Stroke (1.8)
 - HIV (13.3)

- Health risk factors among Maryland SMI
 - 75% Smoke
 - 50% Substance abuse
 - 42% Overweight or obese

Quality of Care for Persons with SMI



- Poor coordination between behavioral health and general medical systems.
- Failures to provide quality care (evidence-based treatment)
- Lack of local infrastructures to deliver care to disadvantaged groups
- Overuse of somatic emergency services
- Underuse of preventive services
- Poor insurance (Medicare, uninsured)
- Stigma and discrimination

Health Policy and Research



- Policy-makers have increased research funding to accelerate information needed for health reform:
 - Comparative effectiveness funding
 - Prevention and Wellness Fund
 - NIH funding
- What can researchers do to focus their research on issues relevant to health reform and improved health care for persons with mental illness?