

Psychiatry, Community Mental Health and Clinical Public Health

Lawrence Deyton, MSHP, MD
Senior Associate Dean for
Clinical Public Health

September 25, 2014

What is Clinical Public Health?

What is Clinical Public Health?

- The enrichment of medical care with the principles of public health and population health that will be required of clinicians who practice in 21st Century health care systems.
- Health care provider education and training must integrate clinical public health into the preparation of the current and future health care work force.
- Health care in the United States is less and less delivered by solo providers who operate independently. Health care is increasingly delivered in systems of care that provide medical care and other services for diverse populations of patients

Clinical Public Health - 2

- In current and future systems of care, providers will work in teams with an expanded scope of practice
- Expanded scope of practice will include clinical and non-clinical determinants of health will improve outcomes
- Health care teams will have financial incentives to improve outcomes by use of clinical and non-clinical services because this is expected to lower overall health care costs.

Clinical Public Health 3

- Students who graduate today will practice in systems care to deliver individual health care and work in teams to address population health.
- Students graduate with clinical skills but unprepared to work in this new setting of systems of care – and incentives.
- Clinical public health and must be included in health care provider education.

The FIVE domains needed for integration of clinical public health into health professional education

1. Student preparation that integrates knowledge and skills of clinical public health.
2. Faculty preparation that provides teaching and experiential learning of clinical public health for health care providers in training.

3. Community service learning and team-based care to solidify the application of clinical public health.
4. Research in targeted basic, applied and evaluation science to better define the application of clinical public health to different clinical fields.
5. Leadership from university and academic medical leaders to assure professional, policy, and government communities understand and support integration of clinical public health into health care professional education.

Health provider graduates should be able to:

Provide excellent **care to individual patients** using a spectrum of health care services: prevention, outpatient, inpatient and chronic, diagnostic, behavioral and mental health, rehabilitative, long-term and end-of-life.

Work effectively in teams (MD, RN, PA, NP, Pharm, mental health, social work, community health worker, home care, rehabilitative, etc) to assure individual treatment goals and population outcome goals are achieved.

Improve the quality of care for populations of patients by assessment, diagnosis and treatment of the the spectrum of clinical and non-clinical care and services needed to assure optimal outcomes.

Improve patient satisfaction and engagement with their health care.

Identify and implement strategies to **improve efficiency** and reduce costs of health care while maintain quality and patient satisfaction.

Triple Aim (ACA and Payers) for individuals and populations

- Improve quality of health care
 - Improve patient satisfaction
 - Improve efficiency (decrease costs)

What is/are the role(s) for psychiatry
in the future – in systems of care?

What is the clinical public health
for psychiatry?

CONGRATULATIONS!



The medical and
public health communities
now know you were right
all along!!



What have the rest of us learned?

- Serious mental illness and substance abuse is a major determinant of population health
- Dual diagnoses, mental and behavioral health issues are at the core of many/most chronic diseases
- Proactive integration of psychiatric, mental health and behavioral health diagnosis, treatment and prevention are required to achieve the triple aim: improve quality, improve patient satisfaction, improve efficiency

What Do We Teach?

Clinical Preparation:

What is in our curriculum to best prepare future clinicians on psychiatric, mental health, behavioral health?

- Pathology, biochemical bases
- Serious mental illnesses
- Substance Abuse
- Behavioral Health
- Diagnosis and Management
- Pharmacotherapy, cognitive therapy
- Other approaches to care
- Etc, etc, etc (I'm a novice)

What Should We Teach?

Clinical Public Health

Do you have advice on what we need to teach our students to best prepare them to handle the psychiatric, mental health, behavioral health aspects of their work in health systems?

- Population understanding of SMI, SA, behavioral health (community, system?)
- Proactive identification of relevant members of that population (community, system?)
- Identify the factors that exacerbate or continue the cycle of illness and wellness in that population
- Work with teams to 'treat' those factors by addressing clinical and non-clinical determinants

Psychiatry – where are we headed?

Is Clinical Public Health in the
profession's future?
What's the future?

Opportunities - 1*

- Mental health, substance abuse and behavioral health treatment is one of the 10 essential benefits under the ACA (*egro* – more \$\$)
- Increased science and public health base for mental illness/SA/behavioral health as a major cause of disability, direct and indirect economic costs
- Increased understanding of the importance of prevention, treatment and expanded care for serious mental illness, SA and behavioral health
- Treatment of mental illnesses and SA improves other health outcomes. * my inexpert observations

Opportunities -2*

- Non-clinical factors influence individual and community mental health
- New reimbursement for previously non-reimbursed mental health services
- Increased recognition of the important role mental health plays in future health care successes
- Changes in funding incentives (ACA, private payers) - there will be a significant increase use of mental health services (through health systems, medical home/integrated care)
- There will not be enough psychiatrists to provide the clinical care needs of this expanded population

Challenges*

- Proliferation of types of mental health providers
- Non-psychiatrists provide the bulk of mental health care
- Increase of use/expenditures in pharmaceuticals (8.6% of MH \$ in 1990 to 28.5 in 2009)
- Non-psychiatrists provide the bulk of that growth
- There is decreasing access to psychiatric services
- Decreasing # of graduates from psychiatry training
- More than 50% of psychiatrists are over 55
- It looks like predominant business model of private and academic is not sustainable.

Future of Psychiatry??

I don't have a clue, but...

- Chronic disease costs drive US health care expenditures – and recent reimbursement policies
- Mental health/behavioral health likely plays a major role in the cycle of most chronic disease
- Solid evidence exists that the collaborative care model where psychiatry is part of the primary care team improves outcomes and saves \$
- Payment and practice models now support a large increase in mental and behavioral health services to individuals and populations

Consider this...?

- Has psychiatry ceded its role in leading behavioral health dx and treatment to other providers?
- What has been the role of the pharmaceutical industry in the practice of psychiatry?
- What are the health and economic outcomes of proactive primary mental/behavioral health intervention as prevention or treatment of non-psychiatric chronic conditions?
- Should psychiatry expand its scope of practice to lead the research, diagnosis, treatment and prevention of chronic diseases by proactive population-based mental health/behavioral health interventions?

AND....

What is Deyton's DSM 5
Code?

Should psychiatry be first
line primary care for all
patients with or at risk for a
chronic disease?