



## **mhca** Care Management Bulletin

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The Care Management Bulletin is a service for **mhca** members from the Care Management Task Force that provides concise information on topics impacting community based behavioral healthcare. Members with suggestions for topics should contact Tara Boyter at 850-942-4900 - [tboyter@mhca.com](mailto:tboyter@mhca.com)

### **Self- Management for the Seriously Mentally Ill Medicaid Population**

#### **The Situation**

The comorbidity of mental disorders and physical illness among Medicaid recipients is clearly associated with increased health costs, poor adherence to treatment, and decreased quality-of-life as well as significantly diminished life expectancy.

Mauer reports that people with comorbid psychiatric conditions in Medicaid experience 3.7 times greater costs than individuals with similar medical conditions alone (Mauer et al. "The business case for bidirectional integrated care". California Institute for Mental Health, 2010).

Health plan and health providers tend to perceive this population as incapable of making lifestyle changes and are therefore reluctant to incorporate wellness or health coaching type services (Thornicroft et al. "Discrimination in health care against people with mental illness". *Int Rev Psychiatry*, April 19 (2), 113-22, 2007).

The Chronic Care Model is now established and expected in addressing Medicaid plan members with chronic conditions. Self-management is a key component of the Chronic Care Model (CCM). Woltman and colleagues in a systematic review found that CCM can improve mental and physical outcomes for individuals with mental disorders. Woltmann, Emily, et al. "Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis." *Perspectives* 169.8 (2012).

Contrary to popular belief there is a growing literature on the successful implementation of self-management programs for the SMI. In a recent review Siantz found positive treatment effects in all ten identified studies addressing the topic. Siantz, Elizabeth, and María P. Aranda. "Chronic disease self-management interventions for adults with serious mental illness: a systematic review of the literature." *General hospital psychiatry* 36.3 (2014): 233-244.



Goldberg and Druss in separate studies have demonstrated the effectiveness of modified Stanford Chronic Disease Self-Management Program in changing behavior and improving health. Goldberg, Richard W., et al. "Living Well: an intervention to improve self-management of medical illness for individuals with serious mental illness." *Psychiatric Services* 64.1 (2013): 51-57. Druss, Benjamin G., et al. "The Health and Recovery Peer (HARP) Program: a peer-led intervention to improve medical self-management for persons with serious mental illness." *Schizophrenia Research* 118.1 (2010): 264-270. Druss, Benjamin G., et al. "The Health and Recovery Peer (HARP) Program: a peer-led intervention to improve medical self-management for persons with serious mental illness." *Schizophrenia Research* 118.1 (2010): 264-270. Lorig found similar effects utilizing the original program. Lorig, K., Ritter, P. L., Pifer, C., & Werner, P. (2014). Effectiveness of the chronic disease self-management program for persons with a serious mental illness: a translation study. *Community Mental Health Journal*, 50(1), 96-103.

Dr. Kate Lorig, the Director of the program notes "The Chronic Disease Self-Management Program has served the test of time. It appears to be efficacious for a wide variety of populations including the seriously mentally ill. It has the advantage that it can be offered to a homogeneous population at a treatment facility or in the community to a diverse population. At least sixteen states are already offering the program for people with serious mental disorders."

## The Solution

In the United States, the Stanford Chronic Disease Self-Management program is currently offered in 49 states to approximately 100,000 people a year. The following states are using it to serve the severely mentally ill; Oregon, Alabama, Tennessee, Michigan, Arizona. It should also be noted that many of the severely mentally ill attend regular community workshops. In fact 30% of those attending workshops NOT targeted at the seriously mentally ill score 10 or above on the PSQ-8 indicating they have the symptoms of those who are clinically depressed. The mean six month reduction in depression for this group is similar to that achieved by anti-depressant medications. P.L. Ritter, M. Ory and K. Lorig. "Effects of chronic disease self-management programs for participants with higher depression scores: secondary analyses of an on-line and a small-group program." *Trans. Behav. Med.* Dec, 4(4), 398-406, 2014.

**Description of the Intervention:** The basic Stanford Chronic Disease Self-Management Program (CDSMP) is six-weeks long, offered as a small group workshop in community settings taught by trained peer leaders. Ten to fifteen people with mental and physical chronic conditions attend each workshop. The only requirement for attending is that participants can sit through a two and a half hour workshop.



The workshop is also available in an asynchronous internet based format given over six weeks. (Better Choices Better Health) Again peers facilitate the on-line program. The program is highly interactive through the use of bulletin boards.

Topics include symptom management (pain, sleep problems, fatigue, depression and shortness of breath), beginning and maintaining an exercise program, healthy eating, and cognitive symptom management, communicating with family, friends, and health professionals. In addition, the program is built around increasing self-efficacy by the use of three core skills, action planning, decision-making and problem solving.

Sixty to seventy percent of those enrolled complete the program (defined as attending four out of six sessions).

**Outcomes:** Six-month and one year studies have demonstrated improvements in health behaviors [exercise, communicating with physicians and medication adherence, health status (depression, pain, self-rated health) and health care utilization.] In addition, participants demonstrate improvement in self-efficacy. Outcomes are similar for those with and without severe mental health conditions. There is less data available for SMH participants in the on-line programs, but we have indications from two studies that outcomes for this group are similar to those reported for the small group studies.

### **Where can I find out more?**

For information about the small group programs <http://patienteducation.stanford.edu/>

To find organizations offering the small group program in your area go to

<http://patienteducation.stanford.edu/organcdsites.html>

For information about the on-line programs go to

<http://www.canaryhealth.com/>