

## Benefits to Addressing Mental Health Issues in Hospital Systems

Patients with a mental health disorder (e.g., depression or anxiety) and chronic medical conditions have poorer outcomes than other patients, driving increased utilization, re-hospitalizations, and higher costs.<sup>1,2,3,4</sup> Hospital systems, using care managers and the M3 Checklist, have reduced readmissions and better managed comorbid medical and mental health service utilization.

The M3 Checklist provides hospital systems a powerful assessment tool to better identify and treat mental health conditions. Available through LabCorp, the multi-condition screen helps systems address unmanaged mental health disorders and reduce the cost of care for most major medical conditions.<sup>5</sup>

Screening and treatment of mental health conditions help to:

- Reduce Readmissions by Helping Care Collaborators
- Facilitate Mental Health Measurement Based Care
- Reduce Unnecessary Utilization and Costs
- Improve Patient Outcomes

In addition to improving outcomes, the process of identification, engagement, and treatment using the M3 Checklist yields longitudinal patient data that, when aggregated, can help systems to improve their practices.

## Using M3 to Achieve the Quadruple Aim

Hospital systems that adopt the M3 Checklist are able to leverage care management and measurement-based care to improve:

- Population Health & Outcomes The M3 Checklist results are available in the electronic health record (EHR) for longitudinal monitoring and measurement of individual progress. Aggregation of longitudinal data provides population health information for use in measurement and management of patient population outcomes.
- Physician Work Life The use of M3 saves clinicians time, work, and stress in diagnosing patients' mental health needs. Ordering the M3 screen is done through the EHR via the existing LabCorp ordering system. The report, with scores and responses, is delivered in the familiar lab report format. This smooth integration into primary care workflow provides a means of clinical management of mental health disorders just like any other chronic medical condition.
- Patient Experience Fitting into the medical workflow destigmatizes mental health in primary and specialty care. The patient centric approach to care allows the patient and clinician to participate in understanding issues, diagnosis, and care planning.
- Cost Reduction Including M3 mental health screening in primary care practice enhances management of multiple disorders, thus reducing unnecessary utilization and improving compliance and outcomes. There is also a direct impact on costs and outcomes when used in specialty care (e.g. heart disease, diabetes, COPD).



## Mental Health Challenges Impacting Hospitals

- 29% of adults with medical conditions have mental disorders<sup>7</sup>
- 20% of all hospital readmissions are impacted by mental illness<sup>4</sup>
- 44M US adults have an anxiety disorder in a given year<sup>8</sup>
- 41 % do not receive help<sup>9</sup>
- 69% of patients with bipolar disorder are misdiagnosed<sup>10,11</sup>
- Patients are at significantly higher risk for rehospitaliztion when mental health diagnosis is comorbid with medical conditions, (e.g., heart failure, AMI, pneumonia and post-surgical procedure)<sup>2,3</sup>
- Patients with moderate to severe depression symptoms have about double the rate of rehospitalizations<sup>4</sup>
- Depression is a risk factor for development of diabetes and CHD and adversely affects the course, complications and management of chronic medical illness<sup>10</sup>



## References

1 Ahmedani B, et al, 2015. Psychiatric Comorbidity and 30-Day Readmissions After Hospitalization for Heart Failure, AMI, and Pneumonia. Psychiatr Serv 2015: 66:13

2 Lee D, et al, 2016. Active Mental Illnesses Adversely Affect Surgical Outcomes. Am Surg 2016:82(12):1238

3 Kartha A, et al., 2007. Depression Is a Risk Factor for Rehospitalization in Medical Inpatients. Prim Care Companion J Clin Psychiatry. 2007:9(4):256

4 Cancino R, et al, 2014. Dose-Response Relationship Between Depressive Symptoms and Hospital Readmission J Hosp Med 2014:9(6)358

5 Melek S, et al, 2014. Economic impact of integrated medical-behavioral healthcare. Milliman, Inc. American Psychiatric Association. https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care Accessed March 22, 2017

6 Goodell S, et al, 2011. The Synthesis Project, New Insights from Research Results, Policy Brief NO. 21, 2011. Accessed April 6, 2017 http://www.rwjf.org/content/dam/farm/reports/issue\_briefs/2011/rwjf69438

7 Kessler R, et al, 2005. Prevalence, Severity, and Comorbidity of Twelve-month DSM-IV Disorders in the National Comorbidity Survey Replication (NCSR). Arch Gen Psychiatry. 2005 June ; 62(6): 617

8 Wang P, et al, 2005. Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. Arch Gen Psych:62:629

9 Hirschfeld R, et al., 2003. Perceptions and Impact of Bipolar Disorder: How Far Have We Really Come? Results of the National Depressive and Manic-Depressive Association 2000 Survey of Individual with Bipolar Disorder. J Clin Psychiatry 2003:64:161

10 Katon W, 2011. Depression and chronic medical illness. Dialogues Clin Neurosci 2011:13(1):7

© M3 Information 2017. The contents of this paper may not be reproduced, in whole or in part, without the express written consent of M3 information.