D. Integrating Mental and General Medical Health Care - The Henry Ford Health System Experience

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Introduction

A brief overview of medical and mental integration within the Henry Ford Medical System was presented in this presentation. The model focused on depression.

Depression in the medically ill is long-standing. It affects the functional status of the individual and has a very serious effect on morbidity and mortality. Most professionals are aware that 10% of patients with depression will die from suicide. Another 10% will die from a variety of other medical conditions at a rate much higher than they would have had, had they not been depressed.

Depression has a significant impact on cardiovascular disease, both ischemic heart disease (IHD) and stroke. Depression is present in about 10% of the general population. In the general medical setting though, depression is present in 30% to 50% of patients with general medical or neurological illness. Depression is recognized in approximately 33% of patients who have been diagnosed with stroke and other chronic illness and is effectively treated in about one third of these patients. One main focus at the Henry Ford Medical System in Detroit, Michigan is focusing on the relationship between depression and general medical illness.

Depression in the Ill: Depression and Vascular Disease

If a patient has a heart attack and he develops depression in the post-heart attack setting, his risk of dying from that heart attack is increased two- or three-fold, everything else being equal, blood pressure, cholesterol, ejection fraction, or anything that can measure. The single best predictor of mortality after a heart attack is the presence of depression. The same is true for a stroke. The relationship works the other way also. Having depression increases the risk of having a heart attack, vascular disease or stroke (IHD 1.6, cardiac arrest 1.9, post-MI mortality 3, acute & 1-yr, stroke 1.7, and stroke mortality 3).

The point is, the brain and the heart communicate with each other. A major goal is to understand and leverage that two-way communication within the body to improve the health and well being of the patients at Henry Ford. Scientists have investigated the relationship between depression and vascular disease; findings have emerged. Possible mechanisms include platelet function abnormalities (sticky and clot a bit easier), increased plaque inflammation (worsened plaque inflammatory response), altered cardiac autonomic tone in the autonomic nervous system, altered hypothalamic pituitary (HPA) axis, which is maintained for weeks and months, and information on how psychological stress-induced ischemia and ventricular instability can result in patients without plaque disease.

Depression in the Ill: The HFHS Plan

How should professionals recognize depression in patients with medical illness? In surveys that were conducted through the Henry Ford Health System (HFHS), many professionals were not comfortable in diagnosing mental disorders in general, either because of lack of training or the thought that the patient(s) would die of suicide under their care. Reimbursement was also an issue. If primary care providers coded the primary diagnosis as depression, the insurance companies would not pay the physician for the visit. While this situation has been changed, it is a good example of fragmentation that occurs in the health-care system in this country. Dealing with and managing depression is also very time consuming. Primary care physicians may not be prepared to respond to a patient's feelings of depression.

At HFHS, a system was implemented that would facilitate the evaluation and treatment of depression in the primary care setting. The strategy was simple. Develop and implement an easy way for the clinician to diagnose depression and make it as easy as possible for treatment to begin at that point in time. Previously, when patients were referred and made appointments to go to a psychiatry specialist, only one third of those patients showed up. The unappealing extra appointment, extra time off work and extra co-pay were reasons for not appearing for the appointment. We developed and implemented an electronic depression screening tool that takes about 10 seconds to fill out, either on paper, online, or in the physician's office. Results of the assessment are scored immediately and provided to the clinician. Algorithm values above a certain number indicate a patient could be depressed; A few extra questions were added to the screening tool to help ensure the clinicians were not missing the emergencies, which include suicide, psychosis, and bipolar disorder.

In terms of enabling treatment, HFHS has established clinical guidelines in the management of depression and have the guidelines electronically available. The HFHS received a grant from the Flint Foundation to develop these guidelines on an IT platform that will be available for all clinicians in the state of Michigan within the next year. In all of HFHS's clinics, there is always

a nurse practitioner and psychiatrist who are available for clinical consultative support in diagnosis or treatment issues for those clinicians who seek help for their patients in this area.

PLANNED CARE MODEL

One year after the new screening mechanism was implemented, one can see that the HFHS has some impressive clinical values to share both before and after the initiation of the screening system. Before 2005, little was known about the rates of depression screening, prevalence and treatment. During the first year of its implementation (2006), almost 100% of all patients are screened for depression; it is prevalent in about 30% of those patients; and, about two thirds of those patients are treated for the disease. It is still very difficult to get the remaining third of the patients back for consistent care. Some patients have difficulty in accepting the idea of depression, possibly due to poorly understood cultural barriers. In all, however, our results have helped us improve health care within a year of using this approach and technology. The HFHS is very optimistic that care in this area will continue to significantly improve over time.