CHA launched a BHH pilot program in September 2015 by expanding an existing multidisciplinary mental health team to add a medical nurse practitioner (0.5 FTE), care coordinator (1.0 FTE) and program manager (1.0 FTE). With these resources, the BHH developed new health services and interventions.

- On-site, basic primary care (supplements official PCP)
- Care coordination and care transition support
- Population health management
- Health promotion groups and education
- Annual health screenings (A1c, LDL, BP, BMI)
- Community-building activities and events

We hypothesized that by providing integrated team-based care, enhanced care management, health promotion and social inclusion activities, BHH members would use less acute care, more preventive services, and have better health outcomes.

**BACKGROUND**

- Prevalence of schizophrenia-spectrum and bipolar disorders in U.S. is 1.2 percent and 2.1 percent, respectively.
- Individuals with serious mental illness (SMI) die 20-30 years earlier than adults without SMI.
- Drivers of this mortality gap include unhealthy behaviors (e.g., smoking, inactivity, diet), impacts of social adversity, and iatrogenic effects of antipsychotic medications.
- Poor access to primary care and preventive health services may also play an important role.
- U.S. adults with schizophrenia or bipolar disorder are 45% and 26% less likely to have a PCP, respectively, than those without mental disorders.6
- A new care model – the ‘behavioral health home’ (BHH) – has emerged, offering integrated care in mental health clinics to mirror Patient-Centered Medical Homes in primary care. Early studies show promising results.7
- This evaluation builds on prior research by specifying intervention details for distinct clinical populations.

**INTERVENTION**

- Quasi-experimental methods used to compare outcomes 12 months pre- and post-intervention (09/01/2015) among BHH participants (n=424; 369 schizophrenia-spectrum; 55 bipolar disorder) compared with 1,521 individuals not in BHH from the same urban, safety-net academic health system.
- The groups were propensity score-matched by sex, age, race/ethnicity, language, 2010 Census block group demographics, Medicare and Medicaid enrollment, and various measures of health status.
- By identifying patients not exposed to the BHH who were most similar to those in the treatment group, we could more confidently attribute observed outcomes to the intervention.

**METHODS**

- Significant reductions in acute care utilization for BHH participants vs. controls:
  - Total ED visits (p=0.014)
  - # ED visits, given any (p=0.01)
  - Total psych hospitalizations (p<0.01)
  - # psych hospitalizations, given any (p=0.01)

- Increased rates of preventive health screenings
  - Hemoglobin A1c screening (p=0.026)
  - Past-year LDL screening (p=0.052*)
  - HgB/A1c or Glucose (p=0.093*). *Not statistically significant

**RESULTS**

- **BACKGROUND**

- **METHODS**

- **RESULTS**

- **LIMITATIONS**

- **CONCLUSIONS**

- **BIBLIOGRAPHY**

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**Table 1. Baseline Characteristics of BHH Intervention and non-BHH Patients Before Propensity Score Adjustment**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Non-BHH</th>
<th>BHH</th>
<th>p=0.014</th>
<th>p=0.042</th>
<th>p=0.003</th>
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<tr>
<td>Female</td>
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<td>51.5%</td>
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</tr>
<tr>
<td>Age</td>
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<td>48.41</td>
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<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
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<tr>
<td>White/Non-Hispanic</td>
<td>52.1%</td>
<td>59.1%</td>
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</tr>
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<td>Black</td>
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<tr>
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<td>Pre-Period Psychiatric</td>
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<td>Hospitalizations (%)</td>
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<td>12.0%</td>
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<tr>
<td>Post-Period LDL (% of 100)</td>
<td>108.1%</td>
<td>108.2%</td>
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<tr>
<td>Post-Period Psychiatric</td>
<td>115.1%</td>
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<tr>
<td>Hospitalizations (%)</td>
<td>8.1%</td>
<td>12.0%</td>
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</tr>
</tbody>
</table>

**Table 2. Pre-Post Differences in Preventive Health Screening and Lab Measures for BHH Patients vs Non-BHH Patients with Propensity Score Matching**

- **Table 3. Baseline Characteristics of BHH Intervention and non-BHH Patients Before Propensity Score Adjustment**

- **Table 4. Baseline Characteristics of BHH Intervention and non-BHH Patients Before Propensity Score Adjustment**

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**REFERENCES**