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Integrating care to reduce health disparities among people with mental illness

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Mental illness is a major public health concern in the United States. Untreated mental illnesses are associated with high mortality rates, increased risk of developing major chronic diseases, including heart disease, diabetes, asthma and hypertension and accelerating progression of coexisting physical illness and amplifying their disability. 68% of adults with a mental illness have one or more chronic physical conditions. A recent study showed that the overall cost of mental illness reached $201 billion in the United States in 2013, topping the list of the most-costly conditions. There is an increased awareness of the impact of social determinants of mental health. The need to address healthcare access and underlying social determinants of health will require a multisector integrated mental healthcare system to target population health. Public health and health promotion programs became a vital part of hospitals' effort to focus on the primary goal of benefiting the community at large. Research suggests that the partnership between hospital systems and public health has the potential to address some of the root causes of poor health. Our study shows that the integration of public health system is associated with the 9% reduction of health disparities between racial groups. Care coordination models include improving the use of a patient-centered medical home, clinician-patient continuity, team-based approaches, use of community hospital-based support, specialized outpatient programs for high-risk patients, home visits, patient navigation to link primary care and specialty care and referral tracking systems. Evidence consistently suggests that care coordination is essential to meet the growing demands for mental healthcare access while controlling costs and improving quality of service delivery.

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