# A case for treating both mind and body

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Credit: Petr Kratochvil/public domain

New research from Rutgers University lends more support to the idea that integrating treatment of mind and body could lead to better - and cheaper - medical care.

Sujoy Chakravarty, a health economist with the Rutgers Center for State Health Policy, found that people who were often hospitalized or whose

hospitalizations probably could have been prevented with good primary care were disproportionately likely to have mental-health or substance-abuse problems.

He concluded that better coordination of primary care and behavioral health care - for example, putting both kinds of care providers at the same office or near each other, and encouraging collaboration - might increase the odds that health problems would be treated appropriately before becoming emergencies.

Chakravarty said that would likely improve the overall quality of care patients receive and could reduce excessive hospital use, which is expensive. He could not estimate how much it would cost to give patients enough care to prevent hospitalizations.

Patients with inadequately treated mental-health and substance-abuse problems may be less likely to follow doctors' instructions about health conditions or to take medications appropriately. Addictions and medications for serious mental illness also can make patients more vulnerable to some physical problems.

Chakravarty's report is one in a series at Rutgers funded by a $300,000 grant from the Nicholson Foundation. The goal is to identify baseline levels of care, gaps in service, and potential cost savings in New Jersey communities eligible to participate in Medicaid Accountable Care Organizations, said Rachel Cahill, the foundation's director of health-care improvement and transformation.

In Accountable Care Organizations, or ACOs, hospitals, doctors, and other providers cooperate to improve efficiency and quality of care. They share financial rewards when there are overall cost savings.

Cahill said her foundation, which also has given $7 million to support the

formation of seven ACOs, believes that care will improve when primary care and behavioral health providers work closely together. Nicholson is funding pilot programs in health centers in Trenton and Lakewood that allow doctors and counselors to assess patients together or to use an online version of cognitive behavioral therapy developed by Yale University professors for their company, Cobalt Therapeutics.

The initiatives are too new, she said, to show if such interventions can reduce hospital use.

The Rutgers report focused on 13 low-income communities in New Jersey, but also examined statewide data. In the 13 regions, it analyzed 931,179 inpatient hospitalizations and 2.9 million emergency department visits from 2008 through 2011.

It found that $953 million in inpatient and emergency cost was associated with patients with behavioral-health diagnoses.

Seventy-five percent of patients with frequent hospitalizations - at least four hospital stays during the study's time period - had one or more behavioral-health diagnoses, compared with only 32 percent of patients with fewer stays.

"We were surprised by how high it was," he said.

He said the difference was not unique to Medicaid, which serves low-income people.

The Rutgers team also looked at hospitalizations for such chronic conditions as diabetes or heart failure that could have been avoided with proper outpatient care. Forty percent of such hospitalizations were associated with behavioral-health problems, compared to 35 percent for hospitalizations that could not be avoided. The gap was greater for

Medicaid patients: 47.9 percent vs. 34.2 percent.

Among patients who visited the emergency department six or more times, 56 percent had behavioral-health diagnoses, compared to 18.1 percent of those who visited less often. Surprisingly, though, people with behavioral-health problems were less likely to make "avoidable" emergency visits.