Research Capability to Study Comparative Effectiveness in Complex Patients

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Infrastructure Description

This project developed and helped sustain the Mental Health Data Integration (MHDI) database, a comprehensive infrastructure for comparative effectiveness research. The MHDI integrates medical health care information with mental health care services and outcomes data for Medicaid and uninsured populations in North Carolina who have complex medical and mental health comorbidities.

Specific Aims

1. Create an integrated database of publicly funded behavioral health services for a statewide population by linking three datasets from a capitated behavioral health carve-out program in one service area.
2. Develop a structure for making the MHDI database available to the research community to support comparative effectiveness research.

Pilot Study

The pilot study used the MHDI database to test how well medical homes serve individuals with mental illness. This new, integrated data infrastructure permitted an analysis of how factors such as mental illness, race and ethnicity, and availability of providers affect patients’ medical home use in North Carolina. The study also was able to assess the relationship between use of the medical home model and quality of care, and the effectiveness of a transitional care intervention after a mental health hospitalization among Medicaid recipients with complex chronic conditions.
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- Complex patients with mental illness were significantly less likely to have ever participated in a medical home than were complex patients without mental illness. Complex patients with both schizophrenia and depression were less likely to have ever participated compared to patients with only one of these conditions.

- Complex patients in a medical home were significantly more likely to have engaged in primary care than those not in a medical home. Among patients in a medical home, those with mental illness were significantly more likely to have engaged in primary care than were patients without mental illness.

- Complex patients with schizophrenia had a higher proportion of outpatient mental health visits to a specialist than those without schizophrenia.

- Following discharge from a mental health-related hospitalization, patients who received transitional care were significantly less likely to experience a readmission than were those who did not.

Publications (as of September 2013)


Posters and Presentations

Domino M. Quality of care for Medicaid patients with multiple chronic medical and psychiatric conditions. Presentation at 9th World Congress on Health Economics: Celebrating Health Economics. 2013 Jul; Sydney, Australia.