

Low-cost preventive care may help heart health for people with serious mental illness

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By *Suzanne Leigh* [1] | Originally published on *UCSF News* [2]



?People with serious mental health illness use primary care far less than the general population, but more than half of them regularly access community health services,? says UCSF's Christina Mangurian, MD, MAS.

People with serious mental illness, such as bipolar disease and schizophrenia, die on average 25 years earlier than their peers. A common cause of death is heart disease that frequently develops unchecked due to lack of preventive care.

Christina Mangurian, MD, MAS [3], from UC San Francisco's Department of Psychiatry, has identified one cost-effective way to ensure that this population receives frequent cardiovascular screening: an evidence-based integrated care model that leverages technology.

In her study published in the journal *Psychiatry Online* [4] on Sept. 1, 2017, Mangurian calculated that it would cost \$74 per patient, per year, to test for and treat common illnesses that put people at risk for heart disease.

?People with serious mental health illness use primary care far less than the general population, but more than half of them regularly access community health services,? she said.

Mangurian and colleagues calculated the cost of an integrated care model by factoring in hourly salaries to cover staffing an existing San Francisco mental health clinic serving 544 patients. The new staff needed for this integrated model would be a remote primary care provider (ePCP) and a peer navigator. The ePCP could advise on medications and lab abnormalities, and the management of diabetes, high blood pressure and high cholesterol.

?The costs associated with treating cardiometabolic disorders are much higher than the costs of preventing them,? Mangurian said. ?An estimated 20 percent of U.S. adults with serious mental illness have diabetes, but 70 percent are not screened. This model represents a financially feasible means of avoiding very high downstream costs.?

About UCSF Psychiatry

The UCSF Department of Psychiatry [5] and the Langley Porter Psychiatric Institute are among the nation's foremost resources in the fields of child, adolescent, adult, and geriatric mental health. Together they constitute one of the largest departments in the UCSF School of Medicine and the UCSF Weill Institute for Neurosciences, with a mission focused on research (basic, translational, clinical), teaching, patient care and public service.

UCSF Psychiatry conducts its clinical, educational and research efforts at a variety of locations in Northern California, including UCSF campuses at Parnassus Heights, Mission Bay and Laurel Heights, UCSF Medical Center, UCSF Benioff Children's Hospitals, Zuckerberg San Francisco General Hospital and Trauma Center, the San Francisco VA Health Care System and UCSF Fresno.

About the UCSF Weill Institute for Neurosciences

The UCSF Weill Institute for Neurosciences [6], established by the extraordinary generosity of Joan and Sanford I. "Sandy" Weill, brings together world-class researchers with top-ranked

physicians to solve some of the most complex challenges in the human brain.

The UCSF Weill Institute leverages UCSF's unrivaled bench-to-bedside excellence in the neurosciences. It unites three UCSF departments—Neurology, Psychiatry, and Neurological Surgery—that are highly esteemed for both patient care and research, as well as the Neuroscience Graduate Program, a cross-disciplinary alliance of nearly 100 UCSF faculty members from 15 basic-science departments, as well as the UCSF Institute for Neurodegenerative Diseases, a multidisciplinary research center focused on finding effective treatments for Alzheimer's disease, frontotemporal dementia, Parkinson's disease, and other neurodegenerative disorders.

About UCSF

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[2] <https://www.ucsf.edu/news/2017/09/408201/low-cost-preventive-care-may-help-heart-health-people-serious-mental-illness>

[3] <http://profiles.ucsf.edu/christina.mangurian>

[4] <http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201700199>

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