IOM Report Offers Recommendations for Improving Mental Health and Substance Abuse Treatment and Care

Implications of Crossing the Quality Chasm report for the treatment of mental and addictive disorders

SUMMARY

In March 2005, the Institute of Medicine (IOM) issued a report, *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. It presents an agenda for strengthening mental health and substance abuse treatment and care.

The report was the product of an IOM committee charged with examining the implications of a 2001 institute report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, for the treatment of mental health and addictive conditions.

Key Recommendations

- "Health care for general, mental and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body."

- "The aims, rules and strategies for redesign set forth in *Crossing the Quality Chasm* should be applied throughout [mental and substance-use] health care on a day-to-day operational basis, but tailored to reflect the characteristics that distinguish care for these problems and illnesses from general health care."

Funding

The Robert Wood Johnson Foundation (RWJF) supported this unsolicited project with a grant of $189,000.

THE PROBLEM

The 2001 report from the Institute of Medicine (IOM), *Crossing the Quality Chasm: A New Health System for the 21st Century*, laid out an ambitious agenda for redesigning the health care sector. It addressed six areas for improvement: safety, effectiveness, timeliness, patient-centered care, efficiency and equity.
However, the report does not directly address the special issues of quality of care for mental and addictive disorders. According to the project director, four key principles underlying the report's recommendations pose challenges for mental health and substance abuse care:

- Care systems must consciously redesign themselves to achieve quality. For mental health, however, the definition of a "care system" may need to be broadened. Care for individuals diagnosed with a serious and persistent mental illness, an addictive disorder or serious emotional disturbances often involves extensive interaction among the specialty mental health care system, the general health care system and numerous social systems, such as housing, criminal justice and the public schools.

- Care delivery should involve a team-based approach. For mental health and addictive conditions, this requires coordination across multiple specialties, including primary care providers, psychiatrists, psychologists, social workers and nurses. To be successful, efforts to coordinate care across specialties must take into account the conceptual and operational differences among fields and identify incentives for working across disciplines.

- Care must be client-centered and responsive to patients' needs. However, for individuals with a compromised ability to actively engage in decision-making, the concept of client-centered care may need to be expanded to provide adequate protection for those receiving treatment.

- Care delivery systems must apply scientific knowledge to practice. However, although there is a clear evidence base for many areas of behavioral health, there remain common practices for which evidence of efficacy is limited and consists of case studies or other qualitative data.

In March 2002, the American College of Mental Health Administration—the national organization for mental health and substance abuse administrators—convened a summit of more than 90 leaders in the field of behavioral health care to consider the relevance and application of the Crossing the Quality Chasm report for behavioral health (the provision of mental health and substance abuse services).

The consensus of the attendees was that the report had significant potential for reform of the behavioral health field, and that its conceptual framework was immediately relevant and applicable to the concerns of behavioral health systems of care and policy.

As a follow-up to this summit, the college began coordinating with the IOM on a workshop to develop an agenda for change.

**CONTEXT**

For more than two decades, RWJF has systematically sought to improve health by reducing the harmful effects of substance-use disorders and addictions. Early work
centered on addiction prevention efforts. Since 2003, programming has focused on improving the quality of treatment for those with substance-use disorders and addictions.

RWJF also has a long-standing interest in improving health care quality. It supported the IOM in developing *Crossing the Quality Chasm* and a conference about it (grant ID# 046718).

**THE PROJECT**

In March 2004, the Institute of Medicine established a 22-member committee to explore the implications of the *Crossing the Quality Chasm* report for the treatment of mental and addictive disorders and develop an agenda for improving the quality of that care.

Representatives from academia, advocacy organizations, state and federal agencies, along with health care providers and consumers served on the committee. See Appendix 1 for a list of committee members.

The committee commissioned 15 papers providing in-depth reviews of key issues. (The papers, which are available from the project director, are listed in the Bibliography.) It met seven times between April 2004 and June 2005, receiving testimony from a wide range of stakeholders in the mental health and addiction fields.

Committee members also reviewed leading reports in the mental health and substance-use fields, including:

- The 1999 Surgeon General’s report on mental health.
- The 2003 report of the President's New Freedom Commission on Mental Health.
- The Substance Abuse and Mental Health Services Administration's 2000 report *Changing the Conversation: The National Treatment Plan Initiative to Improve Substance Abuse Treatment*.

**Other Funding**

In addition to RWJF, six organizations contributed funds to the project. For a list of other funders and amounts contributed, see Appendix 2.
RECOMMENDATIONS

The committee produced a report, Improving the Quality of Health Care for Mental and Substance-Use Conditions, which offers a set of recommendations, including two it termed "overarching":

- "Health care for general, mental and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body."

- "The aims, rules and strategies for redesign set forth in Crossing the Quality Chasm should be applied throughout [mental and substance-use] health care on a day-to-day operational basis, but tailored to reflect the characteristics that distinguish care for these problems and illnesses from general health care."

The report also offered 26 other recommendations in seven categories:

1. Supporting patient decision-making abilities and preferences for treatment and recovery.
2. Strengthening the evidence base and quality improvement infrastructure.
3. Coordinating care for better mental, substance-use and general health.
4. Ensuring that the national health information infrastructure benefits persons with mental and substance-use conditions.
5. Increasing workforce capacity for quality improvement.
6. Using marketplace incentives to leverage needed change.
7. Formulating an agenda for addressing knowledge gaps in treatment, care delivery and quality improvement.

LESSONS LEARNED

1. Make joint mental health and substance-use studies the norm. Although many people suffer from both mental and addictive disorders, collaboration between these two fields typically has not occurred. It took the committee's 22 experts in both fields several meetings over a period of months to learn each other's vocabularies, concerns, therapeutics, evidence bases and strengths. In the end, all committee members increased their appreciation of the interconnectedness of mental and substance-use issues, and the implications of this interconnectedness for clinical care and health policy. The experience also led them to agree that future grant awards for either mental health or substance use should require expertise in and participation by researchers in both fields. (Project Director)
AFTERWARD

The committee's chair and other members made around a dozen presentations on the report to various professional organizations, including the National Association of State Mental Health Program Directors. The report was also the focus of the Twenty-First Annual Rosalynn Carter Symposium on Mental Health Policy in Atlanta in 2005.

The project director cites the following as evidence that the report's recommendations have provided a stimulus and agenda for change:

- Saul Feldman, PhD, one of the report's committee members, is on California's Proposition 63 Oversight Committee and is infusing the report's recommendations into that process. (Proposition 63, passed in 2004, expands mental health services in California.)

- The offices of Congressmen Patrick Kennedy (D-R.I.) and Jim Ramstad (R-Minn.) held a meeting of key mental and substance use health care stakeholders in April 2006 to explore the potential of developing federal legislation supporting several core recommendations from the report.

- The Johns Hopkins University Department of Psychiatry and Behavioral Sciences, the National Mental Health Association and the Academic Behavioral Health Consortium have sponsored a two-day conference in October 2006 to inaugurate a formal alliance, a chief goal of which is to pursue the agenda described in the report.

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Grant ID# 48021
APPENDIX 1

Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

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Director, Law and Psychiatry Program
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APPENDIX 2

Other Funders

(Current as of the end date of the program; provided by the program’s management; not verified by RWJF.)

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Books


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