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## Overview

### **Introducing Sunovion360**

Supporting your efforts to integrate  
behavioral and physical health for better  
population health management<sup>1</sup>



# Value connection

“

Managing behavioral health could have a significant impact on providers' overall ability to succeed under new payment reform models. ”

—Lewis VA et al<sup>1</sup>

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**This booklet provides a brief overview of how:**

- Mental illness increases the costs of managing physical health conditions
- Mental illness can be a barrier to physical wellness
- Sunovion360 can provide actionable insights into your data and practical resources to help you better manage population health and reduce costs

# Population impact

Behavioral and medical conditions often overlap, but care can be siloed, leading to suboptimal outcomes<sup>2-4</sup>

As many as

58%

of adults in the United States  
have a medical condition

29%

of them have a  
comorbid mental disorder

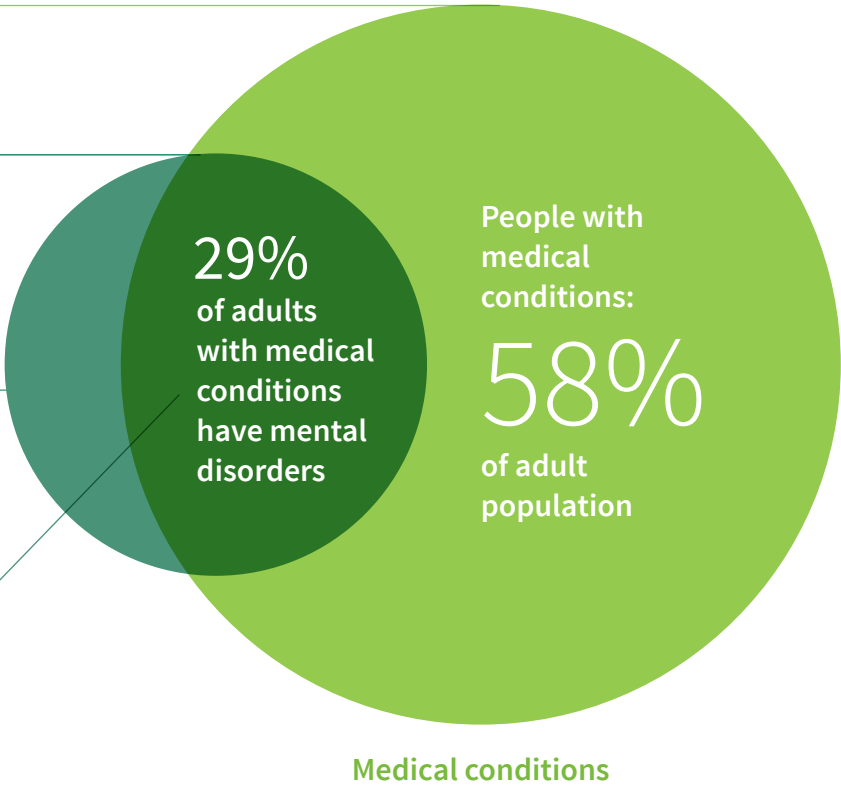
Mental disorders

25%

of adult  
population

68%

of adults with mental  
disorders also have  
medical conditions



**Patients with overlapping mental and medical conditions are often seen in the primary care setting. Several models of evidence-based collaborative care can help support the integration of care for these patients.**<sup>3,5,6</sup>

Adapted from the National Comorbidity Survey Replication, 2001–2003.<sup>2</sup>

# Cost impact

How mental illness affects the costs of managing physical health conditions<sup>2,7</sup>

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Caring for patients with comorbid mental and medical conditions is more costly<sup>8-10</sup>

Specifically, research has found:

Comorbid mood disorders\* raised medical expenditures **54%**, with total costs rising an average of **\$505** per member **per month**.<sup>2,7,11</sup>

54%

Patients with serious mental illness, such as bipolar disorder, major depression, or schizophrenia were **nearly twice as likely** to be readmitted within **30 days**.<sup>12</sup>

~2X

Costs to commercial plans were **two to three times higher** for patients with comorbid medical/mental health conditions.<sup>10</sup>

2-3X

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\*Includes patients with ICD-9 codes equal to 296 (episodic mood disorders) or 311 (depressive disorder), or a diagnosis code equal to 300.4 (dysthymic disorder)<sup>7,11</sup>

“

Treatment of all mental disorders should optimally incorporate attention to physical health and health behaviors, with this parallel focus on physical health beginning as early in the course of the mental disorder as possible. ”

—Scott KM et al.<sup>13</sup>

# Health impact

Patients with serious mental illness also face greater medical risks<sup>14-19</sup>

Studies have shown that:

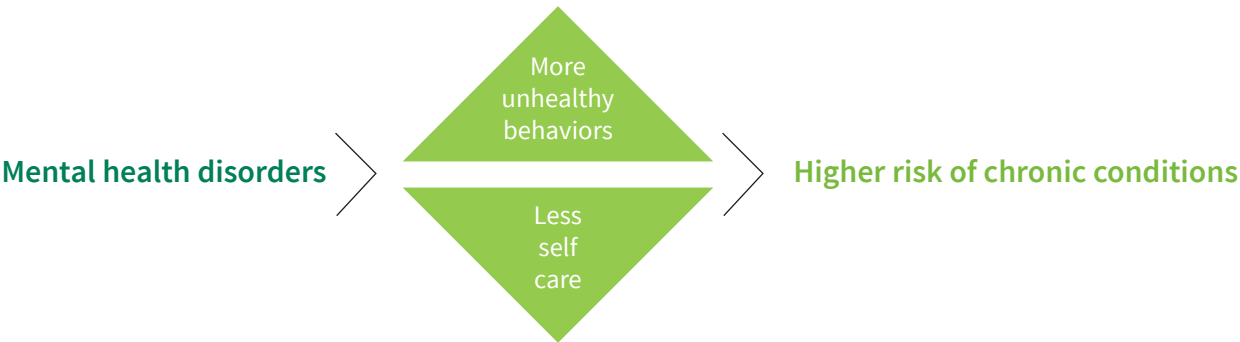
**Depression**  
may be linked to a higher risk for **asthma**<sup>14</sup>  
**coronary heart disease**<sup>15</sup>  
**myocardial infarction**  
**fatal stroke**<sup>16</sup>

**Patients with bipolar disorder\***  
may have higher rates of developing **diabetes** and vice versa<sup>17</sup>  
  
They also may have higher rates of **migraine**,<sup>18</sup> **asthma**,<sup>18,19</sup> and **gastric ulcer**<sup>18†</sup>

\*Data are representative of bipolar disorder patients with a history of a manic episode as compared to those without a reported manic episode.<sup>18</sup>

† Other conditions with a significant difference were hypertension, chronic bronchitis, multiple chemical sensitivities, chronic fatigue syndrome, and cataract.<sup>18</sup>

From smoking to skipped appointments, mental illness can be a barrier to physical wellness<sup>2,20-24</sup>



Adapted from Katon. *Biol Psychiatry*.

Unhealthy behaviors (such as smoking, excessive alcohol, lack of exercise, and poor diet) contribute to many chronic diseases.<sup>22</sup> People with mental disorders are more likely to engage in such behaviors.<sup>2,21-23</sup> They also have difficulty following self-care regimens needed to optimize their physical health.<sup>25</sup>

# Approach

## Four strategies to integrate behavioral and physical health

To better manage patients with comorbid conditions and increase your chances of success in value-based care, these strategies may help.



### Earlier diagnosis and treatment of mental illness

Includes screening in primary care using standardized mental health assessments.<sup>5,26</sup>



### Better integration, coordination of care

Includes team-driven, population-focused approaches with care management, education, and transitional care.<sup>5,27</sup>



### Better patient engagement

Includes motivational interviewing/coaching and patient education resources to help patients change their behaviors and set goals for better self-care.<sup>27-29</sup>



### Using analytics to understand the impact of mental illness in your population

Helps you identify high-risk patients for intervention assessments.<sup>30,31</sup>

“

Because the prevalence and severity of each condition varies between different subpopulations, a careful review of the specific needs of any particular population should be conducted in order to tailor integrated care efforts in a way that makes sense for the population to be impacted. ”

—Milliman, 2018.<sup>10</sup>

# Focus

Support as you strive to deliver more value: **Sunovion360**



**Sunovion360** has been designed to help you with all four of these strategies, so you can better meet the needs of patients with mental illness and comorbid medical conditions.

## Objectives:

- Increase recognition of mental illness
- Improve your population health management by supporting the integration of care for behavioral and physical health
- Reduce the costs of managing comorbidities by supporting earlier recognition of mental illness and care coordination
- Reduce the risks associated with nonadherence by supporting patient engagement

**Sunovion360** supports your efforts along the patient journey. It focuses on:



“

Most quality improvement efforts developed to enhance disease control and outcomes of chronic illness have focused on single conditions, such as diabetes or congestive heart failure. New interventions are needed to focus on primary care patients with commonly occurring multiple illnesses associated with adverse outcomes. ”

—Katon WJ et al.<sup>32</sup>

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