Medicine’s Paradigm Shift: The Case for Integrated Care

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Presentation Overview

- The biomedical model and its legacy
  - Increased life expectancy
  - Mind-body dualism
  - Rise of the pharmaceutical industry
  - Rise in biomedical research
- Limitations of the biomedical model
  - Changing nature of disease
  - Rising health care cost
  - Increasing recognition of role of behavior in health
  - Failure to adequately address mental health
- A paradigm shift: biomedical to the biopsychosocial model
  - Implications for health care, medical education, and research
Biomedical Model: The Basis of Western Medicine

Preclinical Phase:
- Exposure to pathogen
- Biological onset of disease

Clinical Phase:
- Symptoms appear
- Therapy begun
- Diagnosis

‘Outcomes’ (cured; living with the disease; deteriorated; died)

(possible relapse & change in therapy)

http://phprimer.afmc.ca/print_frame.php?action=chapter&node=57965
Biomedical Model

- Focus: Disease
- Reductionistic: Disease is defined by a biologic defect
- Exclusionary: Problems not explained by a biologic defect are excluded
- Mind-body dualism
- Biologic assays and biologic interventions
Success of the Biomedical Model

- Germ theory of disease lead to
  - Sanitation
  - Antibiotics and rise of the pharmaceutical industry
  - Decline in infectious disease
  - Increased life expectancy

- Reductionism lead to
  - Identification and treatment of underlying biologic defect (e.g. insulin replacement in type 1 diabetes)
  - Mapping the human genome
Success of the Biomedical Model: Elimination of Infectious Disease as the Leading Cause of Death in the United States

<table>
<thead>
<tr>
<th>cause of death</th>
<th>1900</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuberculosis</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
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CDC, National Center for Health Statistics (1900) and National Center for Injury Prevention and Control (1999)
Success of the Biomedical Model: Increasing Life Expectancy

Source: Kurian (2004, Tables 4-5, p. 71)
Success of the Biomedical Model: Type 1 Diabetes
Life Expectancy in the Pre- and Post-Insulin Era

Dublin, 1951; Brown et al, 2001
Biomedical Model’s Legacy: Reductionistic, Exclusionary, Dualistic Health Care

- Disease is defined as a derangement in an underlying physical mechanism
- Anything not caused by a physical derangement, is excluded
- Mental and physical health are treated separately; unless a behavioral disorder is the consequence of an underlying physical derangement, it is not a disease
Biomedical Model’s Legacy: Reductionistic, Exclusionary, Dualistic Health Care

- Priority given to diagnosis and treatment of disease
  - Physical complaints are given greater value
  - Resources are devoted to biologic assays and biologic interventions
  - Greater access provided to those with diseases
  - Multiple tests and visits to specialists may occur in search of a disease
  - Prevention a lower priority than treatment
Biomedical Model’s Legacy: Reductionistic, Exclusionary, Dualistic Health Care

- Mental or behavioral problems are excluded or devalued
  - Mental of behavioral problems are not considered “real”
    - Patients feel devalued or “not believed”
  - Mental health services are “carved out”
    - Patients may feel stigmatized
  - Fewer resources devoted to these services
    - Poorer access with higher co-pays
    - Many with mental or behavioral problems go untreated
Biomedical Model’s Legacy: US Health Expenditures Devoted Primarily to Physical Health

Mental Health Expenditures as a Percent of All Health Care Expenditures (2003)

Mental Health (MH) 6.2%

All Health = $1,614 billion in 2003
MH = $100 billion in 2003

Data courtesy of SAMHSA

Biomedical Model’s Legacy: Percent of US Population Using Prescription Drugs and Expenditures in Billions of US Dollars

http://meps.ahrq.gov/mepsweb/data_stats

American Psychological Association
Biomedical Model’s Legacy: Mental Health Expenditures in Billions of US Dollars

Mark et al, Health Affairs, 2011

American Psychological Association
Biomedical Model’s Legacy: Dualistic Training Programs

- Mental health and physical health providers are trained separately.
- Within this system, psychologists - experts on behavior, cognition and emotion – are “mental health” and physicians are the “physical health” providers.
- Neither is trained in inter-professional practice.
Biomedical Model’s Legacy: Rise in Federal Funding for Biomedical Research

Despite the success of the biomedical model, by the end of the 20\textsuperscript{th} century, medicine was on the verge of a paradigm shift as a result of:

- Changing nature of disease
- Rising health care costs
- Increasing recognition of role of patient and provider behavior
- Failure to adequately address mental health

This in turn lead to the emergence of the biopsychosocial model
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CDC, National Center for Health Statistics (1900) and National Center for Injury Prevention and Control (1999)
Changing Nature of Disease in the US

- 7 of 10 US deaths are the result of chronic disease
- In 2005, 133 million Americans – almost 1 in 2 adults – had at least one chronic illness
- One quarter of those with a chronic illness have a major activity limitation
- Chronic diseases account for 75% - $1.9 trillion - of the nation’s healthcare costs

Rising Health Costs

US Dollars Spent Per Person on Health Care by Year

Centers for Medicare and Medicaid Services
US Leads the World in Health Care Costs with Lower Life Expectancy

http://ucatlas.ucsc.edu/health/accessprint.html
### Increasing Recognition of the Role of Behavior

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</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>Diet/Activity</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>Alcohol</td>
</tr>
<tr>
<td>4</td>
<td>Pulmonary Disease</td>
<td>Microbial Agents</td>
</tr>
<tr>
<td>5</td>
<td>Accidents</td>
<td>Toxic Agents</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>Motor Vehicles</td>
</tr>
<tr>
<td>7</td>
<td>Pneumonia/Influenza</td>
<td>Firearms</td>
</tr>
<tr>
<td>8</td>
<td>Alzheimer’s</td>
<td>Sexual Behavior</td>
</tr>
<tr>
<td>9</td>
<td>Kidney disease</td>
<td>Illicit Drug Use</td>
</tr>
</tbody>
</table>

*JAMA. 2004;291:1238-1245*
## Increasing Recognition of the Role of Behavior: Determinants of Health

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Access to Care</td>
<td>10%</td>
</tr>
<tr>
<td>Genetics</td>
<td>20%</td>
</tr>
<tr>
<td>Environment</td>
<td>20%</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>50%</td>
</tr>
</tbody>
</table>

CDC, 2010
Increasing Recognition of Role of Behavior: Reports of the US Surgeon General

- 1964 - 2012 there have been 37 reports on Smoking and Health
- 1972 Impact of Television Violence
- 1979 Healthy People
- 1988 Report on Nutrition and Health
- 1992 HIV Infection and AIDS
- 1996 Physical Activity and Health
- 1999 and 2001 Mental Health
- 2001 Youth Violence
- 2001 Call to Action to Prevent and Decrease Overweight and Obesity
Increasing Recognition of the Role of Behavior: Healthy People Reports

- Healthy People 1990: Promoting Health/Preventing Disease: Objectives for the Nation
- Healthy People 2000: National Health Promotion and Disease Prevention Objectives
- Healthy People 2010: Objectives for Improving Health
- Healthy People 2020 focus: Four overarching objectives - health status; quality of life, social determinants of health, and disparities
Increasing Recognition of Role of Behavior: Institute of Medicine (IOM) Reports

- Promoting Health: Intervention Strategies from Social and Behavioral Research (2000)
- Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences (2001)
Increasing Recognition of Role of Behavior

- Disease etiology
- Disease prevention
- Disease management
  - ~30% of patients fail to adhere to short-term regimens
  - ~50% of patients fail to adhere to long-term regimens
  - ~70% of patients fail to comply when asymptomatic
  - ~75% of patients have difficulty making lifestyle changes
  - Chronic disease requires long-term often complex medical regimens; many require lifestyle changes
  - Poor medical regimen adherence associated with increased health care costs

Clinical Therapeutics, 2000, 22:858-871; Johnson, Psychosocial clinical guidelines for the care of patients with diabetes, 2012
Increasing Recognition of the Role of Behavior: Provider Behavior is Important Too!

- Providers often fail to communicate successfully with their patients
- Doctors make mistakes!
  - Institute of Medicine report: To Err is Human: Building a Safer Health Care System (1999): medical errors are the 8th leading cause of death in the US
  - >50% of medical recommendations are inappropriate

Increasing Recognition of the Role of Provider Behavior

- Evidence Based Medicine
  - Medical practice is based on science

- Practice Guidelines
  - Professional, national, governmental agencies

- Medical Informatics
  - a science addressing how best to use information to improve health care; National Library of Medicine is the government leader ([www.nlm.nih.gov](http://www.nlm.nih.gov))

- Patient Safety Initiatives
  - Electronic medical record
  - Decision support systems
Failure to Adequately Address Mental Health

- Mental health concerns are common
  - 26% of US adults have a mental disorder
  - 6% have a serious mental disorder
- Mental disorders are the leading cause of disability in the U.S.

Failure to Adequately Address Mental Health

- Mental health concerns are common in primary care settings
- However, mental health concerns seen in primary care are often:
  - Unrecognized
  - Untreated
  - Treated inappropriately
Failure to Adequately Address Mental Health: Proportion of Persons with Depression or Anxiety Disorders Receiving Appropriate Treatment

Young et al, Arch Gen Psychiatry, 2001
Failure to Adequately Address Mental Health

- Mental health disorders are frequently co-morbid with physical disorders, complicating their effective treatment and increasing costs
  - 25-40% of medical outpatients and ≥ 40% of medical inpatients are comorbid for mental health disorders — Kessler et al J Occup Environ Med 2003

- Those with mental health disorders seen in mental health facilities often fail to get adequate treatment for co-morbid physical disorders
  - 75% of seriously mentally ill patients are comorbid for a physical disorder — Kessler et al J Occup Environ Med 2003
### Per Capita Healthcare Costs in Medically Ill, Depressed, and Comorbid Patients

<table>
<thead>
<tr>
<th></th>
<th>Medical Ill only</th>
<th>Depression only</th>
<th>Comorbid for Medical Illness and Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care Costs</strong></td>
<td>$3853</td>
<td>$3417</td>
<td>$7407</td>
</tr>
<tr>
<td><strong>Sick days</strong></td>
<td>6.64</td>
<td>8.79</td>
<td>13.48</td>
</tr>
<tr>
<td><strong>Health and Disability Costs</strong></td>
<td>$4646</td>
<td>$4675</td>
<td>$7906</td>
</tr>
</tbody>
</table>

Druss et al, Am J Psychiatry 2000
Medicine’s Paradigm Shift to the Biopsychosocial Model


Biomedical model indicated in red
World Health Organization (WHO)
Definition of Health: Consistent with the Biopsychosocial Model

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946

<table>
<thead>
<tr>
<th>Biomedical</th>
<th>Biopsychosocial</th>
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<tbody>
<tr>
<td>▪ Focus: Disease</td>
<td>▪ Focus: Well-being</td>
</tr>
<tr>
<td>▪ Reductionism – disease is defined by a single biologic defect</td>
<td>▪ Multi-factorial – well-being is a product of multiple factors</td>
</tr>
<tr>
<td>▪ Dualism – mind and body are separate</td>
<td>▪ Integrative – mind and body are not separate</td>
</tr>
<tr>
<td>▪ Biologic assays and treatments emphasized</td>
<td>▪ Treatments may be behavioral, biologic, or environmental</td>
</tr>
<tr>
<td></td>
<td>▪ Prevention is a focus</td>
</tr>
</tbody>
</table>
Patient-Centered Integrated Care: US Health Care of the Future?

- Based on the biopsychosocial model
- The patient is viewed as a whole person
- All of the patient’s needs are addressed
- By inter-professional health care teams
- That include health and mental health expertise
- In a non-stigmatizing environment that considers the patient’s preferences and culture
Benefits of Integrated, Patient-Centered Care Models

- Higher quality of care
- Greater access
- Reduced stigma
- Greater patient satisfaction
- Lower cost
Biopsychosocial Model: Implications for US Health Care

- Increased emphasis on disease prevention
- Increased emphasis on functioning and quality of life as health outcomes
- Use of multiple intervention options, including behavioral interventions
  - US Preventives Services Task Force recommendations:
    - Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse (2004)
    - Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women (2009)
    - Screening for and Management of Obesity in Children (2010)
    - Behavioral Counseling to Prevent Skin Cancer (2012)
    - Screening for and Management of Obesity in Adults (2012)
Affordable Care Act is Consistent with the Biopsychosocial Model

- Essential health benefits include mental health, preventive and wellness services, and chronic disease management
  - US Preventive Services Task Force (A and B) recommendations must be covered with no cost sharing
- Emphasizes patient-centered coordinated care, patient safety, reduction of medical errors, reduction in health disparities
- Emphasizes patient functioning and quality of life as health outcomes
  - Established the Patient-Centered Outcomes Research Institute (PCORI) which focuses on “outcomes that people notice and care about such as survival, function, symptoms, and health related quality of life”

Biopsychosocial Model: Implications for Medical Education

- Increased behavioral science in medical education
  - MCAT will have an increased focus on behavioral and social sciences (https://www.aamc.org/newsroom/newsreleases/273712/120216.html)
  - Focus on patient-centered care (http://www.lcme.org/pubs.htm)
    - Patient-provider communication skills
    - Medical impact of common societal problems
    - Impact of patient culture and beliefs
    - Impact of provider bias and beliefs

- Increased training in inter-professional practice: Core Competencies for Interprofessional Collaborative Practice adopted by six professional organizations (medicine, nursing, osteopatology, dentistry, pharmacy, public health) and endorsed by APA (http://www.aacn.nche.edu/education-resources/ipecreport.pdf)
Biopsychosocial Model: Implications for Health Research

- Increased patient satisfaction, functioning and quality of life as health outcomes
- Increased focus on a wider variety of treatment options, including behavioral options
- Increased focus on cost-effectiveness
- Increased focus on interdisciplinary sciences such as:
  - Epigentics
  - Pharmacogenomics
  - Personalized medicine
- Increased focus on translation research and implementation science
Biopsychosocial Model’s Implications for Health Research: NIH Funding for Multi- or Interdisciplinary Science

http://projectreporter.nih.gov/reporter.cfm
Biopsychosocial Model: Challenges for Healthcare

- Reduction in healthcare delivery by independent practitioners providing services in isolation
- Increased practice on health care teams in larger group practices and institutional settings
- Increased demand for mental health expertise in a wide array of behavior issues in addition to “mental health” (e.g., compliance, pain management, coping with disability, life style behavior change)
- Need for increased collaboration with a wide range of health providers and organizations
  - To develop new payment models for patient-centered integrated care
  - Treatment guidelines
Biopsychosocial Model: Challenges for Health Research

- The really hard scientific questions can no longer be answered by a single discipline
- Health research is now conducted primarily by interdisciplinary teams
- Graduate training, hiring and tenure and promotion practices are based on solo science that
  - Values first and single author publications/funding
  - Discourages cross-discipline hiring
Biopsychosocial Model: Challenges for Medical Education

- Physicians and other healthcare providers must be educated to:
  - delivering patient-centered care,
  - on interprofessional teams
- MD and PhD research scientists must be educated to:
  - function on interdisciplinary science teams
  - address new and emerging fields of interdisciplinary science: epigenetics, psychoneuroimmunology, personalized medicine, clinical trials, & dissemination science
Medicine’s Paradigm Shift: The Case for Integrated Care

- The biopsychosocial model offers unprecedented opportunities in professional education, health care and health research.

- To take advantage of these opportunities, medicine must abandon the mind-body dualism of the biomedical model and fully embrace the biopsychosocial model in
  - Interprofessional education
  - Patient-centered team-based integrated care
  - Interdisciplinary health research

- FSU COM can lead the way
This presentation is available at www.apa.org/sbjohnson