

Did you know...

In 2010, 53% of seniors with severe mental illness (SMI) had 3 or more chronic conditions, compared to 28% of seniors without SMI?

- Severe mental illness (SMI) “disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning.”¹ SMI, which includes schizophrenia, major depression and bipolar disorder, can seriously impair quality of life and cause disability, and can significantly reduce life expectancy.²
- Though definitions of severe, or serious mental illnesses vary, this analysis’ SMI to include the following frequently disabling conditions: major depression, other mood disorders, and psychoses.
- Of the 1.4 million Medicare fee-for-service beneficiaries age 65 and older with SMI (approximately 6%), 48% have depression, 47% have psychoses, and 20% have other mood disorders.³ Some of these beneficiaries have more than one SMI.
- Individuals with SMI have higher rates of comorbid chronic conditions than those without SMI, resulting in increased healthcare costs and reduced quality of life.⁴
 - 53% of beneficiaries aged 65 and over with one or more SMI had 3 or more chronic conditions in 2010 compared to 28% of beneficiaries without SMI.³
 - Seniors with SMI who were also dually eligible for Medicare and Medicaid (dual eligibles) had an even higher rate of medical comorbidities – 59% had 3 or more chronic conditions.³

About the data:

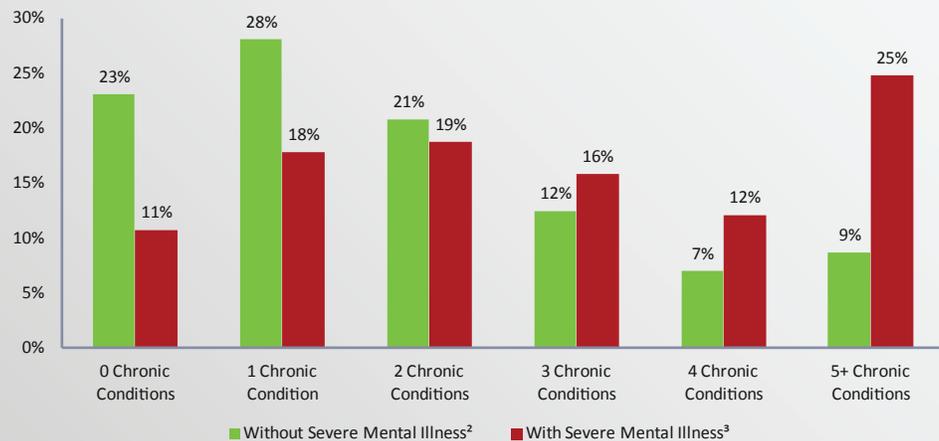
This analysis used 2010 Medicare claims data to identify seniors with severe mental illness (SMI).

Individuals were defined as having SMI if their Medicare claims had one or more International Classification of Diseases, Version 9 (ICD-9) codes associated with the following SMI conditions as any diagnosis in any acute care setting: major depression, other mood disorders, and psychoses.

This analysis is limited to individuals age 65 and older enrolled in the fee-for-service, or traditional, Medicare program, and excludes beneficiaries who died in 2010.

Medicare Beneficiaries Age 65+ With Severe Mental Illness Have a Higher Prevalence of Three or More Other Chronic Conditions

Number of Chronic Conditions Among Medicare Beneficiaries Aged 65 and Older, With and Without Severe Mental Illness¹, 2010



¹ N = 561,940 private pay residents age 65 or over and 94,151 residents with Medicaid as a payer age 65 or over

² N = 85,484 private pay residents age 65 or over and 25,677 residents with Medicaid as a payer age 65 or over in facilities with 25 or fewer beds

³ N = 476,456 private pay residents age 65 or over and 68,474 residents with Medicaid as a payer age 65 or over facilities with 26 or more beds

A Clear Policy Connection

Medicare beneficiaries age 65 and older with SMI have a higher prevalence of comorbid chronic conditions than those beneficiaries without SMI, and the difference between the two groups increases with the number of comorbidities. While Medicare covers a range of behavioral health services, notable limits exist in the program, including lack of coverage for residential care and coverage for certain behavioral health providers.⁵ Medicare beneficiaries with SMI are a clinically complex population and must navigate multiple providers to address their medical and behavioral health needs. Beneficiaries must seek these services through a patchwork of other programs, such as Medicaid. This fragmentation of services has made it difficult for this population to access effective care.⁶

Given the complexities of navigating multiple health plans and providers, beneficiaries with SMI could meaningfully benefit from better care coordination across providers and settings of care. Accordingly, they are an excellent target population for care coordination initiatives implemented by the Centers for Medicare & Medicaid Services (CMS) and private insurers.

Analytics powered by Avalere Health LLC

¹ National Alliance on Mental Mental Illness Facts.” http://www.nami.org/template.cfm?section=about_mental_illness

² Colton, Craig and Ronald Manderschied. “Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States.” Preventing Chronic Disease 3(2) (2006). http://www.cdc.gov/pccd/issues/2006/apr/05_0180.htm

³ Avalere Health, LLC analysis of 2010 Medicare Standard Analytic Files.

⁴ Sokal, Joseph, et al. “Comorbidity of medical illnesses among adults with serious mental illness who are receiving community psychiatric services.” The Journal of Nervous and Mental Disease 192, no. 6 (2004): 421-427.

⁵ Garfield, Rachel L., Judith R. Lave, and Julie M. Donohue. “Health Reform and the Scope of Benefits for Mental Health and Substance Use Disorder Services.” PCSD 61 (2011): 11.

⁶ Garfield, Rachel L. “Mental Health Financing in the United States: a Primer.” The Kaiser Commission on Medicaid and the Uninsured. April 2011.