

Primary care utilization among adults with dual diagnosis (developmental disability and psychiatric disorder)

Yona Lunskey, Elizabeth Lin, Paul Kurdyak, Rob Balogh, Jennifer Bennie, Julie Klein-Geltink, Drew Wilton, Alexander Kopp



*Primary Health Care Research Rounds – MOHLTC
February 17th, 2011*

Developmental Disability

A person has a developmental disability for the purposes of this Act if the person has the prescribed significant limitations in cognitive functioning and adaptive functioning and those limitations:

- originated before the person reached 18 years of age
- are likely to be life-long in nature
- affect areas of major life activity such as personal care, language skills, learning abilities, the capacity to live independently as an adult or any other prescribed activity

Bill 77, Services for Persons With Disabilities Act

Dual Diagnosis

‘Adults with a Dual Diagnosis’ are those persons 18 years of age and older with both a developmental disability and mental health needs

2008 MOHLTC/MCSS Dual Diagnosis Guidelines

Dual Diagnosis

Dual Diagnosis is a complex condition that often requires a multi-faceted service response from both the health and social service sectors. Effective cross-sector collaboration at all levels is essential to the provision of appropriate services.

2008 MOHLTC/MCSS Dual Diagnosis Guidelines

Purpose

This project describes people with dual diagnosis relative to people with mental illness and no developmental disability and compares their healthcare utilization patterns.

Assumption

- More complex needs = more care
- We expected high rates of:
 - Primary Care
 - Specialist Care
 - Psychiatry Care

How we Identified Individuals with Developmental Disabilities

5 Data Sources:

OHIP

NACRS

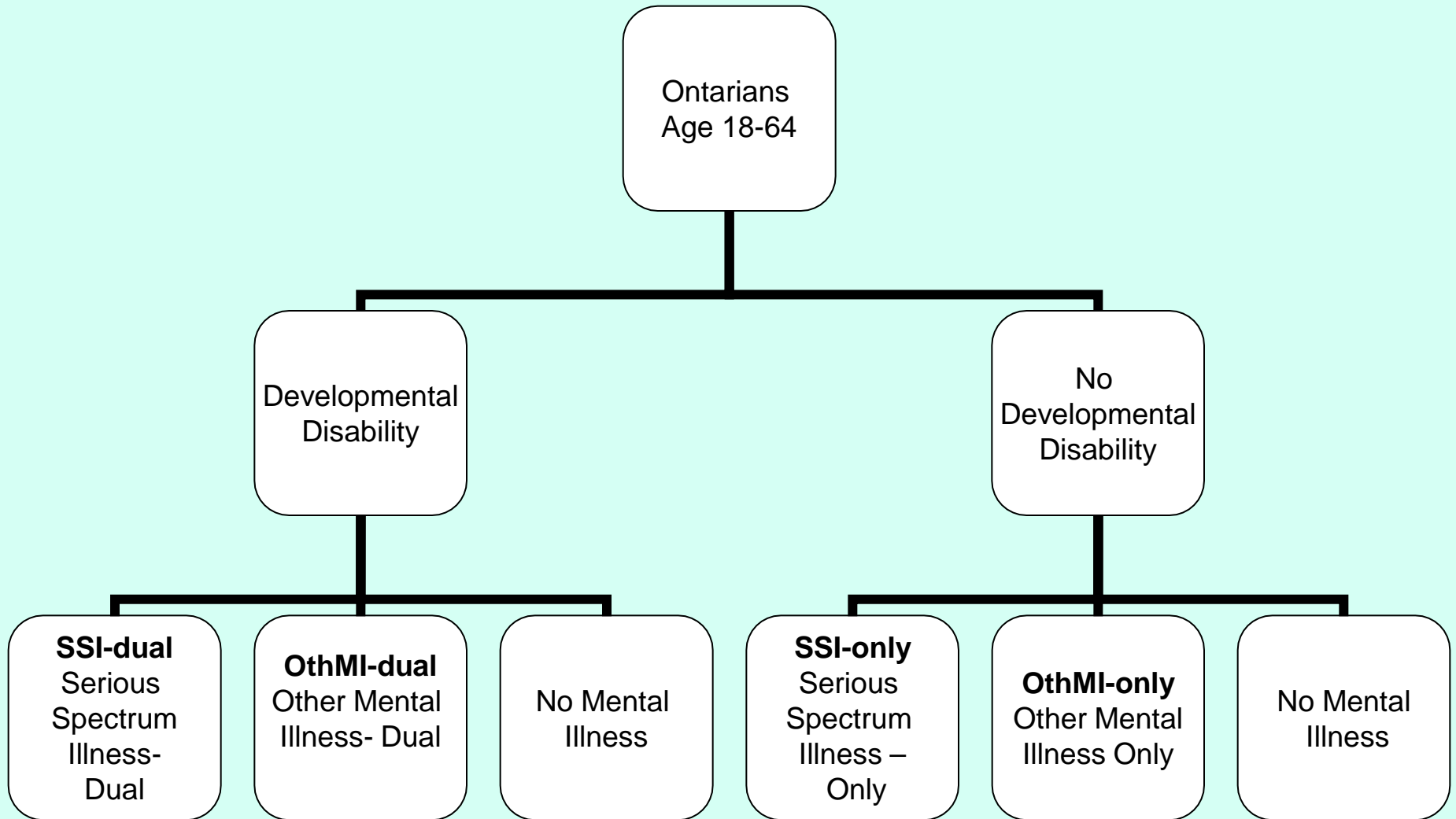
DAD

SDS

OMHRS

- Searched for disability diagnosis at any time point since inception
- Psychiatric diagnosis in past two years

Who Is In The Sample



Dual Diagnosis Demographics

48 762 adults with developmental disability

45.4% have dual diagnosis

26.4% of dual diagnosis have SSI
(compared to 8% in general population)

- ↑ younger age group
- ↑ poverty
- ↑ males

Figure 1 Age Distribution of Ontarians by developmental disability and mental health status as of April 1, 2005

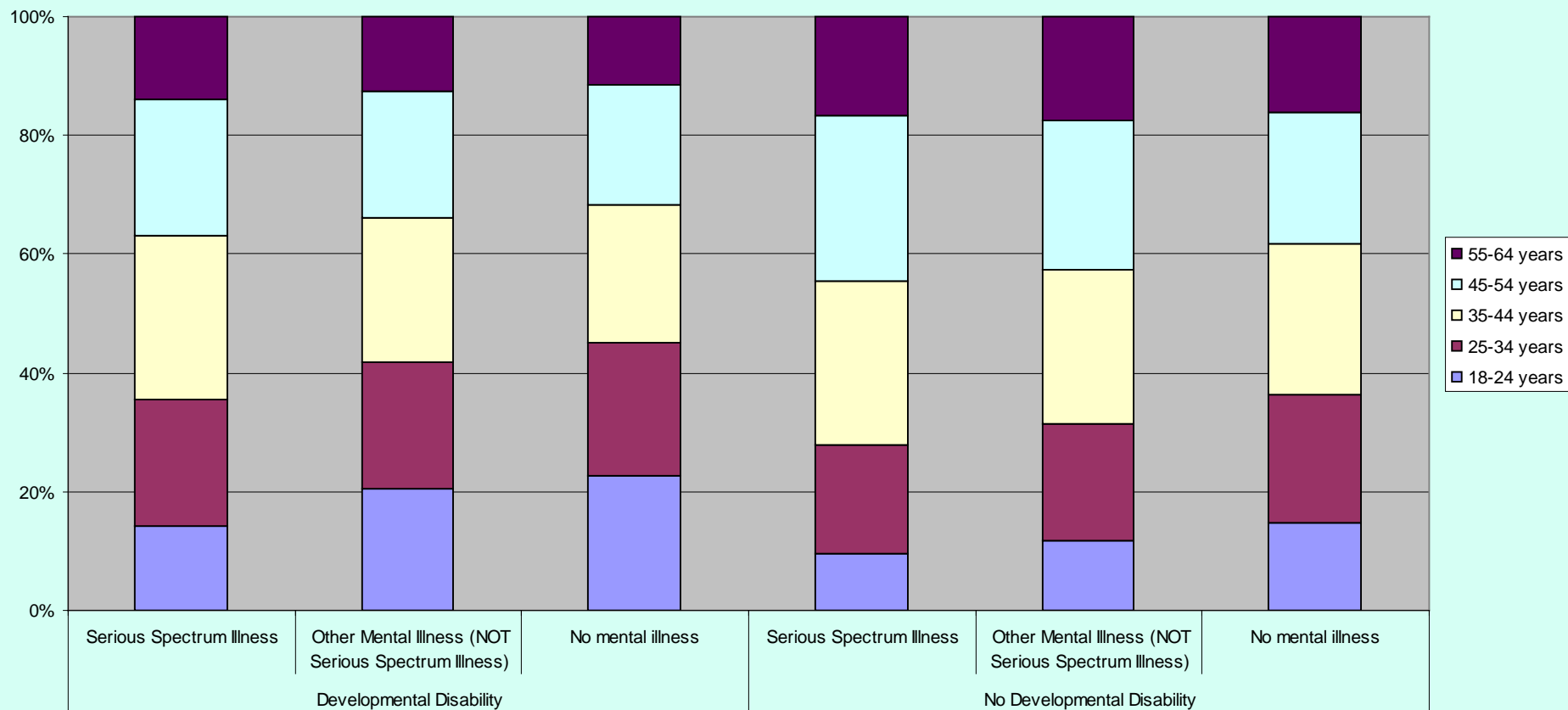
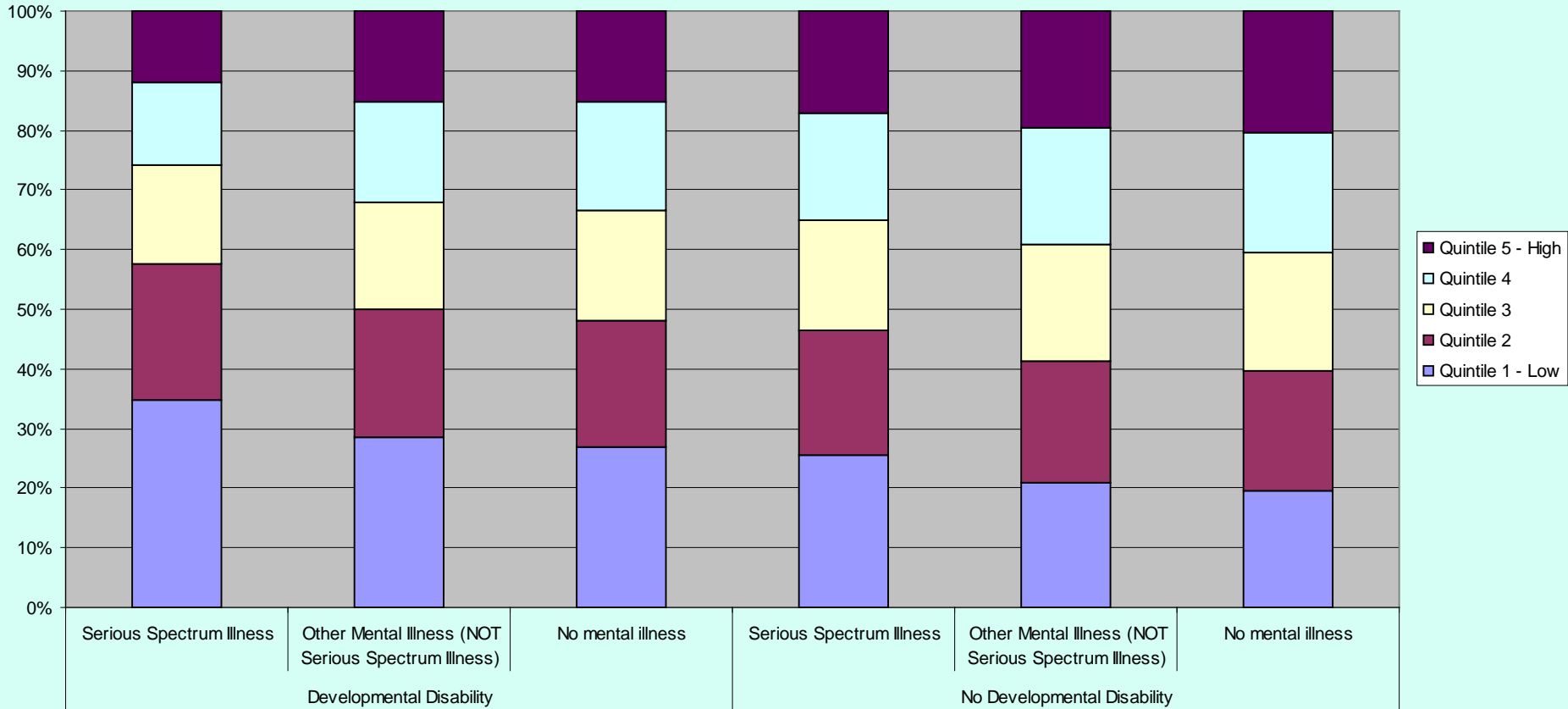


Figure 2 Income distribution of Ontarians by developmental disability and mental health status as of April 1, 2005



Dual Diagnosis: Chronic Health Conditions

- ↑ Congestive Heart Failure
- ↑ Diabetes
- No difference in previous Acute Myocardial Infarction
- Similar rates of hypertension

Health Care Utilization Patterns

Dual Diagnosis: Primary Care

- Slightly lower rates of primary care
 - SSI: 89% vs. 93%
 - OthMI: 89% vs. 94%
- Slightly fewer made frequent visits (10+ visits/ 2 yrs)
 - SSI: 47% vs. 52%
 - OthMI: 38% vs. 42%

Dual Diagnosis: Specialist Care

- Slightly lower rates of Specialist Care
 - SSI: 56% vs. 62%
 - OthMI: 57% vs. 63%

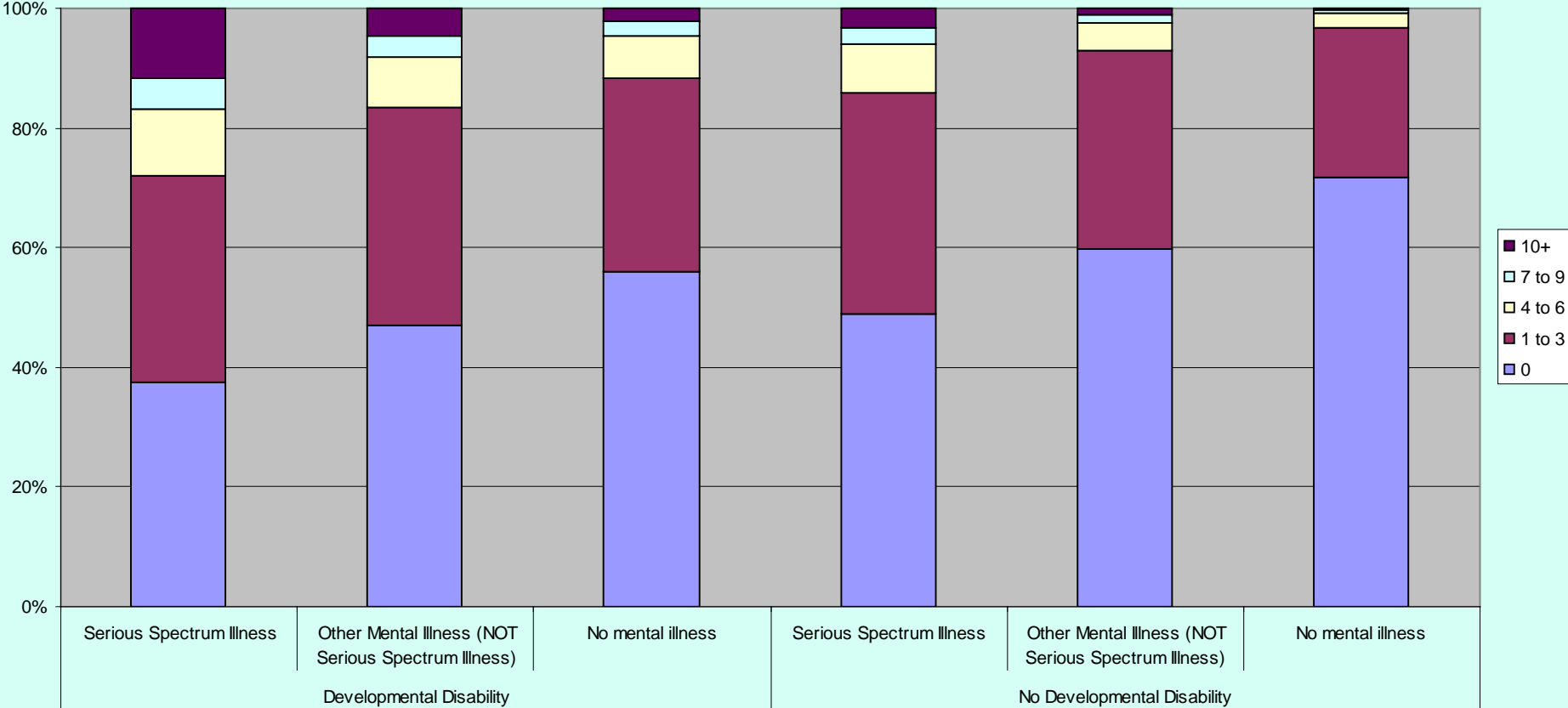
Dual Diagnosis: Psychiatry Care

- Higher rates of psychiatric care
 - SSI: 63% vs. 52%
 - OthMI: 25% vs. 10%
- Same or more made frequent visits (10+ visits/ 2 yrs)
 - SSI: 24% vs. 24%
 - OthMI: 5% vs. 3%

Dual Diagnosis: Emergency Healthcare Visits

- More than twice as common in this group over a two year period
 - SSI: 4.81 vs. 1.82
 - OthMI: 2.17 vs. 1.01
 - No MI: 1.42 vs. 0.55

Figure 3 Number of ED visits of Ontarians by developmental disability and mental health status as of April 1 2005



Looking More Closely at Primary Care

- Annual Health Exam
 - SSI: 22% vs. 20%
 - OthMI: 24% vs. 27%
- Primary Mental Health Care
 - SSI: 20% vs. 25%
 - OthMI: 11% vs. 14%
- Preventative Care
 - SSI: 45% vs. 41%
 - OthMI: 43% vs. 38%

Dual Diagnosis: Looking More Closely at ED Use

- Higher mean # of visits
- Greater ratio of low to high triage in SSI
- More after hours vs. in hours (2.2 vs. 1.8)
- More Repeat Visits (5+ in 2 yrs)
 - SSI: 23% vs. 10%
 - OthMI: 13% vs. 5%
 - No MI: 9% vs. 2%
- More visits in rural vs. urban areas (except for SSI Dual Diagnosis)

Summary of Findings

1. Mental Illness common in adults with Developmental Disabilities (45.8%)
 - SSI relatively more common (26% vs. 8%)
2. Dual Diagnosis younger and poorer with more chronic health issues
3. Dual Diagnosis do not have greater use of access to primary care and specialized care
4. Dual Diagnosis does access psychiatry (SSI Dual: 65% - but this should be 100%)
5. ED visits more likely in Dual Diagnosis (SSI ¼ had 5 visits in 2yrs)

Limitations

- Admin data
- Accuracy of diagnosis
 - Potential bias toward younger and more severe disability
- Doesn't include addictions
- Doesn't consider subtypes of disabilities (e.g., Autism Spectrum Disorders, Down Syndrome)

Something is not working well

- Need ↑ primary and specialist care
- Look more closely at quality of psychiatric care and link between psychiatry and primary care
- Planning to prevent repeat emergencies
- Must involve Primary Care, Psychiatry and Hospital

Further Issues

- What primary care models would work best for this population?
- What are care patterns like for those that use ED vs. those that don't?
- What happens in ED?