

## Washington State Institute for Public Policy

Meta-Analytic Results

## Medicaid Health Homes Adult Mental Health

Literature review updated December 2014.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our Technical Documentation. At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: A Medicaid health home offers coordinated care to individuals with multiple chronic health conditions, including mental health and substance use disorders. The health home builds linkages to community supports and resources as well as enhances coordination and integration of primary and behavioral healthcare to better meet the needs of people with multiple chronic illnesses. The model aims to improve healthcare quality while also reducing costs. Health homes provide comprehensive case management, care coordination, health promotion, and transitional care when moving from inpatient to other settings (SAMHSA Health Home Fact Sheet, http://www.integration.samhsa.gov/integrated-care-models/Health\_Homes\_Fact\_Sheet\_FINAL.pdf).

Meta-Analysis of Program Effects							
Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Global functioning	1	27	0.340	0.265	49	0.340	0.199
Hospitalization (psychiatric)	1	205	-0.220	0.099	49	-0.220	0.027
Emergency department visits	1	205	-0.073	0.099	49	-0.073	0.463
Primary care visits	1	205	0.472	0.127	49	0.472	0.001
Psychiatric symptoms	1	27	0.173	0.264	49	0.173	0.512

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our Technical Documentation.

## Citations Used in the Meta-Analysis

Druss, B.G., von, E.S.A., Compton, M.T., Rask, K.J., Zhao, L., & Parker, R.M. (2010). A randomized trial of medical care management for community mental health settings: the Primary Care Access, Referral, and Evaluation (PCARE) study. *The American Journal of Psychiatry*, 167(2), 151-9.

Druss, B.G., von Esenwein, S.A., Compton, M.T., Zhao, L., & Leslie, D.L. (2011). Budget impact and sustainability of medical care management for persons with serious mental illnesses. *The American Journal of Psychiatry, 168*(11), 1171-1178.

Kilbourne, A.M., Post, E.P., Nossek, A., Drill, L., Cooley, S., & Bauer, M.S. (2008). Improving medical and psychiatric outcomes among individuals with bipolar disorder: A randomized controlled trial. *Psychiatric Services*, *59*(7), 760-768.

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## Washington State Institute for Public Policy

The Washington State Legislature created the Washington State Insititute for Public Policy in 1983. A Board of Directors-representing the legislature, the governor, and public universities-governs WSIPP and guides the development of all activities. WSIPP's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State.