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# Integration of Medical Care in Psychiatry to Improve Patient Outcomes

Premiere Date: Wednesday, June 6, 2007

LIVE Broadcast: 12:00 p.m.-1:00 p.m. ET

11:00 a.m.–12:00 p.m. CT 10:00 a.m.–11:00 a.m. MT 9:00 a.m.–10:00 a.m. PT Taped Re-Air: 3:00 p.m.-4:00 p.m. ET

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This activity offers CE credit for:

- Physicians (CME)
- Nurses (CNF)
- Psychologists (CEP)
- Social Workers (NASW)
- Case Managers (CCMC) Pharmacists (CPE)

Target audience includes physicians, PAs, NPs, nurses, psychologists, social workers, case managers, pharmacists, and other clinicians with an interest in mental health.

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### **STATEMENT OF NEED**

Morbidity and mortality rates are global measures of a population's health status as well as indicators of the quality of healthcare provided. It is well recognized that the prevalence rates of medical comorbidity and mortality are higher among persons with serious mental illness (SMI) compared to that of the general population. Recently published surveillance data from several state mental health agencies identified that persons with mental illness have 1.2 to 4.9 times higher mortality rates than the population at large. In light of these dramatic statistics, integration of mental healthcare and general physical healthcare is essential to reduce cardiovascular morbidity and mortality in persons with SMI. Recognizing the need to effect change, the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council recently published their 13th Technical Report, encompassing recommendations for change in clinical practices as well as those that target policy and organizational structural changes. These recommendations were intended to serve as a clarion call to clinicians, focusing them on the need to integrate behavioral and primary care into mental healthcare.

In addition to educating psychiatrists and other healthcare professionals on current data regarding medical comorbidities in mental illness and the use of antipsychotics, this activity will review recommendations and guidelines that support changes in clinical practice paradigms, as well as approaches and models that have been successfully implemented to integrate mental and physical healthcare. The faculty will also discuss recommendations for changes in the policy environment and regulatory structures that will facilitate organizational support for the integration of physical healthcare into psychiatry.

## **ACTIVITY GOAL**

To present the latest data on medical comorbidies and mortality in persons with mental illness and the use of antipsychotics, as well as recommendations and practical approaches to integrating medical care in psychiatry to improve patient outcomes.

## **LEARNING OBJECTIVES**

At the conclusion of this activity, participants should be able to:

- $\bullet \ \ \text{Differentiate varying propensities among atypical antipsychotics for causing metabolic effects}.$
- $\bullet \ \ \text{Review disparities in healthcare for persons with mental disorders and their impact on patient outcomes.}$
- Identify practical models, from public mental health settings as well as from private community practice, that incorporate routine monitoring and management of medical comorbidities.

#### **COMMERCIAL SUPPORT**

The joint sponsors acknowledge educational grants from Bristol–Myers Squibb Company, Otsuka America Pharmaceutical, Inc., and Pfizer Inc. in support of this CE activity.

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#### **CHAIR/MODERATOR**

**John W. Newcomer, MD**Washington University School of Medicine

# FACULTY INFORMATION

Stephen J. Bartels, MD, MS

Dartmouth Medical School
Dartmouth Psychiatric Research Center

Joseph Parks, MD

University of Missouri Columbia

#### Peter Weiden, MD

Center for Cognitive Medicine Department of Psychiatry University of Illinois at Chicago

#### **CREDIT INFORMATION**

CME Credit (Physicians): This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of North Texas Health Science Center, Letters & Sciences, and CME Outfitters, LLC. The University of North Texas Health Science Center is accredited by the ACCME to provide continuing medical education for physicians.

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Physician Credit Designation: The University of North Texas Health Science Center anticipates this program for 1 hour in Category 2A CME credit hours, pending approval from the AOA/CCME.

The University of North Texas Health Science Center designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Physician Assistants: The American Academy of Physician Assistants (AAPA) accepts AMA Category 1 CME credit for the PRA from organizations accredited by ACCME. The University of North Texas Health Science Center at Fort Worth is accredited by ACCME to provide continuing medical education for physicians, and will provide physician assistants who successfully complete the activity with a Statement of Participation indicating that the activity was designated for 1 AMA PRA Category 1 Credit(s)<sup>TM</sup>.

CNE Credit (Nurses): Letters & Sciences is an approved provider by the California Board of Registered Nursing. Provider Number: CEP14145. This activity is designated for 1.0 contact hours.

CEP Credit (Psychologists): CME Outfitters is approved by the American Psychological Association to sponsor continuing education for psychologists. CME Outfitters maintains responsibility for this program and its content. (1.0 CE credits)

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Universal Program Number: 376-999-07-003-L01 (live presentation) 376-999-07-003-H01 (recorded programs)

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