

Managing Behavioral Health in the Workplace

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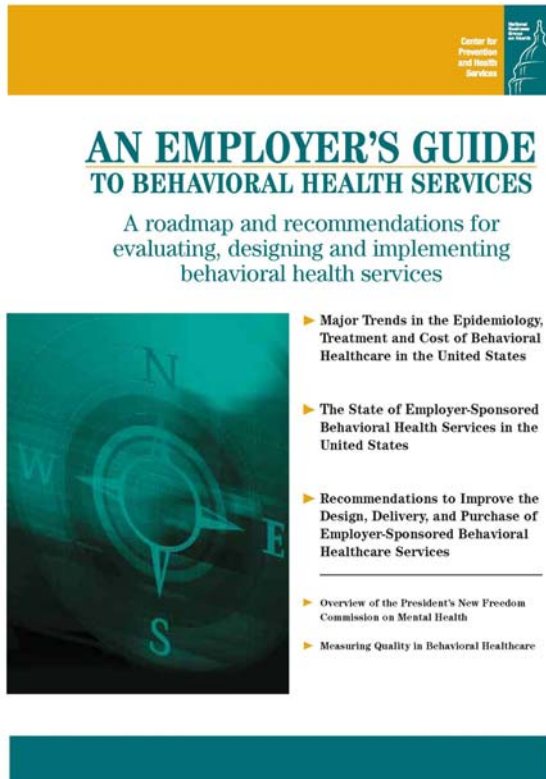
National Business Group on Health

- National Voice of Large Employers
- Practical Business Solutions
- Innovative Strategies
- Share Best Practices
- Influence Policy Consistent with Solutions

National Business Group on Health

- 277 members
- 64 of Fortune 100
- Provide health coverage to over 55 million workers, retirees and family members
- Founded in 1974

NBGH Employer's Guide to Behavioral Health Services



- Blueprint of actionable strategies and recommendations for employers to create and implement a system of affordable, effective behavioral health services

Full Guide available at www.businessgrouphealth.org/prevention/et_behavioralhealthreport.cfm

Approach

- National Committee for Employer-Sponsored Behavioral Health Services
- Review New Freedom Commission recommendations
- 25 benefits and healthcare experts
 - Review current state of behavioral health services
 - Recommendations to improve design, quality, structure and integration of programs and services

Background

- Delivery of behavioral health services is difficult
 - Rapid change in industry
 - Benefit design
 - Managed Care
 - Fragmentation of services
 - Change in employer structure
 - Downsizing and reorganization

Background, cont.

- System Includes
 - Health Plan Benefits
 - Employee Assistance Programs
 - Disability Management
 - Prevention and Health Promotion

Key Findings

1. Behavioral Health (BH) disorders are serious, common and expensive
 - a. \$104B in 2001 and 7.6% of total costs
 - b. Indirect costs meet/exceed direct costs
 - c. Penetration/Utilization Rate is low
 - d. 1.3% of total healthcare costs in 2006

Key Findings

2. Depression and mental illness are major costs
 - a. Cause of more lost work days than other chronic illness
 - b. 217 million lost work days annually
 - c. \$17billion in disability costs annually

Key Findings

3. Behavioral Health disabilities costs are increasing
 - a. Mental illness and SA disorders represent top 5 causes of disability for the age 15-44
 - b. Fifth leading cause of short-term disability
 - c. Third leading cause of long-term disability
4. Efficacy of treatment is well documented

Key Findings

5. General medical setting is de-facto behavioral health setting
 - a. Patients with major depression are twice as likely to visit physicians
 - b. Depressed patients are 3 times as likely to be non-compliant with general medical treatment



Impact of Depression on Medical Costs

Condition	Cost without Depression	Cost with Depression
Heart Failure	\$2.56	\$6.74
Allergic Rhinitis	\$3.27	\$8.46
Asthma	\$3.73	\$10.56
Migraine	\$3.82	\$15.47
Back Pain	\$11.61	\$33.25
Diabetes	\$13.06	\$27.28
Hypertension	\$13.38	\$27.16
Ischemic Heart Disease	\$62.40	\$110.94

Source: OCI, 2001; Annual Medical Costs per patient, based upon claims data for 229,776 patients, 1995–1998.

Key Findings

6. Primary care physicians are, and will continue to be, integral part of behavioral health care
 - a. 51% of major depression treated by PCPs
 - b. PCPs prescribe 67% of psychotropics
7. Psychotropic drugs are the major treatment modality
 - a. Pharmacy costs equal 25% of healthcare costs
 - b. Psychotropics are 20% of pharmaceutical costs

Key Findings

8. Chronic illness is costly and co-morbid mental illness not adequately addressed
9. Benefit design constrains access to BH
10. Limiting BH services increases general medical costs

Key Findings

11. Behavioral health benefits and services tightly managed, while medication and general medical are not
12. Lack of coordination among programs causing quality and accountability problems

Goal of Employer's Guide

- Help employers
 - Increase and maintain employee health status
 - Manage employee productivity
 - Control the costs of healthcare and disability
 - Provide quality behavioral healthcare services to employees and beneficiaries

Specific Goals

- Improve coordination among health management programs and vendors
- Standardize and integrate the delivery of behavioral health services and programs in both general medical setting and BH setting
- Include evidence-based modalities in BH

Specific Goals, Con't

- Develop enhanced programs and measures of continuous quality improvement
- Promote quality and accuracy in prescribing psychotropic medications
- Improve efficacy of disease management programs by including behavioral health screenings and treatment

The Behavioral Healthcare Table



Recommendations for Health Plans

- Improve Delivery of Services in General Medical Settings
 - Document diagnosis
 - Screen for Co-Morbidity for those at Risk
 - Monitor Patient Progress-use standardized test
 - Implement Collaborative Care

Recommendations for Health Plans

- Improve Coordination between General Medicine and Behavioral Health Providers
 - Coordinate Referrals
 - Collaboration with Disease Management, General Medicine and Behavioral Health Providers

Recommendations for Health Plan

- Improve Plan Benefit Design
 - Equalize Benefits Structures
- Improve Prescribing of Psychotropic Medications
 - National best-practice guideline
 - Assessment of providers
 - Formulary Development

Recommendations for Health Plan

- Recommendation for SMI
 - Evidence-base treatment
 - Review of treatment modalities
 - Contracting for Care

Recommendations for Disability Management

- Require behavioral health certification of disability
- Involve Behavioral Health Specialist in review of treatment plan
- Refer employee/patient to EAP

Recommendation for EAP

- Productivity
 - EAP as management tool for productivity and absenteeism
 - Coordination of services between health plan and disability management
 - Health Promotion
- Provide counseling
- Organizational Assessment