UNITED BEHAVIORAL HEALTH

Behavioral Health Disease Management

Issues and Perspectives

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Corporate Medical Director

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Mental Health Disorders

- > 54 million Americans meet criteria each year
- > 8 million seek treatment each year
- 25 % of workforce affected
- Leading cause of absenteeism and reduced productivity
- Drives > 60% of all MD visits
- Conditions under diagnosed and under treated
- Poor patient compliance
- Poor coordination of care
- Limited accountability for outcomes
- The largest and fastest growing pharmacy expenditure

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Major Depressive Disorder

- The risk of recurrence is high
  - 50 % after first, 75 % after second, 90% after third
- 50-60% of patients discontinue antidepressants during the first month
- Compliance with evidence based guidelines < 25 %
- Most clinicians fail to treat to remission
- Patients not treated to remission have poor outcomes
- Few patients receive the recommended level of follow-up

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Medical Co-Morbidity and Service Use

- Patients with Depression are High Users of Medical Services
- Depression is the leading predictor of Mortality and Morbidity in Chronic Medical Conditions
- Depression Increases the Risk of Heath Attacks, Strokes, Poor Glycemic Control, and Poor Outcomes in Lung Disease
- Significant Driver of Patient Behavior in Chronic Pain Conditions
- Patients who Access Behavioral Health Services Use Less Medical Services (Lower Overall Costs)

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Current Challenges

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Depression in Primary Care Settings

- Primary Cost Driver
  - Up to 36 % of Primary Care Visits
  - 30-60 % Chronic Medical Conditions
  - 60 % have primary "psychosocial" complaint
- Untreated Depression
  - Poor Compliance
  - Increased Hospital Stays
- High Medical Care Users
- Substance Abuse/ Depression / Anxiety
  - Chronic Pain
  - Rheumatoid Arthritis
  - Fibromyalgia
  - Pelvic/ Back Pain

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Depression in the Workplace

The Global Burden of Disease

World Health Organization 1996

" In 1990, 5 of the 10 leading causes of disability worldwide were psychiatric conditions"

- Worldwide Impact
  - Depression is the 5th Leading Cause of Disease Burden
  - Projected to be the 2nd Leading Cause in 2020
  - Depression is the #1 Cause of Disability Worldwide
- Indirect Costs Greater
  - 3- 8 X Direct Costs
  - Absenteeism
    - 40 % related to depression
  - Decreased Capacity
  - Disability
- Interpersonal Problems, Workplace Safety, etc.

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Depression in the Workplace

The Global Burden of Disease

World Health Organization 1996

" In 1990, 5 of the 10 leading causes of disability worldwide were psychiatric conditions"

1. Depressed Patients Function at Lower Levels than Patients with Hypertension, Diabetes, and Arthritis
2. Three Quarters of All Depression Costs are Due to Absence and Presenteeism
3. Employers Lose Up to 20 % of Their Productivity Due to Poor Concentration , Memory Lapses, Indecisiveness, Fatigue, Apathy, and Lack of Self Confidence

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What Employers Want

"High Quality Comprehensive and Effective Mental Health Benefits can be Offered by Major Corporations Provided that the Benefits are Carefully Designed and Managed

Wayne Burton

The First National Bank of Chicago

- Ready Access to Quality Care
  - Access to the Right Caregiver (s)
  - Ease of Access
- Address the ""Root Causes" of
  - Preventable Costs
  - Waste in Medicine
  - Threats to Patient Safety
- Value Added Benefits Integration
  - Maximize Employee Productivity
  - Demonstration of ROI

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Why Provide Benefits ?

"We Need to get a Firm Grip on What Depression is Costing Us and how Many People are Affected. Then We Need to Think of Creative Solutions Beyond Treatment

Bryan Lawton

Wells Fargo Band

- Increased retention of qualified and well trained employees
- Increased productivity
- Reduced errors and increased quality of performance
- Reduced absenteeism
- Improved safety in the workplace
- Lower health, disability, and workman's compensation premiums

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Employer Benefits : Plans and Programs

- Medical Plan
- MHSA Program
- Pharmacy Management
- LT/ ST Disability
- Workman's Compensation
- Occupational Health Services
- Health Promotion
- Employee Assistance Program
- Life Events (Dependent Care, Financial, Legal)
- ADA/ FMLA Compliance
- **Disease Management**

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Disease Management Defined

"The term "disease management" has been used as an umbrella term, encompassing a wide range of concepts."

Whellan, Cohen, Matchar, and Califf, American Journal of Managed Care 2002;8:633-641.

"Data-driven, scientific method of managing disease to improve quality of care"

"The patient population can be divided into three groups (1) 80 % worried well (2)15 % with chronic disease but stable, and (3) 3-5 % very sick.. Disease management programs are targeted to group 2"

"An enhancement of what can be achieved through the traditional doctor – patient relationship"

"Programs designed to slow the progression of disease and enable patients to define what they want in terms of quality of life"

"Management of conditions across the continuum of care, including home care, outpatient, and patient education, with outcomes intended to reduce hospitalization and improve functional capacity"

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Principles of Disease Management

- Treatment Focus on a Costly, Chronic Condition
- A Coordinated Approach
- Application of Evidence Based Best Practices Proven to be Effective
- Education that Focuses on both Patient and Provider
- Care Management that Emphasizes both Clinical Efficacy and Cost Effectiveness
- A Method for Systematic Clinical and Financial Data Collection for Evaluation

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Disease Management Components

- Patient ID and Registry
- Risk Stratification and Matching of Interventions
- Clinical Practice Guidelines
- Case Management
  - Collaborative Care Model
- Education Resources / Self Management Tools
- Patient Specific Feedback to Providers
- Provider Specific Performance Feedback
- Clinical and Process Outcome Measurement
- *(Affordable Access to Medications)*

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How is Behavioral Health Different

- Stigma and Access
- Diagnoses are “statistical” categories
- Diagnostic “Flux”
- No Tests, No Standards
- More Levels of Care (Settings)
- Providers Galore!
  - Multidisciplinary
  - Historically Ideologically Trained
  - Tend to Practice Solo
  - Low Tech

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Depression as a Prototype

- Case Finding (ID) Procedures
- Stratification Based Interventions
- Depression Screening Tools (PCP)
- Risk Assessment
- Depression Guidelines
- Care Coordination
  - PCP / Specialist
- Provider Performance Reporting
- HEDIS Measures

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Identification of Members

- Claims Data (ICD-9, DSM Codes)
- Pharmacy Data (Drug Codes)
- Physician Referral
- EAP Referral
- RN / Case Management Referral
- PhD/MSW Counselor Referral
- Self Referral
- HRA / Screening Tool Identification
- Encounter Data

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Depression Management

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Stratification Based Interventions

- Mailings
  - Newsletters, Depression Information
  - Self Management Tools
- 800 Line / Web Access
  - Expert Help, “group”, Counseling/Advice
- Community Services
- Telephonic Case Management
  - Compliance Promotion (Meds, Office Visits)
  - Coordination of Care
- Face to Face Case Management
- E Mail Outbound Services

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Depression Management

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Primary Care Screening Tools

PHQ – 9	Beck / Zung
CES –D	Hamilton –D (Ham-D)
HANDS	PRIME MD

Whooley Two Question Screen

Depression Guidelines

AHRQ	AHCPR
ICSI	DOD/VA
APA	

Texas Medication Algorithm

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Use of Treatment Guidelines

- Risk Assessment
- Use of Counseling / Psychotherapy
- Use of Psychopharmacology
- Basis for Referral
  - PCP / Specialists
- Assessment of Co-morbidity
  - Medical
  - Substance Abuse
- Assessment of Risk
  - Suicide, Violence

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Provider Reporting

- % Patients Screened / Diagnosed
- % with Treatment Engagement
- % with Medication, Counseling
- % with Case Management
- % Fail to Refill
  - @ 1-4 weeks
  - @ 2 months
- % Poly - Pharmacy
- % Benzodiazepines

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HEDIS Measures

Post Discharge

- % Discharged with Follow-up in 7 days
- % Discharged with Follow-up in 30 days

Acute Phase

- % Members with 3 Follow-up in 12 weeks
- % Members on Antidepressants for 12 weeks

Continuation Phase

- % Members on Antidepressants for > 6 months

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UBH : What We Do

UBH is a community of professionals dedicated to helping people live and work well.

Our primary purpose is to connect people with the resources they need so that they—and the organizations to which they belong—will thrive.

- Managed Behavioral Health Organization
- Fully owned subsidiary of United Health Group
- Contracts with employers (private & public), health plans, & union trusts
- Manage behavioral health & substance abuse benefits, employee assistance programs, & life events
- Full risk and ASO customers
- Services accessed 24/7
- Fee for service network model; no capitation

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UBH Professional Staff

Our investment in experienced professionals maximizes member outcomes, delivering a higher return for you.

- Masters-level Life Resource Counselors– specialists in workplace support, child development, gerontology, behavioral health, addiction, education, etc.
- Expert Care Managers—collaborate with network clinicians & facilities on treatment & discharge planning
- Medical Directors– actively manage complex cases via individual supervision & group case staffing presentations
- Clinical Pharmacist – supports optimal use of medication in psychiatric and primary care setting
- Research Scientists—ensure outcomes & conduct studies to pioneer advances in our field

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Behavioral Disease Management

UBH is a community of professionals dedicated to helping people live and work well.

Our primary purpose is to connect people with the resources they need so that they—and the organizations to which they belong—will thrive.

- Specific Diseases
  - Substance Abuse
  - Depression
  - Eating Disorders
- Specific Populations
  - Children and Adolescents
  - Medical / Psychiatric Disabilities
  - Employees
- Specific Programs
  - Postpartum Depression
  - Chronic Medical Outreach
  - Behavioral Medicine Programs

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Programs and Services

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Behavioral Medicine Programs

UBH is a community of professionals dedicated to helping people live and work well.

- Integration of Behavioral and Medical
- UBH / Health Plan Partnership
- Screening by Care Management RN
- Transfer / Referral to UBH Counselor
- Education, Referral, Follow-Up
- Programs for Breast CA,Heart Disease, and Asthma
- Post partum Depression Program
- Medical Outreach Programs

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Medical Outreach Services

Our primary purpose is to connect people with the resources they need so that they—and the organizations to which they belong—will thrive.

- Behavioral Health Co-Morbidity
  - 10 % of all Medical Patients
  - 28 % of Chronic Conditions
- Mailed Outreach Program
  - Mailed Introduction
  - 2 week Follow up Outreach Call
  - Access increased from 2.2 % to 8.8 %
- Health Advocate Program
  - Nurse Advocate Introduction
  - Increased access to 29.2 %
- > 70 % accept referrals
- 95 % Satisfaction with Outreach

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UBH Depression Management Program

Our primary purpose is to connect people with the resources they need so that they—and the organizations to which they belong—will thrive.

- Prevention
  - Web Based Services, Screenings, EOS, Behavioral Medicine Program, Predictive Modeling
- Guidance
  - Life Resource Counselor (Educate, Triage, 800)
- Advocacy
  - Patient / Provider / Family / Community Resources
- Outreach
  - Follow-up for up to one year (Visits, Treatment Plan, Education)
- Support
  - Mailed Materials, On Line Programs
- Outcomes
  - TOPS

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Level of Care Forecasting

UBH's Level of Care Forecasting algorithm has achieved a 50% reduction in the number of outpatient cases that later require acute or intermediate care.

- Identifies patients at risk of needing a higher level of service
- Prediction algorithm rates risk along seven domains including:
  - Co-occurrence of substance abuse and psychiatric disorders
  - Prior history of inpatient care
- Integrated information system
  - Automatically flags high-risk patients
  - Triggers stratified enhanced / intensive care management

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Patient Web Education

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liveandworkwell.com

A fully-integrated component of all of our services, liveandworkwell.com plays a vital role in program promotion and member education, as well as member access to both information and personalized services.

- Ask questions or submit service requests
- Private online consultations and counseling
- Training and wellness programs
- Self-assessments and personal plans
- Extensive article library
- Financial calculators
- Chat and message boards
- Benefit plan information
- Provider search

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Focus on Outcomes

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Treatment Outcomes Program (TOP)

Unique in the industry, TOP enables UBH to pinpoint specific treatments that are most effective in helping patients, and develop particular confidence in providers who achieve optimal outcomes.

- Scientific measurement of functional improvement as a result of treatment
- Member Wellness Survey assesses personal status pre and post-treatment along 5 axis:
  - general health
  - level of functioning
  - time missed from work
  - mental health (depression, anxiety)
  - substance abuse risk
- Used as both a patient outcomes and provider evaluation tool

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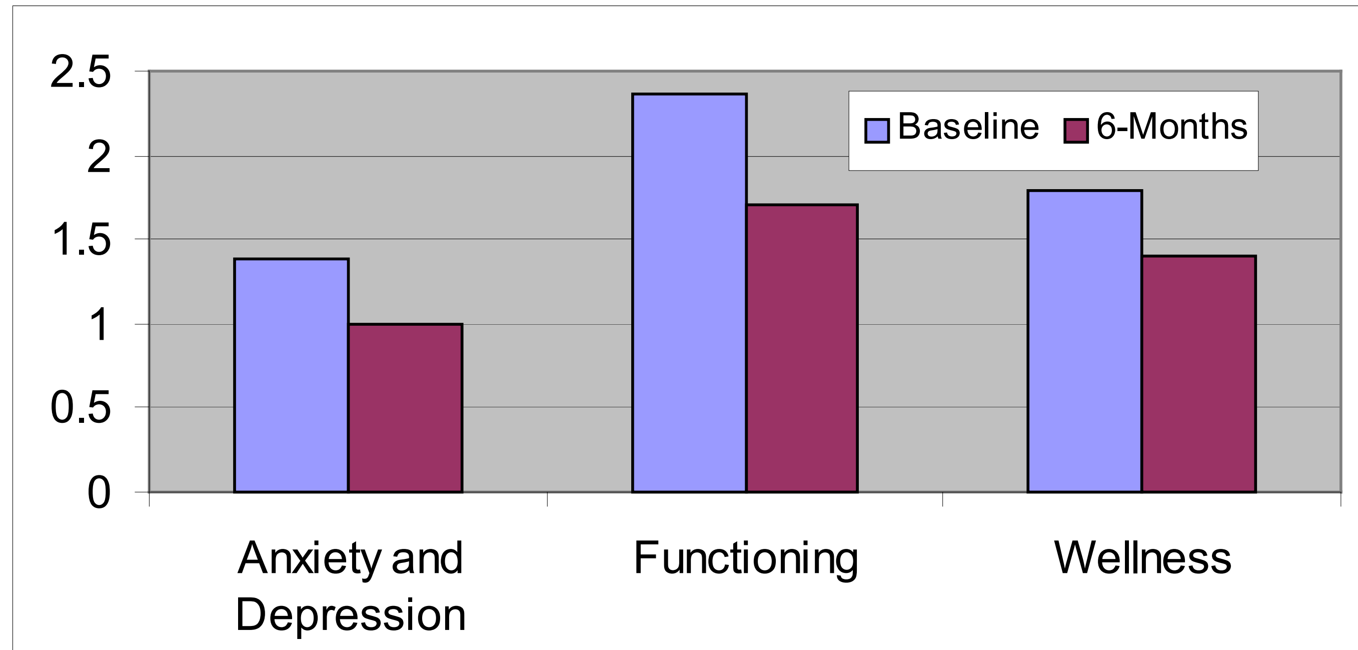
Treatment Outcomes Program (TOP)

Providers who used TOP reports and results had patients with ***significantly greater****:*

- *improvement in symptoms of depression and anxiety*
- *overall functioning*
- *well-being*



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Dissemination of Guidelines Study

- Adherence to guidelines for MDD under 3 conditions:
  - General mailing
  - Targeted mailing
  - No dissemination
- Data sources
  - Claims, OTR information
  - Clinician & patient surveys
- Randomized, controlled design (n=443)

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Dissemination of Guidelines Study

- Dissemination of guidelines had no impact on objective measures of adherence
- Provider & patient reports did not match
  - (adherence scores of .82 & .62)
- TD providers actually endorsed fewer elements of adherence (.80 Vs .94 for the GD and .91 for the ND groups)
  - No effect on patient perceptions

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Changing Provider Behavior : What Works – What Doesn't Work

- Less Support
  - CME
  - Mailed Education
  - Mailed Guidelines
  - Patient Education
  - Incentives / Penalties
  - General Feedback
- More Support
  - Decision Support Tools / Automated Systems
  - Just in Time Access to Experts
  - Patient Self Management Tools / Supports
  - Specific Performance Feedback
  - Multiple Approaches

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Enhancing Compliance

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Psychopham Initiatives

- Assessment of Prescriptive Patterns
- Target Outliers
- Collaborative Feedback
- Comparative Peer Information
- Targeted Education
- Support Services (800, web)
- Data, Data, Data

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Technological Advances in Access

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Access Innovations

- Telephonic “Counseling”
- Use of the Internet
  - Education / Self Assessment
  - Self Referral
  - Self Directed Treatment
  - On Line ‘Counseling”
- Web Based Disease Management
  - In bound / Out bound
  - Timely Information and Education
  - Link Info to Provider and Patient
  - Provide Updates on Status and Compliance
  - Health Diaries and Medication Checking

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National Depression Programs

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- Robert Wood Johnson Foundation
  - National Program on Depression in Primary Care
- Macarthur Foundation
  - Depression in Primary Care Program
- Institute for Healthcare Improvement
  - Depression Breakthrough Collaborative
- Regional Depression Coalitions
- Depression Screening Day

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The Future

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Still in it’s Infancy, Behavioral Disease Management has an Exciting Future, and it’s impact could be Revolutionary

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