



Removing Barriers Improves Effectiveness for Mental Health Care

A federal law requiring mental health parity is prompting businesses with self-funded health plans to re-evaluate the best approach to mental health services for employees and their dependents.

At The Alliance Learning Circle event, “Mental Health and Addiction in the Workplace,” held Jan. 27, 2009, in Madison, this topic was discussed.

Recognizing the Need

Mental health issues are both overlooked and undertreated, creating significant problems among the American workforce, according to David J. Katzelnick, M.D., who presented statistics showing that roughly 10 percent of the population experiences major depression within any 12-month period.

Katzelnick is director of Healthcare Technology Systems Inc.; distinguished scientist at the Madison Institute of Medicine, Inc.; and a clinical professor of psychiatry at the University of Wisconsin School of Medicine and Public Health, Madison. He noted that the incidence of depression rises significantly when people have other chronic illnesses.

Core Elements of Effective Mental Health Treatment

- Screening
- Patient self-management
- Clinical education
- Simple treatment plan
- Access to a treatment coordinator
- Increased availability of mental health clinicians.

Strong data from a variety of respected sources shows that depression is a medical, neurologic illness marked by structural and functional changes within the brain. Despite these realities, Katzelnick said the need to screen individuals for mental health issues is ignored in a way that would be deemed “crazy” if it were applied to illnesses such as diabetes.

As a result, major depression is often undiagnosed. A study published in the *Journal of the American Medical Association (JAMA)* showed that only 51.6 percent of people in the U.S. with major depression were diagnosed, with only 42 percent of that group getting care that met minimal guidelines for adequate treatment.

Even when depression is diagnosed, treatment often deviates from guidelines for physician visits, prescription adherence and other forms of follow-up care, despite the \$19 billion spent annually on antidepressant medications in the U.S.

“You’ve got people who are depressed and aren’t motivated — they are hopeless — and you’ve got a system that won’t acknowledge that,” Katzelnick said. “So it’s not surprising they fall through the cracks.”

Economic Costs

Direct costs for treating depression represent only 31 percent of its \$83.1 billion annual cost. The remainder represents workplace costs, especially absenteeism and loss of productivity.

“It’s employers that need to drive this, because employers are paying the costs now,” Katzelnick said.

“Carving out” behavioral health to limit benefits contributes to the problem, but increasing the amount spent by health plans on a per member, per month basis is unlikely to solve the problem on its own. Instead, benefit changes should be combined with changes in the health care system.

“The thing that makes a difference that is critical is having treatment coordination,” Katzelnick noted. “For depression, if you don’t have some type of treatment coordination, it doesn’t improve outcomes. Period.”

Offering effective mental health care has a significant payoff for employers, as shown by a study that examined the role of care managers in referring employees to the right place for mental health care. The practice increased productivity an average of 2.6 hours per week for the 604 employees studied, resulting in a gain of \$1800 per employee per year. In comparison, the annual cost of treating an individual for depression with generic medications dispensed by a primary care physician is roughly \$600 to \$700.

Cost-Effective Screening

Routine screening for depression is one way to increase recognition of mental health issues. The nine-item Patient Health Questionnaire (PHQ-9) offers a checklist that indicates depression and tracks its severity. A Minnesota study has shown that routine use of the PHQ-9 for all patients who visit primary care clinics can significantly improve diagnosis of mental health issues.

Likewise, screening for alcohol and drug use can be both good medicine and good business, according to Richard Brown, M.D., M.P.H., associate professor of family medicine at the University of Wisconsin School of Medicine and Public Health and clinical director of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL).

Brown said more than 30 years of research was used to develop a model that places individuals along a continuum of five categories of substance abuse: abstinence, low risk use, at-risk use, abuse and dependency. Alcohol usage for the low-risk category is charted in the box below; anything above that level places the user at risk.

The categories reflect statistics on the physical, financial and sometimes criminal consequences of abusing alcohol and drugs. Abuse is defined as usage that leads to repeated negative consequences.

Addiction is marked by loss of control, preoccupation with the substance, compulsive use and physical changes in the “pleasure reward center” of the brain.

Among people seeking primary care health services in Wisconsin, a study shows that 30 percent fall into the abstinence category, compared to 48 percent for low-risk usage, 9 percent for at-risk usage, 8 percent for abuse and 5 percent for dependency.

Developing A Better Approach to Mental Health

- Begin with small-scale changes and then spread the use of these measures as they become successful.
- Align health plan incentives with goals.
- Promote changes in the health system for better recognition and treatment of mental health issues.
- Recognize that treatment coordination is necessary to improve outcomes.
- Routinely collect clinical outcomes for all patients.
- Check potential savings for your company using the depression calculator (www.depressioncalculator.com).

Consumption for the Low-Risk Drinking Category

<u>Age & Gender</u>	<u>Drinks Per Week</u>	<u>Drinks Per Occasion</u>
Men under age 65	14 or less	4 or less
Women under age 65	7 or less	3 or less
Men and women 65 or older	7 or less	1 or less

Standard drinks: 12 ounces of beer, five ounces of wine, or 1.5 ounces of liquor

Business Costs

Substance use in the workplace has a high cost for business, Brown said. If national statistics were applied to a company that employs 200 workers, employees and dependents would annually have 40 alcohol-related emergency visits and another 121 alcohol-related ambulatory care visits. Brown pointed out that 67.3 percent, of heavy drinkers are employed full-time. Among heavy drug users, 57.5 percent are employed full-time.

Heavy drinkers have higher rates of absences due to injuries and illness, unexcused absences and job turnover. Problem drinkers spend four times as many days in the hospital as the national average. Alcohol use is the leading cause of disability for men and ranks tenth as a cause of disability among women.

Using the Screening Brief Intervention Referral Treatment (SBIRT) model can help health care providers provide low-cost but meaningful interventions. The process begins with a four-question survey that helps participants identify where they fall in the five-category continuum.

When people fall into the abstinence or low-risk use categories, positive reinforcement is given. If they fall into the high-risk use, abuse or addiction categories, then a brief assessment is provided using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Participants are asked to provide information about their use, consequences and dependence experience for 10 categories of substances, such as tobacco, alcohol, marijuana, sedatives and inhalants.

“Just by getting those things out on the table, many people will just spontaneously decide they’re going to cut back on their own,” Brown said.

Adding Health Educators

When surveys identify individuals in the at-risk use and abuse categories, a trained health educator conducts a five- to 15-minute brief intervention, followed by one to three additional brief sessions. The goal is to elicit behavior change through feedback, education, recommendations and agreement by the participant. Interventions are also scheduled for participants in the dependence category, who are referred to treatment services.

Repeated studies have shown this model can be effective, with a study in southern Wisconsin showing that the \$250 cost of services is offset by \$1,146 in savings on health care, vehicle accidents and criminal justice costs, for a net savings of \$946.

Alcohol screening ranks fourth in effectiveness of preventive health services, ahead of more popular screenings for conditions such as cholesterol and cancer. The Wisconsin Initiative to Promote Healthy Lifestyles aims to prove the effectiveness of the SBIRT model by placing health educators at clinics operated by 12 health care organizations.

Brown urged business to ask their health care payer and provider organizations whether they provide SBIRT services. He suggests that business leaders make it clear that they expect SBIRT services to be offered to employees and their dependents.

Providing Parity

Eileen K. Mallow, assistant deputy commissioner, State of Wisconsin Office of the Commissioner of Insurance (OCI), said companies with self-funded health plans are affected by new rules signed into law with the federal Emergency Economic Stabilization Act, on October 3, 2008. The act included the Mental Health Parity and Addiction Equity Act of 2008, which becomes effective for plan years beginning on or after October 3, 2009 (January 1, 2010, for calendar year plans).

Alcohol and drug use is:

- The fourth leading cause of death
- The fourth leading cause of hospitalization
- Linked annually to:
 - ...1,300 deaths
 - ...8,500 traffic crashes
 - ...6,800 traffic injuries
 - ...90,000 arrests

Source: Wisconsin Department of Health and Family Services, "Healthiest Wisconsin 2010," 2000

Although the new federal law does not require employers to cover mental health or substance abuse treatment services, it does require those who are doing so to offer them at the same levels as they do for medical and surgical benefits. This includes providing parity between mental health and addiction benefits in the form of deductibles, co-payments, coinsurance and out-of-pocket expenses that are predominant for substantially all other medical benefits. The law also does not allow inequity between frequency of treatment, number of visits and days of coverage.

How the law impacts Wisconsin employers depends on the size of the company and the insurance model. That is because the Federal Mental Health Parity Law differs from an existing Wisconsin law that for more than twenty years has required group plans sold in the private insurance market to provide a minimum level of coverage to employees for mental health and substance abuse services. As a result:

- Self-funded employers with more than 50 employees will have to meet federal law that requires parity IF mental health and substance abuse benefits are offered. They do not have to meet the state minimum coverage requirements that are preempted by federal ERISA laws.
- Commercially insured group plans offered to employers with more than 50 employees are subject to both federal parity laws and state minimum requirements. The Wisconsin Office of the Commissioner of Insurance is currently working with the federal government to determine how the two laws will work together.

Commercially insured group plans offered to employers with 2-50 employees are subject to state law only. Mallow noted that several federal agencies are currently developing regulations to enforce the law and expects more information in the coming months, and before next fall.

One Employer's Positive Experience

Journal Communications, Inc., introduced mental health parity in its self-funded health plan in 2008 as part of a three-year strategic plan that reduced barriers to care, according to Risk Manager Jeff Kluever. Journal Communications is the owner of the *Milwaukee Journal-Sentinel* and other media-related ventures that employ more than 4,000 people nationwide.

Kluever believes covering mental health at the same level as other health services helped decrease total costs for mental health services paid by its self-funded plan from \$485,208 in 2007 to \$356,052 in 2008, based on preliminary figures.

In 2008, Journal Communications removed benefit limitations to cover mental health on the same level as any other illness. Journal also waived the Health Savings Account (HSA) deductible for "preventive prescriptions," as defined by the Internal Revenue Service (IRS).

Parity's Cost Impact for Mental Health Services at Journal Communications, Inc.		
	<u>2007</u> (pre-parity)	<u>2008</u> (parity offered)
Total Cost:	\$485,208	\$356,052
Cost Per Member, Per Month:	\$10.37	\$8.39

Preventive examinations are covered at 100 percent to provide screening and early diagnosis of mental health concerns. In addition, the company increased the reward paid to employees and dependents who participate in HumanaBeginnings, a prenatal care program that provides early diagnosis of postpartum depression.

Introducing an integrated behavioral health model allowed Journal Communications to refer patients to a personal nurse who helps patients manage co-morbid health conditions. The move also gives the company

integrated data about the use of medical and mental health services, pharmacy benefits, absenteeism and related issues.

“We feel there is a positive return, not only because of the cost data we’re seeing, but also because of the impact it is having on the improved health status of individuals when they’re dealing with diabetes and cardiovascular issues,” Kluever said. Absenteeism and worker’s compensation expenses also declined.

Journal is working to include the PHQ9 questionnaire in its evaluation process and will encourage health systems to use the SBIRT model for substance abuse evaluation.

The Alliance moves health care forward by controlling costs, improving quality, and engaging individuals in their health. An employer-owned, not-for-profit cooperative, our 160 members provide coverage to more than 83,000 individuals in southern Wisconsin and neighboring counties in Iowa and Illinois.

