

A Whole-Patient Approach: The Challenges and The Payoff

A whole-patient approach improves an employee's productivity, health and quality of life. Patience and commitment yield positive results.

Our view of a whole-patient approach to wellness and disease management means that an individual's physical and psychosocial health are addressed in an integrated, non-siloed fashion. This means addressing an individual's physical health, as well as any behavioral health disorders or psychosocial barriers that may be preventing the individual from being as healthy as possible.

Traditional, first-generation disease management programs tend to focus solely on one condition, and put individuals in silos based on a condition hierarchy. While that model does have many positive elements—condition-specific education and support materials, access to nurse advice, and health coaching—it does not reflect the individual's day-to-day health reality.

Day-to-Day Realities of Dealing with Disease

An employee may be dealing with multiple physical co-morbidities, such as diabetes and coronary artery disease. It is highly likely with those conditions that the person also may have a behavioral health condition such as depression (diagnosed or undiagnosed). In fact, according to the National Institute of Mental Health, up to 65 percent of people with heart disease may have co-morbid depression.

The idea that poor psychological health may have deleterious effects on physical health is rapidly gaining traction. Behavioral health disorders can become a barrier to treatment plan adherence and lifestyle changes

that normally would improve an individual's physical health, quality of life and productivity. An individual with a disorder may become less interested in seeking help, caring for themselves, taking medication and monitoring his/her condition properly.

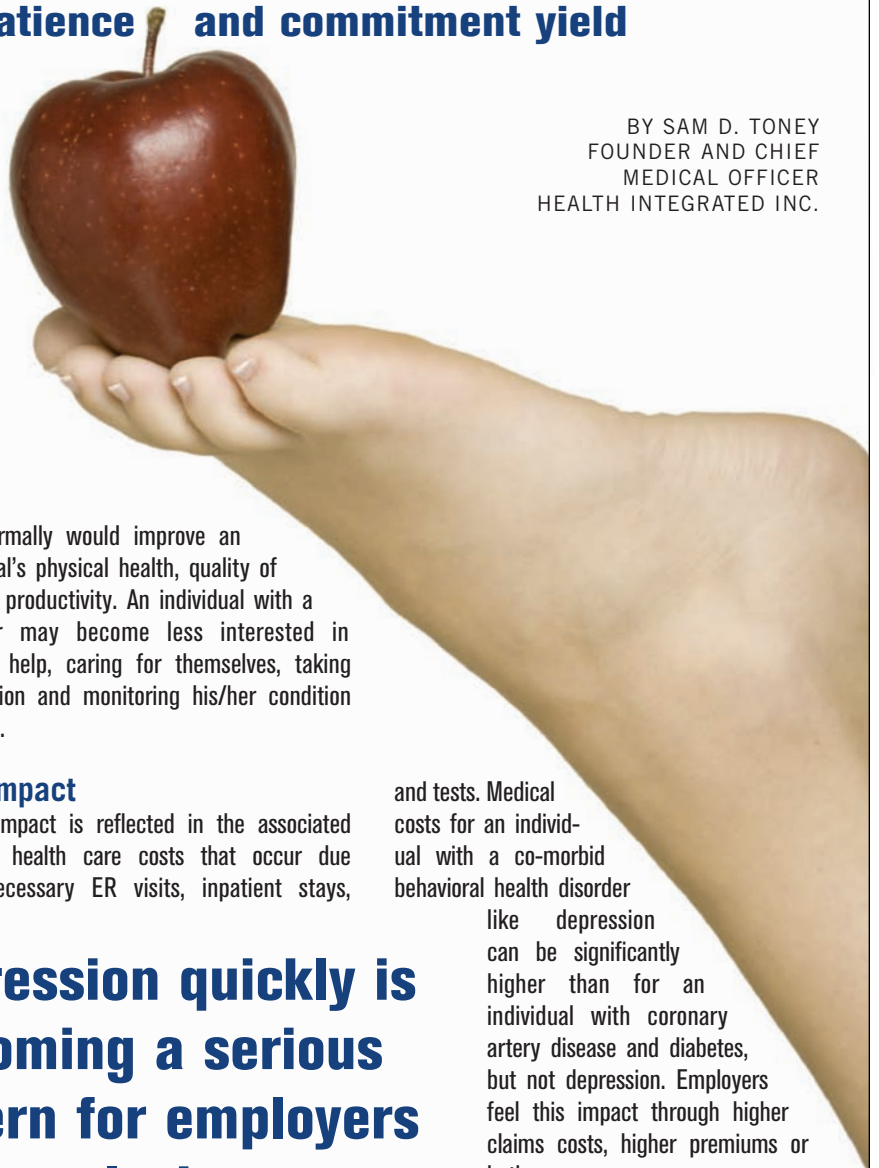
The Impact

The impact is reflected in the associated medical health care costs that occur due to unnecessary ER visits, inpatient stays,

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and tests. Medical costs for an individual with a co-morbid behavioral health disorder like depression can be significantly higher than for an individual with coronary artery disease and diabetes, but not depression. Employers feel this impact through higher claims costs, higher premiums or both.

In addition to direct costs, the indirect costs that an employer incurs in terms of decreased productivity are significant. Using depression again as an example,



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depression is second leading cost-driving health condition when considering the impact on productivity, according to *The Journal of Occupational and Environmental Medicine*. Depression afflicts an estimated 27 percent of adults in the United States, and the corresponding economic burden continues to skyrocket, with annual costs estimated to be \$83 billion. As a result, depression is quickly becoming a serious concern for employers who are losing more than \$50 billion a year due to work loss, according to the *Journal of Psychiatry*.

The Approach

A whole-patient approach considers the employee's complete medical, behavioral and social profile. A well-integrated program gives providers an expanded view of the individual's health status, which can improve communication and close gaps in care. The individual will achieve greater insight into the driving forces behind his or her health status, whether it is a lack of health knowledge or a lack of understanding of the treatment plan, a previously undiscovered behavioral health disorder, or lifestyle habits that negatively impact his or her overall condition.

Addressing these discoveries through programs such as Health Integrated's Synergy Personal Health Management® program can lead to lower health care costs and improved productivity for the employer by resulting in lower absenteeism and presenteeism. The Health Integrated program does this through a unique combination of highly trained behavioral health clinicians and medical nurses, aggressive outreach, dedicated one-on-one coaching, and a multi-condition, behavioral/medical program design.

Challenges to a Whole-Patient Approach

1. One challenge that employers face in implementing this type of program—that cannot be understated, is data exchange and data access.

- On the front end, an employer (or their program vendor) must be able to capture and

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aggregate health data effectively from potentially multiple sources in order to identify those employees (and dependents) that most likely would benefit from the program.

- These sources may include claims from multiple medical and behavioral benefits providers, pharmacy data and health risk assessment (HRA) data.
- The timely exchange of information between vendors is key to assess ongoing eligibility and ultimately to assess clinical outcomes and associated costs.
- The employer must establish agreement among vendors on specific details related to data formats, inclusion and exclusion criteria, and data transfer mechanisms.

2. Another challenge is employee participation. Some individuals are not ready to take appropriate steps to improve or maintain their health status. Aggressive outreach over time and through various media allows more chances to engage the individual, "when the time is right" for them. A message that appeals to their overall health and well-being also may resonate more strongly than being specific about a single condition.

3. Exploring potential behavioral health or behavior change barriers with an individual through screening and assessments can be uncomfortable if not done in the right way. Engaging the individual and building rapport are critical. Synergy uses a care coach dedicated to the participant throughout the program. An individual with multiple comorbidities may not be ready to change everything at once. Working with the person on setting and achieving goals on things they choose to work on can build the momentum an individual needs to ultimately achieve self-efficacy.

Measuring Impact

Beyond direct costs, a significant piece to the puzzle is measuring the program's impact on productivity. Validating outcomes related to productivity requires the employer to capture data across its entire employee population, not just on the population engaged in the program. A comprehensive comparison across employees includes examining the impact of both absenteeism and presenteeism data.

The cost of absence includes not just wage replacement for lost time, but also "opportunity costs" for managing those absences—additional staff in reserve, overtime or temporary help, impact on work performance of other team members, or revenue loss through production shortfalls. These numbers may be garnered via payroll, absence management, medical, disability and other claims.

Presenteeism is more difficult to capture, but in the context of the whole person, may play a significant role in measures of overall productivity. A depressed employee may be "there," but not "all there." Measuring this may be done through employee self-reporting instruments; it requires time and effort. More work needs to be done in this area in terms of creating accessible, simple and affordable tools for employers.

Ultimately, the biggest challenge an employer may face in implementing a comprehensive whole-patient approach to health and wellness may be to have commitment and patience, and to view the world not only in terms of reduced health care costs but also increased productivity. **BGS**

1 IBI Research Insights, From Presenteeism to Productivity, Thomas Parry, Ph.D., President, Integrated Benefits Institute, July 2007.

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