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## New Program Illustrates Growing Interest in Depression Management

A health plan and a medical and behavioral health firm are teaming to launch an innovative depression management program that exemplifies growing interest among health plans and employers in working with DM firms to address the financial impact that depression can have on businesses today.

Medical Mutual of Ohio, a Cleveland-based health plan, has joined with Tampa, Fla.-based Health Integrated to launch a program called Balanced Outlook, a depression management initiative that aims to provide education and support so that people can better understand depression and take an active role in managing it through compliance with physician recommendations and a prescribed treatment plan. Launched about two months ago, the program has already enrolled about 3,000 members, according to Paula Sauer, vice president of care management for Medical Mutual.

Medical Mutual is one of only a few health plans in the country to offer a health management program for depression, Sauer says. It joins health plans like Worcester, Mass.-based Fallon Community Health Plan (*DMN*, 4/25/03, p. 1) in helping businesses recognize the financial impact that depression can have on their companies and in offering cost-effective solutions to ease that impact.

Depression is one of the most prevalent chronic health conditions in the nation, Sauer tells *DM News*, affecting approximately 20 million people and costing \$43.7 billion a year in medication, benefits and lost work days. Evidence has shown that depression is a condition that often can be more successfully managed when an individual is involved in taking charge of his or her illness, she says.

"Balanced Outlook is a collaborative effort between the member, his or her physician and Medical Mutual," Sauer explains. "While enrolled in the program, the member's physician continues to direct the individual's medical care."

Administered by Health Integrated, the Balanced Outlook program provides educational materials customized to each individual member, a depression action plan to help individuals control depression symptoms, regularly scheduled telephone calls by trained clinical specialists, 24-hour toll-free telephone access to trained nurses who can answer questions and provide support, and access to an information line with a variety of pre-recorded health messages, according to Sauer. Medical Mutual members may enroll in the program through physician referral or on their own after receiving a positive screening for depression by a Health Integrated clinical professional.

The program has three primary focuses, Sauer says. The first is to improve overall patient compliance with medication usage. "That is one of the biggest problems in managing depression," Sauer says. "Many patients and health plan members start their antidepressants but don't continue on them."

The second focus is ensuring that members follow up with their physicians to ensure compliance with follow-up counseling and psychotherapy. And the third is to educate primary care physicians about major depression. "Many of the problems we see with treatment of depression are on the primary care side because there is still a significant stigma associated with mental illness, so a lot of the prescriptions are being written by primary care physicians," Sauer explains. "Issues such as incorrect dosing of drugs may be causing some problems with appropriate treatment of depression. Some primary care physicians may not be acutely aware of what they should be doing."

The Balanced Outlook program will help Medical Mutual's members gain an increased awareness for the best practices in managing their depression, says Sam Toney, M.D., president and chief medical officer of Health Integrated. There is a strong need for programs like this across the country, Toney believes.

"The primary need for a program like this is due to the under-recognition and under-diagnosis of depression in the United States and the under-treatment of depression, which is a product of the under-recognition and under-diagnosis of depression," Toney tells *DM News*. "Recognizing, diagnosing and treating depression is so important because of the tremendous impact it has not only on one's quality of life from a general perspective but on the impact that it has on the medical comorbidities that it frequently accompanies. The predisposition one would have

to depression if one had a chronic or catastrophic illness is generally three to four times higher than that of the general population.”

Three features markedly differentiate the Balanced Outlook program from other depression management programs, Toney believes. First is its ability to identify within a target population hidden and masked diagnoses that may represent depressive disorders. Second is its clinical integrity and clinical content.

“It takes a number very specific algorithmic approaches to the treatment of depression, including the use of antidepressant medications, monitors them consistently through a set of clinical criteria, and then generates very specific interventions that are then employed with the population,” Toney explains.

Third is the program’s measurement capabilities. “At the end of the day we’re looking at a number of clinical, financial and productivity outcomes,” Toney says. “All three are very separate sets but they have a tremendous amount of interplay among each other.”

Another strong point about the depression management program is its ability to interface and support primary care physicians, adds Cheri Lattimer, senior vice president of Health Integrated. The firm’s data indicates that primary care physicians tend to prescribe antidepressant more than other physicians. “This is where we see a tremendous amount of the coordination of care occurring,” Lattimer says. “The depression programs we often see are more screenings or they are just looking at the primary major diagnosis and miss that comorbid component, which is so important to manage in our healthcare system.”

Although the depression management program has gotten off to a good start, it’s still a work in progress, Sauer says. “The one piece that we haven’t gotten to yet is finding the undiagnosed group. We’ve identified people who have had a combination of either two or more medical visits in a six-month period with depression diagnosis codes or a combination of one visit and antidepressant medication usage. What we have not done yet is look at just drug utilization.”

That has presented a challenge to Medical Mutual, Sauer says, because many people are willing to admit to having depression based on this utilization. “It’s a touchier program,” she explains. “People with diabetes are willing to say they have diabetes, but with depression it’s not always the same.”

The health plan also has yet to attempt any outcomes measurement because of its newness. That will occur down the road, Sauer says. “We’ll look at standard utilization measures such as emergency room visits, inpatient utilization, medication compliance and the overall cost of care for the target population [compared with a baseline]. We plan to use our past experience and history to produce our baseline and then remeasure at the first and second year of the program.”

In addition to the depression management program, Medical Mutual also offers its plan members six other DM programs through outside contracts with DM vendors. It contracts with Marietta, Ga.-based Matria Healthcare for maternity, asthma, COPD and diabetes management programs, and it contracts with Rosemont, Ill.-based CorSolutions Medical Inc. for congestive heart failure and chronic pain management programs.

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## The Business Case for Depression DM

### The Impact of Depression on the Workforce

Research has shown high degrees of limitation among depressed workers, who report that their health reduces their work output 30 to 35 percent of the time. Total productivity losses resulting from mental health disorders, of which depression is the most common, accounts for an average total work time lost of around 13 hours per week. Untreated depression is costly. Patients with depressive symptoms spend more days in bed than those with diabetes, arthritis, back problems, lung problems or gastrointestinal disorders.

Depression costs employers about \$44 billion a year in lost productive time. Of that amount, depression accounts for close to \$12 billion in lost work days alone.

More than \$11 billion in other costs accrue from decreased productivity due to symptoms that sap energy, affect work habits and cause problems with concentration, memory and decision-making. Costs escalate still further if a worker's untreated depression contributes to alcoholism or drug abuse. Most lost time occurs while people are at work. People are making it to work but they're just not engaged in their work. They're getting to the work site but then not performing or functioning on the job. Business executives call this "presenteeism," and it is often invisible to nearly all employers.

### Key Facts about Depression

A recent American Association of Health Plans (AAHP) survey of chief medical officers indicates that primary care management of depression, including medication management, is considered the sixth most underused service or procedure in American medicine

- 70 percent of all healthcare visits are driven by a behavioral factor.

- 30 percent of cancer patients suffer from depression.
- 27 percent of patients with diabetes suffer from depression.
- 70 percent of patients with diabetic complications suffer from depression.
- 18 percent to 20 percent of patients suffering from cardiovascular disease suffer from depression.
- 40 percent to 65 percent of patients suffering heart attacks suffer from depression. 10 percent to 27 percent of patients suffering from stroke suffer from depression.
- 45 percent to 70 percent of patients with multiple sclerosis, rheumatoid arthritis, cystic fibrosis, sickle cell anemia, Parkinson's disease and hemophilia suffer from depression.
- 10 percent to 15 percent of all new mothers get postpartum depression.
- 66 percent of patients with depression never receive treatment.
- 30 percent of total healthcare costs result from lack of care facilitation and preemptive interventions, and the cost of unproductive wages and lost productivity (and presenteeism) ranges from 8 percent to 16 percent of payroll for most employers.

### Return on Investment

Depression DM program interventions immediately increase condition awareness, educate health plan members and support provider treatment plans, all of which can improve clinical outcomes. Higher levels of functioning result in fewer lost work days, higher productivity, and healthier members.

Source: Les Meyer, HealthWise Initiatives Inc.

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