

# NBCH action brief

## Depression

An estimated one in 14 U.S. adults report struggling with depression.<sup>1</sup> Considering its significant impact on the workplace—the economic burden of depressed employees is estimated at \$83 billion per year<sup>2</sup>—more companies are tackling mental health issues and making investments to support healthier, more productive employees. This Action Brief outlines the scope of depression; how health plans are addressing the issues based on data from eValue8, a resource used by purchasers to track health plan performance; and actions employers can take to engage and support their workforce around mental health issues, including awareness, diagnosis, and treatment options.

### WHAT'S THE ISSUE?

**DEPRESSED EMPLOYEES ARE ESTIMATED TO HAVE 70% HIGHER HEALTH CARE EXPENDITURES THAN NON-DEPRESSED EMPLOYEES.<sup>3</sup>**

#### WHAT IS DEPRESSION?

- ▶ The three most common types of depression are:
  - Major Depression—disabling symptoms that prevent normal functionality;
  - Dysthymia—long term symptoms (2+ years) that are not as severe as major depression yet prevent a person from feeling well; and
  - Bipolar—cycling mood changes from extreme highs to extreme lows.<sup>4</sup>
- ▶ Depression is most likely caused by a combination of genetic, biological, environmental, and psychological factors.<sup>5</sup>
- ▶ Depression commonly coexists with and can adversely affect the course and outcome of common chronic conditions, such as arthritis, asthma, heart disease, cancer, diabetes, and obesity.<sup>6</sup>
- ▶ 65% - 80% of individuals with mental illness will improve with appropriate diagnosis, treatment, and ongoing monitoring.<sup>7</sup>
- ▶ Despite effective treatment options, only one-third of those with a mental health condition seek care,<sup>8</sup> and for those who do, medication adherence remains problematic.
- ▶ Performance on HEDIS mental health measures from 2000 to 2005 indicate that while approximately 60% of diagnosed patients received prescriptions during the acute phase of an episode, only about 40% renewed their prescription during the continuation phase of therapy.<sup>9</sup>

#### MAKING THE BUSINESS CASE

- ▶ More employees are absent from work because of stress and anxiety than from physical illness or injury.<sup>10</sup>
- ▶ However, 81% of lost productivity associated with depression is due to presenteeism.<sup>11</sup>
- ▶ While at work, those suffering from depression may have trouble concentrating, difficulty making decisions, and a decreased interest in work.<sup>12</sup>
- ▶ In a 3-month period, patients with depression miss an average of 4.8 workdays and suffer 11.5 days of reduced productivity.<sup>13</sup>
- ▶ In a 2005 study, employees who received depression care management over a two-year period realized a 28.4% improvement in absenteeism and a 90.9% improvement in presenteeism with an annual economic value of \$2,601.<sup>14</sup>
- ▶ Using conservative assumptions, employer investments in enhanced depression treatment will realize a return on investment of \$2.70 for every \$1 invested.<sup>15</sup>

### MEASURING UP

**EVALUE8 RESULTS FROM 2012 SHOW THAT PLANS ARE GENERALLY COMMITTED TO SUPPORTING PATIENTS SUFFERING FROM MENTAL HEALTH DISORDERS.**

#### Monitoring Medication Adherence

- ▶ 94% of participating plans reported monitoring antidepressant medications for adherence.
- ▶ Among those, 75% alert members when a medication gap is identified, and 75% alert practitioners when a medication gap is identified.

Continued on page 2

## MEASURING UP CONTINUED

### Monitoring Prescribing Practices

- ▶ 89% of plans report using formal procedures to determine the appropriateness of antidepressant medication practices of non-behavioral health practitioners.
- ▶ 70% of plans monitor practitioner's rates of antidepressant medication prescriptions compared to the rates of depression diagnosis to ensure that there is a corresponding diagnosis for the use of depression medications.
- ▶ 70% of plans monitor practitioner's rates of prescribing multiple antidepressant medications.

### Screening for Co-morbid Depression

- ▶ 93% of plans report routinely screening all members with other chronic diseases that require management.
- ▶ 85% of plans recommend that all new mothers be systematically screened for postpartum depression.

### Telephone Management

- ▶ 57% of plans will call a participating member due to missed clinical services.
- ▶ 89% of plans will call members due to medication events such as a failure to refill their antidepressant medications.

## TAKE ACTION

### Action Item #1: Evaluate and strengthen your mental health services and programs

- ▶ The prevalence of depression in your workforce as well as cost savings from treatment and depression care management programs can be estimated through calculators offered by [www.caremanagementfordepression.org](http://www.caremanagementfordepression.org) and [National Partnership for Workplace Mental Health](http://NationalPartnershipforWorkplaceMentalHealth.org).
- ▶ "The Effect of Improving Primary Care Depression Management on Employee Absenteeism and Productivity" study confirmed one effective strategy that employers can implement to improve depression treatment: the purchase of a depression care management product with specific features of patient identification and monitoring by the physician and the care team.<sup>13</sup>

### Action Item #2: Engage your health plan and vendors<sup>16</sup>

- ▶ Talk to your health plan about adequate mental health screening, particularly for *young* adults, for whom depression may be their only health condition. Assure that depression screening does occur for adults of all ages who are treated for other chronic conditions.
- ▶ Also discuss adequate mental health benefits with your plan, including the importance of employee access to mental health information and assistance in navigating the health care system once an employee actively seeks treatment.
- ▶ Set expectations for your plan, including their ability to integrate mental health services with general medical health services (as opposed to carving them out) as communication between mental health clinicians and primary care physicians can be invaluable to treatment. Pharmacy data should also be integrated with the medical record.
- ▶ Choose a health insurance vendor that offers evidence based collaborative care or uses a specialized disease management program to support primary care physicians in managing depression. Both of these approaches dramatically improve outcomes of care.

- ▶ See if your behavioral health vendor or health plan can integrate its services with other programs such as your Employee Assistance Program or disease management program. Integration can provide employees with better coordination of care and can save employers a good deal of time, effort, and dollars.
- ▶ Review your pharmacy benefit manager (PBM) formulary and the adequacy of the medications on it. Restricted pharmacy benefits may be costing you more money than is saved. Ask your PBM about their process for handling requests for an exception to the formulary. How does your PBM monitor and encourage patients to start and remain on their medications?
- ▶ Even in a coordinated care model, let your plan know that there needs to be oversight for the number of patients seen, the degree of collaboration between the health practitioners and outcomes based data, and evidence that the patient is seen as frequently as would be indicated by a good care management protocol.
- ▶ The National Business Coalition on Health has a set of questions pulled from eValue8 relative exclusively to vendor selection and management as it relates to depression. Interested employers should [contact NBCH](http://www.nbco.org) to access the questions as well as technical assistance in using them.

### Action Item #3: Create a dialogue with your workforce about mental health<sup>17</sup>

- ▶ Take advantage of tools such as [Right Direction](http://RightDirection.org), an educational initiative created to raise awareness about workplace depression, promote early recognition of symptoms, and reduce the stigma surrounding mental illness.
- ▶ Develop an employee awareness campaign around depression. Conducting an employee survey about knowledge and attitudes can be an effective way to start the education process and lessen any stigmas around the disorder.

Continued on page 3

- ▶ The Partnership for Workplace Mental Health, an initiative of the American Psychiatric Foundation, provides employers with tools and resources to help their company take action to advance mental health for their workforce. Their [website](#) promotes the business case for quality mental health care, including early recognition, access to care and effective treatment, and highlights employer case examples.

### Action Item #4: Become a leader in your community

- ▶ [Employer-based health coalitions](#) can serve as vehicles for improving workforce and community health and getting the most value for health care expenditures at the local level. These collaborations leverage the voice and power of their employer purchaser members, often through public-private partnerships, in improving health and health care.

### Endnotes

- 1 Kessler, RC, et al. "Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication." *Arch Gen Psychiatry*. Jun 2005;62(6):617-627.
- 2 Tanner-Smith, E., Bass, C., and Long, A. "Why Should Employers Care About Employee Depression." *Managed Care Outlook*. October 2008.
- 3 Ibid.
- 4 [What is Depression](#). National Institute of Mental Health.
- 5 Ibid.
- 6 "[An Estimated 1 in 10 U.S. Adults Report Depression](#)." Centers for Disease Control and Prevention.
- 7 [Business Case](#). Partnership for Workplace Mental Health. American Psychiatric Foundation.
- 8 "Mental Health: A Report of the Surgeon General." US Department of Health and Human Services. December 1999.
- 9 Anderson, B. "HEDIS Antidepressant Medication Management Measures and Performance-based Measures: An Opportunity for Improvement in Depression Care." *American Journal of Managed Care*. November 2007.
- 10 "[A Mentally Healthy Workforce—It's Good for Business](#)." Partnership for Workplace Mental Health. American Psychiatric Foundation. 2006.
- 11 Stewart, WF, et al. "Cost of Lost Productive Work Time Among U.S. Workers with Depression." *JAMA*, June 18, 2003, pp. 3135-3144.
- 12 Tanner-Smith, E., Bass, C., and Long, A. "Why Should Employers Care About Employee Depression." *Managed Care Outlook*. October 2008.
- 13 [Depression](#). Workplace Health Promotion. Centers for Disease Control and Prevention.
- 14 Rost, K., Smith, J., and Dickinson, M. "The Effect of Improving Primary Care Depression Management on Employee Absenteeism and Productivity." *Medical Care* 2004. 42:1202-1210.
- 15 Lo Sasso, A., Rost, K., and Beck, A. "Modeling the Impact of Enhanced Depression Treatment on Workplace Functioning and Costs." *Medical Care*. April 2006.
- 16 "[A Mentally Healthy Workforce—It's Good for Business](#)." Partnership for Workplace Mental Health. American Psychiatric Foundation. 2006.
- 17 Ibid.