

Double Trouble: The impact of behavioral health issues on chronic condition management



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Agenda

- 1. Behavioral health comorbidity and physical health**
- 2. Impact on health care costs and productivity**
- 3. The treatment landscape for behavioral health**
- 4. “Best practices” recommendations for population management of behavioral health comorbidity and chronic illness**
- 5. The role of digital coaching in behavioral health population management**

You can't just carve it out and forget about it ...

- Behavioral health interventions need to be woven into the entire continuum of care (e.g., wellness, prevention, obesity, and disease management programs)

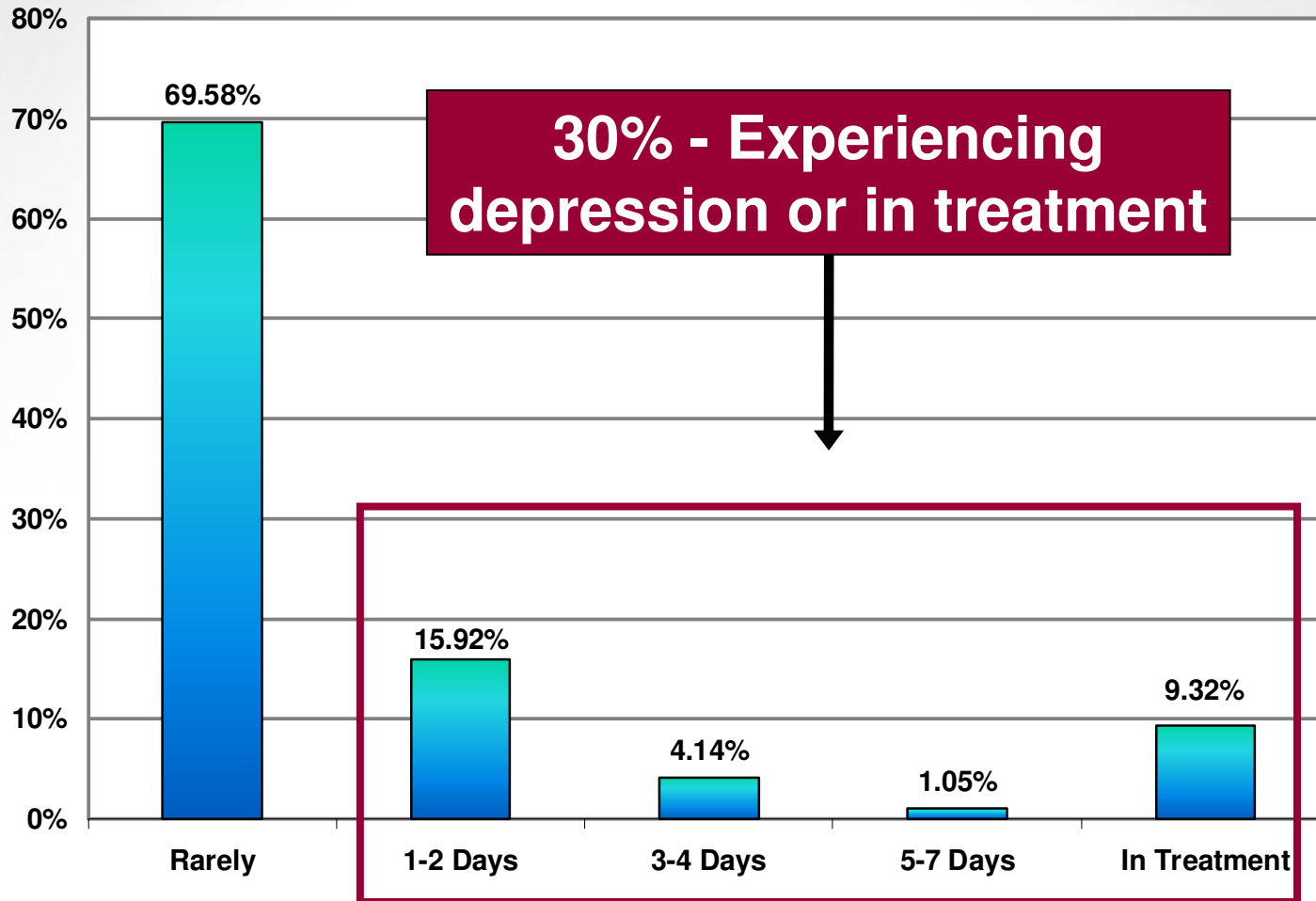
Behavioral Health Problems

Affect at least 30% of the population at any time

- **Prevalence** much higher among those with **chronic conditions**
 - Binge eating disorder affects 10-15% of obese, 25% of extremely obese
- **Behavioral health comorbidity** has a profound effect on **medical outcomes, productivity problems, and costs** associated with chronic illness
- The obesity epidemic combined with **an aging workforce** means that **more and more employees** will have comorbid conditions
- **The vast majority** of people with behavioral health problems **never seek help** – those that do usually go to primary care
 - Medication adherence problematic
 - Treatment also often poorly managed

Prevalence of Depression

Data from >900,000 participants in HealthMedia® Succeed™ HRA



Behavioral Health Comorbidity Increases Risk

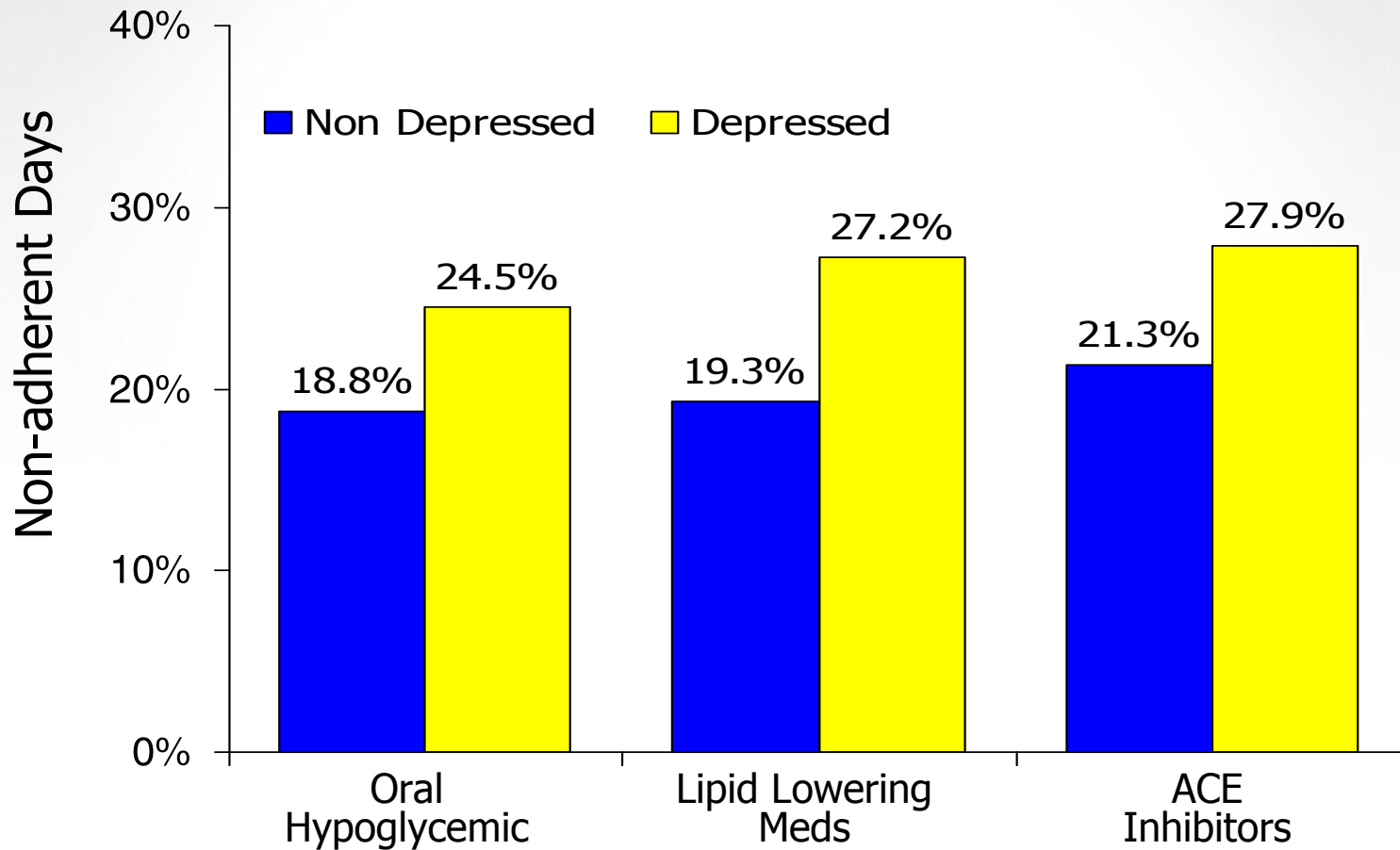
- **Non-compliance:** Depressed patients 11 times more likely to be poorly adherent to asthma therapy - taking less than 50% of it
- **Health-threatening behaviors:** Those with depression engage more in high risk behaviors (smoking, unprotected sex). Insomnia triggers alcohol abuse
- **Disability:** Presence of depression in severe inflammatory diseases more than doubles the risk of disability
- **Symptom severity:** Patients with diabetes and depression have poorer glycemic control and more diabetes symptoms
- **Treatment outcomes:** Depression and binge eating disorders associated with poor weight management outcomes
- **Relapse:** Depressed patients with heart disease have increased risk of another MI
- **Death:** After a heart attack, patients with clinical depression have 3-4 times greater chance of death within next six months

Comorbidity: Depression and Diabetes

1. **25% of people with adult onset diabetes** have depression
2. The chances of being depressed increase as diabetes complications worsen
3. Depression affects up to **70% of patients** with diabetic complications
4. **Increased risk of death** – Patients with diabetes and depression have poorer glycemic control, more diabetes symptoms, and greater all-cause mortality

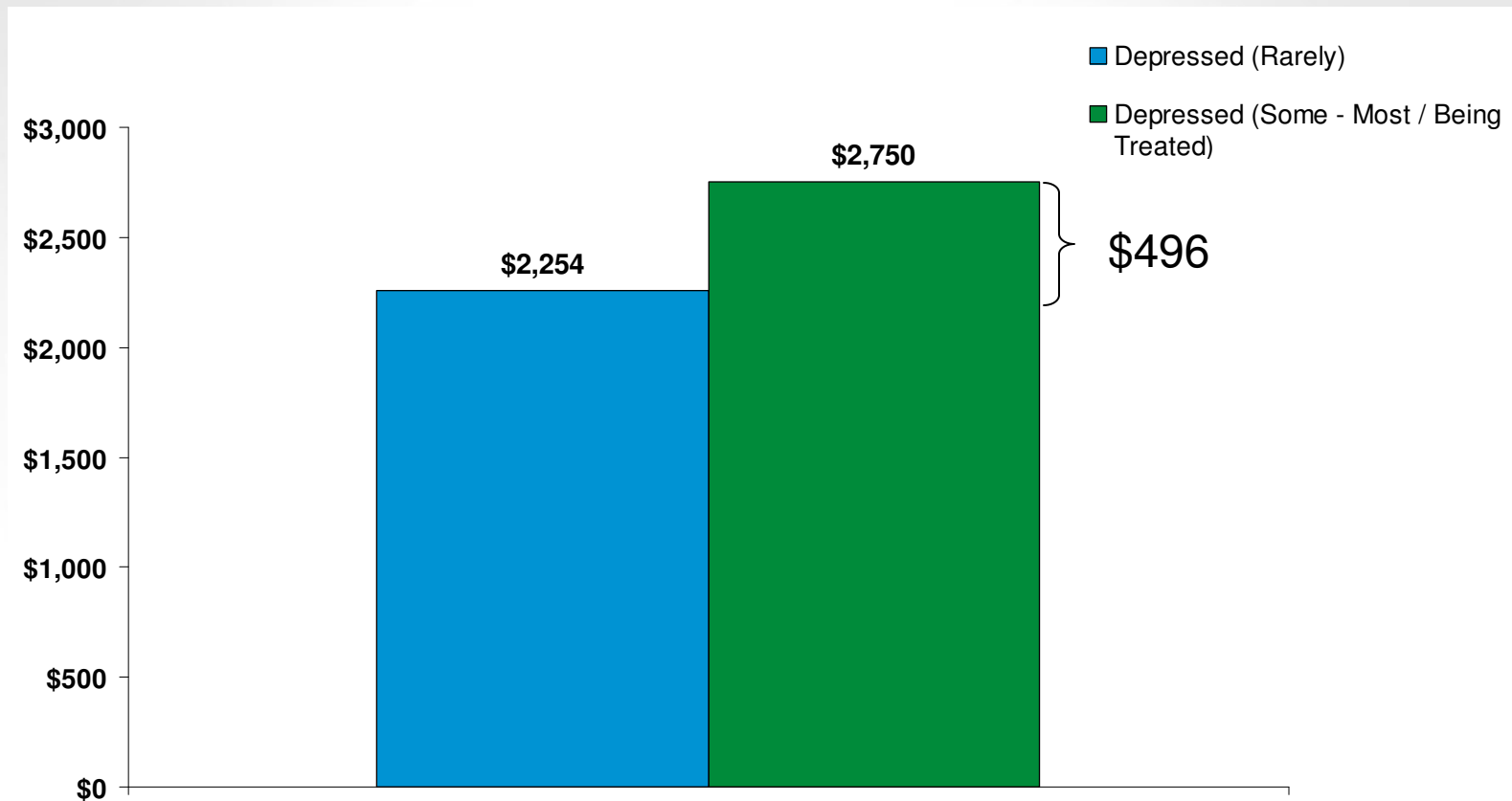


Medication Adherence in Diabetic Patients



Lin et al 2004

2004-2005 Average Total Healthcare Costs by Depression Levels (Adjusted for Gender and Age)



2004-2005 total healthcare costs include inpatient, outpatient, medical and pharmacy costs. Excluded women who were pregnant. Depression cutoff some / occasionally / most of the time felt depressed during the past week or currently being treated for depression. Adjusted for gender and age. Depressed N=4,715 (22.5%), non-depressed N=16,241 (77.5%), p=.000.

Health Problems: Top Ten Cost Drivers

<u>Medical/Pharmacy</u>	<u>Productivity</u>	<u>Medical + Productivity</u>
▪ Cancer	▪ Fatigue	▪ Fatigue
▪ Back/neck problems	▪ Depression	▪ Depression
▪ Coronary Disease	▪ Back/neck pain	▪ Back/neck pain
▪ Chronic Pain	▪ Sleeping problem	▪ Sleeping problem
▪ High Cholesterol	▪ Other chronic pain	▪ Other chronic pain
▪ GERD	▪ Arthritis	▪ Arthritis
▪ Diabetes	▪ Hypertension	▪ Hypertension
▪ Sleeping Problem	▪ Obesity	▪ Obesity
▪ Hypertension	▪ High cholesterol	▪ High cholesterol
▪ Arthritis	▪ Anxiety	▪ Anxiety

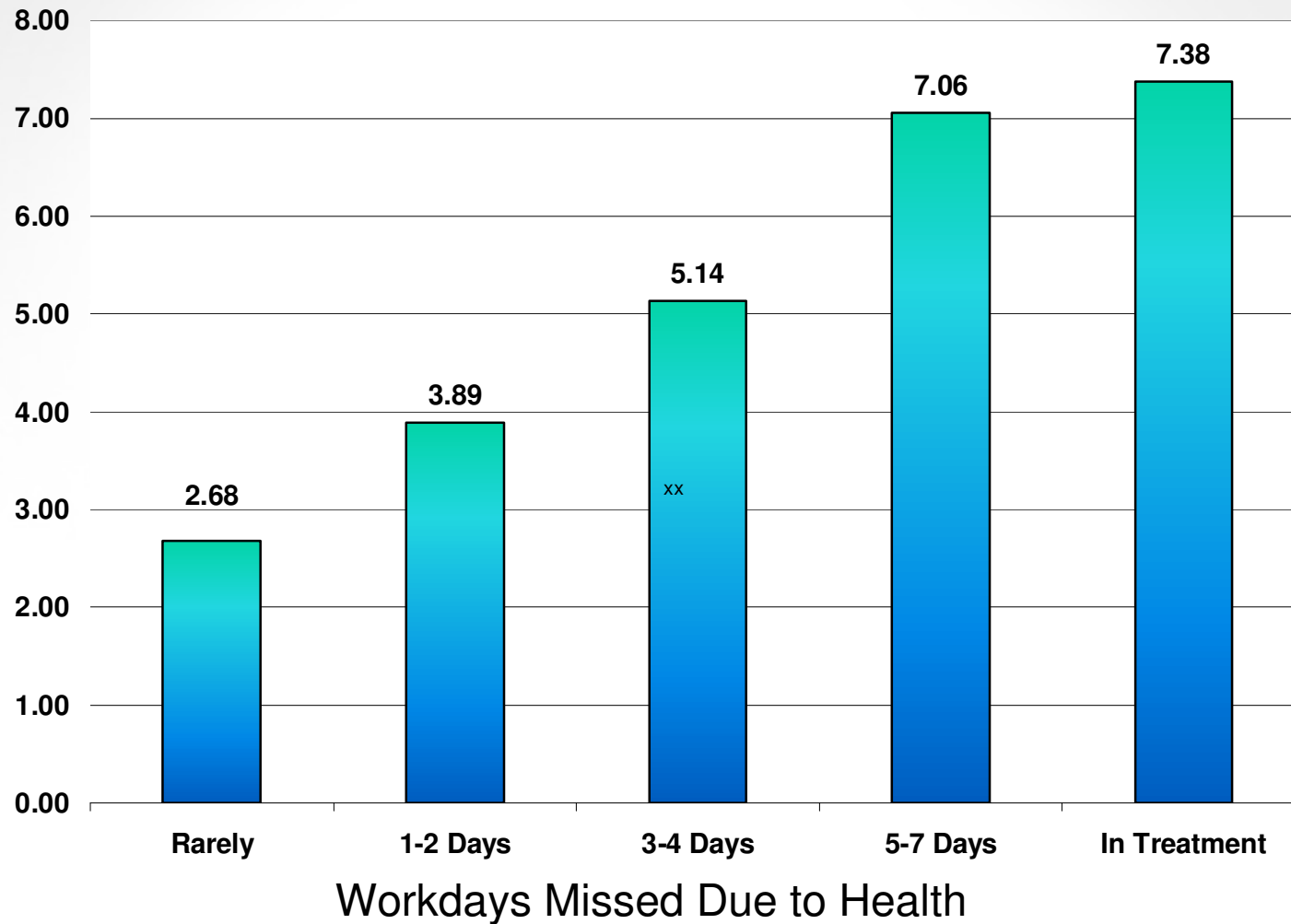
Depression Workplace Cost: \$51.5 Billion

- **Absenteeism** – Depression is associated with 27.2 annual lost workdays per worker
- **Disability** – Depressed employees incur more disability days than those with physical symptoms caused by hypertension, CVD, or diabetes
- **Absenteeism** – 44% of depressed workers missed one or more days for emotional problems in last 3 months



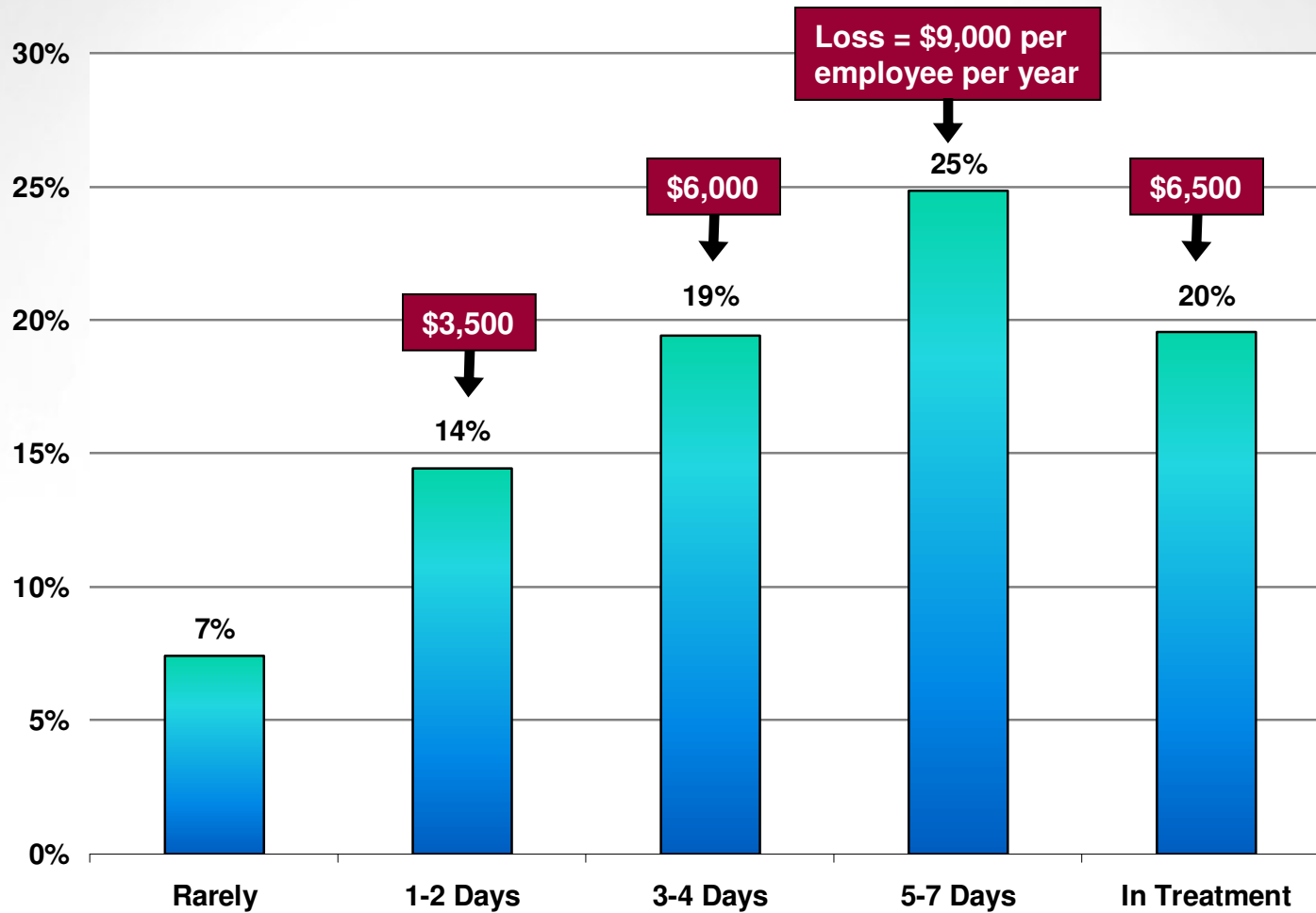
Depression Comorbidity and Absenteeism

WPAI Data from HealthMedia® Succeed™ HRA



Depression and Productivity Impairment

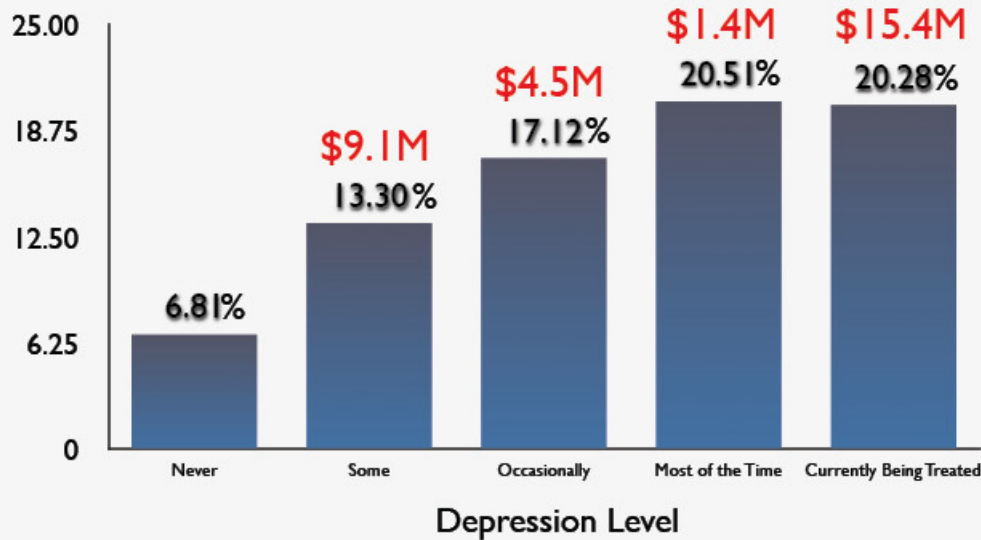
Productivity Impairment by Frequency of Depression



Depression Impact

WPAI results reveal how productivity impairment is draining company dollars.

McKesson Depression Productivity Impairment Cost Impact at Baseline

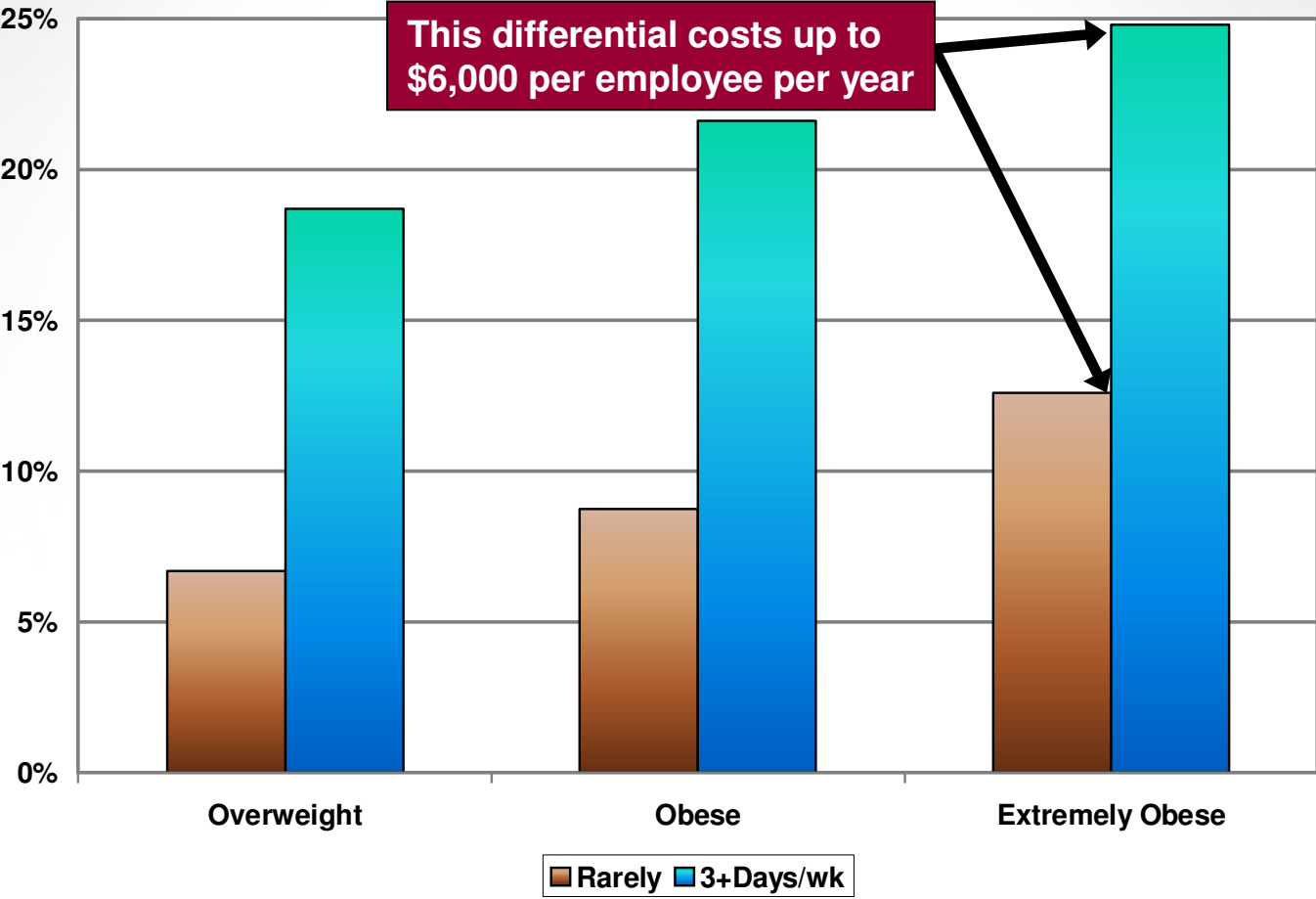


= **\$30.1M**
Problem

Source: HealthMedia® Succeed™ Health Risk Assessment, Worker Productivity and Activity Impairment Questionnaire, and HealthMedia® Productivity Dashboard

Depression Comorbidity and Productivity

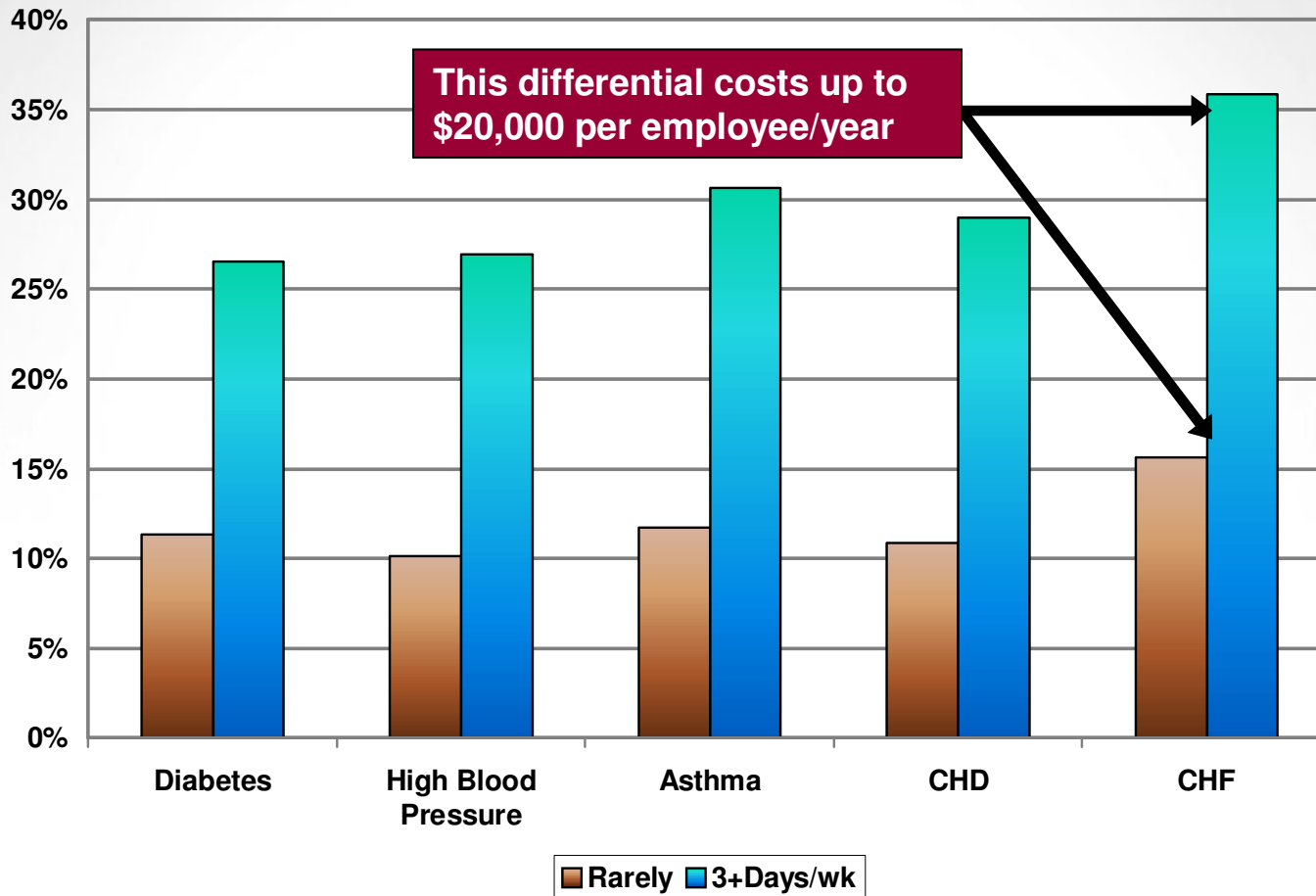
WPAI Data from Succeed



Productivity Impairment

Depression Comorbidity and Productivity

WPAI Data from Succeed



Productivity Impairment

Behavioral Health Treatments Work

Both psychotherapy and medication are effective with many problems

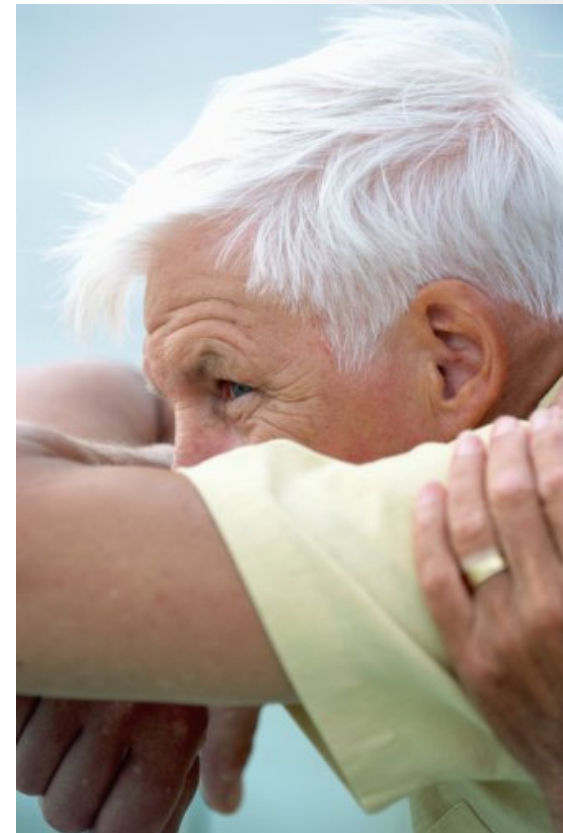


- Effective psychotherapies include **cognitive therapy, behavior therapy, and interpersonal psychotherapy (IPT)**
- **Self-help and online cognitive-behavioral interventions** have also shown efficacy
- **Combining psychotherapy and medication** can be more effective than meds alone, especially for severe depression
- Psychotherapy, particularly **cognitive therapy**, can be more effective at **preventing relapses**

Two-Thirds Receive Meds in Primary Care

But millions fail to get the benefit

- **Sub-optimal dosing:** Primary care is **too overburdened** for effective titration and monitoring
- One study found that only **19% of depressed patients in primary care were being treated adequately**, in compliance with treatment guidelines (JAMA, 2003)
- **Non-compliance** is high
- **High drop-off rates** from first to second prescriptions
- **Drugs alone** have limitations, and are not the answer for all problems or all people



Relatively Few Receive Psychotherapy

Millions go untreated

- **Fear of stigma** keeps many from coming forward for psychotherapy
- **Only 20%** of those who are referred for psychotherapy follow through
- Half of those who enter psychotherapy **drop out prematurely**
- Mental health professionals cannot keep up with the demand for their services
- Some areas have **a lack of therapists** trained in effective treatments



Mental Health Parity

An opportunity to provide integrated care for chronic conditions

- Removal of restrictions on care
- Most employers and health plans looking to continue coverage
- Providers are already swamped
- Impact of obesity epidemic and aging workforce requires dual emphasis on chronic conditions and behavioral health problems
- Innovative solutions are needed
- The role of primary and secondary prevention

Behavioral Health Population Management

“Best Practices” Recommendations

1. Behavioral health interventions can no longer be “carved out” – they need to be woven into chronic condition management
2. Increase screening and early intervention for behavioral health problems among those with chronic conditions, including “sub-threshold” symptoms, before they become more serious
3. Use HRA and claims data to identify populations at risk and design intelligent recruitment strategies
4. Offer alternatives to medication and “high touch” services, including Web-based digital coaching programs, to reach those who may never come forward
5. Offer additional self-management resources for patients receiving meds in primary care or telephonic coaching

A Revolution Driven by the Internet

Promoting population management through patient self-management

Digital coaching addresses six key industry pain points:

1. Participation

- More self-disclosure to computer assessment
- Assessment data drives “intelligent recruitment”
- Potential use as primary prevention
- Confidential
- Available 24/7 – during high need

2. Scalability

3. Cost (of delivery)

4. Efficacy

5. Ownership – empowering self-management

6. Return on investment



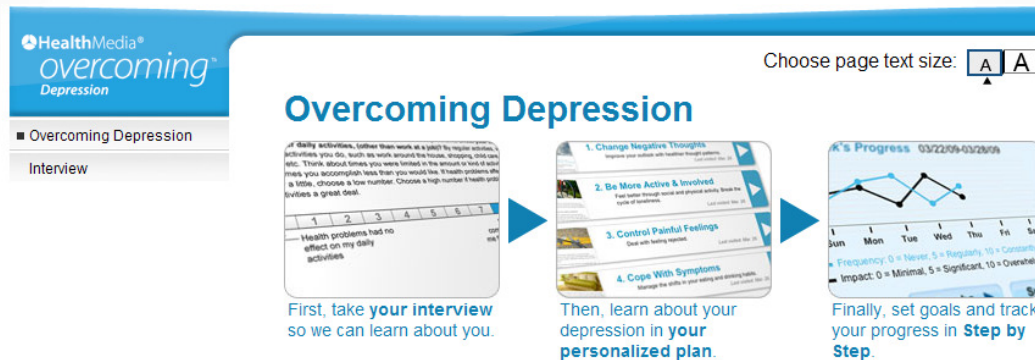
Snapshot of Digital Coaching Participants

The vast majority are not receiving medication or psychotherapy

Digital Coaching Program	Users	In Treatment
Insomnia	13,123	24%
Depression	15,738	34%
Binge Eating	2,742	13%

Depression Management

Digital Coaching



- **15,228 Users**
- **Both genders** - 77% women, 23% men
- **All ages** - 52% over 40
- **Not receiving help** - 66%

Overcoming Depression

Many KP users have been diagnosed with comorbid medical problems

High Blood Pressure	23%
High Cholesterol	21%
Anxiety	21%
Back Pain	19%
Migraine	15%
Asthma	15%
Panic Attacks	13%
Insomnia	12%
Menopausal Hot Flashes, PMS	11%
Irritable Bowel Syndrome	10%

Overcoming Depression

KP users are more impaired compared with other users of the program

Variable	KP	Other Users
Confidence to manage depression	5.08*	5.91*
CES-D score	6.64*	5.36*
Overall impairment (WPAI)	43%	30%
Sick days in the last 12 months	8.39	6.46

*Ratings made from 0-10

Depression Management

6 month outcomes



HealthMedia® Overcoming™ Depression

- **41%** decrease in average CES-D scores from 5.02 to 2.96
- **16%** increase in the confidence to manage depression
- **24%** improvement in productivity impairment (31% to 23%).
- **\$3,832 productivity savings** per year per participant

Depression Management

6 month outcomes



HealthMedia® Overcoming™ Depression

- **34% decrease** in physician visits in past 3 months
- **87% decrease** in ER visits in past 3 months
- **85% decrease** in nights in the hospital past 3 months
- **High program satisfaction** (87.7% rated program as excellent / very good / good)

Depression Management: McKesson Corporation

6 month outcomes



HealthMedia® Overcoming™ Depression

- **42%** decrease in average CES-D scores from 5.55 to 3.24
- **18%** increase in the confidence to manage depression
- **33%** improvement in productivity impairment (33% to 21%).
- **\$5,675 productivity savings** per year per participant

Sleep Improvement: McKesson Corporation

6 month outcomes



HealthMedia® Overcoming™ Insomnia

- **29-minute** increase in average sleep time
- **31%** reduction in fatigue levels
- **13%** reduction in anxiety levels
- **33%** decrease in difficulty falling asleep
- **34%** decrease in difficulty of staying asleep ratings
- **30%** increase in the confidence to manage insomnia
- **\$3,165 productivity savings** per year per participant

Summary

- Behavioral health solutions need to be part of chronic condition management and wellness – they can no longer be “carved out” and administered in a vacuum
- Increased screening promotes early identification and remediation for those with comorbid behavioral health problems
- Short-term increases in treatment expenses will be more than offset by improved medical outcomes and increased productivity, particularly if scalable interventions are used in addition to more “high touch” coaching and treatment for chronic conditions

Contact Information

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