Tackling Depression: The State of Tennessee's Be Well At Work Program Approach

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Today's Topics

 Discuss the burden of depression in State of Tennessee employees

 Explore the connection between depression, medical utilization, and cost

Present the Be Well At Work program approach and initial results



The Business Case for Addressing Employee Depression

- Between 10-20% of the population stricken at least once during lifetime
- One of the top 5 leading sources of health-related productivity loss
- The average depressed worker misses from 0.5-4 workdays per month
- The average depressed worker is limited in his or her ability to work
 35% of the time



Be Well at Work: What's Innovative?

- It is employee-centered short-term care for depression focusing on restoring ability to function
- Care is easy-to-access brief, telephonic intervention from speciallytrained Advocates
- Advocates receive ongoing supervision from a multidisciplinary team of experts in psychiatry, clinical psychology and workplace health
- Care is supported by an electronic screening and care management information system
- The system includes high quality assessment tools and analytics
- Be Well at Work is evidence-based!!!





We Operate Large Plans

- Administer health insurance benefits for 274,000 public sector employees, retirees and their dependents
- State/higher education total 147,520 lives
- \$1.5 Billion spent in 2015 across all the plans
- Plan covers 1 in every 11 commercially insured Tennesseans



Redesigned Our Plans in 2010

Standard PPO

- No rewards/incentives for healthy behaviors
- Members pay higher share of costs under this plan versus the Partnership PPO Plan
- Members have access to the same network and wellness supports

Partnership PPO

- Rewards member commitment to improving or maintaining health
- Member AND dependent spouse commit to "Partnership Promise"
- Wellness participation required

Simple framework

- Two PPO options and two carrier options for each
- Member choices have cost consequences



Behavioral Health Focus

- Data revealed potential behavioral health underutilization
- New role was created to focus on behavioral health
- Contract was reprocured in 2012 with a greater emphasis on increasing utilization and quality



Where our members seek care

Primary care providers, not behavioral health professionals, treat the vast majority of our members struggling with depression



Medical and Behavioral illnesses are closely linked

- 50% of visits to primary care providers result from patient symptoms unexplained by a physical illness but often associated with depression.
- 2-4x more health care resources are consumed by depressed members who are not receiving treatment.



Partnership for Workplace Mental Health: http://workplacementalhealth.org/Business-Case/The-Business-CaseBrochure.aspx?FT=.pdf



Our Member Data

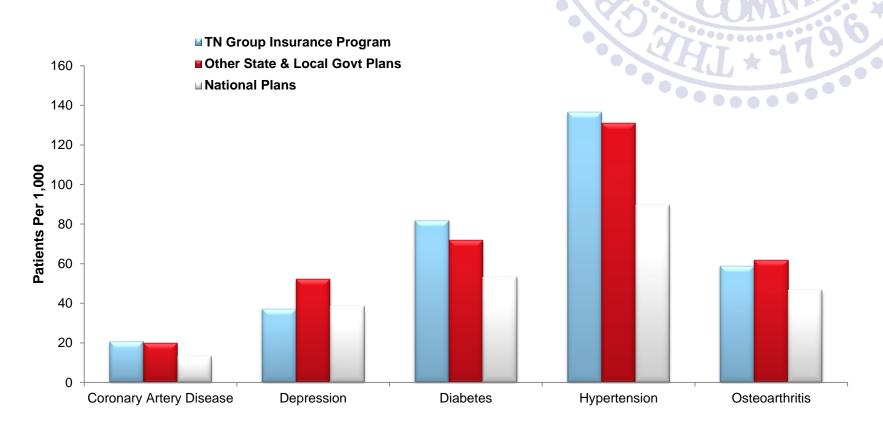
11% had a positive initial depression screening (over 17,000 members)

Over half of those members received no treatment

Only 3% engaged with behavioral health



Tennessee's Excess Disease Burden





Marginal Cost of Excess Disease Burden

	State of TN Public Sector Plans (PSP)		National Norms	Excess Disea	Excess Disease Burden	
Disease Categories	Patients Per 1,000	Medical Costs per Patient	Patients Per 1,000	Difference from PSP	Marginal Cost	
Anxiety Disorder	26.6	\$294	22.3	4.3	\$398,988	
Asthma	21.7	\$573	22.8	-1.2	-\$208,983	
Bipolar Disorder	5.7	\$1,365	4.8	1.0	\$421,449	
Coronary Artery Disease (CAD)	20.5	\$5,392	13.2	7.3	\$12,358,979	
Congestive Heart Failure (CHF)	4.0	\$4,499	2.2	1.8	\$2,517,492	
Chronic Obstructive Pulmonary Disease						
(COPD)	8.5	\$1,194	6.2	2.4	\$888,151	
Depression	37.1	\$681	38.5	-1.5	-\$317,966	
Diabetes	81.8	\$690	53.2	28.7	\$6,252,177	
Hypertension	136.7	\$276	89.7	47.0	\$4,087,121	
Osteoarthritis	58.8	\$2,799	46.6	12.2	\$10,794,742	
Rheumatoid Arthritis	5.1	\$2,715	4.2	0.8	\$717,531	
Total Medical Spending Sept 2014 - Aug 2015 \$1,400,760,040	Marginal Co	ost Due to Excess Disease Burden:		or 2.7% of to	\$37,909,681 tal medical cost	

Source: Public Sector Plans incurred claims data for the

Sept 2014 - Aug 2015.



Why Be Well at Work?

- Evidence Based
- Scalable and Measurable
- Utilized Technology
- Delivered in coordination with primary care and current behavioral health care



Be Well at Work's Structure

Web-based, privacy-protected health screening

- Advertised in the workplace
- All participants receive immediate, personalized results and recommendations

Telephone-based intervention

- Eight biweekly sessions (four months), 50 minutes per session
- Each participant has a dedicated counselor
- Providers are EAP-experienced, Master's-level clinicians

Electronic Care Record

Analytic and reporting tools



Be Well at Work Care Components

Care Coordination

- Employee psycho-education
- Three-way communication to align employee, counselor and physician treatment goals

Cognitive-Behavioral Therapy Strategies

Promoting acquisition of self-care strategies using Creating a
 Balance

Work Coaching and Modification

- Identifying work limitations and barriers to effective functioning
- Guiding change to work routines and environmental conditions including, when necessary, adopting compensatory strategies



The Be Well at Work National RCT

Aims

- Third in a series of federally-sponsored research studies
- Testing effectiveness versus usual care for improving functioning at work and work productivity
- Testing effectiveness versus usual care for reducing depression symptom severity
- Assessing benefit-to-cost ratio

Scope

- National study of employed adults age 45+ from 19 employers and five organizations serving employed populations
- Conducted with Optum

Time Frame

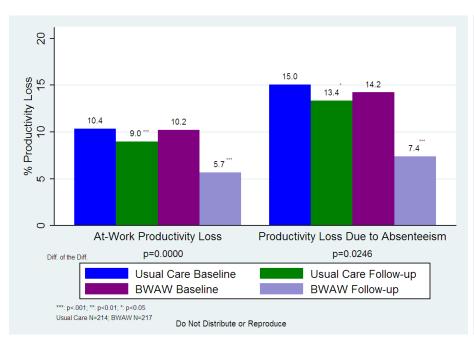
September 2010 to August 2013

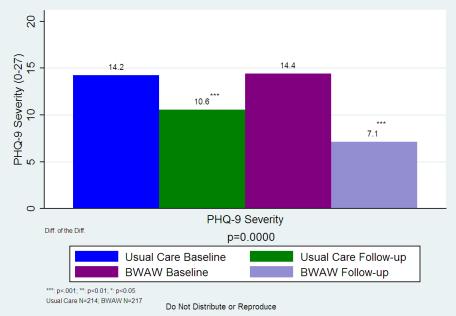
Sponsor

National Institute on Aging (R01AG033125-01A1)



Be Well at Work Significantly Reduced Productivity Loss Due to Presenteeism and Absenteeism and Depression Symptom Severity-Mean WLQ and PHQ-9 Scores







Pre/Post Change in Employment and Depression Characteristics Comparing Adults with Depression in Be Well at Work vs. Usual Care

	Be Well at Work (n=190)		Usual Care (n=190)		
	n	%	n	%	р
Change in major depression	n=112		n=118		
Remitted	41	37	12	10	
Responded	24	22	26	23	. 004
No change	40	36	64	56	<.001
Worse	6	5	13	11	



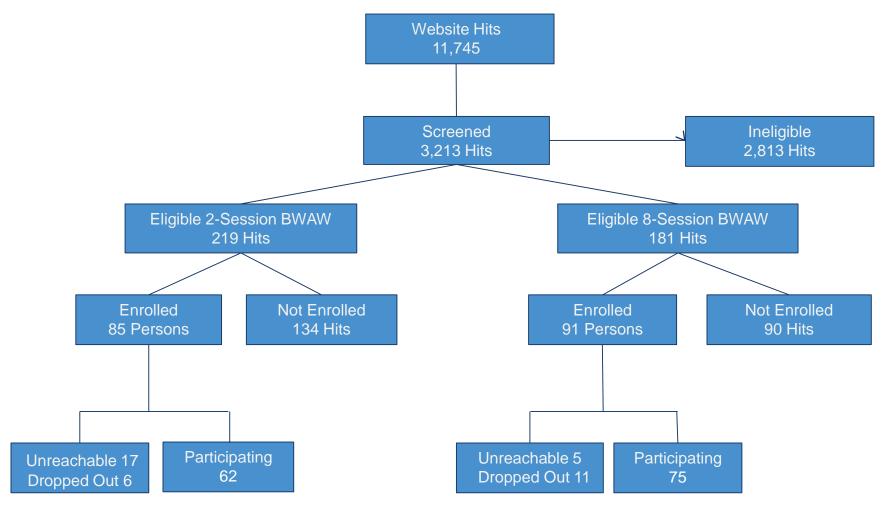
National Study Savings are Accrued in Presenteeism and Absenteeism

- Estimated annualized savings in at-work productivity = \$1,890/participant*
- Estimated annualized savings in absence costs = \$3,213/participant
- Estimated annualized in total productivity savings = \$5,103/participant
- In a 10,000-person company with 3% of depressed in the new program, productivity savings will exceed \$1.53 million/year (using the median participants' salary) or \$822K/year (using the median US salary)

- Calculated using the participants' median salary of \$63,000
- ** Median US salary = \$33,841



Be Well at Work (BWAW) Program Activity September 22, 2015 – January 16, 2016



Characteristics of Persons Eligible for Be Well at Work September 22, 2015 – December 26, 2015

	8-Session BWAW		
	Enrolled	Eligible but not Enrolled	
	76	70	
Depression Symptom Severity % (n)			
Mild	15.0 (9)	13.3 (8)	
Moderate	43.3 (26)	41.7 (25)	
Moderately Severe	15.0 (9)	30.0 (18)	
Severe	26.7 (16)	15.0 (9)	
Mean (SD)	15.2 (5.1)	14.7 (4.9)	
WLQ Percent time Limited, Mean (SD)			
Handling Workload	48.7 (26.3)	42.1 (26.8)	
Concentrating on Work	52.6 (24.7)	51.1 (23.9)	
Self-Rated Health, % (n)			
Excellent	0 (0)	1.4 (1)	
Very good	6.6 (5)	4.3 (3)	
Good	35.5 (27)	35.7 (25)	
Fair	44.7 (34)	48.6 (34)	
Poor	13.2 (10)	10.0 (7)	



Characteristics of Persons Eligible for Be Well at Work September 22, 2015 – December 26, 2015 (Cont'd)

	8-Session BWAW		
	Enrolled	Eligible but not Enrolled	
Self-Rated Mental Health, % (n)			
Excellent	0 (0)	0 (0)	
Very good	0 (0)	1.4 (1)	
Good	9.2 (7)	12.9 (9)	
Fair	53.9 (41)	54.3 (38)	
Poor	36.8 (28)	31.4 (22)	
Chronic Conditions, Mean (SD)			
(max = 15)	4.7 (2.0)	5.1 (2.1)	
Obesity, % (n)	66.7 (48)	60.9 (39)	
Utilization Past 12 months, Mean (SD)			
PCP Visits	2.9 (1.0)	2.9 (10)	
Specialist Visits	2.5 (1.3)	2.6 (1.3)	
Hospital Stays	0.4 (0.7)	0.3 (0.6)	
ER Visits	0.8 (1.0)	0.7 (0.4)	
Total Meds Taken, Mean (SD)	4.4 (1.5)	4.7 (1.3)	
Female, % (n)	89.5 (68)	90.0 (63)	
Age, Mean (SD)	46.7 (10.3)	50.7 (9.3)	



Characteristics of Persons Enrolled in Be Well at Work Program Activity: September 22, 2015 – December 26, 2015

	8-Session BWAW	
	Participating	Not
	61	15
Depression Symptom Severity, Mean (SD)	13.2 (5.2)	15.4 (5.9)
Ever Taken Med. for Emotional Problems, % (n)	77.6 (45)	80.0 (12)
WLQ Percent Time with Limitations, Mean (SD)		
Time Management	46.3 (22.9)	49.8 (26.7)
Physical Tasks	27.8 (23.6)	26.9 (26.9)
Mental-Interpersonal Tasks	37.2 (20.4)	35.3 (15.9)
Output Tasks	42.9 (25.1)	32.8 (26.6)
Percentage At-Work-Prod. Loss, Mean (SD)	10.6 (4.7)	9.6 (4.7)
Percentage Prod. Loss-Absences, Mean (SD)	20.8 (19.0)	24.2 (21.8)
Self-Rated Frequency of Work Stress, % (n)		
Always	45.8 (27)	26.7 (4)
Often	28.8 (17)	53.3 (8)
Sometimes	22.0 (13)	13.3 (2)
Ever	3.4 (2)	6.7 (1)
Never	0 (0)	0 (0)
Male, % (n)	11.5 (7)	6.7 (1)
Age, Mean (SD)	46.6 (10.4)	47.4 (10.1)
White, % (n)	88.5 (54)	73.3 (11)



Questions?



Engaging Members

- Limited Resources available (State Park Drawing)
- Direct emails
- Letters from large primary care provider groups
- Multiple outreaches to our Agency Benefit Coordinators
- Presentation to our Wellness Ambassadors

Engaging Members



Take a quick, positive step toward managing stress & feeling better

- Start by taking a short, anonymous online health survey
- Complete the survey to be eligible for a chance to win a two night stay in a Tennessee State Park Cabin
- · Receive immediate, private results about your health
- If you qualify, you could receive free, professional and personalized health services

Participating is voluntary and confidential.

Log on today to get started.

www.bewellatwork.org/tn





1.855.Here4TN (1.855.437.3486) 1.800.456.4006 TTY users www.Here4TN.com





Engaging Members



Your <u>ParTNers for Health Employee Assistance Program</u> is excited to announce a new program, specifically designed to provide our members with the tools needed to feel better and cope with stress. The program has been developed specifically for working people like you and created for state and higher education employees who are members of the State Group Insurance Plan. The overall goal is to help you achieve a higher level of well-being.

While many of us accept the importance of having an annual physical, few will get an annual emotional health check-up. Yet, problems such as stress and depression are common and without proper care can lead to further decline in health and quality of life. Stress and depression take a large toll on many of us, leaving us feeling less interested and engaged and less able to perform effectively.

After taking the brief screening, you will be given immediate results. If you qualify, all services are provided privately by telephone at times that are convenient for you. When you enroll you will get a personal Advocate to work with throughout the program. There are two versions of Be Well at Work designed to meet the needs of different employees. Depending on which version of the program you qualify for, you will meet with your Advocate either a total of eight times or two times.

Be Well at Work is an evidence-based program, meaning it has been shown to be effective. Compared to typical care, the Be Well at Work program resulted in people feeling better, having fewer work absences and being more effective.



<u>Click here</u> or go to www.bewellatwork.org/tn to take the brief screenings. Everyone who completes the screening has the option to be entered into a drawing for a two night stay in the Tennessee State Park of your choice!



www.Here4TN.com | 1.855.Here4TN (1.855.437.3486)

How do I register?

Step one is to complete a brief screening online at the <u>Be Well at Work</u> website. You will know immediately whether you qualify. If you do qualify, you will be asked additional questions and provided more information.

What if I change my mind?

You are not obligated to participate and may decide to leave the program at any time. It is your choice.

Who is providing the services?

Be Well at Work is provided by Tufts Medical Center in Boston, Massachusetts.

Will anyone know if I participate?

No one from your employer or health insurance plan will have any information about employees who may visit the <u>Be Well at Work</u> website or participate in the program. All information you provide at any time is completely confidential.

Questions or need more information?

Contact Tufts at 1-888-386-1155 or email bewellatwork@tuftsmedicalcenter.org



