

March 13, 2018 10:45am – 11:45am



Today's Presentation Team



David Beech, Trion Group, a Marsh & McLennan Agency, Consultant



Rebekah Montcalmo, Johns Hopkins Solutions, Director



Douglas Potvin, Trinity Logistics, CFO

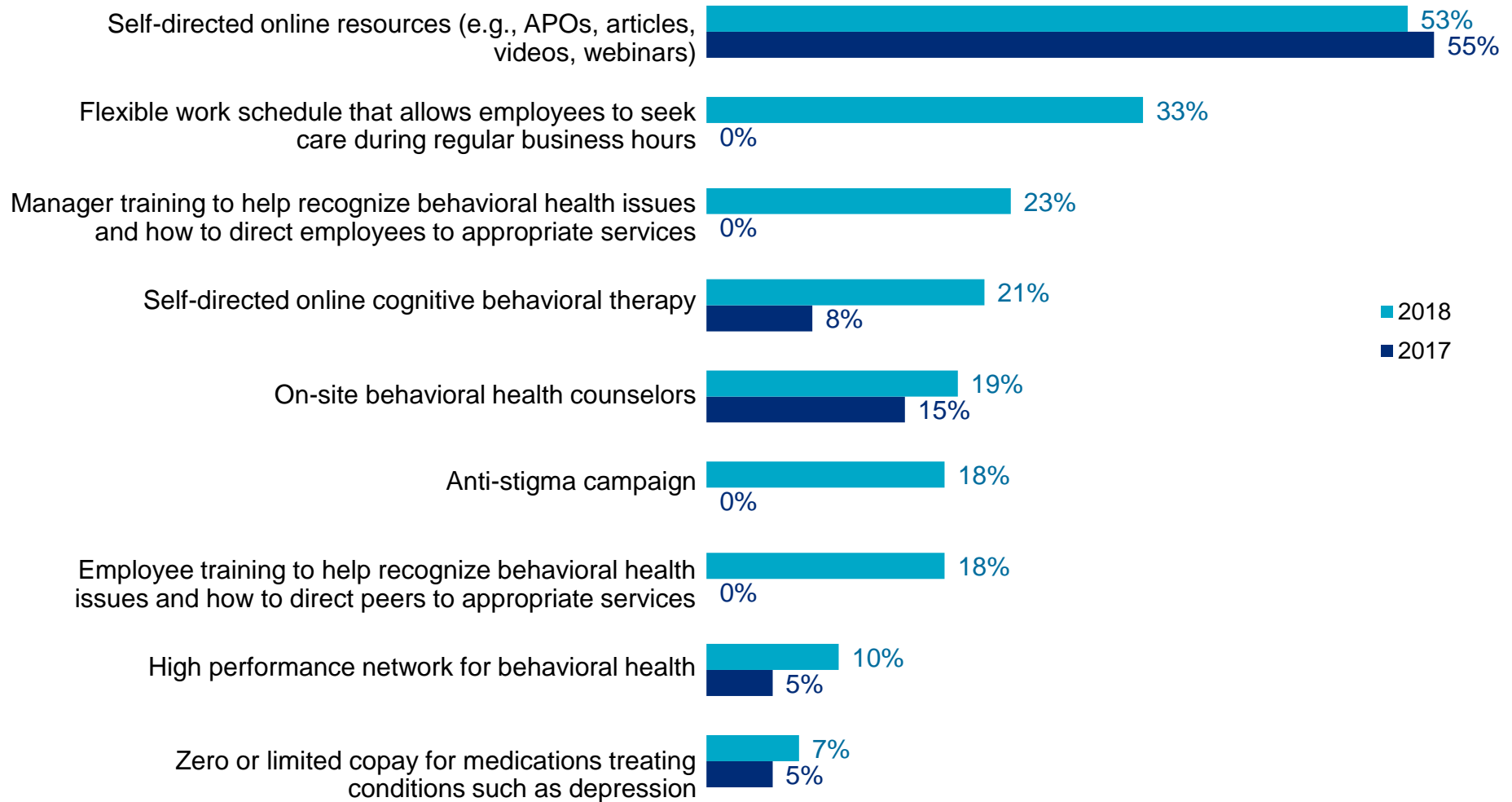


Dr. Allen Tien, Medical Decision Logic, Inc., President

Behavioral Health – Status Quo

- Often Most Prevalent Employee Health Issue
- Hard For Employees To Find Providers
- Opioid Addiction #1 Behavioral Health Issue
- Few Employers Focus Real Attention on Managing Addictions
- Many Employers Reluctant to “Invade Privacy”
- With Worksite Clients, too Much “Stigma” to Invest/Act

Employer Resources — 2017 NBGH Plan Design Survey



Behavioral Health Claims — Example Fortune Company Manufacturing Site

- 5,500 total enrollees, 47 average age, 90% male.
- Behavioral health claim summary:
 - 830 BH claimants with 1+ PDx F code (15% total).
 - \$1.26M BH paid claims (4% Total).
 - Claimants about evenly divided between employee, spouse, and child.
 - 56% BH PDx were addictions.
 - 80% of addictions were opioid related (11% alcohol).
- F code comorbidities.
 - BH claimants had \$5.7M paid claims in other non-F codes.
 - \$699 total PMPM medical cost for BH claimants.
 - 55% higher total PMPM.
 - Top 3 non-F comorbid categories (excl signs and symptoms):
 - Musculoskeletal.
 - Digestive.
 - Circulatory.





#1 hospital in the US for 22 years



59,000 employees



3 million in annual patient visits

Leading US academic institution



36 Nobel Prize laureates

Pioneered procedures in breast cancer, dialysis, open heart surgery, CPR, kidney transfers, chemotherapy, infusions and more



About Johns Hopkins

- The Department of Psychiatry and Behavioral Sciences at Johns Hopkins Medicine has occupied a distinguished place in the field of psychiatry since the opening of the Henry Phipps Psychiatric Clinic in 1913.
- Today, Johns Hopkins continues its long tradition of excellence in patient care, teaching and research by bringing behavioral health solutions to the employer market.
- Taking this expertise and making access more convenient and affordable is what Johns Hopkins is bringing to the large employer market.



Behavioral Health in the Workplace

Behavioral health conditions, including substance misuse disorders, are a significant and widespread problem in the workforce:



30-40% of the US population experiences mental health and substance misuse disorders at some point.



About half (15-20%) require professional care each year.



About 10% of workers are classified as heavy alcohol users.



Mental health and substance misuse disorders frequently (up to 25% of the time) co-occur with chronic medical conditions.



60-80% of workplace accidents are attributed to stress, and it's estimated that more than 80% of doctor visits are due to stress.

Behavioral Health in the Workplace

A clear majority (~ 67%) of people with mental health conditions and substance misuse disorder do not receive adequate treatment.

Most people with behavioral health conditions delay seeking professional treatment for many years (10 years or more), during which time they are likely to develop additional problems.



Many factors contribute to inadequate treatment:

- Stigma.
- Lack of awareness of resources.
- Lack of availability of BH resources.
- Uncertainty about insurance and reimbursement policies.
- Workplace concerns, impact on job security, confidentiality, etc.

Cost to Employers

Behavioral Health by the Numbers: Diabetes

According to Milliman, Inc. report analyzing claims data from commercial market



The average cost of treating a person with diabetes (w/out complications) is **\$811 per month.**



This number **increases to \$1,775 per month** when that person has a serious and persisting mental illness.



Patients with comorbid substance use disorders are the most expensive to treat, **raising the cost of care to \$1,848 per month.**

Extracted from the 2014 Milliman, Inc. report Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychology.

Cost to Employers

Indirect Costs: Impact on Productivity



- More days of work loss and work impairment are caused by mental illness than by other chronic health conditions, including arthritis, asthma, back pain, diabetes, hypertension and heart disease (Journal of Occupational and Environmental Medicine).
- An estimated 500 million workdays are lost annually due to alcohol abuse.
- Employees who use drugs are twice as likely to request early dismissal or time off and are two and a half times more likely to have absences of eight days or more.

Cost to Employers

Impact on Business Disability and Co-morbidity

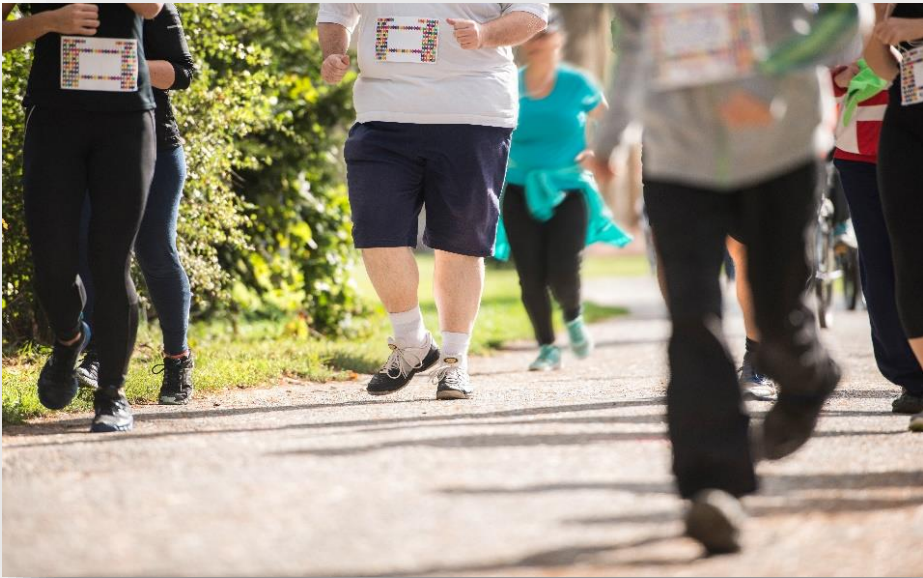
Mental illness and short-term disability claims are growing by 10% annually

Behavioral health issues can account for 30% or more of the disability burden for the typical employer

53% of employers found that return to work is more difficult for employees suffering from psychiatric disorders than for general medical disability

Behavioral Health in the Workplace

Expensive chronic conditions share risk factors that can be modified with behavioral change:



Common Risk Factors for Chronic Conditions

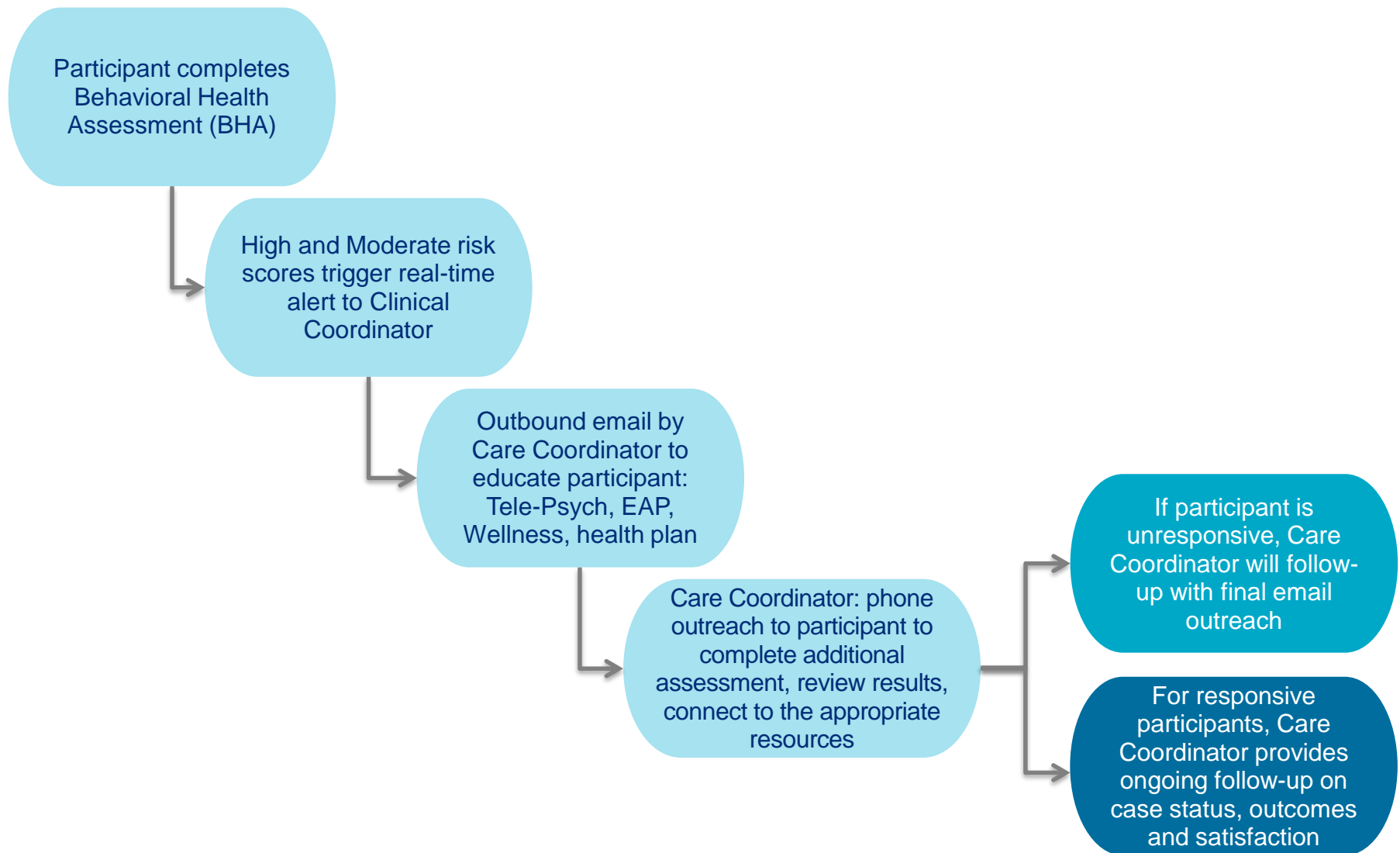
- Tobacco Use
- Alcohol Consumption
- Poor Nutrition/Obesity
- Lack of Exercise
- Unsafe Sexual Behavior
- Substance Use and Misuse
- Inadequate Medical Care

Treatment Works

- A majority (65% to 80%) of individuals with mental health conditions will improve with appropriate diagnosis, treatment, and ongoing monitoring.
- This success rate exceeds that found for many current common medical treatments for non-psychiatric illnesses.
- National surveys of users of mental health services in the U.S. also have found that treatment is helpful from the patient perspective for the vast majority (over 80%) of people with mental health conditions.
- Research documents even greater indirect cost savings from providing appropriate treatment of mental health conditions and addictions.



The Johns Hopkins' Process Assess, Triage and Consult

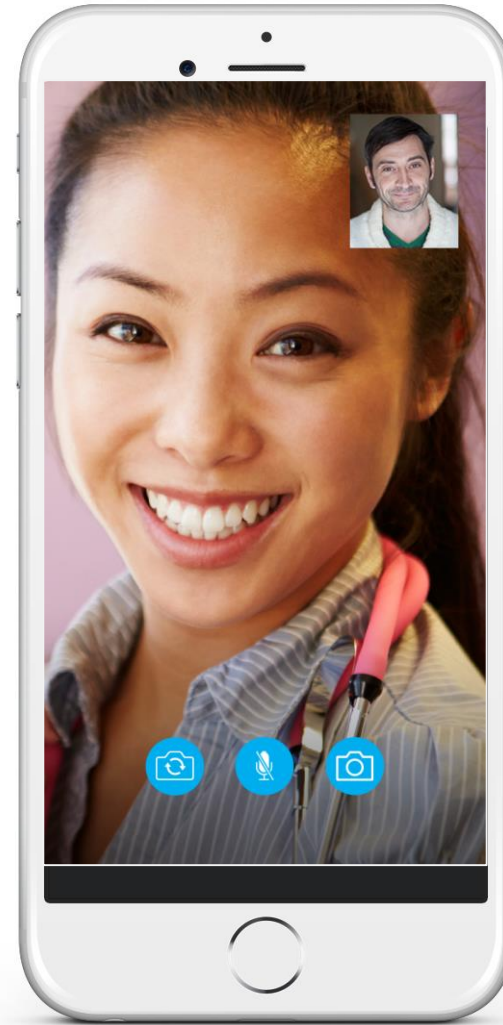


Phone Call or Tele-psychiatry

Our care coordination team determines the right treatment plan for your employees

Participants have the option of meeting with board certified:

- Psychiatrists
- Psychologists
- Master's Level Social Workers
- Master's Level Counselors



Managerial Training Works

Want a \$10 return on every \$1 spent? Help your colleagues with this critical issue – October 2017

Collaborator: University of New South Wales in Sydney, Australia

Companies that provide basic training for managers on how to identify and respond to employees' mental health issues see major reductions in absences from work and other negative effects of depression on workplace productivity

Mental Health in the Workplace: A Call to Action Proceedings from the Mental Health in the Workplace – February 2018

Collaborator: Johns Hopkins School of Public Health

Building cultures of health at the workplace should protect and promote health and safety, enhance performance, and reduce socially harmful behaviors. Establishing a culture of health and well-being at work creates an environment where employees feel valued, supported, and stimulated to perform at their best in work they find meaningful.

Case Example

Industry: Education.

Discovery: 53% of workforce had suffered from some type of depression episode over the last year with 18% of total enrolled experiencing trauma in their own households.

Outcome: Company has focused significant resources on offering family services and more flex-time to assist faculty and staff to handle personal issues.



Case Example

Industry: Logistics.

Discovery: An employee who is a military veteran suffering from Traumatic Brain Injury had unsuccessfully sought assistance through the VA and was experiencing high levels of anxiety

Outcome: One of our counselors was able to find and set-up appropriate resources to assist this employee in getting his life on-track.





- **Integrity:** We do the right thing!
- **Determination:** We are persistent and unshakable in overcoming obstacles.
- **Continuous Improvement:** We aspire to reach our (untapped, full, greatest) potential.
- **Teamwork:** We listen. We collaborate. We solve.
- **Leaders:** We are all leaders committed to serving and empowering others.
- **Fun:** Fun lives here!
- **Excellence:** We challenge the status quo.
- **Legacy:** Our journey has purpose.



Overview of Our Program

- Have been promoting wellness for 5+ years.
- Over 90% compliance.
- Include spouses on health plan.
- HRA, Biometrics, annual physical, corporate challenges.
- Decision in 2016 to include behavioral health assessment and consultation.
- Decision was made because...

Outcomes

- **94%** of eligible employees and spouses took the assessment.
- **89%** of those who took the assessment thought the questions were appropriate to ask.
- Approximately **20%** of employees and spouses at-risk.
- Of those at-risk, **75%** agreed to one or more consultation visits with a LCSW.
- If LCSW referred to a community resource:
 - Warm-transferred employee/spouse.
 - Followed-up with employee/spouse and community resource to ensure appointment occurred.
 - Case manage individual for 12 months through quarterly outreach to ensure needs met.
- Participant feedback has been very positive for culture of company.
- Commencing in 2018, eligible will be required to take the assessment on a quarterly basis since many behavioral health issues are situational.

Why I Started BH-Works

- Public health and clinical neuroscience psychiatrist at Johns Hopkins.
- The BHS (Behavioral Health Screen) is the multi-dimensional assessment tool delivered via BH-Works.
 - Web-based platform which offers tools for screening, referral, patient tracking, care management, and population health analytics.
- Initiated over a decade ago.
- Motivated and guided by clinical training and experience in psychiatry, social science and psychology, health science, and recommendations of national organizations.
 - American Psychiatric Association.
 - American Academy of Pediatrics.
 - Substance Abuse and Mental Health.
- Services Administration.
 - The Joint Commission.



Allen Y. Tien, MD, MHS
Co-Creator of BH-Works
WVU Clinical Associate Professor





"... ancients said ... the word is a creative act. The words that oscillate between nonsense and supreme meaning are the ... truest".

Carl Jung



Follow us on Twitter @allentien

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Behavioral Health and Chronic Disease — Impact of Comorbidity

Chronic Medical Condition	% with depression/anxiety	% treated for depression/anxiety
Arthritis	32.3%	7.1%
Hypertension	30.5%	5.5%
Chronic Pain	61.2%	5.9%
Diabetes Mellitus	30.8%	5.2%
Asthma	60.5%	6.8%
Coronary Artery Disease	48.2%	5.7%
Cancer	39.8%	5.7%

Financial Impact: individuals with comorbid BH issues and chronic disease:

- *Cost of medical care is 2-3 times more expensive.*
- *Leads to increases in workers compensation and disability costs.*
- *Leads to lower productivity.*

Behavioral Health Assessment and Triage

The employee completes a comprehensive assessment(s) on a tablet, laptop, etc. The system immediately generates a report for the participant and behavioral specialist.

CONFIDENTIAL/COI

BEHAVIORAL HEALTH SCREENING RESULTS	
Form Version: Primary Care 12 to 24 Screening Date: 05-05-2015 Screening Location: Main Office Screened By: Brandon, Thayer Staff Email: allen@audiogis.com	
PLACE LABEL HERE - Do NOT handwritten info	
Patient: LAST NAME 1432111 MR ID Number	Date: 04-09-1989 DOB Medication INSURANCE TYPE

INSTRUCTIONS
Review report before meeting with the patient. Review results with patient and follow standard care procedures, including referral, if necessary. Place results report in medical chart.

INSTRUCTIONS/FEEDBACK		Response
Are you currently seeing a doctor, counselor, or therapist for a problem with how you have been feeling, thinking or behaving?		No
If you have come here today with a parent, guardian, or other adult, is it ok for them to be in the room when we go over your screen with you?		Yes

CRITICAL ITEMS		Response
During the past year, how often have you seen things or heard sounds or voices that other people could not see or hear?		Sometimes

SCALES (All scales are 0 - 4, 0 = no risk and 4 = highest risk)	Score	* Clinical Significance
Depression	2.40	Severe Depression
Anxiety	2.50	Significant Anxiety
Suicide Ideation - Lifetime	1.33	History of Suicide, but not current
Suicide Ideation - Current	0.00	
Traumatic Distress	1.00	At Risk for PTSD
Eating Disorder	0.50	Not Significant
Substance Abuse	2.00	At Risk for Substance Abuse problem

RISK BEHAVIORS		Response
Are you concerned about someone in your family because they use alcohol, tobacco, marijuana, or other drugs regularly?		Yes
During the past year, how often have you been in a car where you or the driver had been using alcohol, marijuana (i.e., weed, pot or blunts) or other drugs?		Sometimes
In the past thirty days, how many days have you used tobacco?		30
In the past thirty days, how many days have you used alcohol?		5
When you have sex, how often are you using a condom?		Sometimes
During the past year, have you had a physical fight with someone who is not your parent or guardian?		Yes
Is there a gun in your home?		Yes

STRENGTHS		Response
Why are you not currently attending school?		Graduated
Do you currently have a job?		Yes

SCREENING, BRIEF INTERVENTION PROCEDURES & BILLING CODES
Please select the screening and/or Brief Intervention activities that were done as part of this screening.

Screening Procedure	Payer	Code	Care Provided
Alcohol and/or drug screening	Medicaid	90049	0 - 15 minutes

Intervention Procedure	Payer	Code	Care Provided
Alcohol and/or drug service, brief intervention, per 15 minutes	Medicaid	90050	0 - 15 minutes

For a more comprehensive list of Potential Procedures & Billing Codes, please see the *EM-Works Support 10/14* tab.

Review & Sign

Download/Print as PDF

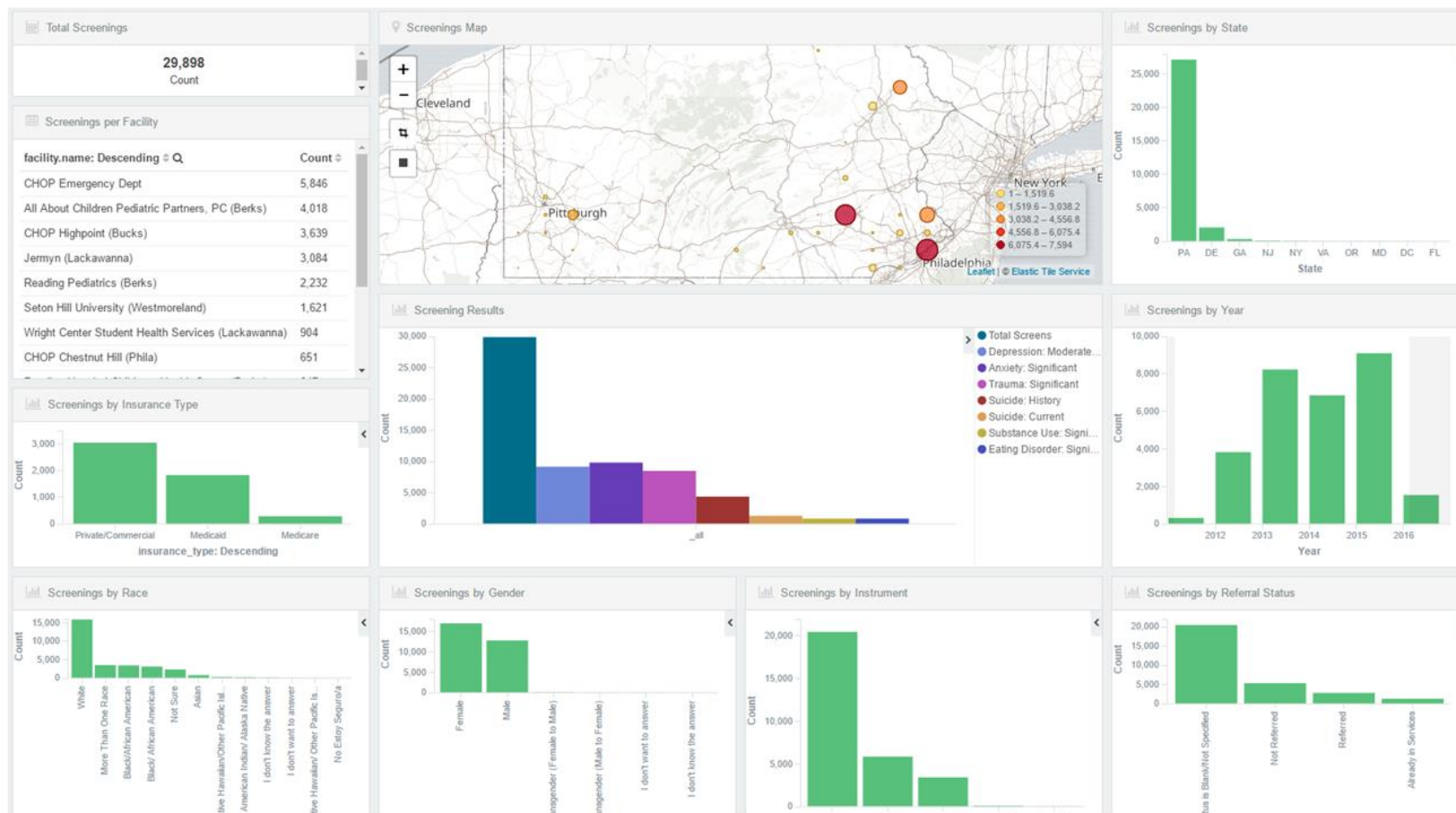
Copy Scores for EMR Note

Reviewer: Provider Signature
Printed Name
and/or Contact Number
Date
Time

- Instructions / Feedback
- Critical Items (e.g., individual reports hearing sounds or voices that other people could not see or hear)
- Risk Scoring for Key Behavioral Health Conditions including Depression, Anxiety, Traumatic Distress, Eating Disorder, Substance Misuse, and Social Determinants
- Risk behaviors (e.g., alcohol use, tobacco use)
- Strengths (e.g., grades, exercise, employment)
- Procedures and Billing Codes

Aggregate Data

Analyze data using any variable (i.e., gender, program, facility, employment status, housing status, etc.)



Key Takeaways



Developing a corporate environment to address mental health issues is no easy task.



Dealing with the stigma is the best place to start in addressing behavioral health within the workplace.



As senior executives, having an open dialogue with managers to embrace people needing mental health breaks and to embrace those who seek assistance will begin to marginalize the stigma associated with behavioral health.



By addressing the stigma head-on as an organization and providing world-class services to provide access will not only improve your bottom line, but create a culture of respect and appreciation.



This is a continual journey that must be reinforced with managerial training, no repercussions for seeking treatment, and a willingness to push the envelope in addressing the needs of an organization.

Questions?

Thank you for attending.



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M E D I C I N E



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