Using Innovation to Maximize Behavioral Health Accommodations

Regions Hospital Case Study

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Speakers

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David Setzkorn
National Practice Leader –
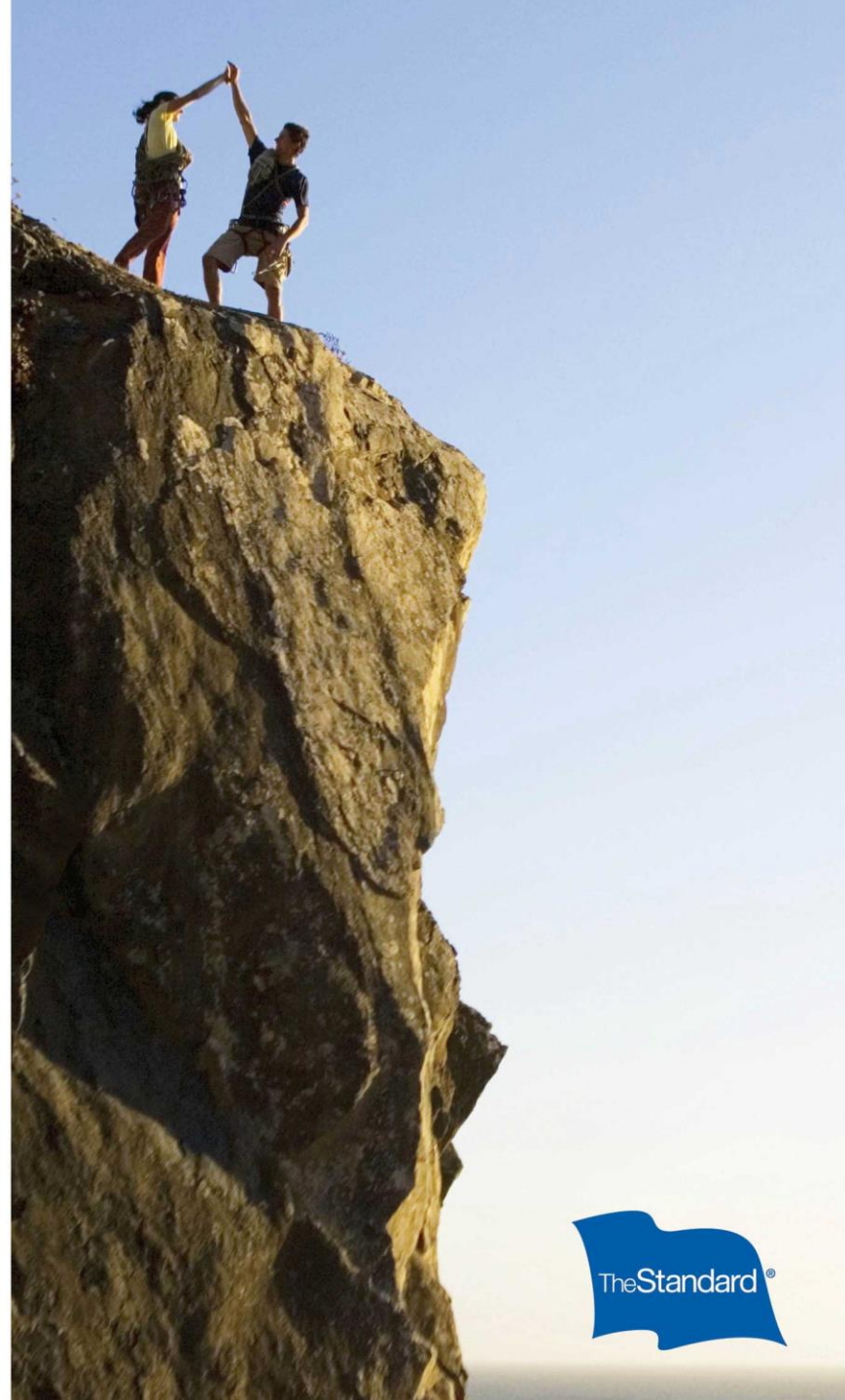Absence Management,
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Margaret A. Nielsen
Occupational Health Nurse,
Regions Hospital

Behavioral Health Disorders are Common

Yet, workplace supervisors are frequently blindsided when an employee discloses that they are struggling with a mental health or substance use disorder, and there is often confusion about the course of such disorders within the context of work.

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The Impact of Behavioral Health Occurs Across a Continuum

- Symptoms vary and may increase over time:

| Acute/Mild | Moderate | Severe | Chronic |

- Employment impact mirrors the symptom severity:

| Presenteeism | Absenteeism | Leave | Job Loss |

- There may be performance management (progressive discipline) tactics during the early phases of the process.

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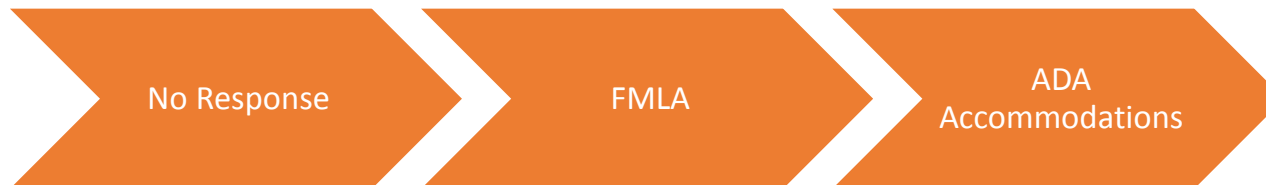# The Impact of Behavioral Health Occurs Across a Continuum (cont.)

- Symptoms vary and may increase over time:

| Acute/Mild | Moderate | Severe | Chronic |

- Employment impact mirrors the symptom severity:

| Presenteeism | Absenteeism | Leave | Job Loss |

- Legal-regulatory responses may go along with the above:

| No Response | FMLA | ADA Accommodations |

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The Impact of Behavioral Health Occurs Across a Continuum (cont.)

- Symptoms vary and may increase over time:

Acute/Mild	Moderate	Severe	Chronic

- The appropriate clinical response should also mirror the symptoms:

EAP	Outpatient, "Stay at Work"	Inpatient - STD Goal-directed CM "Return to Work"	LTD

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Most People Recover from Behavioral Health Disorders

In the majority of cases, the employee will improve, leading to Recovery and Return to Work.*

- This can happen at any point in the cycle shown before.

- It happens naturally for most people as part of the usual course of their condition, but support from their employer, reasonable accommodations, appropriate treatment and interventions by the disability insurance carrier may help to lead to a shorter duration of disability and a higher probability of returning to work.

The effective management of behavioral health diagnoses in the workplace requires:

- Early Identification
- Reduction of Stigma
- Coordination of Clinical Resources
- Creative Accommodations

About Regions Hospital

- Established in 1872

- Private, not-for-profit organization

- One of four, Level 1 Trauma Centers for Adults

- One of two, Level 1 Pediatric Trauma Centers in Minnesota

- Employs over 5100 employees along with over 900 physicians and residents

- Has 454 beds and more than 25,000 annual admissions

Regions Employee Health & Wellness - Managing Employee's Ability to Work

Screen over 500 newly Hired Employees

Counsel 100-150 employees per month regarding ability to work
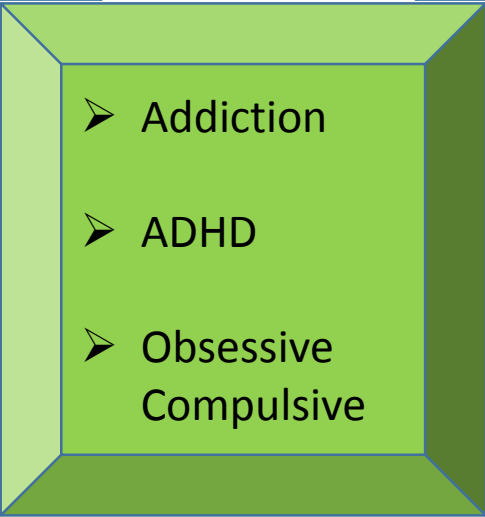
During Return to Work evaluations - employee concerns and emotional wellness are addressed with resources offered
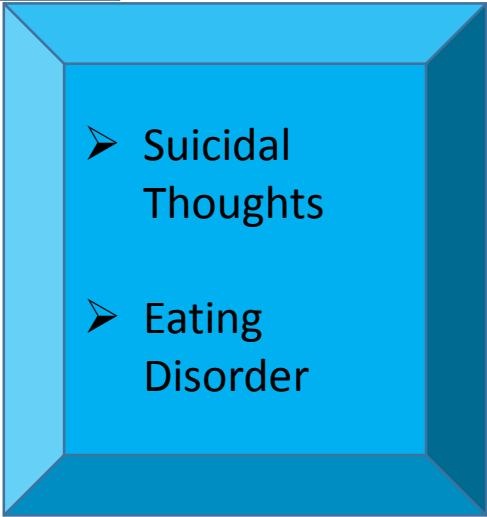
Roughly about 25% of monthly Return to Work volume is related to Behavioral Health – increase from previous years
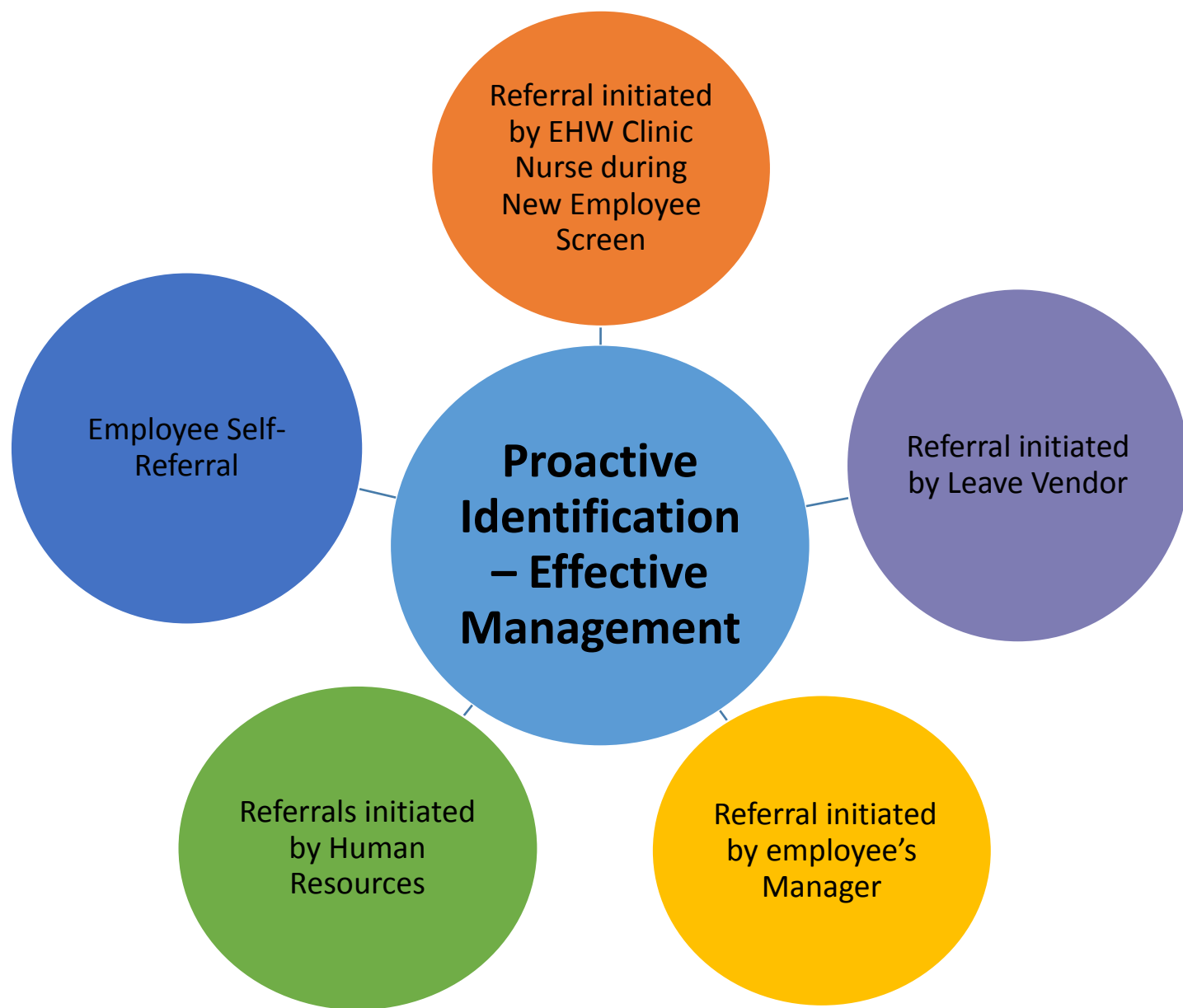
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Examples of Behavioral Health Issues

- Anxiety & Depression
- Bipolar
- Grief / Loss

- Anger Management
- Workplace Violence

- Addiction
- ADHD
- Obsessive Compulsive

- Suicidal Thoughts
- Eating Disorder

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HealthPartners / Regions Hospital – Reducing Stigma of Mental Health Diagnoses

Make It OK.org

- Make It OK Campaign

- Regions Hospital Mental Health Services:
  - 100 Inpatient Beds
  - Hero Care
  - DayBridge Program and Extensive Outpatient Services

- Daily Huddles used as communication method to increase awareness

- Active member of NAMI-National Alliance on Mental Health

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Available Resources

Employee Assistance Program

Employee Fitness Center

Health Professionals Service Program

Mental Health & Wellness

Center for Employee Resilience

24/7 Behavioral Health Hotline

Well @ Work Clinic

Emergency Department Crisis Intervention

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Examples of Creative Accommodations

Shadow nurses:

Observation, immediate feedback, ensure patient & employee safety

Checklist creation as Job-Aide

Use of Center for Employee Resilience

Identification of quiet workspace

Guidance to department leaders on methods to assist employees with change management

Tips for employees on how to proactively identify behavior triggers & possible resolutions

Absence and Disability Management Program Overview: Workplace Possibilities^{SM}

It's a program that creatively leverages a broad set of tools to generate better absence and disability results.

Program Focus Areas:

1. Understand and become part of employer's culture

2. Facilitate a deeper understanding of all issues an employee is facing

3. Create a customized suite of solutions tailored to an employee's needs

4. Increase employee participation in health management programs

5. Help employees return to work & stay at work — even before a claim is filed

6. Utilize a disability consultant to work directly with Regions Hospital

Behavioral Health Claims Management Intervention

Our Three Step Innovative Approach:

Care Coordination
- Three-way communication to align employee, The Standard's Behavioral Health Care Coordinator and the clinician's treatment goals
- Help employees make educated decisions on treatment providers

Positive Change Strategies
- Identify activities that help to lift an employee's mood and to help make specific plans to increase employee involvement in positive things

Work Coaching and Modification
- Identify work limitations and barriers to effective functioning
- Guide change to work routines and environmental conditions including, when necessary, adopting compensatory strategies

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Case Study: Lab Service Tech

Limited ability to focus and concentrate due to grief, low motivation and energy to RTW.

- **Intervention:** Provided outreach and ongoing support through employee's clinical treatment.

- **Outcome:** Employee was able to return to work earlier than anticipated as Regions Hospital was able to accommodate a graduated return to work.

- **Acknowledgement: "**Thank you for all of your help with my case."

Case Study: RN

Depressed mood, unable to be around people/crowds.

- **Intervention:** Provided outreach and ongoing support through employee's clinical treatment. Worked with employer to work part-time.

- **Outcome:** Employee was able to return to work in a permanent part-time position.

- **Acknowledgement: "**Thank you for your assistance in helping me obtain a permanent part-time position."

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Case Study: Case Associate

Anxiety, not comfortable around people. Not wanting to RTW at hospital.

- **Intervention:** Provided outreach and ongoing support through employee's clinical treatment. Worked with counselor to align treatment goals. Provided job seeking skills assistance.

- **Outcome:** Employee was able to return to work in another position with a different employer.

- **Acknowledgement: "**Thank you so much for everything you've done. I appreciate it more than you know."

Regions Behavioral Health Claims – Percentage of Claims Exceeding MBP
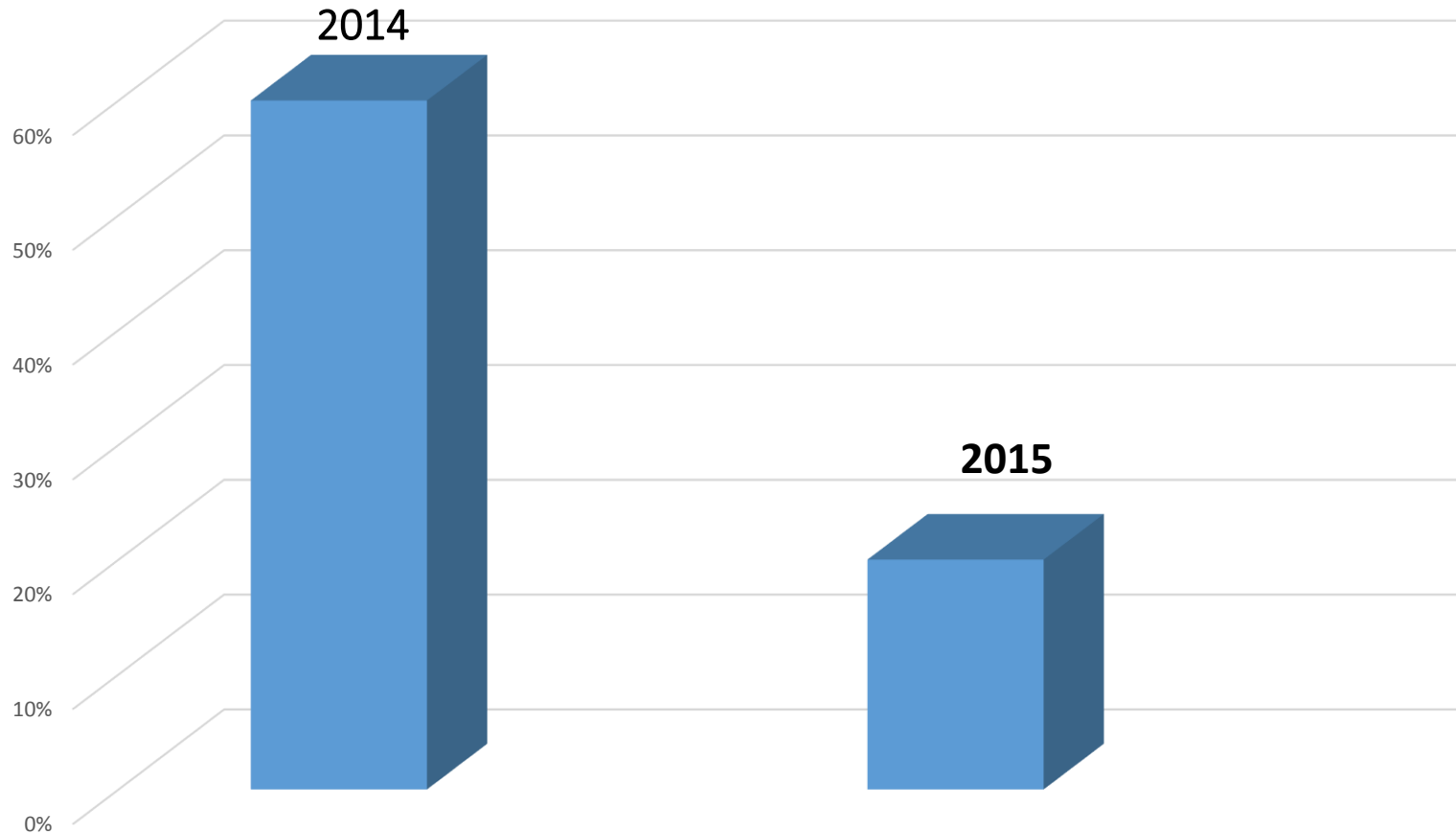
Note: Regions Hospital 2014 through 2015 claims showing percentage of mental health claims exceeding STD maximum benefit period.

Workplace Possibilities℠

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Case Study 1-RN: Bipolar Disorder

- Return to work meeting prior to RTW

- Structured re-orientation
  - Day one-Catch up
  - Days following-Shadow nursing with evaluations

- Weekly check in meetings decreased in frequency as needed

- Immediate follow up with department or employee concerns
  - Created task checklist
  - Scheduled training on equipment and charting changes

Resulted in employee able to rebuild her confidence and allow her to work another 3 years.

Case Study 2-Lab Service Tech: Suicidal, Premenstrual Dismorphic Disorder-fluctuate between anger and depression

- Upon suicidal call-found immediate help
- Return to work meeting prior to returning on graduated schedule
- Required adjusting schedule
- Weekly check-ins decreased as needed
- Immediate follow up with department or employee concerns
  - One trigger was a certain employee
- Resiliency coaching added after decreased program schedule

Resulted in successful return to work for this employee, still checking in as she has 6 more months of program.

Regions Absence Data

	IBI Data 2015[1]	Regions 2014[2]	Regions 2015[2]	Regions 2016[2]
Total Leaves per 100 EE	20.2	803	821	865
Actual Amount of Total Leaves		549	567	557
% of EE taking leave for Own Condition	61.4%	53.92%	58.93%	55.13%
Actual Amount of Leaves for Own Condition		296	334	307
Behavioral Health Claims based on IBI Data	4.5%	22	23	24
Behavioral Health Claims as % of Overall Claims	2.5%[3]	13	15	14

[1] IBI Health and Productivity Benchmarking , Family and Medical Leave Program/Short Term Disability Program 2015 Data
[2] Data from Regions Hospital 2014-2016
[3] Average based on percentage of claims 2014-2016

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