

Employee Stress and Mental Health – Their Struggle, Your Risk

Presented to:

LVBCH



- Products Delivered on a National Platform
 - Employee Assistance Programs
 - Managed Mental Health and Substance Abuse Benefits Carve-out
 - Worksite Wellness
 - Opioid Recovery Program
 - Onsite Vaccinations
- Serving Employers and Payers from 2 to 100,000
- Proprietary National Network of Counselors, Specialists and Facilities
- Founded 1988 – Privately Owned
- 25,000+ Companies, 6,500,000 Lives in Five IBH Entities



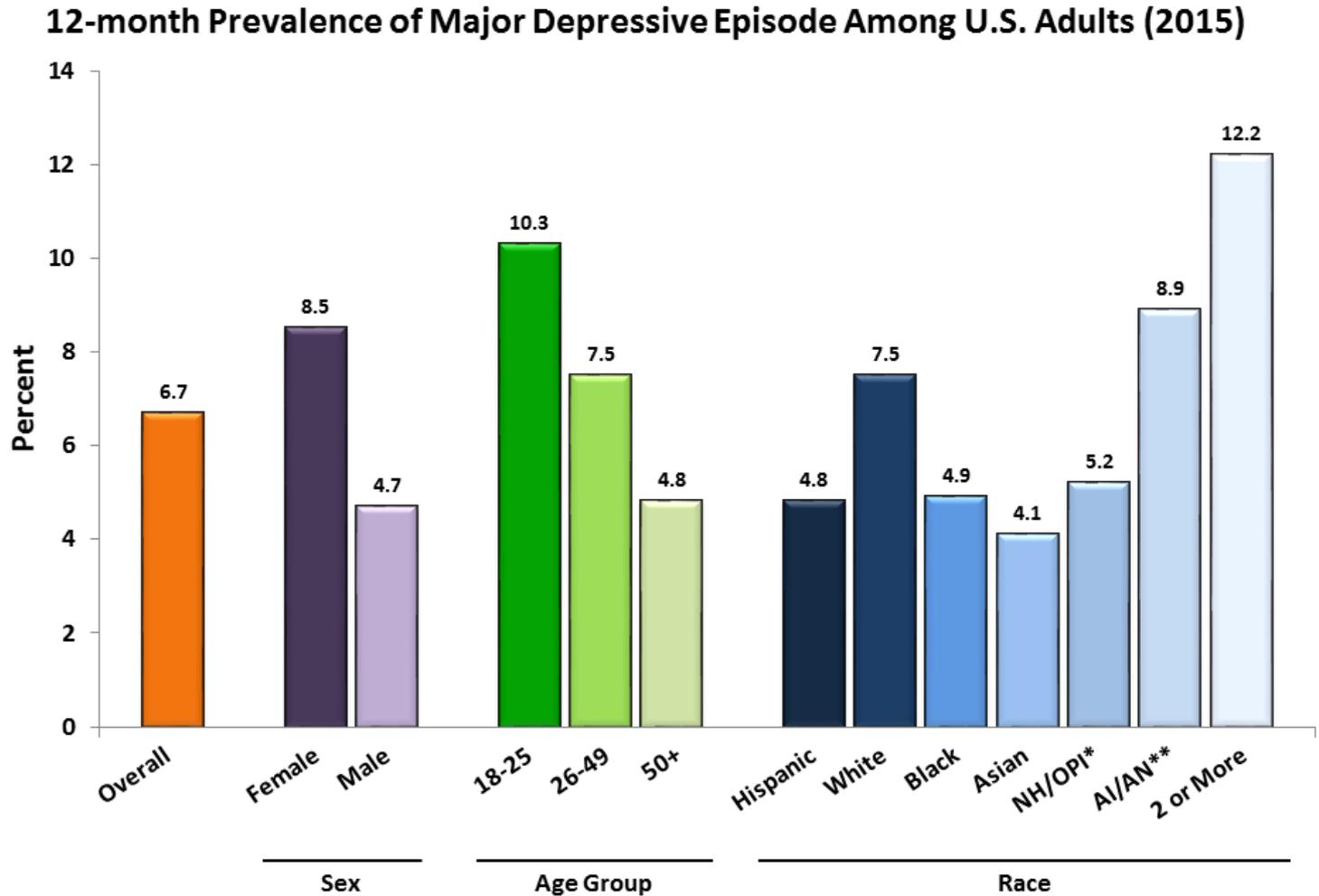


Considerations and Contemplations

- IBH solutions fit into a consultative client partnership strategy.
- Is there a current MH/SA administrator you deal with who is not delivering best in class service?
- In your claim reports, do you see substantial psychotropic medication utilization and few psych outpatient visits?
- Do you see reoccurring MH/SA utilization for the same claimant?
- Do you hear of members not being able to access MH/SA specialists and inpatient beds?
- Do your Human Resource and Benefits contacts act as employee crisis counselors?
- Do they have direct access to MD/PhD's for MH/SA issues?

Major Depression

(SAMHSA Statistics)



Data courtesy of SAMHSA

*NH/OPI = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native

Alcohol Dependency

(Philip J. Cook, who drew from fieldwork conducted by the Census Bureau for the National Epidemiologic Survey on Alcohol and Related Conditions)

How Much Do Americans Drink?

There's a wide range.



Average number of drinks consumed per week

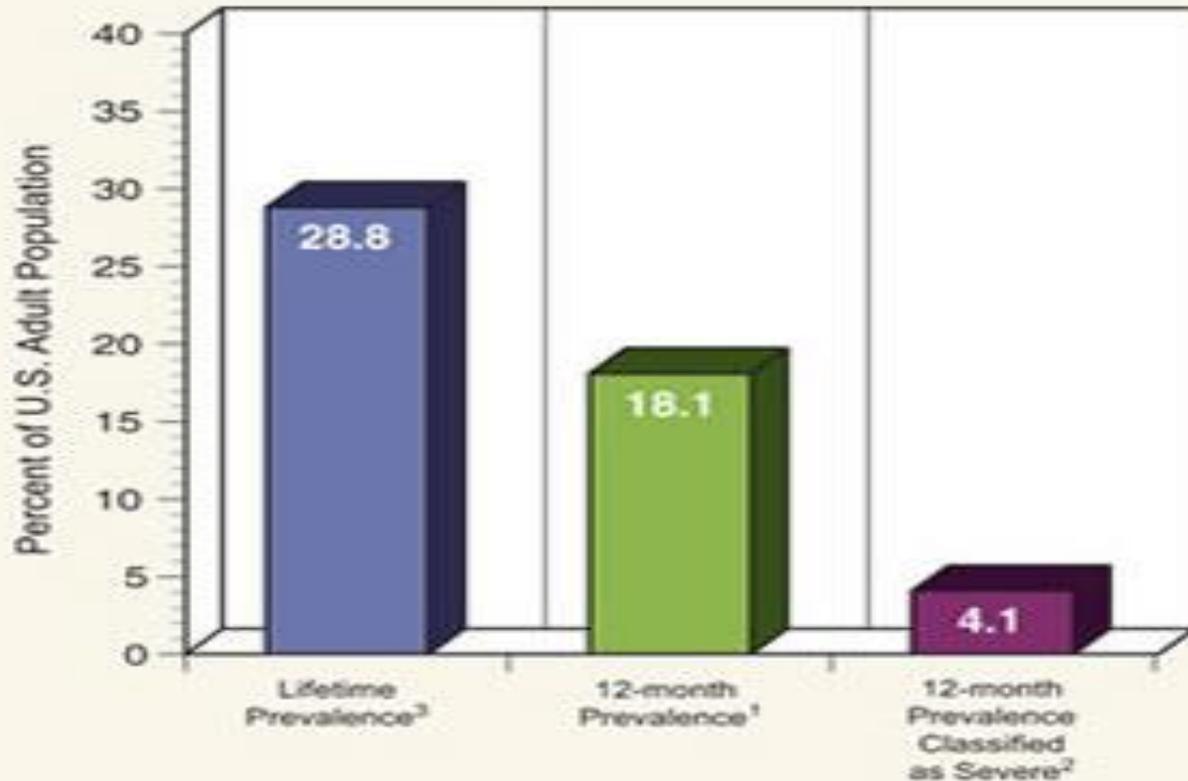
SOURCE: WASHINGTONPOST/WONKBLOG, "PAYING THE TAB" BY PHILIP J. COOK

Severe Anxiety

(1Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R))

Prevalence

- **12-month Prevalence:** 18.1% of U.S. adult population¹
- **Severe:** 22.8% of these cases (e.g., 4.1% of U.S. adult population) are classified as "severe"²

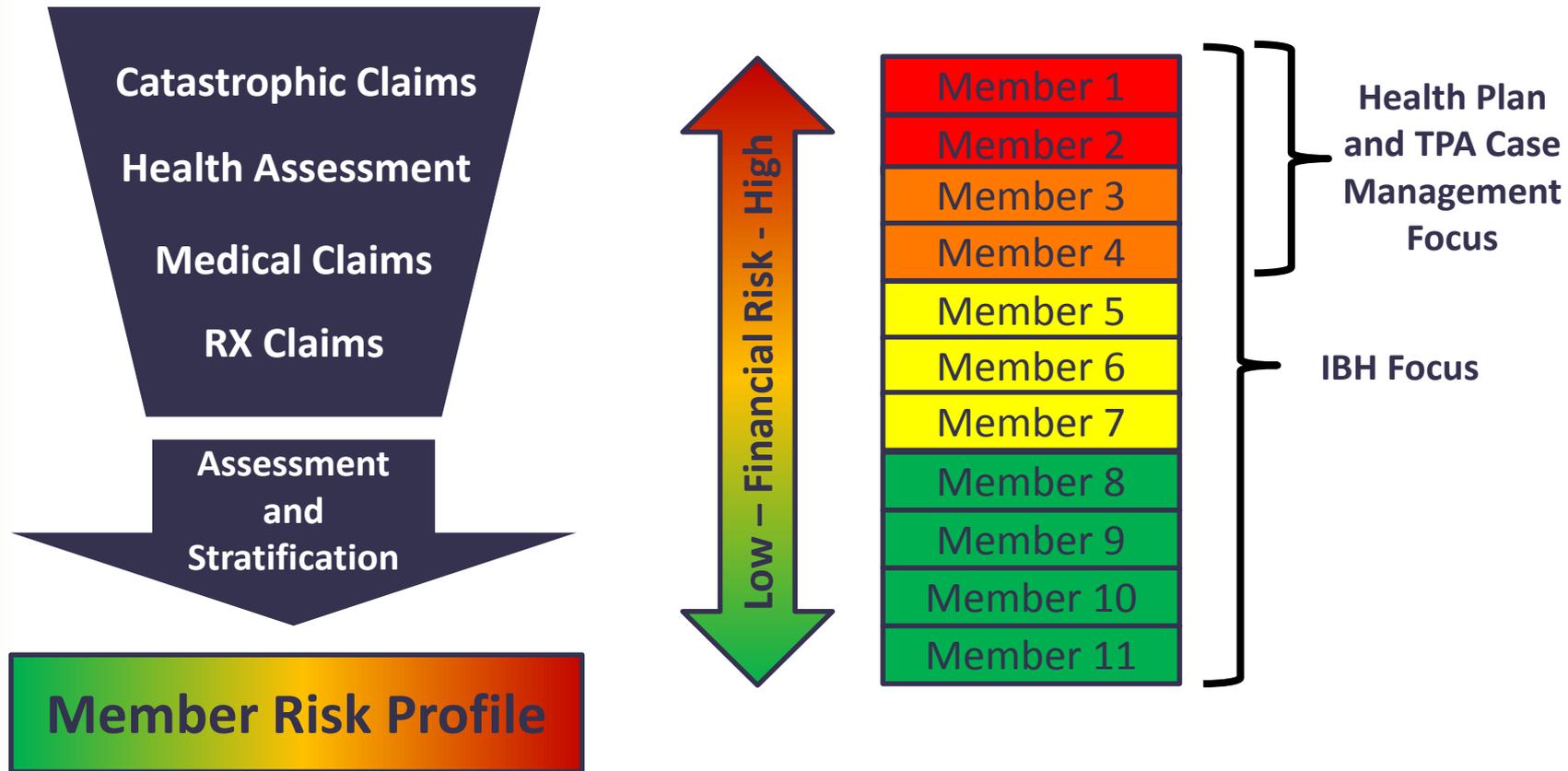


Considerations

- 4.3% of adult population a severe mood disorder but only 19.6% receive minimally adequate treatment
- 40%-60% of those committing suicide have seen their PCP within 30 days prior to death
- 49% of disorders are treated with medication only
- 81% of PCP treatment of depression was not consistent with national best practices guidelines *
- 121/1000 cases involved inappropriate medications *

* IBH Study of 1 year prescription history for 945 patients treated by 25 psychiatrists and 25 PCP's with highest psychiatric medication activity

Carrier Focus Gap



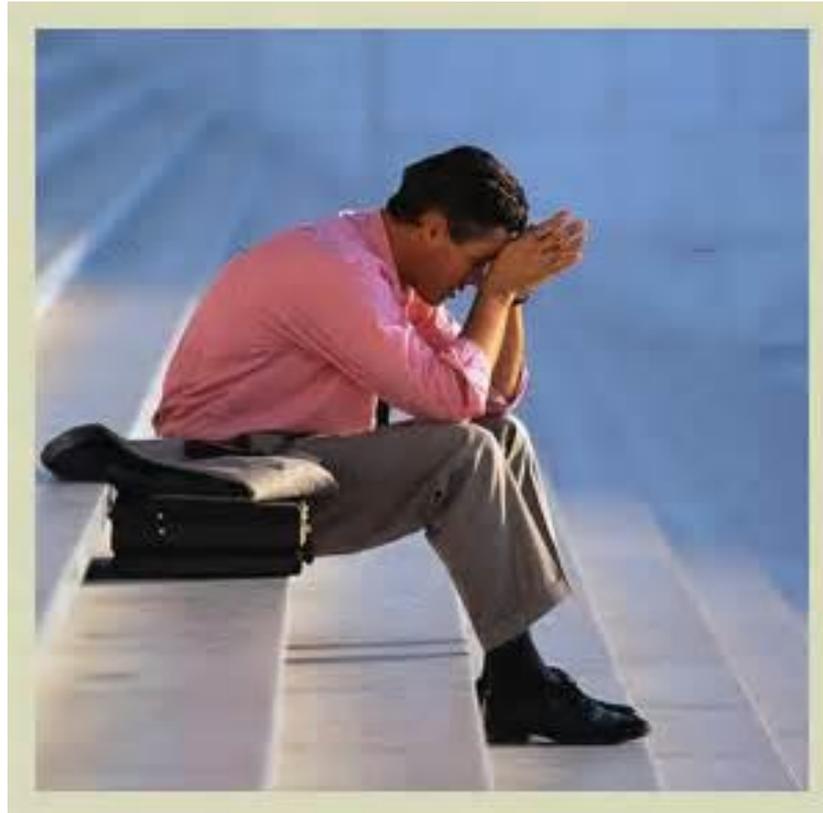
Covered EEs with MH/SA Conditions

Condition	Adult Prevalence	Employees w/MH/SA Disease State	Cov. Adults w/MH/SA Disease State
Major Depression	6.4%	32	48
Severe Anxiety	4.1%	21	31
Alcohol Dependence	3.5%	18	26

Sample Company - 500 Employees/750 Covered Adults

Source: CDC

What's the Productivity Impact to My Organization?



Yearly Lost Days

Condition	Employees	Lost Days per EE	Total for Company
Major Depression	32	27.3	874
Severe Anxiety	21	19.0	390
Alcohol Dependence	18	26.6	466

Sample Company - 500 Employees/750 Covered Adults

Total Productivity Impact

1,729 Lost Days

\$324,113 Lost Wages

Assumes a daily wage of \$150 + 25% benefits

Sample Company - 500 Employees/750 Covered Adults

“We Don’t See A MH/SA Problem In Our Claims.”

The image shows a close-up of a medical claim form. The form is divided into several sections with labels and data. The top section is labeled '17 Service Date(s)' and contains the date '07/31/04'. Below this, there is a section labeled '21 Charges' with a value of '155.00'. To the right, there is a section labeled '22 Est. Ins. Coverage to Pay' with a date '09/12/04' and a value of '155.00-'. Below this, there are several rows of data with values: '.00', '17.71', '62.29', '68.72', and '6.28'. At the bottom, there are several rows of data with values: '6.28', '17.71', '62.29', '68.72', and '.00'. The form is printed on a light-colored background with black text.

17	Service Date(s)	22	Est. Ins. Coverage to Pay
	07/31/04		09/12/04
21	Charges	155.00	155.00-
			.00
			17.71
			62.29
			68.72
			6.28
			.00

Adults with Physical Disease States

Condition	Adult Prevalence	Employees w/ Physical Disease State	Cov. Adults w/ Physical Disease State
Diabetes	9.5%	48	71
Asthma	7.6%	38	57
COPD	6.4%	32	48
Heart Disease	11.5%	58	86

Sample Company - 500 Employees/750 Covered Adults

Source: CDC

Annual Physical Disease State Treatment Costs

Condition	Covered Adults w/Physical Disease State	Annual Treatment Costs
Diabetes	71	\$9,732
Asthma	57	\$6,828
COPD	48	\$11,904
Heart Disease	86	\$17,316

Sample Company - 500 Employees/750 Covered Adults

Source: CDC/Milliman

Adults with Physical Disease States and MH/SA Comorbidity

	Covered Adults w/ Physical D.S.	MH/SA Comorbid Prevalence	Comorbid Covered Adults
Diabetes	71	35.9%	26
Asthma	57	37.8%	22
COPD	48	37.8%	18
Heart Disease	86	38.25%	33

Sample Company - 500 Employees/750 Covered Adults

Source: Druss, B.G., and Walker, E.R. (February 2011). Mental Disorders and Medical Comorbidity

Annual Physical Disease State Treatment Costs when MH/SA Comorbid is Present

Condition	Covered Adults w/Comorbid PDS and MH/SA	Annual Treatment Costs
Diabetes	26	\$21,300
Asthma	22	\$22,212
COPD	18	\$32,628
Heart Disease	33	\$36,072

Sample Company - 500 Employees/750 Covered Adults

Source: Milliman 2014

Treatment Cost Comparison

Condition	Without MH/SA	With MH/SA
Diabetes	\$9,732	\$21,300
Asthma	\$6,828	\$22,212
COPD	\$11,904	\$32,628
Heart Disease	\$17,316	\$36,072

VS.

Source: Milliman April 2014

Comorbid Impact Summary

- 9.5% of your clients' members are diabetics with \$9,732 in annual claims exposure
- 36% of these diabetics will also suffer from a MH/SA condition which **DOUBLES** the claims exposure to \$21,300

What's the most effective solution?

MH/SA RECOVERY

IBH Annual Case Study

Members at a light manufacturing plant who are IBH Patients

- 1.) Continuously Enrolled 2015 thru 2017
- 2.) Case Managed 2015 and/or 2016
- 3.) Status in 2017

127 Patients Enrolled

81 Recovered (Off claim)

31 Recovered (Maintenance)

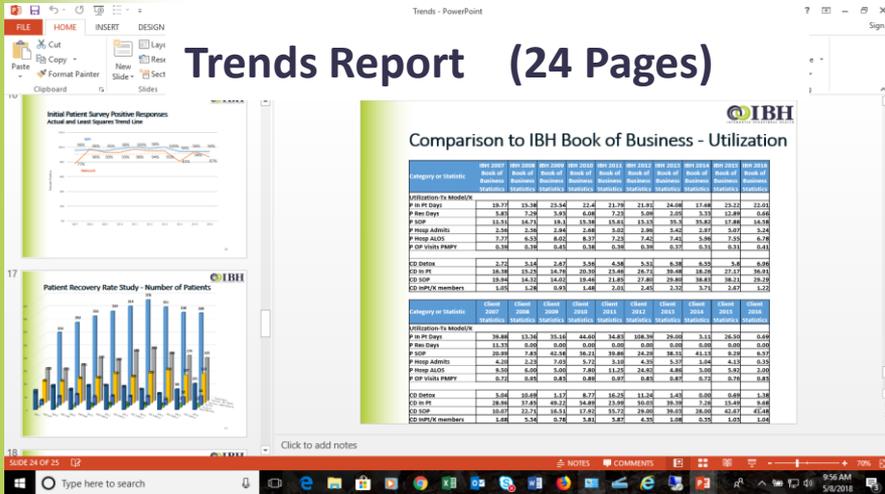
11 Active

4 Chronic

IBH has an 87% recovery rate for members with mental health and substance abuse conditions, including opioids

What Level of Data Do You Receive?

Trends Report (24 Pages)



Executive Summary (7 Pages)

INTEGRATED BEHAVIORAL HEALTH
 Executive Summary of Calendar Year 2016
 Behavioral Health Benefit Administration
 And
 Employee Assistance Program
 Submitted to
Group

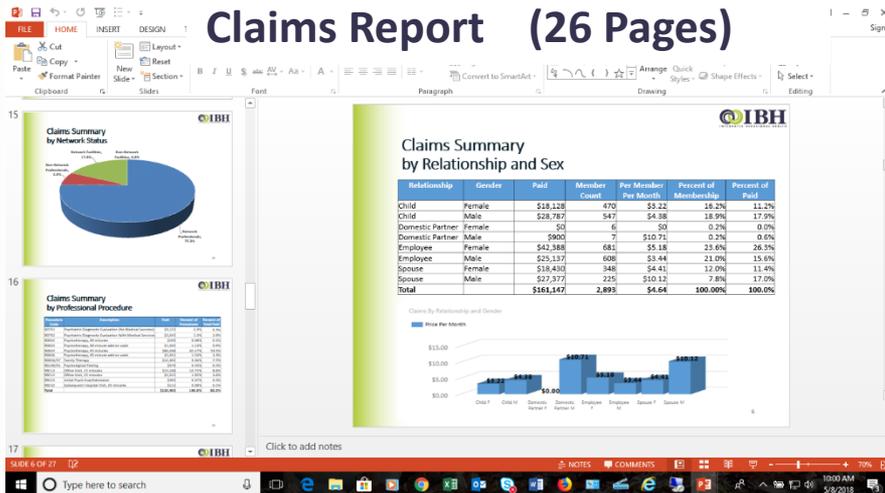
OVERVIEW

Group contracted with Integrated Behavioral Health (IBH), to provide full service management and fiscal administration of the Company's behavioral health benefits. IBH initiated operations for Group on January 1, 2000 with "location" employees. "Location" employees were added on July 1, 2000 with "location" on December 1, 2000. This report focuses on calendar year 2016.

Group's charge to IBH is to maximize the beneficiary's access to high quality, appropriate, medically necessary and cost-effective care, within the plan design. The administration is to be user friendly and responsive to patients, providers, Union officials, and Group managers. No incentives are established that reward restriction of access or specific cost targets. IBH maintains that high quality clinical and administrative services result in cost effective plan operation and should not have significant employee per year costs beyond standard inflationary levels.



Claims Report (26 Pages)



Reviewed annually or as requested with IBH Senior Doctoral Staff



Solutions

EAP and/or MH/SA Carve Out

IBH Benefits Admin Differences

- Integration of Health Coaching and Behavioral Health Clinicians
- 100% doctoral case managers and senior medical director involvement for behavioral health
- Outcome studies on 100% of MH/SA patients
- Collegial role with providers, including mentoring program
- One point of employer and employee contact: IBH Clinical Staff

Cognitive Behavior Therapy - Drs. Aaron and Judith Beck – Beck Institute

Transtheoretical Model of Behavior Change “Readiness for Change” - Dr. James O. Prochaska - University of Rhode Island

Unique Clinical Features

- Professional **consultative approach** to behavioral health, substance abuse and co-morbid conditions
- **Longitudinal** not episodic
- **Doctoral level** of review and provider consults
- **Proactive Outreach – Educative Approach**
 - Patient
 - Provider
 - Influencers of care
- **Complex Clinical Case Review**
 - **Effective/efficient/appropriate care**
 - **Peer to Peer** clinical consultation model
 - **Unique Mentoring Program** – Beck Institute – international recognition

Best in Class Case Management

	<u>IBH</u>	<u>Health Plan/TPA</u>
OP Review Begins	1 st to 12 th visit	None or >20 th visit
Concurrent IP Review	By intensity level	None
Applicable RTW Review	Performed	Non-standard
Case Manager	PhDs, MDs	Nurses/Counselors
Disease Management	Recovery	Member touches
Network Credentialing	High Performance	All Comers

Changes to CPT codes and DSM-5 Expansion + Cuts Due to PPACA = Increased Claim Exposure

- IBH Doctoral Level Review = Appropriateness of Claims Expenditure
- TPA/Commercial Carrier Auto-Adjudication = Inappropriate Billings

Dollars to the Self Insured Client

\$44.83 to \$62.93

Cost avoidance (pumpm) for self-insured IBH clients

- Does not include savings IBH delivers in its provider contracts
- Does not include savings to physical disease states and RX prescribing
- Does not include improved productivity

IBH Behavioral Health Resources

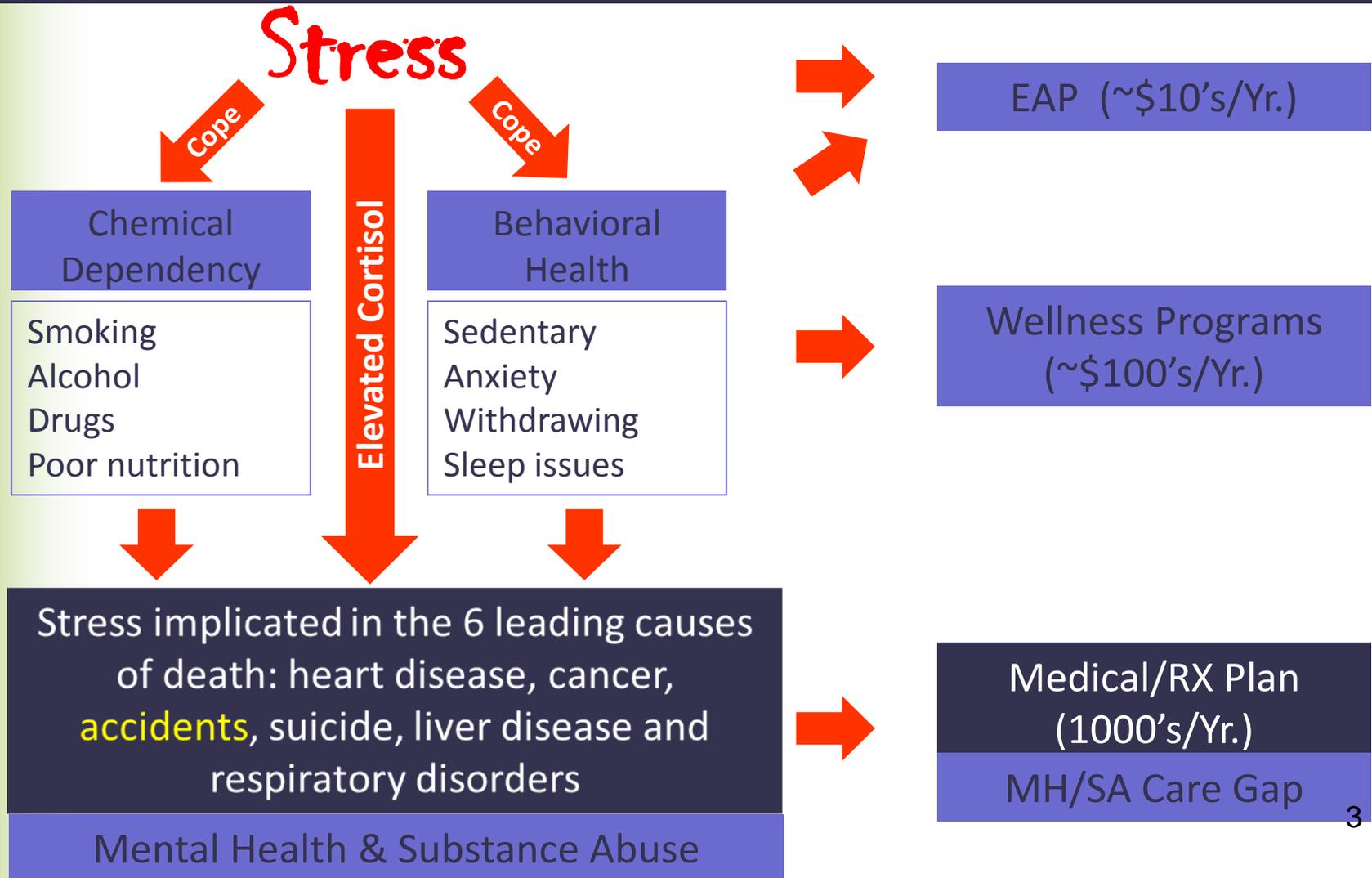
Third Party Administration of Behavioral Health and Chemical Dependency Benefits

\$2.50 to \$3.50 pepm

No extra charges...

- Self-Insured Trust Fund Management
- Eligibility, Claim Adjudication and EOB Production
- Case and Utilization Management by IBH Doctors
- Daily Claim Data Interchange with Medical Carrier
- Monthly Data Warehousing Interchange
- Customizable Data Reporting
- Unlimited Access to IBH Doctoral Staff
- BH/CD PPO Trend of 3.1% since 2003

Stress, Wellness or Claim Control?



Leverage The EAP

Thirteen percent of those reporting foregoing mental health care said they could not afford the cost

Of the 21% of respondents polled in April 2016 who reported they or a family member did not receive needed mental health care, the following percentage reported the reason for foregoing care as:



Source: Kaiser Family Foundation Health Tracking Poll: April 2016 • [Get the data](#) • [PNG](#)

Peterson-Kaiser
Health System Tracker

Of those reporting foregoing mental health care for themselves or a family member, 13% said they could not afford the cost of care, 12% reported that their insurance would not cover it, 10% indicated that fear or embarrassment kept them from seeking care, and 8% reported that they did not know where to get care.

Employee Assistance Program

It is **THE** primary stress management employee benefit offered by employers

- Provides free, professional, clinical support to counter the stress of daily living – Legal, financial, elder/child care, coping with loss, wellness
- Operates as a \$0 claim cost entry point to head-off more severe MH/SA issues
- Provides the initial assessment and short term problem resolution – offsets MH/SA claims
- Supports ongoing psychosocial needs when treating MH/SA AND physical conditions

ALL service are delivered by IBH staff psychologists, LMFTs, clinical social workers and our national network providers

EAP (continued)

It is **THE** primary employer safety tool for the worksite

- Reduces workplace accidents by addressing impaired (substance or behavioral) employees in a clinical setting
- IBH doctors act as the human resource department's medical director
- IBH review policies, arrange counseling or evaluations to ensure an employee is safe to operate on the worksite

EAP and WorkLife Services

\$1.00 - \$2.00 pepm

- Unlimited telephonic counseling with referral to appropriate medical and community resources
- 3, 4, 5 or 6 face to face visit models
- 30 minutes legal consultations with will writer/legal forms
- 30 days of financial coaching and ID theft recovery services
- Clinical management of worksite related BH/CD issues
- Onsite training and crisis intervention
- Workplace policy review
- Management of mandatory reviews
- Robust website training and resources www.ibhcorp.com
(User name: IBHEAP – no password required)

Example of Employee/Member Services



- Linda's husband, of 5 years, Bill, unexpectedly passed away
 - Linda is the stay-at-home mom of their two children, ages 1 and 3
 - Bill and Linda did not have a will
 - Linda is feeling depressed, shut in and has been drinking to cope with the loss
-
- Linda should call IBH and receive the following support:
 - Free face to face counseling to help cope with the loss and given tools to reduce her dependence on drinking
 - Child care and community resources as Linda transitions back to the workforce
 - 30 minute legal consultations to help settle Bill's estate
 - Use the legal document prep resources available on the IBH website to develop a will, power of attorney and trusts

Example of Employee/Member Services



- Brice is a 19 year-old HS graduate, living at home with modest savings
- His parents have no experience in college planning
- Brice plans to purchase a car, drive cross country, rent a college apartment and work many hours to pay for school

- Brice should call IBH and receive the following support:
 - 50% off College Planning USA to help determine the best school for his life goals and determine which ones are the most affordable
 - 30 days of financial coaching to learn budgeting skills and a solid financial pathway to success
 - Find housing close to his new school
 - Use the IBH website resources to determine the best car loan and access the purchasing program to find the right car

Example of Employer Services



- Jim works for ACME Widget
- Louie sends him out in the company truck to pick up a supply of widget paint
- Being impaired, Jim crashes into a school van killing three students
- ACME is sued, goes out of business and none of us can ever use “widget” as a fictitious product ever again

- ACME supervisors need training in reasonable suspicion
- ACME needs assistance developing a drug-free workplace policy
- ACME needs a substance abuse mandatory referral policy and process to help employees with addiction

IBH staff doctors do all this & use EAP visits in the referral

Example of Employer Services



- Archie is a dependable, loyal supervisor at ACME
 - Archie makes an inappropriate comment to a minority worker
 - The employee quits and files a suit against ACME for unfair hiring practices and a hostile work environment
-
- Archie need training in diversity
 - ACME needs professional consultations and guidance in deciding if Archie's employment is worth the risk
 - ACME needs a behavioral health mandatory referral policy and process to help employees learn appropriate behavior

IBH staff doctors do all this & use EAP visits in the referral

EAP Impact on Health Care Claims Costs

Mark Attridge, Ph.D., M.A. & Tom Amaral, Ph.D.

- Appropriate and timely EAP intervention and treatment of employees for mental health and substance abuse problems can decrease long term medical and physical health claims costs for the employee, their dependents and the organization.
- The costs of EAP services, and of mental health and substance abuse treatment recommended by the EAP, are more than offset by decreases in overall claims costs.
- Appropriate and timely mental health and substance abuse EAP interventions and follow-up treatments can decrease long-term mental health and substance abuse claims costs. EAPs direct more people to MH/SA services and APPROPRIATE providers.

Three Takeaways

- Stress is the source of up to 90% of PCP visits and the root cause of most physical disease states - the EAP is the primary benefit to addresses stress
- 36-38% of those with physical disease state, will have a comorbid behavioral health disease state **doubling** the physical disease state's claim costs
- IBH MBH delivers:
 - Proven recovery rates with lower claim costs
 - Detailed claim reporting and no-cost integration
 - Doctor led clinical excellence with direct access for the client

Questions and Thank You!

