Employee Stress – Their Struggle, Your Risk

LVBCH℠
Employers for Healthcare Value Since 1980

IBH
INTEGRATED BEHAVIORAL HEALTH

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- Employee Assistance Programs, Managed Mental Health and Substance Abuse Benefits, Worksite Wellness Programs, Opioid Recovery Program
- Fully and Self-Insured Employers, Carriers, Health Plans, TPAs, ACOs
- Proprietary national network of 20,000+ providers
- Offices in PA, CA, OR, AL and many others
- Founded 1988 – Privately Owned
- 26,000 Companies, 7,000,000 Lives in Five IBH Entities

RBH
Reliant Behavioral Health

QHS
Quality Health Solutions

American Behavioral®

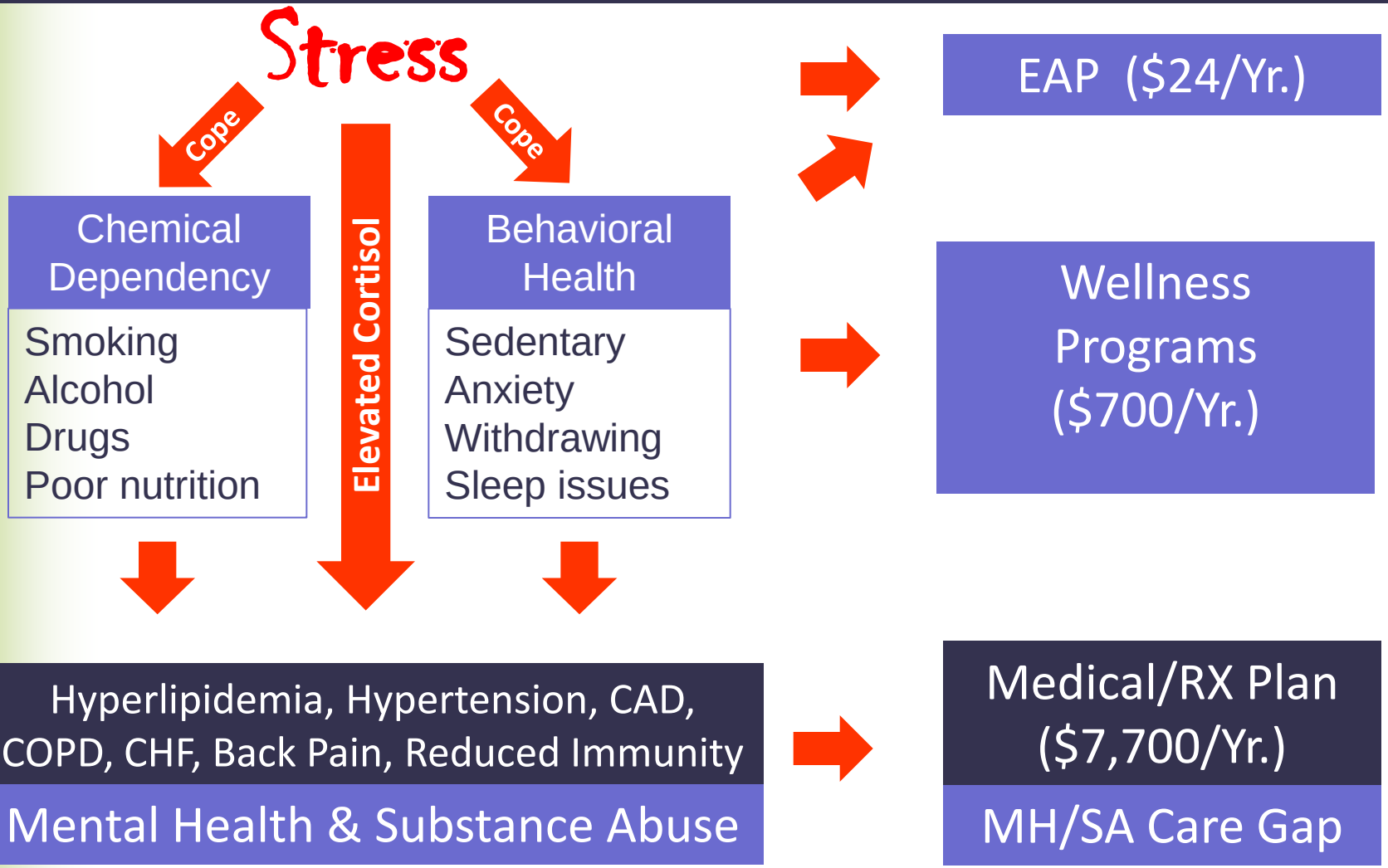
Which employee is at risk for high cholesterol?

Which employee has depression? Anxiety? Is impaired by drugs?

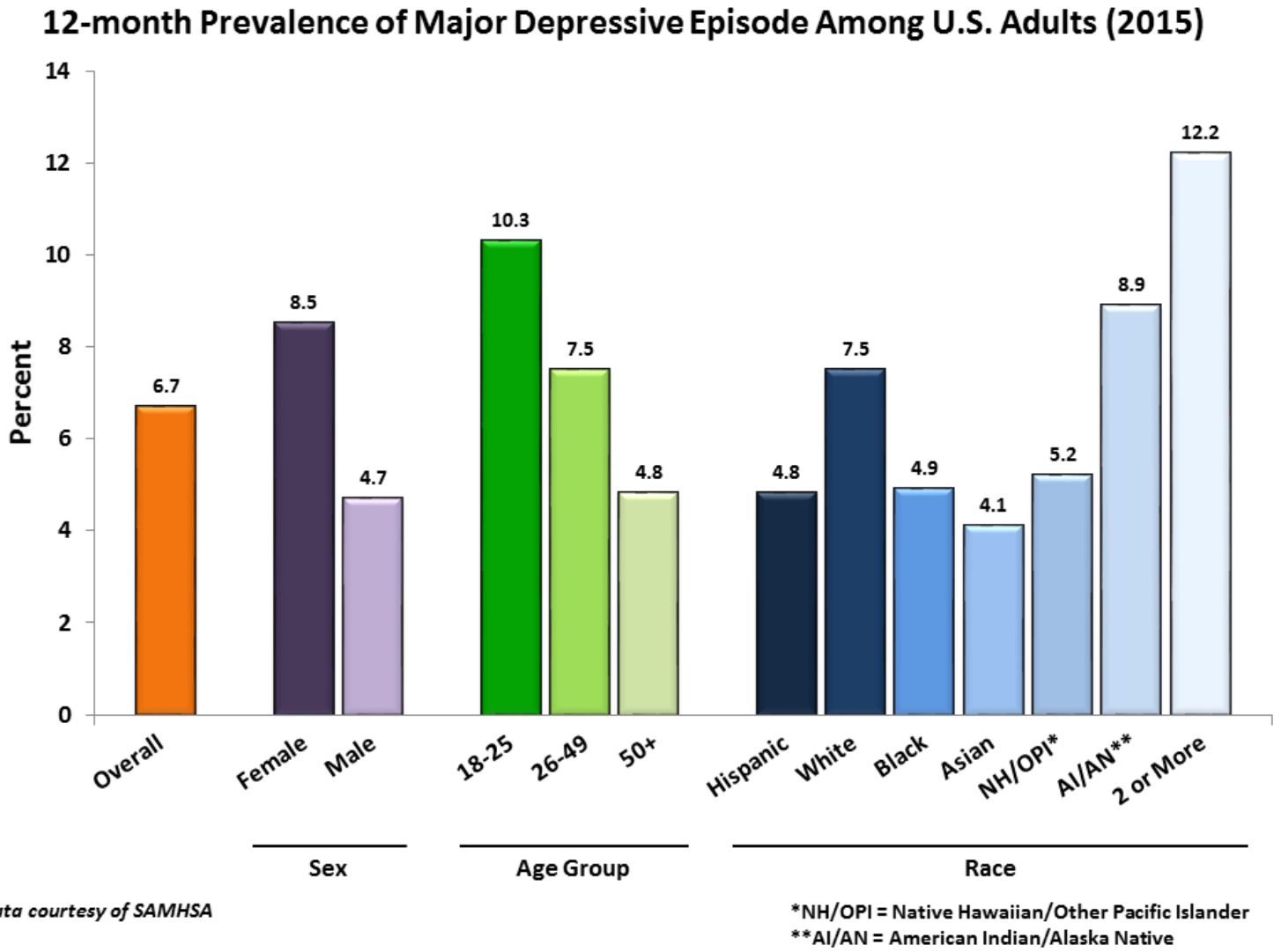
Stress in the Workplace

- ~75% of American workers experience physical symptoms of stress due to work
- ~30% of workers report “extreme” stress levels.
- Workers who report that they are stressed incur healthcare costs that are 46% higher than for non-stressed employees – National Institute for Occupational Safety and Health
- 60 – 90% of doctor visits have a stress-related component

Cost Savings Start with Controlling Stress



Major Depression
(SAMHSA Statistics)



Data courtesy of SAMHSA

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

Alcohol Dependency

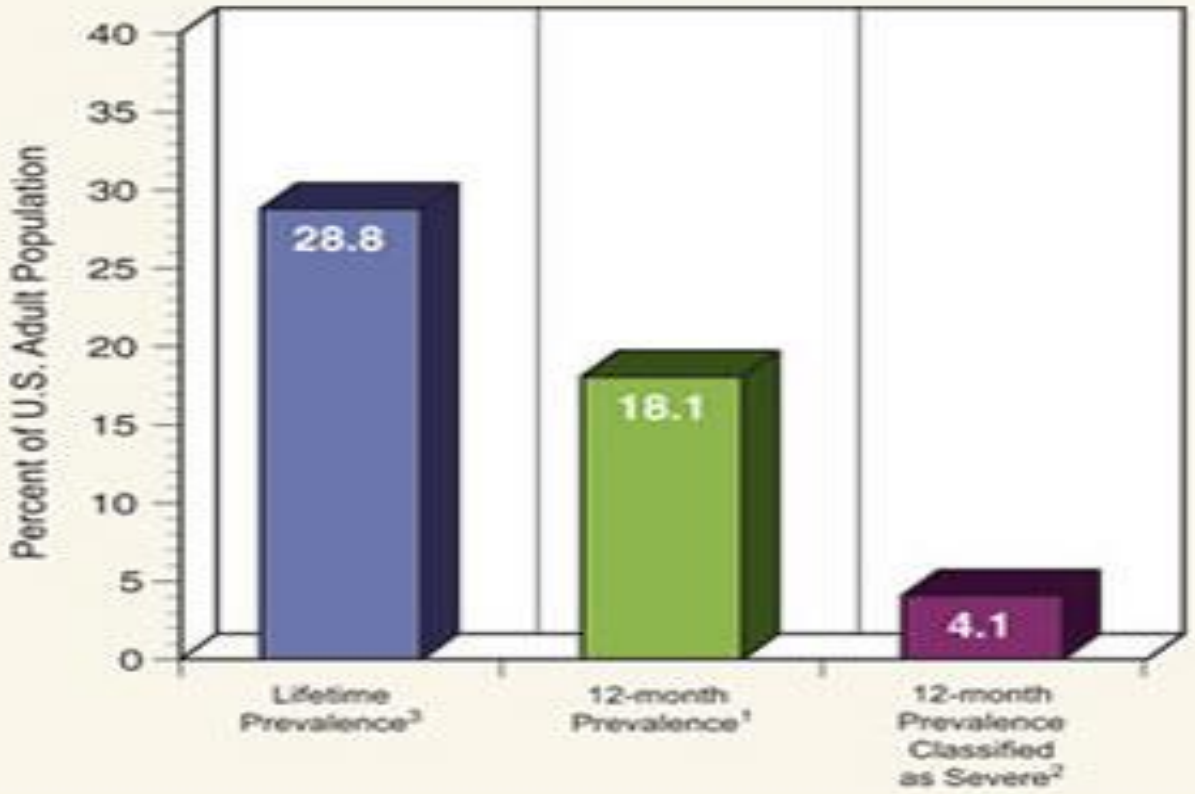
(Philip J. Cook, who drew from fieldwork conducted by the Census Bureau for the National Epidemiologic Survey on Alcohol and Related Conditions)

Severe Anxiety

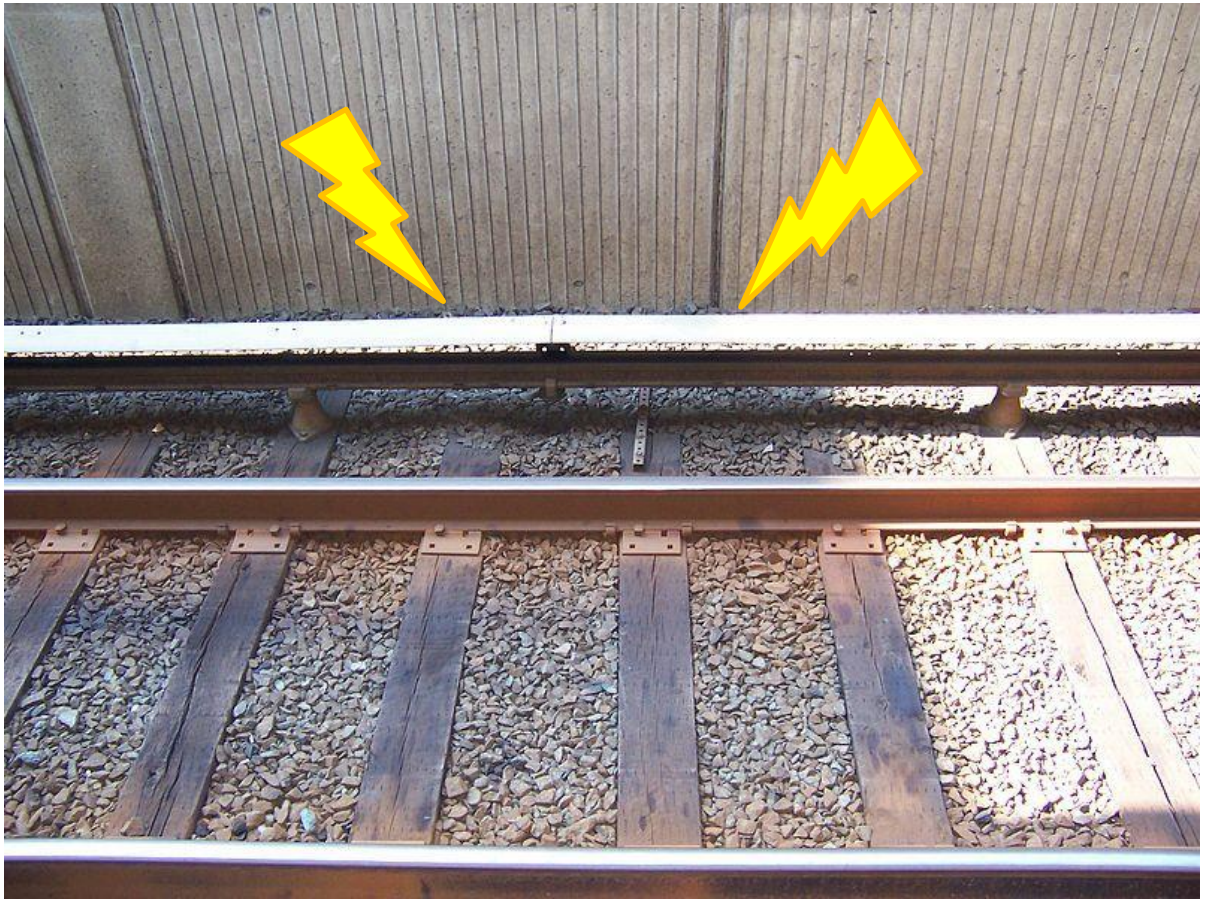
(1Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R))

Prevalence

- **12-month Prevalence:** 18.1% of U.S. adult population[1]
- **Severe:** 22.8% of these cases (e.g., 4.1% of U.S. adult population) are classified as "severe"[2]



Should I Touch the MH/SA Third Rail?



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

Source: NIMH

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.”

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	$7,900
Asthma	57	$3,259
COPD	48	$4,000
Heart Disease	86	$18,900

Sample Company - 500 Employees/750 Covered Adults

Source: CDC

Adults with Physical Disease States and MH/SA Comobidity

	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	$14,931
Asthma	22	$7,659
COPD	18	$8,080
Heart Disease	33	$29,106

Sample Company - 500 Employees/750 Covered Adults

Source: Mental Health Parity, Segal/Sibson, 2009

Treatment Cost Comparison

Condition	Without MH/SA		With MH/SA
Diabetes	$7,900	VS.	$14,931
Asthma	$3,259		$7,659
COPD	$4,000		$8,080
Heart Disease	$18,900		$29,106

Source: Mental Health Parity, Segal/Sibson, 2009

Total Claim Liability Impact

$685,369

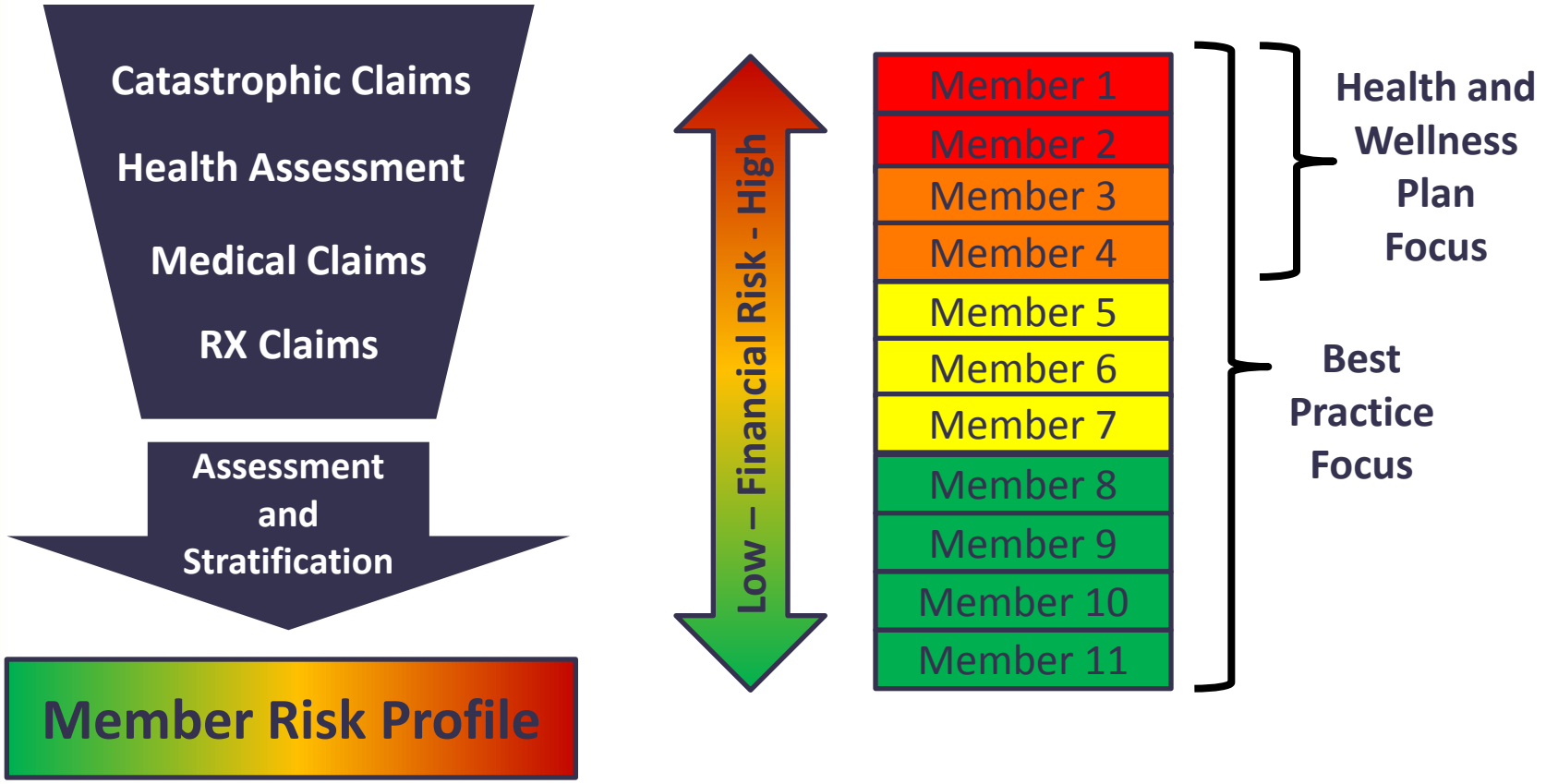
in excess physical disease state claim expenditures if MH/SA conditions go uncontrolled

Comorbid depression results in elevated total healthcare costs, averaging $505 per comorbid member per month across all chronic medical conditions - *Milliman Research Report, July 2008*

Other 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
- 81% of PCP treatment of depression was not consistent with national best practices guidelines *
- 49% of disorders are treated with medication only
- 121/1000 cases involved inappropriate medications *

“Focus Gap”


Catastrophic Claims
Health Assessment
Medical Claims
RX Claims
Assessment and Stratification
Member Risk Profile
Low – Financial Risk - High
Member 1
Member 2
Member 3
Member 4
Member 5
Member 6
Member 7
Member 8
Member 9
Member 10
Member 11
Health and Wellness Plan Focus
Best Practice Focus

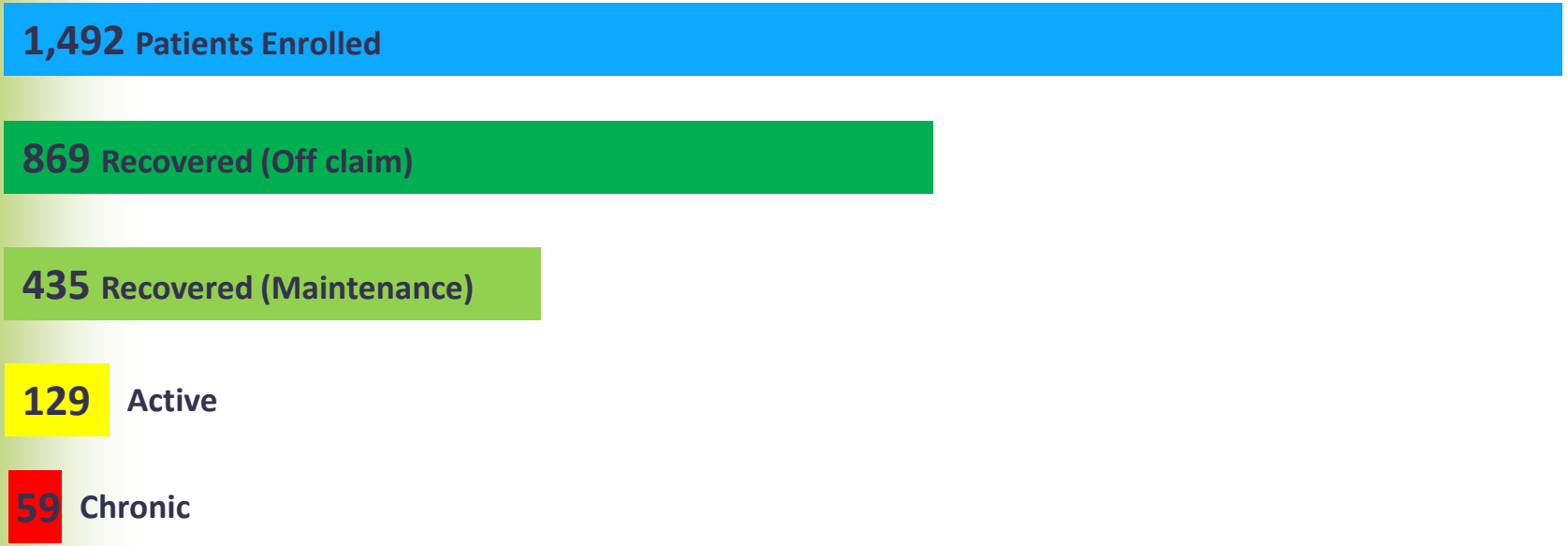
Recovery IS Attainable – Case Study

Members who are Patients

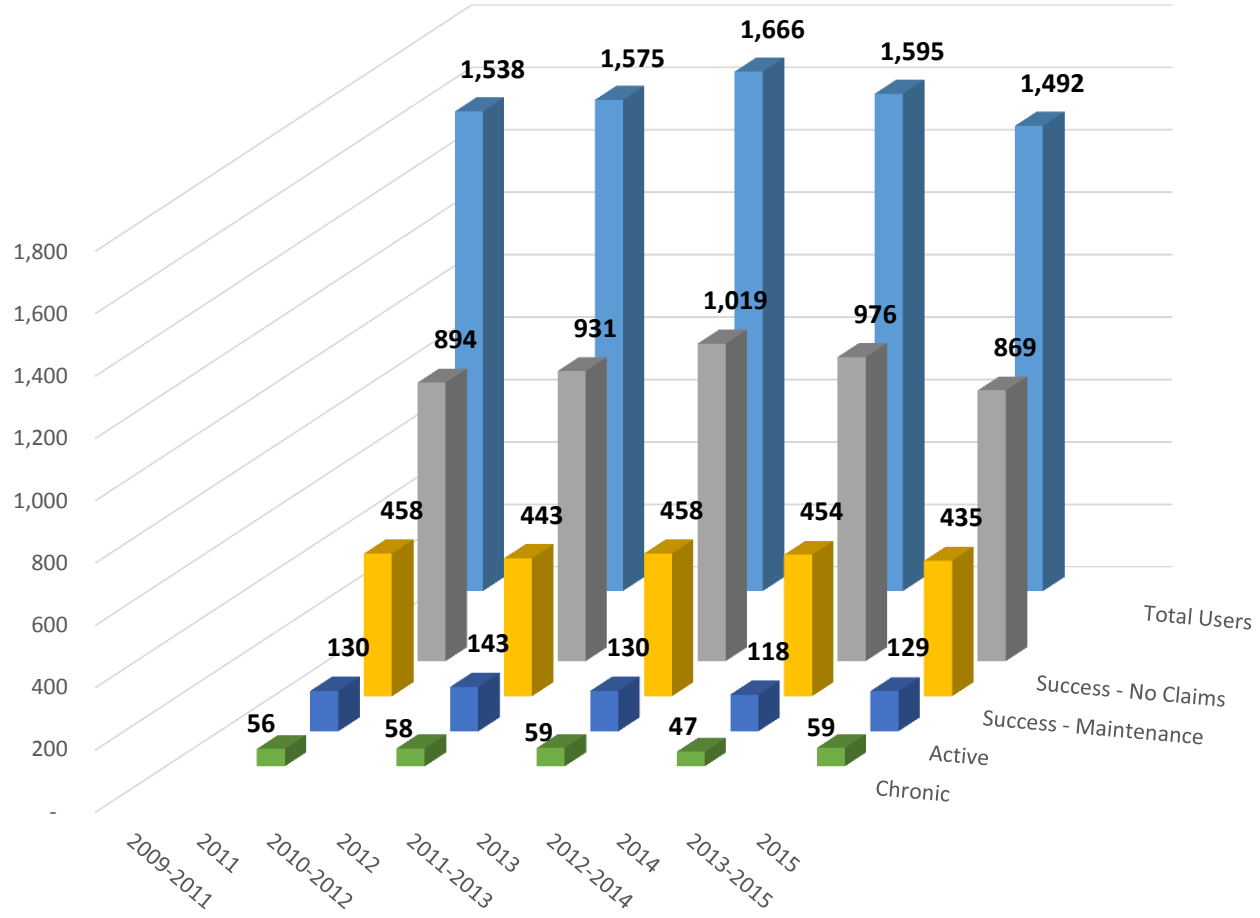
1.) Continuously Enrolled 2013 thru 2015

2.) Case Managed 2013 and/or 2014

3.) Status in 2015



Tackling MH/SA Head-On Helps in Recovery



Addressing Health Care Costs and Productivity

Use “Behavioral Health and Chemical Dependency”

1.) Develop a workplace culture open to:

- WorkLife Balance
- Stress Management
- Destigmatizing Behavioral Health Issues

2.) Offer and leverage the EAP to help direct appropriate BH/CD care and coordinate services with the employer’s wellness program

3.) Manage high risk employees that impact productivity, morale and workplace culture

Utilizing the EAP to Improve Employee Performance & Behavior

EAP Management Services

Leadership (supervisors, HR, senior admin) consultation

- to manage troubled employees,
- enhance work environment and
- improve employee job performance

Assist supervisors with referring employees to EAP services

- voluntary or
- management referred

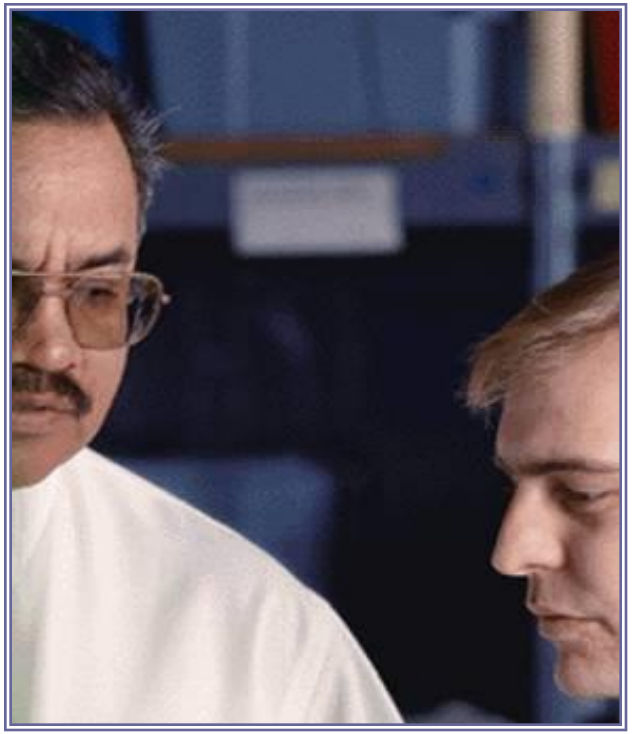
Options for support of employee/family in crisis

Consults on potential violence in workplace

Assist in Workplace critical incidents, reductions in force

What Supervisors Need to Know About EAP

- An alternative to tolerating poor performance/behavior or taking an adverse action
- Eliminates need to get “involved” in the personal problems of employees
- Permits manager to focus on performance
- EAP can offer supervisory tips



Types of EAP Referrals

Self Referral

- Employee contacts the EAP without being referred
- Performance problems may or may not exist

Management Referral - Informal

- Supervisor recognizes and documents employee issues related to job performance or behavior and refers the employee to EAP/IBH.

Management Referral – Formal

- Referral as condition of employment based on documented patterns of behavior or performance issues

What to Say to Employee

Voluntary Referral Constructive Confrontation:

- Recommend EAP based upon job performance problems / behavioral issues / attitude concerns
  - Encourage self-referral
- Mention possibility of corrective action for ongoing problems
  - Separate from EA option
- Provide EAP phone number

Avoid “Armchair Diagnosis”

Do not:

- Ask employees personal questions
- “Rule-in” or “rule-out” the existence of a personal problem
- Assume an EAP referral is unnecessary because the employee is getting help somewhere else
- Attribute problems between two employees are “personality conflicts”

What to Say to Employee (Continued)

Encouraging a voluntary self referral:

"It is possible that personal problems may be contributing to your impaired job performance (or behavior)." Therefore, I urge you to contact the EAP. Whether you do or not, I will be meeting with you in _____ (days) at _____ (specific time) to consider the next step if there is no significant improvement."

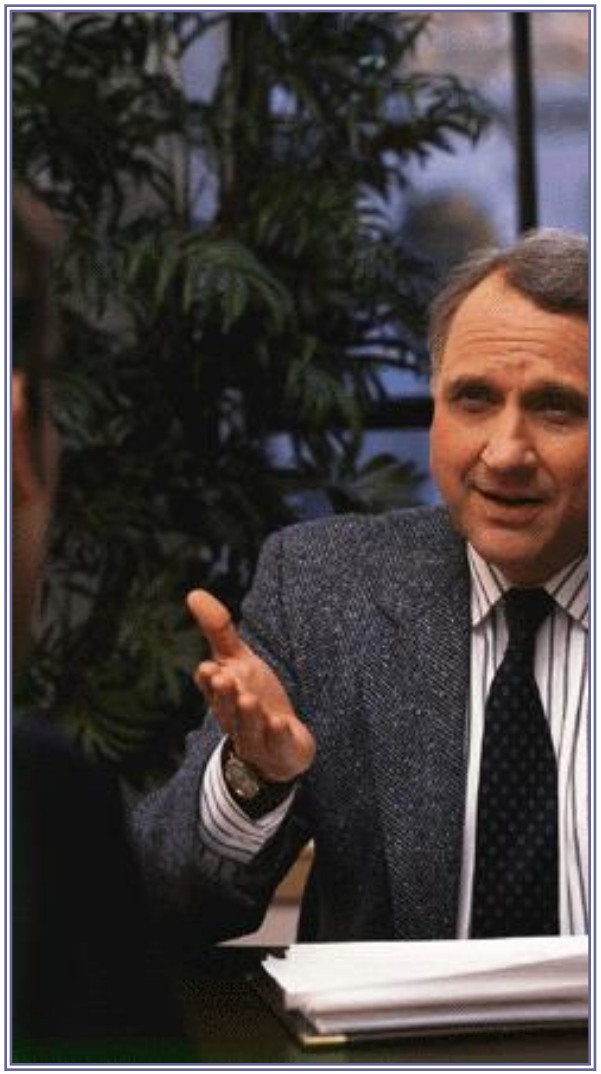
Do's and Don'ts

Don't Say:

- "The EAP will provide the counseling you need."
- "We'd like you to get therapy for your problems."

Do Say:

- "The EAP is an option to help with performance (or behavior) problems."
- "Many employees who use the confidential EAP find it helps."



Why Supervisors Don’t Refer

- “The employee is getting help someplace else” or will be offended
- “His/her career will be harmed and we are friends”
- “If I refer, it will only delay termination.”
- The employee will air our “dirty laundry,” or talk about me
- I fear the employee's emotional reaction