Employee Stress – Their Struggle, Your Risk
- 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
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

Stress

Chemical Dependency
- Smoking
- Alcohol
- Drugs
- Poor nutrition

Behavioral Health
- Sedentary
- Anxiety
- Withdrawing
- Sleep issues

EAP ($24/Yr.)

Wellness Programs ($700/Yr.)

Medical/RX Plan ($7,700/Yr.)

MH/SA Care Gap

Hyperlipidemia, Hypertension, CAD, COPD, CHF, Back Pain, Reduced Immunity

Mental Health & Substance Abuse

Elevated Cortisol

Cope

Cope

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

(Kessler 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
- **Severe**: 22.8% of these cases (e.g., 4.1% of U.S. adult population) are classified as "severe"
Should I Touch the MH/SA Third Rail?
### Covered EEs with MH/SA Conditions

#### Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Adult Prevalence</th>
<th>Employees w/MH/SA Disease State</th>
<th>Cov. Adults w/MH/SA Disease State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>6.4%</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Severe Anxiety</td>
<td>4.1%</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>3.5%</td>
<td>18</td>
<td>26</td>
</tr>
</tbody>
</table>

**Sample Company - 500 Employees/750 Covered Adults**

Source: CDC
What’s the Productivity Impact to My Organization?
### Yearly Lost Days

<table>
<thead>
<tr>
<th>Condition</th>
<th>Employees</th>
<th>Lost Days per EE</th>
<th>Total for Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Depression</td>
<td>32</td>
<td>27.3</td>
<td>874</td>
</tr>
<tr>
<td>Severe Anxiety</td>
<td>21</td>
<td>19.0</td>
<td>390</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>18</td>
<td>26.6</td>
<td>466</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Adult Prevalence</th>
<th>Employees w/ Physical Disease State</th>
<th>Cov. Adults w/ Physical Disease State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>9.5%</td>
<td>48</td>
<td>71</td>
</tr>
<tr>
<td>Asthma</td>
<td>7.6%</td>
<td>38</td>
<td>57</td>
</tr>
<tr>
<td>COPD</td>
<td>6.4%</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>11.5%</td>
<td>58</td>
<td>86</td>
</tr>
</tbody>
</table>

Sample Company - 500 Employees/750 Covered Adults

Source: CDC
## Annual Physical Disease State Treatment Costs

<table>
<thead>
<tr>
<th>Condition</th>
<th>Covered Adults w/Physical Disease State</th>
<th>Annual Treatment Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>71</td>
<td>$7,900</td>
</tr>
<tr>
<td>Asthma</td>
<td>57</td>
<td>$3,259</td>
</tr>
<tr>
<td>COPD</td>
<td>48</td>
<td>$4,000</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>86</td>
<td>$18,900</td>
</tr>
</tbody>
</table>

**Sample Company - 500 Employees/750 Covered Adults**

Source: CDC
## Adults with Physical Disease States and MH/SA Comorbidity

<table>
<thead>
<tr>
<th>Condition</th>
<th>Covered Adults w/ Physical D.S.</th>
<th>MH/SA Comorbid Prevalence</th>
<th>Comorbid Covered Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>71</td>
<td>35.9%</td>
<td>26</td>
</tr>
<tr>
<td>Asthma</td>
<td>57</td>
<td>37.8%</td>
<td>22</td>
</tr>
<tr>
<td>COPD</td>
<td>48</td>
<td>37.8%</td>
<td>18</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>86</td>
<td>38.25%</td>
<td>33</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Covered Adults w/Comorbid PDS and MH/SA</th>
<th>Annual Treatment Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>26</td>
<td>$14,931</td>
</tr>
<tr>
<td>Asthma</td>
<td>22</td>
<td>$7,659</td>
</tr>
<tr>
<td>COPD</td>
<td>18</td>
<td>$8,080</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>33</td>
<td>$29,106</td>
</tr>
</tbody>
</table>

**Sample Company - 500 Employees/750 Covered Adults**

Source: Mental Health Parity, Segal/Sibson, 2009
<table>
<thead>
<tr>
<th>Condition</th>
<th>Without MH/SA</th>
<th>With MH/SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$7,900</td>
<td>$14,931</td>
</tr>
<tr>
<td>Asthma</td>
<td>$3,259</td>
<td>$7,659</td>
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<tr>
<td>Heart Disease</td>
<td>$18,900</td>
<td>$29,106</td>
</tr>
</tbody>
</table>

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”

Member Risk Profile

Catastrophic Claims
Health Assessment
Medical Claims
RX Claims

Assessment and Stratification

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,492 Patients Enrolled</td>
<td></td>
</tr>
<tr>
<td>869 Recovered (Off claim)</td>
<td></td>
</tr>
<tr>
<td>435 Recovered (Maintenance)</td>
<td></td>
</tr>
<tr>
<td>129 Active</td>
<td></td>
</tr>
<tr>
<td>59 Chronic</td>
<td></td>
</tr>
</tbody>
</table>
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
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
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”
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