

# Frequently Asked Questions

**Q:** As an employer, how do I know my employees are depressed?

**A:** National studies of American workers document that depression is far more common in the workforce than employers ever suspected. **About one in 14 employees across the occupational spectrum experience a serious episode of depression each year.** We can estimate the prevalence of depression in your workforce using established actuarial methods because the risk for depression varies by gender and age.

**Q:** Why don't I "see" the employees with depression in my workforce?

**A:** Most depressed employees try to hide the problem because they are afraid that their supervisor and co-workers will devalue them if they admit they are not 'playing at the top of their game'. Despite this front, depressed employees know their work is suffering. Doctors often help employees hide their disease by substituting a less stigmatizing diagnosis when they treat a patient for depression.

One of the few markers employers have to monitor the prevalence of depression in their workforce is antidepressant medication costs. The dramatic increase of this marker over the last decade reflects the increasing use of antidepressants for 'offlabel' conditions (conditions besides depression). **The most recent studies show that 50% of depressed employees fail to get any treatment for the condition.** More than 40% of depressed employees who start antidepressant medication discontinue it before they can realize any clinical benefit.

**Q:** What is NCQA (National Committee for Quality Assurance)?

**A:** NCQA is a not-for-profit organization dedicated to driving improvement throughout the healthcare system by collaborating with multiple stakeholders to decide what's important, how to measure it, and how to promote improvement.

**Q:** What is HEDIS (Healthcare Effectiveness Data and Information Set)?

**A:** HEDIS is a tool used by more than 90 percent of America's health plans to measure performance based on important dimensions of care and service.

**Q:** How can I compare this year's health plan results to prior years?

**A:** This year's report can be compared to last year's because both quality and satisfaction data collection and analysis methods were similar. The performance results for prior years are now displayed as trend lines for each of the measures we report. This lets us evaluate whether there is overall improvement in the marketplace.

**Q:** Why is there variation among health plan performance?

**A:** Some variation in performance occurs naturally, and measuring over a longer period of time reveals if the variation is due to differences in performance. In the last twenty years, research studies demonstrate great variation in the health care quality (outcomes), provision of preventive services, and rates of surgery and hospitalization throughout all regions of the country.

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**Q:** What other kinds of information can I get about a health plan?

**A:** There are numerous types of information available, depending on what is needed.

- Each health plan has a member services department that provides general information about the health plan's benefit design, benefit coverage, claim payments, network providers and complaints. Individuals can call the plan or access its web page.
- Your States' Division of Insurance should have information available to the public on premiums for small businesses, annual financial information, number of complaints, and brochures of general interest to the public.
- Information on performance quality is available from the National Committee for Quality Assurance (NCQA) for those plans that have participated in the NCQA's "Quality Compass" report or have been accredited by NCQA.
- For publicly traded companies, information is available through the health plan's investor relations department as well as through stockbrokers and financial planners.

**Q:** How do I know how health plans are performing over time?

**A:** Following the trends of health plan performance is a good way to track improvement. Trends help us to track the level of improvement and quality of service provided by each individual plan. By looking at specific clinical indicators, as an employer, we are able to determine how health plans measure against the national average and the 90th percentile of all health plans for that measure.

**Q:** I belong to a plan that is not included here. How can I get similar information on how this plan is performing?

**A:** Health plans that do not participate cite reasons such as the expense of participating in this type of reporting. In some cases, health plans do not always support making information available to consumers. In addition, health plans may say that consumers are not yet using quality information to make choices about health care.