SLIDE 1

We are here today to talk about one of the real opportunities that organizations have to make life better for their employees, and that is to improve the depression care that employees and their families receive.

SLIDE 2

As an overview we are going to cover three major points today:

1. Depression in our society so you can get a handle on how big a problem depression is in your community.
2. The burden depression imposes on individuals.
3. Lastly and most excitingly, we will look at the ways you can reduce that burden by improving depression treatment.

SLIDE 3

Many people are beginning to recognize what a common problem depression really is. According to the latest national studies, 8.2% of Americans experience a serious depressive episode every year. That means that as you pass 12 people walking down the street, the chances are that one of those 12 people will have serious problems with depression this year.

NOTE: Depression is very common in American society. Just so you and I know this is a different number, its 7.2% in the EB slide, and here it is 8.2% of all American adults not just employed American adults.

SLIDE 4

It is important that we all understand what we mean by the term depression. It is used in a variety of different ways depending on who you talk to. Depression is more than just a bad day. The clinical criteria for depression requires two weeks or more of an individual being consistently sad or blue or reporting they have lost interest in things they usually care about. These people will also experience other serious problems including major changes in their sleeping patterns or their eating patterns, trouble with fatigue, self-doubt or inappropriate guilt, major problems concentrating, either be really hyper or really lethargic , and thoughts of self harm.

However, depression doesn't always appear to family and friends the way that it appears to a doctor when a patient is seeking help. The sad or blue person may not burst out into tears at the least provocation but may be very moody. The person who has lost interest used to feel part of the group and now acts very withdrawn. Depressed people display fatigue by morphing into 'couch potatoes'. The self doubt and guilt emerges as excessive apologizing or what you might think of as shirking responsibility simply because they do not have the confidence to do what they used to. Concentration problems will show up as increased forgetfulness. Thoughts of self harm oftentimes appear as morbid or dark humor.

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It is important to understand that depression like diabetes is a disease. So it burdens an individual biologically as well as psychologically and socially. The impairment from depression is so severe that depressed individuals cut back on their usual activity. That means they stay in bed for the day or they reduce their usual activities by half a day or more 66.4 days per year. That's two months out of their lives.

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This left all of us scratching our heads and asking what is wrong with this picture…..

SLIDE 7

Antidepressant medication costs are among the top drugs that most employers pay for and they are rising. Most of the employer members of the Colorado Business Group on Health find antidepressant drugs are in the top three most prescribed drugs on their list. Yet, 5 out of 10 depressed employees who visit their primary care provider during their episode fail to start any treatment at all. And 4 in 10 who start treatment discontinue medication before they can realize any clinical benefit. So even the dollars we are spending are not dollars that are going to do anybody any good.

SLIDE 8

Depression is a large burden in American society. We've spent good money trying to reduce that burden without much success. When we become serious about reducing that burden, what will we do? First of all, we'll realize that medical science has developed two equally effective treatments for depression - antidepressant medication and brief psychotherapy. Scientists conclude that most depressed individuals would benefit from one or both treatments equally effectively; however, most depressed individuals receive neither treatment.

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So if we're interested in reducing depression burden, what we have to do is ensure more depressed individuals get treatments shown to work. Purchasers need to encourage the health plans or provider networks they contract with to deliver these treatments in a high quality manner. It's not happening now.

SLIDE 10

How do you know whether your health plan is delivering high quality depression treatment? And when I say "health plan", be aware that I also mean your provider network. Scientists have worked hard to develop common sense indicators of treatment quality. In depression, these measures are known as HEDIS indicators for antidepressant medication management.

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What is a HEDIS indicator? It's a quality indicator that's specially developed by national experts to allow purchasers just like you to judge the quality of care a health plan delivers for specific conditions. It is an acronym and stands for Healthcare Data and Information Effectiveness Set.

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What's the HEDIS indicator for depression? It measures the quality of antidepressant medication treatment provided to outpatients 18 years of age or older who receive a depression diagnosis.

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We measure quality as the proportion of newly diagnosed patients who start treatment with an antidepressant medication, and who continue this treatment in the acute and continuation phase of care.

SLIDE 14

The first component of the HEDIS depression measure is the proportion of depressed patients starting an antidepressant who stay on it during the acute phase (the 12 weeks following diagnosis). Starting antidepressant medication is a tall order. Patients whose clinicians do not educate them on how to deal with medication side effects before their depression symptoms improve simply stop taking the drug before it has any chance to help. Poor HEDIS scores in the acute phase indicate a health plan spends considerable money on expensive antidepressants that benefit no one.

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So how do health plans rate on the acute component? On average, about 60% of depressed patients who start medication actually continue with the drug for 12 weeks or longer. I don't know any purchaser who would call that high quality care. What is particularly concerning is that health plans have made little progress improving this indicator over the 9 years it has been measured.

SLIDE 16

The second component of the HEDIS indicator is in the proportion of depressed patients treated with an antidepressant who remain on it during the continuation phase (24 weeks or longer). Patients whose clinicians do not educate them on treatment oftentimes stop taking the medication because they feel better. However, unless they stay on it for 24 weeks or longer, they greatly increase their chances of relapse. Poor HEDIS scores in the continuation phase indicate that many patients will have to start treatment for another depression episode soon after they're started feeling better.

SLIDE 17

So how do health plans rate on the continuation component? On average, about 40% of depressed patients who start medication actually continue with the drug for 24 weeks or longer. So health plans have more problems providing high quality treatment during the continuation phase than during the acute phase. Those of you who like to look at graphs are probably a little discouraged because you'll see that despite all the efforts health plans have made, there has been very little improvement in this indicator over time. In the past, we have only looked at HMO scores on these two measures. For the past 2 years, plans have been reporting PPO scores, too. But networks can also report these scores, if purchasers ask them for the information.

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Recent research suggests that health plans may be able to raise their HEDIS scores for depression by doing three things:

1) provide feedback to each clinician about the quality of depression care he or she provides

2) provide greater access to newer depression drugs which have reduced side effect profiles
3) require lower copayments for outpatient mental health care

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Many employers feel like it is the health plan's responsibility to improve the quality of care they provide for depression and other conditions when these indicators show a problem. But that strategy doesn't seem to be working. While health plans and networks clearly have to work out the details of how to improve quality, they may not prioritize the initiatives they need to undertake without purchasers insisting they do so.

Therefore, purchasers need to negotiate with health plans and networks to:

1. provide feedback to each clinician about the quality of depression care he or she provides, comparing one clinician to other clinicians in the organization who have the same resources and challenges.
2. place newer antidepressant medications no higher than Tier 2 on pharmacy formularies so patients can afford to purchase drugs they can successfully take
3. reduce patient costs for outpatient mental health care to $20/visit or 20% copay, or lower so patients who need to see an experienced mental health professional will go.

The research shows that health plans that offer these services have significantly higher HEDIS scores than plans that don't. So health plans can sell you a product that provides value, particularly if you insist.

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So, we have presented lots of information to consider in taking your next step. We're offering free technical assistance to every participant to support you to proceed from here. So what is technical assistance? It's an unbiased and experienced health benefits consultant who's willing to consult with you and your organization over the next 24 months if you're interested in improving the care your depressed employees are getting. For some organizations, the next step will be selling the idea of improved HEDIS scores to the skeptics in their company. For other organizations who are ready to forward, the next step will be help developing a set of talking points before you head into a meeting with your health plan. And for some organizations, it will be help developing contract language to assure your health plan structures its depression care like high performing plans do. The goal of technical assistance is to aid you and your company to ensure that your employees get high quality depression care. And it's absolutely free to you as part of the study.

SLIDE 21 – CONTACT INFORMATION

The contact information on this slide is also on a page in your notebook. I'm here to tell you that I'm looking forward to talk to each and every one of you when you call or email me.

SLIDE 22 – ENDING SLIDE

Value-based purchasing will not arise from any legislative mandate. It's going to be people in groups just like the group that we have convened here. Who are going to look at each other and say "if we want to get something in return for the dollars we lay out every year, we can"