

Role Play for Depression Care Management Project

Version I

Audience participant is the vendor of disease management and will be saying that they also have depression care management.

Donna is the benefits manager.

Audience person: We do disease management like nobody's business. It whistles, it sings, it plays Yankee Doodle on the flute and delivers a 15 to 1 return on investment.

Donna: How do you engage our members?

Audience person:

Donna: Well, do you look for depression as a stand alone clinical problem?

Audience person:

Donna: If you only look for depression with diabetes or cardiac, are you missing many cases?

Audience person:

Donna: So how many of our employees do you expect to get into the program?

Audience person:

Donna: And how much will this cost?

Audience person:

Donna: Great, sign us up. I am sure we will get all our money's worth.

Version II

Donna is the vendor of disease management and will be saying that they also have depression care management.

Audience Participant is the benefits manager.

Audience (benefits) person: Hello, do you do depression disease management?

Donna (DM): We do disease management like nobody's business. It whistles, it sings, it plays Yankee Doodle on the flute and delivers a 15 to 1 return on investment.

Audience (benefits) person: How do you engage our members?

Donna (DM): Well, if the sick person knows what's good for them, they will figure out that they should come to our web site, sift through lots of pages of information, and sign themselves up. Of course, only the really sick people qualify for our program.

Audience (benefits) person: But I heard that persons with depression may have a hard time engaging outside help. Couldn't you do an opt out program instead of an opt in program?

Donna (DM): No, we are not set up for that. It would mean a lot of work for us. We would have to get the data timely. We don't do it for anyone else. It would cost you a lot of money.

Audience (benefits) person: Well, do you look for depression as a stand alone clinical problem?

Donna (DM): No, its really only important when it accompanies diabetes or heart disease. Those are the conditions that are very expensive. If we reached out for just depression care only, it saves the employer through absenteeism and productivity savings. It doesn't save the health plan direct care dollars.

Audience (benefits) person: So how many of our employees do you expect to enroll in the program?

Donna (DM): Oh, lots and lots.

Audience (benefits) person: And how much will this cost?

Donna (DM): For you, only a zillion dollars.

Audience (benefits) person: Well, I think I better do an RFP on this. I think I should make sure that my vendor is doing outreach and active enrollment. I think I would like to get a guarantee on enrollment percentages. I would like to make sure that they get the outreach they really need to get the help they need, and to stay on track with their therapy. I think I should get a competitive price quote.

Donna (DM): Oh. You must be part of the group that says "In God we trust, all others bring data."

END!