
Removing Barriers to Mental Health Access

September 15, 2009

About Journal Communications

- 4,000 employees, 1,200 pre-Medicare and Medicare-eligible participants nationally.
- Our strategic plan focuses on providing quality benefits while maintaining shareholder value.
- Like other employers, we struggle with managing:
 - The medical plan participant accountability
 - Affordable coverage (employer and retiree)
 - The impact of medical inflation on our budget

Question

What can we can do today and tomorrow to drive personal accountability?

Simply, help participants:

- **Make health decisions based on provider quality and outcomes;**
- **Improve their health status;**
- **Comply with treatment orders; and**
- **Understand health risks.**

Strategic Planning Process *(three year plan)*

Threats

- Lack of Engagement
- Decreased employee satisfaction due to cost shifting
- Medical CPI outpacing wage increases
- Increasing employer expense
- Impact of Economy
- Decreased employee understanding of benefits
- Absenteeism, presenteeism and leave of absence

Opportunities

- Improve the health status of participants
- Increase frequency preventive care
- Increase consumerism
- Increase compliance and engagement
- Increase productivity
- Increase employee satisfaction
- Tailor employee education and communication
- Develop integrated benefit package
- Maximize data from all resources

Strategy for all

- Offer medical plans requiring engagement;
- Reduce barriers;
- Give participants with chronic diseases tools and support to manage their condition. Increase compliance for disease-specific medications;
- Introduce wellness program that provides feedback and
- Communicate, communicate, communicate...

Historical Attempts to Control Costs

- Capitation agreements
- Narrow networks
- Lower coinsurance percentage (50%)
- Maximum dollar benefits
- Maximum number of days/visits
- Lifetime maximums

Journal's Journey – 1997 to 2006

- Journal contracted with a “narrow” national network for all behavioral health and substance abuse treatment.
- Paid on a capitated basis.
- Benefits were restricted:
 - 80/20 coinsurance in-network, 60/40 out-of-network
 - Limited to 20 days of care (inpatient, outpatient or transitional)
 - Annual limits of \$7,000 then
 - After annual limit services are covered at 50%.

Concerns with Capitation Arrangement

- Employer concerns:
 - Capitation cloaks plan experience - pay no matter what.
 - Expense to the plan was not integrated with claims data.
 - Were members non-compliant and driving up medical costs?
- Member concerns:
 - Access concerns due to narrow network.
 - Patients did not maintain compliance due to benefit restrictions and expense.
 - Patients with medication management needed more “touch” than plan would allow.

2006 – Remove Barrier #1 – Eliminate “Narrow” National Network

- Members use the same network as for other medical services.
- Partnered with Humana to manage all mental health and substance abuse claims.
- Claims paid under medical plan (integrated reporting).
- Maintained coinsurance levels, but increased benefit to:
 - 30 days inpatient/transitional
 - 30 days outpatient
 - 12 days medication management

2006 – Still concerned about...

- What happens when patients exceed the plan maximums?
- Is benefit cost affecting ability to receive appropriate care?
- Is benefit design increasing plan expense? Are costs shifting to ER, inpatient care?
- Are patients maintaining RX compliance?
- Is there a tie to absenteeism and disability benefits?

2008 – Remove Barrier #2 – Benefit Limitations

- Cover mental health as any other illness (implement mental health parity)
 - Removed day/visit limits
 - Remove lifetime limits
- Waive the HSA deductible for “preventive prescriptions” as defined by the IRS

2008 - Remove Barrier #3 – Lack of Primary Self-Care

- Provide preventive examinations at 100%
 - Encourage relationship with PCP
 - Screening and early diagnosis of mental health concerns
- Increase reward for members who participate in HumanaBeginnings
 - Pre-natal support for patients with complicated pregnancy
 - Early diagnosis of post-partum depression

2008 – Remove Barrier #4 – Segmented Managed Patient Care

- Integrated Behavioral Health model
 - Outsourced FMLA and STD administration
 - Refer patients to Personal Nurse
 - Manage co-morbid health conditions
- Integrated reporting
 - Medical
 - Mental health
 - Pharmacy
 - FMLA & STD
 - Absenteeism

2009 – Remove Barrier #5 – Complexity

- Integrated EAP (5 visits)
 - Same network as Medical Plan
 - Available to all employees, spouses and dependents
- PHQ9 administered by health coaches
- Connect STD and FMLA administration to Medical
 - Refer patients to Personal Nurse and Disease Management
 - Manage co-morbid health conditions

Mental Illnesses are Costly to the Workplace

- **Lost Productivity**
 - Absenteeism
 - Presenteeism
 - Turnover and Training Costs
- **Co- morbidity with other diseases**
- **Overall Healthcare Costs**
- **Disability**

Mental Health impact on Journal's STD/FMLA

- 6% of all STD claims are due to Mental Health conditions
- 37 days on average for leave
- \$16,000 direct costs for company leave
- Assuming 7.6%* average productivity loss, indirect costs (presenteeism) are in excess of \$565,000 each year.

* Based on 2002 Lockheed Martin Pilot Study

Address Co-morbidity with other diseases

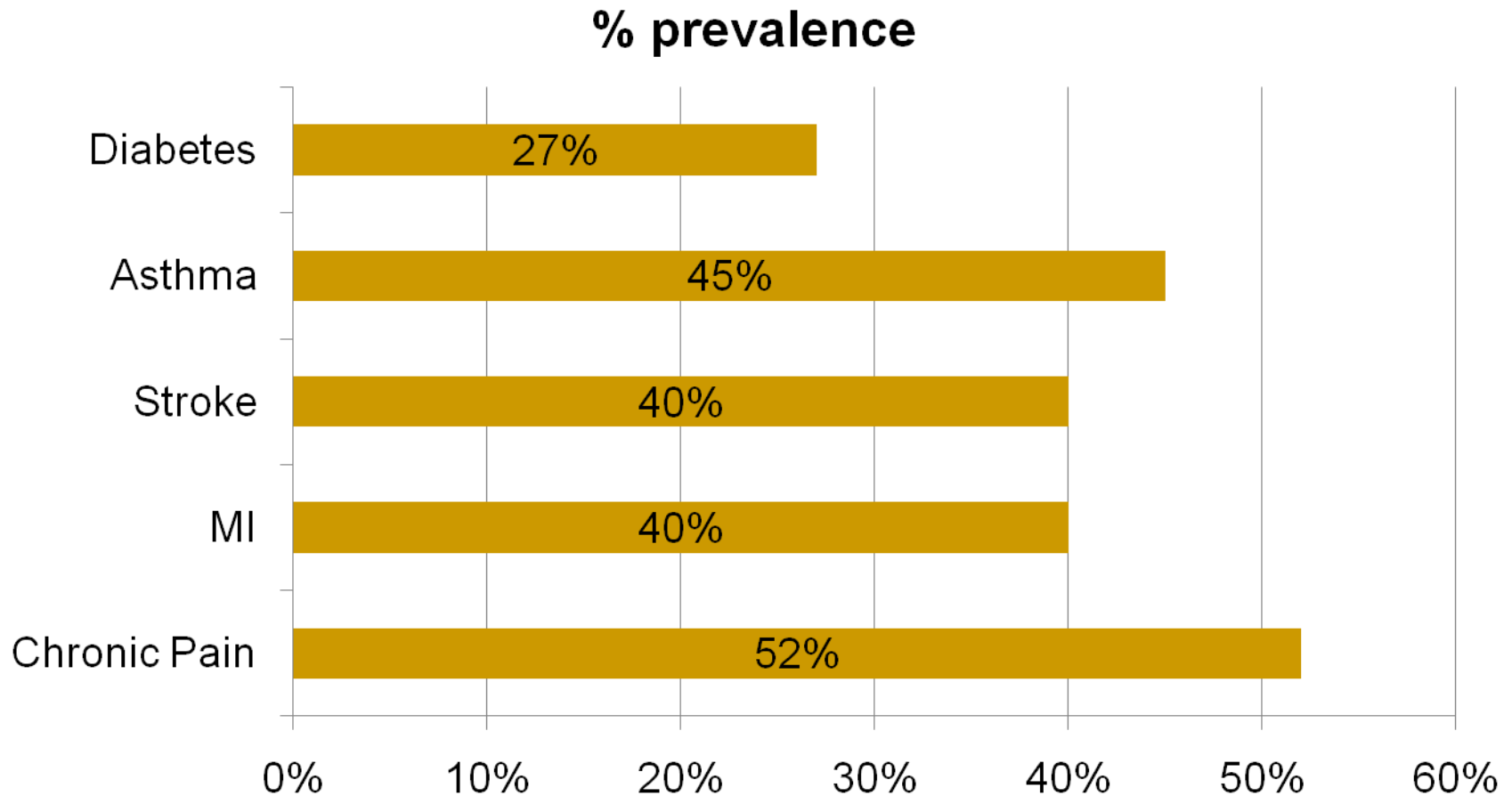
- Individuals with depression consume two to four times the healthcare resources of other enrollees.
- Chronic medical illnesses increase prevalence of major depression.
 - 45% of people with asthma and 27% of people with diabetes have co-occurring depression
- Individuals with depression are twice as likely to develop CAD, twice as likely to have a stroke and more than four times as likely to die within six months from a myocardial infarction.
- Many chronic medical conditions are adversely affected by mental health conditions. Co-morbidity increases impairment in functioning and decreases adherence to prescribed regimens.

Impact of Depression: Co-morbidities

Condition	Annual Medical Costs per Patient without Depression	Annual Medical Costs per Patient with Depression
Heart failure	\$2.56	\$6.74
Allergic rhinitis	\$3.27	\$8.46
Asthma	\$3.73	\$10.56
Migraine	\$3.82	\$15.47
Back pain	\$11.61	\$33.25
Diabetes	\$13.06	\$27.28
Hypertension	\$13.38	\$27.16
Ischemic heart disease	\$62.40	\$110.94

Source: Courtesy of Clare I Miller: Partnership for Workplace Mental Health. Actual annual medical costs per patient based on claims data for 229,776 patients, 1995-1998. Source OCI 2001

Depression and Chronic Medical Illness



Journal's Journey: Understanding Co-Morbidity

Implemented **HealthMapRx™** (Base on Asheville Project)

- Provide members with a personal health coach (from a network of local pharmacists);
- Coordinate with the patient's physician or other healthcare providers to help effectively manage their Condition:
 - Diabetes
 - High Blood Pressure
 - Cholesterol
- Provide medication and supplies at no cost / reduced cost

Partners: Mirixa and Piedmont Pharmaceutical Network


Patient Incentives – Diabetes & Cardiovascular

- Face-to-face coaching
 - Improved reliability via direct observation
 - Interpersonal connection
 - Strengthens the patient-physician relationship
- HSA Medical plan deductible waived for preventive RX
 - 100% coverage diabetes medication, test strips and supplies
 - Reduce copays by 50% for medication
 - Cholesterol
 - Blood Pressure
- Free Glucometers & Insulin Pumps

JOURNAL OUTCOMES

Prevalence of Mental Health


Year	Total Members	Members w/ BH diagnosis	Percentage
4/2007-3/2008	4098	1052	25.7%
4/2008-3/2009	4222	1056	24%



Medical PMPM increased 8.4% from 2008-2009

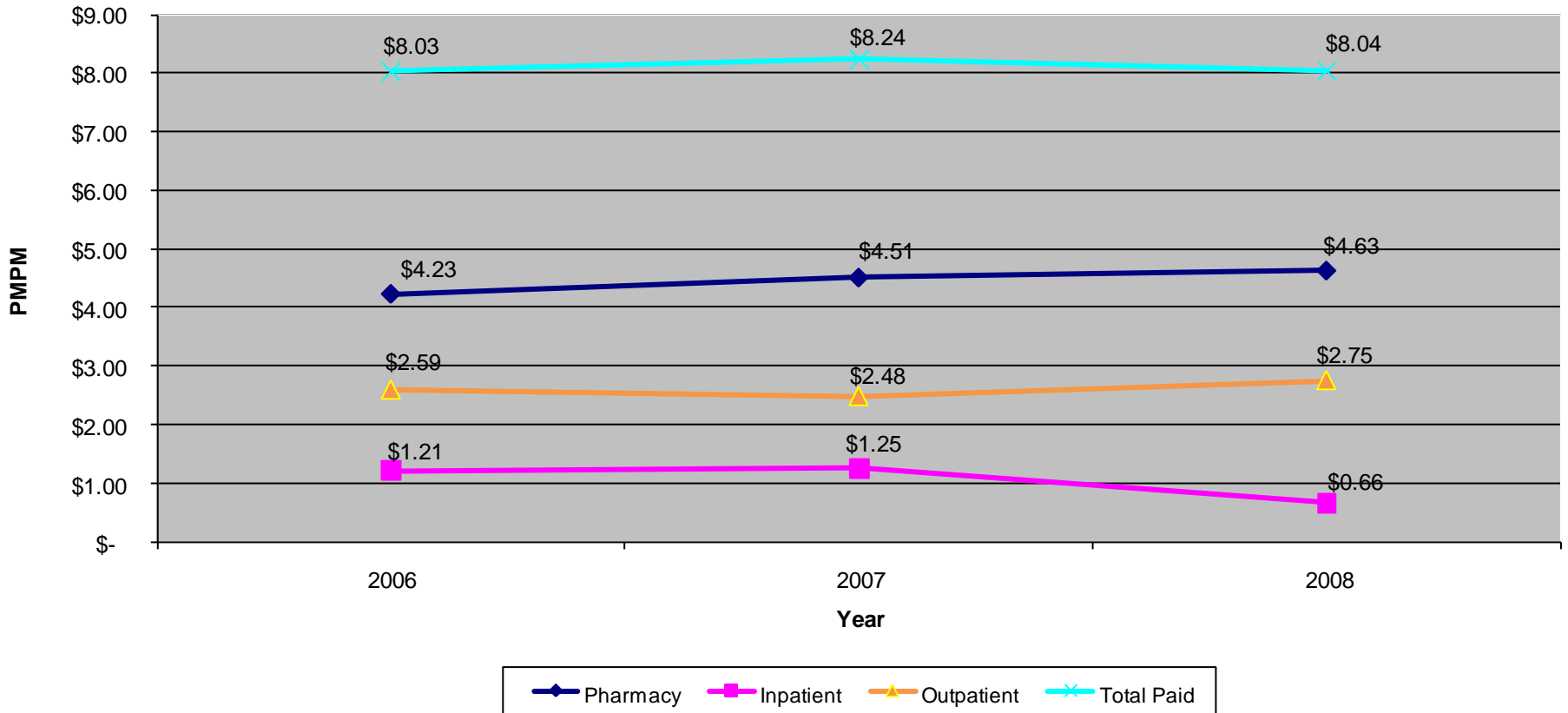
Our Experience 2006-2008

	Pharmacy	Inpatient	Outpatient	Total Paid
2006	\$ 301,456	\$ 86,463	\$184,245	\$572,165
2007	\$ 265,367	\$ 73,857	\$145,984	\$485,208
2008	\$ 244,098	\$ 34,945	\$145,136	\$424,179
2009	\$38,892	\$460	\$2,230	\$41,582

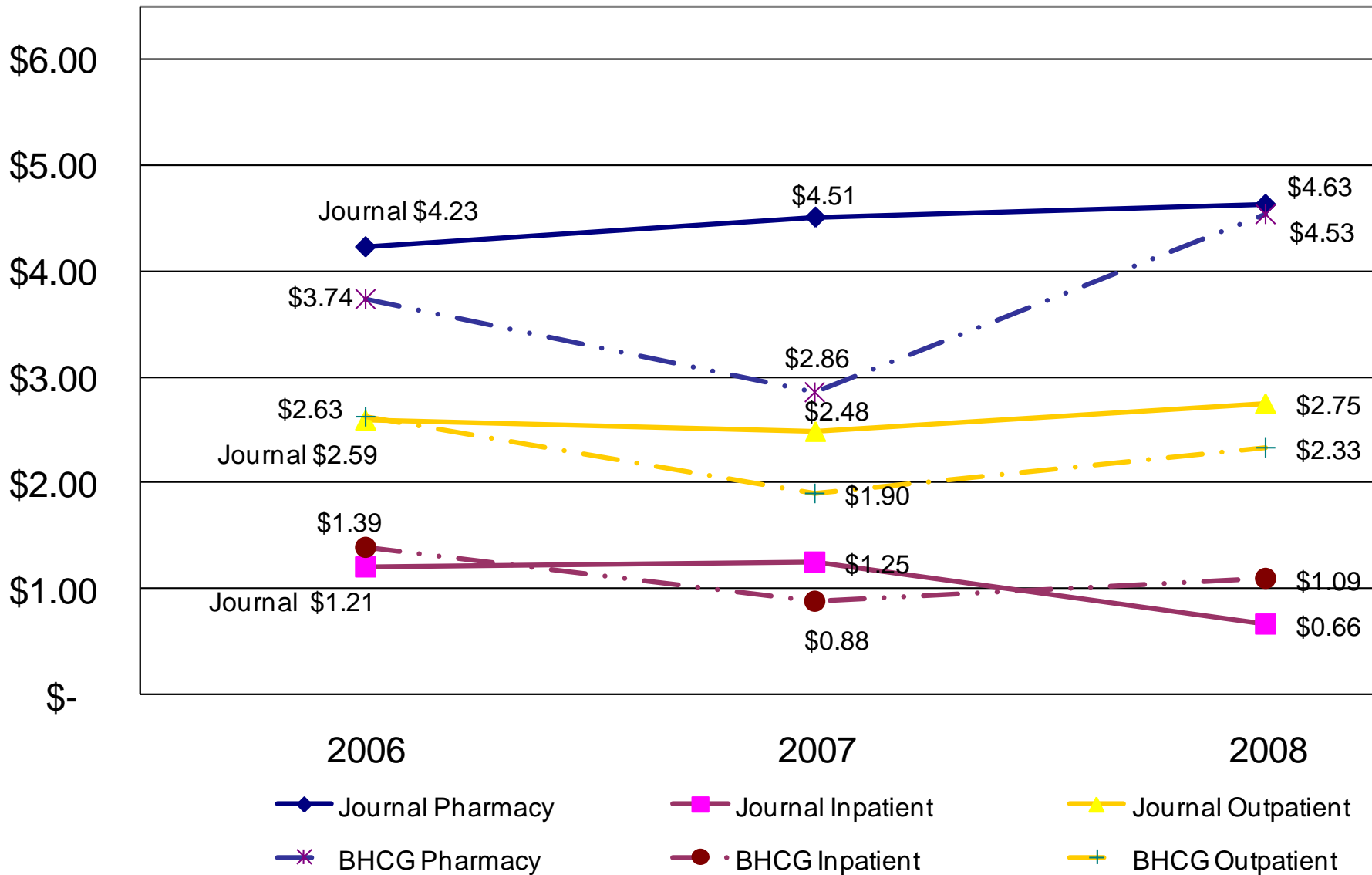


Our Experience

Net Paid Per Member Per Month



Compare to BHCG Normative Data



Still more to do...Continue to Address Co-morbidities

- Expand beyond HealthMapRx™ for Diabetes and CV Health:
 - Depression 4/1/2010
 - Asthma 1/1/2010
- Develop more value-based purchasing opportunities
- Continue to create incentives for patients to use efficient providers

The Bottom Line

- Mental Illness is prevalent in working populations.
 - Mental illness is frequently co-morbid with other health conditions.
 - Treatment works and is cost effective.
 - There is a clear business case for including behavioral health in value based health strategies.
 - Journal's experience with mental health parity is positive.
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Resources - Connections

- Center for Health Value Innovation
 - Cyndy Nayer 314-422-4385, cyndyn@vbhealth.org
- Mirixa (HealthMapRx)
 - Cindy Schaller, 703.865.2035, cschaller@mirixa.com
 - www.HealthMapRx.com
- Piedmont Pharmaceutical Care Network
 - Larry S. Long RPh, 336-202-7146, Larry.Long@emailMM.com
- Clare I Miller
 - Partnership for Workplace Mental Health
www.workplacementalhealth.org

Questions?

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