IBI/PBGH Symposium: Mental Health is Bigger than Mental Health

The Integrated Benefits Institute and Pacific Business Group on Health hosted a symposium in San Francisco on May 21, 2019 on mental health in the workplace that attracted 160 employers and service providers. The program focused on strategies for reducing stigma, improving care, gaining access and broadening outcomes beyond healthcare cost and quality. As suggested by the symposium's title, "Mental Health is Bigger than Mental Health," attendees learned that the scope of the problem is underreported, and that employees face numerous barriers to receiving the care they need. Additionally, attendees heard that employers must address this healthcare disparity soon if they want to attract, retain and support their employees so that they remain competitive in the global marketplace. Among the solutions discussed were finding ways to reduce the stigma that prevents employees from seeking care; make access quicker, easier and more affordable; integrate mental healthcare into primary care; and enlist the help of employee assistance programs (EAP).

Following are program highlights:

The Scope of the Problem:

- One out of four people will have a diagnosable mental health condition in their lifetimes; it's the chronic disease of the young; two-thirds of people don't get any care at all; the disease worsens over one's lifetime. The American Heart Association has launched a campaign to increase awareness about the connection between mental health and heart health; we are losing four times as many people to suicide and drug overdoses as we lost to the AIDS epidemic at its peak (Craig Kramer, Mental Health Ambassador and Chair, Global Campaign on Mental Health, Johnson & Johnson).
- Employees with chronic medical conditions are two to three times at higher risk for depression; over 44 million people in the U.S. have a mental illness, but less than 50% are being treated (Chris Dennis, Chief Mental Health Officer, Teledoc).
- Claims with mental health diagnoses increased 108% as a percentage of all medical claims from 2007 to 2017 (FAIR Health study released May 20).
- Medical care to treat depression costs $123,260 per 1,000 employees; this figure grows to $182,700 when considering the human capital lost from the disease (IBI research).
- The total cost of care for patients with mental health diagnoses was twice the cost of care for those without, and 95% was spent on medical care, not mental healthcare (Boeing/MemorialCare research).

Why Employers Need to Act:

- The stigma associated with mental health conditions is deterring employees from seeking care. One hundred years ago, people diagnosed with cancer were "locked away" because the disease was thought to be communicable and there was no cure; today, we treat mental health conditions similarly. If you aren't locked away physically, you are locked away socially (Kramer, J&J).

- Untreated mental health conditions are inflating employers' overall medical spending; fewer than 40% of employees who say they are depressed are actually getting treatment, and their cases often do not show up in medical and pharmacy claims (Thomas Parry, President, Integrated Benefits Institute).
- Most mental health treatment is out of network and not coordinated, increasing costs and reducing effectiveness, according to a study conducted by the National Alliance of Employer Purchasing Coalitions in conjunction with the Northeast Business Group on Health.
- We live in an age of unprecedented change; it is more transformative to our culture and personal lives than the industrial revolution. Today, people are working on virtual teams—they aren't engaging face-to-face—this brings new stressors of isolation and loneliness, the effects of which rival the effects of smoking on health (Michael B. Weiner, EY Assist Leader, Total Rewards, Ernst & Young LLP).
- Today's knowledge-based economy requires employees to be mentally and emotionally healthy to perform at their peak so that U.S.-based companies can compete globally (Craig Kramer, Mental Health Ambassador and Chair, Global Campaign on Mental Health, Johnson & Johnson).

Addressing the Problem:

1. Solution 1: Connect people to care by making it socially acceptable to address mental health within your organization.
   a. Ernst & Young was concerned about underutilization of EAP services. Furthermore, managers and HR professionals said they were uncomfortable having conversations with employees about mental health issues, so the company created a campaign to drive utilization of its EAP program. It included monthly communications, onsite learning events, videos of employees sharing personal stories and training modules to educate people about emotional health and work/life balance with links to internal and external resources. Results: 30% spike in EAP utilization in the first year; internal EAP usage is up 108% since the start of the campaign. Website utilization increased by nearly 400%; "personal stories" were most effective in driving engagement.

2. Solution 2: Make access easier
   a. Microsoft increased EAP visits from three to 12 sessions per year; provided access to online "virtual psychology" visits to provide global support; provided $800 to cover mental health treatment; encouraged "mindfulness" by creating medication and prayer rooms and walking trails and treehouses throughout its campus because research shows engaging with nature helps to improve emotional well-being. Results: 48% increase in EAP utilization (Colleen Daly, Global Wellness Benefits Manager, Microsoft).

3. Solution 3: Integrate mental healthcare with primary care
   a. Boeing entered into a direct contracting relationship with MemorialCare that embedded mental healthcare into primary care. Primary-care physicians (PCPs) were given enhanced training to identify patients in need of mental healthcare and to initiate treatment, then provide a "warm hand-off" to a mental healthcare manager—a social worker—who coordinates care with psychiatrists and psychologists. Results: Since June 2018, 86% of patients with depression diagnosis achieved remission within 90 days (Mark Schafer, MD, CEO, MemorialCare Medical Foundation).
   b. After reviewing its disability claims data, Comcast now requires employees to obtain treatment from a licensed mental health specialist to be on short-term disability (STD); previously they only needed a form filled out by their PCP. In 2018, Comcast also eliminated copays and deductibles for access to in-network mental health specialists. Disability claims data showed employees were taking out-of-network treatments in expensive facilities that were ineffective and had high relapse rates. Results: EAP utilization increased to 34% in 2018 vs. 26% in 2017; 90% of rehabs in-network. Comcast also saw an increase in successful return to work following STD leaves and rehabs, though durations did not change. Comcast benefit leaders also were able to achieve buy-in from senior management. Comcast call center employees were most affected. They had high turnover rates, but because call-center employees received extensive training and were an important part of the company's business processes, management didn't want to lose them (Jill Personett, Senior Director, Benefit Design and Strategy; Scott Daniels, Senior Director, Disability Benefits; and Dodi Kelleher, Health & Wellbeing Consultant, Comcast).
   c. To improve access to care, a joint venture involving insurer Aetna and the Palo Alto Medical Foundation, a member of Sutter Health, is empowering primary care physicians to prescribe treatments for patients with mental healthcare disorders with the cost paid by self-funded employers in the Silicon Valley area (Steve Wigginton, CEO of Sutter Health Aetna Joint Venture).
   d. Kaiser Permanente's has developed a collaborative care model to manage patients with mild depression and anxiety in the primary care setting, with support from mental health specialists. Results: Patients have shown improvement in 82 days vs. two years using traditional care models (Shellie M. Kahane, MD, Chair, Regional Mental Health, the Permanente Medical Group, Kaiser Permanente Northern California).

4. Solution 4: Engage Your EAP
   a. Gap/Old Navy changed the name of its EAP to "Benefits Concierge Service" to make it the first point of access to all healthcare services. If employees didn't know who to call, they were directed to the EAP (Jennifer Dalton, Product Manager, Gap/Old Navy).

b. Chevron is celebrating the 50th year of its EAP with a campaign to increase awareness of mental health at work. Sixty-five percent of oil and gas industry workers have safety-sensitive jobs; they also have rotational work schedules, working 28 days on, 28 days off. If employees are distracted by depression, anxiety, problems at home, they cannot focus on doing their jobs safely (Dana Stuscavage, Advisor, Employee Assistance & WorkLife Services, Global Health and Medical, Chevron).

c. Sedgwick engages its EAP system to make up for the shortage of mental healthcare specialists in the workers' compensation system. In 2018, 12.8% of claims were related to mental health, up from 9% in 2016 and 2017. But it was taking up to 90 days for claimants to be evaluated. Sedgwick was able to close a quarter of claims because the claimants obtained the mental health resources they needed from the EAP and did not pursue their workers' compensation claims (Byron Bass, SVP, Workplace Absence, Sedgwick).

d. NetApp's EAP, provided by Lyra, serves as an on-line concierge service helping employees navigate through the healthcare system to access appropriate mental healthcare sooner. Members also have access to mental healthcare specialists' schedules (Rachelle Taylor, U.S. Benefits Consultant, NetApp).

e. The City and County of San Francisco engaged its EAP to provide psychological first-aid training to managers so they could identify employees exhibiting mental healthcare problems and refer them to available services. The EAP also assists with new hire orientation and participates in health fairs. (Abbie Yant, RN, MA, Executive Director, San Francisco Health Service System).

5. Solution 5: Early intervention

a. Eight-eight percent of employees insured by the Standard who were referred to mental healthcare services before filing a disability claim were able to remain at work (Dan Jolivet, Workplace Possibilities Practice Consultant, the Standard).

Future Considerations and Next Steps:

- "Widen the net" to reach out to people who are exhibiting symptoms of mental illness but haven't yet been diagnosed (Linda Brady, Health Care Strategy & Policy, Boeing).
- Use technology to improve access to mental health services. Seventy-five percent of people are ready to use the Internet or mobile apps to manage healthcare needs, while 45% of those who have not yet tried telehealth services said they would be open to using virtual access for their mental healthcare needs (Chris Dennis, Chief Mental Health Office, Teledoc).
- Develop metrics to identify the most effective treatment protocols and deploy them. Move away from process measures to outcomes measures, including health-related work performance, work absence and disability.
- Break down silos to improve sharing of workers' compensation, disability and medical claims data to identify employees with mental illness and direct them to appropriate treatment.

- Develop better tools for measuring the return on investments in mental healthcare to obtain buy-in from senior leadership (Thomas Parry, President, IBI). For example, NetApp's HR and benefit teams assembled data on the proportion of mental healthcare costs relative to its total healthcare spend to obtain buy-in from its CEO to develop a comprehensive "Real Help for Real Life" communications campaign to encourage employees to access the company's EAP. It is continuing to develop metrics with its vendors to measure outcomes (Rachelle Taylor, U.S. Benefits Consultant, NetApp).
- The American Psychiatric Association makes the following recommendations to improve access to and outcomes from mental healthcare services (John Tumeh, M.D., APA Foundation & Center for Workplace Mental Health Advisory Council Member):
  - Ensure network adequacy
  - Comply with mental health parity laws
  - Adopt a collaborative care model
  - Advance measurement-based care
  - Expand the use of telepsychiatry

In conclusion:

"The entire healthcare industry needs to take a uniform approach to mental health with the understanding that the mind and the body are irrefutably connected."

–Bernard Tyson, Kaiser Permanents Chairman and CEO