



Work-Focused Intervention for Value-Based Care Around Depression

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Be Well at Work

What's Innovative?

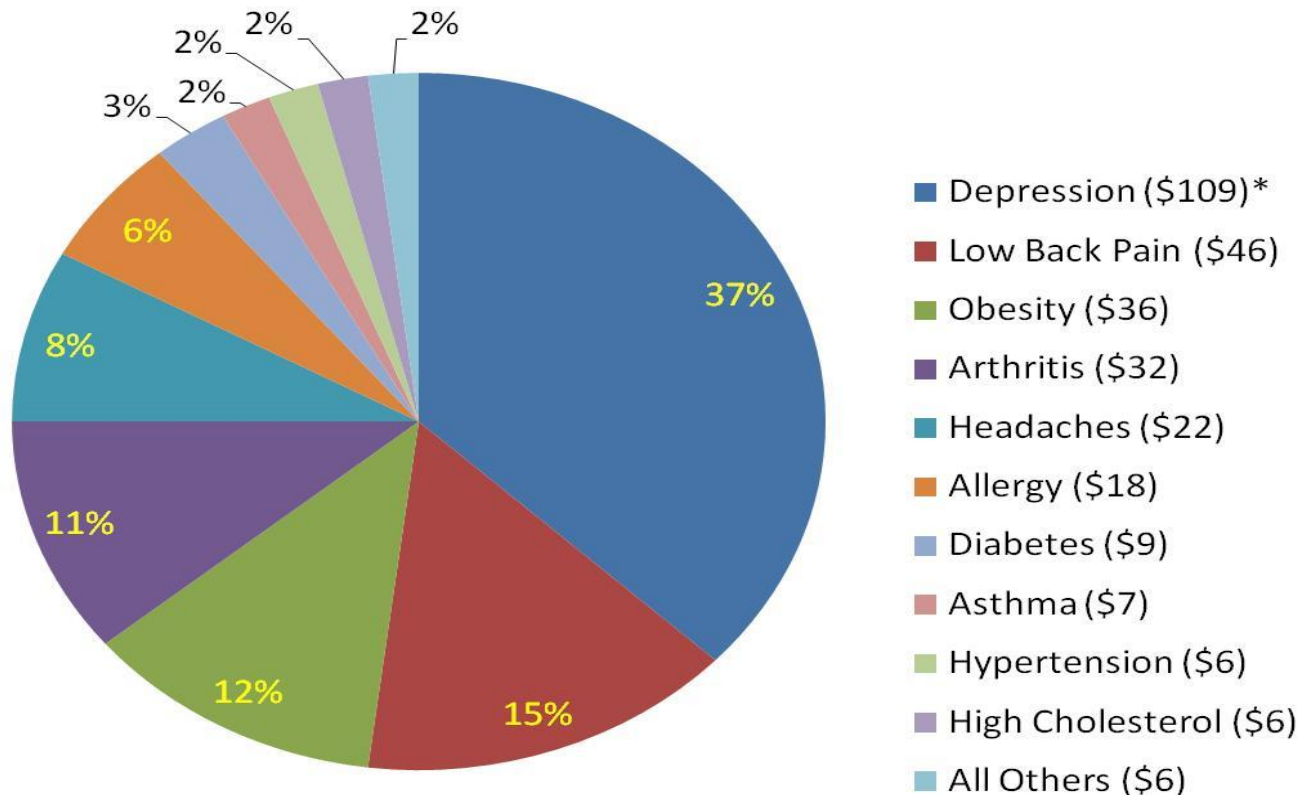
- It is employee-centered, short-term care for depression focusing on restoring ability to function
- Care is easy-to-access, brief, telephonic intervention from specially-trained counselors with EAP experience
- Counselors receive ongoing supervision from a multidisciplinary team of experts in psychiatry, clinical psychology and workplace health
- Care is supported by an electronic screening and care management information system
- The system includes high quality assessment tools and analytics
- Be Well at Work is effective and efficient

The Business Case for Addressing Employee Depression

- Between 10-20% of the population is stricken at least once during their lifetime
- One of the top five leading sources of health-related productivity loss
- The average depressed worker misses from 0.5 to 4 workdays per month
- The average depressed worker is limited in his or her ability to work 35% of the time

The Workplace Burden of Depression

Productivity Loss Due to Presenteeism: Top Ten Most Expensive Conditions Based on Health Risk Assessment Data⁺



⁺Percent of Total and Cost Per Employee Based on \$50,000 Per Year Salary

Number of HRA Data Sources=7, N=3,464,424

*Per Employee Cost for Employees with or without Health Problem

Debra Lerner, MS, PhD

Common Work Difficulties

- Easily distracted
- Difficulty thinking deeply or maintaining concentration
- Poor problem-solving
- Disorganized
- Tired, sleep-deprived
- Experiencing interpersonal conflicts
- Feeling isolated and disconnected
- Feeling unfairly treated
- Feeling disinterested or unmotivated by the work itself, and/or the mission and goals of the organization
- Feeling voiceless or unimportant
- Feeling effort and work is meaningless

Four Typical Presentations

- Difficulty performing one or more specific work tasks
- Pervasive difficulties coupled with ineffective problem-solving approaches
- Disengaging (sometimes coupled with perception that job performance is fine and no one notices)
- Work as a respite from troubles (a positive)

Be Well at Work's Structure

- Web-based, privacy-protected health screening
 - Advertised in the workplace
 - All participants receive immediate, personalized results and recommendations

- Telephone-based intervention
 - Eight biweekly sessions (four months), 50 minutes per session
 - Each participant has a dedicated counselor
 - Counselors are EAP-experienced, Master's-level clinicians

- Electronic Medical Record

- Analytic and reporting tools

Why Is Be Well at Work Different from Other Approaches?

- Employees with depression are vulnerable to a downward spiral of symptoms leading to functional limitations and losses in ability to work
- This spiral threatens quality of life, future health and economic security
- However, depression care is symptom-focused and stresses adherence to prescribed treatment — it uses the biomedical approach
- Be Well at Work is employee-centered care, which addresses medical, psychological and work barriers to effective functioning

Be Well at Work Care Components

I. Care Coordination Component

- Employee psycho-education
 - About depression and its work impact
 - About treatment options for depression

- Three-way communication to align employee, counselor and physician treatment goals
 - With permission, the counselor faxes reports to the treating physician
 - Each report provides results of ongoing progress on functional and symptom assessments (WLQ and PHQ-9)

Be Well at Work Components

II. Cognitive-Behavioral Strategies Component

- Promoting acquisition of self-care strategies
 - Teach employee ability to identify, monitor and change thoughts, feelings and/or behaviors that interfere with functioning effectively and feeling better

- Supporting the change process
 - Using the manual *Creating a Balance*, adapted for work issues, employees engage in homework assignments and practice new techniques

Be Well at Work Components

III. Work Coaching/Modification Component

- Identifies work limitations and barriers to effective functioning
- Recommends appropriate changes to the work process and/or work environment
- When appropriate, promotes use of compensatory skills and strategies

Change Targets

Effective work interventions are implemented by the worker and can involve one or more adjustments to:

- The structure and/or content of the job role and/or environment:
 - The tasks and responsibilities
 - The timing
 - The techniques
 - The team
 - The turf

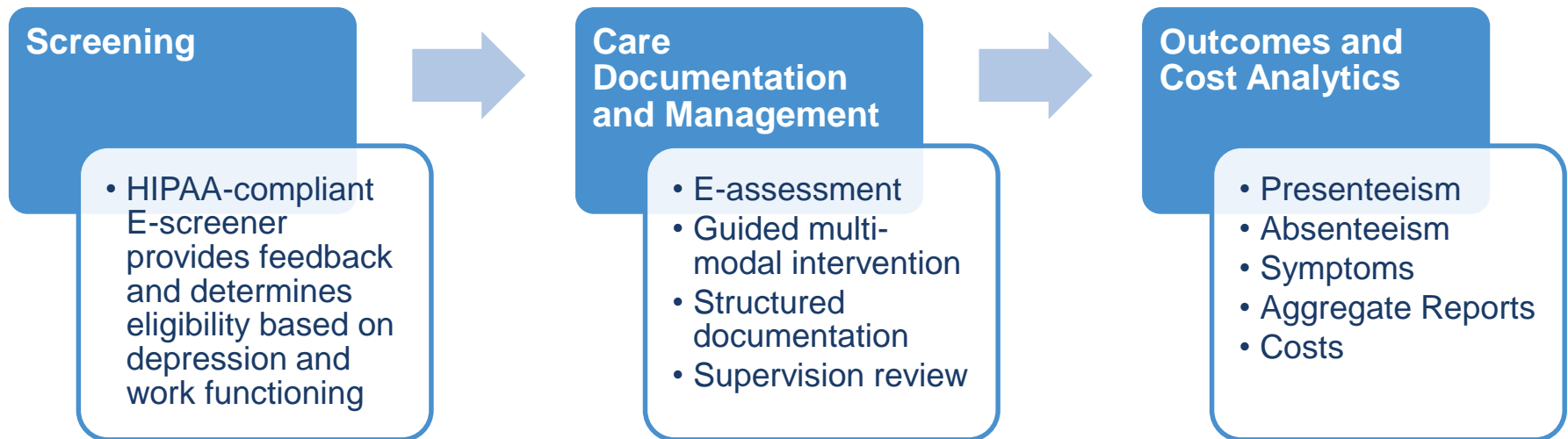
- The capabilities, resources and supports available to the person:
 - Coping skills, resources, supports and behaviors

- The cognitive appraisal processes occurring in the work context:
 - Patterns of thinking, feeling and acting

Be Well at Work

State-of-the-Art Web-Based Information System

Supports Engagement, Care Delivery and Management



The Be Well at Work National RCT

Aims

- Third in a series of federally-sponsored research studies
- Testing effectiveness versus usual care for improving functioning at work and work productivity
- Testing effectiveness versus usual care for reducing depression symptom severity
- Assessing benefit-to-cost ratio

Scope

- National study of employed adults age 45+ from 19 employers and five organizations serving employed populations

Time Frame

- September 2010 to August 2013

Sponsor

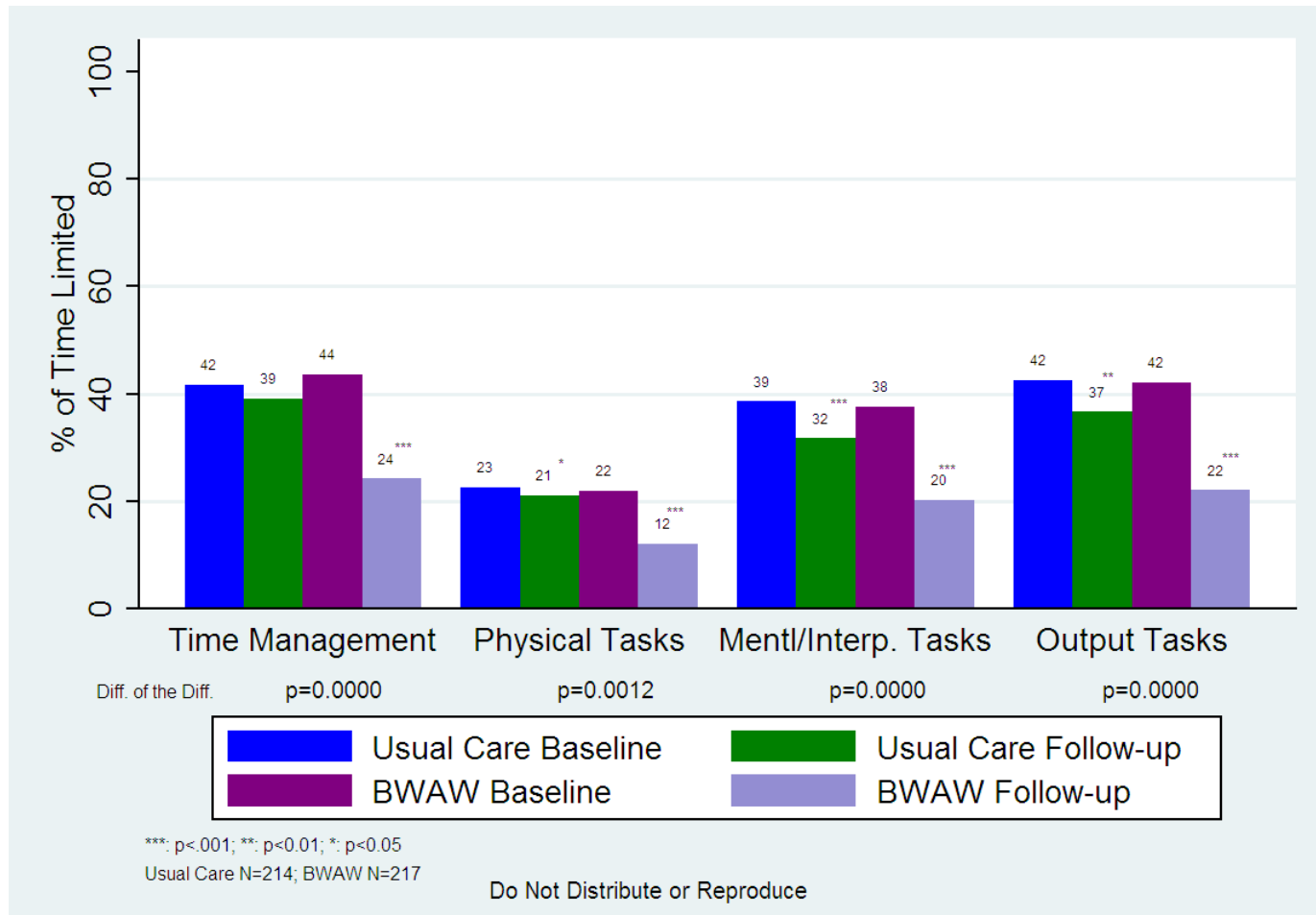
- National Institute on Aging (R01AG033125-01A1)

National RCT Results

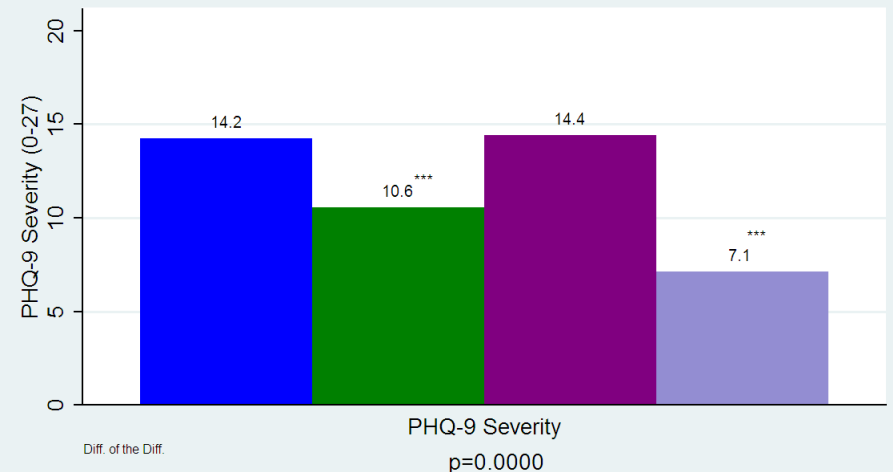
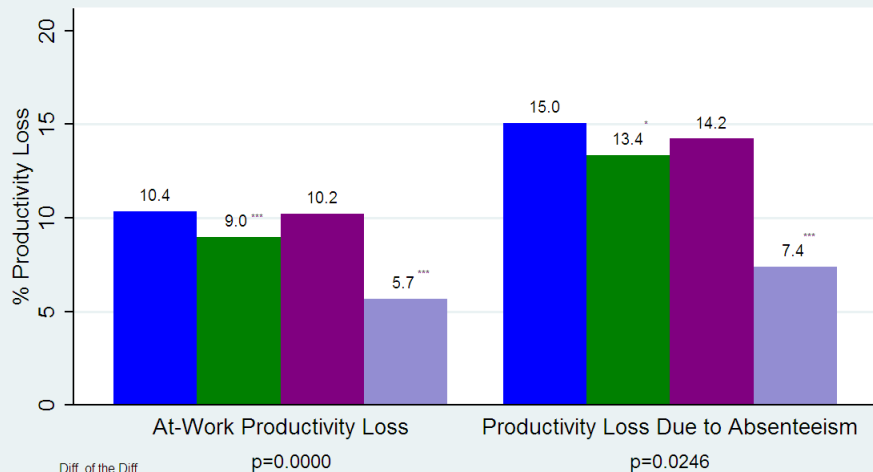
Earlier Studies' Findings Confirmed

- Be Well at Work is superior to usual care in restoring work performance and productivity
- It improves mental health to levels obtained with antidepressants

National Study: Be Well at Work Significantly Improved Work Performance and Was Superior to Usual Care-Mean WLQ Scores



National Study: Be Well at Work Significantly Reduced Productivity Loss Due to Presenteeism and Absenteeism and Depression Symptom Severity-Mean WLQ and PHQ-9 Scores



■ Usual Care Baseline ■ Usual Care Follow-up
■ BWAW Baseline ■ BWAW Follow-up

***: p<.001; **: p<0.01; *: p<0.05
Usual Care N=214; BWAW N=217

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Pre/Post Change in Employment and Depression Characteristics Comparing Adults with Depression in Be Well at Work vs. Usual Care

	Be Well at Work (N=190)		Usual Care (N=190)		p
	N	%	N	%	
Employment status					
Employed	186	98	183	96	.12
Not employed, not retired	4	2	3	2	
Retired	0	0	4	2	
Change in weekly work hours (Mean (SD))	-0.0 (8.0)		-0.1 (9.2)		.96
Changed jobs	10	5	10	6	.98
Change in major depression ^a	N=112		N=118		<.001
Remitted	41	37	12	10	
Responded	24	22	26	23	
No change	40	36	64	56	
Worse	6	5	13	11	

^a Subjects classified at baseline as having persistent depressive disorder (PDD) are excluded from this analysis because symptom remission cannot be determined for PDD for two years.

^b Including four subjects (one in the work-focused intervention group and three in usual care) who could not be assessed at follow-up for change in major depression due to missing values.

National Study Savings Are Accrued in Presenteeism and Absenteeism

- Estimated annualized savings in at-work productivity = \$1,890/participant*
- Estimated annualized savings in absence costs = \$3,213/participant
- Estimated annualized in total productivity savings = \$5,103/participant
- In a 10,000-person company with 3% of depressed in the new program, productivity savings will exceed \$1.53 million/year (using the median participants' salary) or \$822K/year (using the median US salary)

* Calculated using the participants' median salary of \$63,000

** Median US salary = \$33,841

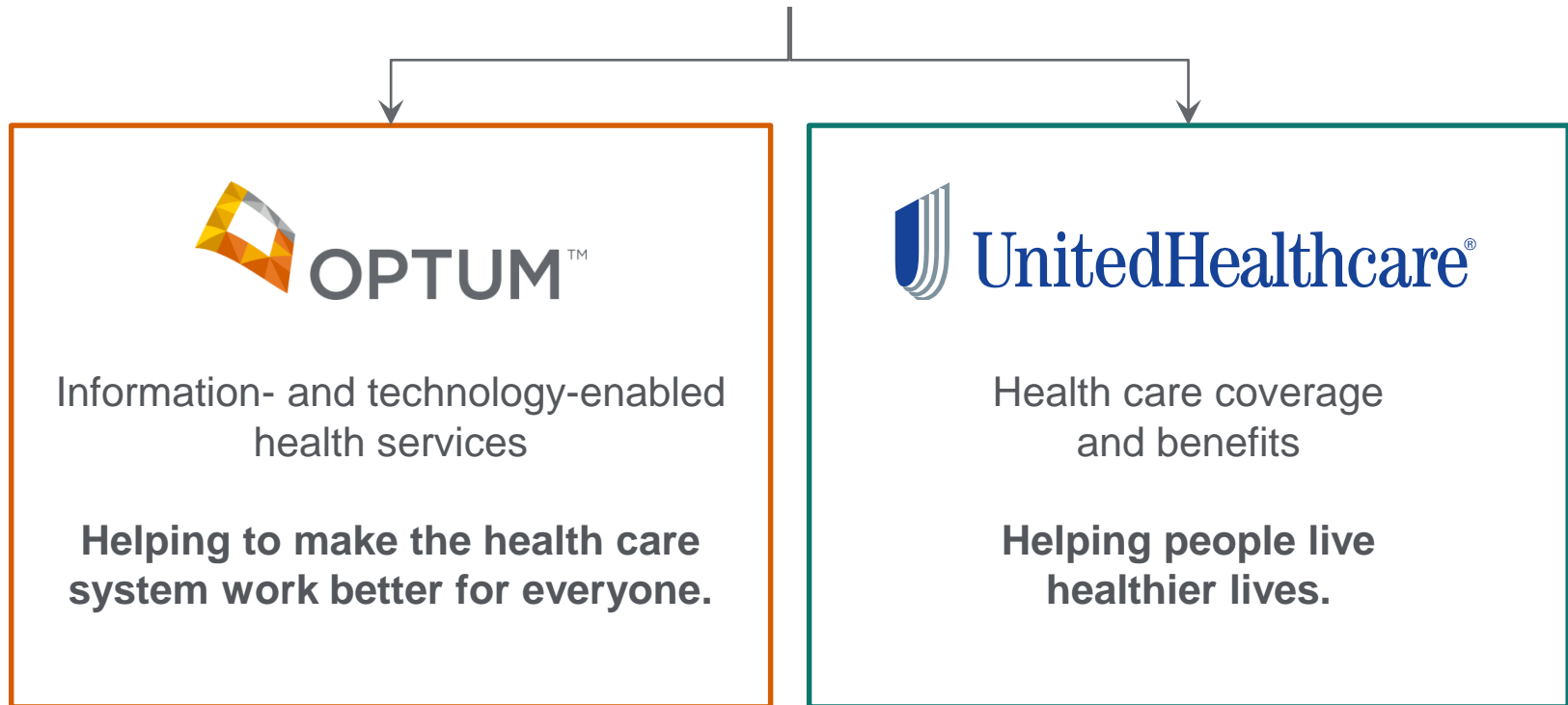


The Be Well at Work Program

Francisca Azocar, PhD
Vice President Research and Evaluation, Behavioral Health Sciences

Optum is part of UnitedHealth Group

UNITEDHEALTH GROUP®





1. Study recruitment
2. Study participant

Behavioral Health Sciences department

Involving employers in innovative research projects

Integrated Medical Behavioral Services Research

JAMA Published:
Telephone Screening, Outreach, and Care
Management for Depressed Workers and Impact on
Clinical and Work Productivity Outcomes:
A Randomized Controlled Trial

Adverse Selection

Medical and Psychiatric Short-term Disability

Use and Discontinuity of SSRIs

Impact of Mental Health Parity on Employer Costs

Guideline-concordant Depression Treatment

Interpersonal Violence in the Workplace

Recruitment methods

Timing

- Ensured timing did not interfere
-

Resource constraints

- Provided turnkey approach
 - WebEx presentations
 - Presentation decks and FAQs
 - Web postings
 - Email blasts
 - Health fairs
 - Flyers in breakrooms
 - Newsletter articles
-

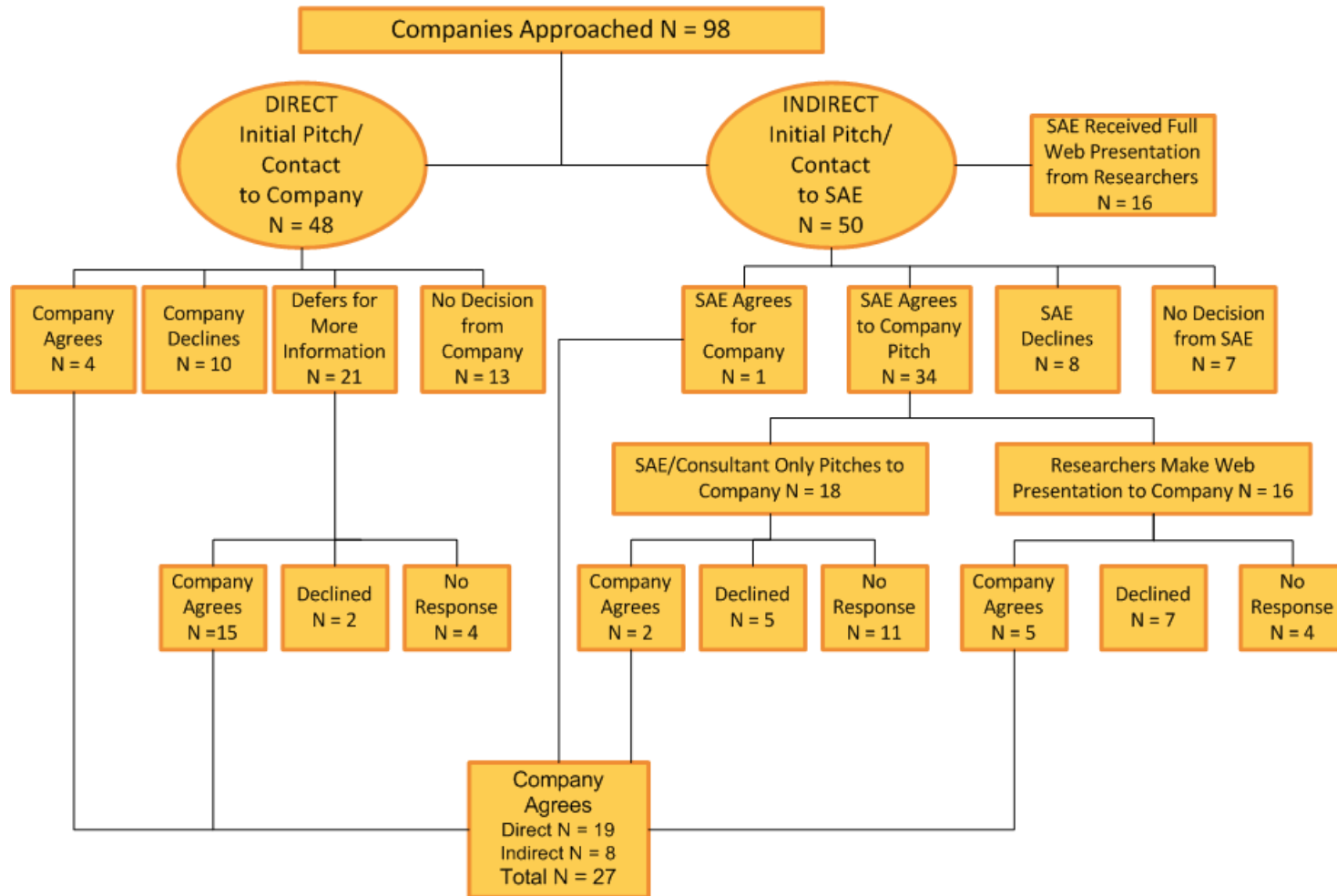
Competing demands

- Align with company goals/ priorities
 - Demonstrate impact of depression
 - Employee engagement
-

Address concerns

- Minimize perceived and actual risk
 - Privacy and confidentiality
 - Increased utilization

Distinct recruitment paths



SAE: Strategic Account Executive

Why did employers decline?

Reason(s) for Decline	Companies Endorsing % (N)
Timing	48.5 (16)
Internal Resource Constraints	33.3 (11)
Competing Health and Human Capital Initiatives	30.3 (10)
Unable to Conform to Study Protocol	21.2 (7)
Legal/Regulatory Concerns	9.1 (3)

Challenges

- Slow recruitment process
 - Recruitment stalled with implementation of MHPAEA
 - Difficulty presenting directly to the decision maker in the organization
 - 39.8% of companies we outreached to never made a decision
 - Among companies that made a decision (N = 59):
 - Average time to a decision: 120 days
 - Average time to launch: 85 days

Recruitment efficiency

Employee Recruitment	Optum Indirect (N=8)	Tufts Direct (N=19)
Total Hits to Website	17,436	20,546
Screened, N (%)	7,777 (44.6)	10,382 (50.5)
Eligible, N (%)	578 (7.4)	660 (6.4)
Enrolled, N (%)	222 (2.9)	216 (2.1)
Randomized to Usual Care, N	117	99
Randomized to WHI Treatment, N	104	115

Greater efficiency with less employers

Lessons learned

- Direct path recruitment was significantly faster: 80 days vs. 158 days, $p < .05$
- Among all companies, certain characteristics made it more likely the company would make a decision:
 - Not the employer (e.g., a benefits administrator)
 - Prior relationship with researchers
 - Approached directly
 - Service industry
- Indirect recruitment was more efficient: less employers yielded similar number of hits to the website, screenings and enrollment in the study
 - Larger employers/benefit groups
 - Greater proportion of employees with depression who met criteria
 - Coupled multiple sources like email blasts, articles and ads to mental health awareness dates (Mental Health Awareness Month and Depression Screening Day)



Dual purpose to being a study participant:

1. Demonstrate to our customers our commitment to improving wellness, functioning and productivity in the workplace by conducting research testing evidence-based practices
2. “Practice what we preach” by being a study participant

Study recruitment and communications strategy

- Posted on the enterprise-wide intranet portal
 - Web banner that rotated through
 - Ad and article about depression and BWAW study
 - Article about Behavioral Health Sciences academic partnership research, study description and link
- Posted on Live and Work Well (LWW), Optum's behavioral benefits portal
 - Ad and article about depression and BWAW study
 - Two locations: welcome page and benefits and programs page
- Drove enrollment by posting study information during
 - Mental Health Awareness Month
 - National Depression Screening Day
- Employee Health Newsletter
 - Article on workplace wellness and safety



Take a Positive Step Towards
Functioning Better and Managing Stress

- Start by taking a short, anonymous, online health survey.
- Receive results and recommendations about your own health immediately and privately.
- Qualified volunteers may be offered free, professional, and personalized health services.
- Participation is voluntary and completely confidential.
- This is a rare opportunity to take part in the latest health research!

<https://www.workhealthily.org/7434>
Or call Tanya at: 1-888-386-1155

Be entered into a lottery to receive \$50 for completing the survey

Tufts Medical Center **OptumHealth**
Optimizing Health and Well-Being



Comparative participation

	LWW	UHG portal	All Other WHI Companies
Total Hits to Website	286	1,963	35,734
Screened, N (%)	198 (69.2)	1,288 (65.6)	16,673 (46.7)
Eligible, N (%)	22 (11.1)	113 (8.8)	1,103 (6.6)
Enrolled, N (%)	9 (4.5)	39 (3.0)	390 (2.3)
Randomized to Usual Care, N	5	22	189
Randomized to WHI Treatment, N	4	17	198

Total pre-assessment findings:

- 2,249 hits, 1,486 screened, 135 eligible, 48 enrolled in study
- Among those screened:
 - 13.2% male
 - 87.2% white
 - Mean age of 43.1 (SD = 10.3)

Screening sample characteristics

Health and Depression	Depression (N=537) ¹	
	%	N
Work Impaired ²	89.9	483
Depressed, Work Impaired, and Age 45+	36.7	197
Dysthymia (low level chronic)	34.3	184
Major Depressive Disorder (MDD)	27.9	150
Double Depression (Dysthymia + MDD)	37.8	203
PHQ-9 Severity (Mean, SD) ³	15.2	5.5

Almost 90% of those with depression had a moderate to severe level of work impairment compared to 45% of those without depression

1 Depression (N=537) – among the 1,486 screened, anyone meeting criteria for depression, dysthymia or both. DSM-IV current major depression (≥5 symptoms for ≥2 weeks as measured by the PHQ-9 and/or dysthymia (≥2 symptoms lasting ≥2 years, as measured by the PC-SAD)

2 Work Impaired – At-Work Productivity Loss ≥ 5%, as measured by the Work Limitations Questionnaire (WLQ)

3 PHQ-9 Score Ranges: <5=minimal, 5-10=mild, 10-15=moderate, 15-20=moderately severe, >20=severe

Depression and medical comorbidities

Comorbidities	Depressed		Non-depressed	
	%	N	%	N
Alcohol, Problems With	8.2	44	4.6	44
Allergies	54.1	290	54.9	521
Cancer	0.9	5	0.6	6
Carpal Tunnel Syndrome/Hand or Wrist Discomfort	31.7	170	24.7	235
COPD/Emphysema/Bronchitis	2.6	14	1.4	13
Chronic Headaches	49.0	263	25.9	246
Chronic Joint Pain	43.2	232	31.3	297
Chronic Low Back Pain	43.7	234	27.1	257
Dermatitis	23.5	126	17.2	163
Diabetes Requiring Insulin	1.3	7	1.9	18
GERD	18.2	98	14.6	139
Hypertension	22.0	118	21.4	203

Impact of depression on work performance

Mean WLQ Scores \pm	Depressed		Non-depressed	
	Mean	SD	Mean	SD
Time Management	52.7	22.7	24.9	17.8
Physical Tasks	25.8	22.4	12.6	19.7
Mental-Interpersonal Tasks	51.5	21.1	22.5	17.8
Output Tasks	39.3	27.2	14.2	17.3
Percentage At-Work Productivity Loss	12.0	4.9	5.4	4.0
Days Missed Per Two Weeks (past two weeks)	1.6	2.6	0.4	1.1

\pm Mean percentage of time in the prior two weeks health problems limited ability to perform tasks listed in scale

Advantages

- Employers learned about areas of health affecting employee population
- Employees learned about their level of depression and related impairment through a personalized report
- Allows for channeling of employees to EAP and health and wellness programs
- High fidelity to evidence-based intervention
- Employee and public recognition of the company as innovative and cutting edge
- Improve employee engagement
- Good citizen — greater good of contributing to science