Are behavioral health issues affecting your workforce?

Solutions for healthier employees and higher productivity

Almost half of all Americans will experience a behavioral health condition in their lifetime. Conditions include but are not limited to anxiety disorders, depression, and chemical dependence. Today’s economic uncertainty highlights the need for understanding—personal finance is a major stressor in people’s lives. Behavioral health issues affect overall well-being, personal and professional relationships, and workplace productivity. Without treatment, employees may continue to suffer—often unnoticed.

**BEHAVIORAL HEALTH CONDITIONS**

**COST EMPLOYERS**

Of all health issues, depression and chemical dependence are some of the costliest to employers. In fact, a recent study published in the *Journal of Occupational and Environmental Medicine* shows that depression has the largest effect on individual work performance of any health condition examined.¹

The overall health bills of employees with depression are 70 percent higher than those of employees without depression.²

The study, which surveyed a large information technology firm with around 20,000 employees, estimated yearly productivity losses at $2,550 per worker with depression. However, losses rose sharply to $10,710 for workers with depression who also had fatigue or sleep problems and anxiety. Total annual losses related to depression for this firm: more than $8.4 million.

Coexisting conditions are quite common—for example, about half of people diagnosed with a mental health condition also have a substance abuse problem. People with depression are twice as likely to have diabetes, plus they’re at a greater risk for developing heart disease than nondepressed patients. Likewise, adults with serious physical illnesses commonly suffer from depression and anxiety.³

**Depression’s impact on the bottom line**

The total cost of depression makes it the second most costly health condition. Of the total costs, presenteeism—when employees are at work but perform poorly because of illness—accounted for 70 percent and absenteeism for another 23 percent.⁴ This means that employers’ direct medical and pharmacy costs are small compared to the huge losses in productivity.

**Chemical dependency’s impact on the bottom line**

In 2007, 60 percent of the 20.4 million adults classified with substance dependence or abuse were employed full-time.⁵ These employees reduce workplace productivity and pose a sig-
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FOCUS ON THE CONDITIONS THAT DRAIN PRODUCTIVITY

The cost of presenteeism compared to traditional health care burdens

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Medical</th>
<th>Drug</th>
<th>Absenteeism</th>
<th>Presenteeism</th>
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</thead>
<tbody>
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Significant risk to operations, as well as to the health of coworkers and customers.

More than 1 in 20 Americans 12 years of age and older suffer from depression. About 1 in 7 of those affected will suffer from a major depressive condition—the leading cause of disability in the United States—in their lifetime.

Recent government studies show that illicit drug users reported higher rates of absenteeism, turnover, and tardiness than workers who did not abuse drugs. Substance-abusing employees are almost four times more likely to have an accident while at work and five times more likely to file workers’ compensation claims.

TREATMENT WORKS, BUT FEW TAKE ADVANTAGE

One study found that patients who were treated for depression were 25 percent more likely to find or maintain employment and missed one-third fewer days of work than those who go untreated. However, the majority of depressed workers don’t get treatment because they don’t know where to go for help, are worried about cost, lack coverage by their health plan, or fear

SUBSTANCE ABUSE TREATMENT REDUCES ER VISITS

A 2007 report from the American Hospital Association found that patients who were treated for substance abuse had fewer Emergency Department visits and more physician office visits than patients who didn’t experience the same level of treatment. Hospital Emergency Department visits are more costly than regular office visits and they’re often the primary source of acute care services for people with mental illness and substance abuse issues.
social stigma. If left untreated, acute behavioral health issues may progress to become costlier chronic conditions.

80 percent of people with depression get better with appropriate diagnosis, treatment, and monitoring.\(^\text{12}\)

**CHANGING BEHAVIORS: THE KEY TO INCREASED PRODUCTIVITY?**

It’s estimated that behavior alone contributes 50 percent to an individual’s health status—more than genetic and environmental factors combined.\(^\text{13}\)

In order to maximize health and productivity, health care plans and employers need to offer sophisticated strategies to support behavioral change. More robust and integrated health management and disease prevention programs, resources, and self-care tools can improve and change unhealthy behaviors.

### Integrated care delivers better results

At Kaiser Permanente, coordinated care maximizes results and increases efficiency. Unlike fragmented health care systems that lack coordination between primary care and mental health providers, our physicians and specialists, behavioral health professionals, pharmacists, disease management programs, wellness resources, and disability programs work in sync to provide a continuum of high-quality care and comprehensive treatment.

Integration is supercharged by Kaiser Permanente HealthConnect,\(^\text{9}\) our industry-leading electronic health information system. In the case of behavioral health, the system connects care providers to evidence-based protocols and patient records, enhancing coordination of care while maintaining member privacy. For example, psychiatrists or addiction physicians can update member health records with a diagnosis and other important considerations while keeping

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**BEHAVIOR—THE LEADING DETERMINANT OF HEALTH STATUS ...AND A MODIFIABLE RISK**

![Graph showing the leading determinant of health status](Image)

Adapted from Institute for the Future, Health and Health Care 2010, 2003, p23.
session details confidential. This allows members to feel secure when sharing critical personal details needed to develop and support their treatment plan.

**AN OVERVIEW**

Members can access a wide range of behavioral health care services and integrated treatment programs at Kaiser Permanente. Practitioners include:

- Psychiatrists
- Addiction medicine physicians
- Psychologists
- Licensed clinical social workers
- Marriage and family therapists
- Medical social workers
- Psychiatric clinical nurse specialists
- Psychiatric nurse practitioners and nurses
- Physician assistants
- Substance abuse counselors

**Getting care**

Members access behavioral health services through our Addiction Medicine and Psychiatry departments; they don’t need a referral from their primary care doctor to make an appointment. Not having to ask or wait for a referral reduces potential barriers to treatment, making access easier and reducing the fear of social stigma.

Members can request an appointment by phone or they can walk in—each department has on-duty clinicians available to see patients. Psychiatry and Addiction Medicine departments have staff on call 24 hours a day, 7 days a week to serve as consultants for members who visit our Emergency Departments. We also provide around-the-clock phone services for members who are feeling overwhelmed, in crisis, or just want to talk.

**Safer, more efficient care**

Psychiatry and Addiction Medicine departments have on-call staff available to consult with primary care providers who may be treating patients with coexisting behavioral conditions. This coordination and support is enhanced by KP HealthConnect, which helps keep team members up-to-date on a patient’s condition or treatment plan.

For example, Steve, a member being treated for opiate addiction, visits the Emergency Department requesting a prescription for benzodiazepine, a sedative. Steve’s electronic health record immediately shows the attending physician that Steve is in treatment for substance abuse. Before proceeding, the Emergency Department physician contacts a number of care providers for input—including Steve’s personal physician, psychiatrist, and a dispensing pharmacist—to determine the proper care protocol. The electronic health record also shows the attending physician whether Steve is taking a prescription medication that would potentially interact with the drug he’s seeking.

**DISEASE MANAGEMENT—COMPLETE CARE FOR DEPRESSION**

Members with depression can get the care they need to be healthier and more productive with our comprehensive Complete Care for Depression program, which is part of every Kaiser Permanente plan. Employees don’t need to opt in and there are no additional premiums or administrative hurdles. Core program components in California include:

**Screening**

Routine screenings for depression are built into the care experience at key points. Because depression often co-exists with other health conditions, KP HealthConnect automatically prompts physicians to screen members with chronic conditions such as coronary heart disease and diabetes. Elderly members are also screened and all pregnant members are screened for peripartum depression and substance abuse.

Members can also self-screen with *Are You Depressed?*—an interactive tool on kp.org that helps them assess possible symptoms of depression. The tool is not for diagnosis, but it may encourage members to seek help from their doctor.

**Initial outreach**

**Assessment:** When physician screening detects a possible problem, patients are contacted for a full assessment to establish a diagnosis and determine severity.

**Follow-up:** Once a diagnosis of depression is confirmed, members are scheduled for a follow-up with their personal physician or a behavioral health specialist. Members may also be referred to one of our Healthy Living classes for depression.

**Clinical intervention and support**

**Antidepressant medications:** These medications are commonly used to treat depression by helping the body
rebalance chemicals in the brain and reduce depression symptoms.

**Ongoing monitoring:** We continuously evaluate members for improvement and necessary follow-up care.

### ONLINE TOOLS AND HEALTH IMPROVEMENT PROGRAMS

**My Health Manager** at kp.org: By logging on at home or on a lunch break, members can manage their health anytime, anywhere, with these convenient, easy-to-use, free tools. These tools can help save them an office visit or pharmacy trip so they can stay more productive at work. Members can:

- E-mail their doctor’s office
- View lab results
- Request appointments and view future appointments
- Request prescription refills

**kp.org/healthylifestyles:** These free HealthMedia® programs can help members learn how to deal with depression or manage coexisting health conditions while boosting productivity at work:

- **HealthMedia® Succeed:** Evaluates overall health status, including stress and substance use. Members can choose to integrate their results with their electronic medical record so they can discuss recommendations and next steps with their health care team. This customized health assessment is available in English and Spanish.

- **HealthMedia® Relax:** Chronic stress can play a role in the onset of depression and substance abuse.

This program helps members learn to relax mentally and physically (available in English and Spanish). Fifty-eight percent of participants reported decreased stress, resulting in productivity savings of $5,510 per year per participant.\(^{14}\)

- **HealthMedia® Breathe:** According to the American Association of Family Physicians, quitting smoking during chemical dependency treatment can increase the chances of sobriety. Fifty-eight percent of participants reported that they quit smoking.\(^{15}\)

- **HealthMedia® Overcoming Depression:** Provides overall support and coping tips. Participants reported a 35 percent decrease in physician visits and 26 percent decrease in work missed, resulting in productivity savings of $950 per year per participant.\(^{16}\)

- **HealthMedia® Overcoming Insomnia:** Members who are depressed often have trouble sleeping. This program shows members ways to get the rest they need. Participants reported a 30-minute increase in average sleep time and a 20 percent reduction in fatigue levels, resulting in productivity savings of $2,755 per year per participant.\(^{17}\)

- **HealthMedia® Care for Your Health:** Gives members tools and skills to manage a range of chronic conditions that can trigger depression. Sixty-nine percent of participants said their health improved, resulting in productivity savings of $3,730 per year per participant.\(^{18}\)

- **HealthMedia® Care for Diabetes:** Helps members manage their diabetes. Eighty-six percent reported being better able to manage their condition, resulting in productivity savings of $3,735 per year per participant.\(^{19}\)

### SUPPORT AND SELF-MANAGEMENT RESOURCES

**Behavioral Health Care Member Help Line:** Members can call 1-800-900-3277 around the clock for direct and immediate access to crisis intervention and guidance, referrals, and other resources.

**10,000 Steps®:** This online walking program, offered at a discounted rate to members, promotes exercise and optimum health by walking 10,000 steps or more a day. Regular exercise can help depressed members lift their mood, reduce stress, and raise their energy level.

**HEALTHY LIVING EDUCATION RESOURCES**

**Classes:** Depression, anxiety, and stress management classes, most of which are free for members, are offered at many of our facilities.

**Brochures, pamphlets, and videos:** Handouts and video programs for loan through Health Education departments help members deal with behavioral health conditions. Most printed materials are available in English and Spanish. Other languages may also be offered.
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Addiction Medicine

Because many employers may not know that their workers have substance abuse issues—some employees are able to function at work, although in an impaired capacity—confidential, accessible treatment remains the best option.

Members with chemical dependencies can get integrated, comprehensive treatment at our Addiction Medicine departments. A full range of evidence-based treatment options are offered in a confidential, supportive environment. Addiction Medicine departments can be found in our hospitals, medical offices, or as stand-alone facilities.

INDIVIDUALIZED TREATMENT
Treatment plans are customized to each member’s specific situation to address the different environmental, biological, and genetic factors that lead to chemical dependency. Our Addiction Medicine care providers share information with primary care physicians to recommend a multifaceted treatment plan that may include any of the following:

• Medical screening for substance-specific health concerns
• Individual and group counseling
• Crisis intervention
• Outpatient and residential treatment
• Detox services
• Adolescent-specific services
• Education and self-help groups
• Specialized services for coexisting mental health conditions
• Orientation, education, and specialized services for family and loved ones
• Continuing care to maintain sobriety and prevent future relapse

CHEMICAL DEPENDENCY TREATMENT THAT IMPROVES PRODUCTIVITY
A 2008 study found that patients who received treatment for chemical dependency in Kaiser Permanente’s Addiction Medicine program for one month or more experienced much fewer work-related problems such as missing work, being less productive at work, being late to work, and having conflicts with coworkers and managers.¹ The study also found:

• The economic benefit or cost savings to employers ranged between $6,600 (30–60 days) and $8,200 (more than 60 days) per employee per year.
• After employees received treatment for more than 60 days, the number of reported missed workdays per month declined by as much as 66 percent, saving employers an estimated $5,300 per employee per year.
• After employees received treatment for more than 60 days, the number of reported workdays with productivity problems declined by 60 percent, saving employers nearly $1,800 per employee per month.

High-quality care and proven results

SETTING THE BENCHMARK IN BEHAVIORAL HEALTH
According to eValue8™, an assessment tool of the National Business Coalition on Health, our behavioral health programs in Northern and Southern California set the highest national scores in behavioral health treatment. We also had the highest score in Ohio and the second-highest scores in the Colorado, Mid-Atlantic States, and Northwest regions.²¹

EXCELLENT HEDIS SCORES FOR DEPRESSION
In our Northern California, Southern California, Colorado, and Northwest regions, Kaiser Permanente performed higher than the national 90th percentile
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in acute and continuation phase treatments for depression. This means our members remained on antidepressant medication for at least six months. Early discontinuation of treatment is associated with higher rates of relapse, major depressive disorders, and increased medical costs (see sidebar).

WHY TREATMENT AND MANAGEMENT MATTER

Patients who discontinue antidepressant treatment within six months incur an average of $400 more in medical costs per year than compliant patients. Outside of Kaiser Permanente, approximately 50 percent of primary care patients diagnosed with depression discontinue treatment within the first three months and discontinue antidepressant medications during the maintenance phase of treatment.

HEDIS—APPROPRIATE TREATMENT AND FOLLOW-UP

Kaiser Permanente in all regions performed higher than the national average and Kaiser Permanente Northern California performed at or above the regional 90th percentile in following up with mental illness patients seven days after discharge from a hospital.

TOP RATINGS FROM THE CALIFORNIA OFFICE OF THE PATIENT ADVOCATE

For the eighth straight year, Kaiser Permanente came out on top of the California Office of the Patient Advocate’s health plan ratings. In the 2008 Health Care Quality Report Card, Kaiser Permanente Northern and Southern California scored a perfect four stars for clinical quality—higher than any other health plan in the state. We were also rated the best in diabetes, heart, and mental health care. View the complete report at healthcarequality.ca.gov.

IMPROVE THE HEALTH AND PRODUCTIVITY OF YOUR WORKFORCE

Extensive research shows that coordinated behavioral health treatment works, leading to healthy, satisfied employees who are able to work more effectively, boosting your bottom line. By partnering with us, you can reduce the impact depression and chemical dependence have on the health of your employees and your business. For more information, contact your Kaiser Permanente account manager or sales executive.
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ENDNOTES


10 See note 3.

11 See note 3.


14 HealthMedia® program outcomes for Kaiser Permanente as of January 2009. Estimated productivity savings based on $50,000 annual salary. Relax™ health results reported after six months using the program.

15 See note 14. Breathe™ health results reported after six months using the program.

16 See note 14. Overcoming™ Depression health results reported after 30 days using the program.

17 See note 14. Overcoming™ Insomnia health results reported after six months using the program.

18 See note 14. Care™ for Your Health results reported after three months using the program.

19 See note 14. Care™ for Diabetes health results reported after three months using the program.


21 Kaiser Permanente’s eValue8™ scores for performance year 2007. eValue8 is a common resource for information tool available to health care purchasers to assess and manage the quality of their health care vendors. View the complete report online at nbch.org/documents/evalue8_2ndreport.pdf.

22 HEDIS®—Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of NCQA. Kaiser Permanente 2008 HEDIS scores, National Committee for Quality Assurance. Benchmarks provided by NCQA Quality Compass and represent all non-PPO lines of business. HEDIS is a national quality measurement tool that evaluates plan performance and the effectiveness of care provided by hospitals and physicians using standardized measurement, reporting, and side-by-side comparisons. More than 90 percent of America’s health plans use HEDIS to measure hospital and physician network performance and set standards for national accreditation. Quality Compass is a registered trademark of NCQA.


24 HEDIS®—Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of NCQA. Kaiser Permanente 2008 HEDIS scores, National Committee for Quality Assurance. Benchmarks provided by NCQA Quality Compass and represent all non-PPO lines of business. HEDIS is a national quality measurement tool that evaluates plan performance and the effectiveness of care provided by hospitals and physicians using standardized measurement, reporting, and side-by-side comparisons. More than 90 percent of America’s health plans use HEDIS to measure hospital and physician network performance and set standards for national accreditation. Quality Compass is a registered trademark of NCQA.


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