



An Employer's Guide to Behavioral Health Services: Implementation Toolkit



Agenda

- ❑ Toolkit Overview and Purpose: 10 min.
- ❑ Employer Benefit Lifecycle: 5 min.
- ❑ Toolkit Components: 10 – 15 min.
- ❑ Practice Recommendations: 15 min.
- ❑ Employer Example: 15 – 30 min.
- ❑ Discussion and next steps: 15 - 20 min.

Purpose of Employer Toolkit

- Provides resources to implement evidence-based practices and services
- Comprehensive approach to driving vendor practice change and assuring desired performance
- Creates opportunity for clarification and consistency of expectations
- Reference multiple plans / plan administrators
 - Approaches
 - Benefits and program design
 - Procurement, contracting, providing services, and evaluation

Business Case: Health Plan Costs

(EMPAQ[®] 2008 Plan Year Data)

Group Health Plan Costs Per Active Employee	\$8,490
Employer Paid Medical Costs Per Covered Employee	\$5,374
Employee Contribution	\$1,443
Pharmacy Costs Per Employee	\$1,001
Dental Costs Per Employee	\$ 610
Behavioral Health Costs per Employee	\$ 62
<ul style="list-style-type: none"> Behavioral Health Costs as % of total 	0.73%

Business Case: 10 Most Prevalent Conditions in 4 Jobs (%)

	Reservation Agents	Customer Service Reps	Executives	Railroad Engineers
Allergies	4.9	41.3	31.4	42.0
Back/Neck pain	27.7	24.9	15.5	29.5
Persistent headaches	21.3	20.3	4.9	15.3
Hypertension	11.1	9.5	18.6	15.5
Arthritis	12.7	12.2	9.4	18.4
Depression	12.0	14.5	3.9	8.8
Asthma	5.7	10.4	4.0	5.5
Diabetes	3.2	3.1	3.1	5.1
GAD	3.4	2.7	1.3	2.8
COPD/emphysema	3.0	1.4	0.4	2.0

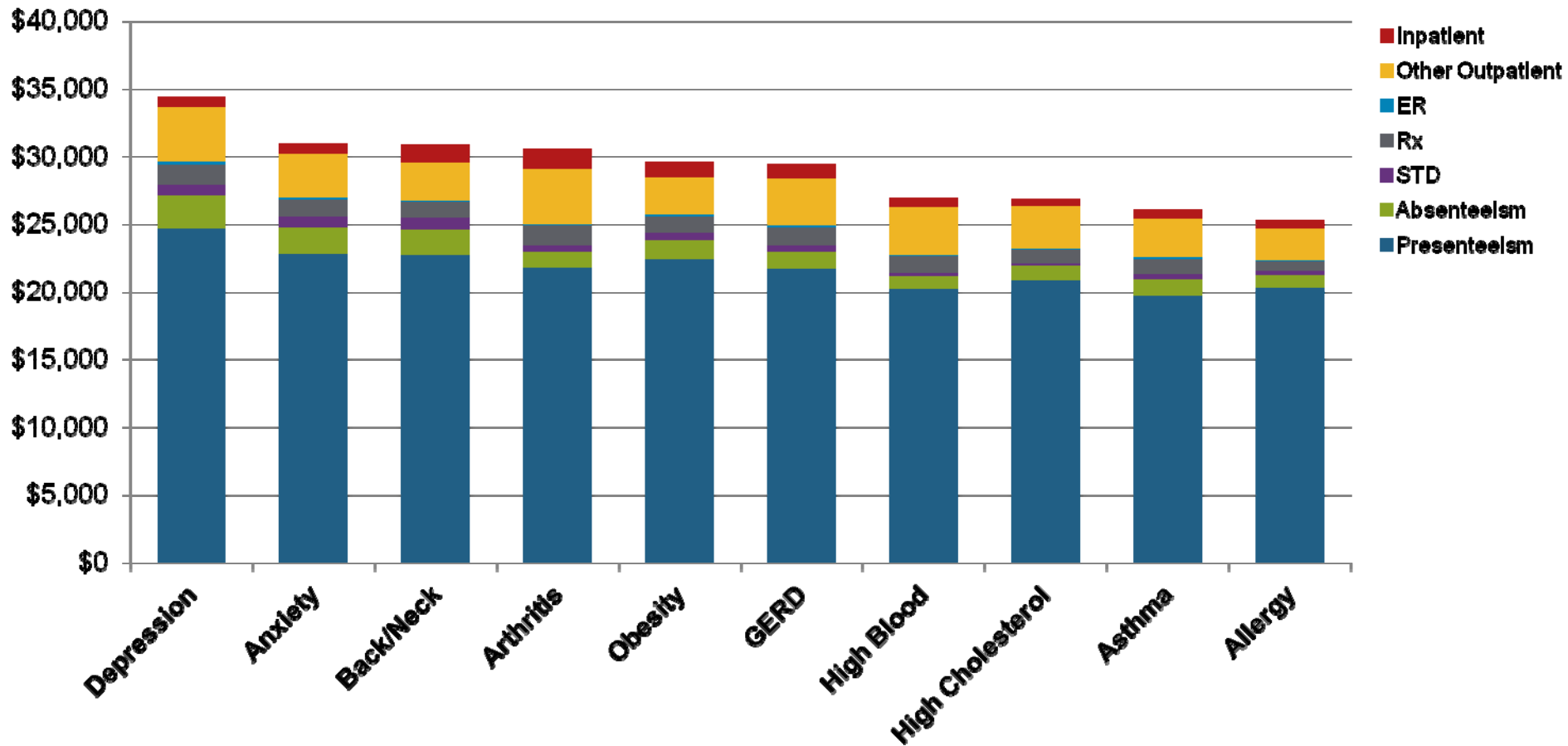
Source: Wang et al. *J Occup Environ Med.* 2003

Annual Lost Work Days & Critical Incidents / 100 Works in 4 Jobs

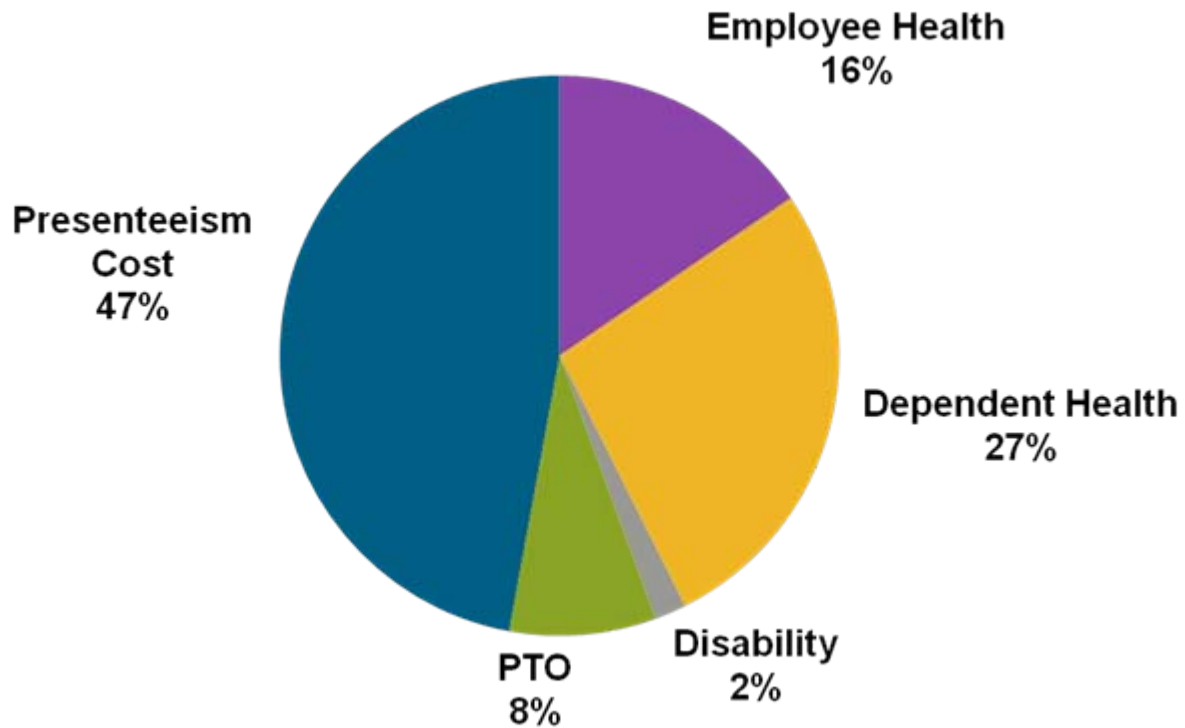
	Reservation Agents	Customer Service Reps	Executives	Railroad Engineers
Absenteeism / Presenteeism Days				
Arthritis	226.4	217.5	167.6	328.0
Depression	181.3	219.1	58.9	133.0
Asthma	110.6	201.8	77.6	106.7
COPD/emph.	128.6	60.0	17.1	85.7
Net negative critical incidents				
Persist. headache	21.5	20.5	4.9	15.4
Depression	12.2	14.7	4.0	8.9

Lost productivity costs much more than direct medical expenses

2008 Health Spending Profile



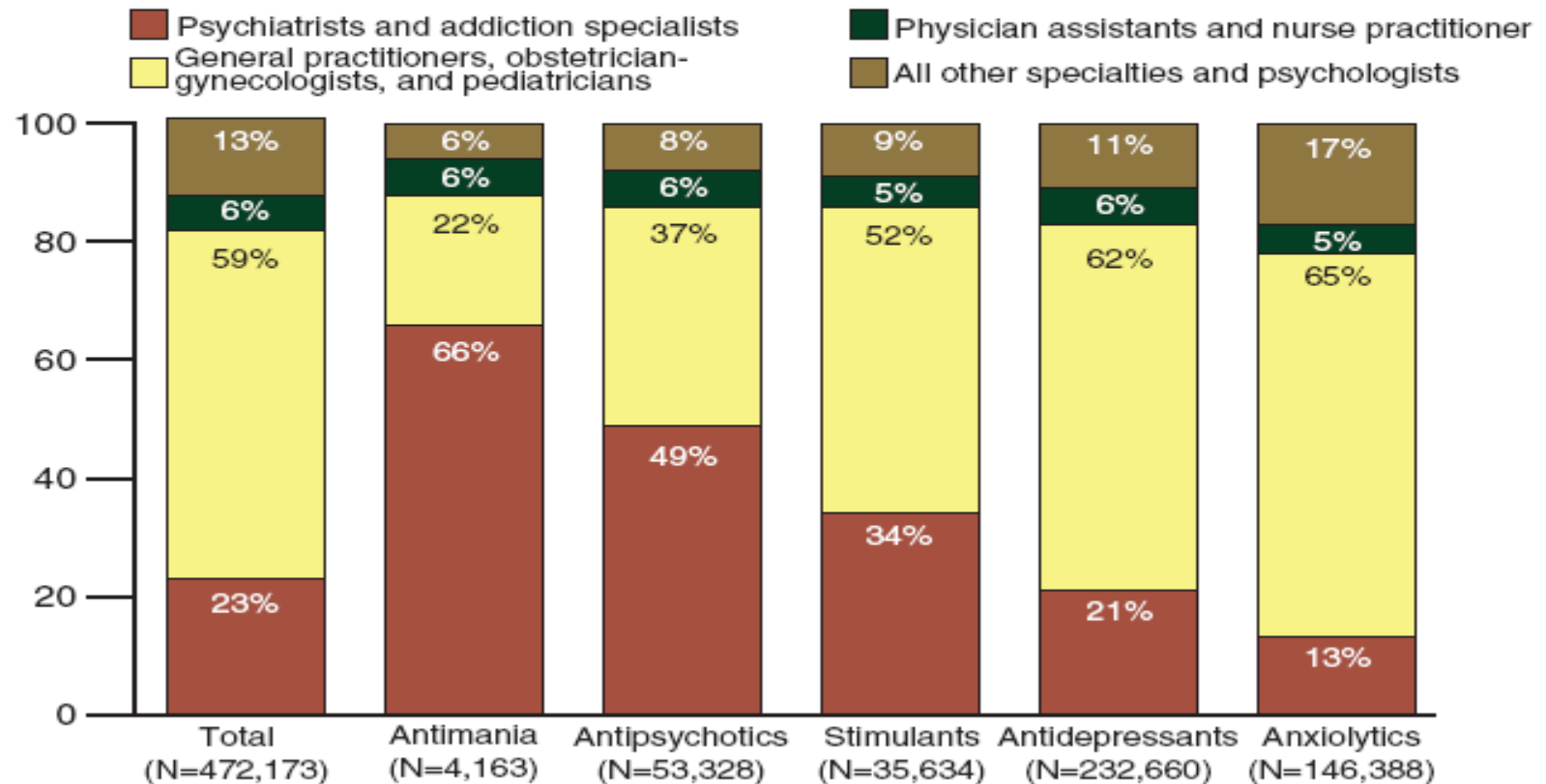
Largest Cost is Presenteeism



Business Case: Prescribers of Psychotropic Medications

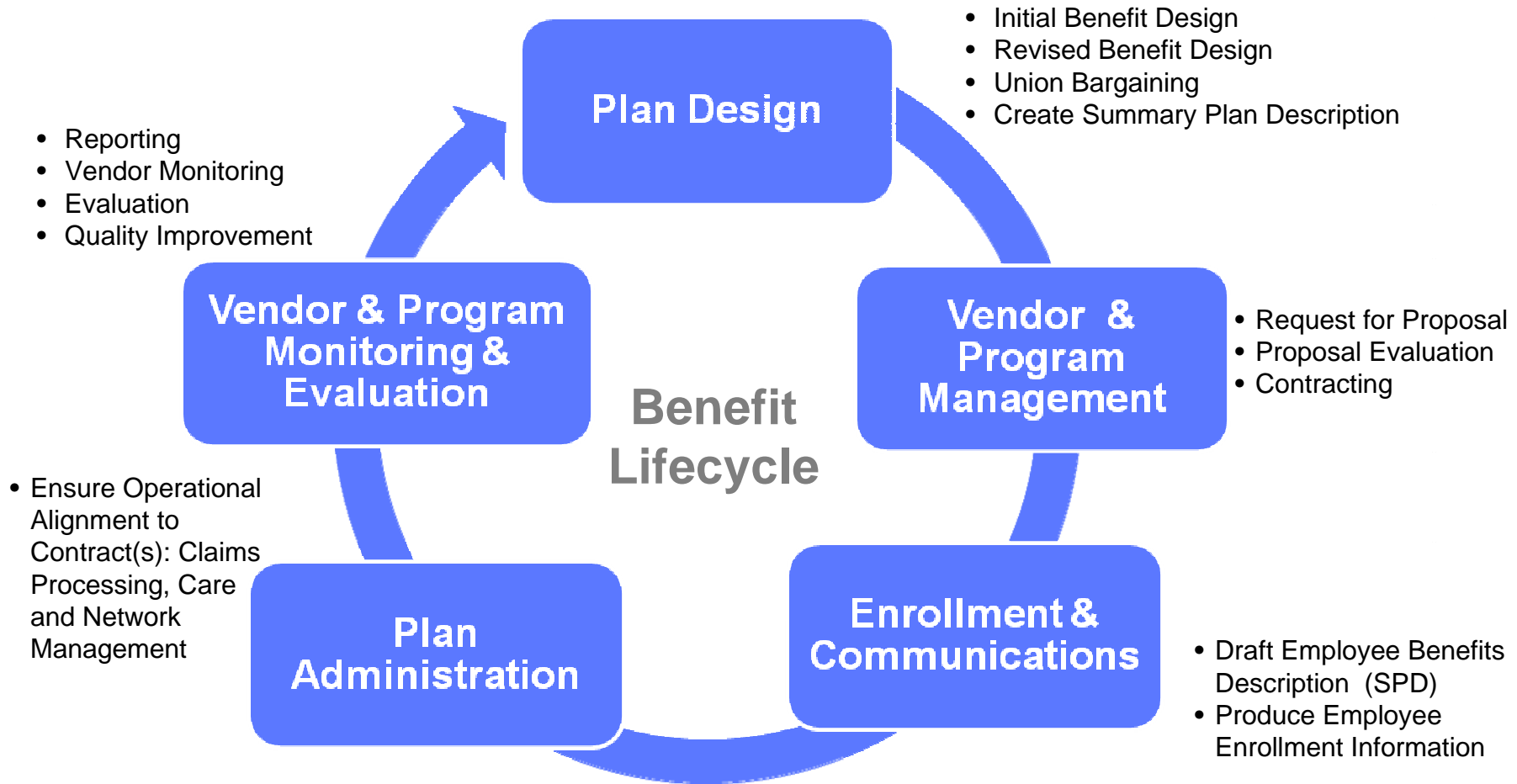
Figure 1

Percentage of U.S. retail psychotropic prescriptions written from August 2006 to July 2007, by type of provider^a

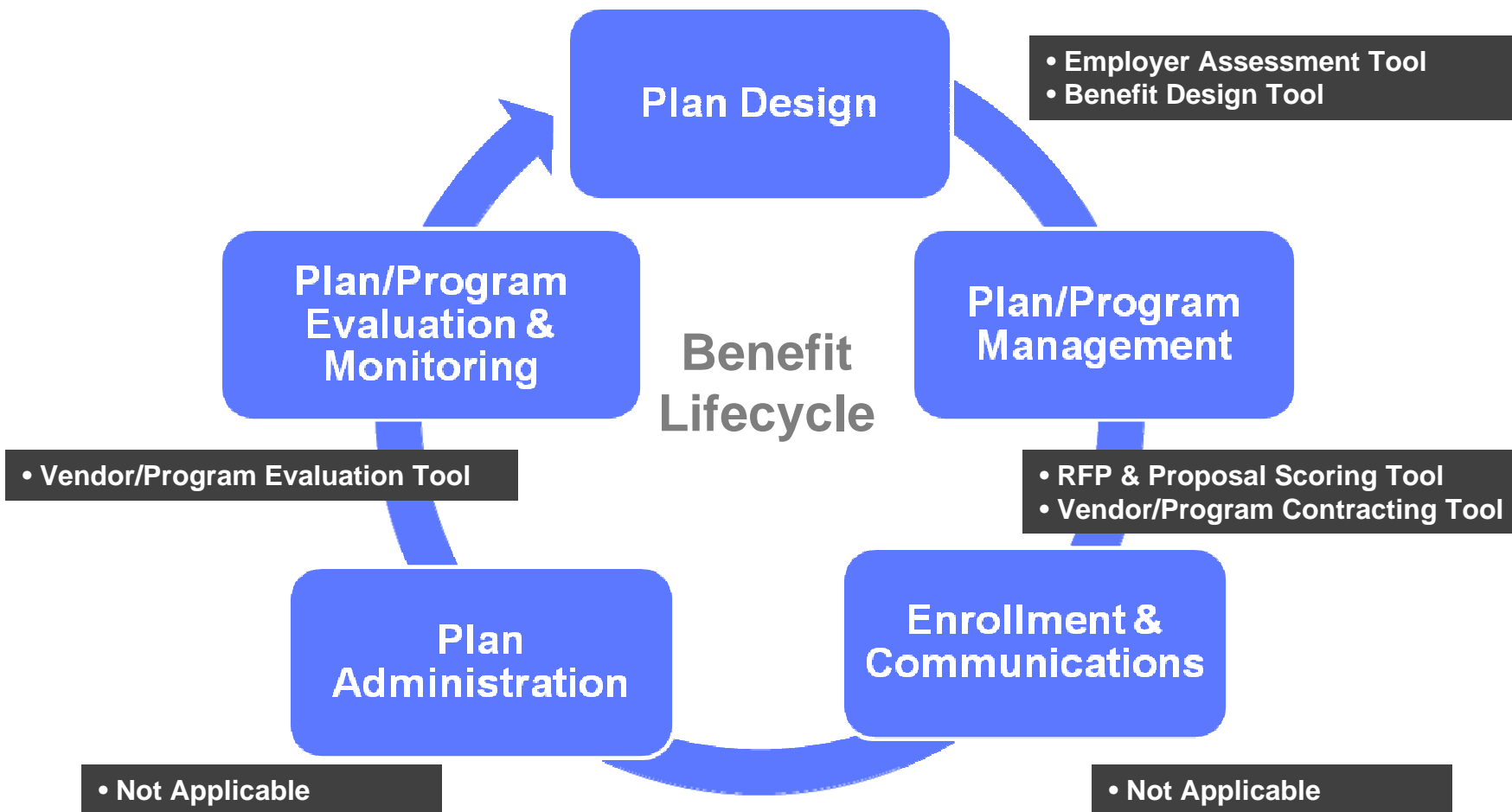


^a Ns represent prescriptions in thousands

Employer Benefit Lifecycle and Activities



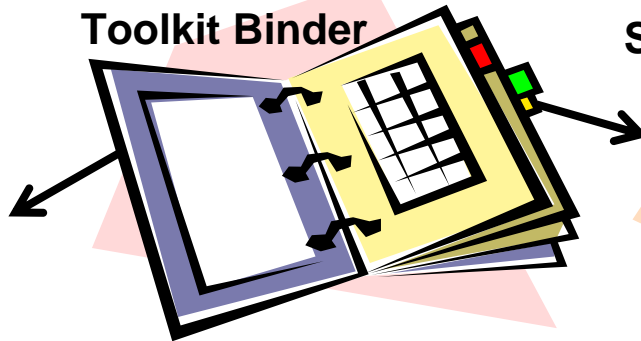
Employer Toolkit



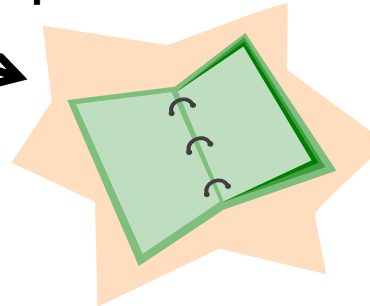
Quick Reference



Toolkit Binder



Specific Tools



Binder Sections – Specific Tools

Reference	Tool One: Employer Quick Reference Survey	Defines “What” and Assists Employers in Assessing Status
Plan Design	Tool Two: Detailed Assessment	
	Tool Three: Benefit Design	Defines “How?” in the Context of the Benefit Lifecycle
Vendor & Program Management	Tool Four: Request-for-Proposal & Proposal Scoring	
	Tool Five: Vendor & Program Contracting	
Vendor & Program Evaluation	Tool Six: Vendor & Program Evaluation	Defines, from the Employer’s Perspective: “What” & “Why”
Appendix	APPENDIX: Practice Recommendation Reference	

Tools Within the Toolkit

Benefit Lifecycle	Lifecycle Based Tool
Reference	<p>Tool One: Quick Reference Overview of the Practice Recommendations with a quick assessment tool to determine the status of implementation.</p>

Tools Within the Toolkit

Benefit Lifecycle	Lifecycle Based Tool
Plan Design	<p>Tool Two: Employer Assessment A detailed assessment of the extent to which the employer has adopted the Practice Recommendations.</p>
	<p>Tool Three: Benefit Design Technical guidance on addressing the plan design deficiencies identified in the Employer Assessment Tool.</p>

Tools Within the Toolkit

Benefit Lifecycle	Lifecycle Based Tool
Vendor & Program Management	<p style="text-align: center;">Tool Four: RFP and Proposal Scoring Tool</p> <p>Vendor solicitation language describing the administrative requirements associated with the Practice Recommendations. This tool also includes proposed evaluation criteria for vendor proposals.</p>
	<p style="text-align: center;">Tool Five: Vendor Contracting and Administration</p> <p>Contract guidelines and/or administrative guidance associated with the plan administration aspects of the Practice Recommendations.</p>

Tools Within the Toolkit

Benefit Lifecycle	Lifecycle Based Tool
Vendor & Program Evaluation	<p align="center">Tool Six: Vendor & Program Evaluation</p> <p align="center">Technical guidance that can be used to assess the extent to which vendors or programs have implemented the Practice Recommendations</p>
Appendix	






- Organized by plan (N = 27)
 - General Medical (N = 13)
 - Behavioral Health
 - Pharmacy
 - Disability
 - EAP
- Scope of the practice recommendations
- Relationship of practice recommendations between plans
 - Condition management / chronic disease management
 - Implementation champion (who should take the lead)

Can Be Applied in Many Ways and Different Times with Vendors

- Request for Proposals
- Procurement Process
- Evaluation of Capabilities
- Problem Solving
- Facilitating Effective Purchaser Leadership/Administration

Practice Recommendation Example: Depression screening in primary care

Tool 1: Practice Recommendation Quick Reference Tool

Practice Recommendation Number	Practice Recommendation (See Appendix for Supporting Evidence)	Objective(s)	Plan Design		Vendor & Program Management		Vendor & Program Evaluation
			Employer Assessment Tool	Benefit Design Tool	RFP & Proposal Scoring Tool	Contracting & Administration Tool	Evaluation Tool
1.1 General Medical	Depression screening should occur on all patients with a chronic or persistent medical condition.	<ul style="list-style-type: none"> To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis. 	Tool 2 Page 10 - 11	Tool 3 Page 6	Tool 4 Page 9 – 10	Tool 5 Page 9	Tool 6 Page 9 - 10
			Adoption Status	Adoption Status	Adoption Status	Adoption Status	Adoption Status
							

Tool 2: Employer Assessment

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. • To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.
<p>Administrative Guidance</p>	<p>Definition of Chronic and Persistent Medical Condition: Chronic or persistent medical illnesses or symptom(s) are defined as conditions with the duration of 4-12 weeks or longer.</p>
<p>1.1a</p>	<p>Does the company’s plan design cover depression screening on all patients treated for a chronic or persistent medical condition?</p> <p><input type="checkbox"/> Yes, general medical benefit specifically covers depression screening for all patients with a chronic or persistent medical condition.</p> <p><input type="checkbox"/> No, such screening is covered by the plan administrator for all beneficiaries, similar to screening for hypertension or diabetes.</p> <p><input type="checkbox"/> No, screening is not covered (please explain): _____</p> <p><input type="checkbox"/> Don’t know → Clarify with HR/benefits legal counsel.</p>

Tool 2: Employer Assessment

<p>1.1b</p>	<p>Does the company require the general medical plan administrator (MCO/HMO) to conduct depression screening on all patients treated for a chronic or persistent medical condition?</p> <p>Employer's Requirement to Adopt Practice Recommendation</p> <p><input type="checkbox"/> Yes → MCO/HMO is required to reimburse approved providers for screening, assessment and diagnosing behavioral health conditions as a primary and secondary condition.</p> <p><input type="checkbox"/> No → the MCO/HMO is not required to reimburse approved providers for screening, assessment and diagnosing behavioral health conditions as a primary and secondary condition.</p> <p>Reason (please specify): _____</p> <p>Plan Administrator's Independent Adoption</p> <p><input type="checkbox"/> Yes, the MCO/HMO has independently implemented this practice recommendation.</p> <p><input type="checkbox"/> No, the MCO/HMO has not independently implemented this practice recommendation.</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><input type="checkbox"/> Don't know → Clarify with HR/benefits legal counsel and/or MCO/HMO.</p>
<p>Next Steps</p>	<p>For information on implementing the Practice Recommendation refer to:</p> <p>Tool Three: Benefit Design Tool</p> <p>Tool Four: Request for Proposal Language & Proposal Scoring</p> <p>Tool Five: Vendor Contracting & Program Administration Tool</p> <p>Tool Six: Vendor & Program Evaluation Tool</p>

Tool 3: Benefit Design Tool

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. • To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.
<p>Administrative Guidance</p>	<p>Definition of Chronic and Persistent Medical Condition: Chronic or persistent medical illnesses or symptom(s) are defined as conditions with the duration of 4-12 weeks or longer.</p>

Tool 3: Benefit Design Tool

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>Benefit Plan Recommendations</p>	<ul style="list-style-type: none"> • Applicable Plan: General medical plan • Benefit Definition: Outpatient office and/or preventive services benefits should include explicit coverage for a depression screening procedure. • Recommended Benefit Coverage Limits: 1 screening annually • Recommended Cost-Sharing: Same as other outpatient or preventive benefits • Recommended Copayment / Coinsurance Levels: Same as other outpatient or preventive benefits • Covered Providers: Covered services must be furnished by or under the direction of a licensed provider (family physician, pediatrician, nurse practitioner, general practitioner, internal medicine physician).

Tool 4: Request for Proposal & Proposal Scoring Tool

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> • To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. • To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.
<p>Administrative Guidance</p>	<p>Several brief depression screening instruments have been developed for use by primary care and other general medical providers, and validated in privately-insured populations. Specific examples include, but are not necessarily limited to:</p> <p>-The Patient Health Questionnaire-2 http://www.commonwealthfund.org/usr_doc/PHQ2.pdf http://www.ncbi.nlm.nih.gov/pubmed/14583691 .</p> <p>-The Patient Health Questionnaire-9 http://www.americangeriatrics.org/education/dep_tool_05.pdf http://www.ncbi.nlm.nih.gov/pubmed/11556941?dopt=Abstract</p> <p>Administration of the screening/reassessment instrument should be reimbursable in its own right as a lab fee, rather than bundling it together with the office visit fee.</p>

Tool 4: Request for Proposal & Proposal Scoring Tool

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>1.1a RFP-Question</p>	<p>Does the MCO/HMO require providers to screen a patient for depression, with a standardized instrument, when treating the patient for a chronic or persistent medical illness? [Yes / No]</p>
<p>Suggested Follow-up Question</p>	<p>A) If yes, indicate the method(s) used by the MCO/HMO to support this practice recommendation (select all that apply):</p> <ul style="list-style-type: none"> i) Specific provisions contained in provider contract (e.g., reference to specific instruments such as the Emotional Health Inventory or the Patient Health Questionnaire). ii) Provider communication materials that address the practice recommendation (e.g., administrative or clinical practice manual, training or related materials). iii) Provider compliance is validated at time of payment. iv) Provider compliance is assessed as part of provider evaluation methodology (e.g., chart audit). <p>Other: _____</p>
<p>RFP Evaluation Criteria</p>	<p>The MCO/HMO technical response should address:</p> <ul style="list-style-type: none"> a) Specific policies and administrative and reimbursement procedures that support patient depression screening in the medical setting. b) Methods for establishing patient screening expectations with providers. c) Methods for monitoring provider compliance with referenced policies and procedures. d) Peer reviewed literature that supports referenced depression screening tools.

Tool 4: Request for Proposal & Proposal Scoring Tool

Practice Recommendation 1.1	Depression screening should occur on all patients with a chronic or persistent medical condition.
1.1b RFP-Question	Does the MCO/HMO reimburse depression screening procedures as a unique lab test? [Yes / No]
Suggested Follow-up Question	A) If yes, list the applicable CPT codes supported by the plan and covered providers eligible to perform this screening: _____ The MCO/HMO technical response should address:
RFP Evaluation Criteria	<ul style="list-style-type: none"> a) Specific policies, administrative, and reimbursement procedures that support patient depression screening in the medical setting. b) Methods for establishing patient screening expectations with providers. c) Methods for monitoring provider compliance with referenced policies and procedures. d) Peer reviewed literature that supports referenced depression screening procedures.

Tool 5: Vendor Contracting and Administration Tool

<p>Practice Recommendation 1.1</p>	<p>Depression screening should occur on all patients with a chronic or persistent medical condition.</p>
<p>Objectives</p>	<ul style="list-style-type: none"> To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.
<p>Administrative Guidance</p>	<p>Administration of the screening instrument should be reimbursable in its own right as a lab fee, rather than bundling it together with the office visit fee.</p>
<p>1.1a & b Service Level Agreement Issues</p>	<p>The Service Level Agreement between the employer and the MCO/HMO should document and specifically address:</p> <ol style="list-style-type: none"> MCO/HMO policies and administrative and reimbursement procedures that reference the quantity and frequency of patient depression screening in the general medical setting. MCO/HMO provider compliance monitoring protocols that support the referenced depression screening policies and procedures. MCO/HMO performance metrics that define and support depression screening standards in the general medical setting, and provider compliance monitoring procedures. Consequences to be incurred by the MCO/HMO for unsatisfactory compliance with performance metrics.

Tool 6: Vendor and Program Evaluation Tool

Practice Recommendation
1.1

Depression screening should occur on all patients with a chronic or persistent medical condition.

Objectives

- To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression.
- To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.

Administrative Guidance

Several brief depression screening instruments have been developed for use by primary care and other general medical providers, and validated in privately-insured populations. Specific examples include, but are not necessarily limited to:

-The Patient Health Questionnaire-2

http://www.commonwealthfund.org/usr_doc/PHQ2.pdf

<http://www.ncbi.nlm.nih.gov/pubmed/14583691> .

-The Patient Health Questionnaire-9

http://www.americangeriatrics.org/education/dep_tool_05.pdf

<http://www.ncbi.nlm.nih.gov/pubmed/11556941?dopt=Abstract>

Administration of the screening/reassessment instrument should be reimbursable in its own right as a lab fee, rather than bundling it together with the office visit fee.

Tool 6: Vendor and Program Evaluation Tool

1.1b

Has the general medical plan administrator (MCO/HMO) adopted policy and reimbursement provisions that require approved providers to conduct depression screening on all patients treated for a chronic or persistent medical condition?

Yes → MCO/HMO has adopted specific policy and reimbursement provisions that cover depression screening on all patients treated for a chronic or persistent medical condition.

→ Indicate the instruments approved for use by the MCO/HMO:

PHQ-2

PHQ-9

Additional Instrument:

Additional Instrument:: _____

Other (please describe): _____

No → such screening is covered implicitly for all beneficiaries, like screening for hypertension or diabetes.

Other (please specify):

No → the MCO/HMO has not implemented this practice recommendation.

→ Reason for exclusion (please specify): _____

Appendix

Practice Recommendation 1.1	Depression screening should occur on all patients with a chronic or persistent medical condition.
Employer Objectives	<ul style="list-style-type: none"> • To identify patients with potentially high cost medical conditions who would benefit from the effective treatment of depression. • To minimize the cost impact of a co-morbid depression condition due to quicker diagnosis.
Rationale	<ul style="list-style-type: none"> • General Background • Employer’s Guide excerpt • Research evidence • Industry Interviews • NBGH Employer Survey findings
Related Implementation Tools	<p>Tool Two: Employer Assessment Tool</p> <p>Tool Three: Benefit Design Tool</p> <p>Tool Four: Request-for-Proposal & Proposal Scoring Tool</p> <p>Tool Five: Vendor Contracting & Program Administration Tool</p> <p>Tool Six: Vendor & Program Evaluation Tool</p>

Identify / Define your priorities

- Be strategic and focused
- Concentrate on important areas that will make a difference to your company

Discussion and Next Steps