INFLUENCING EMPLOYERS TO PURCHASE EVIDENCE-BASED TREATMENT FOR DEPRESSION:

THE DEPRESSION MANAGEMENT IN THE WORKPLACE STUDY

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Current Scenario

- Virtually all health products that increase evidence-based mental health treatment (EBT) increase cost
- Policymakers encourage payers to purchase health care products that have value for society
- Payers know few if any metrics to identify products that have value for society, themselves or any other stakeholder. Instead rely on opinion.
- Payers report purchasing health care products that cost less.

Proposed Scenario

- Dissemination research needs to evaluate strategies to encourage payers to purchase EBT products on the basis of value

  Value to patient? Value to payer?

- Payers will purchase a health care product if they see it produces value for themselves

  Return on Investment:

  For every dollar the payer spends on a health care product, they receive X dollars in return

Selection of EBT to Study

- Few EBTs in mental health have a demonstrated return on investment for any stakeholder besides society

  Alcohol – ROI to heath plan [1]

  Somatization – ROI to health plan[2]

  Panic & General Anxiety – ROI to employer payer[3]

  Depression – ROI to employer payer[4]

1. Fleming MF et al. Alc Clin Exp Res 2002; 26:36-43
2. Smith GR et al. Arch Gen Psych 1995; 52:238-243
3. Rollman B et al. Arch Gen Psych 2005; 62:1332-1341
4. Rost K et al. Med Care 2004; 42: 1202-1210

Depression

- Employer payers spend $24 billion/year in depression treatment costs
- These expenditures fail to impact the $38 billion/year in productivity losses employers absorb when depressed employees fail to get adequate treatment.
- RCTs show that depression care management improves absenteeism and productivity at work
- Two depression care management products report improving absenteeism at or beyond RCT estimates.
- Employers most likely to realize a return on investment from purchasing depression care management products can be identified.
  www.caremanagementfordepression.org

Study Participants

Business Coalitions: 18 regional organizations across the country whose employer members meet monthly to increase their health care purchasing capacity

Study Participants: health benefit purchasers for 360 employers who belong to 18 business coalitions

- 60% of study participants in our pilot study reported very significant or complete influence on health benefit purchasing decisions in their organization

Randomized Control Trial

Randomized at coalition level:

Intervention Condition

Control Condition

captures outcomes of concurrent vendor marketing efforts to employers in both conditions

Intervention Condition

Peer Detailing – business coalition director educates employers about depression care management products they can purchase to: (1) improve clinical outcomes in depressed employees, and (2) improve work outcomes by improving absenteeism and productivity at work

Technical Assistance – director provides logistic support for purchasing depression care management that delivers the type, intensity, and duration of treatment shown to improve clinical and work outcomes.

Control Condition

Peer Detailing – business coalition director educates employers about efforts they can undertake to encourage their health plans to improve HEDIS outpatient score for depression

Technical Assistance – director provides logistic support for employer efforts to negotiate changes in the organization and financing of depression care associated with high HEDIS depression scores[4]

4. Horgan CM et al. Improving medication management of depression in health plans. Psych Serv 2008; 59: 72-77

Conceptual Framework

Intervention introduces capsule of credible information into an active social network to influence behavior in organizations with varying capacities to purchase

- Social network ch aracteristicswill influence purchasing independent of intervention
- Organizational characteristics will influence purchasing independent of intervention

Timeline

- Funding January 2009
- Recruitment February-March 2009
- Intervention April 2009 – June 2010
- Followup April 2011 – June 2012
- Publication December 2012

Contributions of Study to Field

- To disseminate EBTs in the 'real world', purchasers need to buy products for their value, not their cost
- If the intervention increases product purchase, DMW will delineate strategy to effectively market EBTs to payer

BAD CARE COSTS SOMEBODY SOMETHING

- If the intervention does not increase product purchase, DMW will qualitatively and quantitatively identify characteristics of payers willing to make early investments in EBT

Ethical Issues Raised

Will EBT dissemination be constrained if EBT does not product economic value for the payer?

broader conceptualization of payer benefits

Does the field need to prioritize evaluating the impact of EBTs on payer outcomes before current safety net erodes further?