Sound Minds & Bodies

Holistic Medicine Emerging as Tool to Manage Costs and Outcomes

The embrace of holistic medicine can add a critical layer of control to self-insurance.

One key trend springs from the new "bio-psycho-socio-economic" (BPSE) model of sickness and disability, which provides more insight into claims on both the group health and workers' comp side. Looking at health situations from all angles this way creates a more realistic picture of the dynamics at play. The BPSE model explains why illnesses or injuries that appear identical from the medical point of view end up with widely differing outcomes. Looking for BPSE factors in situations that employers can potentially mitigate also opens up a wider array of potential management approaches for clinicians, case managers, claims payers and employers.

Written by Bruce Shutan

Another movement involves better coordination between behavioral health and major medical coverage. This coordination is an essential part of a mind-body approach to managing care for employees and their families (and its costs), which has been building for decades and appears to be gaining traction.

"The importance of behavioral health in total health management is becoming increasingly apparent to all payers, whether they're self-insured organizations, health plans at risk, or even provider payers at risk," says Peggy DeCarlis, SVP and chief innovation officer at New Directions Behavioral Health, as well as the Association for Behavioral Health and Wellness board chairman.

Adds Janis S. DiMonaco, Ph.D., CEO of HMC HealthWorks, an integrated health care management company: "As forward thinkers, self-insured employers tend to be early adopters of approaches that reduce indirect cost trends, such as disability claims and work-related injuries, while improving overall health status, work-life balance and on-the-job efficiencies."

Together, the BPSE model and mind-body approach represent sound strategies that can help simultaneously improve health outcomes and manage costs. But the marketplace needs to fully understand their place in the self-insured arena before progress can be made.

Jennifer Christian, M.D., president of Webility Corporation, for example, is concerned about BPSE being used as a euphemism for psychology. Dealing effectively with BPSE issues may not even require getting a psychologist involved. For example, she says health illiteracy, concerns about workplace safety, toxic interpersonal relationships and administrative incentives are also common obstacles to recovery.

"People respond and make decisions about how to behave based on internal as well as external factors – the entire context they find themselves in," she explains. The BPSE model also acknowledges the impact that other stakeholders have on creating or resolving situations such as families, employers, doctors, claim managers, lawyers, etc.

The BPSE model's predecessor, biopsychosocial, "recognizes that all issues relating to health are products of a complex interaction of any number of factors in these three broad domains." The Praxis Partners Consortium added the suffix "economic" to create the BPSE model because it is obvious that financial incentives affect the behavior of all stakeholders in these situations. The group operates under the aegis of Webility, which serves as a catalyst for positive change in the workers' comp and disability benefit systems.

Providers who work within the BPSE model develop a more accurate view of the causes and potential cures of sickness and disability, panelists suggested at SIIA's Annual National Conference & Expo last October. The goal is for those who are treating pain to reduce the use of opioids and widen their therapeutic repertoire. Examples include cognitive behavioral therapy and self-pain control techniques such as mindfulness meditation and exercise.

"Otherwise, what they're doing is leaving people in pain to suffer," observes Christian, who was part of that discussion. She says that for many people with chronic pain "the main problem is coming from the way their brain is interpreting the signals coming from their body and the meaning being attached to it and potentially connecting with people's bodily memories or old social memories."

Removing Care Barriers

There were $220 billion in behavioral health costs in 2014, according to a recent presentation at the National Press Club by Alan Weil, editor in chief of Health Affairs. While the price-tag is staggering, the percentage of all health expenditures tied to mental health and substance abuse treatment is small (6.4% and 2.2%, respectively).

A huge concern is that many serious cases go untreated. For example, about 2.8 million of roughly 6.9 million adults with serious mental illnesses in the U.S. do not receive any mental health treatment, Mark Olfson, M.D., a mental health services researcher and research psychiatrist at Columbia University, noted at that same event.

There could be several explanations for why so many people with behavioral health issues are falling through the cracks, beginning with the stigma long associated with these conditions and payers are reluctant to invest in behavioral health.

Christian recalls the days of yore when some individuals would be treated for up to 20 years and it was difficult to determine a return on that investment. That calculation is complicated by varying degrees of illness severity, as well as differences between outcomes: patients feeling happier vs. being able to function and work again. "There also has been a lot of money wasted on ineffective psychotherapy," she says.

As an occupational medicine specialist, Christian tends to think the fundamental purpose of health care services is to restore or preserve the patient's ability to function in life. Therefore, she believes that both clinicians and case managers should stop and think clearly and specifically about what will move the situation

forward toward resolution before ordering a treatment or authorizing a service. The first step should be to determine what needs to be accomplished before assigning a provider with the right skill set to do it, whether it's a case manager, behavioral health professional or other practitioner.

"I think where the market needs to evolve is looking more carefully at the treatment philosophy of the professionals they contract with rather than or in addition to the price," she explains. "And, actually, they should be looking at outcomes." She lauds one large payer, Sedgwick, for building an outcomes-based network on the workers' comp side.

Christian recommends using "situation resolution" strategies to speed the return to function and work. She points to "a behavioral health network that has been set up that specifically recruits clinicians who have a functional-restoration philosophy and focus on helping people who were previously working to get them well enough to go back to work."

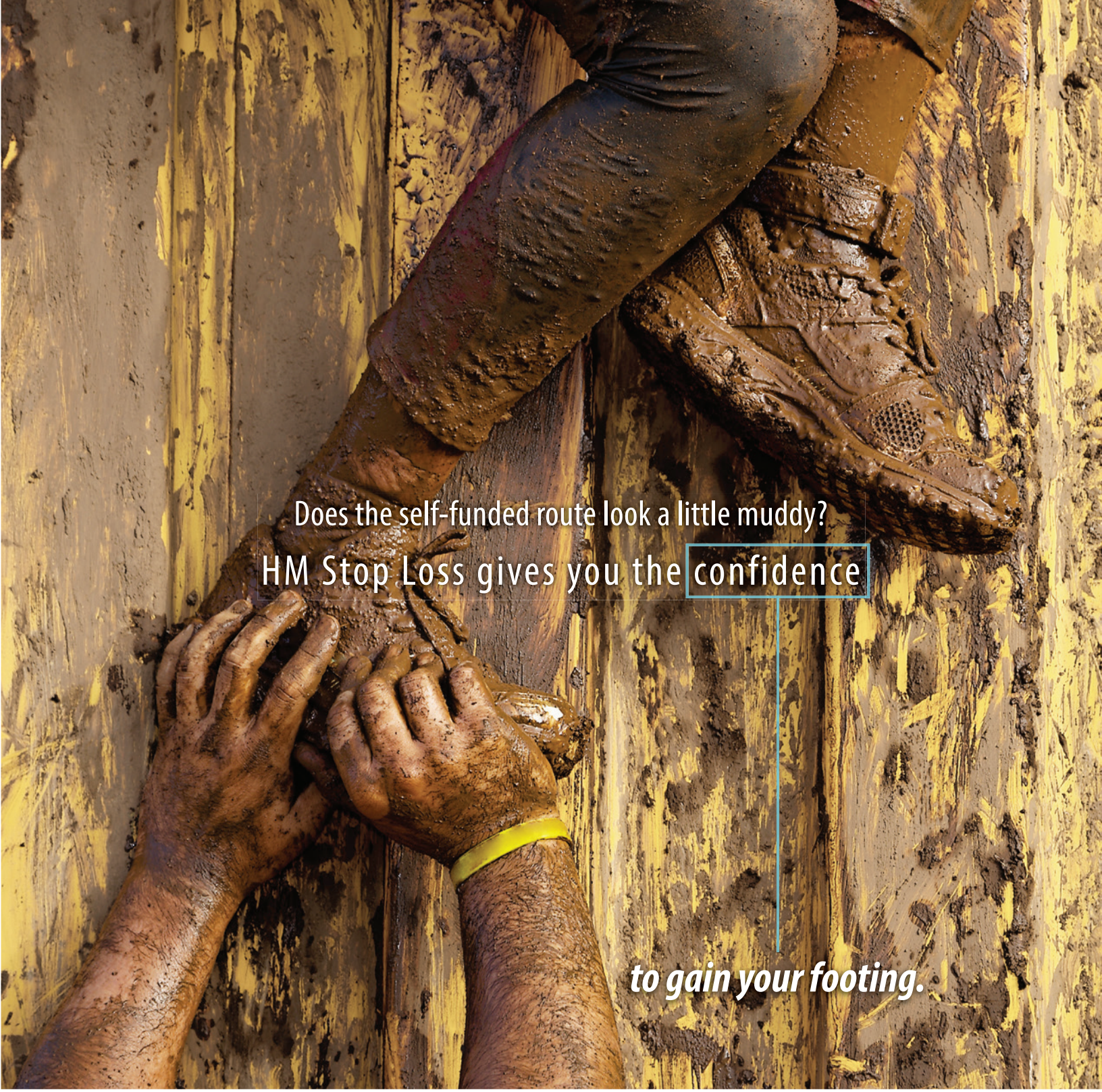
The idea is for clinicians to keep their patients focused on restoring the rhythm of everyday life so it feels normal again. One area off limits would be drifting away into an individual's childhood memories or marital problems that may have predated a leave of absence, which wouldn't accomplish this purpose.

Early Diagnoses

Clinicians and employers alike know that mental and physical health is inextricably linked. DiMonaco says patients with diagnosed diabetes, arthritis, osteoporosis, musculoskeletal conditions, cancer, lower back pain, reflex sympathetic dystrophy hypertension and obesity develop depression and anxiety at rates 30% to 50% higher than the rest of the population.

DeCarlis also notes that research shows chronically ill patients with depression, anxiety or substance abuse cost two or three times more than those who do not have those comorbidity factors.

But there are real solutions at hand that are gathering consensus. Identifying or preventing psychosocial situations that can progress to medical conditions such as depression, anxiety, overeating, poor sleep, etc., would likely decrease productivity loss from absenteeism or presenteeism, explains Philip Hagen, M.D., a consultant in Mayo Clinic's Division of Preventive, Occupational and Aerospace Medicine and associate professor of medicine.



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This could be a sweet spot for bending the cost curve, since he says these losses exceed the direct medical cost for a health condition. What needs to follow is a substantive change in the way care is delivered and envisioned in the self-insured community.

> *"Traditional health insurance is not structured to take either a holistic approach to these problems, or a preventive approach,"* Hagen says. *"But employers who are self-insured have a stake both in medical costs and lost productivity costs – thus, they are more willing to try a proactive approach."*

The uptake on holistic approaches has been slow, according to Hagen. One reason is a dearth of well-demonstrated cost benefits, but there's also uncertainty about whether a doctor, nurse, health promotion specialist, psychologist, health coach, etc., should take the lead.

Innovative employers are making progress in this area and Hagen says believes "soft but growing data" show the potential for a 2-3:1 ROI. He also sees movement away from a traditional medical model toward a small group, workplace-based setting that includes a diverse set of practices and skills. Examples would be an emphasis on healthy relationships, stress reduction, mindfulness and healthy sleep.

About four and a half years ago, DeCarlis's firm reached out to four international thought leaders and practice leaders to devise best practices for integrating mind and body care and conduct several pilot programs or trials. They all cautioned against "parachuting a behavioral health practitioner into a primary care practice."

Nearly 70% of patients seen by their primary care physicians have some sort of behavioral health needs, DeCarlis notes. So without a behavioral health specialist on the care management team and the continuation of a siloed approach to treatment, she says these cases simply tumble into a black hole.

New Directions Behavioral Health has been working with a large patient-centered medical home in Kansas City where it's based, as well as facilities in Arkansas and Florida to measure the impact on behavioral health screeners and biomarkers such as A1C tests for blood glucose levels, low-density lipoprotein cholesterol and body mass index.

Encouraging results have been reported over the past year and a half. Steve Melek, a principal and consulting actuary with Milliman, studied claims filed for several years before and after this intervention and found an 11% impact on the medical spend. DeCarlis cites the increasing sophistication of analytics and an ability to share that data with providers for greater insight into their performance as key components to success. "As opaque as cost drivers have been on the medical side, they've been even more so on the behavioral health side," she observes.

One troubling trend in behavioral health is opioid addiction, which DeCarlis describes as the nation's fastest-growing chronic condition. She says abuse of prescription painkillers all the way up to heroin killed nearly 30,000 Americans in 2014, surpassing annual automobile fatalities. Mindful of this problem, she notes that the Centers for Disease Control and Prevention issued guidelines in March for prescribing practices, while just days later the Food and Drug Administration required stronger warning labels on powerful drugs. New Directions Behavioral Health has recruited additional medical directors with addictionology backgrounds to help increase the availability of medication-assisted treatment and stress evidence-based practices.

After more than 25 years in managed behavioral health, DeCarlis is hopeful that mind and body medical silos will gradually disappear, as well as the stigma attached to behavioral health. "I think as payers of self-funded accounts increasingly see the impact of true integration, they will demand that this is the way that care is delivered," she says.

When separating promises from performance in care, DiMonaco's firm has found that the C-Suite is encouraged when presented with documented returns about the merit of including behavioral health in the mix.

"If you think about treating symptomatic effects of unhealthy behaviors without addressing root causes, the downward health spiral may decelerate, but not for long," she explains. "That's why we frontload EAP programs with wellness and personal care support to engage the whole person. At some point the market will realize the value of this approach and follow suit. Cost trends cannot be reversed without addressing the mind-body connection." ■

Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for more than 25 years.