

Behavior-Related Managed Care

INTRODUCTION

A surprisingly high percentage of health care benefits (at least 10%) are behavior-related; this benefit cost excludes additional costs such as on-the-job accidents; time lost; and substandard work performance.

Targeted behavior includes substance abuse, tobacco use, dietary-related problems, sedentary lifestyle and miscellaneous habits (psychological problems related to family, finances, accidents, etc.).

COST MANAGEMENT OF BEHAVIOR-RELATED PROBLEMS

The management is basically, in four parts:

- Identifying the problem
- Setting the proper course of treatment
- Best care/treatment in the most proper setting
- Follow-up or post-treatment management.

IDENTIFYING THE PROBLEM

The earlier the problem is identified the better. Identification is not as easy as might at first be thought. For example:

- Problem is denied by the person
- Voluntary assistance is refused
- Persons seeking help are stigmatized
- Diagnosis, especially early diagnosis, is not always precise or accurate.

The general pattern of identification is as follows:

- Substance abuse testing shows a need.
- Employer-related performance criteria not met (poor work, high absenteeism, injuries, e.g.)
- Peer referral
- Self referral
- Corporate medical departments.

Once the need is identified, tentatively, the matter is referred to the employer-retained Employee Assistance Program (or firm) for follow-up identification-confirmation and the next steps in the behavior-related managed care program.

TREATMENT TRIAGE

Treatment triage is where the providers (a) identify the current treatment needs and (b) help such person set into such program. Treatment triage is a needed substitute to such person determining the needed treatment pattern.

- Identify the medical services that are needed.
- Determine appropriate level of care.
- Determine expected amount of care.
- Arrange appropriate care at the best cost.
- Be sure there is a fit between the patient and the treatment.
- Motivate the patient to follow through.

CHARACTERISTICS OF A GOOD EAP/MANAGED CARE NETWORK

- Facilities in the network have appropriate licenses and accreditations (such as accreditation by Joint Commission on the Accreditation of Health Care Organizations). Individual providers have appropriate credentials and licenses to practice.
- The network ensures geographic accessibility consistent with the living patterns of those served.
- The network includes a mix of facilities/individual providers that can address a cross-section of behavioral health problems. The network, in an ideal situation, includes multidisciplinary individual providers, as well as facilities with multidisciplinary staffing.
- The network includes facilities/individual providers that can address the diversity of covered individuals.
- Facilities/individuals providers are equipped to provide the most cost-effective treatment. Different levels of care are available either, within single facilities or through the use of multiple facilities. Individual providers knowledgeable in brief therapy models are included in the network.
- Facilities and individuals providers in the network have demonstrated evidence of quality, such as patient satisfaction survey results, independent clinical quality review results, and treatment outcome assessments. In addition, other indications of quality, such as community reputation and professional references, should be considered.
- Facilities and individual providers demonstrate a willingness to respond to the needs of the EAP/Managed Care organization by providing information, such as treatment plans and patient status, in a timely fashion.

FOUR TYPES OF CONTRACTUAL ARRANGEMENTS

- *Fixed Price Carve-Out*
That is, capitation.
- *Fixed Price Per Clinical Case*
Comparable to a hospital DRG.
- *Discounted Standards Rate*
Physician reduces standard fees by x%.
- *Standard Rate*
No discount.

BEHAVIOR RISK SURVEY

Overweight

120% or more of ideal body weight, defined as the midvalue for a medium frame person on the Metropolitan Life Insurance Company height/weight tables. The reported percentage of overweight persons ranged from 21.3% in Colorado to 34.1 % in Michigan. The lowest prevalence were noted mostly in western states: New Mexico, 22.3%; Hawaii, 23.5%; Washington, 24.1 %; Montana, 24.3% and Utah, 24.4%

Drinking and Driving

At least once in the past month, operation of a motor vehicle after drinking too much alcohol. The prevalence of drinking and driving varied from 0.7% in West Virginia to 6.3% in Wisconsin. Five states reported values of under 1.0%; Georgia, Maine, Maryland, South Carolina and Tennessee. Wisconsin was the only state that reported a prevalence above 5.0%.

High Blood Pressure Awareness

Respondents that are told by a health professional their blood pressure is elevated. The percentage of adults who were aware that they had high blood pressure varied twofold, from 14.8% in New Mexico to 29.8% in Mississippi. Alabama and Mississippi were the only states with prevalences above 25.0%. Only New Mexico and Virginia reported prevalences below 18.0%.

High Blood Cholesterol Awareness

Respondents that are told by a health professional their blood cholesterol is elevated. The percentage of adults who were aware that they had elevated blood cholesterol ranged from 13.5% in New Mexico to 21.5% in Michigan. In four states, the prevalence was under 20.0%; Connecticut, Michigan, New Hampshire, and Rhode Island. Prevalences were under 15.0% in the District of Columbia, Georgia, Louisiana, Mississippi, Nebraska, New Mexico and Utah.

Sedentary Lifestyle

Fewer than three two-minute sessions of leisure-time physical activity per week. The prevalence of sedentary lifestyle ranged from 46.6% in Oregon to 73.4% in Virginia. Of the five states with prevalence under 50% (Colorado, Montana, New Hampshire, Oregon, and Utah), four western states; Ohio, South Carolina and Virginia reported prevalences under 70.0%.

Chronic Drinking

Sixty or more drinks of alcohol during the past month. The prevalence of chronic alcohol consumption varied more than fourfold, from 1.3% in South Carolina and Tennessee to 5.4% in New Hampshire. Five states reported prevalence under 2.0%; Georgia, Illinois, South Carolina, Tennessee, and West Virginia. Six states reported a prevalence under 5.0%; Hawaii, Massachusetts, New Hampshire, Pennsylvania, Texas and Wisconsin.

Binge Drinking

Consumption of five or more alcoholic beverages on at least one occasion during the past month. The prevalence of binge drinking varied more than fivefold, from a high of 23.3% in Wisconsin to a low of 4.6% in Tennessee. Several southern states reported low prevalences: North Carolina, 7.6%; Mississippi, 8.1%; and Georgia, 8.0%. Alaska, Massachusetts, Minnesota, Pennsylvania and Wisconsin reported prevalences under 20.0%.