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http://ubhweb.uhc.com/newslett/frame_newsletter.html

Few differences were apparent between those patients in the 6-month treatment group compared to those in the 12-month treatment group. Patients in both groups received similar services by the same types of licensed clinicians, and displayed similar demographic and clinical characteristics at baseline and at 6 weeks. Yet at 6 months, patients who stayed in treatment beyond the 6-month period had improved considerably less than those who ended treatment within the initial 6-month period. In fact, patients in the 6-month treatment group improved at 4 times the rate per session ($m = .22$) than patients in the 12-month treatment group ($m = .05$, $t(142) = 3.84$, $p = .0002$), as seen by the Global Improvement Ratio of the MWS (Figure 2). Furthermore, within the following 18-months after the first episode of care, patients had an average of 12 additional sessions at an additional average cost of \$816.18 per patient.

Adjustment Disorder: Is Short Term Treatment the Norm?

Adjustment disorder is a commonly used diagnosis for patients suffering from clinically significant emotional or behavioral problems due to an identifiable stressor. According to DSM-IV criteria, patients with adjustment disorder must become symptomatic within 3 months from the occurrence of the precipitating event and the reaction should last no longer than 6 months. Otherwise, the diagnosis should be reconsidered.

Although adjustment disorder accounts for a large portion of adjudicated claims within managed behavioral health organizations (MBHOs), it is considered a disorder that is transient, low-cost and therefore does not necessitate extensive care management monitoring. However, little is actually known about the usual pattern of service utilization for patients with adjustment disorder covered by MBHOs.

The pattern of service utilization within a 2-year period among patients who completed the Wellness Survey and had a diagnosis of adjustment disorder was examined for differences between patients who completed treatment within the first 6 months from their intake call, with patients who continued in treatment beyond the initial 6 months of treatment. Results showed that 54% of 211 patients with a single diagnosis of adjustment disorder concluded treatment within 6 months of the intake call. 36% received continuous outpatient services for a full year. Another 20% received outpatient services for 2 years. The latter two groups are referred to collectively as the 12-month treatment group. (See figure 1).

This study suggests that despite having started at similar levels of clinical distress, patients with adjustment disorder who fail to improve significantly by 6 months are likely to stay in treatment for a full year, and in some cases up to 2 years at a significant cost. Results from this study suggest that a short-term outpatient service for a single adjustment disorder is hardly the norm. Patients with adjustment disorders who have not improved by 6 months should be re-assessed for other diagnoses and their care monitored for appropriate treatment.

Figure 1

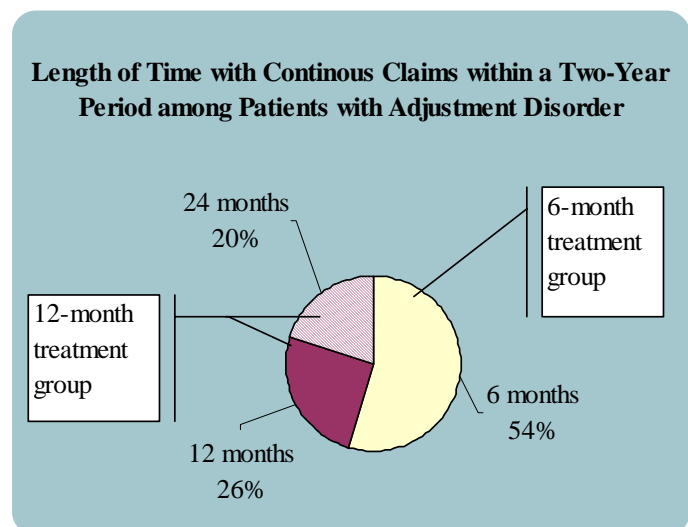
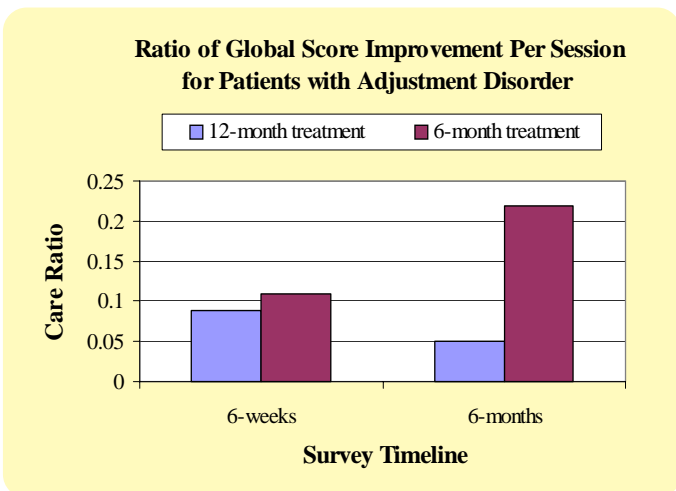


Figure 2



Treatment Outcome Program

2004 marks the third year in which UBH has been measuring clinical outcomes through the Treatment Outcome Program (TOP). TOP uses the Wellness Survey to measure change in symptom severity, functional impairment, health, substance use, and workplace absenteeism. By the end of 2003, over 43,000 individuals had responded to the baseline survey and over 12,000 responded to both the baseline and 6-month surveys.

In October 2003 we significantly expanded our sampling under TOP so that now virtually all adults who are authorized for a new course of outpatient treatment will be surveyed under TOP. We anticipate surveying nearly 250,000 individuals in 2004 under TOP! Response rates continue to be strong so we anticipate that our database of clinical outcomes will grow tremendously this year.

This year marks another milestone for TOP. Beginning in 2004, TOP will be used to measure and report patient satisfaction for employer-based customers. Prior to 2004 we had included items that measure satisfaction on the surveys, but used a separate satisfaction survey to report patient satisfaction to employers. Given the expansion of TOP and strong response rates, it made sense to integrate the surveys so that TOP can be used for both purposes. To support this, five items that measure satisfaction with UBH services were moved to the baseline Wellness Survey along with items that measure therapist accessibility and availability. On the 6-month Wellness Survey we also ask questions measuring satisfaction with the therapist and treatment received. BHS will create a query that will allow users to access TOP data

for specific customers or CMC sites. The query is anticipated to be available on SURE by summer 2004.

In October 2003 we expanded the health section of TOP to include items on medical co-morbidity, medical service use and pain. By summer we will begin to have 6-month data on these items, but for now, the baseline items alone are providing interesting information about the health status of individuals who are accessing behavioral health services.

Did you know? (Fascinating facts from TOP)

- 46% of individuals accessing outpatient treatment report suffering from moderate to severe physical pain.
- 21% of respondents report having a chronic or serious medical condition such as diabetes, cancer, or heart disease.
- 27% of the employed respondents report fewer days missed from work at 6-months. On average, absenteeism is reduced by 50%.

For updated results from TOP, please visit the BHS website.

Launching BHS Website

Looking for the latest findings on the Treatment Outcomes Program (TOP)? Want to see a list of publications on mental health parity? Curious about the status of a current Behavioral Health Sciences' (BHS) project, or want to learn more about the BHS teams? If so, you should visit the new BHS department intranet site which can be accessed via the "Departments" section of the inSite homepage.

This new site enables users to quickly and easily learn about the work being done in BHS. The site provides descriptions, latest findings and current status on the research studies and projects underway. PowerPoint presentations, research proposals and other project documents are also included.

An important feature of the site is the "Research Library." The library is arranged by topics (such as depression, quality improvement, etc.), and includes the published works of BHS staff, as well as those of our academic research partners.

BHS invites you to visit the site today and hopes you return often. We will use this site to deliver relevant and interesting information to you. Your comments and/or feedback on the site are appreciated and can be submitted to BHS via the site itself.

****New Studies****

Depression Intervention for Medicaid Participants in Rhode Island

UBH has partnered with MDRC, a non-profit demonstration research corporation based in New York, and with consultants from Group Health Cooperative of Puget Sound to participate in one of six nationwide demonstration projects targeting a hard-to-employ population many of which receive Temporary Aid to Needy Families (TANF). This study will examine if enhanced outreach and treatment for Medicaid recipients diagnosed with depression lead to an increase in treatment participation, better health and labor market outcomes, and reduced dependence on public benefits. It offers an opportunity to address an array of important policy research questions concerning mental health, employment, and welfare.

There is ample evidence that undiagnosed depression is a substantial problem among low-income parents, with prevalence rates that are more than twice as high as those found in the general population. In addition, there is a considerable body of research on the effectiveness of treatment for depression. However, relatively little is known about the effects of outreach, case management and treatment interventions on depression among a low-income population managed through a behavioral healthcare organization. Furthermore, there is no reliable data about the impact of depression treatment on employment, welfare receipt and other measures of self-sufficiency.

Based on the intervention used for the Workplace Depression Study, the Rhode Island Medicaid project would be the first study to assess the impact of enhanced outreach and engagement efforts and evidence-based treatment on mental health, employment, and benefit receipt for parents on Medicaid, approximately half of which also receive TANF. This project will be based locally in Rhode Island under the leadership of Francisca Azocar and Maria Sekac.

Social and Economic Factors of Late Life Depression Study

Depression affects 15 out of every 100 Americans over the age of 65, a population in which untreated and under-treated depression contributes greatly to increased medical costs, increased disability, and even death. The rate of suicide among older adults is the highest of any age group in the nation.

DataPoints

Many factors complicate the diagnosis and treatment of depression in seniors: they are more likely to seek help in the primary care sector, they often have multiple comorbid conditions, and they are more likely to hold negative views about mental illness and treatment.

To better understand the barriers to treatment and attitudes about help-seeking among seniors, BHS is working with Dr. Jeffrey Harman at the Department of Health Services, University of Florida to coordinate a survey study, "Social and Economic Factors in Late Life Depression." In the next three months, 3000 enrollees of the Tampa Health Plan, Medicare Complete, will be invited by letter to participate in this important study.

Respondents will be screened for depression, and 200 of those who screen positive and who consent to continue with the study will be interviewed about their mental, physical and socio-economic history and status. They will also be asked for permission to access their medical and pharmaceutical claims data. Together, the screening, interview, and claims data will be analyzed to assess the role of motivational, attitudinal and practical issues and barriers on the utilization of health services by the elderly

****BHS News****

New Employees & Promotions

BHS is pleased to announce several promotions and additions to our department!

Congratulations to Francisca Azocar, Ph.D., on her new position as an Assistant Vice President of Research and Evaluation. Francisca joined United Behavioral Health in 1999 as a Research Scientist. In July 2003 she was promoted to Senior Director of Research and Evaluation for BHS, a position in which she performed superbly. She has published her health services research in several respected journals, focusing on areas such as promoting clinician adherence to Best Practice Guidelines, the comorbidity of depression and medical disorders, and on service utilization and costs in behavioral healthcare.

Loren McCarter, Ph.D., was promoted to Director of Statistical Analyses in the Fall 2003. In his new capacity, Loren will be the lead statistician within BHS and manage a team of Research Analysts. Loren has been with BHS for five years as a Senior Research Analyst. In that capacity he has worked on many projects including the development of predictive models, as well as the creation and analyses of large datasets including

pharmacy, behavioral health, and medical data. Loren received his Ph.D. in psychology from University of California at Berkeley.

BHS welcomes Chris Chan who began his role as Research Analyst in February. Chris Chan comes to us from MedStat where he worked as a data analyst and consultant, providing descriptive statistics to MedStat clients on their medical and pharmaceutical utilization. Chris has a Masters in Public Health from Boston University with an emphasis in International Health.



Recent Publications & Manuscripts

Azocar, F., McCarter, L.M., Cuffel, B.J. & Croghan, T.W. (2004). Patterns of medical resource and psychotropic medicine use among adult depressed managed behavioral health patients. *Journal of Behavioral Health Services & Research*, 31(1), 26-37.

Branstrom, R. & Cuffel, B. (in press). Adverse selection in a PPO curve out after parity. *Psychiatric Services*.

Azocar, F., Cuffel, B.J., McCabe, J., McCulloch, J., Tani, S., Maruish, M. & Brodey, B. (Under Review). Monitoring patient progress and treatment outcomes. *Professional Psychology: Research and Practice*.

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