MHCSI
Depression Disease State Management (DSM) Program

Enhancing Depression Outcomes with Better Use of Antidepressants

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• Depression- Why We Care & The Opportunity

• Our Depression DSM Program
  • What We Did
  • What We Found
  • Lessons Learned / Next Steps

• Recommendations for Plan Sponsors
Why We Care - Depression Is:

**Prevalent**  
- Affects 11% of Canadians at some point in their lifetime & 4% in any year\(^1\)  
- A leading cause of global disability\(^2\)

**Costly**  
- Total economic burden of mental illness in Canada $51 B annually with $20 B stemming from workplace losses\(^3\)  
- Detrimental impact on overall health, role functioning and QOL  
- Significant concern for employers due to the impact on employee health, benefit plan costs and overall enterprise productivity and profitability.

**Many Barriers**  
- Stigma / Access to care / Knowledge / Support

**Often Missed / Misdiagnosed**  
- up to 50% are not recognized as depressed

**Often Under-treated**  
- No treatment / Wrong treatment / Not enough treatment

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\(^1\) CANMAT (Canadian Network for Mood and Anxiety Treatments Clinical Guidelines; Journal of Affective Disorders)  
\(^2\) Global Burden of Disease Study; The World Health Report 2001  
\(^3\) Mental Health Commission of Canada
The Depression “Iceberg”

83 receive diagnosis & treatment (Prescription Rx>>> psychotherapy)

- 25 will achieve symptom remission
- 22 will achieve good symptom response
- 15 will have unsatisfactory response
- 62 fill first Rx
- 32 on Rx at 3 months
- 47 on Rx at 1 month

333 develop MDE with functional/occupational disability

166 seek treatment

1000 employees develop depression

Of those who would benefit from antidepressants, 81% (271/333) do not start taking one.

Of those who do start medication, 48% (30/62) do not stay on meds for a sufficient amount of time to achieve the full benefits of treatment.

The majority of premature treatment terminations are avoidable.

,... and Pharmacist DSM is effective, evidence-based care.
Depression can be effectively managed with DSM
  • Similar to approach used to manage other chronic diseases like diabetes and cardiovascular disease

DSM Framework includes:
  • Active efforts to detect depression
  • Delivery of evidence-based care
  • Collaborative case management
  • Patient education and self-management
  • Process measurement & outcomes assessment

Pharmacotherapy remains the most studied and best evidenced treatment for MDD
Pharmacist DSM is Effective, Evidence-based Care

Pharmacist DSM / MTM* has been shown to substantially close “gaps”:

- Overcome stigma / Improve patient knowledge
  - understanding condition / acceptance of treatment
  - expectations of treatment (time to onset of action, side effect management, etc.)

- Improve medication use
  - ↑ adherence/persistence

- Improve health outcomes
  - ↑ remission
  - ↓ relapse, ↓ recurrence

- With integrated model: (ref. JMCP Vol.11 No. 3, Apr 2005)
  - over 74% in remission vs. 40% with usual care
  - ↓ absenteeism and ↑ productivity

*MTM (Medication Therapy Management) **
MHCSI Depression DSM Program - What We did

Description of program:

• 2 year pilot program:
  • 12 month recruitment phase (Nov 1, 2012 to Oct 31, 2013)
  • 12 month follow-up phase (Nov 1, 2013- Oct 31, 2014)

• Open to all MHCSI plan members

• Patients must have a confirmed diagnosis of depression & consent to participate

• Patients can be either new to treatment or currently on treatment

• Patients were offered opportunity to participate by pharmacist at time of prescription fill

• General information about the program was promoted to plan members via newsletters, posters, tent cards

• Consultations funded by MHCSI
Description of program:

- Pharmacists consulted with patients as needed:
  - in person, by phone
  - at prescription fills and scheduled “appointments”
  - using various patient support methods and tools*

- Suggested Consultation Schedule:

<table>
<thead>
<tr>
<th>‘New Start’</th>
<th>1st Fill</th>
<th>1-2 weeks</th>
<th>4 weeks</th>
<th>3 months</th>
<th>9-12 months</th>
<th>As needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘On Treatment’</td>
<td>At Refill</td>
<td>1 month later</td>
<td></td>
<td>6-12 months later</td>
<td>As needed</td>
<td></td>
</tr>
</tbody>
</table>

*Medication InfoShare
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The Opportunity: Better Use of Antidepressants

Benefits

Relapse of symptoms: risk more than doubles if medication stopped prematurely

Side effects

Mood

Weeks  Months  Years

Acute Phase  |  Maintenance Phase
## Depression DSM Program - What We Found

| Patients enrolled to date | 59  
<table>
<thead>
<tr>
<th></th>
<th>(50 female, 9 male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“New Start” /“On Treatment” /“Unknown”</td>
<td>49% / 46% / 5%</td>
</tr>
<tr>
<td>Average number consultants per patient (interim results)</td>
<td>2</td>
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</table>
## Depression DSM Program - What We Found

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Patient reports better understanding of condition/treatment</td>
<td>83% (45*)</td>
</tr>
<tr>
<td>Patient reports “feeling better”</td>
<td>63% (34*)</td>
</tr>
<tr>
<td>Patient had therapy change (e.g. dose increase, change drug)</td>
<td>33% (18*)</td>
</tr>
<tr>
<td>Patients self-reports productivity gain</td>
<td>48% (26*)</td>
</tr>
</tbody>
</table>

*n=54 respondents*
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Patients adherent</em> to antidepressant</em>*</td>
<td><strong>50%</strong></td>
</tr>
<tr>
<td><em>(MH Book- baseline)</em></td>
<td></td>
</tr>
<tr>
<td><em><em>Patients adherent</em> to antidepressant</em>*</td>
<td><strong>71%</strong></td>
</tr>
<tr>
<td><em>(In Program)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Average adherence in program</strong></td>
<td><strong>83%</strong></td>
</tr>
<tr>
<td><strong>“New Start” persistence to 3\textsuperscript{rd} Rx Fill</strong></td>
<td><strong>54%</strong></td>
</tr>
<tr>
<td><em>(MH Book- baseline)</em></td>
<td></td>
</tr>
<tr>
<td><strong>“New Start” persistence to 3\textsuperscript{rd} Rx Fill</strong></td>
<td><strong>94%</strong></td>
</tr>
<tr>
<td><em>(In Program)</em></td>
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*Adherent= Proportion of Days Covered ≥80%
Pharmacist DSM makes a meaningful difference:

- Improved patient knowledge and acceptance of treatment
- Better management of side effects and other barriers (e.g. stigma, “addiction”, etc.)
- More appropriate treatment (drugs, doses, etc.)
- Improved adherence/persistence
- Improved clinical health outcomes
Next Steps

- Completion of 12 months follow-up phase and continued reporting on metrics/outcomes
- Using PBM claims data and adjudicator prompts to identify DSM opportunities
- Fee for Service Funding at Plan Sponsor level

Further Opportunities

- Getting upstream with screening (e.g. as part of med reviews and HRA’s)
- Tackling primary non-adherence (from doctors office to pharmacy)
- Expand to other mental illnesses (anxiety; other mood disorders)
- Continued education to overcome barriers
Reduce barriers to achieve optimal outcomes, including:

1. De-stigmatize with education & encourage people to seek treatment

2. Ensure benefits coverage aligns with best practices:
   - Cover antidepressant medications at a reasonable cost share
   - Cover Pharmacist DSM services
     - including follow-up & adherence management
   - Cover Pharmacist Prescribing Services
     - e.g. therapeutic substitution, adaptations
   - Co-ordinate care
     - e.g. between EAP, Disability CM and Pharmacist DSM
A Final Word

The money to cover DSM is already there:

For every dollar spent on depression treatment, employers are already spending $2 on absenteeism and reduced productivity,..
Overview of Peer Support Program

Chris Camp
Chair, HPFF Benefits Trust
Purpose & Design

- Peer support programs focus on assisting co-workers get help for the everyday experiences of “normal” people.
- The peers are respected and creditable employees by virtue of their common trade, work environment or profession.
- Peer support programs are preventative in nature and are designed to encourage people to seek assistance in the early stages of a problem or crisis.
- Peers do not diagnose, treat, or give counseling advice. They help people navigate through the system to obtain help from professionals.
Skills of a Peer Support Person:

- Respect others & be respected
- Have creditability
- Be available for fellow employees
- Maintain confidentiality
- Ability to attend EAP related training (work)
- Have empathy, not sympathy for those in need.
- Have encountered a similar experience. (2 year window)
What is expected of a peer support person?

• Be respected by their peers as a trustworthy and honorable person.
• Take basic training in interpersonal peer support skills and the causes, impact, and management of acute stress and emotionally distressing incidents.
• Be available to offer peer support to colleagues.
• Maintain strict confidentiality and other ethical expectations.
What is expected of a peer support person?

- Be available for check-ups from a mental health professional.
- Be familiar with internal or external follow-up counseling resources.
- Recognize the limits of peer support and know when and how to make appropriate referrals to outside resources.
- Not everyone who may be interested is suited for this role.
Peer Support Program Potential Benefits...

- Promote early intervention and thus early treatment.
- Reduction in negative workplace behaviors.
- Reduction in sick time.
- LTD claim reduction
Peer Support Program Potential Benefits...

- Family oriented.
- Real time by peers who take ownership.
- Happier employees, better morale, reduced staff turnover and a increased satisfaction with management.
- Long term benefits claim reductions? (Psychotherapy, Massage, Life, etc)
Training:

- Basic CISM
- Advanced CISM
- Attending skills
- Self care
- Compassion Fatigue
- PTSD
- Stress management

- Grief
- Suicide Intervention
- Death Notification
- Mock debriefings
- Addictive behaviors
- Family related issues
- CISM-critical incident stress management
Examples of Training Costs:

- 2 day certificate suicide intervention workshop which requires 2 facilitators: $275.00 per participant
- 1 day certificate Supporting the Bereaved (grief) workshop: $1200.00

- 2 day certificate CISM workshops: $1200.00 per day
- All one day workshops: $1200.00 per day
- All fees include participant’s training material