What is the DBH?

www.dbh.asu.edu

- A new, applied doctorate in integrated behavioral care
- An upgrade for master’s level clinicians
- Innovative curriculum and practicum training designed to meet market demands
  - Accountability
  - Cost-effectiveness
  - Cost savings
- Entrepreneurship
DIFFERENTIATE the DBH clinician with skills *tailored* to the needs of the 21st Century healthcare market.

The Economic Burden of Chronic Behavioral and Medical Illness

10% use 65%

Chronic Care Costs

- 78% of total spending
- 72% of physician visits
- 88% of prescriptions filled
- 76% of hospital admissions
Medical + Behavioral Chronic Illness

Behavioral Health with Co-morbid Medical Chronic Conditions

2x Cost
Compared to Medical Only

The Employers View

Lost productivity
+ Absenteeism
+ Presenteeism
+ Disability

= 3X cost of medical claims

Physical Symptoms Overlap with Behavioral Conditions

60-70% PCP visits for physical symptoms with no medical etiology
50-80% patients with depression/anxiety present with physical symptoms
Patients and physicians don’t recognize symptoms as behavioral diagnoses
Somatizers
6 – 14X Cost
High impairment
Underlying stress and behavioral problems overlooked
Treated for medical disease with unnecessary lab tests and consultations
90% refuse referral to behavioral care
81% accept behavioral treatment in primary care

Undetected
Untreated
Unresponsive

Inadequate Behavioral Treatment in Primary Care

Limitations of the PCP as Behavioral Care Provider
Time
Training
Referral to Specialty Behavioral Health
Medication as first (and often only) line of treatment
Antidepressant Medication
Dosage too low
Early discontinuation
Patients often prefer psychotherapy
Side-effects are common, significant, and reason for discontinuation

The Evidence
Collaborative relationships don’t just happen
Co-location essential
Systematic follow-up
Behavioral interventions, not just medication
Patient Choice improves engagement

Integrated Behavioral Care Skills
Medical Literacy
Consulting with Medical Team
Disease Management
Behavioral Medicine
Staff Education
Stepped Care
Brief Interventions
Group Treatment
Top Ten Reasons YOU SHOULD Try Integrated Care!

1. Like to learn new things
2. High energy
3. Can manage medical AND behavioral cases
4. Can manage many cases well
5. Write and speak clearly and concisely
6. Good at regulating emotions and distress
7. Understand the cultures served by clinic
8. Has lived in the community
9. Can handle constructive suggestions to improve
10. Not tied to special assessment/treatment model

Top Ten Reasons YOU SHOULD NOT Try Integrated Care!

1. Belief in lengthy assessment
2. No interest in group therapy
3. Problems with authority figures
4. Problem getting along with others
5. Unhealthy personal lifestyle
6. Concerns over “medical model”
7. Problems seeing many patients in short time
8. Not open to practicing stepped care
9. Difficulty establishing alliance in 10 minutes
10. Negative attitude toward managed care/finance

The Hawaii Medicaid Project: “Medical Cost Offset”

146,000 Medicaid & Federal Employees
3 Experimental Groups Control Group
1. Psych only Traditional Specialty
2. Psych + Medical Behavioral Treatment
3. Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Traditional BH</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych Only</td>
<td>-$200</td>
<td>+$200</td>
<td>$400</td>
</tr>
<tr>
<td>Psych + Med</td>
<td>-$350</td>
<td>+$500</td>
<td>$850</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>-$700</td>
<td>+$900</td>
<td>$2,600</td>
</tr>
</tbody>
</table>
Keys to Achieving Medical Cost Offset

Wholly Integrated Setting with "Hallway Handoff"
Individual sessions via brief, intermittent psychotherapy across the lifespan
Group treatment
Outlier outreach for high utilizers
Quality Improvement Meetings

25% individual sessions
25% group psychotherapy
- Depression, schizophrenia, anxiety, panic, OCD, BPD, addiction, bereavement, phobias
50% group disease management
- Asthma, diabetes, emphysema, hypertension, ischemia/rheumatoid arthritis, fibromyalgia

Interchangeable Group Protocols
- Patient education
- Pain management
- Stress management
- Buddy system
- Self-monitoring
- Homework
- Exercise
- Self-efficacy

Behavioral eHealth is Inevitable
The Behavioral e-Health Revolution

Computer/Internet
Cognitive Behavioral Therapy
Depression, Anxiety, Substance Abuse, PTSD, Health/Lifestyle

As effective as in-person treatment ONLY if Clinician is involved

Efficiency!
Therapist Time Saved
50% to 80%

Outcomes Management

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Measures to Meet Market Need**

- **Patient Measures**
  - Clinical Outcomes – Is the patient better?
  - Workplace Productivity – How did improved outcome translate to cost savings for employer?
- **Clinician Measures**
  - Treatment efficiency
  - Clinical effect size
  - Cost effectiveness ratio
  - Productivity

**Cost effectiveness ratio**

Measure of clinician/program efficiency

Weighted treatment sessions, e.g.

- 1 hour ind. Tx = 1
- 20 min. ind. = .33
- 1 hour group with 10 patients = .10

- **Average # PCP visits one year prior to BH**
- **Avg. # PCP visits one-year after BH + number weighted BH sessions**

**MyOutcomes Outcome Rating Scale**

Completed by patient at each session

A four-item self-report instrument

Takes less than one minute to complete

Assesses client’s subjective assessment of change
MyOutcomes
Session Rating Scale
Assesses the strength of the therapeutic alliance
Four items measure the quality of the relational bond and agreement between therapist and client on goals, methods and approach of therapy

Health and Work Performance Questionnaire (HPQ)
Absenteeism
Presenteeism
Critical Incidents
Monetize Work Performance

Pro-Change
Our Products
Our health behavior change products improve lives, reduce healthcare expenses, and are easy and cost-effective to implement. With our 25 years of research on how people change, our programs meet the needs of diverse populations across segments. In the majority who are not ready, we believe, “If you’re not yet, we can work with that.”
A key differentiator of our products is that they are all of the NCC behavioral behavior hands to produce greater effects.

Behavior Change Programs
• Healthy lifestyle for adults
  - Smoking cessation
  - Healthy eating
  - Physical activity
• Health for older adults
  - Physical activity
  - Healthy eating
• Addictions and Behaviors
  - Smoking cessation
  - Alcohol

See our Health & Wellness program chart for more information.

Health & Wellness
- Smoking cessation
- Healthy eating
- Physical activity
- Healthy lifestyle for adults

Behavior Change Programs
- Smoking cessation
- Healthy eating
- Physical activity
- Healthy lifestyle for adults

Our products are available in digital and in coaching versions for flexible delivery.
Barriers

Training
Supervision
and Support

Show Me
The
Money!

Health and Behavior
(H&B) CPT Codes

Evaluation and
Management (E&M)
CPT Codes
Resistance!

Nicholas Cummings Behavior Health Program Initiatives on the Horizon

- Continue DBH cohort enrollment
- Open DBH Conferences to public
- Facilitate DBH graduate entrepreneurship
  - Solo clinicians
  - Incorporated groups
  - Marketing to health plans, employers, payers
- Nationwide Behavioral Care Provider Panel
  - For Health Plans, Vendors (e.g., Disease Management)
  - For Large Employers
  - For Hospitals/Physicians, etc.
- CEU and Certificate Programs

The Future
Thanks

Questions?