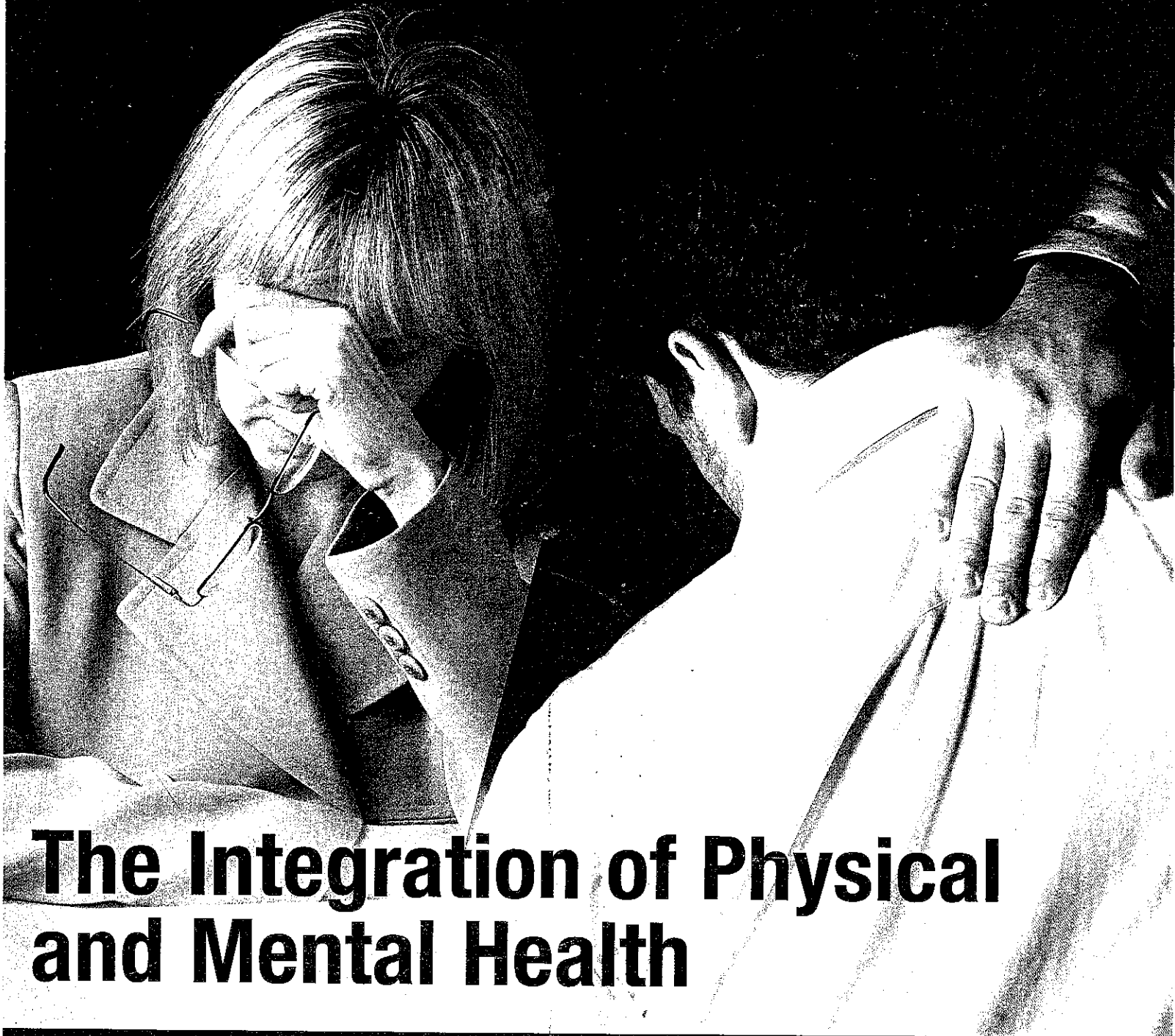


# *Journal of* **Employee Assistance**

The magazine of the Employee Assistance Professionals Association

VOL. 38 NO. 3 • 3RD QUARTER 2008



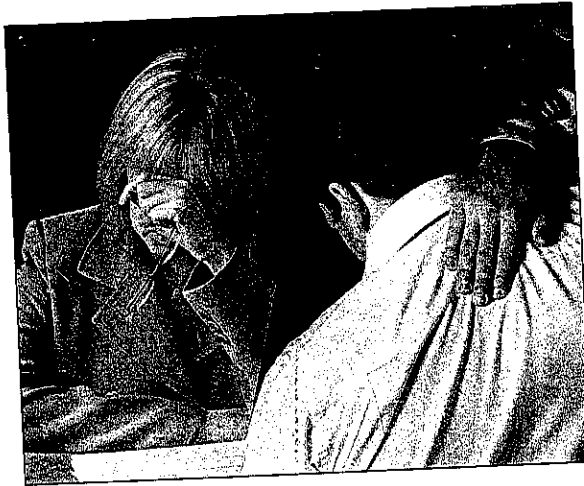
## **The Integration of Physical and Mental Health**

Also Inside:  
Adding Trauma-Informed Questions to EAP Assessments  
Helping Employees Reduce Divorce-Related Stress  
Communicating EAP Organizational Services to Employer Clients



Employee Assistance  
Professionals Association

# The Integration of Physical and Mental Health



## **Preventing or Reducing Common Health Problems** 20 *by W. Dennis Derr, Ed.D., SPHR*

An EAP can provide front-end value within integrated health plans by introducing clients to services for physical and mental issues.

## **Addressing the Health Needs of Older Workers** 22 *by Deborah DiGilio, M.P.H.*

As the workforce ages, employers and EAPs will begin to confront physical and mental health issues quite different from those of younger workers.

*"It is not unreasonable to expect that in any number of EAP interactions there may lie an opportunity to identify a co-occurring health issue."*

Preventing or Reducing Common Health Problems

# Preventing or Reducing Common Health Problems

*An EAP can provide front-end value within integrated health plans by introducing clients to services for physical and mental issues.*

*by W. Dennis Derr, Ed.D., SPHR*

**E**mployee assistance programs historically have shared an on again, off again “affair” with health care. Indeed, EAPs’ genesis as a workplace intervention program for alcohol and drug abuse suggested a linkage to a domain traditionally governed by the health care industry.

In their classic studies of employee assistance programs, Erfurt, Foote, and Hinrich (1992) demonstrated the pivotal role EAP technology can play in motivating change in individual health behaviors. Success with challenges such as smoking cessation, diabetes, and hypertension illustrated how long-term costs could be mitigated through the integration of EAPs and health care. It was in this vein that Jack Erfurt coined the term “mega-brush manager” to describe an EAP model that would, in effect, sweep, pick up, and ultimately direct a greater breadth of employee health issues to appropriate health care services and programs.

Research by Burton, Chen, Conti, and others (2006) has shown the importance of moving beyond a singular focus on specific disease states and recognizing the combined physical and psychological health continuum. Their studies

identified the role of EA professionals in prevention, behavior change, and the recognition of co-occurring psychological health conditions such as depression and anxiety as an effective approach to identifying, assessing, and treating physical conditions.

Similarly, Eric Goplerud of Ensuring Solutions to Alcohol Problems has long advocated brief screening and intervention to address issues associated with alcohol misuse when responding to a primary presentation of a general health condition. Ensuring Solutions has developed a calculator (available online at [www.alcoholcostcalculator.org](http://www.alcoholcostcalculator.org)) that quantifies the impact of screening and brief intervention on general medical costs.

The co-occurrence of behavioral health issues with common medical concerns such as hypertension, diabetes, obesity, and asthma is well known. Many medical conditions require a change in diet or lifestyle, and their symptoms often affect self-esteem and can be a catalyst for depression. Additionally, changes in the health behaviors of an individual tend to affect others in the immediate family.

To this end, it is not unreasonable to expect that in any number of EAP interactions there may lie an opportunity to identify a co-occurring health issue. The simple identification discussion provides a motivational opportunity to connect the EAP client to a supportive health professional.

## **HOLISTIC VIEW OF HEALTH**

A recent article in the *Detroit Free Press* (2008) cited research by the Gallup Organization and Healthways, Inc.,

showing that almost half of Americans consider themselves to be “struggling” to maintain good health. The research estimated that a negative work environment alone results in 12.3 million sick days a month nationwide, which translates into \$14 billion in annual lost wages. Not surprisingly, when health issues are factored in, the number of sick days grows significantly.

The key value of an EAP is its focus on early identification of, and intervention to reduce, individual and family problems that can negatively affect workplace productivity, safety, and operation. This same focus helps define health care integration, which employers see as essential to getting more value from the varied components of health care coverage and employee assistance. An integrated approach to health care provides a holistic view of employees’ medical health, work environment, and behavioral health.

Carving out these services hasn’t provided the long-term level of desired benefits. In their award-winning book *Redefining Healthcare*, Porter and Teisberg (2006) point out how the fragmentation in services, technology, specialization, training, and communication has removed efficiency and quality for those seeking comprehensive, cost-effective health care. They suggest that these conditions are primarily responsible for supporting the fantasy of medical cost savings in the midst of ever-rising costs during the 1990s and into this decade.

According to Porter and Teisberg, the trend toward carving up various health care cost drivers into individual vendor silos moves the focus away from the client and replaces it with a focus on

---

*Dennis Derr is director of Aetna’s EAP product and assistant vice president of Aetna Behavioral Health in Hartford, Conn. His professional counsel led to the creation of one of the first integrated EAP and Wellness programs for the Bell System in 1977. Later, he directed Mobil Oil’s special health support initiatives, including its behavioral health, employee assistance, and work-family programs. As a contracted executive to the U.S. Department of Health and Human Services from 2000 to 2006, he redesigned and managed the U.S. Postal Service Assistance Program.*

controlling individual cost drivers. The result? The pharmacy benefit manager is reluctant to share data or information with the disease management firm, the disease management firm won't deal with the assorted medical insurance providers and their subcontracted behavioral health providers, and (from my experience, at least) no one wants to deal with the EAP.

#### GATEWAY TO INTEGRATED HEALTH CARE

At Aetna, we see the EAP as the "welcoming front door" to a broader array of health care services. By its nature, an EAP is about listening to, and connecting with, the client, and every EAP should strive to make the "intake experience" as warm and inviting as possible.

I like to use the analogy of the difference between eating at a chain Italian restaurant and eating at an independent, family-owned Italian restaurant. At the former you get a reliable experience, with the same décor, menu, and service time after time. The family-owned restaurant, on the other hand, learns your personal tastes and preferences over time and caters to them to increase your satisfaction.

By listening to the client and using simple screening questions, an EAP can provide motivation and support and connect the person to a broad array of services. For example, if a client with an integrated benefits plan has a spouse who is missing work due to depression, the spouse can get support from the EAP, which can recommend a pharmacy management program to assist with medication compliance.

What happens during the EAP intake process is critical, because the first interaction is where the foundation of EAP value is based. Behavior change experts speak of the importance of using the initial desire for change as the connection to a broader and more lasting impact. At a minimum, the client should speak with an EA professional who sees his/her role as a trusted overall advocate and health supporter. I often tell my staff that if all we do for clients is recommend three counselors in their area, we have failed in our mission to provide an EAP experience that is of value to the health

of the employee and the productivity of the employer.

#### CONNECTING MEDICAL CARE WITH EAP

Although the EAP can cast a wide, welcoming net, it is unrealistic to expect it to handle all aspects of the broad programs offered through a medical plan. Therefore, the second half of the integration story lies in the ability of an EAP to train its medical counterparts in the art of motivating patients to use EAP services. That means not just giving out the EAP's phone number, but helping the patient and his or her family members understand the impact of medical issues on the psychosocial balance needed for full recovery.

For example, research by Schatzberg (2005) showed that significant depression was present in 52 percent of patients with chronic pain, 40 percent of heart attack victims, 40 percent of stroke victims, 45 percent of those suffering from asthma, and 27 percent of diabetics. Referral and motivational connection to an EAP by nurse medical case managers working with patients who are depressed can have a positive impact on medical results and family functioning.

Similarly, research by Joubran and Goplerud (2007) demonstrated that screenings and brief interventions for alcohol misuse prevented emergency room visits and reduced medical costs. Interventions that include screening and brief motivational interviewing demonstrate a prevention of morbidity and mortality, a decrease in consumption, fewer emergency room/outpatient visits, a decrease in social consequences, and an increase in referrals for treatment. Their savings analysis demonstrated that if screening and brief intervention (SBI) is routinely offered to adults admitted to emergency rooms for injuries, the net savings resulting from reductions in subsequent emergency room visits and hospitalization would be approximately \$351 for every patient who screens positive for alcohol misuse.

Proper implementation of an EAP in an integrated health model could easily lead to cost savings on a wide variety of health-related issues. More importantly, having an EAP play a role in supporting

or identifying health-related issues will lead to shorter duration of disability, a reduction in lost work time, greater productivity, and better overall outcomes in medical and non-medical treatment.

#### FRONT-END HEALTH VALUE

I have had the pleasure of working continuously in the EAP field since 1976, and I have been a strong advocate for integration, cooperation, and a holistic view of the client's health. In my 30-plus years in the field, I have been actively involved in attempts to influence the swinging pendulum of health care change.

At this point, I am the most optimistic about the front-end health value of EAPs. Our core tenets are as relevant as ever, and our connections to resources, our ability to motivate, and our commitment to follow up to ensure successful outcomes are the foundation of successful health care integration.

Successful integration is not about who is first, but about working together. Focusing on the client as a complex entity necessitates not looking through individual peepholes but instead opening the door to the "whole person." ■

#### References

- Burton, Wayne N., Chin-Yu Chen, Daniel J. Conti, Alyssa B. Schultz, and Dee W. Edington. 2006. The Association between Health Risk Change and Presenteeism Change. *Journal of Occupational and Environmental Medicine*. 48(3): 252-263.
- Erfurt, John C., Andrea Foote, and Max A. Heirich. 1992. The Cost-Effectiveness of Worksite Wellness Programs for Hypertension Control, Weight Loss, Smoking Cessation, and Exercise. *Personnel Psychology*, 45(1): 5-27.
- Joubran, Kelli, and Eric Goplerud. 2007. Workplace Screening and Brief Intervention: What Every Employer Should Know. Ensuring Solutions to Alcohol Problems. Washington, D.C.: George Washington University.
- Newman, Heather. 2008. World's Largest Health Study: We're Stressed, We're Struggling and We Like Weekends. *Detroit Free Press*, April 4.
- Porter, Michael E., and Elizabeth Olmsted Teisberg. 2006. *Redefining Health Care: Creating Value-Based Competition on Results*. Cambridge, Mass.: Harvard Business School Press.