

"If You Only
Knew..."

Depression is a prevalent condition that affects your workforce and generates high medical spend.

Many employers do not realize that depression may be a prevalent, persistent condition within their workforce and that depression may cost more to manage than other health risks. According to both the National Institute of Mental Health and the World Health Organization, depression is the leading cause of disability worldwide – including in the United States. Other studies have shown that depression generates the highest level of medical expenditures out of seven risk factors, including diseases like hypertension and obesity.¹

Cammack LaRhette's independent analysis of a large hospital organization further supports the fact that inefficient depression management leads to inflated health care costs. Individuals with depression generate significantly higher total claims costs² and emergency room visits.³

Using a proprietary health management stratification tool, Cammack LaRhette can identify both those members currently suffering with depression and those who are at high risk for developing the condition. Through timely, targeted, and personalized messaging, these individuals are engaged to seek diagnosis and care under the guidance of their primary care providers. They may also engage with a personal health manager (RN) to participate in ongoing management of depression and/or any other issues that may be impacting their overall health and productivity. This health management protocol helps the patient and physician tailor care plans to take advantage of the employer's coverage and promote appropriate utilization of health care services while addressing holistic health concerns in an integrated fashion. As a result, this can simultaneously improve employee health and productivity and reduce or control costs within the plan.

1. Anderson, D. R., Whitmer, R. W., Goetzel, R. Z., Ozminkowski, R. J., Dunn, R. L., Wasserman, J., & Serxner, S. (2000). The relationship between modifiable health risks and group-level health care expenditures. Health Enhancement Research Organization (HERO) Research Committee. American Journal of Health Promotion, 15(1), 45-52.

2. \$8,393 vs. \$2,236, p-value<.01

3. 0.51 vs. 0.19, p-value<0.01



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For more information on our healthcare practice or any of our other services please contact Frank Lonardo, Practice Leader at 1-212-227-7770 or flonardo@clcinc.com.