

Work Place Impact of Collaborative Care Models for Depression DIAMOND Steering Committee 2008

Workplace Impact

These RCT studies looked at cost of doing enhanced care and specifically tallied decreases of “absenteeism” and improved work performance (which means that employees are present and effectively achieving good work results sometimes referred to as decreasing “presenteeism”). Some studies monetized the results and compared them to usual care. The significance of these studies and this analysis is that in the U.S., depression costs employers \$24 billion in lost productivity work time (Stewart et al YEAR).

A review of these studies, can lead one to conclude that employers will potentially receive significant return on investment (ROI) from collaborative care treatment of depression by increasing productivity and decreasing absenteeism in the work place. Increased productivity ranged from 2.6 hours to 5.6 hours/week after one year. Studies going out to two years showed increasing gains in the second year. Several of the articles recommend consideration of coverage of collaborative care to ensure better patient outcomes and the ROI illustrated.

Study	Length of Study	Outcome (Annualized Outcomes if available)	Dollar Value of Outcomes	Annualized Dollar Value of Outcomes if available
Stewart et al ⁵ (Study depicted baseline metrics. Compares depression care as usual metrics to non-depressed employees in order to establish the impact of depression on labor costs.)	1 year	Depressed patients showed 5.6 hours/week of lost productive time (LPT) vs. 1.5 hours/week for non-depressed patients. 81% was due to decreased performance and 19% was due to absenteeism.		
Wang et al ⁶	12 months	+2.6 more hours worked/week with enhanced care.		
Rost, et al ⁷	2 years	+8.2% increase in productivity in consistently employed depressed workers. Decreased absenteeism 28.42% = 12.3 days at 2 years Increased productivity by 6.1% in all depressed workers. Decreased absenteeism by 22.8% = 12.3 days over 2 years	+\$1,982/year/FTE	Annualized to decrease +\$619/FTE/year

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Lo Sasso et al ⁸	2 years		At year 1 it benefitted employer +\$30/FTE. At year 2 it benefitted employer +\$257/FTE	+\$144/FTE/yr
Schoenbaum et al ⁹	2 years	Increased employment by +17.9 days over 2 years. Increased employment by +20.9 days over 2 years.	Enhanced medication and costs increased - \$419/FTE Enhanced therapy avg costs - \$485/FTE	Annualized to +8.9 days Annualized to +10.45 days

1. Stewart, Walter f; Ricci, Judith A; Chee, Elisabeth; Hahn, Steven; Morganstein, David; Cost of Lost Productive Work time Among us Workers with Depression; JAMA, June 18, 2003, Vol 289, #23, 3135-3144
2. Wang P, Simon G, Avorn, J., et al. Telephone Screening, Outreach and Care Management for Depressed Workers and Impact on Clinical and Work Productivity Outcomes. JAMA Sept 2007, Vol 298, No 12. 1401-1411.
3. Rost K, Smith J, Dickinson M, The Effect of Improving Primary Care Depression Management on Employee Absenteeism and Productivity. Medical Care, Volume 42, Number 12, December 2004.
4. Lo Sasso A, Rost K, Beck A, Modeling the Impact of Enhanced Depression Treatment on Workplace Functioning and Costs. Medical Care, Volume 44, Number 4, April 2006.
5. Schoenbaum M, Unutzer J, Sherbourne C, Duan N, Rubenstein L, Miranda J, Meredith L, Carney M, Wells K, Cost-effectiveness of Practice-Initiated Quality Improvement for Depression. JAMA, September 19, 2001 – Vol 286, No. 11.