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Aetna to Pay for Program to Manage Depression

By [MILT FREUDENHEIM](#)

A widely tested approach to diagnosing and treating [depression](#), one of the nation's most prevalent and costliest afflictions, is moving into the mainstream of insurance coverage.

Prompted in part by employers who cite depression as a frequent cause of absenteeism and low productivity, the big insurer [Aetna](#) plans to announce today that it will begin paying for a depression management program in dozens of medical offices around the country.

Under the plan, Aetna will pay primary care doctors additional fees to screen patients for depression and to provide follow-up consultations for patients who are either put on antidepressants or, in more severe cases, referred to psychiatrists or psychologists. Aetna plans eventually to offer the program nationwide.

The additional costs of identifying and treating depression, Aetna said, can in many cases be more than offset in avoiding the larger financial costs associated with the disease - and the higher medical expenses that often arise when other chronic conditions, like [diabetes](#) and [heart disease](#), are compounded by depression. Depressed patients with such diseases often stop taking their medications or fail to carry out recommended exercise and diets.

Researchers said that 33 million Americans require treatment for depression each year, and at least one in six people have the disease, with varying degrees of severity, at some point in their lives.

The total economic cost of depression has been estimated at more than \$83 billion a year in this country, with more than half of that incurred by employers in lowered productivity, absenteeism and disability, according to a 2003 study in *The Journal of Clinical Psychiatry*.

From an employer's standpoint, "depression has the greatest negative impact on productivity for nonmanufacturing companies," said Daniel J. Conti, vice president for the employee assistance program at [J. P. Morgan Chase](#), for which Aetna is an insurer. "It is like the perfect storm for the jobs in today's workplace, the same way a bad back limited a worker on the job for my father in a factory."

John W. Rowe, Aetna's chief executive, plans to announce the company's program tonight at a meeting of [mental health](#) experts in Atlanta.

In a parallel approach to depression, Kaiser Permanente, the big nonprofit managed care company, has assigned a mental health aide to each of its salaried primary care physicians in Northern California.

A few companies, like [Caremark Rx](#), which specializes in managing care for patients with chronic conditions like diabetes and heart disease, routinely screen these patients for depression, which frequently accompanies those diseases.

The announcement by Aetna comes after a report on mental health and substance abuse issued yesterday

by the Institute of Medicine of the National Academies, a nonprofit public policy advisory group. That report calls for greater collaboration between mental health specialists and family care doctors, who are typically the first physicians that depressed patients turn to, reinforcing a recommendation in 2003 by a presidential commission on mental health.

Studies have found that in many cases depressed patients receive only cursory attention in the offices of overworked family physicians and other primary care doctors, who nevertheless write an estimated 65 percent to 75 percent of the nation's prescriptions for Prozac and other antidepressant drugs.

"People with depression are sitting around, not getting identified, impacting the business community," said Laurel Pickering, president of the New York Business Group on Health, an employers group. "What Aetna is doing is going to be a help."

The approach has been tested in some research-financed programs already in place by other organizations, which involve family physicians and other primary care doctors who are trained to identify depression and counsel patients. Specially trained nurses call to encourage patients and remind them to take their medicines. Mental health specialists advise primary doctors on difficult cases, and patients with symptoms of severe depression are referred to psychiatrists or psychologists.

"The clinical part of it is a no-brainer; it clearly helps patients," said John W. Williams, an associate professor of medicine and psychiatry at Duke University, who is one of the principal investigators for a program on depression and family care doctors for the MacArthur Foundation. "It also helps employers," he said.

Part of the Aetna screening will involve a written test that has already been in use elsewhere, the Patient Health Questionnaire, or PHQ-9, which was developed at Columbia University and tested by researchers in the MacArthur Foundation program at Dartmouth College and Duke University.

Peter Amann, a family practice doctor in Scarborough, Me., has been using the questionnaire in a program organized by MaineHealth, a hospital group, with research grants from MacArthur and the Robert Wood Johnson Foundations.

One of his patients, a 60-year-old retired nurse who spoke only on condition of anonymity, said she had felt weighed down by problems. Her husband has had two strokes; her mother-in-law, who is 98, is also ill; and her rebellious teenage son left home and is now in Iraq with the Army Striker Force.

After Dr. Amann identified her depression last winter by her answers to the questionnaire, he gave her a prescription for a generic version of Prozac, and she got a follow-up call from a nurse who asked how she was doing. "It was so uplifting, it really feels good that somebody was caring," she said.

With encouragement from the doctor, she began to "get out and bike again, walk again," and she resumed volunteering at Saint Maximilian Kolbe Church.

"I'm optimistic, Dr. Amann is optimistic," she said. "I made some strides in the right direction."

Aetna is starting its program by increasing payments by 30 percent to 40 percent for selected primary care doctors that it has been training in a depression care program in six states: New Jersey, Pennsylvania, Maryland, Virginia, Texas and Oklahoma, as well as the District of Columbia. Aetna said it would add \$15, on average, to a doctor's \$40 fee for a routine visit, when physicians use the screening questionnaire.

"The reimbursement is a good step" because the program involves costs for the doctor, said Dr. Michael Klinkman, a family physician at the University of Michigan Depression Center in Ann Arbor.

Helen Darling, president of the National Business Group on Health, an organization of large employers, said patients' preference for consulting their primary care doctors on such matters was understandable. "They don't want to say they are going to see a psychiatrist," she said.