

Behavioral Health and Wellness

By Ed Jones, PhD

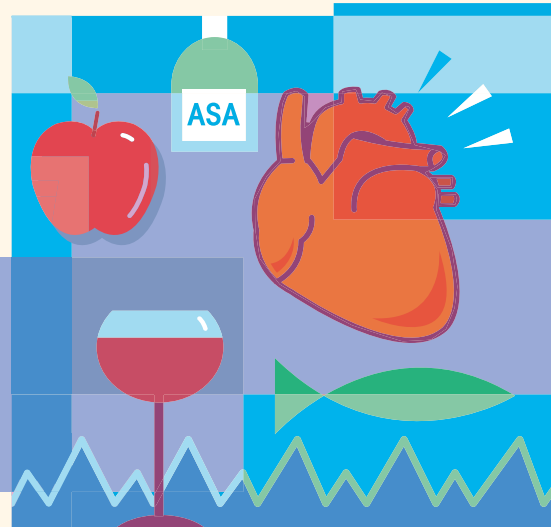
In 2006, the organizations that comprised the American Managed Behavioral Healthcare Association (AMBHA) changed the name of the group to the Association for Behavioral Health and Wellness (ABHW). This was driven partly by the recognition that member companies were doing more than “managing care,” but even more significantly by the realization that each company’s central mission was to help people change their behavior to achieve a state of health and wellbeing.

The mission of ABHW was no longer restricted to individuals with behavioral health disorders, or more specifically, mental health and substance abuse disorders. People who are overweight, smoking cigarettes, or in poor physical condition need help changing their behavior, as well as those not consistently following their doctor’s treatment recommendations. In short, the road to health and wellness clearly has as much to do with helping people change their lifestyles and everyday behaviors as it does with finding expensive new treatment technologies.

Behavioral healthcare companies are entering the burgeoning arena of health and wellness. The hope is that they bring forward their unique capabilities for motivating and sustaining behavior change in people. This much is easily stated, but “the devil is in the details.” The healthcare industry is pinning its hopes on other major initiatives (e.g., the medical home), and we can only hope that they succeed better than earlier attempts at managed care, disease management and consumer-directed healthcare. Healthcare needs to “get it right” this time – especially in the current economic situation.

ValueOptions® has launched a new “think tank,” The Lansdowne Group, to foster an open dialogue among industry thought leaders. It meets semi-annually to envision a benchmark behavioral health and wellness organization. Individuals’ thoughts, feelings and behaviors are at the root of much of the disease burden and lost productivity we bear as a nation. Implementing programs to help people change their behavior may appear simple some day, but at present it looks like a tall order. The Lansdowne Group recognizes the enormity of the problem, yet is driven by a sense of optimism that solutions are available.

Solutions will involve many modalities for reaching people – from face-to-face sessions with a trusted professional, to



counseling by telephone, to web-based tools for assessing and changing problem behavior. While managed behavioral healthcare was generally limited to a one-size-fits-all approach – namely, face-to-face professional visits – the need today is to do more things for more people. Less expensive, yet still powerful, telephonic and web-based interventions will be critical.

The transformative solutions, however, are yet to be envisioned. They may be technological innovations that will make today’s web-based tools look like an old dial-up AOL connection. We may identify

new and better ways to engage people in the process of behavior change. Whatever those solutions may be, they will demand collaboration.

Behavioral health and wellness companies have robust IT departments, but they are not likely to be confused with Google when it comes to innovative new applications. Behavioral health and wellness companies have many talented clinical leaders, but they are hardly academic researchers with a command of the literature on which interventions lead to the most change in behavior.

If behavioral health and wellness organizations are going to make significant contributions to the twin goals of improved health and lower costs, then collaboration must be forged with technology companies, academic researchers, healthcare economists, and representatives of every major stakeholder. No company has the time or the ability to find transformative solutions on its own. Development of successful new programs for behavior change requires a community of interests. **HPM**

Ed Jones, PhD, is Executive Vice President of the Commercial Division for ValueOptions, which includes 15 million members and five service centers that are dedicated to ensuring the highest quality care and service for those members. He earlier served as VP and Chief Clinical Officer at PacifiCare Behavioral Health (PBH) and is currently on the editorial board of Behavioral Healthcare magazine. He holds a BA from Cornell University and a doctorate in clinical psychology from Northwestern University.



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