

Eating Disorders - Opening the Door to Address a Hidden Health Crisis

Webinar hosted by Project HEAL & National Alliance of Healthcare Purchaser Coalitions

Thursday, Jan 17, 2019 1:00 PM - 2:00 PM EST

Craig Kramer, J&J

Brad Witte, Anthem

Jenna Tregarthen, Recovery Record

Kristina Saffran, Project HEAL



Speakers



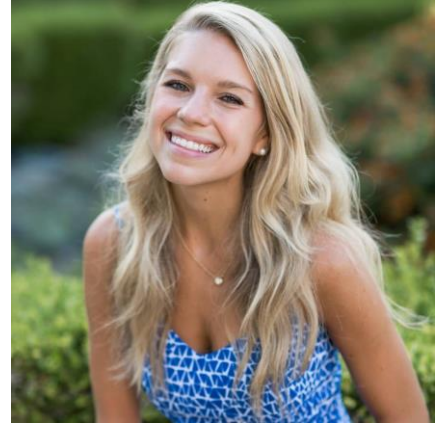
Craig Kramer
Global Mental
Health Ambassador
Johnson & Johnson



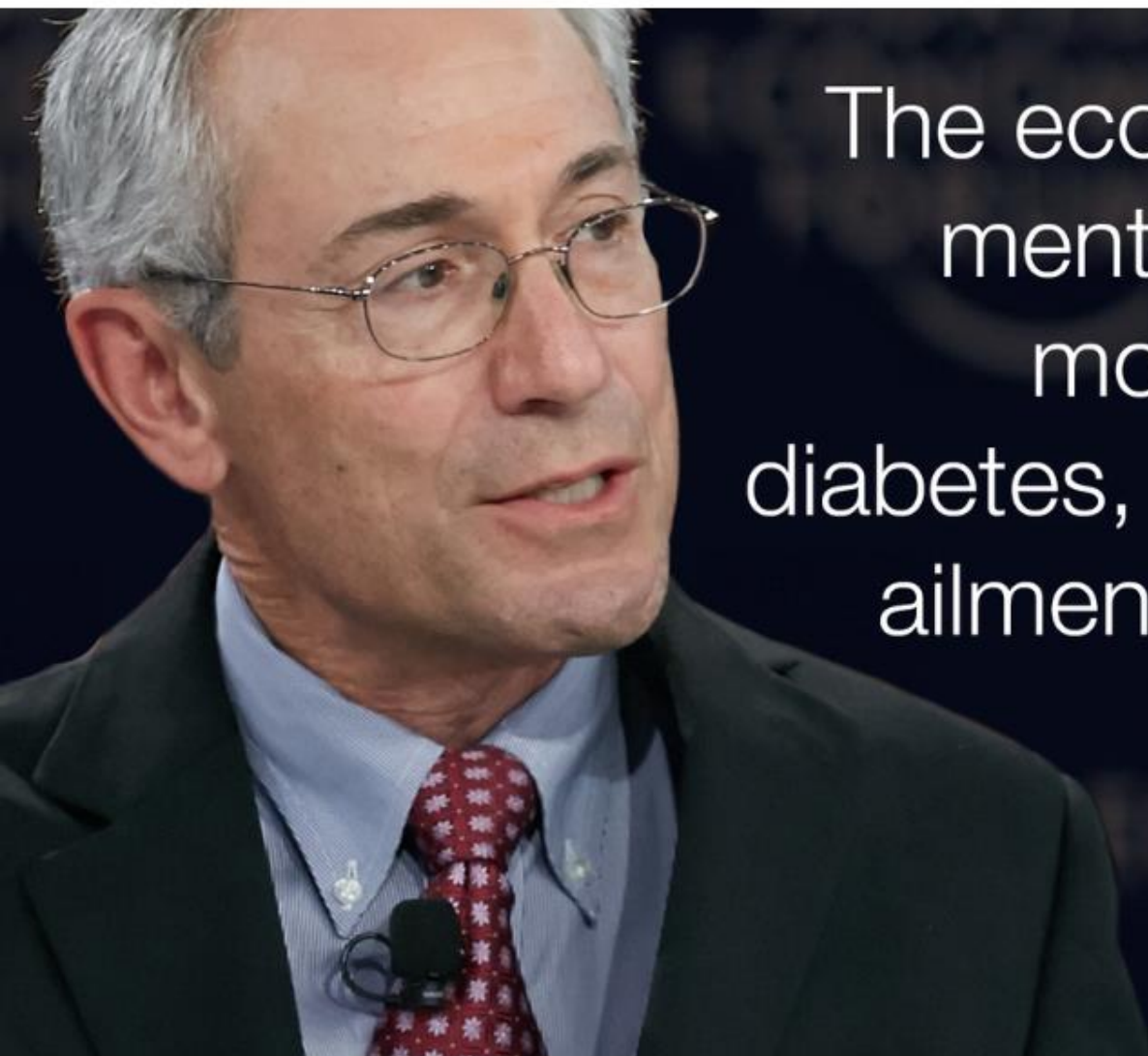
Brad Witte
Care Management,
Director
Anthem



Jenna Tregarthen
Founder & CEO
Recovery Record



Kristina Saffran
Cofounder & CEO
Project Heal



The economic costs of
mental **illness** will be
more than cancer,
diabetes, and respiratory
ailments put **together**.

Thomas Insel
Director,
National Institute of
Mental Health
USA

WHY HAS MENTAL HEALTH EMERGED AS #1?

- 1 in 4 will suffer mental illness at some point

Depression is the leading cause of disability worldwide

More women affected by depression than men

- It's the only chronic disease of the young

50% onset by age 14, and 75% by age 14

Without treatment, illness can last a lifetime

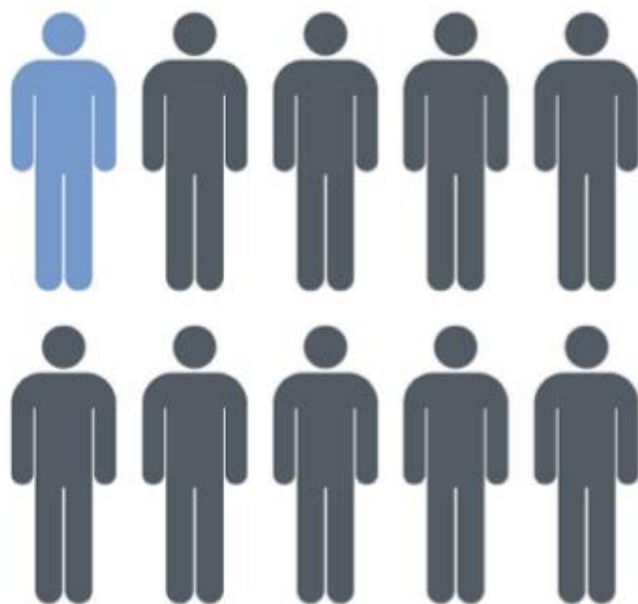
- Currently, only 1/3 of sufferers receive treatment

Stigma and social distancing mask the disease

- The increasing knowledge-based economy puts a premium on cognitive and mental health

30 MILLION

AMERICANS SUFFER FROM AN EATING DISORDER



A HIDDEN CRISIS

Highest mortality rate of all mental health disorders: Anorexia

80% of sufferers don't get treatment

Eating Disorders cut across gender, ethnicity, class, body shape
and size

Eating disorder non-profits collectively raise less than \$10
million per year

Most internationally-recognized treatment guidelines call for outpatient care for eating disorders.

Recently, there has been enormous growth in the number of residential eating disorder programs, funded by venture capital.

Newer, for-profit facilities employ direct-to-consumer marketing techniques typically seen in the substance use disorder treatment industry.

Use of recognized guidelines and evidence-based treatment is not the norm.

Relapse and readmission rates remain high. Care coordination with pre- and after-care providers is highly variable between facilities.

Recently, innovations in treatment have begun to emerge.

Telehealth programs are now available for outpatient and intensive outpatient eating disorder treatment.

Apps to assist patients with eating disorders hold great promise in improving outcomes.

Use of peer support, a concept taken from community treatment for mental health and substance use disorders, will likely prove equally effective for eating disorders.

Anthem has developed a Center of Medical Excellence for Eating Disorders program, and has engaged with innovators in eating disorder treatment, such as Project Heal and Recovery Record.

WHAT WORKS?

Evidence based outpatient treatment is clinically and cost effective, when ...

- It includes evidence-based **best practices**
- **Patients engage long enough** to achieve clinical change
- It is delivered by a qualified eating disorder **specialist**
- **Cognitive Behavioral Therapy** outperforms other treatments for Bulimia Nervosa, Binge Eating Disorder, and adult Anorexia Nervosa
- **Family-Based Treatment** has been found to be effective for child and adolescent Anorexia Nervosa

AVERAGE COST BENCHMARKING

2016 Paid Completed Claims for 8,000 patients with eating disorders

Patient Months: 89,000 (up 16% from previous year)

PPPM Cost: **\$2,394.64**

Average HHS Risk Score: 5.23

53% of total behavioral cost was attributable to inpatient psychiatric, residential, partial hospitalization and emergency room admissions.

Only 6.4% of behavioral health cost was attributable to outpatient.

THE CHALLENGE

**Acute care for eating disorders is high and increasing.
Some of the challenges underpinning this trend:**

Gaps in specialist outpatient networks

Lack of engagement/ low participation in outpatient levels of care

Limited implementation of treatment best-practices (manualized CBT)

Limited or no accountability and reporting of treatment quality

Difficulty identifying “at risk” individuals prior to pre-authorization

Gaps in access to support during treatment transitions and/or between scheduled appointments (resulting in relapse)

Unregulated marketing of private intensive treatment facilities

A priority must be the dissemination of evidence-based treatments that are unavailable in most clinical service settings (Wilson, Grilo & Vitousek, 2007)

RECOVERY RECORD

Facilitating access to evidence-based treatment and specialist, in-network providers

Patient app connects and engages in care

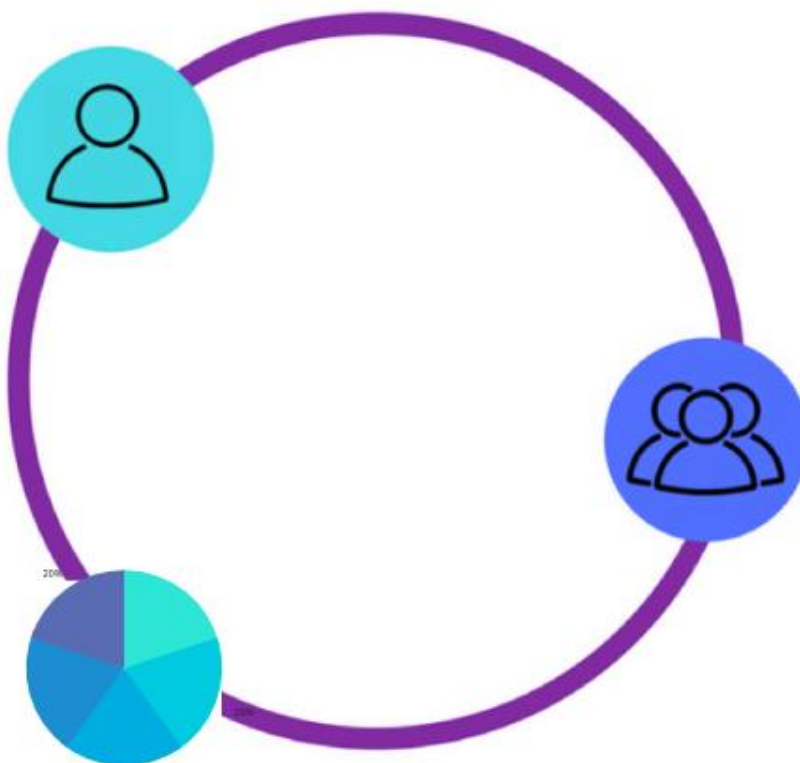


Patient app on iPhone and Android

Clinician app tracks patient progress



Care team app on iPhone, Android, Desktop and Tablet



Insights Dashboard

Real time quality, outcomes and engagement reporting for your population



RELEVANCE FOR EATING DISORDER PATIENTS

Recovery record is the most widely used and evidence based smartphone app for eating disorders (Juarascio et. al., 2015)

Table 1 Evidence-based features present in currently-available ED treatment apps

EBPs	<i>Recovery Record</i>	<i>RiseUp</i>	<i>Before I Eat</i>	<i>iCounselor</i>	<i>Stop Binge Eating</i>	<i>Daytime Affirmations</i>
<i>CBT-E components</i>						
Self-monitoring of eating behavior	X	X		*		
Weekly weighing						
Establishing a regular pattern of eating	X	*		*		
Stopping use of compensatory behavior	X			*		
Substituting alternative activities	X	X	X			
Reducing/restructuring cues	X			*	*	
Eliminating rigid dieting and food avoidance	X					
Reducing shape checking/avoidance, "feeling fat"	X					
Relapse prevention						
<i>IPT components</i>						
Identification of interpersonal problem areas						
Identifying interpersonal goals						
Addressing interpersonal problems	X					
<i>ABT components</i>						
DBT coping strategies	X		X	*		
Emotion regulation skills	X					
Psychological acceptance	X					
Mindfulness	X	X	X	*		
Values clarification						
Cognitive defusion						

X = feature or component present

* = Feature present, but guidance or functionality is limited

A photograph showing the silhouettes of three people standing outdoors at sunset. They are all raising their hands towards the bright sun. The person on the left is making a peace sign, the person in the middle is holding their hands together in a heart shape, and the person on the right is also making a peace sign. The background is a warm, golden sunset with some trees and a building visible in the distance.

**650,000+ PEOPLE WITH EATING DISORDERS
HAVE COMPLETED OVER 25 MILLION
CBT SELF-MONITORING SESSIONS
ON RECOVERY RECORD**



+6,000 ACTIVE EATING DISORDER
PROVIDERS ACROSS THE NATION

UPTAKE AND CLINICAL OUTCOMES

Uptake and Retention

- A recent study of 291 patients using RR in outpatient care, found that they logged **3.46 CBT self-monitoring entries per day**, on average (Buttlaire et al. 2018)
The same study found that **75.6% of patients complete therapy homework daily** (Buttlaire et al. 2018). This surpasses traditional pen and paper compliance, which is 10.9% on average (Stone et al., 2003).
- A 2017 pilot study found that **outpatient eating disorder providers logged in on average 3.9 days per week** and viewed on average 154 pages of patient data per week
- Recovery Record's average provider NPS is 45.3

Clinical Outcome Improvement

- A recent study found that patients with Anorexia Nervosa who were using Recovery Record in their care had a **significantly greater increase in their Body Mass Index (BMI)**, moving up 0.7 BMI categories, on average (Buttlaire et al. 2018)
- One study on self-help effectiveness (N=1788) revealed clinically significant **improvements of ED symptoms in 40% of users** (Darcy, Tregarthen, & Lock, 2018).
- Another study evaluating found, on average, **significant improvements in eating disorder pathology**, quality of life and depression for patients using Recovery Record.

CAN TECHNOLOGY SUPPORTED TREATMENT IMPACT UTILIZATION?

A 600 patient controlled trial with a large HMO compared Recovery Record + treatment vs. treatment as usual.

	RR Group Weighted mean	Control Group Weighted mean	Difference	p-value
Emergency Room Visits	0.1301	0.5022	-0.3721	0.0001*

Patients using Recovery Record had **3.8 times less Emergency Room admissions** compared to patients in the control group.



IMPACT ON QUALITY OF CARE

Clinicians were asked to complete a quality evaluation before using Recovery Record and then 3 months after, with the following results:

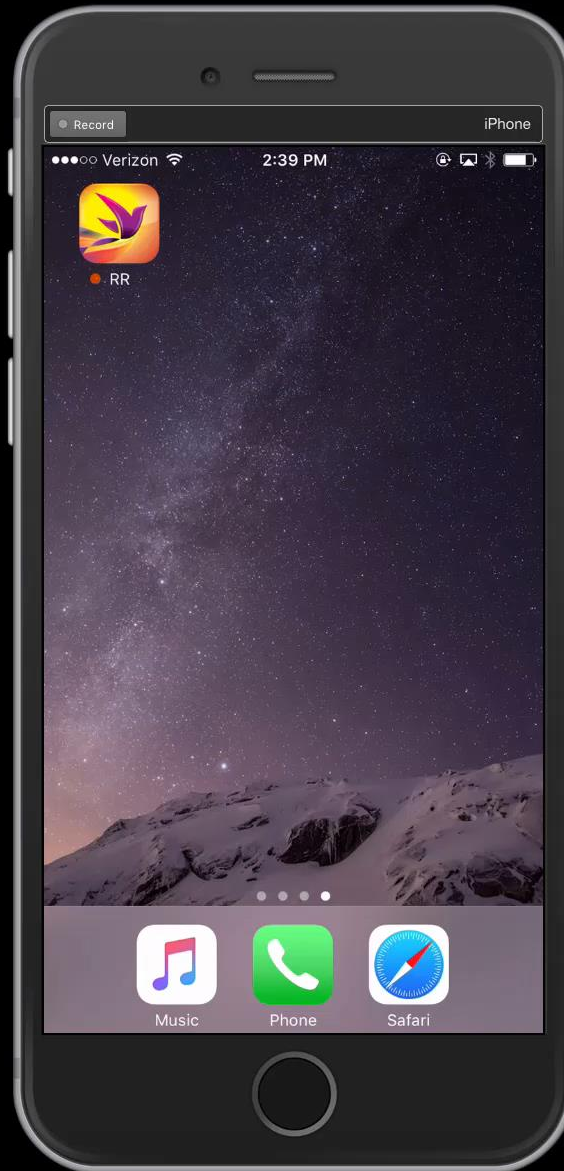
Quality Measure	Before RR	After RR	Difference
Time spent in session describing “what happened” in between visits	26 minutes	11 minutes	15 minutes saved per session
Percentage of therapists who extend support to patients outside of the clinic	12%	100%	88% more therapists extend care the clinic
Average patient completion of CBT self-monitoring	0.5 entries per day	3.46 entries per day	2.96 more homework entries per day
Percentage of therapists who measure and evaluate treatment effectiveness	42%	100%	58% more therapists evaluate outcomes

100% clinicians reported that Recovery Record improved eating disorder patient care and helped prevent patients from getting worse.



LET'S SEE
HOW IT
WORKS

Recovery Record
helps patients to
learn in the
context of
everyday life



PROJECT HEAL

THE STORY

Project HEAL provides access to HEALing for all people with eating disorders



INFORMED BY THE NEWEST SCIENCE IN EATING DISORDERS



AND THE WISDOM OF THOSE WITH LIVED EXPERIENCE





COMMUNITIES OF HEALING

Modules

Getting Started (Release Date: 9/21/2017)



Getting Started (Release Date: 9/21/2017)



What is Communities of HEALing?
(Release Date: 9/21/2017)



Timeline (Release Date: 9/21/2017)



Telling Our Stories (Release Date: 9/21/2017)



Your Recovery Journey (Release Date:
9/21/2017)
Due: 9/28



A History of COH (Release Date: 9/21/2017)
Due: 9/28

Keys to Recovery 1, 2, and 3 (Release Date: 9/28/17)



Keys to Recovery 4,5,6 (Release Date: 10/5/2017)



Keys to Recovery 7,8 (Release Date: 10/12/2017)



Establishing, Building, and Ending Relatio...



Protocol and Crisis Thinking (Release Date: 10/26/17)



1

MODULE 1

GETTING STARTED

Welcome to mentor training! In this module we'll tell you about what makes this peer support program unique, meaningful, and exciting. We'll also be jumping right into 8 Keys to Recovery from an Eating Disorder, co-written by training program collaborator and thought leader Carolyn Costin. In this module you'll get familiar with the first few keys and with how mentorship can be a vital component of implementing them. **Questions we'll answer:**

Questions we'll answer:



- Why is Communities of HEALing important?
- How is peer mentorship different than other supports, and why does it matter?
- What histories have informed COH's peer support model and in what ways?

SCALABILITY

- Low cost
- Volunteer run
- Sustained by folks on the ground



OUTSIDE OF THE BOX SOLUTIONS FOR ED RECOVERY



Evidence-based skills for
healthy coping

Log Meal

On a scale, how hungry were you after the meal?

Select from list

1 2 3 4 5 6 7 8 9 10

Hunger Assessment

Did you use a coping skill?

No Yes

Feedback: Log meal feedback. The experience back from eating, at time you ate.

Accept (open up): Make room for useful feelings, sensations and urges. Rather than battling them, practice giving them space to just be, as they are.

Safety: Safety check techniques. Body scans. Coping with distress. Experiment with techniques. (Checklist)



Home

Log Activity At a Glance

Today

Amanda 7:50 PM Snack/Dessert: Inadequate
Yogurt with blueberries

Jenny 5:59 PM Dinner: Adequate
2 poached eggs
Getting more comfortable with eggs

Jenny 5:44 PM Dinner: Adequate
Salad greens with 1/4 cup avocado, 1/2 cup chickpeas, tomatoes, boiled beetroot
I keep getting focused on exercising because I'm gaining some weight. I have it but threw out my scales because standing on the makes me freak out!

Jenny 3:39 PM Afternoon Snack: Adequate

DEVELOPING AN EVIDENCE BASE

- Eating Disorder Symptoms and Behaviors
- Program Adherence and Retention
- Quality of Life
- Health Care Utilization and Cost



COLUMBIA UNIVERSITY
MEDICAL CENTER

Get support in your recovery from someone who knows what you're going through.



Learn more: bit.ly/ProjectHEALCOH

“Project HEAL brought me out of isolation and into a community of others who not only understood me; they accepted me wholly, without reservation, or shame. Every time I felt overwhelmed by the path ahead of me, my mentor or the support group would inevitably pull me out of my tough spot and reignite my recovery fire. While everyone recovering from an eating disorder ultimately has to do the work for themselves, I believe that my mentor and peers I met through Project HEAL helped me finally believe that I was worth the struggle.”

”

Quote from a current mentee



THANK YOU



Kristina@theprojectheal.org



JOIN A COMMUNITY OF HEALING

Learn more: bit.ly/ProjectHEALCOH



Questions?



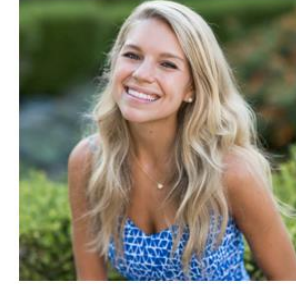
Craig Kramer
Global Mental
Health Ambassador
Johnson & Johnson



Brad Witte
Care Management,
Director
Anthem



Jenna Tregarthen
Founder & CEO
Recovery Record



Kristina Saffran
Cofounder & CEO
Project Heal

Craig Kramer, J&J - CKramer1@its.jnj.com

Brad Witte, Anthem - Brad.Witte@anthem.com

Jenna Tregarthen, Recovery Record - Jenna@recoveryrecord.com

Kristina Saffran, Project HEAL - Kristina@theprojectheal.org

Questions?

Eating Disorders - Opening the Door to a Hidden Health Crisis

Presenter contact information

Craig Kramer, J&J - CKramer1@its.jnj.com

Brad Witte, Anthem - Brad.Witte@anthem.com

Jenna Tregarthen, Recovery Record - Jenna@recoveryrecord.com

Kristina Saffran, Project HEAL - Kristina@theprojectheal.org