

A treatment of choice

Digital Cognitive Behavioral Therapy (DCBT)

Mental illness affects more than 26% of the U.S. adult population.¹ Individuals with behavioral health conditions are more likely to visit medical specialists, use inpatient services and visit emergency rooms.² Medical costs for those with comorbid physical health conditions are two to three times higher than those without.³ Persons with behavioral health conditions also use more disability days than their colleagues.⁴

A unique approach to a proven solution

Cognitive behavioral therapy (CBT) has proven to be as effective as medication in treating BH conditions and has more lasting results.^{5,6} Magellan has dramatically changed how members access CBT by delivering it on a digital platform. Since 1994, our solution has helped improve outcomes, increase access to BH services, decrease the need for higher levels of care, and reduce BH costs per individual up to 45%.⁷

75% of individuals
prefer a non-medication care option
for behavioral health treatment.⁸

Our DCBT programs are private, confidential and can be accessed any time, day or night, via web or mobile, addressing the most common BH conditions:

- **ComfortAble™**—for chronic pain
- **FearFighter®**—for anxiety, panic and phobia
- **MoodCalmer**—for depression
- **OCFighter**—for obsessive compulsive disorder
- **RESTore®**—for insomnia and other difficulties sleeping
- **SHADE**—for substance use disorder

DCBT that makes a difference

Through our leading-edge cognitive behavioral therapy delivery model, we're helping members better manage their conditions and improve their quality of life.

- 44% of chronic pain CBT users experience improvement after one month⁹
- 63% reduction in symptoms of fear and panic¹⁰
- 52% reduction in depression severity¹¹
- 3.4 hours per day reduction in time ritualizing and obsessing¹²
- 80% improvement in sleep¹³
- 72% reduction in substance use¹⁴

Not only do these results improve members' quality of life, they also lead to lower BH costs and absenteeism.

If you would like more information about our DCBT solution, please contact us at gensales@magellanhealth.com.

1. McHugh, R., Whitton, S., Peckham, A., Welge J., & Otto, M. (2013). Patient preference for psychological vs pharmacologic treatment of psychiatric disorders: a meta-analytic review. *The Journal of Clinical Psychiatry*, 74 (6), 595-602 PMID: 23842011
2. Kessler RC, Chiu WT, Demler O, Walters EE Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry* 2005; 62:617-627.
3. Clark DA, & Beck AT. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York: Guilford Press.
4. Melek S, Norris D. and Paulus J. (2014). Milliman American Psychiatric Association Report: Economic Impact of Integrated Medical-Behavioral Healthcare. Retrieved from <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Professional-Topics/Integrated-Care/Milliman-Report-Economic-Impact-Integrated-Implications-Psychiatry.pdf>
5. Clark DA, & Beck AT. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York: Guilford Press.
6. DeRubeis RJ, Siegle GJ and Hollon SD. (2008, October 9). Cognitive therapy vs. medications for depression: Treatment outcomes and neural mechanisms. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2748674/>
7. Talk Therapy – Not Medication – Best for Social Anxiety Disorder, Large Study Finds. (2014, September 25). Retrieved from <https://www.jhsph.edu/news/news-releases/2014/talk-therapy-not-medication-best-for-social-anxiety-disorder-large-study-finds.html>
8. Marks, I. M., Kenwright, M., McDonough, M., Whittaker, M., & Mataix-Cols, D. (2004). Saving clinicians' time by delegating routine aspects of therapy to a computer: a randomized controlled trial in phobia/panic disorder. *Psychological Medicine*, 34, 1, 9-17.
9. American Psychological Association. (2014). Cognitive-Behavioral Therapy for Individuals with Chronic Pain. <https://www.apa.org/pubs/journals/releases/amp-a0035747.pdf>
10. Marks, I. M., Kenwright, M., McDonough, M., Whittaker, M., & Mataix-Cols, D. (2004). Saving clinicians' time by delegating routine aspects of therapy to a computer: a randomized controlled trial in phobia/panic disorder. *Psychological Medicine*, 34, 1, 9-17.
11. Greist, J. H., Osgood-Hynes, D. J., Baer, L., & Marks, I. M. (2000). Technology-Based Advances in the Management of Depression: Focus on the COPE Program. *Disease Management and Health Outcomes*, 7, 4.
12. Magellan Healthcare internal data.
13. Vincent, N., & Lewycky, S. (2009). Logging on for better sleep: RCT of the effectiveness of online treatment for insomnia. *Sleep*, 32, 6, 807-15.
14. Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., & Carr, V. J. (2009). Computer-based psychological treatment for comorbid depression and problematic alcohol and/or cannabis use: a randomized controlled trial of clinical efficacy. *Addiction*, 104, 3, 378-88.