Creating a Culture of Health: Delivering the Workforce of the Future

Pamela Hymel, MD, MPH, FACOEM
June 2017

Conflict of Interest Disclosure

I, Pamela Hymel, MD hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.

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June 29, 2017 / WOEMA 2017 Webinar Series
Overview

• Background of NIOSH Total Worker Health Program
• Value of the Integration of Safety and Health
• WDW/DLR Be Well Programs and Pilots
• Future Direction for Creating Linkage Between Safety and Health

A Global Workforce has Emerged and We are not Just Growing Revenues…

As countries develop, health risks tend to change
• Multinationals are exporting convenience foods and sedentary lifestyles. Obesity and bad health follow.
• Chronic conditions like diabetes and heart disease become more prevalent in developed countries.
• Once considered a “Western” disease, cancer has emerged as a major public health problem in developing countries.
• Allergies and asthma are more common in urban settings where there are more pollutants in the air.
Obesity in the Workplace

Obesity continues to dramatically increase worldwide. Everybody pays the price - the patients, the insurers and the employers.

*Obesity was associated with a 25 percent higher risk of work-related injury, independent of factors, such as age, work hours, and occupational hazards.*

<table>
<thead>
<tr>
<th>Indemnity claims costs</th>
<th>Medical claims costs</th>
<th>Lost work days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese: $60,000</td>
<td>Obese: $51,091</td>
<td>Obese: 184</td>
</tr>
<tr>
<td>Non-Obese: $5,000</td>
<td>Non-Obese: $7,503</td>
<td>Non-Obese: 14</td>
</tr>
</tbody>
</table>

Studies have suggested significant correlation between obesity and increased Workers Compensation and indemnity claims.

Source:
1. Obesity in the Workplace - www.libertymutualgroup.com

Direct Correlation Between Health Risks and Worker’s Compensation Costs (An Employer Example, *UL study*)

![Graph showing the relationship between the number of comorbidities and worker’s compensation costs.]

Source:
1. Obesity in the Workplace - www.libertymutualgroup.com
Creating a Culture of Health in the Workplace

National Institute for Occupational Safety and Health (NIOSH) and the Center for Disease Control (CDC)

Total Worker Health

Integrating health protection (Safety) with health promotion (Wellness) to:
- prevent worker injury and illness
- advance health and well-being
Important Support for Integration of Health and Safety

- In most workplaces, health protection programs (i.e., safety) are separated from workplace health promotion programs (i.e., wellness)
- This lack of integration prevents optimal resource utilization and impedes efforts to maximize the overall health and productivity of the workforce.
- An emerging new worksite model links all of the programs and policies that share a common goal of improving employee health and safety, reducing injury and illness and improving workforce performance.

Defining integrated approaches to worker health

“A strategic and operational coordination of policies, programs & practices designed to simultaneously prevent work-related injuries & illnesses & enhance overall workforce health & well-being”

- Coordination and linkage of separate policies, practices & programs
- Continuum of approaches exists

Loepke, R. et al., “Integrating Health and Safety in the Workplace” JOEM Vol No Pg

Sorensen, et al, JOEM 2013
Harvard NIOSH Center of Excellence Study Hypothesis:

The integration of health protection (Safety) with health promotion (Wellness) will enhance the intervention impact on behavior change over and above wellness programs alone

Benefits of integrated approaches:

- Greater improvements in behavior change (Sorensen et al., Cancer Cause Control 2002; Sorensen et al., Am J Public Health 2005)
- Higher rates of employee participation in programs (Hunt et al., Health Educ Behav 2005)
- Potential reductions in occupational injury and disability rates (Shaw et al., Work 2006; Shaw et al., J Occup Rehabil 2003)
- Stronger health and safety programs (LaMontagne et al., Occup Environ Med 2004)
- Potentially reduced costs (Goetzl et al., J Occup Environ Med 2001)
WDPR Be Well Program:
Successful workplace wellness programs must be tailored to employees’ health needs and wishes, as well as each organization’s unique culture.

Key Elements that Contribute to a Culture of Health

- Physical Environment Support
- Social Environment Support
- Employee Involvement
- Peers
- Leaders
- Managers
2017 Be Well Cast Exclusive Events

- Focused on providing a new Cast experience in health and wellness to engage Cast Members
- Last year over 4,000 Cast Members attended the events
- 25% Salaried, 75% Hourly

Be Well Monthly Topic – Global Agreement for 2017

- In 2018 would like to align safety and health messaging
Other Onsite Programs to Support Health Engagement

- Center for Living Well and Fitness Center – WDW; Pharmacy for Living Well - DLR
- Collaborated with cafeteria vendor (Sodexo) for healthy meals
- Onsite coaches and dieticians
- Onsite physical therapy in health services
- Integrated Communication with Safety – cross reference programs in publications, messaging supports programs in both safety and health

Safety and Wellness Pilots
Targeted Textile Services Pilot Group – Intensive Intervention

- 120 Pilot Cast Members
- 12-week pilot
- Face to face sessions with bi-lingual health coaches (Cigna) and athletic trainers (Select Medical)
- $10 incentive with Avenue C credit
- 1,265 individual or small group health coaching interactions
- 536 individual athletic training sessions

Health Coaching:
- Rapport and Motivation
- Measuring Your Health
- Managing Specific Conditions
- Medical Care and Medications
- Healthy Eating
- Physical Activity
- Healthy Family Living
- Sustainment

Athletic Training:
- Screening
- Conditioning Plan
- Exercise
Engagement Metrics

- The Pilot group’s engagement levels started at a reasonably high ongoing engaged rate.
- 3+ Coaching Sessions increased dramatically for the Pilot group; going from none to over 96% in the post period; 54% of the ongoing engaged individuals participated in 1:1 coaching sessions.
- A halo effect is present as illustrated by the TSA Non-Part 380 group rise in engagement of nearly 50%, and is attributable to ongoing community engagement and increased overall awareness among the entire TSA population.

DCG Risk Migration

- The DCG (Diagnostic Cost Group) score is calculated annually as an estimated measure of overall health risk of a population. Risk levels are based on overall health cost drivers compared to an average population.
- Textile Services had an improved risk profile in 2015 over 2014, and made more progress than WDW as a whole.
- Since the pilot occurred later in the year, these results are encouraging but may not be fully attributable to the pilot.
Workers’ Compensation Claims

- Musculoskeletal Claims are **down by 28%** for participants and up by 59% for non-participants.
- All Claims are **down by 24%** for participants and up 48% for non-participants.
- Participant injury rates, which were about 50% higher at baseline, are now on par with non-participants.

Medical Claim Costs

- Controlling for catastrophic costs ($50K+), participant total costs were flat while non-participant costs increased by 20%.
- Costs included medical treatment and prescription costs.
BMI/Weight: Progress for Cast Members that Were Obese at Baseline

- Over 25% of obese participants lost at least one BMI tier.
- For all Cast Members (not just those that were obese at baseline), participants lost a net total of 150 lbs while non-participants gained a net total of 249 lbs. (Sample sizes are almost the same: 92 Cast Members versus 90 Cast Members, respectively)
- The greatest weight lost by a Cast Member was 67 lbs.

Expanded Pilot Group Includes Five Work Locations: Work Related Claim Frequency – Phase 2 Pilots 6 Months (Call centers(2), hotel, park, merchandise)

- Musculoskeletal (MS) claims are down by about 1/3 for both participants and non-participants. MS OSHA rates for FY17 Q1-Q2 are up 27% and 10% at DLR and WDW, respectively.
- All Claims are down by 1/4 for participants and flat for non-participants. OSHA rates for all incidents are up 17% and 9% at DLR and WDW, respectively.
How Can We Continue to Create the Linkage Between Safety and Well-being

• Foster awareness of relationships between health and safety with Cast and leaders
• Develop joint understanding of goals and alignment of opportunities
• Align Safety Champions and Wellness Champions
• Look for opportunities to align resources and drive results
• Promote efforts in the work environment to support Cast engagement in the pilots and other health and safety activities
• Postings on internal websites/online tools to support programs in both safety and health
• Develop collateral and resources for safety and health training

Thank You!!
Does Focused Wellness Work? WorkStrong at 5 Years

- T. Warner Hudson MD FACOEM FAAFP
- Medical Director Occupational and Employee Health UCLA Health System and Campus
- June 2017

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Rationale and how we are doing so far

Healthcare Costs: Which Matters More, Age or Health Risk?

HRA Risk Tiers and Cost: 2001 $s

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Disability</td>
<td>$120</td>
<td>$216</td>
<td>$333</td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>$228</td>
<td>$244</td>
<td>$496</td>
</tr>
<tr>
<td>Absence</td>
<td>$245</td>
<td>$341</td>
<td>$527</td>
</tr>
<tr>
<td>Medical &amp; Pharmacy</td>
<td>$1,158</td>
<td>$1,487</td>
<td>$3,696</td>
</tr>
<tr>
<td>Total</td>
<td>$1,751</td>
<td>$2,288</td>
<td>$5,052</td>
</tr>
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</table>

Reducing Personal Health Risks Reduces Costs and Vice Versa

<table>
<thead>
<tr>
<th>Change in Costs follow Change in Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost increased</td>
</tr>
<tr>
<td>$600</td>
</tr>
<tr>
<td>$400</td>
</tr>
<tr>
<td>$200</td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>Cost reduced</td>
</tr>
<tr>
<td>-$100</td>
</tr>
<tr>
<td>-$200</td>
</tr>
<tr>
<td>-$300</td>
</tr>
</tbody>
</table>

Overall: Cost per risk reduced: $215; Cost per risk avoided: $304
Actives: Cost per risk reduced: $231; Cost per risk avoided: $320
Retirees<65: Cost per risk reduced: $192; Cost per risk avoided: $621
Retirees>65: Cost per risk reduced: $214; Cost per risk avoided: $264

Updated from Edington, AJHP. 15(5): 341-349, 2001
Markov Chain Analysis: Reducing the “Natural Flow” to Higher Risk = Savings


Personal Health Risks Also Predict WC Costs

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We See This for WC As Well

Workers compensation cost decreases by $5.50 for each increase in Wellness Score

Friedan Health Impact Pyramid

UC WorkStrong Program Rationale

- UCSF Pilot
- UC has a stable long term work force
- Eligible were employees with 2 or more WC claims in last 2 years
- 1/3 of UC WC claims occur in individuals who have filed a prior WC claim
- First claims are 60 – 65% of all claims but only 45-60 % of ultimate WC costs
- Each subsequent claim is more expensive than the prior claim

Joint Commission Monograph 2012
https://www.jointcommission.org/improving_patient_worker_safety/

4.2 Conclusion p 133:
“growing evidence that employee wellbeing affects patient safety, both directly and indirectly
System Wide WorkStrong stats snapshot
Jan 2015-Apr 2017

- # referrals from Sedgwick: 4458
- # enrolled in WorkStrong: 877 (20% opted in)
- # declined/unable to reach: 1265 (28% opted out)
- # not a good candidate: 1290 (28% ineligible per UC)
  - Claim denied after all
  - MD determination
  - HR/Risk Services determination
  - Duplicate referral
  - Did program already

System wide WorkStrong stats thru 4/30/17

<table>
<thead>
<tr>
<th># of referrals from Sedgwick</th>
<th># of employees enrolled</th>
<th># of program graduates</th>
<th>Average # of weeks to complete program</th>
<th>Average cost per participant (includes drop outs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,256</td>
<td>1821</td>
<td>1047</td>
<td>21</td>
<td>$2049</td>
</tr>
</tbody>
</table>
Average Ultimate Claims Size
The First Claim Costs the Least...

<table>
<thead>
<tr>
<th>Employee’s Claim Number</th>
<th>Avg. Ultimate Loss &amp; ALAE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim 1</td>
<td>6,053</td>
</tr>
<tr>
<td>Claim 2</td>
<td>8,096</td>
</tr>
<tr>
<td>Claim 3</td>
<td>9,590</td>
</tr>
<tr>
<td>Claim 4</td>
<td>10,234</td>
</tr>
<tr>
<td>Claim 5+</td>
<td>10,299</td>
</tr>
</tbody>
</table>

WS Program structure

- 2 WC claims within 2 years
- Sedgwick generates a referral to WorkStrong
- Vetted medically and HR
- Contacted to recruit in
- If agree, medically cleared
- Approx. 12-18 sessions of personalized fitness training
- Approx. 2-10 sessions with Registered Dietician
- Encouraged to access other wellbeing offerings
- Average 21 weeks in program
- Most complete program.
Actual vs. Expected Claims Costs
Post-Graduation Inception mid 2012- 4/30/2017

**Total Ultimate Loss & ALAE:**
Actual = $10.5M, Expected = $14.5M
Actual 28% below expected!!

**Actual vs. Expected Claims Numbers**
Post-Graduation Inception mid 2012- 4/30/2017

**Total Claims:**
Actual = 836, Expected = 922
Actual 9% below expected!
What’s next?

Where do we go from here?

- Deeper analysis is needed on the WorkStrong grads who have had more injuries post program.
  - What type of injuries are we seeing?
  - What departments do the injured employees work in?
  - What job do they do?
- Tried to get data on impact of WS on group health claims
  - Approved but no way yet to pay for Truven analysis of WS impact on group health claims
Addressing the hot spotters with appropriate interventions

• Is a multi-armed approach needed
  • With Safety, Recreation, Wellness, etc.
• Do we need to give them a WorkStrong tune-up? (WorkStrong 2.0)
  • What would that look like?
  • What criteria would we use for who could get it?

Real people get real results with WorkStrong
Quotes from WorkStrong participants

• “Thank you for this favor of the WorkStrong program. I will not forget what you all and the program have done for me and my family. I am forever grateful.”
• “Thank you so much for blessing me with this program. I thank you from the bottom of my heart.”
• “This program and my trainer’s guidance/training has really made a difference and I know I would have never gotten through this if I had not been for this WorkStrong program!”

• From a UC Ortho Specialist- “the recoveries I have seen have been remarkable with participation in WorkStrong!”

Focused Wellness Does Work!

• WorkStrong focused wellness intervention at UC is successful in reducing later WC claims and claim costs
• Improving qualitative wellbeing of participants
Q & A

• Thank you
• Contact: twhudson@mednet.ucla.edu