

The Contribution Health Can Make to Improve Workplace Productivity

By: Raymond J. Fabius, MD, CPE, FACPE

Introduction

During the late 1990's the United States experienced an exceptional period of prosperity. The stock market reached record levels during a most remarkable bull run. While there were many reasons attributed to this success, much was made of the contribution that technology made. Computerization made nearly every employee more productive. Employers were able to increase wages without increasing the cost of their goods and services. This allowed for true prosperity: wage inflation without general inflation. The basic theme of this paper is the realization that health care can also be an important lever in maximizing productivity and community prosperity. Physicians can greatly influence not only health care costs to a self-insured large employer but also how quickly their patients return to work and how effective their patient are while at work. Doctors can either ask their patients how long they would like to be out of work for and write a note supporting this request or work closely with their patients to get them back to work as soon as possible. The concept of applying aggressive therapies to the workforce can mimic the way sports teams apply resources to get their injured players back on the field.

Prescribing medications that will not dull the senses can help the workforce been more productive at work. John Wenberg's now classic work has repeatedly demonstrated that there are great variations in the use of medical resources from one community to another. This article proposes that communities with overly zealous medical care networks not only commit errors of over-utilization but also negatively impact the productivity of the workforce and the prosperity of a community. My guess is that this is particularly true in communities where the biggest employer is the hospital or integrated delivery system.

The many ways healthcare can promote productivity and community prosperity

Our discussion should begin with occupational health. This specialty has long leveraged health care to keep a workforce working. It starts with making the workplace safe. Occupational health as a specialty has demonstrated great success. It rivals anesthesia as the specialty that has made the greatest strides in patient safety in the last 50 years. The incidence of workplace injuries and deaths has plummeted. This has been due to the coordinated efforts of statisticians,

ergonomists, industrial hygienists, as well as occupational health nurses and physicians. By tracking and trending illness and injury at the workplace these teams of experts have attacked areas of frequent concern. They would re-design jobs, resurface frequent fall areas, improve ventilation, replace physical exertion with mechanization, or design equipment with greater and greater safety features. As the government has imposed regulatory requirements, occupational healthcare teams have provided medical surveillance exams to identify personnel that were at risk of illness or injury earlier up stream. By periodically testing hearing, radiation exposure, chemicals in the blood or urine workers have been monitored better to prevent overexposure to industrial toxins or radiation or noise.

Despite these highly effective efforts some workers still get ill or become injured while at work. Occupational health has contributed in a large way to getting those employees back to work. By providing case management services not unlike those delivered in disease management programs the length of short and long term disability and absenteeism can be greatly reduced. The continuum of fitness & meditation – work hardening – ergonomics – work readiness – and modified work all contribute to leveraging health care to impact productivity at the worksite. If a workforce engages in a fitness program they will be less likely to experience musculoskeletal injuries – the most common workplace injury and cause for disability. If they engage in the behavioral health version of fitness such as stress management or meditation their will less likely get derailed by depression or anxiety syndromes – the second most likely reason to miss work for an extended period. Before undertaking a strenuous job the worker should be physically and mentally trained for it. This work hardening process reduces injuries by getting the worker fit to perform the tasks and demands of the job before starting it. As previously mentioned ergonomic evaluation and re-design can apply machinery to reduce physical burdens of jobs or reposition the workers in relation to the work area to minimize bending and strain. If a worker is injured they can engage in an aggressive physical therapy program to get back to work in the best of shape to prevent re-injury. Lastly occupational health working closely with the human resources department can place the injured worker on modified duty. In this way workers who would

ordinarily be unproductive still make a contribution while an injury is healing. For instance a heavy laborer with a knee injury can work in the receiving bay counting inventory.

If a worker does go on disability, occupational health case managers can work closely with these employees using guidelines for returning to work based on the diagnosis or injury. Years ago there were little guidance to follow and as a consequence wide variation. Today this variation is being reduced by algorithms and the active monitoring lengths of disabilities. Even unions are becoming more supportive of these processes. Not all disability management involves workplace injury or illness. More than half of the cases involve medical issues incurred away from work. In the past non-occupational and occupational disability management was handled on two different tracks. Remarkably the same injury that could occur at work or on a weekend football field would yield markedly different lengths of absence or disability. The employee hurt at work would be the greater challenge to get back to work because of the perverse incentive of salary continuance. The worker with a similar injury hurt during off time will not receive pay during his absence. For this reason he is more motivated to return to work. Today workplace occupational health centers often manage all disability cases.

Worker's compensation is evolving into a more evidence based approach as well. There is a developing science around the evaluation and case management of these workers also. Even in this group there should be the hope of returning to productive albeit modified work at some point. Health care clinicians have developed specialized expertise in this area. Getting everyone back to work is the goal.

Population based approaches to care can have a significant impact on the health and productivity of a workforce. Sophisticated wellness programs that identify lifestyle issues and work with employees to modify behavior can produce significant short term and long term effects. Getting an employee to stop smoking can reduce her days away from work due to bronchitis, sinusitis, and pneumonia as well as reduce her chances of heart disease, stroke and lung cancer. Any

effort to provide wellness programs at work should be integrated with the workplace environment. Cafeterias should be a place of learning. Only healthy options should be featured and subsidized by the employer. Parking areas should be far from the entrance of the facility to force the workforce to walk a bit each day. Smoking should be eliminated from the interior of the worksite. The best wellness programs begin with an HRA – health risk assessment – and a thorough analysis of the employee population’s medical claims, lab studies and pharmaceutical purchases to determine which workers could benefit from a lifestyle change. Those identified should be encouraged and perhaps rewarded for participating in intervention programs. All such programs should be conducted in coordination with the employees trusted primary care provider. There exists much evidence that patients are much more likely to engage in behavior changes when they are encouraged by their own doctors. For this reason comprehensive primary care at the workplace is a compelling and re-emerging health delivery option. The best wellness programs utilize health coaches trained in health education, behavior change readiness, motivation, exercise, nutrition, weight management and smoking cessation.

Equally compelling is the delivery of disease management programs. This process should parallel the delivery of an integrated wellness program. Applied appropriately it too can markedly reduce both short term absence and well as long term disability from a workforce. Like wellness programming, this process should begin with the application of health informatics. By concatenating the multiple feeds of health risk appraisals, medical claims, laboratory results, and pharmaceutical prescriptions employees with a variety of diseases and conditions can be identified and receive the benefits from care management. Study after study shows that Americans with chronic illness are only receiving half of the treatments recommended by evidence based guidelines for care. Disease management programs generally employ certified case managers who assist patients telephonically to access the best available care within their community. Occasionally they will even foster garnering care at a center of excellence outside of a worker’s home town. The best impact of such a program should be tightly integrated with the trusted primary care clinician. Without this it is often difficult for traditional

telephonic case managers to engage worthy patients through disintegrated “cold calls”.

Emerging models of integrated wellness and disease management that include web based tools, telephonic inbound and out bound nurse support built on the foundation of a trusted primary care provider are most intriguing. Providing all such services at the workplace offers unique ways to improve the quality of care, reduce the cost of care as well as increase the productivity of the workforce. More about this will follow later.

By placing clinicians to just treat acute illness at the workplace you can significantly improve productivity. Today it is common for a worker who becomes ill while at work to spend a half hour contacting his doctor, a half hour driving to the physician’s office, a half hour waiting to see the doctor, a half hour to undress – be seen – and dress up, a half hour at the pharmacy and a half hour returning to work. Those three hours of work time can be reduced to less than an hour if the worker can be treated while at work. In most locations where acute care services are provided within a workplace location the employer can save over 1000 hours of work. Additionally this service is viewed by the workforce as an additional benefit. They appreciate the easy access and availability to quality treatment within walking distance from their assigned desk or assembly line.

In fact providing workplace health services can distinguish a company as an “employer of choice”. In doing so, the company can enjoy a competitive advantage in recruitment and retention. This translates into improved productivity by attracting the best and keeping them working for them after they are trained and effective. The presence of a dedicated staff of clinicians to an employer community can produce big dividends in situations of individual and mass casualties. Most large employer sights have implemented an AED program with first responders to treat employees who suffer a catastrophic event such as a heart attack or stroke while working. Having a health center to further stabilize the employee before the ambulance arrives can be life saving. Any employer truly interested in displaying their concern for their workforce should invest in these efforts. Additionally a dedicated clinical team at the workplace can interface with security, facilities, environmental health and safety, communications, and human resources to prepare for situations

of mass casualties at the workplace. The potential for these types of events has increased in the post-9/11 era. Large worksites can be victimized by natural disasters such as a hurricane or flood, natural epidemics such as SARS or bird flu, an industrial disaster such as an explosion or fire, internal workplace violence or sabotage, external terrorism such as suicide bombers or even bio-terrorism such as anthrax. Having a medical team waking up everyday determined to minimize the risks and results of such events offers remarkable added value. Designing a business contingency plan or BCP with doctors and nurses familiar with the challenges of the workplace and the logistics related to treating mass casualties can markedly increase the likelihood that an employer will be able to maintain operations. Without such guidance businesses must rely on community resources which may be taxed or totally unfamiliar with exposures and health threats present within a facility. This is particularly true within industries such as heavy manufacturing, plastics, petroleum, nuclear, water treatment, chemical production, smelting to name a few.

Employee Assistance Programs or EAP's have long had a presence at the workplace. Originally developed to provide an easy and "protected" source of treatment for conditions such as alcohol addiction they have been supported by the employee base in both union and non-union environments. More recently, EAPs have served a multitude of needs including grief counseling, family counseling, addiction treatment, return to work, and even financial guidance. Incorporating behavioral health services with occupational health is particularly helpful in responding to a crisis within an employer community. Helping to bolster coping mechanisms can get a workforce back to work sooner after an individual tragedy or a large scale disaster. Behavioral health should be incorporated into any emergency response program.

Increasingly we operate in a global environment. This creates new challenges for the workforce. Not only are they away from home more frequently and away from their medical providers but they are also now subjected to new threats to their health. The presence of a dedicated clinical team can provide needed guidance to workers traveling abroad. In many cases immunizations

should be administered to prevent hepatitis or yellow fever for example. In other situations workers should receive prophylaxis for diseases such as malaria or possibly avian flu. Best practice includes providing the employee traveler with a travel kit of medications and a telephonic medical support network to access if they are ill away from home. The expense of a single international medical transfer can exceed \$100000 dollars. Preventing one such case can more than pay for many years of a travel medicine program. The impact of such programs is magnified when you realize that it is often key leaders of a company that travel globally these days. Keeping these employees healthy and working may be crucial to a company.

Perhaps the greatest opportunity to improve productivity is to provide comprehensive primary care and pharmacy services for an employer community. In this way employers can deliver an integrated health, disability and worker compensation treatment and care management program. This so called 24 hour product has been the “holy grail” of the insurance industry for quite some time. It remains difficult to administer outside of the workplace.

In this way the care of the entire family can be coordinated not just the employee. Many studies demonstrate the impact that a sick family member can have on the absenteeism of an index employee. For example, mothers of asthmatic child miss several days a year from work seeking emergent or urgent care.

Additionally as mentioned earlier workplace primary care and pharmacy can eclipse stand alone wellness and disease management programs that aspire to work with a patient’s doctors. By integrating wellness and disease management at the workplace and leveraging the trusted clinicians dedicated to the workforce a much higher percentage of a population will be engaged to change behaviors and improve compliance. Often the problem is making sure that chronically ill employees or family members are taking their medicines. If a patient with congestive heart disease misses a few doses of key medications they may end up in the hospital. These patients often visit their pharmacist more often than their doctor. What better way to prevent this than to

provide a pharmacy at the workplace. Most such facilities even have drive through windows and mail order processing. Moreover, the Institute of Medicine reported that medication errors are a major challenge to patient safety. It is estimated that 2 out of every 100 admissions to the hospital are due to medication errors. The co-location of a physician and a pharmacist at the workplace working to prevent this can have a profound impact on the quality of health care its costs as well as the productivity of an employee community. Working together this clinical pairing can promote the appropriate use of over the counter drugs, generics, formularies, and split pill programs. Working together this medical duo can seek out employees whose prescription has lapsed to boost compliance or review medication profiles to minimize drug to drug and drug to disease interactions. As an additional bonus workplace pharmacies enjoy a “close – door” class of trade since there are not open to the public and as a consequence they can buy pharmaceuticals at a rate lower than pharmacy benefit managers and pharmacy retail chains.

Working with the data generated by health care claims, pharmacy prescriptions, laboratory results, specialty referral, health risk appraisals a dedicated team of clinicians can work closely with human resources to focus on diseases and conditions that particularly ail an employee population. This approach to absence management can tangibly improve the value of human capital. The health center may offer self help or disease specific support groups to give patients dealing with the same challenges a chance to exchange best practices. A doctor may have studied diabetes but patients have to live with it. These group visits are becoming increasingly popular and are easier to administer in a workplace health center setting.

More and more employers are purchasing consumer driven health plans for their employees' health insurance. These plans create financial dynamics to get the employee health care consumer more involved in the process of shopping for care. Under the best of circumstances, employees utilize information available to them to decide if they should undergo surgery and who they should select to do it. They are supposed to be able to decide based on experience, outcomes and cost. Unfortunately such transparency in the health care system is rare. Until

such time as this data is available it is necessary for most of us to consult doctors and nurses who are in our family. By having a dedicated health care team at the workplace, employers offer health care navigation guidance for all of the employees that don't have a clinician in their family. Without such assistance it is unlikely that consumer driven health plans will deliver on their promise. With time consumers will make poor choice, receive poor quality care, drive costs even higher and miss work as a consequence. With such assistance employees will go to the right provider of care the first time and are much more likely to receive the best that health care has to offer.

In summary there are four ways health care can contribute to the productivity of a business. It can make the workplace safer. It can increase the perceived value of working for an employer. It can elevate the quality of the health care received. And it can reduce the need for expensive medical interventions such as hospitalization. In all cases these efforts make a workforce more likely to be well and at work

If the employer wants to invest in workplace safety, an array of occupational health services including medical surveillance exams, treatment of illness and injuries can be delivered as well as preventive assessments of job functions and ergonomic improvements. These activities reduce the risk of fines related to non-compliance with legal requirements. Moreover, these activities reduce lost time related to both short term and long term disability and workers compensation.

If a business aspires to be an "Employer of Choice" to compete favorably for a skilled workforce and to keep these skilled and often highly compensated workers at work, health services can provide a concierge style of care with easy access and convenient availability. Every time a highly compensated employee can be treated at the workplace it prevents his need for spending a half day or more away from work seeking care. In a corporate health center more than half of the visits are to treat acute illnesses such as earaches, sore throats and coughs while at work. This can translate into over a thousand hours of productivity saved per month.

If a company is interested in raising the quality of care their employees receive, health services can deliver protocol-driven, evidence based primary care conveniently at or near work. As employers move toward consumer driven health plans, clinicians at the workplace can assist employees in accessing health care appropriately. This guidance helps minimize the 20% estimated waste and redundancy in the American healthcare system.

If the employer is concerned about their health care costs it is now possible to provide a dedicated primary and pharmacy care product utilizing disability, wellness and disease management programs at the workplace to reduce specialty referrals, emergency room use, hospitalization, and medication costs. At the same time this integrated product can improve medication compliance, reduce absenteeism, improve the functionality of the workforce, reduce turnover, all translating into superior productivity. By improving production businesses can raise wages without needing to increase the price of their products or services. Wage inflation without general inflation can produce community prosperity. Applying the best the health care has to offer can deliver on this mission.