

About IBI

National research and educational nonprofit focused on linking workforce health, productivity and business performance



1,200+ corporate members covering 20 million employees. Member engagement opportunities include:

- ➤ National Forum & regional programs
- > IBIBridge
- ➤ Informative webinars on hot topics

Develop & provide industry leading:









Research

Data

Tools

Learning opportunities

So business leaders can:

- Understand the toll that illness takes on employee productivity
- Recognize the competitive advantages of investments in employee health
- Create an impactful story for senior leaders about why this holistic view is important for their business objectives



Arthritis Overview

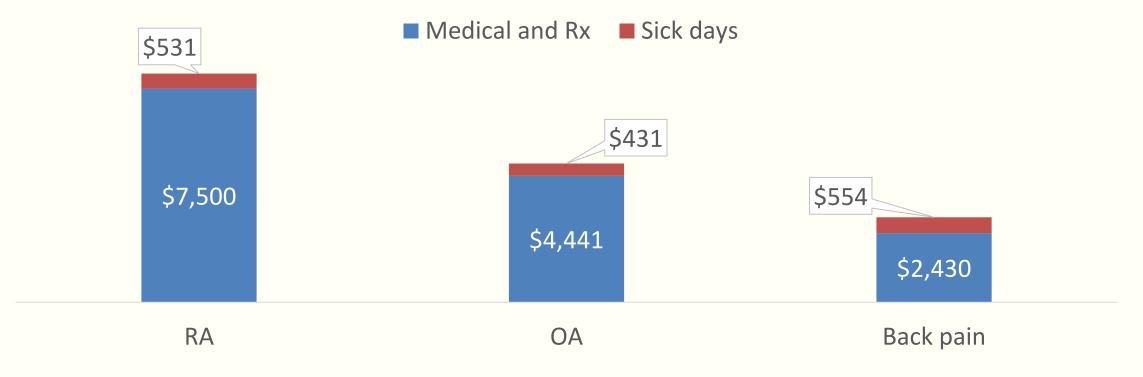
Osteoarthritis (OA)	Rheumatoid arthritis (RA)
"Normal" wear and tear on the cartilage of the joints	Auto-immune diseaseImmune system attacks lining of the joints
Aching, tender, stiff joints	Inflammation, pain, stiffness, fatigue
Genetics, but alsoRepetitive motionStrain from overweight	 Causes not well understood But smoking, obesity may be risk factors
Slow development over lifetime	Rapid onset at any life stage

Relatively few employees have RA1



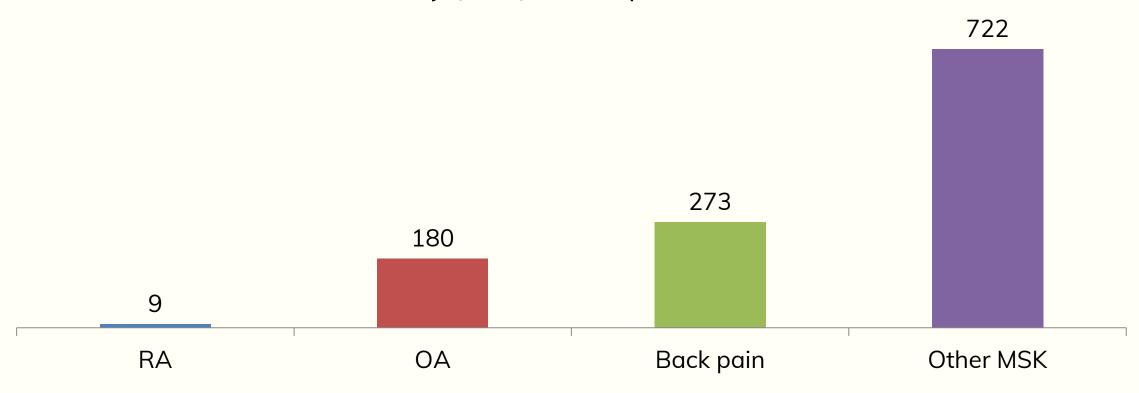
But RA comes with high costs¹

Excess medical and sick day costs for employees treated for condition, compared to employees without condition

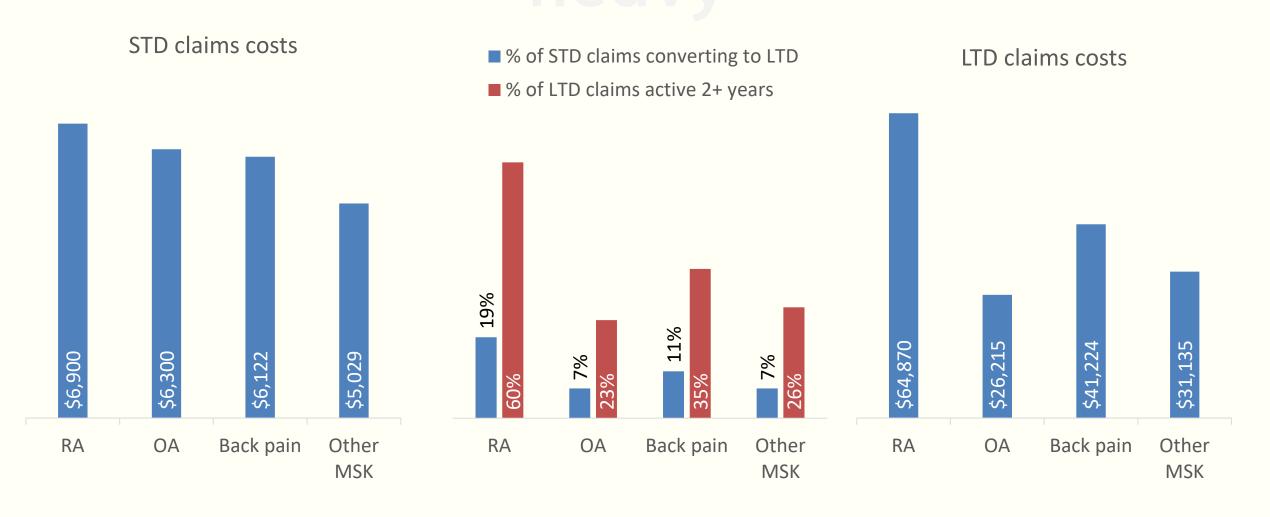


Disability claims for RA are rare

Short-term disability (STD) claims per 100,000 covered lives



RA's disability leave burden is heavy²



Biologic medications can reduce RA disability rates

- Tumor necrosis factor (TNF) inhibitors linked to improved sick day and work productivity outcomes among employees with inflammatory arthritis³
- RA patients who took disease-modifying anti-rheumatic agents (DMARDs) had one-third fewer STD claims^{4,5}
 - And shorter leave durations

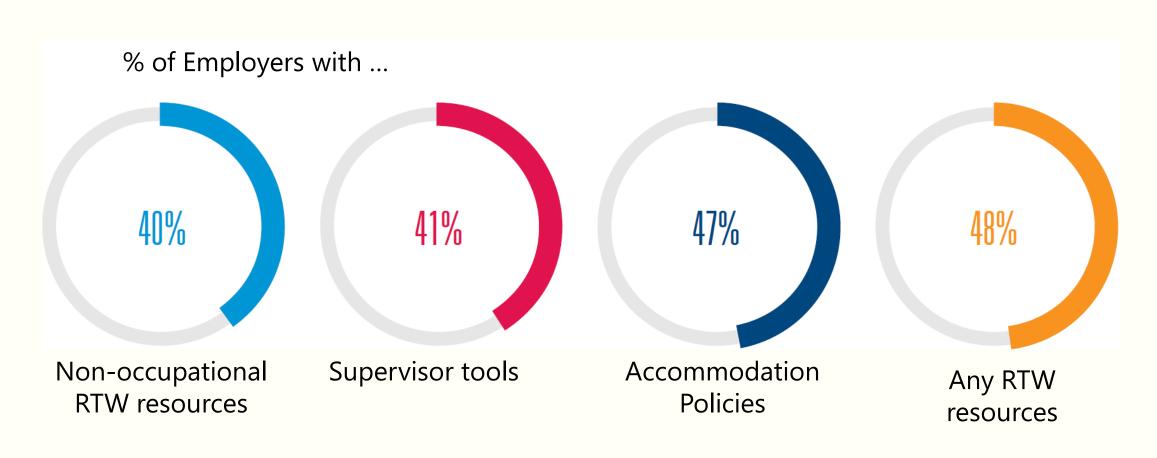
Patient costs, formulary restrictions limit access to RA treatments

- Every \$20 in co-pay cuts the use of DMARDs by 35%^{4,5}
 - Cuts use of symptom-relieving drugs by 84%
- Prior authorizations
- Step-edits
- Limits on prescription quantities

Implications for employers

- Understand prevalence of RA in your workforce
 - Claims analyses
 - Industry benchmarks
- Incorporate productivity items into health risk assessments to understand impact on absence and job performance
- Review benefit design to mitigate risks from cost-shifting, formulary restrictions
- Integrate formulary design to complement best practices in disability RTW

RTW best practices are well-known, but underutilized⁶



References

- 1. <u>Integrated Benefits Institute, Health and Productivity Impact of Chronic Conditions Series (HPCC)</u>
- 2. <u>Integrated Benefits Institute, Disability and Leave Benchmarking database, 2011-2018</u>
- 3. <u>Lenssinck M-LB, Burdorf A, Boonen A, Gignac MA, Hazes JM, Luime JJ. Consequences of Inflammatory Arthritis for Workplace Productivity Loss and Sick Leave: a Systematic Review. Annals of the Rheumatic Diseases. 2013;72:493-505.</u>
- 4. <u>Jinnett K, Parry T, Valuing Lost Work Time: Connecting Medication Adherence and Short-Term Disability, The American Journal of Pharmacy Benefits, May/June 2012;</u>
- 5. <u>Jinnett K, Parry T, A Broader Reach for Pharmacy Plan Design, Integrated Benefits Institute, May 2007.</u>
- 6. <u>Gifford, B and Parry S, The Value of Disability Return-to-Work Programs, Integrated Benefits Institute, September 2016.</u>