Workplace-Based Chronic Condition Management

WAYNE N. BURTON M.D.
FORMER GLOBAL MEDICAL DIRECTOR
AMERICAN EXPRESS
Workplace-based Chronic Disease Management

- Overview
- Objectives
- Components
- Outcomes
- Q & A
The costs to treat chronic diseases are estimated to account for 86% of US healthcare costs¹

* About half of Americans have a chronic condition²
* Productivity costs often exceed direct healthcare costs³

¹ Gerteis, J et al. Multiple Chronic Conditions Chartbook. AHRQ Publications No. Q14-0038.
Opportunities for Health Management

Traditional disease management program participation

Disease and condition management programs are common\textsuperscript{1}

...But most employers find them ineffective\textsuperscript{1}

\textsuperscript{1} Aon Hewitt Health Care Survey, 2016.
Barriers to chronic condition management

- Provider lack of time
- Poor implementation of disease management guidelines
- Fragmentation of the health care system
- Lack of reimbursement benefits for healthcare education

Workplace-based chronic condition management: Objectives

- Provide employees with information to enhance self-care
- Educate employees on the value and importance of condition management
- Evidenced based
- Measurable outcomes
Condition Management Programs

- Workplace Program Examples
  - Pre-diabetes/ diabetes\(^1\)
  - Asthma\(^2\)
  - Migraine\(^3\)
  - Sleep\(^4\)

References:
Identification of conditions

- Medical claims (Inpatient, Outpatient)
- Pharmacy
- Medical Leave (STD, LTD, WC, FMLA)
- Health Risk Appraisal
- Occupational Medicine Clinic Records

STD = short-term disability  
LTD = long-term disability  
WC = workers' compensation  
FMLA = family medical leave act

Sources of condition management programs

- Health Plans
- Pharmacy Benefit Managers (PBMs)
- Pharmaceutical companies
- Hospitals
- Vendors
- Internet
- Not-for-Profit organizations
- Others
Condition management programs

- Target populations
  - High cost and high volume
  - High lost productivity and high volume
  - Preventable complications
  - Preventable ER visits/hospitalizations
  - High rates of non-compliance
Medical, Pharmacy, Absenteeism & Presenteeism annual costs

Short term disability (mean duration per event)

Mean duration per event = mean number of workdays on short-term disability for the condition

Short Term Disability

% recidivism*

*Recidivism is defined as a tendency to relapse into a previous condition or mode of behavior.
Targeting High Cost Disease States

Direct Cost per Employee/Retiree ($)

Total STD Days

Asthma

Hypertension

Diabetes

Depression

Diabetes Condition Management
Worksite diabetes/pre-diabetes disease management

Objectives

• Screen at risk employees for diabetes
• Provide employees with information to enhance self-care
• Educate employees on the value and importance of disease management
• Support the employee’s primary care provider
• Measure outcomes
Prevalence of chronic diseases
Based on survey of 4,345 employees

Burton. JOEM 2014; 56: 919-926.
It’s Not Just About The Sugar

- Diabetes condition management program is a free 12-month program

Program Overview

Diabetes Program

**Concept**
Created a worksite diabetes disease management program integrated with the company’s worksite health clinic medical team.

**Promotion**
Branded the program, developed print and digital promotional materials and then publicized it to all employees.

**Registration & Testing**
Voluntary participants completed a registration questionnaire and completed biometric screening.

**Resources & Services**
Existing resources and capabilities and those of external entities were made available and integrated as appropriate to provide a full range of services for program participants.

Diabetes Condition Management Program Goals

➢ Educate employees on the value and importance of diabetes management

➢ Provide employees with information to enhance diabetes self-care

➢ Provide a systematic approach to improving diabetes outcomes

➢ Develop sustainable engagement in the employee’s management of diabetes

Program Promotion

- Brand the program, develop print and digital promotional materials and then publicize it to all employees.
- Communication plan and graphics developed by internal communications department.
- Promotion via flyers, posters, intranet and “internal advertising”.
- No targeted mailings to employees with diabetes other than tailored communications to populations at increased risk (i.e. African Americans and Hispanics).

Diabetes Condition Management Audience

Voluntary Diabetes program participants went through a registration and testing procedure

- Brief medical history including questions about current treatment of diabetes
- Depression screener questions
- Biometric screening

**Biometric Screening Tests**

- Total cholesterol, high density lipoprotein cholesterol calculated low-density lipoprotein (LDL) cholesterol, triglycerides, blood glucose, and hemoglobin A1c (HbA1c)
- Blood pressure
- Height, weight, waist circumference

A full range of clinical and support services were made available to program participants at the worksite

Onsite clinics and their staff

High touch, personalized care

Coordinated care and employee worksite accessibility

Program participants access worksite clinic staff for 1-on-1 consultations*

*Depending on the size of the employee population, employees may not have had access to all resources

Program Resources & Services (cont’d)

- Existing resources and capabilities and those of external entities were made available and integrated as appropriate to provide a full range of services for program participants.

<table>
<thead>
<tr>
<th>Program Resources</th>
<th>External Resources*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Onsite health clinics and staff</td>
<td>• PBM</td>
</tr>
<tr>
<td>• Onsite program lead nurse</td>
<td>• Government agencies</td>
</tr>
<tr>
<td>• Employee networking groups</td>
<td>• National diabetes organizations</td>
</tr>
<tr>
<td>• Corporate health benefits</td>
<td>• Pharmaceutical manufacturers</td>
</tr>
<tr>
<td>• Corporate communications</td>
<td></td>
</tr>
<tr>
<td>• Corporate EAP</td>
<td></td>
</tr>
<tr>
<td>• Value-based insurance design</td>
<td></td>
</tr>
</tbody>
</table>

*includes financial and non-financial

Program 1-Year Results

**Biometric tests:** Maintenance or slight improvement in diabetes-related measures (e.g., blood glucose, HbA1c)

**Utilization of onsite clinical care team:** 88% met with nurse/nurse practitioner; 72% met with registered dietician; 55% met with health coach

**Behavior changes:** 54% started an exercise program; 48% lost weight; 16% had medication changed by their doctor; 6% started on medication

**Program satisfaction:** Over 85% of participants rated the program extremely or very helpful in imparting knowledge about better managing their disease

Lessons Learned

• Existing company resources (programs, materials, etc.) are generally available and just need to be integrated
• A high touch program has the essential ingredients of coordinated care and worksite accessibility
• A program empowers, educates and engages employees with diabetes and organizes them into a community
• One year results show trending improvements in employees reporting good, very good or excellent health (P=0.0833)
• Diabetes management is not a sprint but a long term race

Note to reviewers: These bullets were not specifically referenced, but reflect Dr. Burton’s overall learnings from the program.