

Session C-2

Insurance and Workers' Compensation and Retiree Health Care Benefits

Presentations:

Identifying Opportunities to Reduce Occupational and Non-Occupational Illness Through Industry Analysis of Group Medical Insurance Claims

Andrea DeVries (Highmark Inc.), Tim Bushnell (NIOSH)

Health and Return to Work Challenges in a Multicultural Environment

Bob Steggert (Marriott International)

Integrated Health Care Benefits: Can It Support Prevention?

Dennis Richling

The first presentation summarized a collaborative effort between Highmark Inc., a major health insurer in Pennsylvania, and NIOSH, to use group medical claims data to identify and guide prevention of employee health problems. Disease rates are being computed by specific industry so that employers will be able to see whether their industry has substantially elevated rates of certain diseases and how their rate compares to the industry average. This information is expected to be especially useful for those conditions that may often be contributed to by occupational exposures but which often do not get identified as work related or result in a workers' compensation claim. Preliminary rate calculations adjusted for age and gender suggest that the claims database is capable of identifying industries with health problems that stem from occupational exposures as well as other problems that are due to non-occupational risk factors. Examples were given for dermatitis, hearing loss, carpal tunnel syndrome, and asthma. Other diseases being examined are COPD, Parkinson's, bladder cancer, pneumoconiosis, cardiovascular disease, and low back pain. Results of disease rate analysis will be used to create reports to interested employers which will include recommendations for further investigation of sources of the problem and prevention options. The costs associated with elevated rates of disease will also be calculated and communicated to employers. This initiative represents Highmark's exploration of new approaches to workplace wellness which focus on improvements in the work environment as well as reaching individual employees with screenings, vaccinations, and behavior modification programs.

The second presentation by Bob Steggert dealt with Marriott's commitment and efforts to provide effective and appropriate health care and benefits to an extremely diverse employee population. Well over half of Marriott employees are minorities, and its employees speak over seventy primary languages and work in nearly as many countries. A single hotel in Washington, D.C. employs people from fifty three cultures speaking twenty three languages. Experience has taught that it is very important to understand cultural norms for dealing with and treating pain and other symptoms, and for returning to work after an illness or injury. In fact, cultural and psychosocial factors, in combination with the nature of the employee-supervisor relationship, are the single largest source of delayed return to work or failure to return to work. Communication with the great variety of cultures and languages is a challenge made all the greater by the fact

that there are several programs that may be used to provide support in the event of an illness or injury, such as medical insurance, workers' compensation, and short term disability. This suggests some of the benefits of simplification and integration of health and disability benefits, and Marriott has integrated its workers' compensation and short-term disability programs.

In the third presentation Dennis Richling focused his presentation on the requirements for a shift in the health care system from an emphasis on financial risk management to true support for improvement of the health of employee populations. Health plans have a number of strengths that will be useful in a reformed system, including data on utilization and drug prescriptions, established systems for interaction with providers and consumers, and financial management, insurance, and payment system capabilities. However, more capabilities will be needed to create a system that integrates all health information and services around improvement of employee health. Data on health care utilization needs to be integrated with data on workers' compensation and disability claims, as well as health risk data. Combining health data with data on jobs and productivity is needed to make the link between health and productivity. Competency in behavioral and social science is also needed for motivating desired behavioral changes. A reformed health care system will entail coordination of the health plans, disease management providers, and employer-based health departments. While health plans can play a leading role in data integration, disease management providers have the best opportunity to develop competence in prevention. Employers need to help pull the new system into existence through purchasing practices that focus on health improvement and payment for performance.