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Occupational Health Management™

A monthly advisory for occupational health programs

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Success of ergonomics program hinges on needs assessment and planning

Pay close attention to how employees perform tasks

Occupational health professionals recognize that ergonomics programs can help them reduce injuries and slash workers' compensation costs, as well as improve productivity. But simply implementing such a program does not guarantee impressive results. It takes careful planning and preparation, experts say.

"People have written whole chapters in books — and whole *books* on setting up ergonomics programs," notes **Ira Janowitz,** PT, CPE, MS (certified professional ergonomist), senior ergonomics consultant with the University of California San Francisco/Berkeley Ergonomics Program. "But there a few keys to success that stand out."

First, he says, employers should approach an ergonomics program the way they would set up any good program in the workplace. "The first thing you do is conduct a needs assessment," he advises. "You have to know where the problems are, and the extent of the problems. If you were setting up a program to look for toxins in the workplace, or the level of alcohol consumption, you would first try to find out where the problems were and how severe they were."

Next, he says, you should set up an early warning system. "Waiting until an employee files a workers' comp claim is like waiting for a call from the cops," he says. "You don't want to look for lagging indicators, but *leading* indicators — like people telling you, 'This job's really fatiguing,' or 'When I do that task my back aches.' Get on it *then*; don't

Continued from cover page

New NCQA standards being developed for 'DM' programs
The National Committee for Quality Assurance (NCQA), the accrediting body for the nation's managed care organizations, has published new draft standards for disease management programs, a wide range of interventions gaining popularitywith employers seeking to control health care costs among their chronically ill employees. These new standards, which will be finalized at the end of the year, will offer accreditation for integrated programs and certification for more targeted offerings, such as those provided by pharmaceutical companies 128

ACOEM reacts to WTC disaster with guide for handling worker trauma
In response to the tragic events of Sept. 11, 2001, the American College of Occupational and Environmental Medicine (ACOEM) produced a series of guidelines for helping employees deal with the stress and trauma that followed in their wake. These straightforward guidelines provide information on how to identify employees in distress and how to respond appropriately 130

EBRI predicts sharp drop in health benefits for retired workers
Accounting laws that were passed 10 years ago have been subtly impacting the ways in which employers offer health care for retired workers. In another five or 10 years, many of those workers will be in for a rude awakening when they find they're on their own in terms of health care coverage. That's the alarming prediction made by the Employee Benefit Research Institute in its most recent *Issues Brief.* EBRI official Paul Fronstin helps shed more light on these findings, and offers suggestions on how to plan for this more uncertain future 131

COMING IN FUTURE ISSUES

- Employee privacy: Balancing your obligations to management and workers
- Recruiting qualified staff: How to attract talent in a competitive environment
- How to continue providing necessary services while meeting bottom-line requirements
- Increasing your market share: Strategies that work
- Not enough hours in the day? How to 'create' more time

wait until it becomes a crisis."

Next, train your key people about ergonomic risk factors, so they will know what to look for and will be able to start a problem-solving process, advises Janowitz. And finally, have a feedback loop. "Evaluation is a key feature," he asserts.

Know the risk factors

Your key staff must be aware there are certain risk factors that make it more likely a job will be associated with musculoskeletal disorders and other problems, say observers.

"You must first identify what a risk factor is," asserts **Dennis Downing,** president of Future Industrial Technologies (FIT) in Santa Barbara, CA. "It can be anything that potentially puts physical stress on the body repetitively or excessively. The way we look at it, through ergonomic prevention you can eliminate a lot of risky behavior by adapting the worker's physical environment."

Janowitz cites six key ergonomic risk factors:

- **High repetition:** Frequent duplication of the same motion or motions during the performance of any given job task.
- **High force:** This often is linked to high repetition, notes Janowitz. A worker may have high repetitions on a keyboard, but if the force used is light, the risk would not be as great.
- **Awkward postures:** This is linked with the first two factors. "You can't exert the same torque if your elbow is above shoulder height, or way down below your knees," Janowitz explains.
- **Static postures:** This involves holding the same position for a long period of time. "The human body is meant to move and change positions frequently during the day," notes Janowitz. "Our ancestors didn't stand or sit still; they moved around a lot. So, even if you use the 'proper' posture, if you're sitting all the time it will cause problems. Then, if you combine static posture with awkward posture, we *really* have a problem."
- **Vibration:** This could involve whole-body vibration, like the kind you experience when sitting in a motor vehicle or heavy earth-moving equipment (which can accelerate disk degeneration), or hand-arm vibration, such as that caused by using tools that vibrate a lot — especially compressed air tools. "If you use a vibrating tool and use high force to grip it, you have two risk factors," notes Janowitz. "If you're working in concrete, you may have to hold an awkward posture. Then, if the tool is not powerful enough, and you have to hold it for an extended period of time, you

have four risk factors. That's what we really have to be concerned about — the simultaneous combination of risk factors."

• **Contact stress (pressure points):** This occurs when a tool does not fit comfortably in the hand, or when a worker uses a keyboard and rests his wrists on the edge of the table.

Potential ergonomic problems can readily be seen in health care-related job activities, notes Janowitz. "If you are taking blood pressure readings or starting an IV and bending over to do that, and you have to hold that position for an extended period of time, there could be risk involved," he notes. "Anyone in the health care field knows there are some patients in whom it is very hard to find a vein, and you have to stay in that bent-over posture for a long period of time."

Height-adjustable beds are another example of potential risk, he notes. "You may get the bed up to a more comfortable height for the patient, but not necessarily for you. However, you can raise the bed to a better height for you while keeping the patient in the same position. Or, maybe you could do your job more easily if you had better lighting on the situation. The key is to look for ways to do things better from an ergonomic frame of reference."

Employers should be aware that the impact of these risk factors extends far beyond medical problems, says Janowitz. "For example, if a worker has numbness and tingling in his hands, his precision will be affected and you will likely see a high number of errors," he explains.

Think outside the box

To most effectively address these problems requires thought beyond the ergonomics basics, says Downing. "It's not enough to conform the work environment to the body; you must teach your workers how to *use* that environment," he explains.

This falls under the heading of "bionomics," which Downing describes as a subset of ergonomics. "*Ergo* means work," he explains. "*Nomics* means manage. So, ergonomics is more commonly known as adapting the physical environment to reduce physical stress. Bionomics addresses how to use the body."

Janowitz has a slightly different take. "The key point is whether the *job* is proper, not whether you are moving badly," he notes. "Ergonomics asks whether the job is designed to allow people to use good work practices. For example, patient handling is very high risk; it involves high force and awkward posture."

Downing insists that's still not enough to ensure risk-free job activity. Through its BACKSAFE and SITTINGSAFE programs, FIT addresses both ergonomics and bionomics in helping companies reduce musculoskeletal disorders through onsite, job-specific training.

"You *have* to teach basic body management techniques — stretching, biomechanics, and proper posture," says Downing. "Even with an $800 chair or an assembly line built in an ergonomically perfect way, if the individual was never taught how to sit properly, or how to use a keyboard properly, how to lift his children or his patients, or how to use his patient-handling equipment, you'll still have problems."

Ergonomics, bionomics a good combo

The combination of ergonomics and bionomics proved extremely powerful at Hillcrest Healthcare Systems, a 15-facility organization in Tulsa and eastern Oklahoma. "About a year ago, we started BACKSAFE at two of our major hospitals with 70% of our employees — about 6,200 people," notes **Cheryl King,** director of workers' compensation. "We had way too many injuries to deal with."

King comes from a background of prevention. "Hospitals, ironically, do not think about prevention — they're used to *treating* people," she declares. "I explained that if we wanted to make income off our own folks we couldn't think that way. About 78% of our injury claims over the previous five years had been back strains and sprains."

So, with FIT trainers, around-the-clock training was conducted on all three shifts during a period of 60 days. "We also brought in lifting equipment, so nurses would no longer have to lift 300-pound patients, and we taught them how to use the equipment properly," notes King.

Claims started dropping tremendously "right off the top," she says, crediting a lot of those initial savings to safety awareness — a "major culture change" in the hospitals. "We also experienced a lot fewer severe claims, all of which netted us $1 million in claims savings in one year," she observes.

King is convinced it was the combination of better equipment and proper usage that led to such significant savings. "If you get a nurse leaning over the gurney with that low back under pressure, she's still in that vulnerable position no matter what equipment she's using," she notes. "I wish

more hospitals would think more about prevention, since we can't find enough nurses no matter *where* we look."

Janowitz, whose group includes two occupational med physicians, also sees positive results from hospital ergonomics programs. "We set up a lifting team at a large medical center," he recalls. "There were two strong staff members assigned to handle the more difficult patient transfers. Two other health care systems chose patient transfer devices to help reduce the strain on staff."

Is it necessary to bring in outside professionals to accomplish your ergonomic goals? "Certainly, there are ergonomic changes you can make without calling in a professional ergonomist," says Janowitz. "But if you want to set up a comprehensive program, it's a good idea to call one in to help train you and your staff to know what to look for and to get good examples of successful changes. There are excellent programs all around the country, and we can learn from those." **(An ergonomics program does not necessarily have to be comprehensive to make a difference. See related story below.)**

If you are seeking outside help, how do you find the right vendor? "You choose an ergonomist like you would choose a good doctor — a combination of qualifications and word of mouth," says

A little prevention goes a long way

There's a great deal your workers can do right at their desks to improve jobsite ergonomics and their health, says **Viveca Jonsson,** president and CEO of VICECORP in Newcastle, WA. Jonsson, whose comprehensive ergonomics program is called "Bodies and Minds at Work," created a specific program especially geared toward sedentary employees called "Deskercise."

Deskercise involves a series of activities and exercises that target the back, hands and wrists, and the eyes. "As you sit and type, you need to keep your upper body still, causing continual tension in the shoulders. If you do that all day long your muscles will choke themselves for lack of oxygen," explains Jonsson, who has run corporate fitness programs for Starbucks Coffee and Bank of America. "You will get lactic acid buildup, resulting in a sore neck."

Every two hours at a minimum, says Jonsson, our bodies need to move in order for us to have healthy muscles, joints and circulation. Getting up and moving can improve circulation, while stretching exercises can even help prevent serious conditions such as carpal tunnel syndrome.

Jonsson targeted these three particular areas of the body because they are most vulnerable — and can be the most costly to employers. "More and more we are using small muscles to do smaller and smaller stuff we should use big muscles for," she explains. "And everything is repetitious because we interface with machines — and machines are stronger than we are, because they are designed to do things our bodies are not."

Many of Jonsson's solutions are quite simple. For example, she notes, we can make our eyes feel much better simply by making them moist through periodic blinking, and focusing at various depths. "Our eyes are really like cameras, with short and long lenses, and the movement itself feels good," she explains.

There are several different exercises for the back and hand / wrist areas. One involves closing the eyes and lifting your hands up above your head from the side, taking a deep breath and exhaling. "You get stress reduction and more oxygen in the system," says Jonsson. "Any time your hands go over your head, the heart has to beat uphill — and faster. If you do this exercise, your stomach muscles will start working harder, your back extends, so you correct your posture, and your shoulders get some movement as well."

You should perform this exercise at least every hour, says Jonsson. "I do it anytime I feel like," she says. "I can even do it if I'm on the phone, using my other hand."

The key, says Jonsson, is to recognize that a little bit of prevention can go a long way. "For some employees, it can just mean going to the water cooler, or walking to the lobby and back. It doesn't have to be a tremendous amount of activity," she concludes.

[For more information, contact:

***Viveca Jonsson**, VICECORP Inc., 14208 S.E. 77th St., Newcastle, WA 98059. Telephone: (425) 430-2454. Fax: (425) 430-2627. E-mail: Viveca@sprynet.com.]* ■

Janowitz. "There is also a Board of Certification in Professional Ergonomics, which is based in Washington state. They have a list of ergonomists by state and by region."

"The Internet is a good place to look," adds Downing. "I would warn that ergonomic equipment or furniture isn't necessarily in and of itself a solution. Look at what will give you the best bang for the buck; you can get a return of three to five times your investment." He also recommends that occupational health professionals interested in learning more about ergonomics read Liberty Mutual's "Executive Survey of Workplace Safety" on their web site: www.libertymutual.com.

[For more information, contact:

- ***Ira Janowitz**, PT, CPE MS, University of California San Francisco/Berkeley Ergonomics Program. Telephone: (925) 256-0628. Web: www.me.berkeley .edu/ergo.*
- ***Dennis Downing**, Future Industrial Technologies, 350 S. Hope Ave., Suite A 201, Santa Barbara, CA 93111. Telephone: (805) 563-BACK. Web: www.back safe.com. E-mail: dennis@backsafe.com.*
- ***Cheryl King**, Hillcrest Healthcare Systems, 111 W. 7th St., Tulsa, OK 74119. Telephone: (918) 579-5153.*
- ***National Institute for Occupational Safety and Health** (OSHA). Telephone: (800) 356-4674. Web: www.cdc.gov/niosh.*
- ***Center for Ergonomics**, University of Michigan, 1205 Beal Ave., Ann Arbor, MI 48109-2117. Telephone: (734) 763-2243. E-mail: pterrell@umich.edu.]*

Recommended reading

Charney W. Reducing back injury in nursing, *Journal of Healthcare Safety, Compliance & Infection Control*. Vol. 4, No. 3, March 2000. ■

Self-care can save millions in health costs

Unnecessary visits to ED, other costs avoided

In recent years, as employees have been asked to bear a larger percentage of their health insurance costs, there has been an attendant movement to place a greater responsibility on employees for their own health status as well.

Among the leading strategies emerging from this movement is the concept of self-care, which empowers employees to make decisions about injuries and health emergencies with the assistance of guidebooks and nurse phone lines.

"Self-care is a series of skills that teach an employee to make better health care decisions based on having more information and more empowerment, and helping them produce a partnership with providers in shared decision-making," says **Don R. Powell,** PhD, president of the American Institute for Preventive Medicine in Farmington Hills, MI.

The potential savings are enormous, and thus have significant implications for occupational health programs. "All organizations want to reduce health care costs, and the [Centers for Disease Control and Prevention (CDC)] research shows that each year there are approximately 760 million visits to doctors and an estimated 25% of those are unnecessary," notes Powell. "There are stubbed toes, sore throats and so on, that employees could have treated themselves. That comes out to approximately 189 million unnecessary visits, and an average cost of $55 per doctor visit."

The same applies to emergency department (ED) usage, Powell adds. "In 1999, according to the CDC, there were 103 million ED visits, of which 55%, or 57 million, were unnecessary. The average cost of an ED visit is $360."

Many benefits seen

The benefits of self-care extend beyond mere dollars, although the potential savings are significant, notes Powell. "There are a great deal of unnecessary costs related to relatively minor health issues, and as part of the occupational health mission employees of hospitals and those seen in occupational health clinics can help realize savings in health care costs.

"But as an outgrowth of that, research shows you can also reduce absenteeism," Powell continues. "Employees are on the job more often, and you also see an increase in productivity because they feel good and take better care of themselves. This helps avoid 'presenteeism' — being on the job but working less productively because you're not dealing appropriately with an illness or stressful situation. So, just as occupational health programs are designed to either help keep injured employees on the job or help them return to work quickly, self-care can also help keep them on the job."

There are two major areas in which self-care programs can be most effective. The more common of the two, says Powell, is the way in which self-care helps employees address everyday health problems such as cold, flu, sore throat, headaches or heartburn. "If employees are advised about making decisions relating to these conditions, they'll know better what to do when these symptoms present themselves," he explains. Even so, many self-care programs present flow-chart diagrams that go through various symptoms with an *if A, then B,* type of format. Depending on the answer, the employee either goes to the next step or calls the appropriate health care provider. **(Please see an example of the flow chart format on this page.)**

Self-care also can be applied to disease management programs, says Powell. "If an employee is diagnosed with a condition, self-care procedures can be used to help avoid hospitalization or relapses," he explains. **(Please see the story on the NCQA's disease management standards on p. 128.)**

Multimodal approach preferred

Like any type of health care intervention, a multi-component approach in self-care is most effective. Such a program, Powell advises, should contain five basic elements:

• **A self-care guide:** Print versions of the material should be given to each employee. This may include a booklet, a brochure or a book — or all three. The materials should include a flow-chart format and/or icons for the appropriate level of care.

• **Workshop:** Instead of giving the guides out directly at your clinic, you may wish to sponsor a seminar at which an instructor presents the benefits of self-care and explains how to use the guide. "On-line versions of workshops are available, too, as well as videos," notes Powell.

• **Nurse advice line:** In addition to consulting the guide, employees can speak to a registered nurse "24/7" through a nurse advice line. "Interestingly, utilization of the nurse line is not as high as that of the guides," Powell notes. "The guides have between 50% and 75% utilization; you're lucky to get 10% with the nurse line." Generally, he notes, the publications have a shelf life of three years, while a facility has to renew its nurse line every year. Plus, the booklets cost around $3 per copy, and books $6, while a nurse line costs $10 to $12 per employee per year.

Flow chart format for strains and sprains

Questions to Ask

Did the strain or sprain occur with great force from a vehicle accident or a fall from a high place?

Are any of these signs present?
- A bone sticks out or bones in the injured part make a grating sound.
- The injured body part looks crooked or the wrong shape.
- A loss of feeling in the injured body part
- Inability to move or put weight on the injured body part (Note: See Immobilize the injured area under "Broken Bones".)
- Does the skin around the injury turn blue and/or feel cold and numb?

Are any of these problems present?
- There is bad pain and swelling or the pain is getting worse.
- It hurts to press along the bone.

Self-Care Tips

- Stop what you're doing. Then use R.I.C.E. (Rest, Ice, Compression, Elevation: see R.I.C.E. under "Dislocations".)
- Take an over-the-counter medicine for pain and inflammation. (Note: See Pain relievers in "Your Home Pharmacy".)
- Also note, for specific areas of the body: Remove rings right away if you sprain your finger or hand. (If you don't, and your fingers swell up, someone may have to cut the rings off.) If you have a badly sprained ankle, use crutches. They help keep weight off the ankle, so it can heal.
- Call your doctor if the sprain or strain does not improve after doing the Self-Care Tips for four days.

Source: American Institute for Preventative Medicine, Farmington Hills, MI.

• **On-line self-care information:** Self-care information also is available on the Internet, but a vast majority of employees prefer to get their information in print format. "When you have an emergency you don't want to boot up your computer," says Powell. "If, on the other hand,

you have a chronic condition and want to learn more about it, you *will* go online."

• **Promotional materials:** Self-care is a process, not a one-time event, Powell asserts. "You need continue to reinforce your message with these materials; you almost need a quarterly advertising campaign," he says.

You can obtain information about self-care vendors on the Internet, Powell notes.

[For more information, contact:
***Don R. Powell**, PhD, President, American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334. Telephone: (248) 539-1800. Fax: (248) 539-1808. Web: www.healthylife.com.]*

Recommended Reading:

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• Powell DR. Demand-side management: Characteristics of a successful self-care program. *Health Care Innovations*; 1996, 6:22-28.

• Powell DR, Breedlove-Williams C. The evaluation of an employee self-care program. *Health Values*; 1995, 19:17-22.

• Powell DR, Sharp SL, Farnell SD, Smith PT. Implementing a self-care program: Effect on employee health care Utilization. *AAOHN Journal* 1997; 45(5): 247-53.

• Lewis S. Large self-care study demonstrates significant results. *Employee Health & Fitness* 1998; Vol. 20: No 3. ■

The numbers don't lie

The American Institute for Preventive Medicine (AIPM) in Farmington Hills, MI, can do more than just claim self-care programs save money; it has the numbers to prove it. At Florida Hospital Medical Center in Orlando, a self-care program produced dramatic savings. In the initial study, self-care guides from AIPM were given to 365 employees.

In a second study, 436 additional guides were distributed. After a period of five months, questionnaires were sent to employees to determine whether they used the guide, and if they did if it helped them avoid physician visits and/or emergency department visits. **(Please see example of self-care questionnaire on p. 129.)**

In the first study, the researchers were able to determine in that in four months, savings of $30,954, or $84.81 per employee, were achieved. In addition, 15% of the employees said the guide prevented absences from work; the total number of lost days avoided was 73.

In the second study, the average savings were $29,369, or $67.34 per employee, and 95 days of absence were avoided. **(More detailed results are presented on p. 128.)**

Chris Arvin, MS, sales and marketing manager for the Center for Occupational Health at Bloomington (IN) Hospital, is a firm believer in the value of self-care.

"Part of my job is to coordinate a pretty extensive employee wellness program for both our own employees (2,600) and private companies in the community as well," he explains. "Our program has been in place for four years, and as part of that program we have always done self-care training. I knew from my background that self-care was the cornerstone of any employee health program."

All hospital employees who sign up for the wellness program are given AIPM's *Health at Home* self-care guidebook. "At orientation, we do a short training session. We show a little video, show employees how to use the book and go through some sample cases," Arvin notes.

Employees avoid ED visits

Employee surveys show an overwhelming number of "yes" responses when workers are asked if they have avoided a trip to the ED by using self-care techniques, says Arvin. "We've seen solid savings in self-reported data both through avoided trips to the ER and doctor visits," he notes.

In addition, he says, hard dollar expenses have been confirmed through a modifiable claims audit, which compared a group of employees who participated in the self-care program with a group who did not.

In fact, the program is so successful that Arvin uses it as a role model when "pitching" outside companies. "We take our outcomes and go to local employers, and we've had several who have followed our lead and purchased the self-care book for their employees as well," he says.

[For more information, contact:
***Chris Arvin,** MS, sales and marketing manager, Center for Occupational Health, Bloomington Hospital, P.O. Box 1149, Bloomington, IN 47402. Telephone: (812) 353-3429.]* ■

HealthyLife Self-Care Evaluations

Organization	Year	No. of Cases	No. of Months	Cost of Dr. visit	Cost of ER visit	Total Cost	ROI*
Lewis-Gale Clinic	1997	327	12	$57.79	$14.44	$72.23	14:1
Health Net	1996	165	6	17.88	16.97	34.85	14:1
Western Southern Life	1996	197	6	17.00	40.61	57.61	26:1
Lewis-Gale Clinic	1996	79	5	25.97	12.19	38.16	15:1
Capital Blue Cross*	1995	371	12	26.01	13.05	39.06	5:1
Capital Blue Cross*	1995	938	12	16.45	5.22	21.67	7:1
Indian Industries	1995	197	6	8.88	66.45	75.33	30:1
Florida Hospital*	1994	365	5	18.99	65.82	84.81	42:1
Florida Hospital*	1994	436	5	17.53	49.80	67.33	34:1
Bell-South	1994	229	3	18.56	21.62	40.18	16:1
EDS	1994	65	6	15.24	35.38	50.62	20:1
Florida Hospital — Children's	1995	183	5	11.72	78.26	89.98	45:1
York Health System — Seniors'	1996	107	12	21.26	36.23	57.49	17:1

**Reprints from peer reviewed journals available upon request.*

** ROI: Return on investment*

Source: American Institute for Preventative Medicine, Farmingon Hills, MI.

New standards guide DM programs

NCQA seeks to streamline accreditation process

The National Committee for Quality Assurance (NCQA), based in Washington, DC, has released draft standards for the accreditation and certification of disease management (DM) programs. The NCQA accredits and certifies a wide range of health care organizations.

Typical disease management tools include telephone contact with nurses for coaching and reminders about staying on a treatment plan; biometric devices for home monitoring of conditions like high blood pressure and diabetes; and patient information that might be printed or Internet-based.

The two major sources of DM programs are managed care organizations and private DM

Bloomington Hospital Self-Care Quiz

Name _____ Department _____
Sex _____ Female _____Male Employee ID# _____

1. Have you referred to your *Health at Home* book within the last 6 months? Yes No
   If yes, approximately how many times have you referred to it? _____

2. If yes, has *Health at Home* enabled you to avoid one or more trips to the doctor? Yes No
   If yes, how many visits? _____

3. Has *Health at Home* enabled you to avoid any visits to the emergency room? Yes No
   If yes, how many visits? _____

4. Has *Health at Home* helped you prevent any missed work days in the last year? Yes No
   If yes, how many days? _____

5. Do you find *Health at Home* easy to understand? Yes No

6. According to your *Health at Home* book, what is the most common cause for an aching lower back?

_____

7. Also according to the *Health at Home* book, there are several common "Dos" and "Don'ts" for preventing lower backaches? List two "Dos" and two "Don'ts" below.

_____ _____

_____ _____

8. Please give an example of a time you have used the *Health at Home* guide within the last year.

_____
_____
_____

Source: Center for Occupational Health, Bloomington Hospital, Bloomington, IN.

vendors. Under the new draft standards, which are slated for adoption in final form at the end of the year, programs either will be accredited or certified. "Certification will focus on a specific part of disease management, while accreditation will be more global," explains **Linda Shelton**, MA, NCQA assistant vice president, product development, and lead individual in the development of the new standards. "For example, pharmaceutical companies develop materials to support DM programs. They would be eligible for certification, since they don't actually operate a program."

The NCQA has had DM requirements in place for some time for managed care organizations, notes Shelton. "They require at least two DM programs; we also have HEDIS (Health Plan Employer Data and Information Set) measures of good chronic disease care," she notes. "But as we saw this industry developing we felt we should have a separate DM accreditation so we could be most efficient. We like to look at any program or activity only once."

This new move underscores the importance of DM programs to employee health in general, and to occ med professionals in particular — and, of course, to employers.

"Employers are very interested in DM, because

people with chronic diseases lose more time from work. About 20% of the insured population accounts for 80% of the health care cost. And there are also productivity issues," notes Shelton.

What does this mean for you?

Shelton would not go as far as to say that DM should be an integral part of an in-house occupational health program. "All places of employment are different," she observes. "Some may include DM as part of a multi-purpose response to health needs, while others might carve out that service to DM organizations. If you define occupational medicine as taking care of problems on the job or dealing with injuries that are the result of job activities, then there is not an overlap with DM. If you define it as helping employees with *any* of their medical problems, then it definitely does."

At its core, DM helps the employee to manage his or her chronic condition, notes Shelton. "It involves offering assistance with the part of health care that used to exclusively be the patient's responsibility," she explains.

"It used to be that the doctor would say, 'Quit smoking,' or 'Go on a diet, and see me in three months.' Then, it became a case of out of sight, out of mind. DM recognizes that doing all of these things is hard; it means you have to change your behavior every day, many times a day. A lot of people need more assistance than just a word of advice; they need know-how about changing their diet, and all kinds of motivational assistance to quit smoking. They probably need reminders about complicated medical regimens, and when to get back to the doctor. With the recent increased exposure about diabetes, everyone has become more attuned to the impact of chronic diseases."

The draft standards were released for public comment this summer. When will organizations be able to receive their reviews? "As soon as the final standards are ready we will be ready," says Shelton.

[For more information, contact:

*• **Linda Shelton**, MA, assistant vice president, product development, NCQA, 2000 L St., N.W., Suite 500, Washington, DC 20036. Telephone: (202) 955-3500. Fax: (202) 955-3599. Web: www.ncqa.org. E-mail: dmcert@ncqa.org, or Shelton@ncqa.org.*

*• **Disease Management Association of America.** Warren Todd, president. Telephone: (202) 861-1491. Web: www.dmaa.org.]* ■

ACOEM offers guide for terrorist attack aftermath

Recommendations to deal with employee stress

The Mental Health Committee and the Council on Scientific Affairs of the Washington, DC-based American College of Occupational and Environmental Medicine (ACOEM) created a resource package and response guidelines for health care professionals who may have to deal with the psychological trauma of the events of Sept. 11, 2001.

These may prove valuable not only for those with employees in areas that were directly affected, but for any occupational health professional whose employees have been traumatized by these events.

The guidelines are divided into three parts:

Discussions of pertinent topics:

• How much stress is expected to follow the events of Sept. 11, 2001?
• What are the normal reactions to "highly stressful" events?
• Problematic stress reactions
• What procedures are available to help coping responses?
• Critical incident stress management
• Post-traumatic stress disorder
• Acute stress disorder
• Associated disorders
• Three questions often asked by survivors and emergency response team members
• What are the goals of mental health providers in disaster situations?

Suggested follow-up to events of Sept. 11.

• Template for a communications statement from corporate medical director or medical consultation to a company
• How to approach an employee in distress
• Stress information sheet (Hand-out for employees)
• Timing of workplace interventions

Additional resources.

• ACOEM members offer their special expertise (Members only)
• Critical incident stress and post-traumatic stress
• Grief support

Several of the topics include template introductory letters to the employees, expressing concern for the victims, their families and all

who were affected, and informing employees that resources are available to help them through this difficult time.

Practical, concrete suggestions are offered for dealing with employees – as well as advice for the employees themselves. For example, here are the ACOEM's recommendations for approaching a person in distress. If you believe a co-worker is experiencing stress symptoms:

- Ask to speak to the person privately. Do not "point out" symptoms to a person who may be in pain.
- Ask, "Are you having some difficulties? Do you want to talk about it?" Sharing feelings and encouraging discussion help to establish the normalcy of the responses experienced. Be a good listener, but do not offer unqualified therapy.
- If you believe the person is having an especially difficult time and may need to discuss feelings with a professional, suggest that he or she contact _____. You may wish to follow up later to see if the person took your advice.
- If you believe the person is in immediate need of care, you can contact _____ and describe your concerns.

(To view the complete ACOEM guidelines, go to: www.acoem.org/member/guidelines.htm.) ■

Retirees' work-based benefits declining

EBRI sees drop steepening as 'boomers' retire

A series of federal business accounting changes, most notably the passage of the Financial Accounting Standards Board's Financial Accounting Statement No. 106 (FAS 106) in 1990, will lead to a steady decline in retirees' work-based health benefits, according to the Washington, DC-based Employee Benefit Research Institute (EBRI).

"In a nutshell, FAS 106 changes the accounting rules for employers providing retirement benefits by making the liability of future expenses associated with that more explicit, and that has had a huge impact on their balance sheets. It didn't change the actual cost, but the way that cost was accounted for," explains EBRI's **Paul Fronstin.** He details these trends in EBRI's August 2001 *Issue Briefs*, in a report titled, "Retiree Health Benefits: Trends and Outlook."

The report notes that the downward trend in retiree health benefits is not that apparent to current retirees because the courts have ruled that an employer has the right to terminate or amend retiree health benefits if it has proved that such a right has been reserved or stated in specific language and on a widely known basis. Partly as a result, retiree health benefits are being restricted in many cases by making it harder for workers to qualify for them.

"My best guess on when the impact will begin to be felt is another five or 10 years," says Fronstin.

What the report makes clear is that as a result of FAS 106 and the rising cost of providing retiree health benefits in general, employers began a major overhaul of their retiree health benefits. Some employers put caps on what they were willing to spend on retiree benefits. Some added age and service requirements, while others moved to some

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Editor: **Steve Lewis.**
Vice President/Group Publisher: **Brenda Mooney**, (404) 262-5403, (brenda.mooney@ahcpub.com).
Editorial Group Head: **Leslie Coplin**, (404) 262-5534, (leslie.coplin@ahcpub.com).
Managing Editor: **Kevin New**, (404) 262-5467, (kevin.new@ahcpub.com).
Production Editor: **Emily Palmer**.

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Editorial Questions

For questions or comments, call **Kevin New** at (404) 262-5467.

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type of "defined contribution" health benefit. Some completely dropped benefits for current retirees, although this has happened less frequently.

Fronstin expects employees to make adjustments in their behavior as a result of these changes. "You may see people working longer when they find out they won't be able to retire with health benefits — at least not before they are 65, when they can get Medicare," he notes.

It's impossible to know how many employees will end up without insurance when they retire, says Fronstin. "We'd have to make predictions about how often they change jobs," he notes. In larger companies (those with more than 500 employees), somewhere between 30% and 70% of employers currently offer retiree health insurance, according to Fronstin. "If you include all the companies with fewer than 500 employees, that number drops to about 9%," he says.

In light of these current trends, Fronstin observes, employees will have to start thinking differently about the future in terms of their finances. "They have to figure out what they will need; how much it will cost them to live *including* [supplemental] insurance, and base their planning on that," he advises.

[For more information, contact:
***Paul Fronstin**, Employee Benefit Research Institute, Suite 600, 2121 K St., N.W., Washington, DC 20037-1896. Telephone: (202)775-6352. E-mail: fronstin@abri.org.]* ■