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Researchers create new index to measure employee productivity

Link demonstrated between risk factors, lower production rate

A new study in the *Journal of Occupational and Environmental Medicine* has shown a direct link between several health risk factors and the failure of employees to attain certain productivity standards. But perhaps even more fascinating than the study's results were the methods used by the researchers to measure productivity.

"The costs attributed to employee health problems are usually measured by employers in terms of direct health costs, such as medical plans claims," they wrote. "Although it has been understood that employee health problems also produce indirect costs for employers, their measurement has been far less frequent."¹

To ensure that indirect costs were given appropriate weight, the researchers created what they call a Worker Productivity Index (WPI), which incorporates time lost to employee absenteeism and disability, as well as on-the-job decreases in productivity that may be due to health risk factors. This latter measure, which the researchers call "presenteeism," creates a more complete picture of the effects of health risks on productivity.

"... Absenteeism and disability costs should be recognized, at best, as a significant contributor to an incomplete estimate of the total loss of productivity resulting from health impairment," they wrote. "What are seldom measured are the decreases in productivity for the much larger

KEY POINTS

- "Presenteeism" measures productivity while high-risk employees are at work
- "Health data warehouse" a must for statistically valid studies
- Diabetes, body mass index, distress have significant impact on worker productivity

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group of employees whose health problems have not necessarily led to absenteeism and the decrease in productivity for the disabled group before and after the absence period.”

Getting a handle on presenteeism

In order to measure presenteeism, there are a number of prerequisites. First, a company must have a “health data warehouse” so that it can integrate different measures of employee health costs with its productivity measures. What should this “warehouse” include?

“It should generally include demographic information, absenteeism and/or disability days lost, HRA [health risk appraisal] results, and health promotion participation,” says **Wayne N. Burton**, MD, senior vice president and corporate medical director at Bank One in Chicago, and lead author of the paper. “More sophisticated systems include occupational health records, insurance claim information, and other databases.”

“It should include as much data about the person as possible, especially related to the four key outcome measures — medical costs, absenteeism, disability, and productivity,” adds **Dee W. Edington**, PhD, of the Health Management Research Center at the University of Michigan, Ann Arbor, and a co-author of the paper. “My feelings are that it should also include data on the family, especially if health care costs are an outcome measure.”

This data were readily available to the researchers, as the 564 participants in the study were telephone customer-service agents of First Card, a subsidiary of Bank One. First Card is the fifth-largest credit card issuer in the United States. The population was drawn from an operations, marketing, and service center in Elgin, IL, that employs approximately 3,000 people.

Because management knew it took about three months for new employees to become comfortable in their position, only employees who have worked with First Card for at least 13 weeks were eligible to participate. In addition, employees

Worker Productivity Index (WPI) for Health Risks

	Total Time Lost (Mean)	WPI
Total with HRA, nonpregnant	13+ weeks	89
Selected Health Risks (at risk):		
Lifestyle		
Current Smokers	4.147	90
Physical Activities (<1/wk)	3.238	92
Seatbelt Usage (<90%)	3.443	91
Encountered Violent Events	5.722	86
Perception		
Distress	5.396	87
Biological Risks		
Diabetes	11.364	72
High Blood Pressure	5.068	87
Cholesterol	6.128	85
Body Mass Index at Risk	5.790	86
Number of Risks		
0 to 1 Risk Factor	4.059	90
2 Risk Factors	4.635	88
3+ Risk Factors	5.565	86

Source: The role of health risk factors and disease on worker productivity. *JOEM* 1999; 41:863-877.

who were pregnant were not eligible.

A greater challenge was to establish the productivity standards by which presenteeism would be measured. The authors began by focusing on the two major productivity measurements commonly used for that type of employee. One involves the correctness of information given. The second deals with time: the amount of time between calls, the time customers are kept waiting, and so forth.

After conducting interviews with managers in

COMING IN FUTURE MONTHS

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■ Health promotion program is targeting public school teachers and their families

■ MCOs may hold the key to the reduction of unhealthy behaviors

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Formulas Used to Determine Productivity

- Lost Hours per Week Due to Absenteeism = [Total Illness Hours + Total STD (Short-Term Disability) Hours] / Weeks Employed
- Lost Hours per Week Due to Failure to Meet Productivity [Standard = 100% - (Overall Score) / (0.5)] x Average Weekly Staffing Hours
- Total Lost Hours per Week =
Lost Hours per Week Due to Absenteeism
+
Lost Hours per Week Due to Failure to Meet Productivity Standard

Source: Burton WN, Conti DJ, Chen CY, et al. The role of health risk factors and disease on worker productivity. *JOEM* 1999; 41:863-877.

a number of different departments, two measures were chosen for the study. The first was called “Handle Time.” This referred to the total time spent on each call, including hold time, and time for after-call work. The second was called “Aux Time,” short for auxiliary time. This represented time the employee was not available to receive phone calls — i.e., “logged off” the system. In both cases, the lower the value reported, the higher the productivity.

Ultimately, the WPI was calculated by integrating two critical measures: lost productivity away from the job because of illness, and time lost because of failure to maintain the productivity standard. Time away from work included time lost due to scattered illness and short-term disability absences. The latter measure was an estimate of the time lost because of lowered productivity while the employee was on the job, or presenteeism.

What the study showed

When the results were studied, three health risks — general distress, diabetes, and BMI (body mass index) were found to have a significant relationship to a failure to attain the productivity standards that had been set.

“Those employees who self-identified themselves as having diabetes showed significantly more hours lost to illness, STD [short-term disability] absences, and to the failure to meet the productivity standard. Those with higher general distress scores showed significantly more illness

hours and lost hours due to the failure to meet the productivity standard. Employees at risk for BMI scores also showed significantly more illness hours and lost hours due to the failure to meet the productivity standard,” wrote the authors. (See chart, p. 26.)

The study data further indicated that “as the number of health risks increases, an employee’s productivity decreases.” However, that correlation did not meet what researchers call “statistical significance.” They conjecture that this may have been due to the relatively small sample size, as only 87 employees actually fell into the high health risk category. They also believe they may have been too liberal in the setting of standards used to determine whether or not productivity goals have been met. “Defining the failure at a higher threshold may have more clearly marked the interaction of high health risk and lowered WPI by more clearly identifying those employees with chronic failure to maintain the productivity standard,” they assert.

“Taken together, absenteeism, short-term disability, and presenteeism yield a far more accurate picture of lost productivity stemming from ill health,” notes Burton. “Our research showed that risk factors from an HRA are associated with on-the-job lost productivity. The same group of risk factors which are associated with increased health care costs and increased disability days also are associated with reduced worker productivity, or presenteeism.”

“I was surprised by the strength of the relationship [between absenteeism, disability, and presenteeism],” adds Edington. “Also, this nearly completes our investigation of outcome measures for lifestyle factors. We have now demonstrated the relationship between health behaviors and medical costs, absenteeism, disability, and now productivity. Taken together, this is the measure of productivity.”

A universal application?

Assuming that their companies have suitable health data warehouses upon which to create a proper statistical base, would other health promotion professionals be able to create WPI measures? In other words, just how universal are the standards established in this study?

“Our study is applicable to jobs answering the telephone and working on a computer terminal,” notes Burton. “The applicability to other types of jobs will need to be studied. This type of research

requires a significant investment of time and resources. Efforts are under way to find easier ways of measuring presenteeism.”

“This is an important, but open question that needs continued studying,” adds Edington.

Of course, the next step, once such data have been gathered, is to translate them into action, i.e., new health promotion strategies. Can the WPI be used in such a fashion? “It is far too early to use this information to design wellness programs,” says Burton. “A great deal of additional research is needed. However, the usefulness of health risk appraisal information in the development of work site programs is clear.”

Edington does see some immediate possibilities. “First of all, make sure the productivity standards are agreed upon by management and the employees in that work environment,” he advises. “Then, given individual risk profiles and job preferences, you could make selective job assignments.”

More important, says Edington, is the study’s “take-home message” for wellness professionals: “Healthy behaviors and attitudes add value to the contribution of an employee every hour of the day.”

[For more information, contact: Wayne N. Burton, Corporate Medical Director, Bank One, 1 Bank One Plaza, Chicago, IL 60670-0006. Telephone: (312) 732-6434.]

Reference

1. Burton WN, Conti DJ, Chen CY, et al. The role of health risk factors and disease on worker productivity. *JOEM* 1999; 41:863-877. ■

Welcoming atmosphere helps attract employees

Wellness center emphasizes the personal touch

When Borg-Warner Automotive (BWA), the Bellwood, IL-based manufacturer of friction plates and clutches, opened a new fitness center for its employees in February 1997, the foundation had already been laid for a successful program.

As part of a careful planning process, even the design of the new BWA Wellness Center was part of a strategy to make employees feel welcome, create an atmosphere that would encourage participation, and meet each employee’s needs.

KEY POINTS

- Center’s design elements, structure created to encourage participation
- Nearly 40% of total employee population are wellness center members
- HRA instrument incorporates both risk factors and individual interests

The 4,500-square-foot center was built by Borg-Warner Automotive and is managed by Chicago-based Advocate Fitness/Advocate Health Care. Advocate, a system of eight hospitals with 180 sites of care, provides Borg-Warner with the Wellness Center staff, a kinesiotherapy program, fitness assessments, and marketing services.

They must be doing something right: To date, 288 of the company’s 971 employees, or 30% of the total population, have become members.

A whole new environment

Advocate was looking for the antithesis of the manufacturing plant environment in which the employees work all day.

“One of the first things we considered [in the center’s design] was the environment and culture,” explains **Teresa Taylor-Dusharm**, director, Advocate Fitness. “The center is nicely carpeted, with plants, windows, and brightly colored staff uniforms.”

“The employees come from a fast-paced and highly repetitive factory environment into a well-lit, bright atmosphere,” adds **Amy Rauworth**, fitness manager, Advocate Fitness/Borg-Warner Wellness Center. “There are windows, mirrors, and a positive feel to the fitness area.”

The center’s U-shaped design adds to the welcoming atmosphere. “When you walk in, the desk is right there; there’s always someone there to welcome you by your first name,” says Rauworth.

“We wanted the staff to be the first thing the employees saw,” explains Taylor-Dusharm, noting that staff interaction with employees is another critical factor in the center’s success. “Every member has a personal mailbox at the center so the staff can communicate with them on a regular basis.” This communication process includes follow-ups on the employee orientation program, fitness assessment reports, and so forth.

From the moment employees join Borg-Warner, they are made to feel part of a family. That sense

Borg-Warner 1999 Wellness Activities, Participation

- Total number of visits: 14,319
- Average number of visits per month: 1,301
- Increase in membership: 0.5%
- Number of new or renewed memberships: 69
- Total number of fitness assessments: 78.25
- Total number of blood pressure screenings: 392
- Total number of kinesiotherapy appointments: 355
- Increase in number of kinesiotherapy visits: 240
- Cost savings from kinesiotherapy program: \$51,475
- Hours of production time saved: 887.5

Event	No. of Participants (Per-Month Average)
Injury Prevention Program	120
Anniversary Party	300
That's Fitness!	
That's Entertainment!	90
Random Acts of Kindness	
Week	275
Membership Drive	7
Team Day	750
Health Fair	750
Fitness Bingo	50
Taste of Bellwood	500
Chase Corporate Challenge	200
Halloween Blood Pressure Checks	40
Random Acts of Kindness	200
Holiday Weight Maintenance Challenge	85

of belonging and the personal touch, permeates the wellness program, as well.

"The family atmosphere is very visible here; people really know each other," says **Louise Barsevich**, health service coordinator, Borg-Warner Automotive. "I joined the company three years ago when the center opened, and I felt welcome right away. We have mothers and daughters who exercise together, husbands and wives, [and] sisters, who work out together and encourage each other."

The center has a bulletin board with pictures of family members on it, with a headline that asks: "Who do you work out for?"

"We have one father-in-law who encourages his son-in-law to work out; he wants him to be there for his grandchildren," says Barsevich.

When employees join the wellness center, they also receive personal attention. "Our wellness program is comprehensive," notes Barsevich. "But one of the things that makes it unique is that it addresses the whole person, not just one or two health aspects."

That's why the center is called a "wellness" center, rather than a fitness center. "We wanted the employees to realize the program is about more than just exercise," Rauworth explains. "We address the individual's mind, body, and spirit aspects of their health." **(For a closer look at some of the program's offerings and results, see the charts, left, and on p. 30.)**

Even the health risk appraisal the center uses takes that into account. "It is an instrument designed to assess both health risk and specific interests of the employee, so the individual needs are addressed," says Taylor-Dusharm.

"We try to meet the employee at a personal level," explains Rauworth. "We want to listen and respond to their needs — not just risk factors."

To do that, the staff uses the Stages of Change model. "This way, we can meet every member where they're at," notes Taylor-Dusharm. "We set up a wellness plan that outlines where we'd like them to be, but their interests are bought into the plan of action."

"Through their folder, we communicate with the member about where they fall within the wellness spectrum, what their personal goals are, and what the staff's goals are for them," adds Rauworth.

Spreading the word

The wellness center staff begin the communication process with employees during orientation, when brochures are distributed about the program. The staff then maintain a constant visibility throughout the facility, and not just at the center.

"We have a stretching and strengthening program in the plant, which is conducted on the plant floor during working hours," says Barsevich. "The staff of the wellness center will come down and provide instructional programs, and encourage the employees to come to the center and learn the programs themselves."

The injury prevention module, part of an innovative kinesiotherapy program at Borg-Warner, is also incorporated into the daily work life of the

Borg-Warner Wellness Center

2000 Programming Goals and Objectives

January

- End-of-the-Holiday Weight Maintenance Challenge — An incentive program to encourage BWA employees to maintain their weight over the holiday season.
- Blood Pressure Open House

February

- Membership Drive
- Anniversary Celebration/Come Meet the New Staff
- Blood Pressure Open House
- American Heart Month

March

- Membership Drive
- Lifestyle Bucks Lecture — Sun/Skin Care
- Blood Pressure Open House
- Spring Fitness Program
- Team Day

April

- Membership Drive
- Injury Prevention Reception/KT Awareness
- Cancer Awareness Month
- Lifestyle Bucks Lecture — Healthy Eating in the Cafeteria/General Nutrition Information
- Health Fair
- Blood Pressure Open House

May

- Membership Drive
- National Employee Health and Fitness Day
- Blood Pressure Open House/National BP Awareness Month
- National Stroke Awareness Month

June

- Membership Drive
- Training Program for the Chase Corporate Challenge
- Taste of Bellwood
- National Safety Month — Ergonomics Awareness
- Back School
- Blood Pressure Open House

July

- Membership Drive
- Blood Pressure Open House

August

- Membership Drive
- Chase Corporate Challenge
- Injury Prevention Reception/KT Awareness Month
- Blood Pressure Open House

September

- Membership Drive
- Blood Pressure Open House
- National Cholesterol Education Month
- Back School
- Fall Fitness Program

October

- Membership Drive
- Blood Pressure Open House
- National Depression Screening Day

November

- Membership Drive
- Holiday Weight Maintenance Challenge
- National Diabetes Month
- Great American Smoke-Out
- Blood Pressure Open House

December

- Membership Drive
- Blood Pressure Open House
- Back School
- Lifestyle Bucks Lecture — Holiday Stress Reduction

employees. The workers at Borg-Warner are organized into a team structure, with team leaders holding “huddles” each day. The wellness center staff regularly provide team leaders with wellness information to be shared during those meetings.

The staff are now looking to extend their reach even farther. “This year, we’re expanding the program to incorporate people who are not members of the wellness center,” says Barsevich.

One new program targeting nonmembers is a

walking group. To encourage participation, staff members walk into the plant wearing bright T-shirts, encouraging other employees to join them. An afternoon nurse in the medical center will also go out and help people walk. The staff hope participants will also want to join the center, “But if we don’t get them to join but just walk, we’ve still accomplished something,” says Barsevich.

The program is constantly promoted, with enrollment drives linked to specific themes. For

example, in February, American Heart Month, “Give Your Valentine a Healthy Heart” was the promotional theme.

But all of those efforts would be for naught without the strong support of Borg-Warner; the leadership of the BWA management team was instrumental in its early success. “Advocate can bring these resources to a company; but if a company is not ready to receive them, you can’t force it on them,” notes Taylor-Dusharm. “Support from top management is the critical piece. That’s why the program has been so effective at Borg-Warner.”

[For more information, contact: Amy Rauworth, Borg-Warner Automotive Wellness Center, 700 25th Ave., Bellwood, IL 60104. Telephone: (708) 547-2878. E-mail: arauworth@ats.bwauto.com.] ■

Alternative therapy bolsters heart health

Program saves about \$16K per participant

If everything truly does start in California, a revolution may have begun in the way health care professionals help employees to manage — and reverse — their heart disease. And that revolution has already spread east in a big way, thanks to a pioneering effort by Highmark Blue Cross/Blue Shield, based in Pittsburgh and Camp Hill, PA.

In November 1997, Highmark implemented an innovative program developed by Dean Ornish, MD. The Ornish program incorporates a vegetarian diet, exercise, yoga, support groups, and meditation. Highmark is the first U.S. health insurer to provide and pay for Ornish’s program.

The results? Highmark estimates it has saved approximately \$16,000 per person through the program. While up to 80% of the participants would have required heart surgery in the next

five years if they had not joined the program, none of them has suffered a heart attack since the program began; there have been no deaths; no one has required bypass surgery; there have been no strokes or transplants; and there has been only one angioplasty. **(A complete reporting of outcomes is provided in the chart on p. 32.)**

Becoming a believer

“I saw Dr. Ornish speak at a conference in 1996, and became convinced that confronting heart disease in this way was the right thing to do,” recalls **Anna L. Silberman**, MPH, vice president of HealthPLACE, a division of Highmark that offers a broad spectrum of health promotion programs.

“What attracted me was the combination of four interventions for which there is a scientific basis; we know what works,” she continues. But Silberman rejects the label of “complementary medicine” when discussing the program; she also bristles at the term “disease management,” preferring instead to call the process “health management.”

“We’re talking about nutrition, exercise, stress management, and group support,” she explains. “Each one is very effective in itself. Together, the synergy is very powerful.”

Silberman notes that the basic philosophy of the Ornish program is a departure from traditional health promotion.

“In health promotion, we learn that people become successful in small steps,” she explains. “This is different; you change all at once. You’re no longer eating meat, you’re exercising, ‘Type A’ executives are meditating right away. Your life changes right away. It’s the combination of these big changes that produce the big results. By the third day, many people have lower blood pressure because of the stress management sessions; chest pain is relieved because more blood is flowing to the heart; and they see a number of risk factors dramatically reducing.”

Getting it started

Highmark drew its initial participants from among its 2.5 million members in Western Pennsylvania. (It has 18 million members nationwide.) “Most were employees at local companies,” notes Silberman. “Heinz sent a number of people, because they have a culture that is very supportive of wellness. If employees need to leave

KEY POINTS

- Vegetarian diet, exercise, yoga, and meditation are keys to successful plan
- Unlike traditional health promotion programs, full intensity is reached immediately
- Some participants see dramatic results in as little as three days

program, only three dropped out, says Silberman. “You have the opportunity to really connect with people,” she notes. “The participants develop strong relationships with one another, as well as with the staff.” The staff include exercise physiologists, nurse case managers, registered dietitians, a medical director/cardiologist, a behavioral health clinician, and stress management and yoga instructors.

“For years, we’ve been delivering *sick* care; this is really *health* care,” Silberman asserts. “By its nature, cardiovascular disease

Source: Highmark Blue Cross/Blue Shield, Pittsburgh.

work early two days a week to participate in the program, it’s fine with them. We also have our own employees and dependents in the program.”

In addition, the program was opened up to some local Medicare patients and unemployed individuals through scholarships.

Strong adherence to program

The program was jump-started with “a huge article” in the local newspaper,” Silberman recalls. “The newspaper got wind of it, and people started to call,” she says.

Many individuals who read the article went to their cardiologist for referrals, says Silberman. “The participants were people with documented cardiovascular disease,” she explains. “One had had a heart attack; others had bypass surgery or angioplasty, or they had a combination of risk factors and knew they were on the pathway to the hospital. We welcomed them with open arms.”

They did not accept smokers. “That would have been too much at once, so we put them in our smoking cessation program. We also offered a nutrition program for individuals with serious food problems,” she explains.

Of the 300 people who signed up for the

is very progressive, but when adhered to, this program reverses it. Weight drops, anxiety scores, depression scores all go down. The results we’ve achieved have been accomplished amongst this very high-risk population.”

Highmark’s actuary department estimates the insurance carrier is saving about \$16,000 per person by avoiding the costs of complications.

“When I saw this [program] in California, I thought that maybe it would only work there,” she continues. “But our program has renewed my faith in people’s ability to learn a new lifestyle, to integrate it, and to promote it to others. I really respect their accomplishments. They’re with us only 10 hours a week, but obviously they’re adhering to the program when they’re away from us because the results are holding.”

Some of those results have been truly impressive. One of the participants, John C. Court, DC, wrote Silberman the following: “I had fantastic lab results yesterday. My cholesterol dropped from 258 to 172, my triglycerides dropped from 693 to 259, and my stress test improved 14.3% These data show tangible proof that 12 weeks of following the Ornish guidelines work. Your staff did an outstanding job leading me through the program. The numbers do not adequately show how great I feel, having made this lifestyle

change. I am 18 pounds lighter, and have the energy and zest of an 18-year-old.”

For those health promotion professionals interested in the program, Highmark “would be most willing to go into any large employer who would have 15 or more people eligible to participate,” says Silberman. She notes that Highmark is “close to having exclusive rights to the program all over the country.”

Referrals to Highmark should come from the wellness coordinator, Silberman adds.

[For more information, contact: Anna L. Silberman, Highmark Blue Cross/Blue Shield, 120 Fifth Ave., Suite 1721, Pittsburgh, PA 15222. Telephone: (412) 544-4182. E-mail: anna.silberman@highmark.com.] ■

Benefit trends favor employee wellness

Disease management coming to the fore

Although trends in employee benefits often appear to be mostly about dollars and cents, a new reality emerging in that field will have a significant and positive impact on employee health.

That’s one of the major conclusions that can be drawn from the 14th annual National Survey of Employer-Sponsored Health Plans from the New York City-based William M. Mercer Inc.

Among the study’s findings:

- **Use of chronic disease management programs is increasing sharply.**
- **A growing number of employers are adding coverage for alternative medicine.**
- **Despite rising health care costs, the trend of shifting those costs onto employees is slowing.**

“In this tight labor market, many employers are reluctant to upset workers with bad news about their medical benefits,” explains **Blaine Bos**,

KEY POINTS

- Significant increase seen in coverage for alternative medicine
- Labor shortage puts employees in the driver’s seat, despite rising health care costs
- Treatment of employees, clear corporate vision key to positive morale

a consultant in Mercer’s Chicago office and one of the study’s authors. “They’d rather target cost-management efforts at trouble spots like prescription drugs, or look for win-win ways to control costs.”

One of those ways is disease management (DM). The Mercer study showed that use of chronic DM programs jumped sharply in 1999, with 58% of employers’ largest health plans including one or more such programs, up from 49% in 1998.

This, according to Bos, is “a tremendous jump.” Does he see the trend continuing? “I absolutely believe it will continue,” he asserts. “From my practice standpoint — as a ‘futurist’ — I see DM as being, if not the primary tool, one of the top two or three tools employers will be using over the next two or three years to manage costs.”

On what factors does he base this prediction? “DM is unobtrusive, it’s voluntary, and it has a long-term impact on cost and quality of care,” he explains. “The segment of the employee population that has health problems understands it needs help, and there are a vast variety [of] ways in which DM services can be delivered.”

As DM grows in popularity, those options will be honed down, Bos predicts. “We will find one or two venues that will become the most preferred, like the Internet or a more hands-on approach. Whichever paths are chosen, employers have identified DM as the next ‘silver bullet,’ much as managed care was several years ago. Rather than denying access, DM is seen as a clinical solution to health problems,” he explains.

Supporting other options

The Mercer survey also showed a growing move to coverage of alternative care. For example, chiropractic care is now covered in 78% of employers’ largest plans, up from 61% in 1998, and acupuncture is covered in 21%, up from 17%.

“We track that information for acupuncture and acupuncture, chiropractic, homeopathic medicine, biofeedback, and massage therapy, and [coverage for] all of them is increasing,” says Bos.

The reasons for that trend are twofold, he notes. “First, the coverage is being driven very definitely by employees who essentially have educated themselves about these alternative delivery modalities and are determined to obtain the most effective care possible. Also, employers and health plans have found that the excuse they’ve used in the past for not covering alternative care — a lack of clinical proof — has disappeared because many

practitioners have discovered there are appropriate protocols and evidence. For us, that is the telling reason why coverage has gained favor with employers.” In fact, he adds, “we very much expect to see increased coverage of herbal medications and other alternatives to drugs not now covered by health plans.”

No more pass-alongs

In another significant result of the study, only about 25% of the employers surveyed said they would increase either employee benefit contributions or cost-sharing, despite a 7.3% increase in costs in 1999.

While not directly impacting on health, Bos concedes that move by employers will improve morale and perhaps reduce stress. “Certainly, it will be seen positively by employees that employers are reticent to deliver any bad news. Part of the reason is they know that in today’s market they can walk out the door whenever they want, and if they have good skills and a reasonable personality, they will be employable.”

In another Mercer survey dealing with employee preferences, Bos notes, among the prime drivers in attracting and retaining employees are a clear corporate vision and how well the employer treats his employees. It follows that in the current labor market, an increase in cost shifting becomes almost unthinkable for many employers.

[For more information, contact: Blaine Bos, William M. Mercer Inc., 10 S. Wacker, Chicago, IL 60606. Telephone: (312) 902-7664.] ■

Employees given voice in health care process

Organizations listen, respond to complaints

Employees who must choose from among a limited number of health care providers may feel they are on the low end of the health care totem pole. But a new report by a nonprofit organization in California shows that some employers and managed care providers are listening, and that employees can have an impact on the quality of health care they receive.

The report, issued by California Health Decisions (CHD), of Orange, CA, indicates that employees, as health plan members, can and do

drive improvements in the health care delivery system. It also demonstrates how an ongoing dialogue impacted the plans, providers, and ultimately the employees themselves.

Called *Partners in Healthcare: Consumer Input, Consumer Impact*, the report is the result of a two-year CHD project. Participants included Chevron Corp., the third-largest petroleum corporation in the United States; Health Net, one of California’s largest managed health care companies; Hill Physicians Medical Group Inc., the largest independent practice association in California and recently named California’s “Blue Ribbon” medical group by the Pacific Business Group on Health; and two consumer partners who received their care through those organizations. Other members were interviewed via focus groups.

Identifying the issues

One of the first things the researchers did was identify major areas of frustration among the members — and often among physicians:

- **referrals and authorizations;**
- **prescription drug coverage;**
- **emergency room procedures;**
- **member services;**
- **issues surrounding the physician-patient relationship.**

“These issues are not new,” concedes **Ellen Severoni**, CHD’s president and co-founder.

“What is new is the way in which the participants accepted ownership for the findings, shared accountability, and worked together to find solutions. It was an interesting evolution as health plans, physicians, employers, and consumers who have never shared the same table began to understand how they could help each other.”

“It was very rewarding to be able to talk about the problems and frustrations that can happen when you’re seeking health care,” says **Culton Ingram**, a Danville, CA, resident who was one of the participants. “But it was even more rewarding to be part of the solution.”

Based on the feedback, Health Net and Hill Physicians have implemented a number of improvements, and expect to develop more over time. Here are some examples:

- **To make referrals easier, Hill Physicians expanded the length of time some referrals are valid from 90 days to 365 days, and established guidelines to permit automatic or “pass-through” referrals.**
- **To improve communications with patients**

about referrals and authorizations, Hill also increased training for its nurses.

- To improve understanding of the system, both Health Net and Hill revamped their member education materials, with direct input and content review from members.

- To improve complaints about billing and claims service, Health Net and Hill developed a joint "one call" policy that institutes a three-way call to ensure that a billing or claims problem is "owned" or resolved the first time a patient calls.

- To ensure a continuing voice for members in the development and evaluation of new policies and procedures, both Health Net and Hill Physicians have created new consumer committees that are already at work.

Interestingly, employees who have participated in the project had a different reaction to those changes than those who didn't. "In the follow-up research, we found that members who had participated in the earlier sessions to identify concerns showed a higher-level satisfaction improvement than those who had not participated," notes Severoni. "This divergence demonstrates the value of inviting consumers to share their views and then responding with appropriate action. People want to know that their opinions counts."

"This was not an easy project, but it was worth the time and effort," adds Steve McDermott, executive director of Hill Physicians Medical Group. "What I learned is that we can never listen enough to those who use the services we provide."

[Editor's note: Partners in Healthcare: Consumer Input Consumer Impact can be downloaded from the CHD Web site at www.cahd.org, or directly from CHD at 505 S. Main St., Suite 400, Orange, CA 92868. Telephone: (714) 647-4921.] ■



Self-care guide targets seniors

The American Institute for Preventive Medicine in Farmington Hills, MI, has produced a new self-care publication, *Seniors' Health at Home*, that addresses over 150 conditions and has 136 illustrations and photographs. There are also references to a Web site where readers can

get more detailed information on a particular topic.

This new publication is an expanded version of the *HealthyLife Seniors' Self-Care Guide*, which has been approved by the Health Care Financing Administration for use in Medicare risk contracts. A study on the shorter version conducted by York Health System in York, PA, demonstrated a one-year average savings of \$57.49 per senior due to a reduction in both physician and emergency room visits.

For more information or to receive a pre-view copy, contact: The American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334. Telephone: (248) 539-1800. E-mail: aimp@HealthyLife.com. ▼

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Editor: **Stephen E. Lewis**, (770) 442-9805.

(wordman@mindspring.com).

Vice President/Group Publisher: **Donald R. Johnston**,

(404) 262-5439, (don.johnston@medec.com).

Executive Editor: **Glen Harris**, (404) 262-5461,

(glen.harris@medec.com).

Production Editor: **Nancy McCreary**.

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Editorial Questions or Comments?
Call **Glen Harris**
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Flight attendants seek OSHA protection

The Association of Flight Attendants (AFA), AFL-CIO, have told the Federal Aviation Administration that flight attendants deserve the same health and safety protections other workers already enjoy. Flight attendants are not currently afforded the protection of the Occupational Safety and Health Administration.

“Flight attendants are the only transportation workers with no government agency overseeing their occupational safety and health,” says **Patricia Friend**, AFA international president. “Every day without this protection, more and more flight attendants are injured unnecessarily.”

For more information, contact Association of Flight Attendants, AFL-CIO, 1275 K St. N.W., Washington, DC 20005-4090. Telephone: (202) 712-9799. Fax: (202) 712-9797. Or, visit AFA’s Web site at: www.afanet.org. ▼

Health savings offered on-line

Coral Gables, FL-based HealthSaver Club Inc. has launched a new e-commerce site to sell its membership card for discounted health and wellness services. HealthSaver Club was created to provide discounted health care services and bridge the gap between what regular health insurance companies do and do not cover.

Benefits include prescription drugs, unlimited dental and vision, laser vision correction, hearing, chiropractic, holistic and alternative services, weight loss, smoking cessation, magnetic therapy, dermatology, cosmetic surgery, mental health, and substance abuse counseling.

The card, which can be purchased on-line at www.healthsaverclub.com, costs \$89 per year for individuals and \$109 for families. Visitors enter their zip code and a category of service in order to view local providers of that service giving the HealthSaver Club discount.

“In the closed-market, demand-driven world of health care, this is truly revolutionary,” says **Leila Chang**, executive director of HealthSaver Club. “Consumers need to know what services they can get in their area, from whom, and at how much of a discount in order to decide

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For more information, contact: Lisa Miller, (305) 448-7450, or Sandy Baksys, (212) 793-8864, or visit the HealthSaver Club Web site. ▼

NCQA issues *Quality Profiles*

The Washington, DC-based National Committee for Quality Assurance (NCQA) has released a new publication designed to promote improvement in patient care and service among the nation’s health plans. *Quality Profiles: In Pursuit of Excellence in Managed Care*, offers detailed descriptions of dozens of model quality improvement efforts from health plans across the country, ranging from a program to improve HIV/AIDS care to an effort to increase member satisfaction in the referral process.

“Managing quality is a real challenge in today’s health care system,” says NCQA president **Margaret E. O’Kane**. “We’ve always considered it a key part of our mission to help plans get better.”

For more information, contact: Barry Scholl, NCQA, 2000 L St. N.W., Suite 500, Washington, DC 20036. Telephone: (202) 955-5197. ■



Health & Well-Being[®]

The monthly supplement to **Employee Health & Fitness**

We'll exercise more creatively this year

How will Americans plan their exercise regimens in the year 2000? With a healthy dose of enthusiasm and creativity, according to the San Diego-based American Council on Exercise (ACE). Here are a few of ACE's predictions:

- Martial arts-themed classes will flatten, due in part to the increasing number of injuries reported by participants. Boot camp-style and strength-training classes using resistance bands will likely take their place.
- Functional and sports-specific personal training, such as golf, tennis, and mountain biking, will become more mainstream. Adventure workouts will be popular.
- People will also get fit for a reason or to achieve a goal. This is supported by the growing interest in triathlons, adventure racing, and mountain biking.
- On-line coaching and personal training will be a cyberspace staple, enabling clients to "virtually" interact with their trainers from remote locations.
- Fitness equipment will become "smarter." Customized user programs and heart rate interactive treadmills and

elliptical trainers already exist. The next step: You will be able to download your workouts into a handheld device and take them with you anywhere. You can then use the device to program a piece of equipment while on the road, or modem directly to a Web site where a trainer can review your workouts and adjust your program accordingly.

- "Mindful" exercise programs will increase in popularity, particularly many styles of hatha yoga, Tai Chi, stretch/relaxation-themed, Pilates-based exercise, and the many composite forms of mind/body fitness.
- Exercise that incorporates fitness into everyday life will become more popular.
- Mini-fusion workout centers at Laundromats, airports, and grocery stores will become more popular.
- Exercise programs geared toward older adults will increase in popularity, focused particularly on water-based fitness either in small groups or individually.
- Fitness for the "health of it." More people will seek fitness for health reasons instead of solely for appearance.

- Exercise will become a vital component of disease management, with a focus on systematic exercise for diabetes, coronary disease, blood cholesterol disorders, and depression.

- Props in fitness classes, such as step platforms, stability balls, and stretch and agility equipment used for speed drills and rehabilitation will become more prevalent.

- Spinning and indoor cycling programs will survive, but because they are very much instructor-driven, demand will depend on the presence of a good — thus popular — instructor. ■

Don't use bottled water to store your contacts!

You may think that because water comes in a bottle it's pure, but that's not necessarily the case, new research shows. And rinsing and storing your contact lenses in bottled water may open your eyes to infection.

Researchers at Baylor College of Medicine in Houston found low levels of bacteria and other

germs in several samples of bottled water purchased in Houston-area grocery stores. The results of the study were published in a recent issue of *Ophthalmology*, the journal of the American Academy of Ophthalmology.

Under criteria proposed by the Food and Drug Administration and the Environmental Protection Agency, the Baylor study found that 20% of bottled-water samples exceeded acceptable sanitation limits. Another 17% of the samples consisted of lower levels of microbes. Using contaminated bottled water to rinse contact lenses passes the bacteria to the surface of the lens.

"This study shows that bottled water is not always sterile," says **Kirk Wilhelmus, MD**, a professor of ophthalmology at Baylor's Cullen Eye Institute and a director of the study. "Bottled water should not be used as a substitute for sterile solutions used in contact lens care. Contact lens wearers must follow a strict disinfection regimen to avoid serious eye infections.

"Some of the water tested in our study contained coliforms, mold, amoebas, and algae," he continued. "Many of these have the potential to infect the eye." ■

Diet and strength training: A winning combination

The Indianapolis-based American College of Sports Medicine recently published a study in its official monthly journal, *Medicine & Science in Sports Exercise*, that confirms the beneficial relationship between concurrent weight-loss diet and a regimen of strength/endurance training in men.

The team of researchers, led by **William J. Kraemer, PhD**, of Ball State University in Muncie, IN, analyzed the relationship between the physiological effects of a weight-loss diet with and without exercise, both aerobic and resistance in type. "We wanted to find out what the effects might be with restricted diet alone as compared to diet combined with endurance training, and diet combined with both endurance training and heavy resistance training," says Kraemer. "Weight loss alone is not the optimal goal. The type of mass lost is important."

The final analysis revealed no significant changes over the study period in body mass or composition in the control group, whereas for all three of the other groups, a significant reduction took place by week six, and continued at a slower rate for the following six weeks. By week 12, the diet-alone group had a composite reduced body fat of 69%. At that time the diet-and-exercise group had reduced its body fat at a rate of 78%. But the diet-exercise-strength training group reduced body fat by 97%. The diet-restriction-alone group is the only one of the four that actually lost nonfat (mostly muscle) mass. ■

Over one million new cancer cases expected

While the headlines continually tell of the progress being made against cancer, the Atlanta-based American Cancer Society has just released these sobering statistics: An estimated 1,220,100 new cancer cases and 552,200 deaths are expected to

occur in the United States in the year 2000.

Those are among the statistics contained in its publication, *Cancer Facts & Figures 2000*. Here are some more of the society's latest estimates:

- Lung cancer remains the No. 1 cause of cancer death in the United States, with an estimated 156,900 deaths expected this year. An estimated 164,100 new cases of lung cancer are expected to be diagnosed in 2000.

- An estimated 180,400 new cases of prostate cancer are expected this year, and an estimated 31,900 men are expected to die of the disease — the second-leading cause of cancer death in men. Between 1989 and 1992, prostate cancer incidence rates increased dramatically, probably due to increased use of prostate-specific antigen (PSA) blood test screenings that allow doctors to detect the disease early before symptoms appear. Subsequently, prostate cancer incidence rates declined.

- An estimated 182,800 new invasive cases of female breast cancer are expected this year, and about 40,800 women are expected to die of the disease — the second major cause of cancer death in women after lung cancer. According to the most recent data, mortality rates declined significantly during 1992-96 with the largest decreases in younger women. Those decreases are likely due to earlier detection through mammography screening and improved treatment. ■

To the employer: *Health & Well-Being* is written especially for your employees and their families. Each month it examines key health care issues in a thorough, yet easy-to-understand style.

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