

EMPLOYER-BASED HEALTH CARE: THE ROLE OF PREVENTION

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THE PITNEY BOWES STORY: CONTEXT

- 1990: HEALTH CARE COSTS HAD INCREASED 14% PER YEAR FOR PREVIOUS 5 YEARS
- PLAN WAS NON-CONTRIBUTORY
- EMPLOYEES WERE UNHAPPY WITH MEDICAL BENEFITS
- POPULATIONS WERE EXPERIENCING DECLINING HEALTH
- CEO WANTED ALL PROBLEMS SOLVED.

KEY MESSAGES FROM STORY ABOUT 19-YEAR JOURNEY

- PITNEY BOWES EXPERIENCE HAS MANY LESSONS FOR NATIONAL HEALTH CARE REFORM
- APPROACHES AND PHILOSOPHY ARE SCALABLE AT NATIONAL LEVEL
- REMAINING CHALLENGES ARE REPRESENTATIVE OF NATIONAL HEALTH CARE REFORM CHALLENGES

THE THREE DIMENSIONS OF PREVENTION

- KEEPING HEALTHY EMPLOYEES HEALTHY (PRIMARY)
- DETECTING AND TREATING MEDICAL CONDITIONS EARLY, THEREBY PREVENTING MORE SERIOUS ILLNESSES OR DISEASES (SECONDARY)
- DRIVING ADHERENCE TO CHRONIC DISEASE TREATMENT PLANS, THEREBY PREVENTING MORE ACUTE ILLNESSES OR DISEASES (TERTIARY)

ADVANTAGES OF EMPLOYER-BASED HEALTH PROMOTION INITIATIVES

- EMPLOYER BENEFITS IN MULTIPLE WAYS FROM HEALTH PROMOTION INITIATIVES
- PROXIMITY TO EMPLOYEES DURING WAKING HOURS GIVES EMPLOYER ADVANTAGES IN DELIVERING HEALTH INITIATIVES
- AS LEAST-REGULATED PART OF HEALTH CARE SYSTEM, EMPLOYERS HAVE GREATEST ABILITY TO INNOVATE, TO AVOID BAD MEDICINE AND TO CORRECT MISTAKES IN HEALTH CARE PLAN DESIGN

MULTIPLE WAYS IN WHICH EMPLOYER BENEFITS FROM HEALTHY EMPLOYEES

- IF EMPLOYEE IS HEALTHY, EMPLOYER BENEFITS IN
 - LOWER HEALTH CARE COSTS
 - LOWER DISABILITY COSTS
 - LOWER WORKERS COMPENSATION COSTS
 - LOWER ABSENTEEISM
 - LOWER “PRESENTEEISM”
 - HIGHER PRODUCTIVITY
 - HIGHER MORALE AND RETENTION

LEVERS EMPLOYER HAS IN DELIVERING BETTER HEALTH TO EMPLOYEES

- MANY EMPLOYERS DELIVER FOOD SERVICE
- EMPLOYERS CAN ENVIRONMENT CONDUCIVE TO EXERCISE AND FITNESS
- EMPLOYERS CAN DELIVER HEALTHY PHYSICAL ENVIRONMENT AT COMPANY OWNED OR OPERATED FACILITIES
- EMPLOYERS CAN CREATE SUPPORTIVE SOCIAL ENVIRONMENT
- EMPLOYERS CAN PROVIDE CONVENIENT ACCESS TO PRIMARY HEALTH CARE

ATTRIBUTES OF FOOD SERVICE THAT PROMOTES BETTER HEALTH

- HEALTHY FOODS THAT ARE
 - AFFORDABLE
 - ACCESSIBLE
 - ABUNDANT
 - ATTRACTIVELY PRESENTED
- MERCHANDISING CAN “NUDGE” EMPLOYEES TOWARD HEALTHY CHOICES

PITNEY BOWES CAFETERIA: USING MERCHANTISING TO NUDGE TOWARD HEALTHY CHOICES



EMPHASIS ON EXERCISE, FITNESS, AND HEALTH IN BUILDING LAYOUT AND DESIGN

- WALKABLE SPACES
- OPEN OFFICE ENVIRONMENT
- MIGRATION TO COMMON-AREA MULTI-FUNCTIONAL PRINTERS, HUDDLE ROOMS, AND MINI-CAFETERIAS ENCOURAGED EMPLOYEES TO LEAVE OFFICES FREQUENTLY DURING THE DAY
- MOBILITY TECHNOLOGY TOOLS ENCOURAGED PEOPLE TO WORK AWAY FROM OFFICE IN BUILDING

MORE WALKABLE SPACES



MESSAGES REINFORCED CULTURE OF HEALTH

- MESSAGES AT BUILDING ENTRANCES ARE HEALTH-FOCUSED
- NUTRITION LABELING INFORMATION IS HIGHLY VISIBLE IN AND AROUND CAFETERIA
- HAND SANITIZERS AND HEALTH MESSAGES ARE EVERYWHERE IN FACILITIES

HEALTH-RELATED MESSAGES AND SYMBOLS AT BUILDING ENTRY



VISIBLE HEALTH-RELATED MESSAGES AND LABELING



CUMULATIVE RESULTS

- ESTIMATED \$40 MILLION ANNUAL SAVINGS ON MEDICAL, DISABILITY AND OTHER QUANTIFIABLE COSTS (\$150 MILL. VS. \$190 MILL.)
- 23% BELOW BENCHMARK LEVELS OF COST INCREASES OVER 15-YEAR PERIOD
- PARTICULARLY GOOD SUCCESS WITH MANAGEMENT OF CHRONIC DISEASES

CHRONIC DISEASE MANAGEMENT OUTCOMES

- STATIN ADHERENCE INCREASED BY 7% WHEN COST-SHARING WAS ELIMINATED FOR HIGH-RISK BENEFICIARIES
- ASTHMA ADHERENCE ROSE FROM 33% TO 62% BETWEEN 2001 AND 2006
- BETWEEN 2001 AND 2003, DRUG COSTS FELL 19% FOR ASTHMA AND 7% FOR DIABETES DUE TO REDUCED COMPLICATIONS

CHRONIC DISEASE MANAGEMENT OUTCOMES (CONTINUED)

- BETWEEN 2001 AND 2003, 26% DECLINE IN ER USE FOR DIABETES, AND 19% DECLINE IN HOSPITAL ADMISSIONS
- LOW SINGLE DIGIT INCREASES IN BEHAVIORAL HEALTH COSTS FROM 2001 TO 2006

ABILITY TO INNOVATE

- WIDE RANGE OF WELLNESS INCENTIVES IMPLEMENTED:
 - HEALTH CARE UNIVERSITY BENEFIT CREDITS
 - GREAT EXPECTATIONS PRE-NATAL COUNSELING INCENTIVES
 - “COUNT YOUR WAY TO HEALTH” PROGRAM TO GET PARTICIPANTS TO FOCUS ON KEY HEALTH METRICS
 - “MAINTAIN, NOT GAIN” PROGRAM TO FOCUS ON HOLIDAY WEIGHT MANAGEMENT

ABILITY TO INNOVATE (CONTINUED)

- 8 FREE VISIT MODEL FOR BEHAVIORAL HEALTH
- STRUCTURE HOUSE RESIDENTIAL WEIGHT MANAGEMENT PROGRAM FOR MORBIDLY OBESE PARTICIPANTS
- FITNESS CENTER SUBSIDIES AND MEMBERSHIPS
- STRESS MANAGEMENT PROGRAMS
- ELECTRONIC HEALTH RECORD/PHR IMPLEMENTATIONS

CHANGE MANAGEMENT LEARNINGS

- IT IS POSSIBLE TO INCREASE EMPLOYEE CONTRIBUTIONS AS LONG AS THERE ARE VISIBLE BENEFITS
- SUCCESS REQUIRES CEO, SENIOR LINE OFFICER, FACILITIES MANAGEMENT, ADMINISTRATIVE SERVICES AND HR PARTNERSHIPS
- THE DATA DRIVES EVERYTHING!! IT MUST BE COLLECTED AND ANALYZED FREQUENTLY

FOUR SET OF CHALLENGES, WHICH MIRROR BROADER SOCIETAL CHALLENGES

- MOBILE WORKERS
- IMMIGRANT WORKERS WHO DO NOT SPEAK MUCH ENGLISH
- DECENTRALIZED WORKFORCES IN SMALL POCKETS IN HUNDREDS OF CUSTOMER WORK SITES
- DIVERSITY IN WORKFORCE CULTURES

LESSONS ABOUT PREVENTION AND WELLNESS

- CREATE A HEALTHY ENVIRONMENT, THEN FOCUS ON INDIVIDUAL RESPONSIBILITY: BOTH ARE NEEDED
- A DIVERSE RANGE OF PROGRAMS IS NEEDED FOR A DIVERSE POPULATION
- PREVENTION INVOLVES A WIDE RANGE OF SENIOR LEADERSHIP FUNCTIONS, INCLUDING HR, FINANCE, ADMINISTRATION, FACILITIES, COMMUNITY AFFAIRS, AND SENIOR LINE OFFICERS

KEY LEARNINGS FOR NATIONAL HEALTH REFORM

- PLACE HEALTH CARE COSTS WITH STAKEHOLDERS MOST ABLE TO BENEFIT
- DELIVER HEALTH AND HEALTH CARE MOST CONVENIENTLY TO WHERE PEOPLE SPEND WAKING HOURS
- INVEST HEAVILY IN KEEPING HEALTHY PEOPLE HEALTHY, AND IN SECONDARY AND TERTIARY PREVENTION
- ADJUST PROGRAMS QUICKLY, BASED ON REAL-TIME DATA
- TAKE POLITICS OUT OF HEALTH CARE, EXCEPT TO DETERMINE BROAD PUBLIC VALUES

KEY LEARNINGS FOR NATIONAL HEALTH REFORM (CONTINUED)

- EMPLOY INTER-OPERABLE ELECTRONIC HEALTH RECORDS
- THE HEALTH CARE SYSTEM NEEDS TO FOCUS ON BETTER INDIVIDUAL HEALTH SELF-MANAGEMENT