

Targeting a Killer Disease

With diabetes cases and their associated costs rising steadily, employers are implementing programs designed to thwart the disease in the workplace and help employees better manage it overall.

By Carol Patton

The Federal Reserve Bank of Dallas is determined to fight a disease that's affecting 26 percent of its workforce.

Of the bank's 1,200 employees, 312 workers suffer from diabetes, according to 2012 health-risk-assessment data, says Kimyen Ho, health and productivity management specialist at the self-insured bank in Texas.

Back in 2010, the bank decided to be more aggressive in tackling the disease. Although it already supported standard diabetes education, Weight Watchers and heart-health-education programs, she says, it no longer made sense to offer them individually, in silos, because of the strong link between them. So HR combined them into one voluntary program called Healthy You and offered it to any employee who would listen.

This year, 107 employees participated in the bank's program, compared to 37 when it was launched four years ago. Every other week, lunch sessions offering prevention and management tips are held at the bank's four offices, along with monthly brown-bag luncheons, Ho says, adding that nearly 50 employees typically attend.

Over recent years, diabetes has grabbed center stage, and for good reason. The number of diabetics in this country has climbed between 2010 and 2012, from 25.8 million (8.3 percent of the population) to 29.1 million (9.3 percent), according to the American Diabetes Association. Approximately 5 percent have Type 1 diabetes (previously known as juvenile diabetes, where the body doesn't produce enough or too little insulin to maintain a normal blood sugar level) while between 90 percent and 95 percent have Type 2 (where the body either doesn't produce enough insulin or resists its effects.)

Diabetics are more than twice as likely to experience a heart attack or stroke than people without the disease. Two out of three diabetics, indeed, die from heart disease or stroke. The ADA also estimates that diabetes costs employers \$69 billion in reduced productivity and another \$176 billion for direct medical costs.

However, not all the news is grim. Results from a research study led by the National Institutes of Health show diabetes is one disease that can be prevented, mainly through nutrition and weight management.

Recognizing this window of opportunity, employers of all sizes are creating or implementing programs for diabetics or pre-diabetics to educate them and motivate them to get into shape. The hope is not only to reduce healthcare costs, but actually postpone -- even reverse -- the disease's progression, and return quality of life to employees and their families.

Changing Behaviors

While HR promotes the Federal Reserve Bank of Dallas' program through a combination of emails, fliers, an open house and a kickoff meeting, Ho says, the "key challenges continue to be [employee] readiness to make the change" and how HR can encourage them to replace unhealthy practices with beneficial ones.

With 10,500 U.S. employees, Pitney Bowes made a big dent in this area back in 2007 by lowering the cost of diabetic medication, says Mary Bradley, the director of health-plan strategy at the Shelton, Conn.-based company.

Pitney Bowes pushed many diabetes medications classified as tier two to tier one, according to its prescription-drug plan, and absorbed the price difference. With tier one, or generic drugs, the co-pay for employees is 10 percent of the drug's cost. However, with tier 2, or preferred brand-name drugs, co-payments increase to 30 percent of the drug's cost.

"We immediately saw the adherence go up and the total cost of care over the next three years go down by about 6 percent for diabetics," says Bradley, adding that HR is currently planning additional strategies for 2015 to improve medication compliance. Roughly 1,000, or 5.5 percent of its insured members (employees and dependents), are diabetic.

Targeting diabetics in the workplace is a continuous effort. In 2011, she says, diabetics started receiving 25 points after taking any diabetic-related test, such as an eye exam or blood-sugar test. Each point is worth \$1 and can be used to lower the cost of their monthly insurance premiums.

The following year, Pitney hired two full-time nutritionists who developed a seven-week webinar series and now serve as personal coaches. Of the 218 employees who viewed the 30-minute modules, says Bradley, 55 percent increased their exercise while 43 percent improved their blood-sugar levels.

That same year, 2012, the company invited its entire workforce to participate in the diabetes-prevention program, which addresses the link between diabetes and obesity, and the diabetes-control program, which helps diabetics properly control the disease. Both programs are being offered by one of its insurance providers, UnitedHealthcare, and are held at several Pitney locations with on-site clinics. While 20 percent of diabetics attended the prevention program, only 9 percent participated in the other program.

Bradley believes the low attendance was based on a lack of trust. "This is the [health] plan that processes your claims; [its people] know a lot about you already," she says. "There does seem to be a little bit of suspicion [among members] when health plans contact [them], that they're just trying to save money."

So far, 29 percent of participants in the prevention program report they lost between 5 percent to 9 percent of their weight while 11 percent lost over 9 percent of their weight. The metric for medication compliance is much higher -- between 83 percent and 84 percent.

"What we're hoping to accomplish is to really have all of our employees join us in the shared accountability [and recognition] that the company and they have to improve health and healthcare costs," says Bradley. "They need to step up with us, understand their health risks, and take some action to improve those risks when identified."

Multiple Choices

Helping employees take action, however, does involve choosing the right steps to take. To help employers guide them through this, a variety of diabetic programs are now available. Orlando Health, for example, offers the Weight Watchers for

Diabetes program to approximately 1,200 of its 22,000 insured employees and dependents who are diabetic, says Chief Operating Officer Christy Pearson, who also oversees HR at Orlando, a six-hospital health system in Orlando, Fla.

At this point, 40 employees have joined the program, which pairs each employee with a certified diabetes educator. Employees receive unlimited coaching via phone or email, two scheduled onboarding or introductory consultations, and a personalized food plan. Pearson says all materials are co-branded.

Meanwhile, only 1 percent of its diabetic employees participate in the company's six-month diabetes-management program called Take Charge of Your Health for Diabetics. Each month, they receive a call from a diabetes educator or nurse to address questions and discuss their efforts at controlling their disease.

Pearson believes trust impacts participation rates. Employees generally prefer their health information to be at least one step removed from their employer, she says, adding that many become uncomfortable if HR becomes aware of their health status, fearing they may not get that promotion.

Orlando Health's HR department introduced the Weight Watchers program last year through a targeted mailing sent to employees' homes. One month later, an email was sent to all employees informing them about the new program and, approximately six weeks later, diabetics were invited to an on-site brunch 'n learn on a Sunday to learn about the program. Only a handful showed. Still, Pearson says it's important for HR to continuously promote the program, keeping it in the forefront of employees' minds.

The company's goal is three-fold: to actively engage diabetics in managing their disease, reduce the incidence of co-morbidities (when two or more illnesses occur in the same person at the same time) and, ultimately, save money.

While it's too premature to report outcomes, Pearson envisions the participation rates for the Weight Watchers program reaching double digits.

Nevertheless, despite its benefits, she says, some HR professionals avoid offering such programs because of fairness issues.

"HR folks sometimes shy away from things for specific populations," she says, adding that healthy employees may complain that diabetics are getting special treatment. "I would say, 'So what?' As employers, [we need] to influence control over such a devastating disease. Take the risk."

Other employers are using a new digital-therapeutic program called Prevent, which was launched in 2012 by Omada Health in San Francisco as the first online diabetes program for employees.

Throughout the 16-week program, Omada matches participants with about 12 others who share similar health issues and who are then paired with a health coach, says Sean Duffy, CEO at Omada and the company's founder.

Participants receive several tools, such as a digital scale that transmits the employee's weight to Omada to store in its system. After graduating, they then move into the maintenance phase and are supported by an online alumni community.

"You can't just put up content," says Duffy. "If you look at all the successful programs, they're extremely dependent on social relationships and groups. So getting [employees] in a group with others who are on the same timeline with the exact

same goals is a critical element of our program."

Prevent is based on the National Diabetes Prevention Program, which is led by the Centers for Disease Control. NDPP is a public-private partnership that involves many organizations, ranging from healthcare companies to community groups.

Its purpose is to create lifestyle-change programs HR can offer or customize for employees at high risk for Type 2 diabetes.

NDPP came about because of a research study by the same name, conducted by the National Institutes of Health, demonstrating that food, exercise and oral diabetes drugs reduced the risk of Type 2 diabetes by 58 percent after three years.

Other groups attempting to address this issue include the Diabetes Prevention and Control Alliance, which was launched in 2010 through a partnership with UnitedHealth Group, the YMCA, and retail pharmacies. Its two core programs -- the Diabetes Prevention Program and the Diabetes Control Program -- are being delivered by YMCAs in 140 markets in 40 states.

At companies such as Pitney Bowes, where UnitedHealthcare is an insurance option, HR professionals are promoting both programs to employees. DPP offers 16 weekly classroom sessions and eight monthly follow-up sessions, according to a spokesperson for UnitedHealthcare. Delivered by a lifestyle coach, small groups with similar health goals work together to learn how healthy eating and exercise can reduce their risk for developing Type 2 diabetes. DCP offers private consultations between pharmacists and diabetics to help the latter better control their condition and reduce the risk of complications from the disease.

Meaningful Interventions

Although diabetic programs may vary in content and delivery format, HR needs to ensure they include basic, yet essential, components.

For example, such programs need to screen employees to identify who has the disease, who's at risk for it or who is prediabetic -- those with higher-than-normal blood-sugar levels, says David Kaplan, senior partner and global clinical leader at Mercer in San Francisco.

Although Kaplan says the diagnosis of prediabetic can be a "real jolt to the system with very concrete consequences," some employees still won't get the message if HR delivers it through general wellness initiatives. Consider the difference between promoting a program that offers assistance with general weight loss and nutrition versus one that focuses on diabetes. The goal of the first program, he says, is to lose weight; with the second, it's to prevent diabetes.

The more generic the program, the less committed employees usually are, says Kaplan, adding that there's now an active effort by HR to engage diabetics with gaps in their care in such programs.

"Most of the time, when someone's diabetes is poorly controlled, it's not because [he or she] doesn't know what to do," Kaplan says. "It's because the circumstances in [his or her] life stand in the way of being compliant."

HR can create programs that remove barriers by embracing the whole person, he says, explaining that some offer mental-

health counseling, which leads to better compliance and fewer gaps in care.

"The key word to all of this is 'personalization,' " says Kaplan. "The programs that are the most successful are the ones that offer the most individualization, the most options for people, and meet people where they are."

Surprisingly, not all diabetes programs may be worth the financial effort. Sounds harsh, but so is spending seven figures on programs that produce little, if any, results.

To determine a program's value, HR needs to use data analytics to better understand the magnitude of the problem in its workforce, says John Hennessy, health and welfare practice leader at the Hay Group in Dallas. Identify how big of an issue diabetes is by comparing the healthcare costs of diabetics and prediabetics with the rest of your employee population.

Then contact vendors to see what types of programs are available. However, many offer telephonic outreach, which he believes yields lukewarm results. Hennessy says many diabetics ignore callers because they are already under a doctor's care and assume they know what to do.

Instead, he says, HR can focus on removing barriers to change, such as reducing the cost of diabetic supplies or healthy meal programs. "That's a higher-touch, more effective model, but also higher cost," he says.

In the end, HR must ask itself a series of questions: How has the diabetes program impacted the company's healthcare costs? Is HR getting the results it wants? Could the money have been spent in better ways?

Even if the healthcare savings prove negligible, says Hennessy, he still believes taking active measures to improve the health, productivity and quality of life for employees is a worthy cause. Just don't just assume there'll be a return-on-investment.

". . .Unless there's something truly unique about your population, you may be improving quality and certainly improving quality of care in isolation, but are you saving money in aggregate?" he asks. "It's doubtful. There's nothing harder [for HR] to do than change [employee] behavior."

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