

WELCOME NEW MEMBERS

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Pharmaceutical Horizons

The Will-Burt Company

Greeley Medical Center

# HEALTHSCOPE

A Quarterly Publication of  
Employers Health Coalition of Ohio, Inc.

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- 8 Weight Management In The Workplace



**January 27****My HealthZone Live!**

\*\*\*WEBINAR\*\*\*

*11:00 am - Noon***February 9****Patient-Centered Medical Home:  
A Blueprint for Success***Noon - 1:30 pm**Featuring Dr. Paul Grundy  
in partnership with Access Health  
Stark County**The University Center at Kent State Stark  
Canton, OH***February 10***8:00 am - 10:00 am***Advancing Patient-Centered Health  
Care in our Community***Featuring Dr. Paul Grundy  
in partnership with Access Health Columbus**Broad Street Presbyterian Church  
Columbus, OH***March 9****Mercer's National Survey of  
Employer-Sponsored Health Plans***8:00 am - 9:30 am - Northeast, OH**The University Center at Kent State Stark  
Canton, OH**3:00 pm - 4:30 pm - Central, OH**The Conference Center at NorthPointe  
Lewis Center, OH***May 19****Annual Employer Symposium***8:00 am - 4:30 pm**The University Center at Kent State Stark**Mark Your Calendar and Keep an Eye on  
Our Website for Additional Future Events!***[www.ehpc.com](http://www.ehpc.com)****Welcome to the Winter 2010 edition of HealthScope.**

Dear Members and Friends,

Welcome to the first edition of HealthScope in 2010. In this issue, we will recap "REFORM," our fall symposium on health care reform, co-hosted with Schottenstein, Zox & Dunn and the Health Policy Institute of Ohio; Dr. Sherman will cover health-related benefit silos; Charity Rausch will cover workplace weight management initiatives; and Dave Uldricks will cover the results of a recent employer survey regarding dependent eligibility audits.

We ended the first quarter of our fiscal year in December with our Annual Meeting in which five directors were re-elected to the Board. Those re-elected were Sharyn Ball (Diebold), Debbie Rankine (Timken); Larry Morgan (Stark County Education Service Center), Patrick Herron (Wayne County) and Mark McLeod (City of Akron). Our speakers, Lorraine Washington, Vice President, Human Resources and Kathy Wise, Director, Health & Wellness, from Mercy Medical Center, presented a case study on how Mercy is approaching wellness for its employee population.

We also welcomed a new staff member last quarter. Traci Harbal joined the organization in mid October as Director, Business Development. Traci resides in Lakewood and previously served in sales and marketing positions for wellness and employee benefit related organizations. She will concentrate her efforts in developing relationships with employers in northern Ohio and other strategic markets outside Ohio.

*Traci Harbal, Director,  
Business Development*

Last fall we engaged Towers Perrin to manage a new data warehouse vendor search. Two finalists, Ingenix and HDMS, were selected. In December, the Executive Committee approved the recommendation of Ingenix as EHPCO's new vendor. The transition from ProfSoft is expected to take approximately six months.

Our Annual Employer Symposium will be held on May 19, 2010. Look for an announcement in the coming weeks with a well-rounded array of employer case studies as well as stakeholder reaction to the federal health reform efforts that includes a prominent former member of Congress. The Symposium will be kicked off with a presentation by one of our board members, Chris McSwain, Director, Global Benefits, Whirlpool Corporation.

Finally, I want to thank Pfizer for sponsoring this issue of HealthScope and welcome our new members: City of Ellensburg, Washington; Pharmaceutical Horizons; The Will-Burt Company; and Greeley Medical Center (through our strategic alliance with FrontPath Health Coalition).

Best Wishes for a Productive and Successful 2010!

Sincerely,

**Christopher V. Goff, Esq.***CEO & General Counsel*

## EMPLOYERS HEALTH CO-HOSTS STATEWIDE "REFORM" SYMPOSIUM

### SYMPOSIUM ON HEALTH CARE REFORM 2009

Health care reform - Harry Truman started it. Barack Obama says he's going to finish it. But the issue remains complicated, prompting questions about what it will mean to Ohioans, as well as the rest of the country. To help answer these questions, health care leaders from across the state gathered on Tuesday, October 27 to address the impact of federal and state health care policy reform efforts among key Ohio stakeholders in the health care industry.

With 400 attendees, the event included keynote presentations, legislative updates and robust panel discussions, all around the topic of reform. The program was co-hosted by Employers Health Coalition of Ohio, the Health Policy Institute of Ohio, and Schottenstein Zox & Dunn Co., LPA., and was held at the Hilton at Easton, Columbus, Ohio.



Mary Jo Hudson, Director for the Ohio Department of Insurance, kicked off the day with insight into issues facing the State and outlined initiatives, both current and future, that have been developed to benefit Ohioans. Attendees viewed a video recorded just days prior, from Senator Sherrod Brown providing a status update of federal health reform legislation.

Congressman Zack Space joined the crowd via live videoconference, to talk not only about his 18th District, but to also provide an update on current legislative efforts. Following the Congressman was Jeff Biehl from Access Health

Columbus, sharing his views on the national struggle for health care reform, and outlining eight key areas where reform should focus.

The views and opinions of Ohio leaders in the employer, provider

and payor communities on health care policy reform were expressed through informative panel discussions and interactive question and answer sessions.

Attendees to the Symposium participated in interactive polling, which helped to provide insight regarding the views and opinions of the 400 attendees. The polling was the first of a series of surveys that will prompt thought and spur conversation as the deliberation over reform continues. The poll results, as well as on-going discussion and new information can be found by logging on to [www.szdhealthlawscan.com](http://www.szdhealthlawscan.com).



### SYMPOSIUM ON HEALTH CARE REFORM 2009 Panelists

#### Employer Panel:

Dennis Hicks, Director, Comp & Benefits  
Chiquita Brands International, Inc.

John Popa, President & CEO  
Marlite

Greg Paradiso, Director, Comp & Benefits  
P.H. Glatfelter Company

Rick Schwieterman, Executive VP & CFO  
OCLC, Inc. (Online Computer Library Center)

Moderator: Chris Goff, CEO & General Counsel  
Employers Health

#### Provider Panel:

Steven G. Gabbe, M.D.  
Senior VP for Health Sciences & CEO  
The Ohio State University Medical Center

Oliver C. Henkel, Jr.  
Chief Government Relations Officer  
Cleveland Clinic

D. Brent Mulgrew, Executive Director  
Ohio State Medical Association

Neal J. Nesbitt, M.D., F.A.C.S.,  
Athens Surgical Associates

Moderator: Stephen Kleinman, Partner  
Schottenstein Zox & Dunn Co., LPA

#### Payor Panel:

Erin Hoeflinger, President  
Anthem Blue Cross and Blue Shield in Ohio

Janet Grant, Executive VP  
CareSource

Martin P. Hauser, President  
SummaCare, Inc.

George Stadtlander  
Executive VP & Chief Managed Care Officer  
Medical Mutual of Ohio

Moderator: Lisa Han, Partner  
Schottenstein Zox & Dunn Co., LPA

## HEALTH-RELATED BENEFITS: WHAT'S IN YOUR SILO?



BY BRUCE SHERMAN, MD, FCCP, FCOEM

The current economic environment has caused most employers to take a close look at their health benefits offerings, with the thought that additional refinements in purchasing or benefits design can yield further employer cost savings. While there may well be a need for near-term management of health care costs to reduce overall spending, it is important to view health-related expenditures from a broader perspective – and that is organizational value.

Put simply, the value of an employee is effectively the difference between his/her business output and the business cost of continued employment, as shown in the top line of the table above. For most employers, these two different contributors to employee value are managed by different departments within the organization: business operations manages work output, while human resources manages workforce costs.

This simple equation may be at the core of why human resources personnel are traditionally viewed as a cost center within most businesses, rather than being viewed

Employee Value	=	Work Output	-	Cost
Components of Attributes		High volume output High value output Low waste High efficiency		Wages Benefits Employment taxes
Responsible for management		Business operations		Human resources
Representative Metrics		Output/labor hours Waste/total output Revenue/labor hours Transactions/labor hours		PEPM health care costs Health care cost trend Pharmacy cost trend Employee cost share
"Ideal outcome"		Increasing value and efficiency of output		Decreasing overall cost

as a contributor to enhanced workforce productivity. Each department – business operations and human resources – manages their own respective “silo” within the company.

Even the metrics commonly used within companies reflect this siloed approach to the way that these aspects of business operations are managed. If human resources expenditures are only viewed in the context of prior year costs or per head costs, then there is little basis for employers to view these as anything other than major line item charges against business revenue. Business operations metrics are similarly siloed, with measures relating principally to volume, efficiency and quality.

So how have recent health benefits strategies changed the way we look at human resources in terms of this equation? Is human resources still in its organizational silo, or has there

been acknowledgement of a greater business value for investments in workforce health and productivity. Unfortunately, it would seem that there really hasn't been any change. Value-based insurance design and high-deductible health plans are both strategies that are currently measured in the context of the human resources silo. For example, a central goal of value-based insurance design is to maximize the value of expenditures in health care by steering individuals toward those high-value services. In other words, these services reflect high value in terms of the medical benefit/cost savings only – not in terms of overall organizational value.

In order to effect change, human resources personnel can begin to think about how their metrics can be more effectively integrated with those of the business operations to demonstrate that investments in health can improve organizational value. Healthier

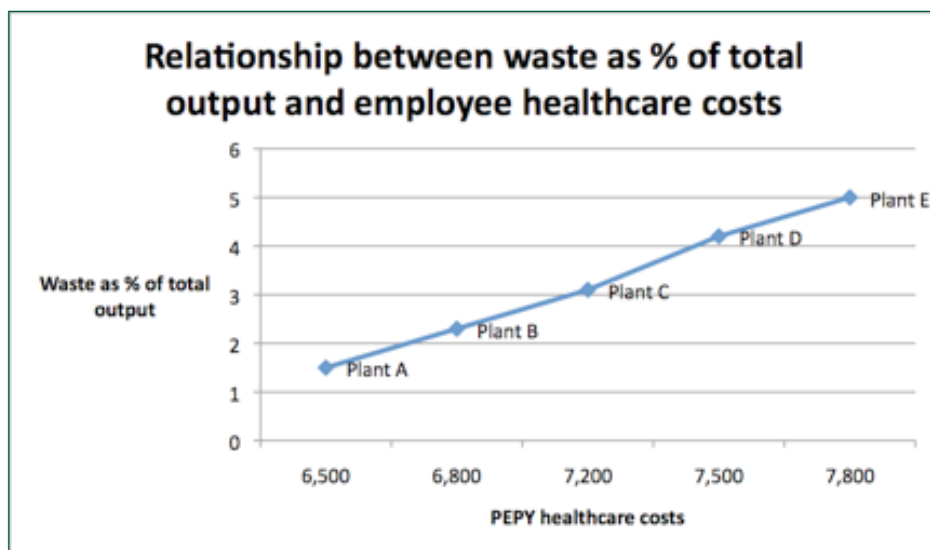
employees can be more productive and more efficient. In addition to metrics that detail health care cost trends, consider incorporating metrics that highlight the relationship between workforce health care costs and work output or revenue generation. This exercise can help to show the strategic role that investments in health can generate – not only in reducing subsequent health care expenditures (such as with a health promotion program), but also through improving workplace productivity. Each company likely has their own productivity metrics; it may well be worth reviewing those to see what combination of metrics can be most helpful.

The graph to the right provides an illustration as to how metrics can be combined to more effectively show how health and business productivity are related. In this example, inefficiency as measured by generation of waste rises in association with increasing healthcare costs. In other words, the less healthy a workforce (as

judged by health care expenditures), the less efficient that workforce is. While the scenario below may not be relevant for all companies, it provides an illustration of a way to integrate health and business outcomes.

If workforce health is to become a legitimate part of the business strategy,

employers need to expand their perspective regarding workforce health outside the human resources silo. Understanding the impact of workforce health in terms of broader business metrics can be an important step in achieving this goal.



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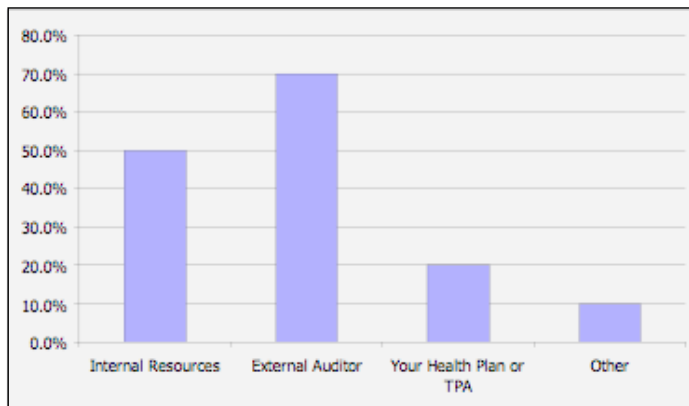
# Dependent Eligibility Audit Survey Results

BY DAVID ULDRICKS, JD, LLM

Employers Health recently completed a survey of 345 individuals from its member organizations and non-member organizations on the subject of Dependent Eligibility Audits (DEAs). The survey was designed to measure the experiences organizations have had with DEAs, and to gauge interest for the performance of DEAs in 2010. The survey response rate was 10% with a 65% survey completion rate among survey respondents.

The following are some of the key survey findings:

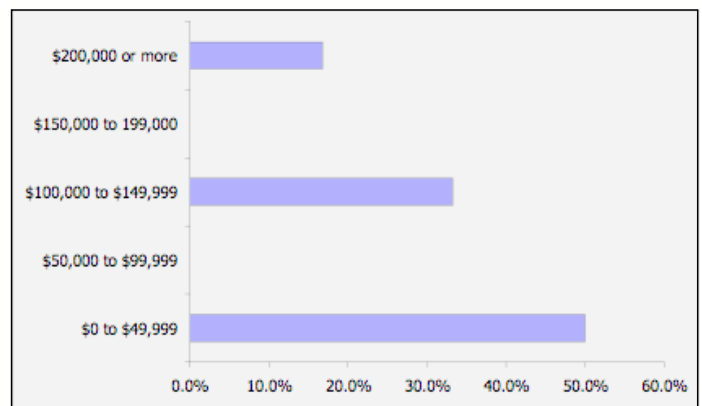
- Among respondents that completed a DEA within the past 5 years, 100% discovered ineligible dependents enrolled in some portion of the health benefit plan.
- The following chart illustrates the frequency of the use of various types of resources to perform DEAs (50% of survey respondents utilized more than one resource):



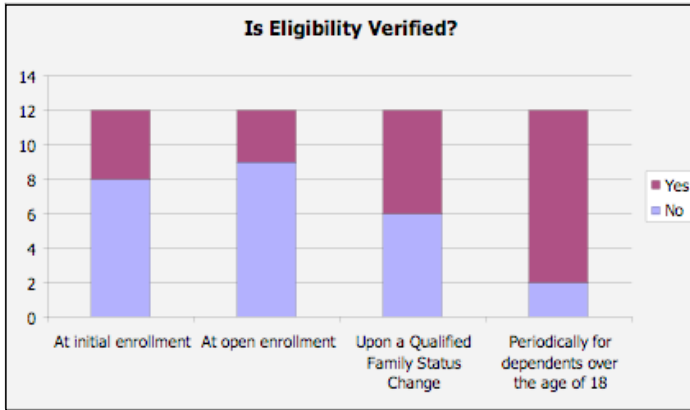
- Of the survey respondents who utilized internal resources:
  - 50% would recommend utilizing internal resources; however, most recommendations were limited to specific circumstances.
  - 50% would not recommend utilizing internal resources
- Of the survey respondents who utilized external resources, the following chart shows the level of satisfaction with the external auditor:

	Not at all Satisfied	Somewhat Dissatisfied	Satisfied	Somewhat Satisfied	Completely Satisfied
Overall Satisfaction			20%		80%
Length of Project			20%		80%
Cost of Project				20%	80%
Thoroughness of Project Plan		20%			80%
Call Center Support					100%
Project Reporting	20%				80%

- Of the survey respondents who utilized external resources, the following chart shows the prevalence of the total project cost by cost band:



• The following chart illustrates current dependent eligibility validation practices at various points in time for survey respondents interested in participating in a DEA in 2010:

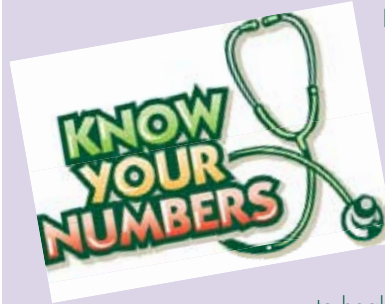


In general, the survey data suggest that DEAs were a high value project for the survey respondents who performed them. This conclusion is based on the relatively low average project cost compared with the high rate of ineligible dependent discovery. The survey data also suggest that the current benefit plan administration practices of survey respondents rely primarily on attestation from employees to evidence dependent relationships. This emphasis on convenience and expediency over dependent eligibility validation increases the likelihood of the payment of health care expenses for ineligible dependents.

Aside from the financial burden associated with the payment of health care claims for ineligible dependents, health plan sponsors should be aware that such practices may hold other ramifications under the Exclusive Benefit Rule contained in ERISA, the regulations governing Section 125 Pre-Tax Contributions, and the compliance provisions associated with Sarbanes-Oxley. The implementation of a DEA and eligibility validation protocols can help ensure avoidance of the potential negative consequences associated with the violation of these laws and regulations.

If you or anyone in your organization is interested in learning more about Dependent Eligibility Audits and the Coalition's activities in this area, please contact David Uldricks at [duldricks@ehpco.com](mailto:duldricks@ehpco.com), or at (614) 336-2883.

### Know Your Numbers Back for Third Consecutive Year



For the third consecutive year Employers Health member organizations have access to resources that can help employees become better educated about some very important numbers, related to health. Most people know numbers like height and weight, but what about blood pressure, cholesterol and blood sugar levels?

Educational kits for Know Your Numbers are now available, for free, to member organizations for use in wellness efforts. The kit includes a folder with educational materials around common conditions such as cardiovascular disease, diabetes and obesity, as well as information on prevention and maintenance of the specific disease states. A handy pocket card for tracking the important numbers that you need to know is also included in the kit.

For a sample of the kit, contact Coleen Gehring at [cgehring@ehpco.com](mailto:cgehring@ehpco.com), 330.305.6565 or visit the Know Your Numbers portion of the Employers Health web site at [www.ehpco.com/knowyournumbers](http://www.ehpco.com/knowyournumbers).

### Flu Shots Provided to Member Companies

In keeping with a commitment to provide value to its members, Employers Health recently executed a flu shot program. Through a direct relationship with a manufacturer, Employers Health is able to procure flu shots at a low cost, that saves members a great deal below the market average. Additionally, the shots are administered by Charity Rausch, RPh., Director of Analytics and Clinical Initiatives.

For the second year in a row, many members took advantage of this offering and hosted flu clinics for employees. A total of 13 employer groups participated, with a total of 1,710 shots being utilized.

Plans are underway to offer the program in fall 2010. Employer members interested in participating should contact Charity Rausch, RPh, by January 30 to indicate interest, at 614.336.2883 or [causch@ehpco.com](mailto:causch@ehpco.com).

# Weight Management in the Workplace



BY CHARITY RAUSCH, RPH

Obesity has been on the continual rise over the past ten years, with no immediate solution in sight. Obesity and the health conditions associated with it; including hypertension, high cholesterol and diabetes, are responsible for much of the increase in health care dollars spent by employers.

Workplace obesity has been identified as one of the fastest growing health care issues in the United States. Years ago, the main concerns for employers were to ensure that employees got to work on time and production continued on schedule. Now, in these hard economic times, employers must also worry about keeping their doors open and the overall cost of health care down.

The Centers for Disease Control and Prevention (CDC) reported in 2007 that more than one third of U.S. adults were obese, with a Body Mass Index (BMI) >30. Obesity rates differ only slightly by gender, but vary

significantly by both age and race/ethnicity. The CDC has also reported that more than 133 million Americans have at least one chronic condition, such as hypertension, high cholesterol and/or diabetes. Chronic conditions not only increase the health care costs for the employer, but they can also lead to a decrease in productivity and an increase in absenteeism.

Obesity is associated with a 36% increase in spending on health care, which is more than either smoking or alcohol abuse. Obese employees spend 77% more for maintenance medications than do non-obese employees.

So, what is considered obese? Obesity is the range of weight greater than what is considered healthy for a particular height. The BMI is used as a means to standardize the height-weight relationship, because just

BMI	Category
Below 18.5	Underweight
18.5 - 24.9	Normal
25.0 - 29.9	Overweight
30 or Higher	Obese



knowing someone's weight alone cannot be used to determine obesity.

Health care coverage for the treatment of weight management can lead to a healthier workforce. Coverage can include pharmaceutical weight loss therapy that can be supervised by a physician, in conjunction with diet and exercise. Bariatric surgery coverage is reserved for the morbidly obese and those individuals who are obese with other health concerns. This surgery can provide significant benefits; in that 77% of the individuals opting to have bariatric surgery were able to bring their diabetes under control. Many companies are covering programs like Weight Watchers and Jenny Craig to lead their employees to optimal weight loss over a safe period of time. These programs provide education on how to eat properly, along with group counseling that has been found to be very successful.

Wellness programs and counseling provide high-risk employees with alternatives for weight management treatment. The most effective behavioral interventions for obesity


combine nutrition education, diet and exercise counseling, as well as behavioral strategies to help obese patients acquire the skills they need to change their eating habits and become more physically active. On-site programs can provide support to employees to reinforce their behaviors at home. This will encourage the employees to want to continue to be successful.

Studies have shown that there is a correlation between employees' fitness and productivity. Many employers are finding that having an on-site gym, even if it is just a few treadmills, has led to a healthier workforce. Providing an allowance for a gym membership can be an extra incentive for many employees to get fit. Employers can set a minimum amount of fitness center visits per month for the employee in order to continue to receive the subsidy.

Lastly, employers can provide healthier food choices in the cafeteria and vending machines as a way to support employee efforts to eat a healthier diet. As an alternative

to vending machine snacks such as potato chips, employers can provide healthier snacks for their employees. Trail mix, nuts or seeds, dried fruit, high-fiber and low-fat crackers, low-calorie hot chocolate, or even some granola bars or breakfast cereals are healthy alternatives. Offering lower prices for healthier food options, whether in the vending machines or cafeteria may also encourage healthier eating.

Employers can benefit directly as a result of

improving the health of their employees. By providing coverage for weight management treatment, counseling and wellness programs, an allowance for gym membership if an on-site gym is not available, and healthier food choices in cafeteria and vending machines, employers will have a healthier and more physically fit population that can lead to reductions in short-term sick leave and health care costs, and an increase in productivity. 

### Obesity Cost Impact on Health Care Services and Medication

Condition	% Increase on Health Care Services Spending	% Increase on Medication Spending
Obese	36%	77%
Aging (30-50)	20%	105%
Current Smoker	21%	28%
Past Smoker	21%	30%
Overweight	11%	3%
Alcohol Abuse	14%	-12%

Source: The Conference Board, *Weights and Measures: What Employers Should Know About Obesity*, April 2008.

## Employers Health Staff Participate in Local and National Presentations & Programs

### Bruce Sherman

- The Patient Centered Medical Home in Practice: Aligning Employer Strategies: Value-Based Insurance Design and The Patient-Centered Medical Home. Patient Centered Primary Care Collaborative Annual Summit. Washington, DC, 2009.
- Medical Home: An Integral Part of Health Care Reform. Grand Rounds, University of Alabama School of Medicine, Birmingham, AL, 2009.
- Nicotine Addiction & Successful Smoking Cessation Strategies. Safety Council of Northwest Ohio. Toledo, 2009.
- The Patient Centered Medical Home. Naperville Medical Associates, Naperville, IL 2009
- Medical Home – The Employer Perspective. National Employer Action Group, Chicago, IL 2009

### Chris Goff



# DO YOU KNOW WHERE YOUR EMPLOYEES WHO SMOKE ARE?



HERE

When they are smoking, they are not working. That's where **www.SmokingCessationCentral.com** comes in — a new Web site that offers your organization tools to analyze and implement a smoking cessation program. Some good reasons to help smokers quit:

**Cost of employees who smoke:**

- 40% higher health care costs<sup>1</sup>
- Smoking breaks can equal up to 18 days per year in lost work time<sup>1</sup>
- Absent 1.5 times more often than nonsmokers<sup>2</sup>

**References:**

1. Jackson KC II, Nahoopii R, Said Q, Dirani R, Brixner D. An employer-based cost-benefit analysis of a novel pharmacotherapy agent for smoking cessation. *J Occup Environ Med.* 2007;49(4):453-460. 2. Bunn WB III, Stave GM, Downs KE, Alvir JMJ, Dirani R. Effect of smoking status on productivity loss. *J Occup Environ Med.* 2006;48(10):1099-1108.

■ Visit **www.SmokingCessationCentral.com**  
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# Is Smoking **Endangering** **Your Customers'** **Bottom Line?**

## **WHEN COMPARED WITH NONSMOKERS, EMPLOYEES WHO SMOKE HAVE:**

- 40% higher health care costs
- 50% higher rate of absenteeism
- 18-day equivalent spent on smoking breaks, annually

## **SMOKING CESSATION MAKES "CENTS"**

A smoking cessation program is a valuable benefit that can help to reduce overall health care costs and improve productivity.

Annual **cost savings** to employer, per employee who quits smoking\*:

- \$502 *saved* in absenteeism
- \$525 *saved* in medical care
- \$206 *saved* in insurance†
- \$4157 *saved* in on-the-job time lost

**Total=\$5390 projected annual savings  
per employee who quits smoking**

\*Cost savings based on February 2006 dollars.

†Excludes health insurance.

### **Reference:**

Jackson KC II, Nahoopii R, Said Q, Dirani R, Brixner D. An employer-based cost-benefit analysis of a novel pharmacotherapy agent for smoking cessation. *J Occup Environ Med.* 2007;49(4):453-460.



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HealthScope is published quarterly. EHCO was founded in 1983 as a 501(c)(3) not-for-profit corporation. Its mission is to create an environment for long-term continuous improvement in the cost-effective delivery of high quality health care services for its members and the communities it serves.

Marcas Miles, Editor

A national Coalition of employers working together to improve the cost, quality and accessibility of health care through value-based group purchasing, data analytics & benefit design consultation, educational programming and legislative monitoring & advocacy.