

Engaging At-Risk Employees to Help Prevent and Mitigate Disability Absences

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Encouraging employees to become—and stay—engaged in their health is critical to helping employers manage total medical costs and reduce the incidence and duration of disability claims. Identifying employees at high risk for incurring serious health expenses and a disability claim—before they become chronically ill—should be part of the engagement strategy.

Benefits administrators can better identify those high-risk employees by integrating workplace benefits like medical, behavioral health, pharmaceutical and disability insurance and analyzing combined claims data. They can then reach out to those individuals to help them access resources across all benefit plans to manage the progression of their illness or disease and stay productive. While not all disabilities can be predicted or avoided, many of the conditions that lead to absences are often being treated months before a disability claim is filed. For employees who still go out on a disability, insights from integrated data can help improve health engagement and shorten the duration of a disability leave because there is a more holistic view of the employee's condition and more connection points that can be made along the individual's health journey.

For example, a Cigna study of short-term disability (STD) claims found that when the company provided both medical and disability benefits, claim decisions were made 16% faster, leave periods were up to 6.7 days shorter, and the likelihood of individuals returning to work was 52% greater when compared with customers who had standalone disability coverage.¹

For certain conditions, the results were even more significant. Claimants out on STD leave because of a musculoskeletal condition had leave durations that were up to 11 days shorter.²

The Power of Employee Engagement in Health Management

Integrated benefits provide multiple touch points to provide timely and personalized guidance to individuals that can help improve their situations. For instance, a Cigna study of its group customer claims found that employees of clients for which it administered medical, behavioral health and pharmacy benefits were more active in health coaching, complex case management programs and effective specialty drug ma-

AT A GLANCE

- Analyzing integrated claims data can improve the ability to predict and prevent disability claims.
- Medical, behavioral health and pharmacy claims data can help identify individuals at high risk for filing a disability claim in the next 12 months.
- Employees identified as high risk for a disability claim can be referred to personalized health improvement resources, which can increase their engagement in managing their own health and decrease both the incidence and duration of disability.

negement when compared with employees of clients that had only medical coverage with the company.³ Why? There is an underlying medical issue every time a prescription is filled. Pharmacy coverage also is a frequently used benefit, and those interactions can be used to encourage employees to take actions that will help improve their medical condition. As an example, the insurer study found that employers saved an average of \$5,900 on annual medical costs for each individual engaged in managing diabetes when pharmacy, medical and behavioral health benefits were administered by the insurer, compared with clients who had only a Cigna medical plan.⁴

Every disability claim also has an underlying medical issue. For example, while many employees with diabetes can maintain their normal work routines, the Centers for Disease Control and Prevention (CDC) reports that there are millions of hospitalizations each year related to complications of diabetes, such as heart issues, stroke and lower-extremity amputations⁵—all conditions that can result in disability claims. Cigna has found that 52% of individuals being treated for diabetes also have another chronic health condition.⁶ Encouraging and actively supporting individuals to make lifestyle changes as early as possible can obviously yield a significant return on investment (ROI) given the prevalence of this disease. Not only do 12% of adults in the U.S. have diabetes, but it is estimated that another 34% have prediabetes, according to a CDC report.⁷

Absence Prediction and Prevention

An absence prediction and prevention program begins with a model that leverages medical and disability claims data—and behavioral and pharmacy claims data too, if it is available—along with customer demographics to determine an individual's future risk of a disability in the next 12 months. Those identified as at-risk are then considered for health, wellness and stay-at-work (or predisability) vocational programs that may prevent the future disability from occurring and provided referrals to these resources.

Resources can include chronic condition management programs as well as programs that address lifestyle changes such as tobacco cessation, weight loss, proper nutrition or exercise. Conversations with individuals who are coping with stress, depression and a range of work-life challenges can lead to referrals to the available employee assistance pro-

gram (EAP). Predisability vocational coaches can provide counseling and technical assistance to people who, although still at work, are experiencing challenges because of an illness or injury. When the pharmacy benefit is integrated, health coaches can call on pharmacists to assist with medicine adherence and other prescription support needs. Sometimes people refer to the most expensive drug as the one not taken as directed—Not only is the medication wasted because it wasn't given an opportunity to work, but there can be negative health consequences as well.

Cigna tested its absence prediction and prevention model by looking at the integrated data of about 200,000 employees across 42 employers. Of the 200,000 customers in the study group, 15,000 were flagged as being at elevated risk for an STD claim. These employees were referred to vocational coaches and health management programs to help them prior to a disability claim being filed. The incidence of STD among those who were referred was 10.5% lower when compared with the high-risk employees in the control group who did not receive the outreach. The duration of leaves for employees who did go out on disability was five days shorter, and they had a 5.5% higher return-to-work rate.

Proactive Outreach Can Shorten Disability Durations

Experience shows that the longer people are away from work because of a disabling illness or injury, the less likely they are to return to productive employment. Outreach from vocational coaches to individuals throughout the course of their disabling event can help encourage them to set and achieve goals to allow them to return to their full potential sooner. Vocational coaches also provide ongoing support, such as return-to-work goal coaching, coordination of work plans with the employer and health care provider, and referrals to resources that help with recovery and rehabilitation.

As an example, proactive outreach about the availability of an EAP can help employees dealing with major depression. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 6.7% of adults in the U.S. had at least one major depressive episode during 2016, and this percentage was higher among younger adults.⁸ Adults and adolescents were defined as having a major depressive episode if they had, according to SAMHSA, “a period of two

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weeks or longer in the past 12 months when they experienced a depressed mood or loss of interest or pleasure in daily activities, and they had at least some additional symptoms, such as problems with sleep, eating, energy, concentration, and self-worth.⁹ An employee who has been diagnosed with major depression and is out on disability leave may return to work sooner when a vocational coach is closely aligned to the claim intake process. Vocational coaches can help make employees aware of programs such as an EAP and also put them in contact with clinical resources.

A Cigna analysis found that when a clinical specialist explained the EAP to customers with behavioral health issues, 82% of them went on to use the services.¹⁰ In addition, the average STD disability claim duration decreased by 1.5 days among those customers contacted about an EAP, compared with those individuals who were not.¹¹


Employer Involvement in Mitigating Disabilities

The responsibility for disability management does not rest solely on the claims administrator or insurance carrier; rather, it is shared with the employer. An effective disability management program starts before a disability even occurs. To help prevent and mitigate absences, employers need to create an overall culture of wellness that is reinforced by senior leadership.

Having processes in place for providing employees with support is essential, and managers should be instructed on

how to watch and listen for decreased productivity, complaints of pain or discomfort, requests for new or different equipment, and increased absences.

Consider this statistic when contemplating what the ROI can be for early intervention: The National Center for Chronic Disease Prevention and Health Promotion reports that just a 1% annual reduction in the risk levels associated with weight, blood pressure, glucose and cholesterol can save between \$83 and \$103 per person each year on medical costs alone.¹² Furthermore, it is estimated that full-time employees who are overweight or obese or have other chronic health problems account for \$153 billion a year in lost productivity.¹³

Even more important than the fact that small improvements in health can help save significant dollars for both employers and employees, preventing and mitigating workplace absences also means that people are most likely enjoying a much better quality of life. 

Endnotes

1. Cigna, 2017 *Integrated Value Study*. Based on short-term disability claims experience for January 1, 2015-June 30, 2016 and medical-eligible customers from January 1, 2015 through December 31, 2016. October 2017. Individual customer/client results will vary and savings are not guaranteed.
2. Ibid.
3. 2018 Cigna national book of business study of medical customers who have Cigna medical, pharmacy and behavioral benefits compared with those with only Cigna medical benefits. Average annual per member per year (PMPY) estimated medical savings. Individual client/customer results will vary and are not guaranteed.
4. Ibid.
5. Centers for Disease Control and Prevention, *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States*, 2017.
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9. Ibid.
10. Analysis of Cigna's 2017 and 2016 short-term disability claims.
11. Ibid.
12. National Center for Chronic Disease Prevention and Health Promotion, "Workplace Health Promotion." Page last reviewed/updated February 2, 2017. Accessed August 2018.
13. Ibid.

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