

Reducing Healthcare Costs and Injury in 2019

Bill Pace discusses his big hopes for healthcare and injury prevention in 2019

CHEERS to 2019! As we start this new year I am optimistically looking forward to new advances for enhancing total worker and dependent health, breaking away from opioid use and combining healthcare history to better manage workers' compensation claims. I know, really novel!

Reviewing an injured worker's PHI (personal health information) before providing medical care has proven to improve healing and reduce the claim costs and return to work days significantly; implementing this process has taken time and is now being put into use in an ever-growing fashion. More and more, insurance organizations and employers are striving to reduce injuries and are looking for holistic solutions to improve employee wellness.

However, I still believe the office worker is the most misunderstood and misdiagnosed patient. As I review data, we are still finding that when clients perform an evaluation of our Healthy Working program, 50 to 60% of the participants are ailing. They have weekly to daily discomfort in specific body parts; namely neck, back, wrist and shoulder.

Because many office employees suffer from cumulative trauma they seek medical relief on their own, generally using their healthcare insurance.

Example #1:

In 2006, an ergonomist at a larger U.S. airline took an informal survey of 200+ employees gathered for training in an on-site auditorium. They were asked to raise their hand in agreement with 3 questions and keep them up unless the next question(s) does not apply; not a validated study but an interesting result.

1. Who experiences neck and upper back discomfort each day? It could be tingling, numbness, or pain in the upper back or neck?
2. Who is going to a chiropractor, PT or family practitioner because of this discomfort?
3. Who is using their company healthcare insurance to help pay for these visits?

By the end of the 3 simple questions, it was observed that greater than 50% of the audience members had their hand up.

Example 2:

A client used a comprehensive program that included ergonomics software for training and self-assessment, telephonic and on-site assessments along with focused training and ergonomic tools for those who required them.

The findings showed a reduction in absenteeism by 25% to the employees that were provided with the comprehensive solution.

Two groups were monitored during this time each with 255 employees with the same general tasks and work environment. The participants worked in a call center environment with 25% higher staff levels than required to accommodate for 25% absenteeism rate on a daily basis. The test group was given ergonomics software, assessments, or recommendations. The control group was not.

The first step was to implement software and self-assessment to measure how many people were experiencing discomfort at work and/or their reported posture risks. Step two delivered on-site assessments and recommendations for all participants rated in the software to be in medium or high-risk groups; the risk levels were determined by a function of the self-reported discomfort and posture risks.

Within 60 days of providing the comprehensive solution to the test group, absenteeism was reduced by over 25%. Why is this significant? If 25% (64) are out on any given day, then a 25% reduction of absenteeism would equate to approximately 16 people out of 64 able to report to work every day.

Assuming the employees average \$60,000 per year in a total HR burden (payroll + employer taxes + benefits), we could conservatively estimate that the client would save \$960,000 annually by not “over-employing” for this group alone. Not to mention that the respective claims would diminish as well!

Actual numbers after 3 months:

- Greater than 50% reduction in absenteeism
- 9 months later the absenteeism rates remained at greater than 50% reduction.

Yet today as I sit down on a plane or meet a new parent at a soccer game or gymnastics meet, their reaction is no different than an executive or director who has not taken

time to measure their employees and risk, or has not deployed a preventative early symptom intervention program: “How do office employees get hurt?”

To show that it is still an issue, last year a regional insurance broker reviewed the healthcare loss runs of all of their self-insured clients. They found musculoskeletal disorders (MSDs), were number 1 in cost and in frequency. MSD claims exceeded diabetes, cardiovascular and cancer.

Do you want to improve employee wellness?

It is as simple as understanding how many of these employees are experiencing discomfort and what the root cause is. From there, with proper training and tools, you can quickly reduce the need for the office employee to seek medical relief using the company co-pay and reduce your healthcare spend and absenteeism dramatically.

Let’s make 2019 a healthier and happier new year!



■ **Bill Pace is president of Cardinus LLC. Bill has worked in the US HR software market since 1995 and has specialised in ergonomics solutions for business for the last 12 years. He has worked with several Fortune 500 and 100 companies, including Honeywell, Travelers Insurance and USAA.**

