SHARING OUR KNOWLEDGE: WORKPLACE MANAGED CARE INITIATIVE

Presentation by:

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Building Collaborative Models for WMC Substance Abuse Prevention: A WMC CSAP Forum

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Definition of Workplace Managed Care

"Workplace managed care occurs when workplaces and managed care organizations integrate their substance-abuse prevention and early-intervention programs, strategies, and activities for employees and their families (covered lives)."

" Integrated activities frequently include the following agents: employee assistance programs (EAPs), human resources, security, management, managed care organizations, and other companies that interface with the managed care organization, including external EAPs."

"Services may be received in various locations and through a variety of media: face-to-face encounters (e.g., at the workplace, physician's office, health fairs, etc.) or multi-media (e.g., video, telephone, Internet, publications, etc.)."

Source: Calvin, 1999 Journal of Behavioral Health Services and Research

Program History

In 1997, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) funded nine workplace managed care (WMC) cooperative agreements. The program was developed based on a series of policy and data-driven issues including a growing concern about rising health care costs. Concurrently, the National Household Survey on Drug Abuse and self-report from small to large businesses identified the large percentage of employees currently using alcohol and drugs and the need for workplace substance abuse prevention and early intervention efforts for employees and their families. Further, research findings supported the potential of prevention to curb the costs of substance abuse treatment and related disease and control workplace costs such as lowered productivity and increased absenteeism and litigation With this in mind, the WMC program was designed to study the various impacts of a substance abuse prevention and early intervention program within a workplace and managed care setting and to discern the best practices and their costs. The knowledge gained will be used to inform the field and influence workplace and managed care policies.

CSAP Workplace Managed Care

GFA issued March 1997 - 3-year study.

Discern best practices for prevention & early intervention in a managed care and private/public workplace setting.

Develop knowledge for publicly funded Medicare/Medicaid managed care programs.

Grantees

CSAP funded the following nine WMC cooperative agreements in Nov. 1997:

- Behavioral Health Research Center of the Southwest, in conjunction with a major health care service organization.
- Development Services Group, Inc., in collaboration with Kaiser Permanente.
- Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care.
- ISA, in cooperation with an insurance company.
- Pacific Institute for Research and Evaluation, in collaboration with a transportation corporation.
- Stanford University.
- University of Virginia.
- The Walsh Group, in conjunction with a technology manufacturing corporation.
- Weyerhaeuser, in conjunction with the University of Washington.

Prevention/Early Intervention Strategies

Wellness, Health Promotion, 800 numbers

Health Risk Assessments and Appraisals

Enhanced EAP services

Workplace Parenting

Supervisor Training - Employee Education

Education Materials for Covered Lives

Peer-to-Peer, Family, and Individual Counseling

Health Fairs

Videos/Interactive Web Sites

Drug Testing

Newsletters

Research Questions

How do prevention/early intervention programs relate to workplace and individual outcomes?

What factors influence the relationship (e.g., extent of implementation, intervention effectiveness, sociodemographic or other characteristics of participants)?

What is the cost and cost-effectiveness of prevention/early intervention programs?

Cross-Site Study Design

Multi-protocol, multipopulation study

Combine sites with common design and common interventions

Pool *findings* over sites to answer Program's main questions

Analytic findings arrayed by type of design and by site for the multiple study outcomes

Cross-Site Dataset

Records-based data collected at the workplace and managed care providers (i.e., HR, health care utilization, EAP and urinalysis records)

Workplace survey data on employee substance use attitudes and behaviors

Qualitative data about program implementation and other contextual issues

Cost data

Cross Analysis Framework

Ethnographic Analysis

Bi-variate and Multivariate Analysis

Time Series - Longitudinal Studies

Cost Analysis

WMC Early Findings

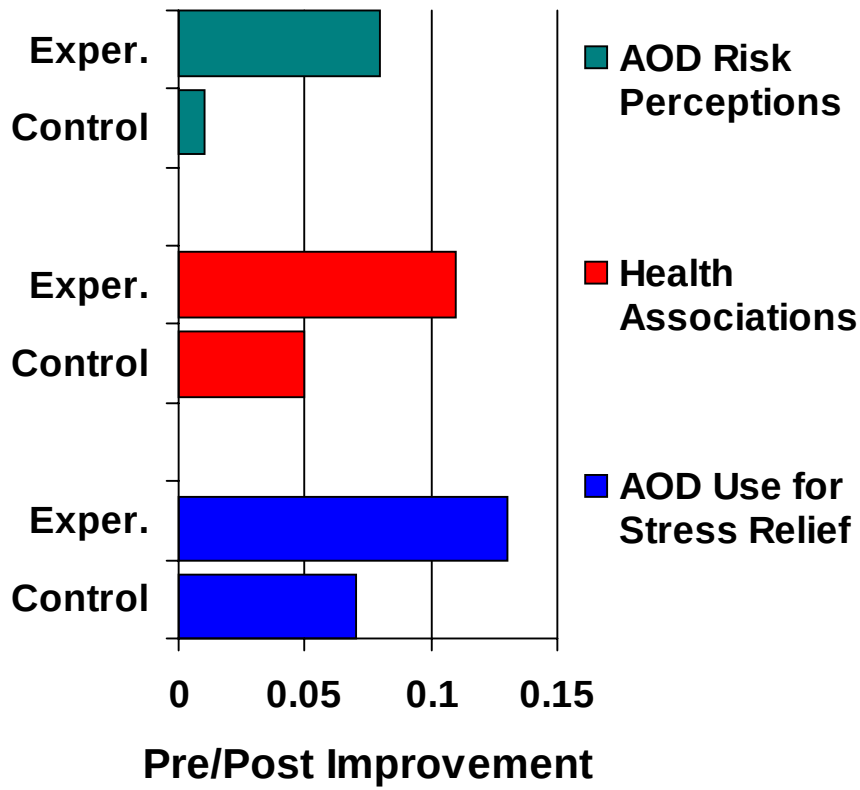
WMC Early Findings

At an an insurance-related company, workers who received substance abuse prevention materials as part of a workplace health promotion program showed the following important gains (2-year Pre/post study), relative to a control group who did not receive the materials:

Increased perception of the risks of alcohol and other drug use (F=7.16; p=.009).

Increased perception of the associations between their health and substance use (F=5.73; p=.018).

Decreased use of alcohol and other drugs to relieve stress (F=4.01; p=.05).



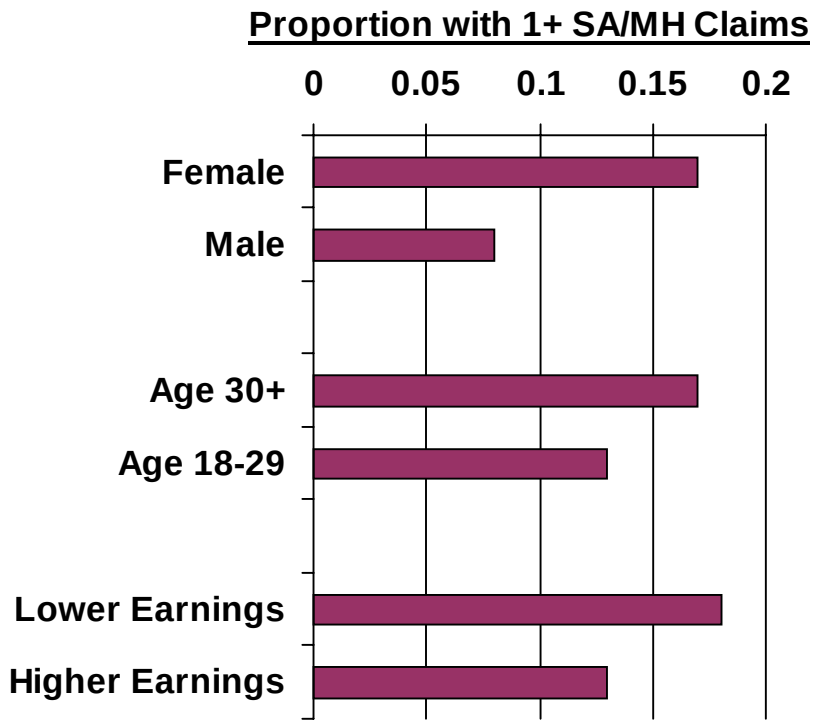
Study: ISA

In a follow-up 1-year study of health care claims at the same insurance-related company, employee characteristics influenced the likelihood of having one or more substance abuse/mental health related claims.

Females were more likely than males (17% vs. 8%; odds ratio 2.43; p=.001).

Workers ages 30+ were more likely than younger workers (17% vs. 13%; odds ratio 1.57; p=.004).

Workers with salary/wages below the median were more likely than higher paid workers (18% vs. 13%; odds ratio 1.62; p=.003).



Other factors assessed that did not significantly predict having an SA/MH claim included race, marital status, major occupational group, and exempt/non-exempt FLSA status.

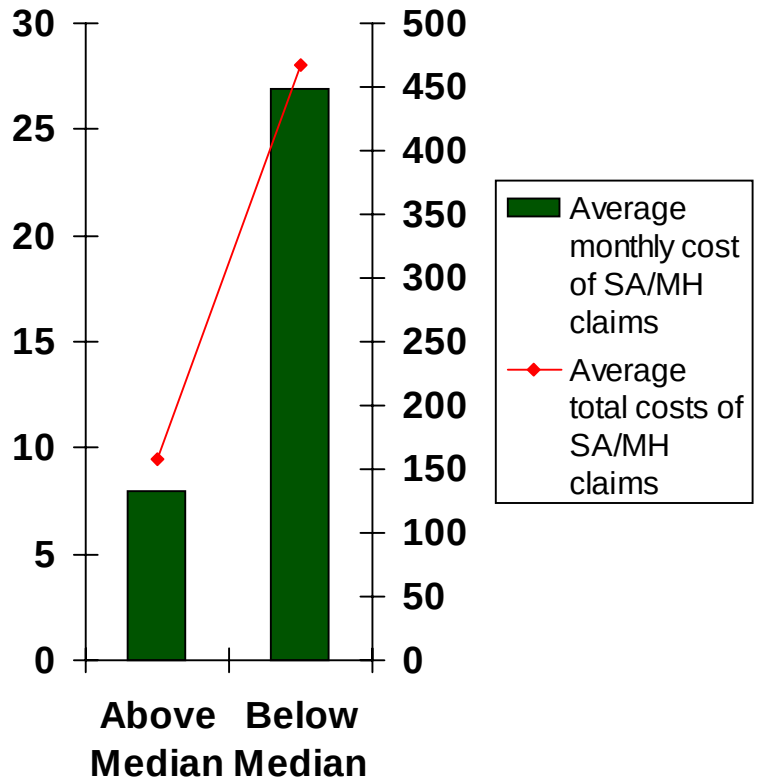
Study: ISA

Costs of SA/MH claims varied by worker earnings.

In the same follow-up study, among workers with substance abuse/mental health related claims, the costs of those claims was higher for workers with wages below the median than higher paid workers.

Monthly costs of SA/MH claims – shown by the green bars – were adjusted for length of enrollment in the plan.

The red line shows the same effect for total costs of SA/MH claims, on the y-axis.



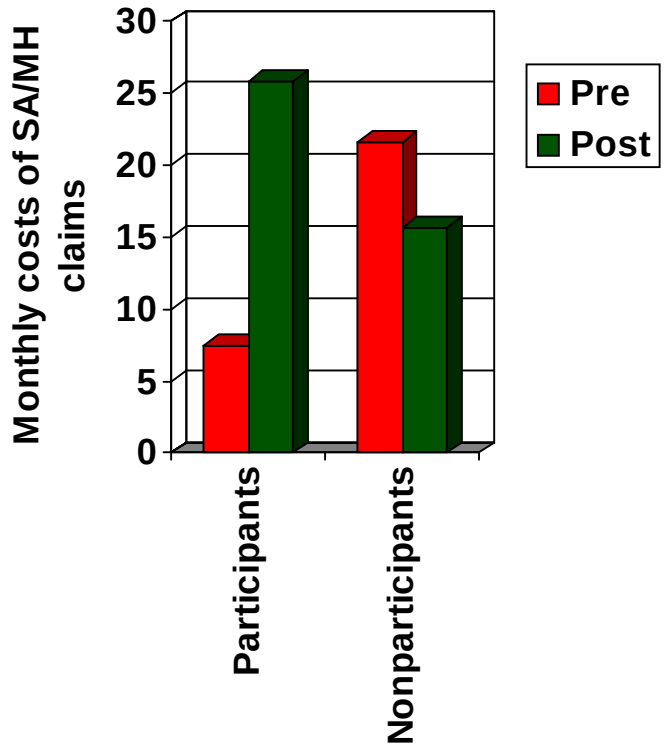
Study: ISA

CSAP/DWP

Participation in the earlier 2-year study of substance abuse prevention in workplace health promotion was related to costs of substance abuse/mental health related claims.

Among workers with SA/MH claims, study participants increased their monthly costs of SA/MH related services while a matched group of non-participants decreased their monthly costs of SA/MH related claims (F=3.37; p=.07).

Follow-up analyses will explore whether these short-term costs reduce long-term costs.



Study: ISA

Implications

Implications

Workplace health promotion programs are promising vehicles for delivering important substance abuse prevention messages and materials to working adults.

Analysis of health care claims related to substance abuse/mental health can identify those segments of the workforce toward which prevention efforts should be targeted.

Assessing the full impact of workplace substance abuse prevention on health care costs will require long-term study.

Early Findings - Injury

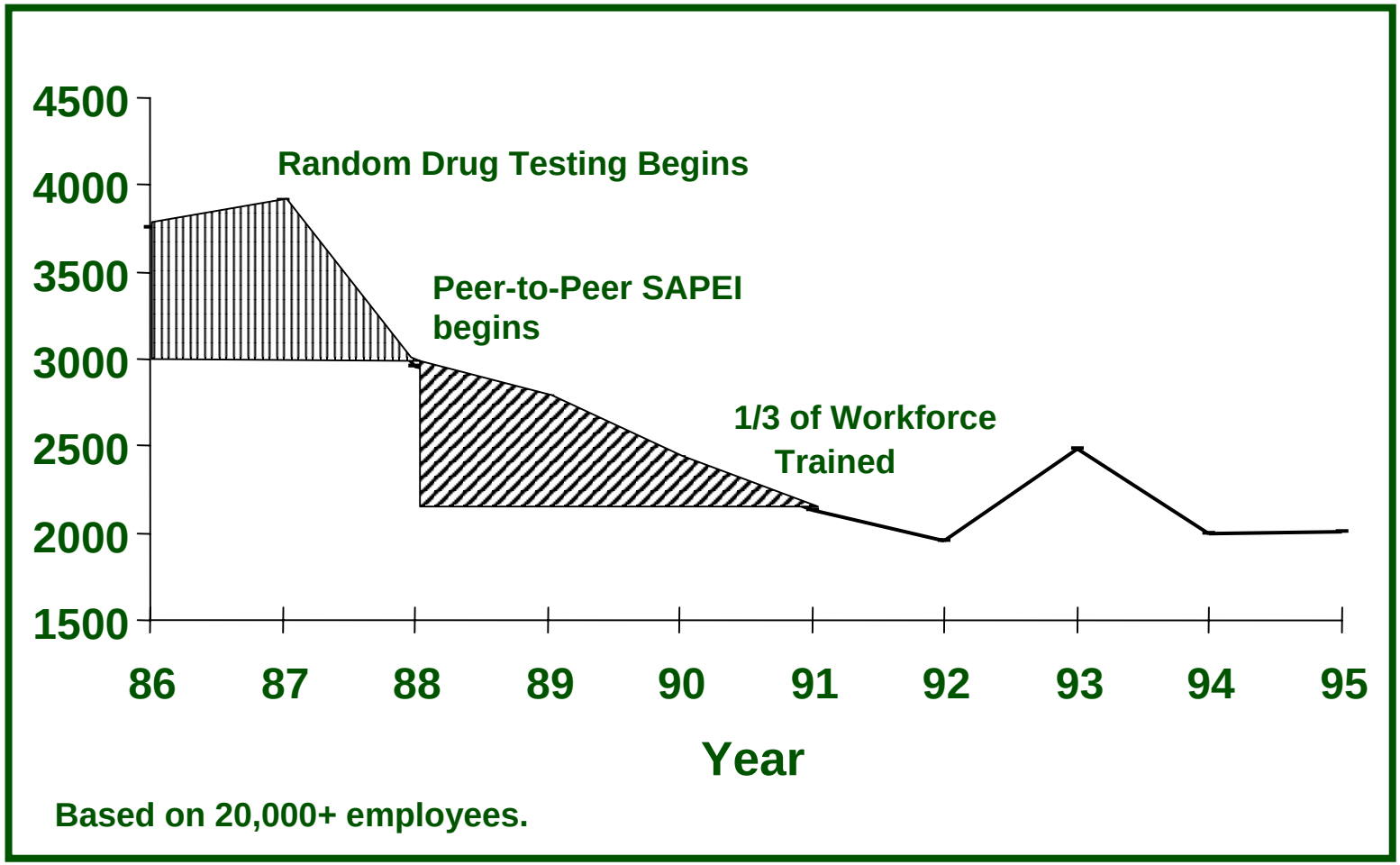
In a 12-year study of retrospective data from a national transportation workplace, employee injury rates were reduced when a peer-to-peer substance abuse prevention and early intervention program was introduced.

Second, in a shorter 8-year period, there was a steep drop in non-employee injuries per thousand revenue miles.

Third, injury medical treatment and disability costs dropped.

Study: Pacific Institute for Research and Education

Total Medical and Work Loss Costs of Employee Injuries per Million Revenue Miles in a Major Transportation Company (1997$)

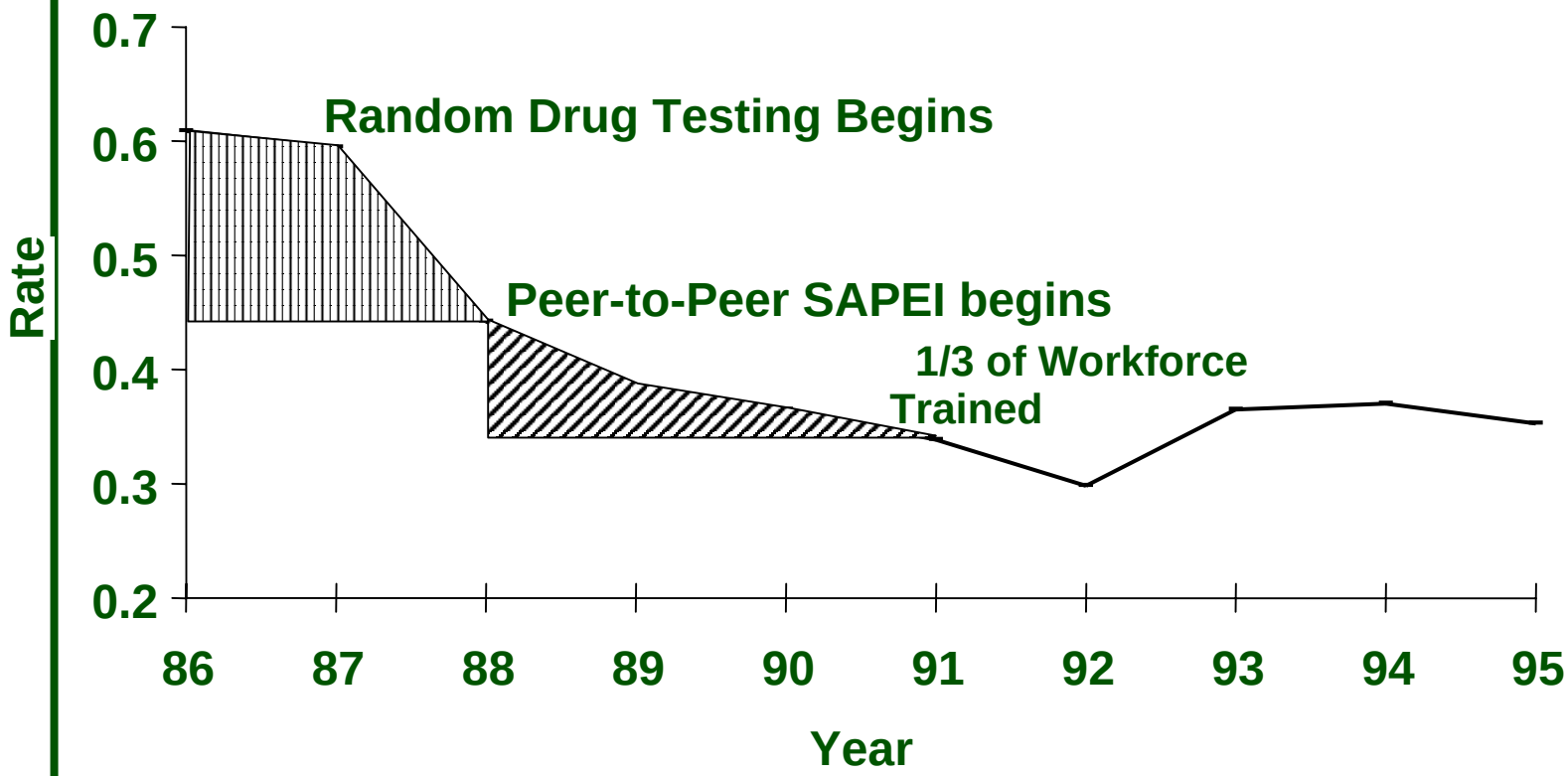


Based on 20,000+ employees.

Study: Pacific Institute for Research and Education

CSAP/DWP

Employee Injury Rate per Million Revenue Miles In a Major Transportation Company (1997$)

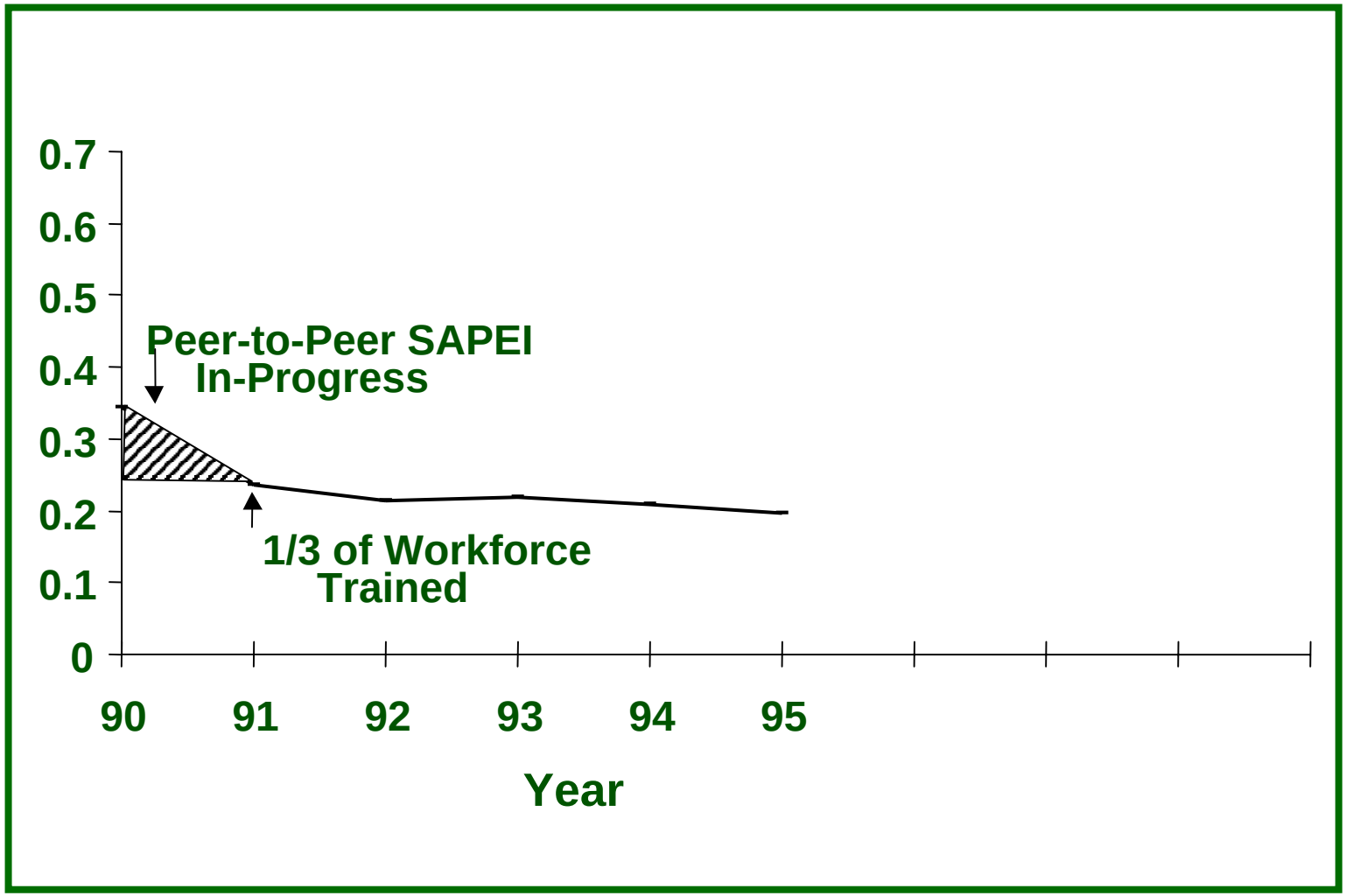


Based on 20,000+ employees.

Study: Pacific Institute for Research and Education

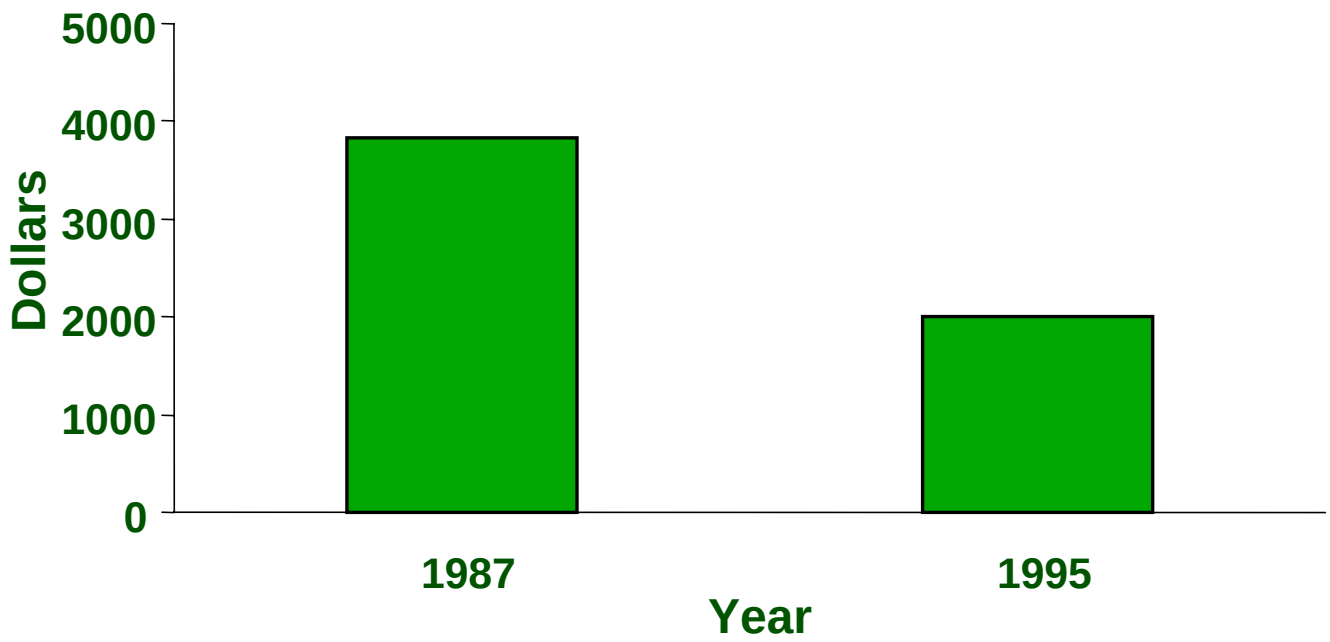
CSAP/DWP

Non-Employee Injury Rate per Million Revenue Miles In a Major Transportation Company (1997$)



Study: Pacific Institute for Research and Education

Injury Costs in a Major Transportation Company (1997$)



Based on 20,000+ employees.

Study: Pacific Institute for Research and Education

DrinkWise Early Findings
Alcohol Consumption

	At program entry	At program completion	At 9-month follow-up
Average number of drinks/week	22.14 (n=235)	6.63 (n=235)	8.74 (n=75)
Percent abstinent	0%	30%	20%

1994-1998

Study: Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care.

WMC Early Findings - Health Outreach at Work

Changes in Drinking Patterns of Study Participants

'At-risk' drinkers who:	***Became abstemious***	***Became 'safe' drinkers***	***Decreased their drinking but still at-risk***	***Did not change their drinking***
	12.5%*	30.6%*	5.1%*	51.8%*

'Safe' drinkers who:	***Became abstemious***	***Remained 'safe' drinkers***	***Became 'at-risk' drinkers***
	14.2%*	63.6%*	22.2%*

Non-drinkers who:	***Remained abstemious***	***Became 'safe' drinkers***	***Became 'at-risk' drinkers***
	76.5%*	17.3%*	6.2%*

* p<.001

Study: Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care.

WMC Early Findings - Health Outreach at Work

(1994 - 1997)

Proactive Wellness Counseling Leads to Greater Decreases in Alcohol and Tobacco Risks

	Counseled	Not counseled
% of highest 'at-risk' drinkers who lowered their drinking to a safe level	38%	22%**
% of smokers and former smokers at screening who were not smoking at rescreening	60%	48%*

* p <.001

** p <.1

Study: Greater Detroit Area Health Council, in cooperation with the University of Michigan and M-Care.

Employee Health Plan Knowledge Survey Results

Does your employee health plan provide mental health services?

Type of Health Plan	Yes/No*	Don't Know
Point of Service Plan	77.3%	22.7%
Staff Model HMO	62.6%	37.4%
Group Model HMO	59.4%	40.6%
None through Employer	58.1%	41.9%

Chi-square = 15.329, df = 3, p = 0.002

Does your employee health plan provide substance abuse services?

Type of Health Plan	Yes/No*	Don't Know
Point of Service Plan	49.4%	50.6%
Staff Model HMO	42.2%	57.8%
Group Model HMO	31.0%	69.0%
None through Employer	51.2%	48.8%

Chi-square = 14.092, df = 3, p = 0.003

* A small percentage (1% answered no) that mental health and substance abuse were not covered.

Study: Stanford

Implications - Employee Survey

Results strongly suggest:

- **Employees are not well informed about the mental health and substance abuse treatment coverage provided by their managed care programs.**
- **Knowledge of these benefits is not independent of the type of managed care health plan.**

Study: Stanford

Characteristics of Employees with Drug-Positive Urinalysis

	Employees with Positive Drug Test	Matched Comparison Group*
Number of Individuals	26	1100-2000
Demographics		
Average Age	36 years	44 years
Sex		
Male	92.3%	76.4%
Female	7.7%	23.6%
Race / Ethnicity		
White	84.6%	72.0%
Black	11.5%	14.6%
Hispanic	3.9%	10.0%
Other	0%	3.4%
Marital Status		
Married	42.3%	41.5%
Not Married	57.7%	58.5%
Percent of employees with medical claims in past year	26.9%	9.6%
Percent of employees whose wages were garnished in 1998	26.9%	6.7%
Percent of employees with worker's compensation claims	19.2%	13.9%
Percent of employees filing OSHA accident reports	15.4%	14.8%

* Comparison group size varies depending on matching criteria.

Study: Walsh Group

Implications - Drug Testing

Individuals with drug positive urinalysis:

- **Are about 3 times as likely to have medical claims;**
- **Have almost 40% higher rates of worker's compensation claims; and**
- **Are more than 4 times as likely to have their wages garnished.**

Study: Walsh Group

Employee Survey: Use of Services

53% have used occupational health services.

36% have participated in UVA's health risk appraisal/screening.

15% have used FEAP.

Only 36% knew what health care plan does.

Study: UVA