

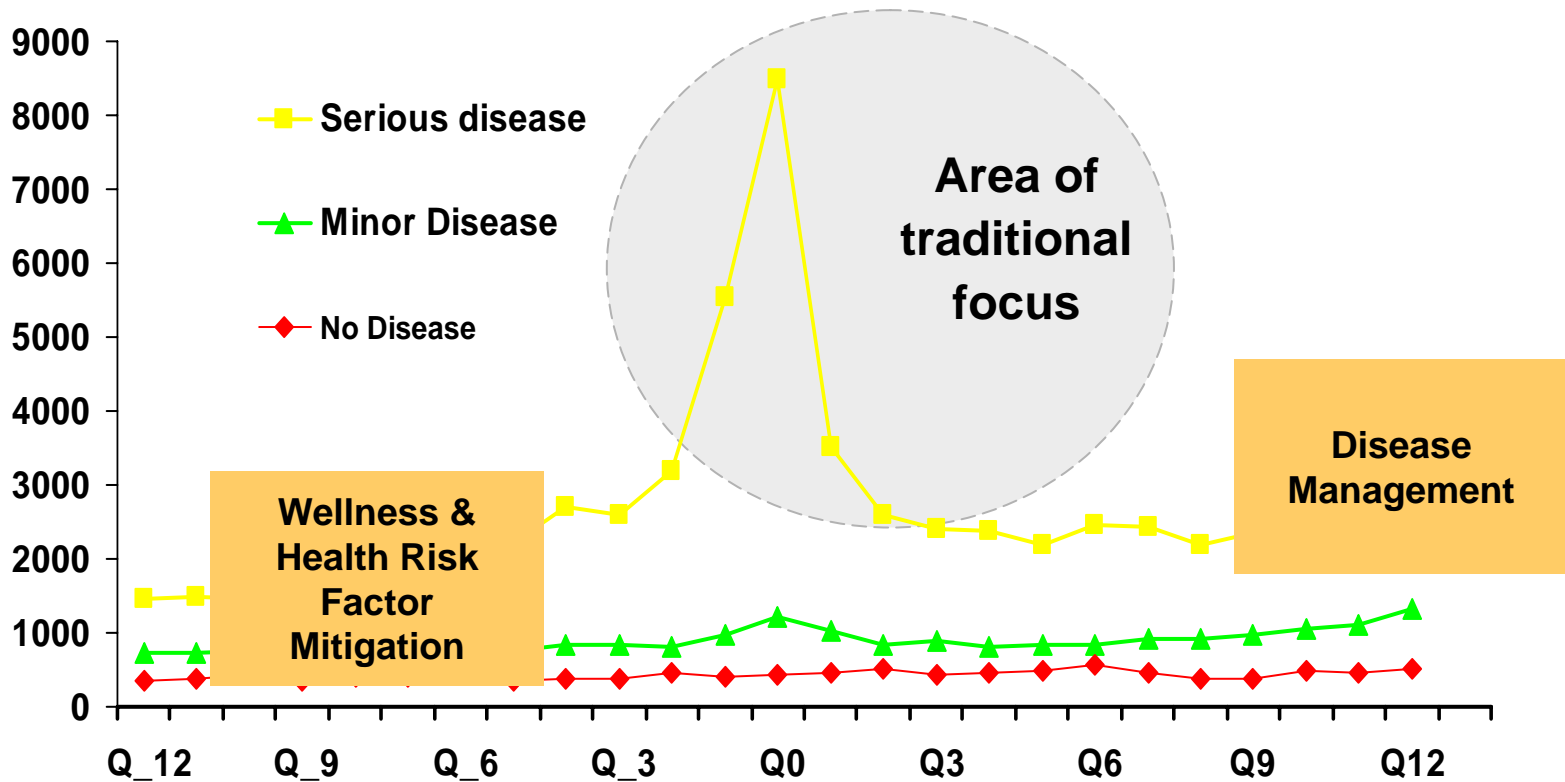
# Impacting Productivity with Integrated Programs

**Allen Woolf, M.D.**

Chief Medical Officer, CIGNA Group Insurance



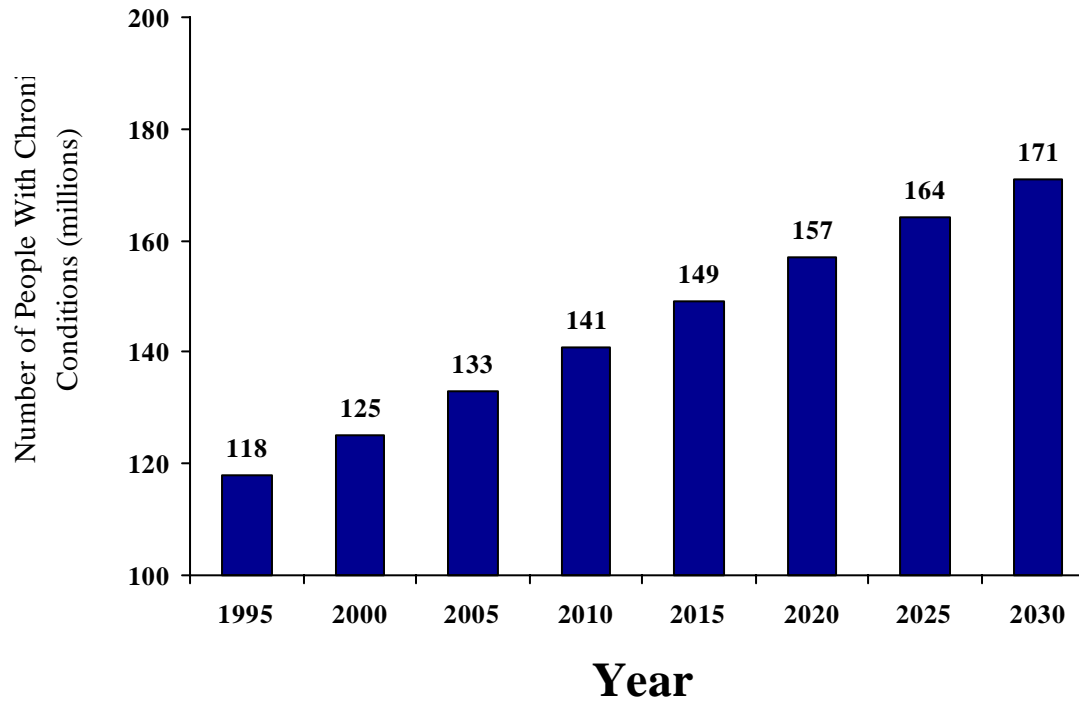
# Broadening the Focus for Health and Lost Productivity Management



Modified from: Musich, Schultz, Burton, Edington. DM&HO. 12(5):299-326,2004



# The Number of People with Chronic Illness is Growing



## Key Drivers of the growth:

**Aging of the population**

**Increasing health risks, especially obesity**



Wu, Shin-Yi and Green, Anthony. *Projection of Chronic Illness Prevalence and Cost Inflation*. RAND Corporation, October 2000

# Integration: Health and Lost Productivity

<b>Lost Time/ Productivity Management Programs</b>	<ul style="list-style-type: none"> <li>• Presenteeism</li> <li>• Absenteeism</li> <li>• FML</li> </ul>	<ul style="list-style-type: none"> <li>• Presenteeism</li> <li>• Absenteeism</li> <li>• FML</li> <li>• STD</li> </ul>	<ul style="list-style-type: none"> <li>• Presenteeism</li> <li>• Absenteeism</li> <li>• FML</li> <li>• STD</li> </ul>	<ul style="list-style-type: none"> <li>• Presenteeism</li> <li>• Absenteeism</li> <li>• FML</li> <li>• STD</li> <li>• LTD</li> </ul>	<ul style="list-style-type: none"> <li>• Presenteeism</li> <li>• Absenteeism</li> <li>• FML</li> <li>• STD</li> <li>• LTD</li> </ul>
	<b>Well</b> No Disease	<b>At Risk</b> Obesity High Cholesterol	<b>Acute Illness</b> Pneumonia Fracture	<b>Chronic Illness</b> Diabetes Heart Disease	<b>Catastrophic Illness or Injury</b> Cancer
<b>Medical Care Management Programs</b>	<ul style="list-style-type: none"> <li>• Health Coaching</li> <li>• Worksite Wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Health Coaching for Risk Reduction</li> <li>• Worksite Wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Case Mgmt</li> <li>• Utilization Mgmt</li> <li>• Treatment Decision Support</li> </ul>	<ul style="list-style-type: none"> <li>• Disease Mgmt</li> <li>• Case Mgmt</li> <li>• Treatment Decision Support</li> <li>• Pre-habilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Case Mgmt</li> <li>• Utilization Mgmt</li> <li>• Treatment Decision Support</li> </ul>



# Outcomes:

## CIGNA Integration Value Study

- 91% of medical costs are accounted for by 20% of the membership
- 1/4th of members in the top 20% have disability claims
- This 5% of the population – those with disability claims – account for 37% of total medical cost
- Accounts where there was active integration of disability and health care showed improved disability management results
- Return-to-work at the close of STD is at least 5%, and up to 37%, better for integrated accounts
- There was a 3% reduction in the incidence of disability and a 7.7% reduction in disability durations for members with cardiac disease
- There was a 1% reduction in the incidence of disability and a 18% reduction in disability durations for members with back pain



# Outcomes:

## CIGNA Integration Value Study

- Employees on FML are 5 times more likely to have a subsequent STD claim than those not on FML (24% vs. 4.5%)
- Intermittent FML has significantly greater likelihood of later STD than continuous (38% versus 16%)
- Those on FML intermittent leaves, regardless of reason, are 2x as likely to have a subsequent STD claim for behavioral illness than those on continuous leave
- Those on FML for a family reason are 50% more likely to have a subsequent STD claim for behavioral illness than those on FML for other reason

**Study Profile: 3 accounts, 46,000 employees**  
**3300 STD claims, 6300 FML events**  
**Looked at STD after start of FML**



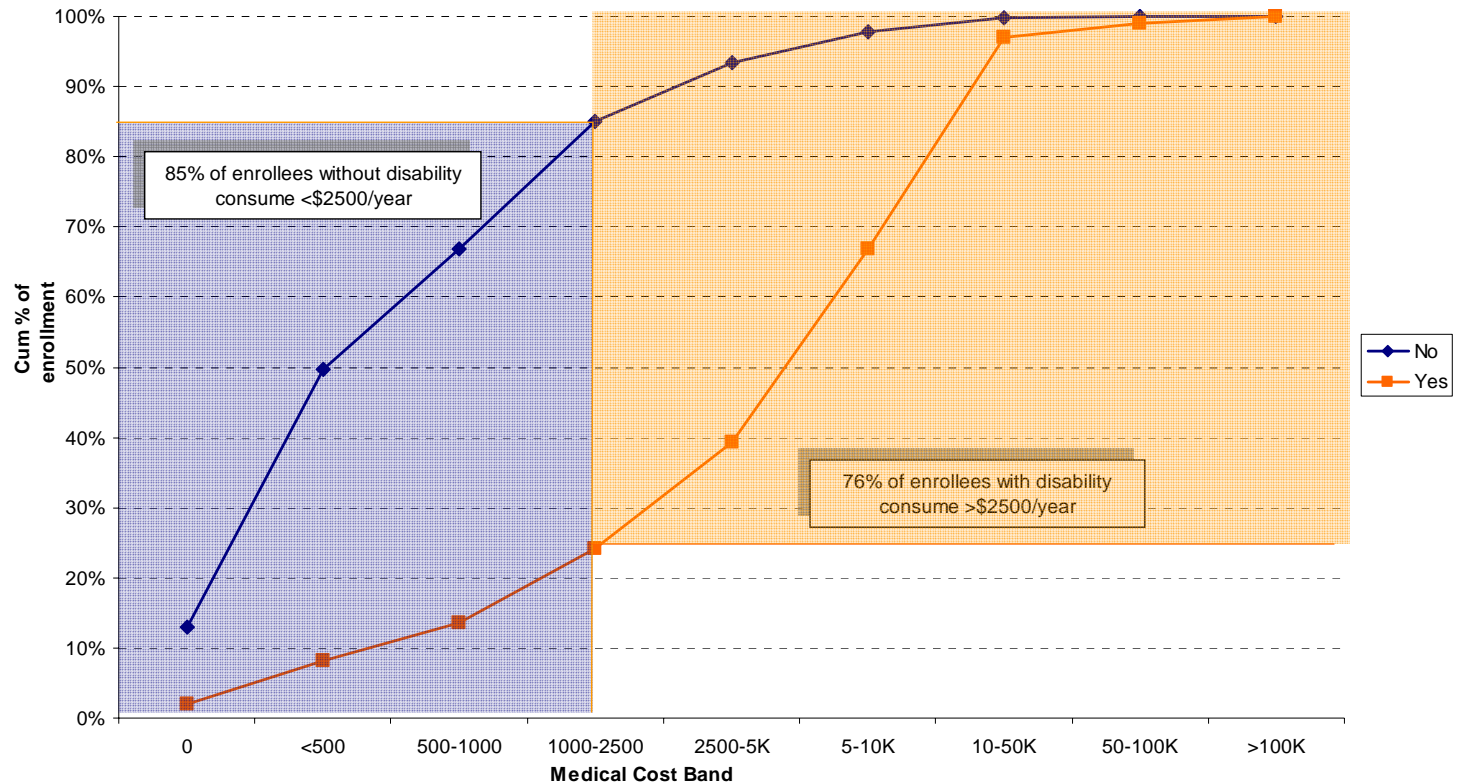
# **An employer case study:**

**The power of  
integrating disability  
and medical data**

# Disability and Average Annual Medical Cost

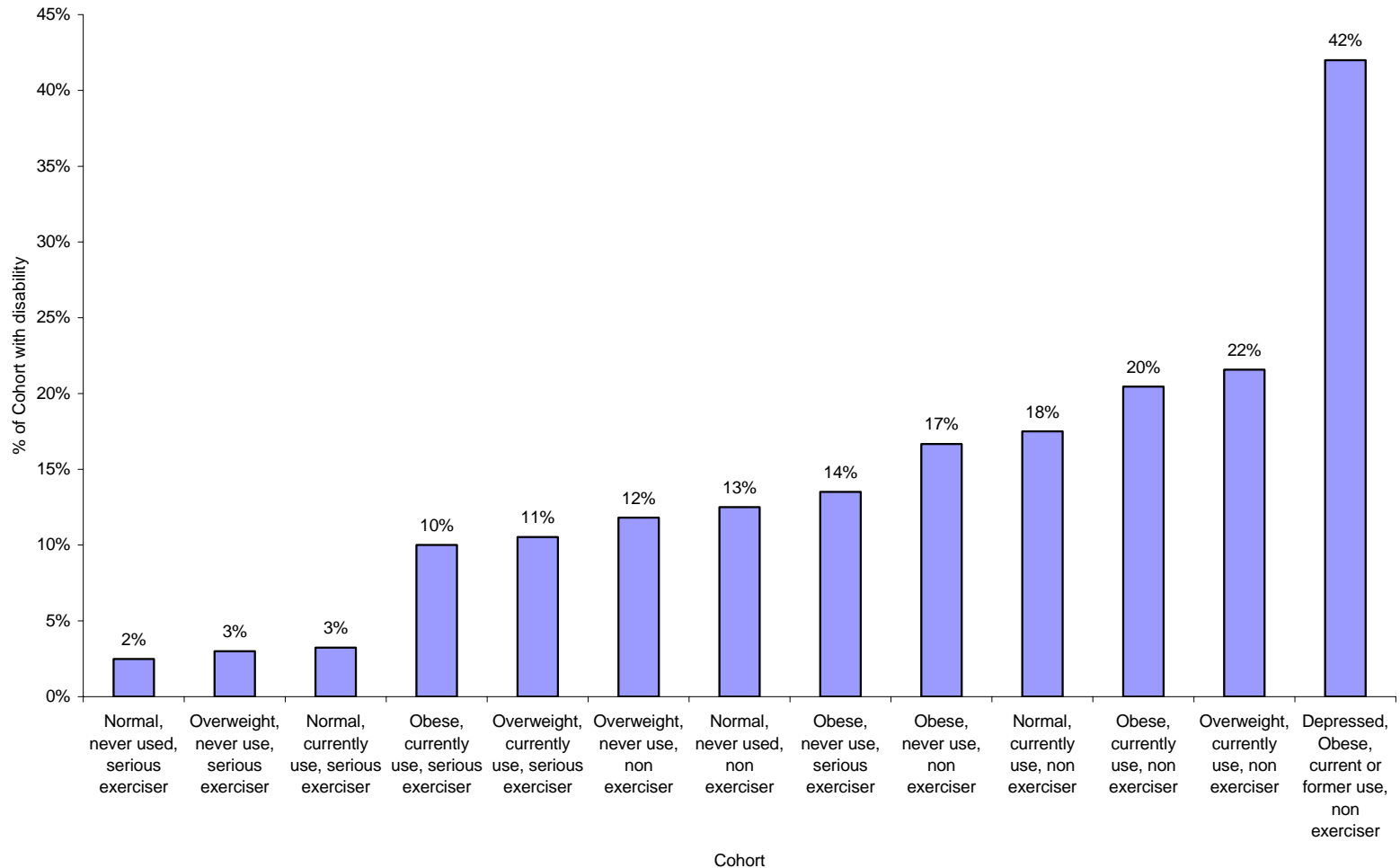
*People with disability have a distinct distribution of average annual medical cost. The majority of people with disability consume >\$2500/yr, while the majority of people without disability consume <\$2500/yr*

Cumulative Enrollment by Medical Cost Band (No disability vs Yes disability)



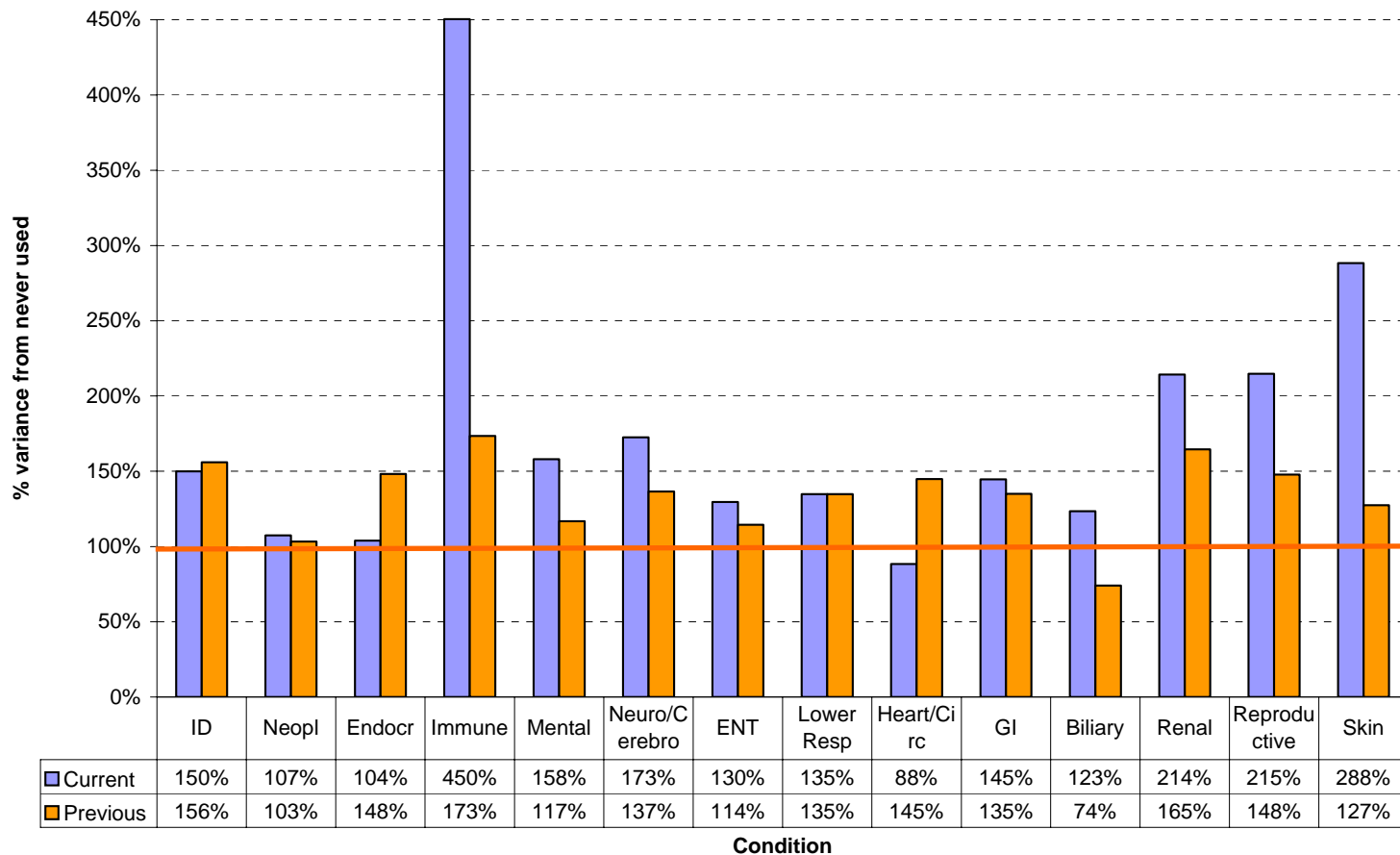
# Risk Factors: Lifestyle

Impact of Risk Factors on Disability Prevalence



# Risk Factors: Smoking Status

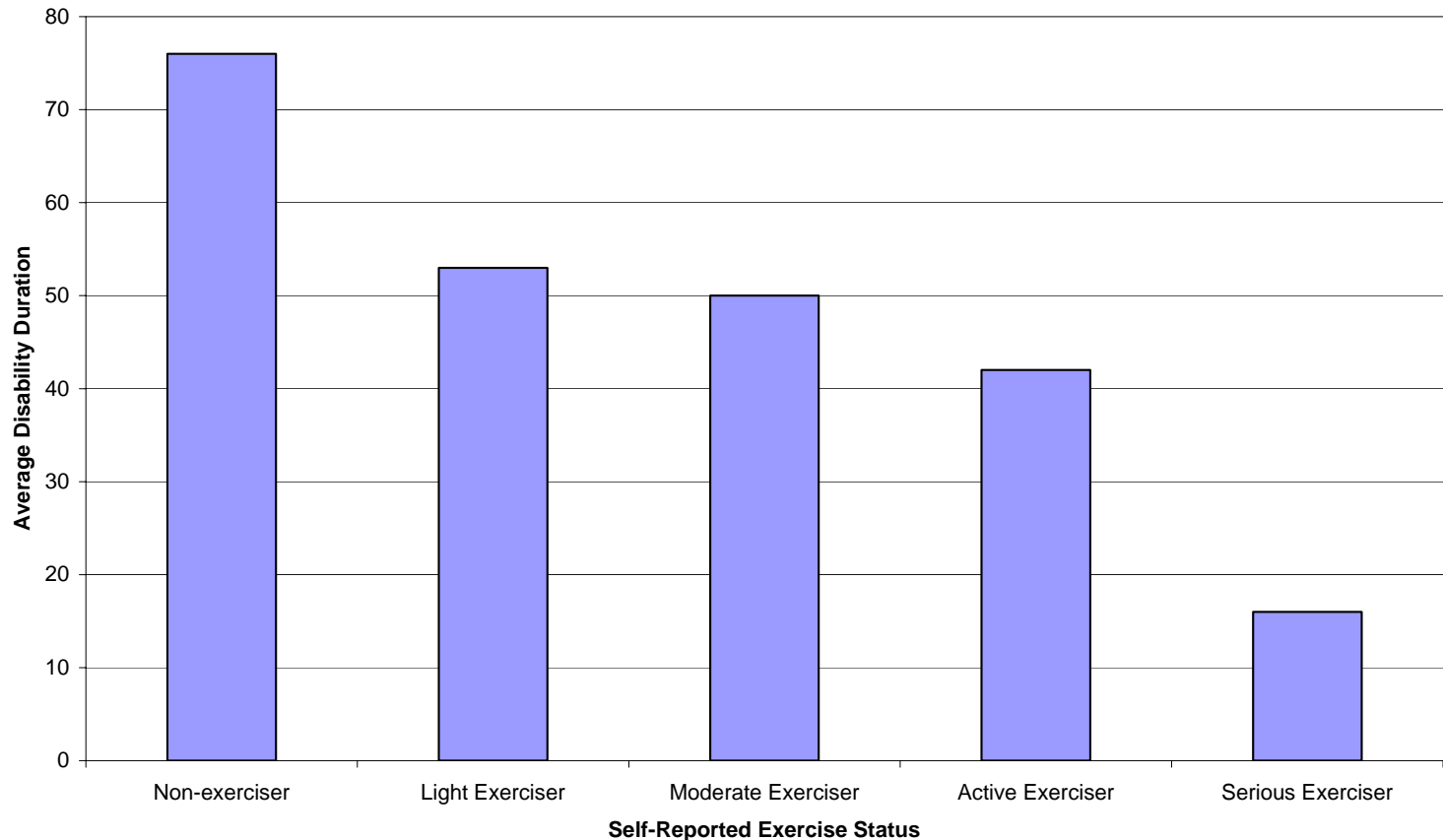
Relative disability prevalence by condition based on tobacco status



# Risk Factor: Activity

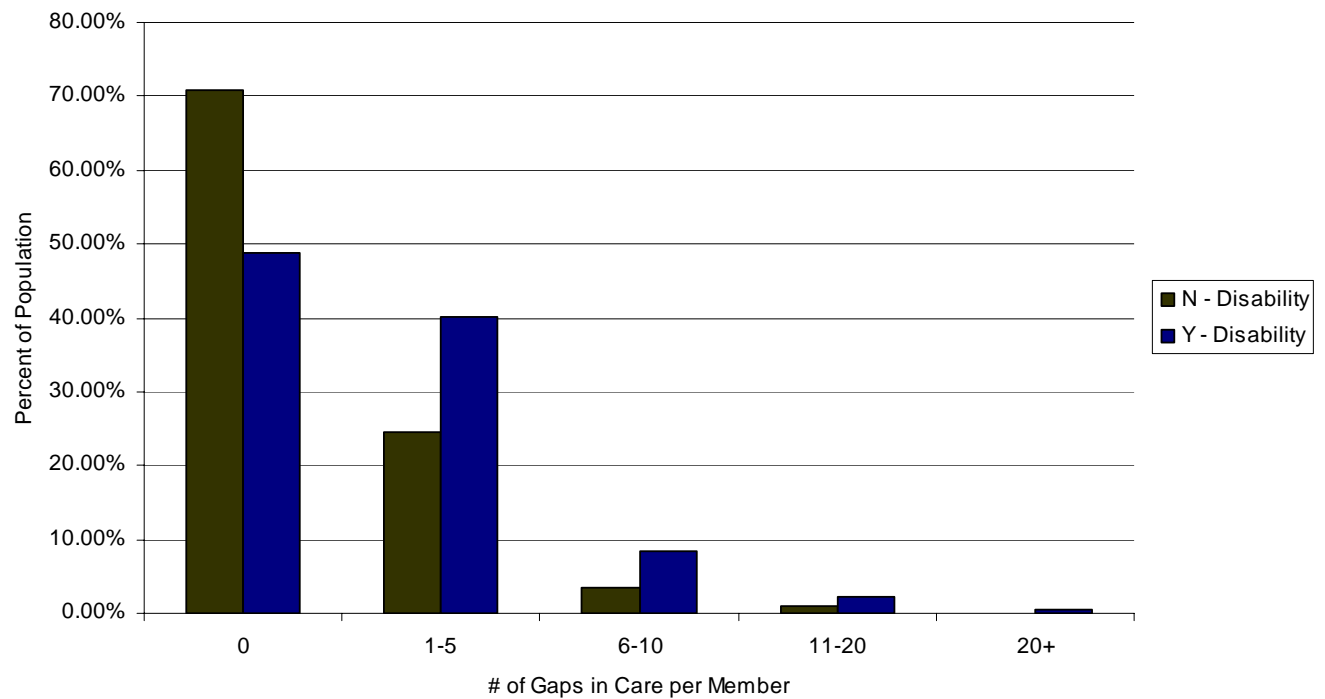
Impact of physical activity on disability duration  
for people with fractures/dislocation

Average Annual Disability Days for People with Disability: Medical Diagnosis  
Fractures/Dislocation



# Risk Factors: Gaps in Care

Distribution in Gaps in Care Frequency by Disability Status for Musculoskeletal Conditions



# Potential future scenario: Disability-specific predictive modeling driving proactive management



**Questions?**

