

Section 4. Healthy Organization

4.1 Health Promotion and Wellness

Preventive health education programs include health risk factor identification, population health status ascertainment and activities to reduce the risk of common acute and chronic diseases, and other health-related concerns that may adversely affect the workforce.

ACOEM Standards

Health education and health promotion programs are integral to maintaining and enhancing the health of worker populations. Health risk appraisals can be used to identify and prioritize beneficial health behavior change programs. For example, smoking cessation, nutrition and exercise programs have been documented to improve health and productivity. Compliance training for motor vehicle seat belt use also reduces morbidity and mortality. Occupational health professionals can motivate and educate workers to take responsibility for making wise, healthier choices in lifestyle behavior and personal health care decisions.

Outcome Indicators

Program Components and Dissemination:

- Senior management support and participation
- Health risk appraisals and assessment of readiness to change health behaviors
- Risk factor screening (e.g., cardiovascular fitness, body mass index, blood pressure and cholesterol)
- Personal follow-up of those at high risk
- Health information and health education programs (e.g., weight loss, smoking cessation, health club, smoke-free environment, healthy vending machine and cafeteria selections)
- Health benefit plan activities that educate and promote good health
- Guidelines and communications to doctors to encourage health promotion
- Programs to improve quality of preventive clinical care and services provided to plan members
- Specific cancer screening programs for early detection following national guidelines
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Participation rates, i.e., percent of beneficiaries getting screening, health risk appraisals (HRAs), health education and behavior change programs
- Prevalence of health risks and chronic disease in worker/beneficiary populations
- Projection of health-related costs and return on investment (ROI) analyses
- Effectiveness of risk reduction programs
- Participant satisfaction rates
- Impact of programs on clinical data and productivity
- Attainment of recommended participation rates in screening programs (e.g., mammography, Pap test, prostate specific antigen (PSA), HgA1C) as per Healthy People 2010 or US Preventive Services Task Force
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.2 Absence and Disability Management

Health professionals and case managers support human resources, managers and supervisors to help assure quality of medical care and facilitate the early return to work of employees absent from work due to illness.

ACOEM Standards

Disability management programs assess reasons for workers' poor performance or absence from work due to illness or injury and determine when the individual is well enough to return to work safely. Closely related is the primary role of evaluating illness conditions that render work unsafe and require job accommodations. Disability management is expanding to identify individuals and worker populations who are at increased risk of poor performance because of health issues and find positive means to decrease absenteeism and enhance health and productivity in the workforce.

Outcome Indicators

Program Components and Processes:

- Written absence/disability management/Family Medical Leave Act (FMLA) policies and procedures
- Active case management (ambulatory, disability)
- Medical practice guidelines used for the most common causes of illness absence
- Transitional jobs available for temporary assignment
- Willing support of the early return-to-work (RTW) program by first line supervisors
- Functional job descriptions to facilitate effective RTW programs
- Health plan activities to help people manage chronic illness while working
- Effective program for improving quality of clinical care provided to health plan members
- Guidelines to assist plan doctors provide optimal care
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Number of days absent from work, or with restricted/modified duty
- Lost day rate, permanent disability levels and rates
- Number of employees with chronic conditions that affect performance, e.g., asthma, arthritis
- Number of work days missed due to specific chronic conditions, e.g., depression, diabetes
- Disability management cost savings, e.g., from case management
- Patient satisfaction rates
- Comparison of actual lost work time and disability duration vs. published benchmarks/guidelines
- Evidence of monitoring quality of care, e.g., percentage of those, who after a heart attack, received beta blockers or diabetics who receive yearly hemoglobin A1C determinations
- Percentage of plan members hospitalized for mental illness seen by provider within 30 days of discharge

- Evidence that the health plan takes action to improve the quality of care based on quality assurance feedback
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.3 Health Benefits Management

Occupational health professionals collaborate with human resources personnel in the design, evaluation and quality assurance of employee health benefits.

ACOEM Standards

Organizations are challenged to skillfully manage human capital to maximize the health, safety and productivity of the workforce. Health benefits management includes assessing and identifying specific health care needs of a given worker population and helping to maximize available resources to have the largest impact on delivery of high quality care to workers, retirees and their families. Health benefits plan design can help to maximize the health of workers and dependents. Actuarial claims analysis for trends in diagnoses and costs can facilitate planning appropriate disease management and health promotion programs. Actuarial rate setting can help to guide appropriate utilization of medical services. Pharmacy benefits plan design can reduce costs while providing access to appropriate medications. Quality of care of network providers can be evaluated against evidence-based best practices and standards of care and providers can be rewarded for highest quality care. Occupational medicine specialists can provide valuable assistance in evaluating worker health benefits, benefit costs and the adequacy of care provided. They are in a unique position to apply epidemiology, statistics, and information systems to assure quality of care and to identify the most effective opportunities to improve the health of a defined population of workers/beneficiaries.

Outcome Indicators

Program Components and Dissemination:

- Health benefits and aggregate claims data readily available from insurance carriers/administrators
- Measures of appropriateness and access to medical care
- Programs that educate employees about self-care and skillful use of medical care (“demand management”)
- Health benefits tailored to worker health needs, organizational culture and productivity goals
- Benefit coverage for preventive services using national guidelines
- Worker education on medical plan choices and understanding available benefits
- Assistance to workers to access appropriate care
- Procedures ensure health plan members get the level of care needed
- Data on the availability of primary care physicians, specialists and other practitioners
- Policies define rights and responsibilities of plan members
- Information that clearly informs plan members about services, benefits and how the plan works
- Integration of health benefit plan design with strategic direction in health promotion
- Health plan oversees clinical quality improvement
- Local physician community proactively engaged to practice evidence-based medicine using practice guidelines
- Other programs

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Evaluation of health plan quality, e.g., the National Committee for Quality Assurance (NCQA) Health Plan Employer Data and Information Set (HEDIS®)
- Quality improvement metrics, e.g., appropriate care to those with chronic diseases such as asthma
- Changes resulting from review of health benefits
- Financial outcomes, e.g., temporary disability, medical care, permanent disability and future medical costs
- Utilization, e.g., visits per case, diagnostic tests per case, and modalities per case
- Worker satisfaction opinion of programs offered, e.g., survey or focus group results and outcomes
- Measurement of how well the health plan provides its members with access to needed care and with good customer service
- Evidence that plan members get needed emergency services
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs

4.4 Integrated Health and Productivity Management

The organization implements integrated programs to assess and enhance population health status and reduce the impact of occupational and non-occupational illness and injury on costs and workforce productivity, including turnover rate, absenteeism and presenteeism.

ACOEM Standards

Integrated Health and Productivity management measures the link between worker health and productivity and directs employer investments into interventions that improve health and organizational performance. With this approach, managing the health of a population is incorporated as an important component of the organization's business strategy. Organizational resources are aligned to support an integrated approach to strategically investing in worker health and performance. Efforts are made to quantify the total economic impact of health, including direct medical and pharmacy costs of healthcare as well as indirect productivity-related costs such as absenteeism and presenteeism (present at work but limited in some aspect of job performance by health problems). Health interventions are chosen and evaluated to maximize positive impact on health, attendance and productivity. For the individual, injury or illness impacts on all aspects of life—at home and at work. Implementation of a strategy that promotes worker health and quality of life is essential to the worker's well-being. For employers, this approach is also beneficial as a cost-effective means of reducing health care expenditures, improving organization productivity and human capital management, promoting employee retention, lowering retraining and replacement costs, and enhancing organization culture.

Outcome Indicators

Program Components and Processes:

- Organization policies demonstrate commitment to employee health, well-being, human performance and productivity
- An integrated health and productivity management approach links multiple departments via committees, shared data and program development plans
- Analysis of health status and health needs of the population, including organizational health
- Health programs, interventions and benefits are selected to optimize return on investment for health, attendance and productivity
- Work environments are designed to optimize the balance of health and human performance of the workforce
- Strategies and interventions engage effective disease management, health management, and quality care management to identify and reduce gaps in quality that impact workplace health and productivity
- Preventive strategies and interventions focus on enhancing health and productivity of the workforce in alignment with business strategies
- Other components

Dissemination:

- Policies and protocols are widely disseminated
- Services and programs are offered to all workers in all locations

Outcome Measures:

- Measurement of productivity, e.g., absenteeism, presenteeism, direct and indirect health care costs
- Calculation of cost/benefit analyses or return on investment (ROI)
- Impact of health status on absenteeism, presenteeism, disability, turnover, work performance
- Indices of worker satisfaction and organizational climate surveys
- Clinical and financial measures, with evidence of action to correct gaps from evidence-based prevention and treatment quality of care criteria
- Demonstrated impact of improvements in healthcare upon workplace health-related productivity
- Quantify the total economic impact of health, including direct medical and pharmacy costs
- Other outcome measures

Trends:

- Trend measures are in place that track changes over time (e.g., from year to year)
- Trend data have been used to make adjustments to policies and programs