



“Benefit Briefs”

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“Newsbrief concerning employee benefits”



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Managing Chronic Pain

As the workforce ages and the related chronic pain costs (i.e., medical costs and lost productivity) estimated to be greater than \$6 billion annually to the economy, it's no wonder chronic pain has become an area of concern. The good news is that there are many proactive strategies an employer and employee can put in place to reduce rising costs—and prevent lost time at and away from work.

Chronic pain is a term used to classify persistent, non-acute pain that can be associated with an injury or chronic condition or have no known origin. It can impact both physical functionality and mental health. Many individuals with chronic pain report having a higher prevalence of mood and anxiety disorders. A recent survey indicates that 63% of chronic pain sufferers say pain prevents them from regularly fulfilling everyday tasks at home, school and work.

There are many ways to address chronic pain concerns. A multitude of resources are available online that will assist managers and employees in understanding and dealing with chronic pain. While employees are not obligated to share information regarding medical conditions with their employers, it is important that employers work with their employees to understand their functional abilities. If an employer demonstrates open communication, employees dealing with chronic pain may be more likely to discuss their conditions and needs. By asking employees for potential solutions, the employer empowers them to become part of the process. By opening lines of communication with their employees, employers can increase the chances of finding solutions that work for both employer and employee. Often, simple modifications to an office or workstation can help relieve chronic pain. A little creative thinking can sometimes draw out the best solutions. Once a solution has been determined and implemented, the employer needs to reconnect with employees to make sure they require no further adjustments. Employers should consult with providers and specialists to develop strategies and solutions to chronic pain management.

Here are few websites that have information on chronic pain. Log onto the site and search for “chronic pain”:

www.webmd.com

www.healthdesk.com

www.familydoctor.org

Episode Disabilities

Employers need to remember that employees with episodic disabilities (both physical and mental) need to be accommodated. An episodic disability is marked by unpredictable periods and degrees of wellness. While one of the bigger-picture challenges for people with episodic disabilities (e.g., arthritis, multiple sclerosis, HIV and some forms of mental illness) is access to care and quality services, there are also issues of income security and barriers to employment. An episodic illness can vary over time, so employers need a long-term perspective in terms of the changes an employee may go through and need to develop an accommodation plan, including processes to complete work during illness absences. So what kinds of accommodation might an employee with an episodic disability need? An employee may need flexible time to be able to attend doctor's appointments, for example. Or maybe the employee needs accommodation in the form of adaptive technology (e.g., better lighting or an ergonomic chair). Some employees may simply want peer support—someone else in the organization they can go to, to talk. An employee may request part-time work with pro-rated benefits or part-time work with full benefits. Access to drug benefits becomes very important for someone with an episodic disability. If an employee has to take medications throughout the workday, he or she may request scheduled breaks to take his or her medications in private. And, if there are side effects from medications (some can cause gastrointestinal issues), the employee may request a workstation closer to the restroom. Ensure that the employee knows the process of requesting an accommodation (e.g., Whom do I talk to? What is policy structure around this? How many sick days do I have?). Educate all your employees on episodic disabilities and employment, and inform them on your organizational policies on disability and accommodation.

Multiple Chronic Conditions

The statistics, as reported in December in a report from the Department of Human Services, say it all. More than 25 percent of Americans have two or more chronic conditions — which, by definition, require continuing medical care, and often limit their ability to perform activities of daily living. (The conditions include heart disease, diabetes, obstructive lung disease, high blood pressure, kidney disease, osteoporosis, arthritis, asthma, HIV, mental illness and dementia among others.)

As people age, their chances of having two or more chronic conditions rises, and Medicare expenditures rise with them. Two-thirds of Americans over 65 and three-fourths of those over 80 have multiple chronic diseases, and 69 percent of Medicare dollars are spent on people with five or more of them. The number of patients is expected to rise sharply in the coming decade as more and more baby boomers enter their late 60s and early 70s.

Clinical practice guidelines have been developed to help doctors treat patients with many individual chronic conditions, but not for treating common combinations of them. As a result, what is recommended for one disease may counteract what should be done for another. Often patients have no idea that a particular treatment is the cause of distressing new symptoms, which stresses the importance of having a single doctor, usually a primary care physician, to oversee or coordinate all the patient's conditions, medications, tests and specialists. But, patients also have a critical role, they need to learn as much as they can about their conditions; tell their doctor about every medication and test taken, along with behavioral health problems like mental illness and substance abuse; and avoid risk factors like poor nutrition, smoking, alcohol abuse and lack of physical activity.

Specialty Drug Growth

With the growing number of high-cost drugs in the pipeline, the struggle to balance affordability with patient care will be more pronounced. Many of today's "leading-edge" solutions have been around for some time. While they have not been universally adopted—mandatory generics, therapeutic formularies, dispensing fee caps, managed mark-ups, 90-day fills, for example—they are gaining ground. These approaches really address the factors that have been causing drug plan costs to rise for the last decade, but new issues are right around the corner and they will require a different set of solutions.

Tomorrow's challenges

The primary issues that drug plan sponsors will soon need to address are increasing costs per prescription and annual treatment cost increases. Pharmaceutical research is heavily focused on biologics and the number of these and other specialty drugs with high price tags is growing. Drugs that treat rare diseases are used by fewer patients so, to recover research and development costs, their price tag is often significant.

Another growing strain on drug plans is the increasing number of prescriptions and claimants. Consider the following factors and how they affect the ongoing affordability of employer-sponsored drug plans.

- Maintenance drugs for chronic therapies, such as multiple sclerosis or rheumatoid arthritis.
- Drugs to treat previously "untreatable" conditions, including many types of cancer.
- Evolving therapeutic guidelines.
- Earlier diagnosis or detection.

Greater need due to lifestyle and an aging population.

The future may require that the insurer, case manager, healthcare provider, employer and employee—work more closely together to manage the cost of their pharmacy programs.

Stress

Individuals who experience a high degree of workplace stress are twice as likely to have a diagnosable disorder. The factors that have been shown to induce high amounts of stress—or distress—for people include:

- high demand with low control over those demands;
- lack of perceived support and recognition;
- dysfunctional relationship between a co-worker or manager;
- job insecurity; and work/life imbalance.

Most employers know that having a workplace that is psychologically healthy is more conducive to overall business objectives. People with a mental health condition are also likely to be ill and have workplace accidents. Absenteeism and presenteeism increase, as do extended benefits claims and disability claims.

Employers need to create psychologically safe and healthy workplaces by addressing issues that may be currently affecting the workplace. They also need to educate employees and managers on acceptable behavior and demands. Workplaces don't need to solve mental health issues but they need not be a source of them.

Long-Term Care Insurance

Most of us today are pretty confident we will live a long life. With living to an older age, we also should realize that we will reach an age or point in our lives where we become frail, sick and need some form of care assistance. How are we going to plan for that? How are we going to pay for that?

Long-term care is a family issue, requiring a plan to protect the family. The question is not who will take care of you, your family normally will. The question is what will provide that care do to your family. Who in your family will be the caregiver? Long-term care insurance builds on that family infrastructure of support allowing caregivers to provide care better and longer. Most people want to stay at home as long as possible. People normally don't go into a nursing home when they should, they usually go when the caregiver reaches a point where they can no longer provide care.

Long-term care insurance can help offset some of the costs of providing care at home or in a facility.

Depression

Depression is one of the top psychological disorders for those on disability leave. In less than 10 years, the World Health Organization predicts depression will be the second-leading cause of disability in the world. Typically, depression is treated with medication. The cost of treating someone with medication for depression can range from \$1,800 to \$3,500 a year, depending on the medication. It's not uncommon for people to be on this medication for several years and off on disability for the same amount of time.