

# Early Detection Programs: *Creating a Healthy Workplace*

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*work. health. life.*

# Learning Objectives

- 1. Understand prevalence rates of mental health**
- 2. Insights on context for issues that contribute to mental health**
- 3. Early intervention in mental health issues and impact on health and productivity**

# Learning Objective #1

**Understand Prevalence Rates of Mental Health**

# The Economic Impact of Mental Illness

The increased prevalence of mental illness impacts employee health and productivity.

- Mental illness accounts for 30% of all disability claims, and costs the Canadian economy \$15-\$33 billion annually<sup>1</sup>
- Canada loses about \$4.5 billion annually from decreased productivity due to mental illness<sup>2</sup>
- The WHO estimates that by 2020, depression will be second only to heart disease as a cause of disability in the developed world<sup>3</sup>

1. Canadian Institutes of Health Research
2. Ibid
3. World Health Organization

# Challenges Understanding Productivity



- In the 1990's – 48% of Canadians worked a 37.5 hour work week<sup>1</sup>
- By 2001 – 26% of Canadians worked a 50 hour work week or more and almost one in five worked 60 hours or more<sup>2</sup>
- Technology increases connectivity to workplace in evenings and weekends<sup>3</sup>
- 32% of Canadians find email ineffective for conveying intent contributing to conflict in workplace<sup>4</sup>
- 66% worry they will be misunderstood and 37% have experienced work problems due to email misinterpretation<sup>5</sup>

<sup>1,2</sup> Duxbury/Stats Canada Reducing Work-life Conflict, 2004

<sup>3,4,5</sup> Strategic Counsel, 2007

# Economic Uncertainty



- Workers compensation and non-occupational disability costs increase during economic downturns as people seek income security
- EAP access increase by over 25% during uncertain economic times
- Employees often defer retirement and make use of other programs to subsidize their income
- Increased reliance on those who are at work to compensate for downsizing
- Individual concern over investments due to financial market conditions
- Executives focused on reduction of expenses and capital expenditures – outsourcing focus
- Conflict as organizations seek to reduce headcount and people want to work longer

# Learning Objective #2

**Insights on Context for Issues that Contribute to  
Mental Health**

# Health Care Access: Decrease



- 5 million Canadians do not have a family doctor
- Average family doctor sees 6.4 patients an hour<sup>1</sup>
- Access to diagnostic tests and specialized care are limited and wait times are extensive
- Retirement of key professionals and specialists are straining the health care system
- Mentally ill patients spend up to 72 hours in emergency before being treated<sup>2</sup>
- Wait times for specialists who deal with mental health is upwards of 6 months<sup>3</sup>

<sup>1</sup>College of Family Physicians of Canada, 2004

<sup>2</sup>John Hopkins University ,2002

<sup>3</sup>Schiwphrenia

# Health Care Access: A Front Line Perspective

**20 Regional Clinical Managers responsible for 200,000 cases answered the following questions:**

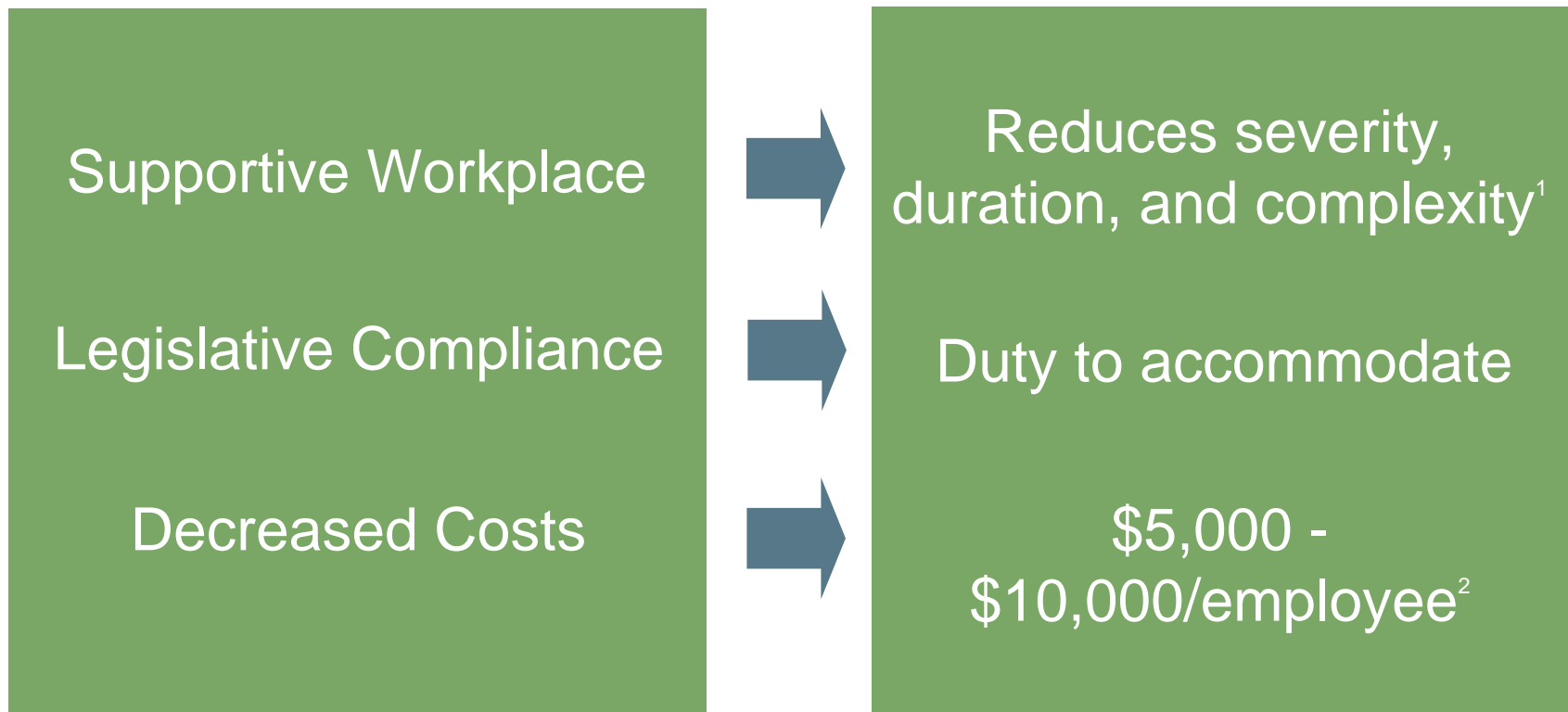
		<b>Today</b>	<b>3 years ago</b>
<b>1</b>	<b>What percentage of family doctors are comfortable managing mental health issues?</b>	<b>40%</b>	<b>25%</b>
<b>2</b>	<b>On a scale of 1 – 5 (1 being poor and 5 being excellent) what is the ability of family doctors to provide support on mental health issues?</b>	<b>2/5</b>	<b>4/5</b>
<b>3</b>	<b>What percentage of EAP clients have access to a family doctor?</b>	<b>65%</b>	<b>85%</b>
<b>4</b>	<b>What is the average wait list for access to a psychiatrist?</b>	<b>4 – 6 months</b>	<b>4 – 6 months</b>
<b>5</b>	<b>What are average wait times for specialized services (addiction, eating disorders)?</b>	<b>2 – 3 months</b>	<b>6 weeks</b>

# Learning Objective #3

**Early Intervention in Mental Health Issues and the Impact on Health and Productivity**

# The Importance of Early Detection

Early detection of mental illness provides sufferers with better support and leads to decreased downstream costs for organizations.



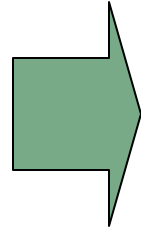
1. University of British Columbia: The Depression and Work Function Study by the Mental Health Evaluation and Community Consultation Unit
2. Global Business and Economic Roundtable on Addiction and Mental Health

# The Importance of Prevention

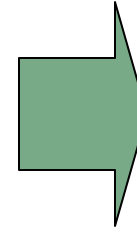
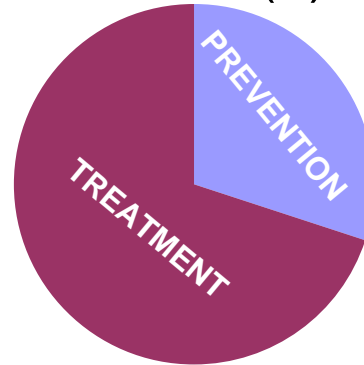
***“We need to establish prevention as an investment and driver in employee health and workplace productivity, and ultimately corporate performance.”***

# The Treatment/Prevention Paradigm

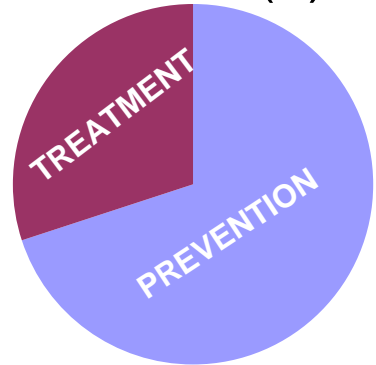
1998 (\$)



2008 (\$)



2015 (\$)



- Demographics: decreasing fertility rates, increasing numbers of women in the workforce, increasing life expectancy

- Health Risk Awareness: very little

- Media Visibility: low on prevention and risk factors

- Costs: reactive dollars focused on treatment

- Demographics: increasing immigration, aging population

- Health Risk Awareness: growing

- Media Visibility: medium, emphasis on prevention and risk factors

- Costs: organizations beginning to understand costs (direct and indirect) associated with disease

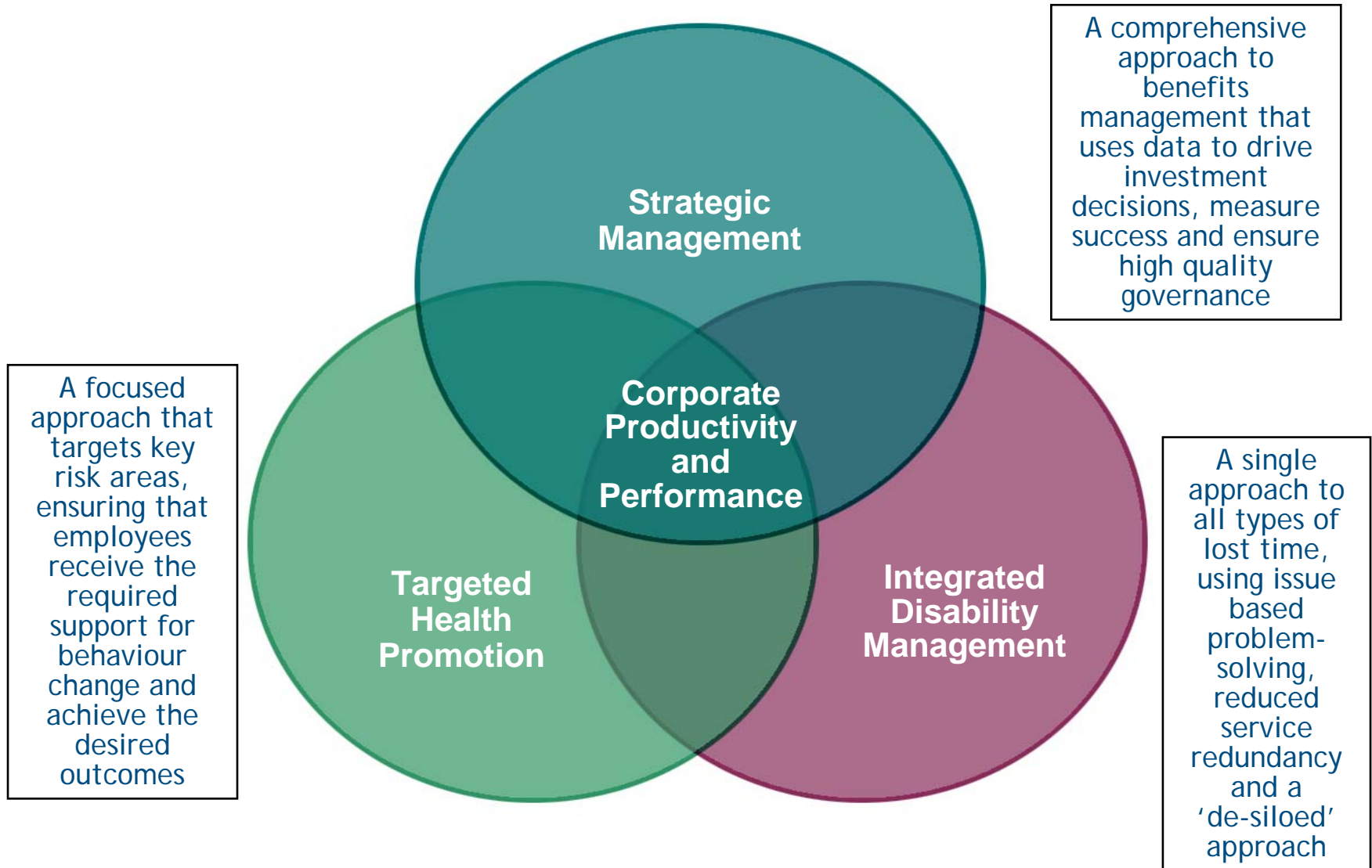
- Demographics: seniors more numerous than children (eldercare), decline of working age population

- Health Risk Awareness: high, personal and organizational focus

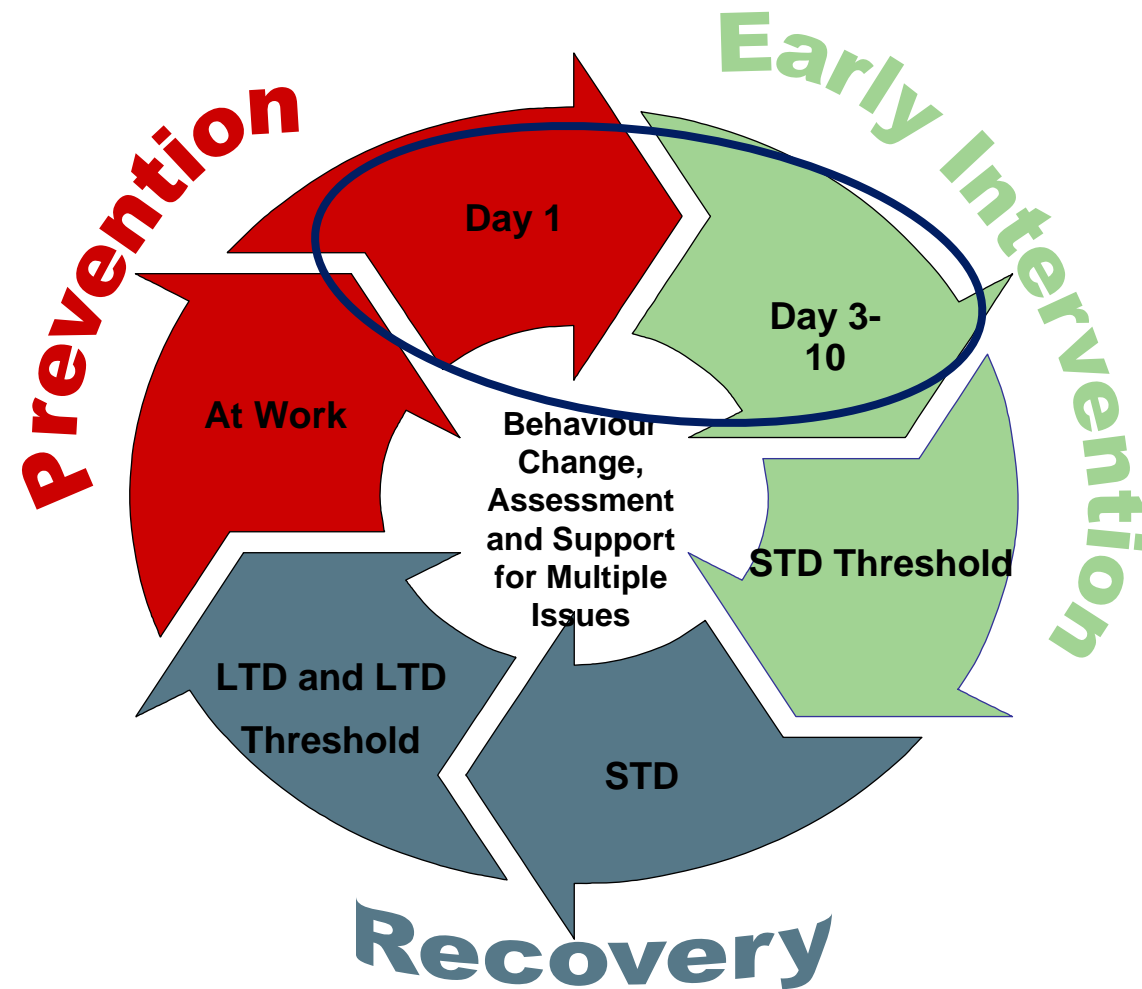
- Media Visibility: high, focused on prevention

- Costs: proactive approach to wellness due to deeper understanding of cost drivers

# An Integrated Approach to Health and Productivity



# Providing a Continuum of Care



## Highlights

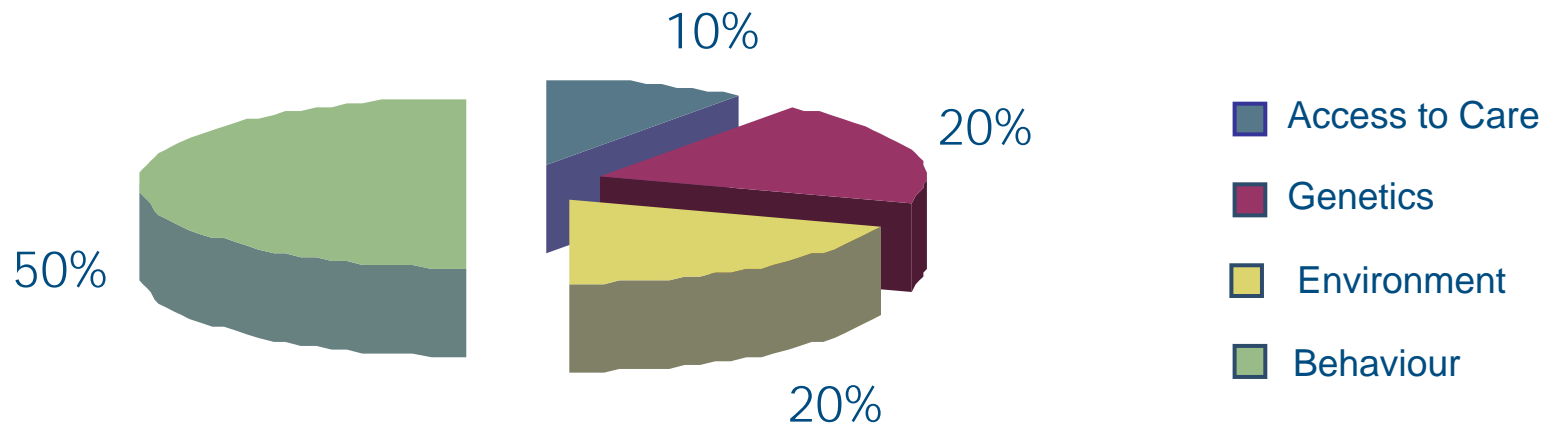
- The key opportunity for employers is during day 1 and days 3-10
- Opportunities to improve ROI and manage risk at every stage of the process
- Targeted intervention tools to optimize effectiveness at each stage

# Strategies that Impact Mental Health

- 1. Behaviour Change**
- 2. Attendance & Disability Management**
- 3. Buy-in Across the Organization**
- 4. Measurable Outcomes**

# 1. Behaviour Change is a Key Element in Overall Strategy

## Key Determinants of Health

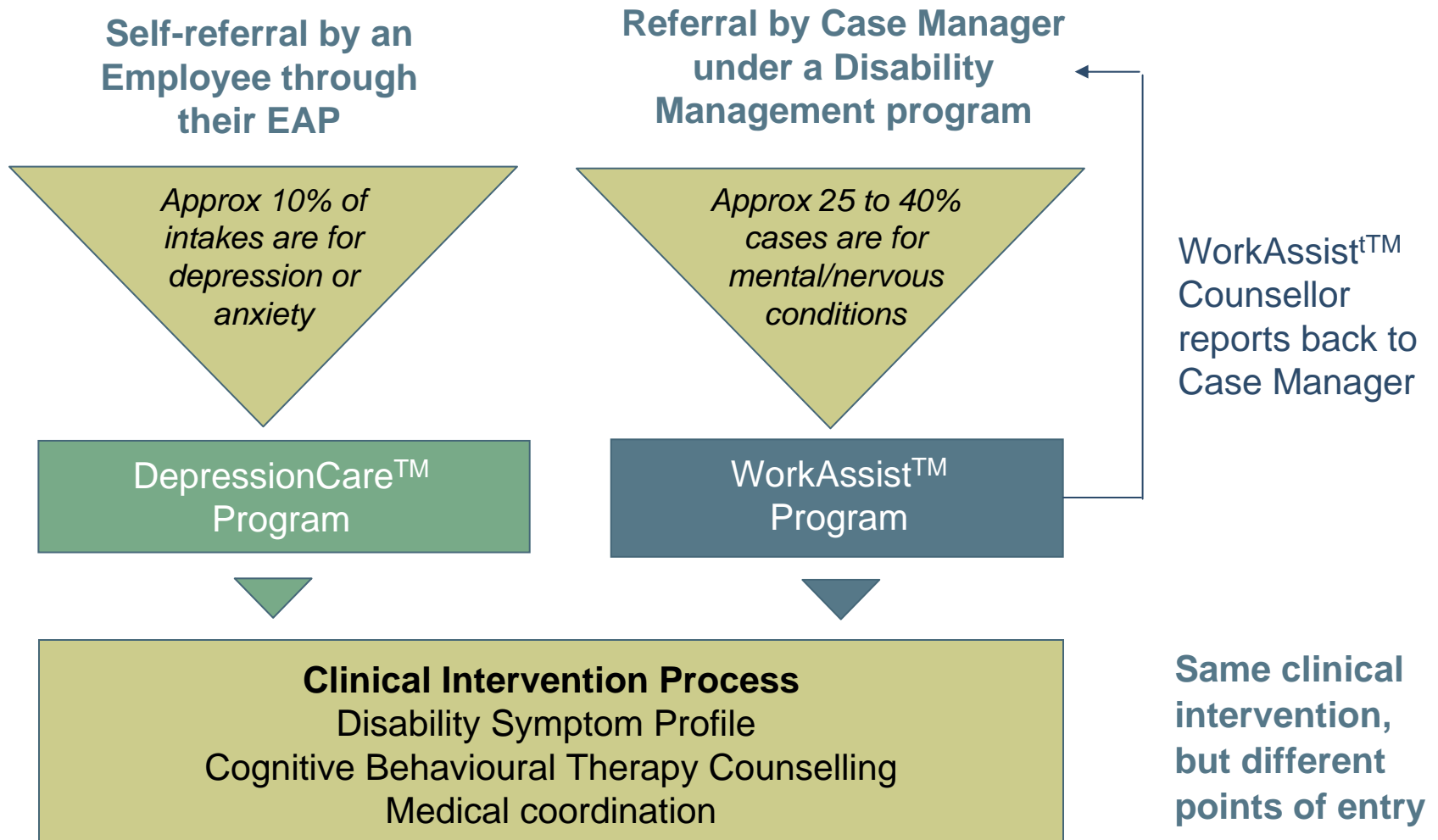


*Conclusion:* Any successful Health & Productivity strategy must focus on behaviour change as a key actionable component

# Focus on Early Detection and Intervention

- Evidence that when support for health or productivity issues is available, duration of incident is reduced
- Clinical recognition that early intervention in health and disability issues leads to better outcomes including faster return to work
- Acknowledgement of focus on administrative process combined with challenges in public health care system have impeded effective early intervention
- Re-engineering their processes to take account of failing health system and unnecessary administrative process
- Demographic and lifestyle issue are linked to disability which when identified early result in less cost to employer

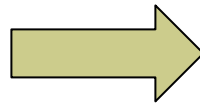
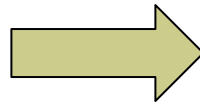
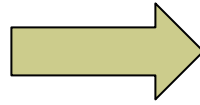
# Targeted Mental Health Intervention



# 2. Attendance & Disability Management: A New Approach

## Traditional Approach

- Cutting Benefits and Programs to reduce cost
- A Transactional Approach based on paperwork before problem-solving
- A Medical Model that does not address productivity
- STD/LTD as an entitled benefit
- Siloed vendors and products

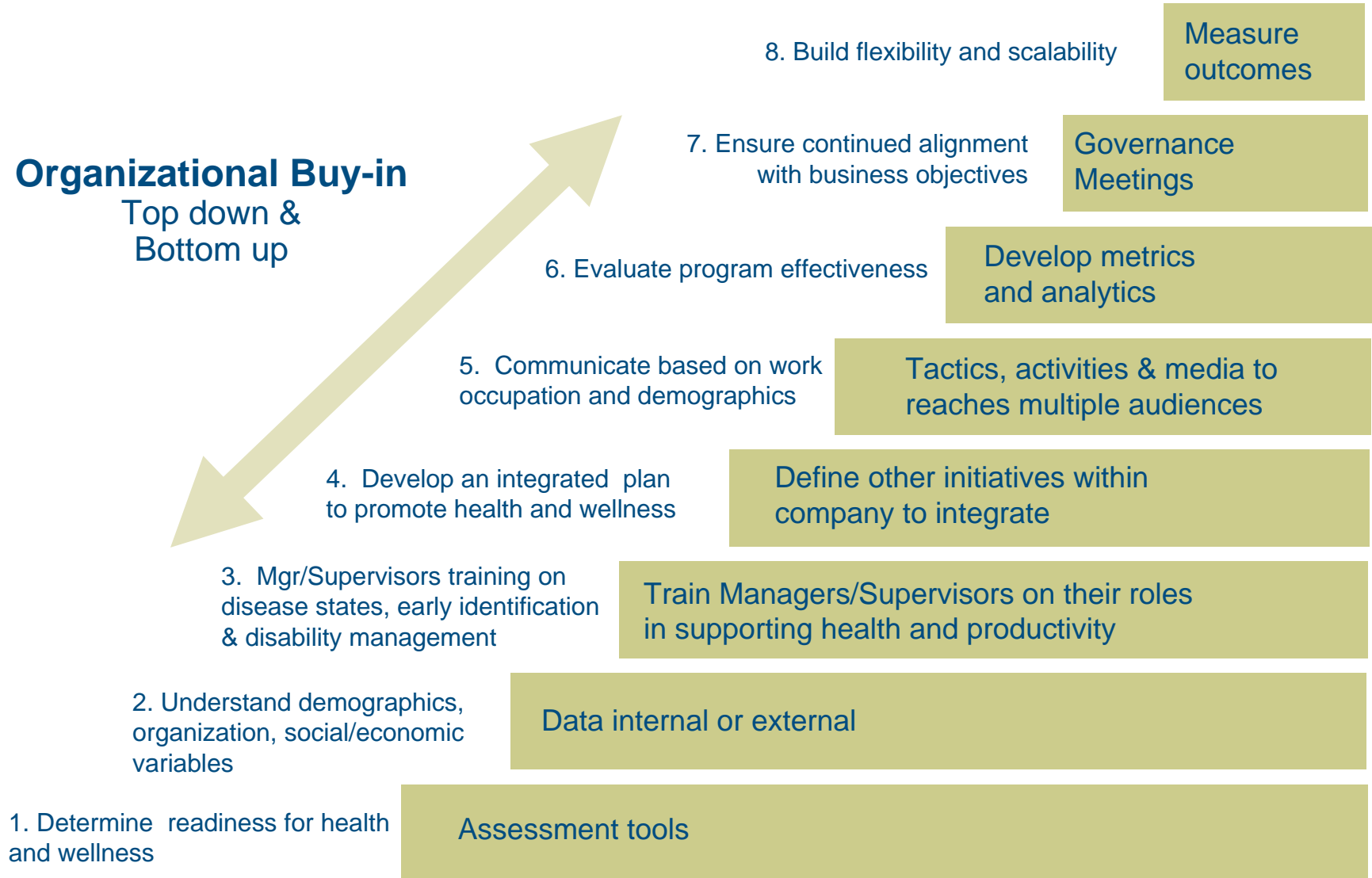
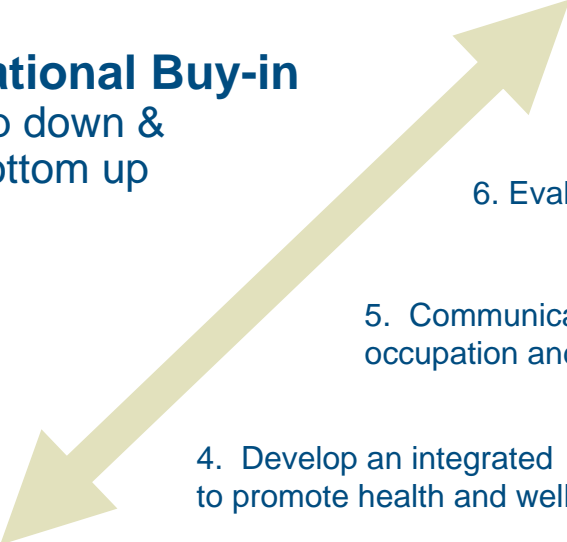


## Our Best Practice Approach

- Comprehensive management to avoid claims and shortens thereby reducing cost
- A Problem-Solving approach toward supporting employee health and resolving productivity barriers
- A Behavioural Model, supported by medical and other support services, for sustained change
- STD/LTD as financial model but supported with activities to resolve employee health issues
- Integrated programs support through multiple vendors with shared objectives

# 3. Achieve 'Buy-in' from all Stakeholders when Implementing a New Plan

## Organizational Buy-in Top down & Bottom up



# 4. Focus on Measurable Outcomes – Workforce Health Analytics

## **Descriptive Predictors**

### **Demographics**

Helps to focus targeted planning and interventions

## **Modifiable Predictors**

### **Health Determinants**

Provides a measure individual and organizational of underlying reasons for health risk

## **Outcome Variables**

### **Health Status**

Provides a measure of current health costs and risks  
Allows for tracking of change

## **Mitigation Factors**

### **Organizational Health Systems**

Best practice benchmarking, quality assessment and logic model between programs

# Focus on Measurable Outcomes

- Reengineering programs that focus on at work, disability and absence processes to facilitate outcomes
- An approach to working with employees' treating health practitioner that increases clarity and resolves confrontation
- Managing declined claims so that there is a reduced risk of grievances and employee relations issues, as well as, reduce excess cost from undue appeals
- A seamless transition to LTD that reduces undue payment gaps and supports LTD case management

# Focus on Measurable Outcomes – Sample Workforce Health Indices

<b>Current Total Cost</b>	<b>\$</b>
Change over 12 months	Improved %
Trend Status	Improvement <i>Current vs prior average</i>
Status vs Industry Benchmark	Better than benchmark <i>Status vs industry benchmark</i>
Greatest category cost increase	Drugs
Change in categories	Absence -% Short Term Disability - % Drugs +% LTD -% WCB -%
Top 3 disease categories in total cost	e.g. Mental health, Cardiovascular, Musculoskeletal
Disease categories with the greatest change	e.g. +% Cancer -% Mental health +% Cardiovascular

# Case Study – EAP, Disability Management and Attendance Support Solution

## Context

- Healthcare organization with 800 employees
- Shift work environment
- Existing EAP client

## Opportunity gap

- Inability to effectively track absenteeism and address shift coverage challenges
- Shortage in professional services coverage

## Solution

- Attendance Support from Shepell-fgi starting at day 1
- Leveraged EAP in absence management process
- Introduction of disability case management within absence solution
- Continuity of care from casual absence support into disability management process

## Customer experience

- **20% decrease** in paid sick hours/time (from approx 38,000 hrs/yr to 30,000 hrs/yr)
- Overall savings of **\$150,000 per annum**

**Thank you!**

**Shepell·fqi<sup>TM</sup>**



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*Strengthening the health  
of people and organizations*