

Why Invest?

Recommendations for Improving Your Prevention Investment



Dear Business Leader:

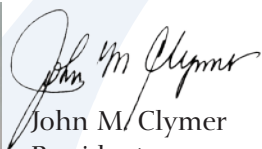
Why should businesses invest in employee health rather than just pay for health care? Because enlightened business leaders recognize that a highly productive workforce is an increasingly vital element of U.S. economic competitiveness. A healthy, skilled workforce that requires fewer sick days and works at peak productivity on a daily basis is key to meeting the challenge of the ever changing global marketplace. Only by seeking high value approaches to health care challenges will we be able to address cost concerns in a way that sustains our competitive advantage over the long term.

The sustainable solution to this threat is not cost-shifting and elimination of coverage. Rather, investments in and coverage of preventive care at the workplace are essential components of a long-term strategy to reverse the burden of illness and disease. In addition to improving individual lives, investing in prevention supports the bottom line.

To have a positive impact on both health and economic status, an employee health management strategy requires collaboration between employers and health plans.

We encourage you to review the information in this publication and consider how you might apply it within your organization.

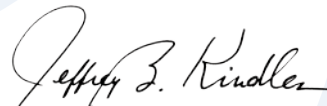
Sincerely,



John M. Clymer
President
Partnership for Prevention



Ronald M. Davis, MD
President, American Medical Association



Jeffrey B. Kindler
Chairman and CEO
Pfizer Inc

PRESIDENT
John M. Clymer

CHAIR
Jonathan E. Fielding, MD, MPH, MBA

VICE CHAIR
Christine M. Grant, JD, MBA

SECRETARY
Robert J. Gould, PhD

TREASURER
Barbara A. DeBuono, MD, MPH

Healthy Employees Make for a Healthy Business

ROI Guides Investment Decisions

Employers often use return-on-investment or ROI to make investment decisions. ROI typically refers to the short-term financial benefit (usually 1 to 5 years) secured in return for a short-term financial investment. With ROI, the benefits are always defined as cost reductions. A cost-effectiveness analysis is the ratio of the net cost of an investment (cost of the investment minus its cost-savings) to a defined health outcome (such as a year of life saved). A cost-effectiveness analysis examines long-term costs and savings and long-term outcomes. A cost-effectiveness ratio by itself (e.g., \$25,000/year of life saved) does not tell you that an intervention is worthwhile; it must be compared to other ratios. The lowest ratio is the most cost-effective; in other words, it costs less to produce the same unit of health. A cost saving preventive service saves enough in future costs to offset the investment completely. Other preventive services avert future costs, but do not save more than they cost. A cost-effective preventive service costs less for the same benefit than other health care services .

Most employers consider health insurance to be a sound investment for attracting and retaining employees and for supporting a healthy, productive workforce. Now, Partnership for Prevention (Partnership) offers pioneering research that will help employers make the most of this strategic investment.

Health experts are placing renewed, and vigorous, emphasis on the importance of *preventive care*. Partnership explored two key questions about employer coverage of such care: What preventive services are employers investing in currently? Where could employers' health insurance dollars be invested more wisely?

The good news: Some preventive services that have been proven to be effective in improving health also provide *cost-saving* investments, and many others are *cost-effective*.

The bad news: Many employers nationwide are not purchasing the services that offer the most impact in health improvement and cost-effectiveness.

This report offers an overview of the results of a nationwide survey—a collaboration between Partnership for Prevention (Partnership) and Mercer Human Resource Consulting, Inc. (Mercer)—that asked employers about their coverage of preventive services both within and outside of a health insurance benefit.¹ It compares the survey results to key findings from Partnership's most recent analysis of the relative health impact and cost-effectiveness of 25 preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP).² And it concludes with recommendations to employers for increasing the coverage and use of preventive services.

Partnership for Prevention's Web site offers additional information and resources for employers, health plans, and policy makers. www.prevent.org

For information on the prioritization of clinical preventive services visit: www.prevent.org/ncpp

For information on employee health management strategies visit: www.prevent.org/lbe

Employers Are the Leading Source of Health Insurance for Americans Under Age 65³

Employers sponsor health insurance coverage for 159 million people under the age of 65 and another 15 million age 65 or older.⁴ Health insurance is the largest voluntary investment employers make in employee benefits, accounting for 57 percent of such spending in 2004.⁵ Employers' investment in health insurance has grown continuously since the mid-1990s. The lion's share of this growth occurred between 2000 and 2005, when health insurance premiums increased 73 percent overall. In 2005, the 9.2 percent annual premium growth rate outpaced the inflation rate of the U.S. economy by nearly six percent and the national increase in workers' hourly earnings by more than six percent.⁴

A Wise Employee Health Care Investment: Prevention

Investing in scientifically sound clinical preventive services is one way that employers can make the most of their health care investment.

Clinical preventive services refer to health care interventions (counseling, screening procedures, etc.) that are provided either before a disease develops or in the early stages of a disease to manage its course and consequences most effectively.⁶ Annual flu vaccinations, for example, help many of us avoid illness and days lost from work. Controlling chronic hypertension through regular adherence to medication treatment helps reduce the risk of this condition leading to heart disease and other adverse health outcomes.

Preventive care targets chronic diseases.

Hypertension, heart disease, cancer, diabetes: all are examples of long-term conditions and diseases. They are commonly grouped together and called chronic

diseases. Why should employers care about chronic diseases? Because 125 million Americans of all ages report having at least one such condition.⁷ This includes 58 million between the ages of 18–65, a range that includes the majority of employed adults.⁸ Chronic conditions are responsible for seven out of 10 deaths in the U.S. each year; they limit the daily activities of more than one out of every 10 Americans, and account for at least 40 percent of the nation's annual health care expenditures.^{9,10}

Workers younger than age 55 who have heart disease are eight times more likely to experience reduced productivity than workers without heart disease.

Workers in this age group who have diabetes or arthritis are six and four times, respectively, more likely to report work limitations; and absenteeism due to health-related causes that could result in at least \$65 billion in lost wages each year.^{5,11}

Preventable illness and chronic diseases generate health care costs...and more. In addition to expenditures directly related to health care, such as provider payments, diagnostic services, and medications, preventable illness and chronic disease also are major sources of additional costs, including both employee absenteeism (sick days, time off for short-term disability, and days taken to care for family members who have a short-term or chronic illness) and decreased on-the-job effectiveness (or presenteeism). Chronic diseases also contribute to employee turnover and the costs of replacement, workers' compensation, and life insurance benefits. These are just some of the many costs that, taken together, can be anywhere from two to three times higher than an employer's health care costs.^{12–15}

A Strategic Response to Preventable Illness and Chronic Disease: Clinical Preventive Services

The Dow Chemical Company

By shifting our current system from one that is focused on treating disease, which accounts for 95 percent of medical expenses, to one that prevents disease in the first place, we can start to deliver healthier outcomes at a much lower cost. At Dow, we are investing in onsite and community prevention programs worldwide that focus on nutrition, fitness, lifestyle improvements, smoking cessation, and stress reduction. In addition, we continue to strengthen our prevention-based benefits program—covering many services at 100%. And, we are starting to collaborate closely with providers to drive quality, safety, and faster recovery times for our employees.

*Andrew N. Liveris
Chairman and CEO
The Dow Chemical Company*

Clinical preventive services are designed to avoid certain diseases, especially chronic diseases, or manage them effectively. They target disease in three ways: Some, such as vaccinations, are designed to avoid disease entirely. Others, such as screenings for colon or cervical cancers or vision problems, detect disease early when treatment will be the most effective and least expensive. Still others, such as cholesterol screening and hypertension control services, are a combination of screening and treatment designed to detect and manage a specific chronic condition.

Clinical preventive services also address health-related lifestyles that contribute specifically to the onset of chronic disease.

Some clinical preventive services are designed to support and assist people in adopting healthy lifestyles (e.g., tobacco cessation and alcohol problem prevention). However, there is one caveat: making a lifestyle change is not the same kind of decision as deciding to get a vaccination to avoid the flu. Why? Because lifestyles are deeply personal activities affected by a person's social and economic environment, including the environment of the workplace.

Clinical preventive services offer both short- and long-term returns in controlling all types of health-related costs.

Clinical preventive services and other health-promoting workplace policies and programs not only are long-term investments in an employer's workforce, but also offer short- and mid-term gains. Preventing the onset of disease, such as vaccinating against flu or providing tobacco cessation counseling and medication, is a fairly quick way to reduce short- and mid-term costs, which include direct health care expenditures as well as the indirect costs of absenteeism and reduced on-the-job effectiveness. Investing in services that detect and manage an employee's chronic condition also reduces the risk of incurring mid- and long-term costs that can result from leaving the condition unmanaged: for example, mid-term costs such as preventable physician visits or hospitalizations, and long-term costs such as employee turnover and replacement costs.

The Survey Says: Employers Can Boost Their Investment in Clinical Preventive Services

Employers who want to invest their health care dollars wisely will emphasize preventive services that are proven to be cost-effective, as well as beneficial to their employee's health.

In 2001, Partnership investigated which clinical preventive services employers nationwide covered under their employee health plans. Partnership collaborated with Mercer on its *National Survey of Employer-Sponsored Health Plans*, which asked employers about their coverage of clinical preventive services recommended by national expert sources, including the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP).

The survey responses, summarized in table below, reveal where employers have been making effective preventive care purchases. But more importantly, they bring to light where employers' health insurance dollars can be invested more wisely.¹

Employer Coverage of Selected Clinical Preventive Services, 2001	Small Employers: 10-199 employees	Medium Employers: 200-999 employees	Large Employers: 1,000+ employees	Included in Employer Primary Plan	Priority Ranking for Impact and Value
Immunizations					
Childhood immunizations	79%	88%	94%	71%	High
♦ Flu vaccine	60%	61%	68%	55%	High
Health Screenings					
Cholesterol screening	62%	68%	77%	57%	Medium
Chlamydia screening	39%	46%	54%	37%	Medium
Cancer Screenings					
Breast cancer screening	88%	91%	95%	80%	Medium
Cervical cancer screening	85%	90%	92%	79%	Medium
♦ Colorectal cancer screening	73%	78%	79%	68%	High
Lifestyle Modification Services					
♦ Tobacco cessation services	4%	4%	2%	4%	High
♦ Alcohol problem prevention	21%	22%	19%	18%	High

Source and explanation of these data: Data on employer coverage were collected by William M. Mercer, Inc. as part of its *National Survey of Employer-Sponsored Health Plans, 2001*. They are based on responses from more than 2,000 employers and have been generalized to represent more than 884,000 U.S. employers that sponsor employee health insurance benefits and have a staff of at least 10. The data are based on each employer's most popular health plan (Primary Plan) for three types of plans: HMO, PPO, and POS. The most popular plan is the plan with the highest employee enrollment. Employer size is based on the number of employees on staff, indicated in parentheses. For each size category, the number of employers responding to the survey was: small=600; medium=506; large=1,074.

The priority ranking is based on research published in the July 2006 issue of the *American Journal of Preventive Medicine*. Partnership for Prevention sponsored a large research study in which clinical preventive services were ranked based on their health impact and value (cost-effectiveness), each criterion receiving a score from 5 to 1. Scores for the two criteria were combined to create an overall ranking, resulting in a scoring range from 10 to 2. In this table, combined scores from 8 to 10 are labeled *High* priority; from 5 to 7 are labeled *Medium*; and from 2 to 4 are labeled *Low*.

This symbol ♦ indicates a service that has high priority but is offered as a health benefit by approximately 2/3 or fewer employers.

The Survey Says: Employers Can Boost Their Investment in Clinical Preventive Services

The Procter & Gamble Company

The Procter & Gamble Company has recognized the connection between employee health and performance, and we've recently launched a number of regional initiatives under a global branding theme of *Healthy Living*. *Healthy Living* is constructed upon the three pillars of Partnership with our people, Prevention, and Quality in health care. Within the USA, we've launched a country-wide program integrating health risk appraisal, lifestyle education, patient advocacy, and disease management tools and services for our employees and their family members. In addition, we've eliminated employee coinsurance payments for evidence-based preventive medical procedures and reduced employee copayments for selected prevention-related medications for conditions such as asthma, diabetes, hypercholesterolemia, and hypertension, to encourage better drug compliance by our USA people. Examples in other global regions include our Wellness Balance initiative in Latin America and our Wellbeing initiative in Western Europe.

Leslie M. Yee, MD, MPH
Corporate Medical Director

The Procter & Gamble Company

Employer Coverage of Some Key Clinical Preventive Services is Good

The table on page 5 indicates that employer coverage of some preventive services is fairly good. For example, 71 percent cover childhood immunizations in their primary health plan (the plan with the largest enrollment), and 79 percent cover cervical cancer screening. Both of these services make for good employer investments: childhood immunization is *cost-saving*, and cervical cancer screening is *cost-effective*.

How do we know the investment value of these services? Because they are two of 25 clinical preventive services recommended by the USPSTF or the ACIP recently evaluated by Partnership for their health impact and cost-effectiveness. Evidence shows that each improves health, making them important for employers to offer as covered benefits. Yet as Partnership reports, some of these services make a stronger contribution to improving health than others,¹⁶ and some make for a more cost-effective investment.

Partnership found that some services are even cost-saving. *Cost-saving* services return more in health care and other savings over time than the cost of delivering them. (Cost-saving services received a cost-effectiveness score of 5 out of 5 in Partnership's study.) *Cost-effective* services (which received a score of 3 or 4), although not cost-saving, offer an excellent return on a prevention investment.

More Employers Could Invest in Four Key Cost-Saving and Cost-Effective Services

Four high-priority clinical preventive services for working-age adults are not well covered by employers. These are indicated in the table on page 5 by the symbol (♦). In order of lowest to highest levels of coverage, they are: 1) tobacco cessation for adults (4 percent); 2) alcohol problem prevention for adults (18 percent); 3) flu vaccine for adults age 50-64 (55 percent); and 4) colorectal cancer screening for adults age 50+ (68 percent). Why single out these four? Because they are either cost-saving (tobacco cessation and alcohol screening and brief counseling) or cost-effective (flu vaccine and colorectal cancer screening), and 2/3 or fewer employers cover them.

Key Cost-Saving Services

Increased utilization of these services presents a big opportunity for savings.

Here's what we know about the value of these four services:

Tobacco Cessation

This service saves lives, improves health, and reduces health care costs, yet currently very few employers cover the recommended screening and treatment package.

Only 4 percent of employers offer the recommended tobacco cessation treatment package: screening, counseling, and medication (including over-the-counter nicotine replacement therapy). Yet employees who smoke have higher absentee rates, lower job productivity (particularly time lost to smoking breaks), and higher health care costs. Cigarette smokers have twice the risk for heart disease—the leading cause of death in the U.S.—and are at even higher risk for many other diseases and illnesses, such as lung cancer and other chronic lung disease. But within just one year of quitting successfully, a former smoker's overall health improves, productivity increases, and a trend in lower health care costs begins.^{17,18,19} Offering the recommended tobacco cessation package to all smokers nationwide would result in a net medical cost-savings of \$3 billion annually.²⁰

Alcohol Screening and Brief Counseling

This cost-saving service saves lives and improves health, yet its coverage lags among employers.

Only 18 percent of employers offer alcohol screening and brief counseling services. Yet these cost-saving services have been shown to reduce alcohol consumption and lost work days for heavy drinkers and improve job performance. (Heavy drinkers are people who drink five or more drinks per occasion on five or more days in a 30-day period.²¹) Employees with an alcohol problem have higher rates of absenteeism and incur about twice the health care costs—including costs related to on-the-job injuries—of those without this problem. These employees also affect the productivity of their co-workers, who report fearing injury, having to work harder, and having to redo work or cover for their alcohol-affected colleagues.²¹

Navistar Inc.

Smokers have more sick days, higher medical costs and more on-the-job accidents than non-smokers.

We have been able to document the annual productivity burden of smoking at \$1,807, which doesn't include a smoker's higher annual medical expenses.

Taking an aggressive stance on smoking has had a significant impact on our bottom line. At Navistar Inc., we provide non-smokers with a \$50 per month break on health insurance premiums. This initiative has had an impact on our health care costs which have remained flat since 2004 despite annual national increases of more than double the rate of inflation.

*William B. Bunn, III, MD, JD, MPH
Vice President, Health, Safety, Security and
Productivity
Navistar Inc.*

Key Cost-Effective Services

Caterpillar Inc.

In 2006, the Caterpillar health care plan added preventive benefits, which included two types of screenings for colon cancer. One of these screenings, colonoscopy, is offered at 100% coverage for members ages 55 and up. There are currently 26,000 Caterpillar employees, retirees and spouses eligible for these new colon cancer screening benefits.

Approximately 230 Caterpillar health care plan members are diagnosed with colon cancer each year. So far, 40 percent of those undergoing screening colonoscopy have had polyps removed and one grateful participant has notified us that although she felt in perfect health, an early stage colon cancer was found, removed, and cured.

Healthy Balance[®], the Caterpillar employee wellness program sends reminder letters to individuals who are eligible for the screening procedures, outlining the importance of the tests and how to access their 100% benefit. Successful screening programs should prevent the majority of new colon cancers through removal of precancerous growths or polyps. For those with cancer found on screening the hope is diagnosis at an early curable stage.

Rick Luetkemeyer, MD

8 Medical Director, Primary Care
Caterpillar Inc

Flu Vaccine

This cost-effective service improves health and can be cost-saving for employers,²² yet employer coverage is comparatively low.

Only slightly more than half (55 percent) of all employers offer flu vaccination. Yet this high-value, relatively low-cost service has been shown to create savings in at least two ways: reduced absenteeism (by as much as 45 percent²³), and reduced health care expenditures, such as physician office visits.

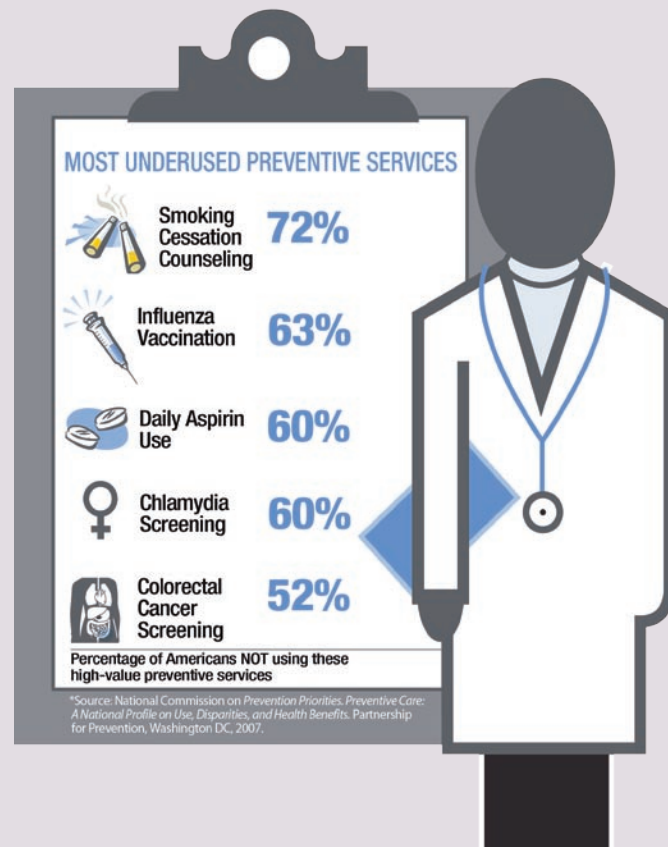
Colorectal Cancer Screening

This cost-effective service saves lives and improves health, yet its coverage lags among employers.

Sixty-eight percent of employers offer colorectal cancer screening (using Fecal Occult Blood Test [FOBT], sigmoidoscopy, or colonoscopy). That means nearly one out of three does not. This cost-effective service has been shown to reduce colorectal cancer deaths, the nation's second leading form of cancer-related death. 14,000 additional lives would be saved each year if we increased to 90% the portion of adults age 50 and older who are up to date with any recommended screening for colorectal cancer. Today, fewer than 50 percent of adults are up to date with screening.²⁴

HOW TO MAKE HEADWAY IN DISEASE PREVENTION

A new Partnership for Prevention study identifies the top preventive health services in terms of prolonging and improving life, and offering the most value for health care dollars. According to the study, many Americans are not taking advantage of top preventive services that could have the greatest positive impact on their health.



The National Business Group on Health's Purchaser's Guide to Clinical Preventive Services, provides detailed benefit language for employers to implement a comprehensive, structured clinical preventive services program within their medical benefit plan. www.businessgrouphealth.org/prevention/purchasers.

What Can Employers Do to Maximize Their Investment in Employee Health?

First, invest in clinical preventive services that are proven to be effective. Then give that investment muscle by promoting employees' use of the services purchased.

Here are five proven strategies for investing wisely in preventive care and *making your investment work*.

1. Buy What Works

Invest in clinical preventive services that are proven to be effective. All of the 25 clinical preventive services recommended by the USPSTF and ACIP improve health, and thus all make valuable additions to an employee health benefits package. Partnership's evaluation of these services found that some are cost-saving and many are cost-effective. For example, among the nine highest-priority services, six of which are appropriate for working-age adults (underlined below), five are cost-saving and four are cost-effective.

Partnership's ranking of the 25 recommended clinical preventive services offers key information employers can use in setting priorities for purchasing and promoting the use of clinical preventive services. Below are selected cost-saving/cost-effective services for the working population. For a complete listing of services and additional explanation, see www.prevent.org/ncpp.

Cost-Saving Services

- Advising high-risk adults about the benefits and risks of aspirin use for the prevention of cardiovascular events
- Tobacco cessation services for adults
- Providing children with age-appropriate immunizations
- Immunizing adults age 65+ against pneumococcal disease
- Screening adults age 65+ for vision problems
- Alcohol screening and brief counseling for adults

Cost-Effective Services

- Flu vaccination for adults age 50+
- Colorectal cancer screening for adults age 50+ (using FOBT, sigmoidoscopy, or colonoscopy)
- Screening adults for hypertension and following up with appropriate medication

Pfizer Inc

At Pfizer, up-to-date health information empowers our employees and their families to make better, more proactive health decisions. Pfizer offers regular on-site preventive health screenings combined with fitness, nutrition and overall health counseling for both employees and their dependents.

Following screenings, all biometric data is automatically integrated into the individual's personal health record, which links self-reported, biometric, and claims data. Based on this data, employees and their dependents are reminded to complete preventive care check-ups, encouraged to participate in on-line health risk courses, or invited to enroll in lifestyle or chronic condition management programs.

By offering comprehensive health services to both our employees and their dependents, we can help improve the health of an entire family. *Healthy Pfizer* supports the change process and active personal engagement that will result in a healthier and more productive work force.

Jody Amodeo
Director/Team Leader
Healthy Pfizer
Pfizer Inc

What Can Employers Do to Maximize Their Investment in Employee Health?

Lands' End, Inc.

We have an 80,000 square foot health and fitness facility with pool, gym, track, aerobics studio, and lots of exercise equipment as the centerpiece to our preventive health promotion efforts. In addition to health education activities like weight management programs and health screenings recommended by the U.S. Preventive Services Task Force, we also offer a variety of family health & fitness opportunities, and have physical therapy and massage therapy onsite. Recently, we have added a medical clinic with a professional staff of doctors and nurses to provide health care services on our campus. Onsite services and programming provides our employees more affordable options and convenient access to better health.

You can (and should) tweak health care plans and shift expenses but, at the end of the day, you must change behaviors to reduce health care costs.

*D. Randy Adolphs
Lands' End Activity Center Manager
Employee Services (HR)
Lands' End, Inc.*

2. Eliminate Barriers: Money, Time, and Distance

For those preventive services you really want your employees to use, give them a financial incentive. Reducing or eliminating cost sharing in health plans, including consumer-directed health plans, increases the use of key preventive services. For example, covering individual, group, and telephone counseling, and all FDA-approved medications for tobacco cessation increases the number of people who quit successfully. High-value preventive services should not be subject to the deductible, and copays should be reduced or eliminated. Employers also can facilitate access to out-of-plan preventive services by providing coupons for flu vaccination or over-the-counter nicotine replacement medications.

Facilitate access to clinical preventive services to generate quicker gains in employee health and workplace productivity. Many clinical preventive services, such as immunizations, blood pressure and cholesterol screening, and screening and counseling for problem drinking can be offered in a temporary clinic set up in the workplace or in a mobile van that comes to the workplace. Employers also can coordinate with onsite occupational health clinics to provide preventive services. Worksites that are able may give employees an opportunity to schedule preventive care appointments during the work week, whether offered offsite or on. For tobacco cessation, offering access to 24-hour, toll-free telephone information and support lines improves quit rates.

3. Work as a Partner with Your Health Plan

Work together to ensure that preventive services are incorporated into an overall health care approach, or system, for your employee enrollees. First, engage your health plan in evaluating your current preventive services coverage. Then talk with your plan about ways to encourage employees to use preventive services and to follow-up a preventive screening with appropriate treatment for any medical conditions identified. Ask your health plan whether it uses a health care reminder system for patients and providers to increase utilization of preventive services. Utilization rates also can be increased by prompting/informing health care providers about the timing and delivery of clinical preventive services. Finally, ask your health plan whether it offers access to telephone information and support lines to promote healthy behaviors (e.g., physical activity).

What Can Employers Do to Maximize Their Investment in Employee Health?

Work with your health plan to create avenues for accountability. Encourage reporting on the health plan's efforts and success at making preventive services available and accessible, ask how it evaluates health care providers' performance in delivering high-value preventive services, and how you can access this information.

4. Promote with “Why” and “How” Information

Provide clear information about services covered and how and where to access them. Describe any changes in benefits and costs to employees during each enrollment period, and note especially those changes that offer easier access to preventive services. If you offer choices among health insurance options, provide comparative information on each plan's coverage of clinical preventive services, so that employees will be able to make informed decisions.

Offer compelling insight and rationales for using clinical preventive services. Encourage employees to use clinical preventive services by telling them why they work and what's in it for them. Provide educational and promotional materials about covered services that are tailored to the educational level and other unique characteristics of employees (publications not matched to the audience are seldom read or believed). Make it clear that preventing disease and promoting health is a business strategy through which everyone—from line worker to senior management—can contribute to the success of the business. Use various methods for communicating (i.e., newsletters, pay stub notices, health fairs, and brown-bag seminars) the benefits of using services and the potential health consequences of not doing so.

5. Track Progress

Assess employees' needs. Employers will be able to develop and purchase the most effective company benefits packages by collecting information about the needs of their employees through confidential surveys, such as health risk assessments, and pairing them the high-value clinical preventive services that can meet those needs. Information on Partnership's Web Site, *Priorities for America's Health: Capitalizing on Life-Saving, Cost-Effective Preventive Services* (www.prevent.org/ncpp) can help you identify the key clinical preventive services to offer that match your employees' health care needs.

GlaxoSmithKline

Why invest in prevention? Investment in preventive care is a matter of sustainability—for our business, for our employees, and for future generations. At GlaxoSmithKline, we are committed to enabling people to do more, feel better, and live longer. Investing in prevention results in healthier employees who have the energy to deliver high performance results at work and at home, while reducing risks for developing chronic diseases like obesity and diabetes. An added benefit of investing in prevention is that it helps our employees model healthy behaviors for their families. We also publicly demonstrate our prevention commitment by supporting initiatives such as the Diabetes 10 City Challenge in order to help other employers reduce the complications and costs of diabetes.

*Ann Kuhn, MD, MPH
Vice President, Employee Health
Management US
GlaxoSmithKline*

What Can Employers Do to Maximize Their Investment in Employee Health?

Lost productivity costs are about \$4,430 per year for current smokers compared to \$3,246 per year for former smokers, and \$2,623 per year for persons who never smoked.²⁵

Offering the recommended tobacco cessation package to all smokers nationwide would result in a net medical cost-savings of \$3 billion annually.²⁰

M **measure progress and adjust.** As with other business investments, it makes sense to track whether there have been any gains in the measures of a health insurance investment, and then adjust accordingly. Employee surveys can establish benchmarks against which the effectiveness of the health benefit purchases over time can be assessed. The six cost-saving and cost-effective services appropriate for working-age adults are a great place to start benchmarking (See Section 1 “Buy What Works”).

A Note to Small Employers: Look to Each Other and the Community for Mutual Support

As shown in the table on page 5, small employers lag in coverage of high-priority preventive services, and often do not have the resources to implement the strategies described above. Often, they can turn to peers and to other community resources for information and assistance. Small employers can bring coverage questions to business association meetings; form a task force with other employers in the community; seek out benefits managers and consultants; get to know local and state health advocacy organizations and professional associations; and collaborate with local public health or local community clinics. In some cases, employers might join or form a purchasing co-op or coalition. The National Business Coalition on Health offers a list of member coalitions in every state (www.nbch.org). Small employers also can turn to other expert, easy-to-use Web sites for information on clinical preventive services. For example:

- Partnership for Prevention at www.prevent.org
- Guide to Clinical Preventive Services at www.ahrq.gov/clinic/cps3dix.htm
- The National Business Group on Health at www.businessgrouphealth.org

Remember these five key strategies for maximizing an investment in clinical preventive services:

1. Buy what works.
2. Eliminate barriers: Money, time, and distance.
3. Work as a partner with your health insurer.
4. Promote with “why” and “how” information.
5. Track progress.

Rankings of Clinical Preventive Services

Rankings of Clinical Preventive Services for the U.S. Population	CPB	CE	Total
Discuss daily aspirin use—men 40+, women 50+	5	5	10
Childhood immunizations	5	5	
Smoking cessation advice and help to quit—adults	5	5	
Alcohol screening and brief counseling—adults	4	5	9
Colorectal cancer screening—adults 50+	4	4	8
Hypertension screening and treatment—adults 18+	5	3	
Influenza immunization—adults 50+	4	4	
Vision screening—adults 65+	3	5	
Cervical cancer screening—women	4	3	7
Cholesterol screening and treatment—men 35+, women 45+	5	2	
Pneumococcal immunizations—adults 65+	3	4	
Breast cancer screening—women 40+	4	2	6
Chlamydia screening—sexually active women under 25	2	4	
Discuss calcium supplementation—women	3	3	
Vision screening—preschool children	2	4	
Folic acid chemoprophylaxis—women of childbearing age	2	3	5
Obesity screening—adults	3	2	
Depression screening—adults	3	1	4
Hearing screening—adults 65+	2	2	
Injury prevention counseling—parents of children 0-4	1	3	
Osteoporosis screening—women 65+	2	2	
Cholesterol screening—men < 35, women < 45 at high risk	1	1	2
Diabetes screening—adults at risk	1	1	
Diet counseling—adults at risk	1	1	
Tetanus-diphtheria booster—adults	1	1	

How to Interpret the Scores

Services that produce the most health benefits received the highest CPB score of 5.

Cost-saving services received the highest CE score of 5.

Scores for CPB and CE were then added to give each service a possible score between 10 and 2.

Scoring Ranges

Score	CPB Range: QALYs saved, undiscounted
5	360,000
4	185,000 - 360,000
3	40,000 - 185,000
2	15,000 - 40,000
1	15,000

Score	CE Range: \$/QALY saved, discounted
5	Cost-Saving
4	\$0 - 14,000
3	\$14,000 - 35,000
2	\$35,000 - 165,000
1	\$165,000 - 450,000

CPB: clinically preventable burden

CE: cost effectiveness

QALY: quality adjusted life year



References

1. Bondi MA, Harris JR, Atkins DA, French ME, Umland B. Employer Coverage of Clinical Preventive Services in the United States. *American Journal of Health Promotion*. 2006; 20(3): 214-222.
2. Maciosek MV, Coffield AB, Edwards NM, Fottemesch TJ, Goodman MJ, Solberg, LI. Priorities Among Effective Clinical Preventive Services. *American Journal of Preventive Medicine*. 2006;31(1): 52-61.
3. The Kaiser Commission on Medicaid and the Uninsured. *Health Insurance Coverage in America: 2003 Data Update Highlights/Chartpack and Tables*, September 2004.
4. Gabel J, Claxton G, Gil I, Pickreign J, Whitmore H, Finder B, Hawkins S, Rowland D. Health benefits in 2005: Premium increases slow down, coverage continues to erode. *Health Affairs* 24(5), Sept./Oct. 2005: 1273-1280.
5. McDonnell K. Finances of employee benefits: Health costs drive changing trends. *EBRI Notes* 26(12), December 2005: 2-7. www.ebri.org/pdf/notespdf/EBRI_Notes_12-20055.pdf. Accessed March 26, 2008.
6. Report of the U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services: Second Edition (1996)*. <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat3.part.19920>. Accessed March 26, 2008.
7. Partnership for Solutions. Are Fortune 100 Companies Responsive to Chronically Ill Workers? Press Release 7/10/2001. www.partnershipforsolutions.org.
8. Center on an Aging Society. *Workers Affected by Chronic Conditions*. Issue Brief Number 7. June 2004. <http://ihcrp.georgetown.edu/agingsociety/pubhtml/workplace/workplace.html> Accessed March 26, 2008.
9. Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion. *Chronic Disease Prevention: Overview*. www.cdc.gov/nccdphp/overview.htm. Accessed March 26, 2008.
10. Cohen JW and Krauss NA. Spending and service use among people with the fifteen most costly medical conditions, 1997. *Health Affairs* 22(2), March/April 2003: 129-138.
11. The Health Status of the United States Workforce: Findings from the National Health and Nutrition Examination Survey (NHANES) 1999-2002, and the National Health Interview Survey (NHIS). 2005. Pfizer Inc. 2006.
12. Edington DW, Burton WN. *Health and productivity*. In: McCunney, RJ: *A Practical Approach to Occupational and Environmental Medicine*. Philadelphia: Lippincott Williams & Wilkins. 3rd ed. 2005: 140-152.
13. Burton WN, Pransky G, Conti DJ, Chen CY, Edington DW. The association of medical conditions and presenteeism. *J Occup Environ Med*. 2004;46(6) suppl: S38-S45.
14. Pelletier B, Boles M, Lynch W. Change in health risks and work productivity over time. *J Occup Environ Med*. 2004;46(7): 746-754.
15. Goetzel RZ, Long SR, Ozminkowski RJ, Hawkins K, Wang S, Lynch W. Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. Employers. *J Occup Environ Med*. 2004;46(4): 398-412.
16. Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: Results of a systematic review and analysis. *Am J Prev Med* 31(1), July 2006: 52-61. Available at: <http://www.prevent.org/images/stories/clinicalprevention/article%201669p.pdf>. Accessed March 26, 2008.

References

17. Centers for Disease Control and Prevention, (CDC). *Preventing Chronic Diseases: Investing Wisely in Health—Preventing Tobacco Use*. <http://www.cdc.gov/nccdphp/publications/factsheets/prevention/pdf/tobacco.pdf>. Accessed March 27, 2008.
18. Centers for Disease Control and Prevention, (CDC). *Coverage for Tobacco Use Cessation Treatments: Why, What, and How*. http://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/index.htm. Accessed March 26, 2008.
19. Solberg LI, Maciosek MV, Edwards NM, Khanchandani HS, Goodman MJ. Repeated tobacco use screening and intervention in clinical practice: health impact and cost effectiveness. *Am J Prev Med* 2006; 31(1):62–71.
20. Partnership for Prevention. *Priorities for America's Health: Capitalizing on Life Saving, Cost-Effective Preventive Services*. 2006. <http://www.prevent.org/images/stories/clinicalprevention/background%20for%20media.pdf>. Accessed March 26, 2008.
21. Ensuring Solutions to Alcohol Problems. *Seven Tools to Lowering the Business Costs of Alcohol Problems*. Issue Brief, December 2002. *Investments in Alcohol Treatment Can Boost Employers' Bottom Lines*. Issue Brief 5, June 2003 (Raskin E and Williams L). The George Washington University Medical Center. www.ensuringsolutions.org.
22. Nichol KL. Cost-benefit analysis of a strategy to vaccinate healthy working adults against influenza. *Arch Intern Med* 16, March 12, 2001: 749–759.
23. Harper SA, Fukuda K, Uyek TM, Cox NH, Bridges CB. Prevention and control of influenza. *MMWR* 53(RR06), May 28 2004: 1–40. www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm. Accessed March 26, 2008.
24. National Commission on Prevention Priorities. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits*. Partnership for Prevention, Washington DC, 2007.
25. Bunn WB., Stave GM., Downs KE., Alvir JMJ., and Dirani R. Effect of smoking on productivity loss. *Journal of Occupational and Environmental Medicine*. October 2006;48(10):1099–1108.

Writing and editorial assistance provided by
Jeffrey R. Harris, MD, MPH, MBA and Patricia Lichiello, MA
of the University of Washington Health Promotion Research Center

Design and layout assistance provided by
The WorkCare Group, Inc.

Printing made possible with funding from
Pfizer Inc

Partnership for Prevention
1015 18th Street, NW, Suite 300
Washington, DC 20036
Web site: www.prevent.org

Copyright © 2008 Partnership for Prevention®. All rights reserved.

CBU00161



Shaping Policies • Improving Health