

## **Injury/Illness Diagnosis & Treatment**

GlaxoWellcome takes a preventive approach to workplace hazards. Primary prevention efforts are directed towards the protection of employees. Secondary prevention activities, intended to detect problems before overt symptoms appear, include industrial hygiene monitoring and medical surveillance. As a component of tertiary prevention activities, workplace injuries, illnesses, exposures, ergonomics concerns, and other occupationally related events are tracked and analyzed for trends on an ongoing basis. Prompt reporting by employees is required. All events are tracked, not only those considered recordable by OSHA. Appropriate actions, including changes to policies, work practices, and equipment, are made based on results. This approach of ongoing vigilance and continuous improvement led the Technical Operations (manufacturing) organization to implement departmental safety plans in 1996. The OSHA incident rate subsequently fell from 6 to 2. Similarly, a preventive approach allowed the R&D organization to address the problem of laboratory animal allergy that plagues pharmaceutical company researchers. As a result, the incidence of respiratory sensitization to laboratory animals has remained at zero for the past five years (Fisher R, Saunders WB, Murray SJ, Stave GM.

Prevention of Laboratory Animal Allergy. *J Occ Env Med* 1998;40:7:609-613). During this time, other pharmaceutical companies reported results as high as a 44% incidence among new employees.

## **Health Promotion: The Contract for Health & Wellness**

In 1996, OHS began to investigate better ways to partner with employees to maintain healthy lifestyles or to commit to changing less healthy practices. Following review of health promotion participation, HRA results, and medical and pharmacy claims data, a new rewards-based program was developed.

This program, the Contract for Health and Wellness was implemented to focus health promotion/disease prevention and wellness programming to encourage and facilitate healthy behaviors. The CEO has not only endorsed the program, he has signed on as a participant. This program provides an integrated wellness program encouraging healthy behaviors and personal empowerment. The program is open to all employees. In 1997, 1998, 1999 more than half of the employees have chosen to participate.

Surveys of participants in 1997 and 1998 demonstrated that they found the program valuable, that rewarded commitment to a healthy lifestyle and that it was an effective way to help people adopt, improve, or maintain good health habits. A survey of non-participants revealed that they were similar to participants in terms of demographics and health behaviors (including smoking rates) with the exception of exercise habits. The 1997 version of the Contract focused on: tobacco use, blood pressure control, lipid management, regular exercise, and health education in areas of personal interest. Based on feedback from

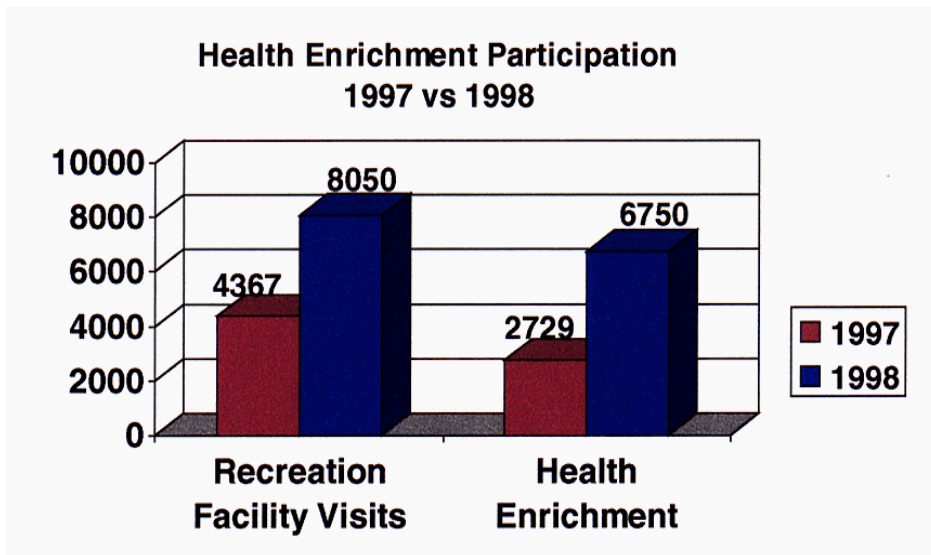
employees, benefits utilization data, and experience with the 1997 program, the 1998 Contract for Health & Wellness was designed to target stress/depression, tobacco use, nutrition/weight management, and fitness. This year's Contract continues to emphasize the same core areas and has added self-care issues, such as immunizations, self-exams and having a primary care provider and preventive health practices.

The Contract requires a commitment to be made by employees at the beginning of the year, and uses an incentive-based reward to encourage adoption or maintenance of good health behaviors. A unique feature of this program is the completion of a self-assessment using the stages of change model for each of the focal areas. Longitudinal programming is then designed in each category to attract employees at different stages.

### **Program Results:**

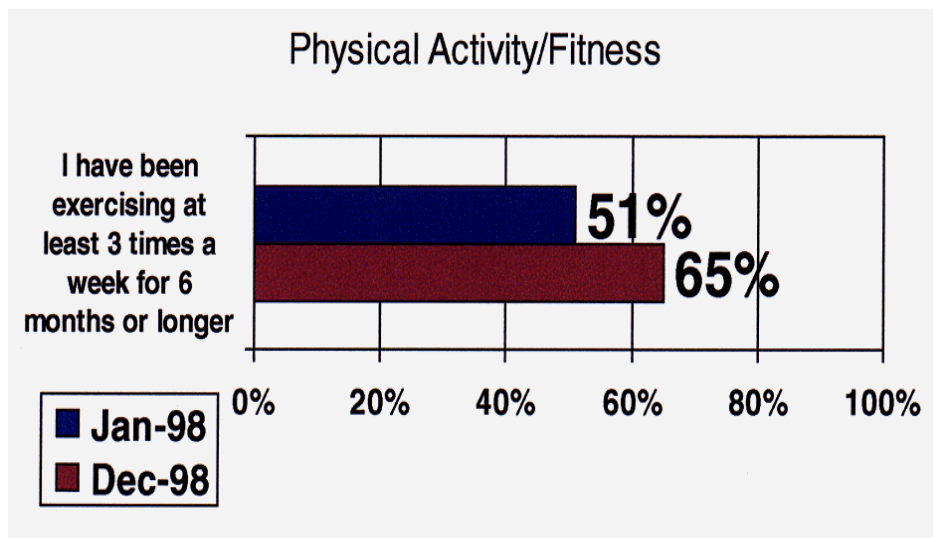
An example of the programming is the STOP Tobacco Use Program. GW provides employees with a smoke-free work environment. It offers seminars such as Thinking About Quitting and Cigars: Are They Really Bad for those in the pre-contemplation and contemplation stages of change: tobacco use support groups are available for those contemplating or planning to quit and those who are in maintenance: and an on-site clinic-based program is offered for those in the action stage. The company offered smoking cessation programs on a continuous basis. In 1997, a concerted effort was made to encourage smokers to participate in an intensive, personalized program. For the 90 employees who initially enrolled, the quit rate at 1 year was 43% (37% have been abstinent of the entire year).

There has been dramatic increase in participation in health promotion programming over the three year life of the Contract, demonstrating the success of the program in addressing previously unmet needs. During the first quarter of 1999, there has been a 300% increase in participation compared to a 200% increase in the same quarter in 1998 over 1997. 45% of eligible employees are now Fitness Center members with facility "check-ins" up over 15% from first quarter last year.



Analysis of the cost effectiveness of the 1997 Contract program was performed using an integrated data warehouse created in conjunction with Options and Choices, Inc (OCI). Health benefits incorporated into the database include medical claims, pharmacy claims, short-term disability and workers compensation costs. Program participants began the year with a higher average benefit cost than the non-participants, demonstrating that the program was successful in attracting higher risk employees. A comparison of health benefit costs for the non-participants showed a monthly cost increase in 1997 that was higher and paralleled the 1996 cost trend. By contrast, participants costs revealed a decrease in the rate of increase of health benefit costs, with a projected cost savings of one million dollars.

A goal of the Contract for Health and Wellness is to encourage participants to move through the stages of change (pre-contemplation, contemplation, planning, action, maintenance) and continue with healthy behaviors. The Contract for Health and Wellness combines the contracting concept with a self-assessment tool and follow-on programming. As a result of the Contract, there have been dramatic and statistically significant increases in the percentage of employees who are in the maintenance stage. There is also an evident progression of employees through the stages over the course of one year.



## Fitness Center Participant Study

A study of fitness center participants *and* health care costs, conducted in conjunction with Hewitt Associates (1995), demonstrated:

- A lower hospital admission rate as well as a shorter maternity hospital stay
- Total inpatient and outpatient covered charges for the eligible employee population (users and non-users) from 92/93 fiscal year to the 93/94 fiscal year increased by 35 percent. However, the increase is attributable to the non-user group, which experienced a 51 percent increase, contrasted with a 10 percent decrease for the user group.
- Covered charges per employee reflected this trend. On a per employee basis, total covered charges increased 33 percent, with the non-user group accounting for a 40 percent increase, while the user group experienced a 2 percent increase.
- Benefit payments per employee confirmed the same trend. Total payments per employee increased 22 percent from one period to the next, with the non-user group accounting for a 30 percent increase, while the user group experienced a 9 percent decrease.

## Skin Screening Program

All employees are offered health education sessions and literature on skin cancer in early spring. Employees who are at moderate to high risk for development of skin cancer or have suspicious lesions are especially encouraged to participate in the dermal screening. Employees receive health education about skin cancer and have a history and exam performed by a dermatologist. In 1996, 512 employees participated in the screening. Some 127 referrals were made for outside physician follow-up. Three malignant melanomas and 17 basal cell carcinomas were detected. More than 500 employees participated in both 1997 and 1998.

## Breast Cancer Screening Program

The Breast Cancer Program includes health education about breast cancer and the value of early detection, a breast examination performed by a healthcare professional, instruction in breast self-exam and on-site

mammography screening for eligible employees and their spouses/same sex domestic partners. Annually, an average of 400 employees participate, a 90% screening penetration rate of eligible women. One cancer has been detected in each of the last 2 years.

## **Hemochromatosis Screening Program**

The Hemochromatosis Screening Program consists of measurement of serum iron and transferrin and subsequent ferritin levels in those employees with elevated iron/transferrin ratios. In the first year of the program, 1968 employees were tested. Thirteen percent of men and 21 % of women had elevated iron/transferrin ratios. Of these 6,14 men and 2 women had elevated ferritin levels. Of these 16, three had liver biopsies and all three have hemochromatosis. The cost of the screening program was \$27,850.

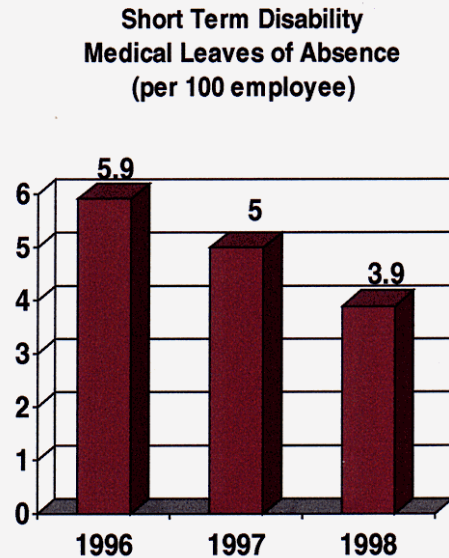
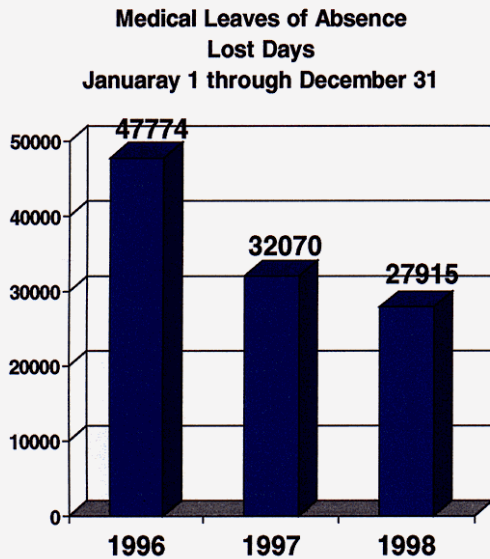
The cost per diagnosis was \$9,283 and the cost per year of life saved was \$928. (Stave GM, Mignogna JJ, Powell GS, Hunt CM. Evaluation of a Workplace Hemochromatosis Screening Program. Accepted for publication. *Am Journal of Preventive Medicine*)

## **Integrated disABILITY Management**

The GlaxoWellcome Inc. integrated disABILITY Management program has been highly successful in reducing total medically related time away from work and reducing Workers' Compensation costs. There has been a continuing decline in days lost from work and cases progressing to Long Term Disability. Compared with 1996, there has been a reduction of 20,000 days lost from work for medical leave (projected, based on the first 9 months of 1998). This is the equivalent of adding 100 full time employees to the payroll, which would have cost more than \$6,000,000 just for salary and benefits. In addition, GW Workers' Compensation insurance premium has been reduced by \$500,000 a year and the carrier will also begin paying the component of the salary continuation benefit provided under Workers' Compensation resulting in even greater savings for the company.

The strategic goals that guide the program are to: promote prevention and early intervention to reduce the effects of the onset of disability; ensure employee access to optimal, quality health care: minimize the effects of disability, duration of illness and absence from work; facilitate early return to work with resulting decrease in lost work days, thereby increasing productivity; contain direct and indirect costs associated with disability; maximize job satisfaction and worker morale; and evaluate overall program effectiveness using outcomes measures.

## Program Results:



## LifeWorks Program

OHS believes, and research supports, the fact that the employees' ability to deal with changes at work and home has a direct relationship on productivity at work. The GlaxoWellcome LifeWorks Program helps prevent negative and costly outcomes by helping employees manage their work, family and personal responsibilities with practical advice, useful publications and local referrals to resources. The program objectives are to implement a client-centered team approach to service delivery, utilize on-line options, seminars and visibility events to build awareness of and expand the program, and develop programming that stresses caregiving across the lifespan and self care for work/life balance issues. Significant program events include the increased utilization from 28% in 1997 to 35% in 1998 with child care representing nearly 40%, selfcare, 33% and eldercare 11%. The return investment has increased from 5:1 in 1997 to 6.54:1 in 1998. This payback comes in the form of time saved, increased performance, employee retention and reduced absenteeism.