

# RESEARCH REVIEW

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**December 9, 2020**

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## **Average Premiums in Employer-Sponsored Plans Grew by 4% in 2020**

### [Health Affairs](#)

A survey of 1,765 employers on health benefits in 2020 found that individual and family premiums rose by 4% compared to 2019. Overall, premiums for family coverage grew by 22% over the last five years, outpacing workers' earnings and inflation which grew by 15% and 10%, respectively. Workers with preferred provider organizations (PPOs) coverage had higher than average premiums when looking at types of insurance plans. Workers at private, for-profit companies had lower premiums compared to those at public or not-for-

profit organizations. Covered employees paid 17% and 27% of their single and family premiums, respectively. While the survey began before the start of the pandemic, the researchers do not expect to see large changes to benefit programs in 2021. Employer spending in 2021, however, is uncertain as the pandemic continues to disrupt health care utilization and change treatment needs.

**+ Health Care Spending is Not the Only Cost To Employers:** IBI's [Full Cost Estimator tool](#) estimates that lost productivity due to illness and injury costs employers [\\$575 billion](#) each year on top of the \$950 billion spent on health benefits. That means with each dollar spent on health benefits, nearly two-thirds is lost to absence and impaired performance due to poor health. To learn more, join IBI's Research Director Brian Gifford for a [webinar](#) discussion on December 16 at 1:00pm Eastern.

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## **Increased Use of Telemedicine at the Beginning of COVID-19 Did Not Offset Reductions Seen in Preventive Care Utilization**

[JAMA](#)

An analysis of US health claims data from employer-insured individuals found that there were significant decreases in the use of preventive and elective procedures in March and April 2020. This included colonoscopies for adults 46-64 years, mammograms for women 46-64 years, hemoglobin A1C tests, vaccines for children 0 to 2 years, chemotherapy, musculoskeletal and cataract surgeries, and MRI scans. While researchers saw large increases in the use of telemedicine (a 1270% and 4081% growth in March and April 2020, respectively as compared to 2019), it only offset about 40% of the reduction in office visits. Employees living in lower-income zip codes decreased their in-person preventive care less than those living in higher-income zip codes. However, they were less likely to use telemedicine.

**+ Telemedicine Uptake:** Similar increases in telemedicine use were seen in another [JAMA study](#) which found that telemedicine visits increased over twentyfold between January to June 2020. However, total medical visits (including both telemedicine and in-person) decreased during that time. There was large variability in the adoption of telemedicine across the country: the lowest percentage of medical visits that were telemedicine was observed in South Dakota at 8.4%, and the highest was in Massachusetts at 47.6%.

## **Salaried Workers in Healthcare Industry Less Likely to Take Unscheduled Absences When Ill**

[ICHE](#)

An examination of payroll data of a healthcare workforce shows that as an influenza-like illness increased, unscheduled absences of both hourly and salaried workers increased. Salaried employees had fewer unscheduled absences than their hourly colleagues. This may be due to salaried employees having a strong sense of duty, more flexibility in job tasks, the ability to remain productive in work that does not involve direct patient care, and the capacity to work from home. This study underscores the importance of institutional efforts to prevent presenteeism by encouraging and supporting staff to stay home when sick, particularly salaried workers.

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## **Working While Sick is More Common in European Regions where Unemployment is High**

[JECH](#)

Researchers reviewed data from 232 regions across 35 European countries to find a link between unemployment and presenteeism. As unemployment rates rose, presenteeism was found to be more prevalent among the workforce. This pattern was more pronounced among low-paid, low-skilled workers, signaling high job commitment and greater financial dependence on their jobs. Presenteeism was more common for women than for men as well as for younger workers than for older workers. Those with children, working long hours, in a high occupational position or in non-permanent working contracts also had a higher tendency towards presenteeism. These findings are relevant as the current labor market may elevate COVID-19 transmission.

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## **Workplace Health Promotion Has Moderating Effect in Relationship between Presenteeism and Job Insecurity**

[JOEM](#)

Employees in Germany with perceived job insecurity were about 1.5 times more likely to work when sick than those with a sense of job security. Presenteeism was reduced when companies had workplace health promotion in place, even when employees had high job insecurity. In having such programs, a precedent of health-consciousness is set and prevents presenteeism and health risks from occurring as frequently.

+ **Curbing Presenteeism during the Pandemic:** A editorial in Occupational Medicine [identifies additional risks and solutions around presenteeism](#) during the COVID-19 pandemic.

## **Stage and Treatment of HER2-Positive Breast Cancer Impacts Work Productivity and Quality of Life**

[\*Health and Quality of Life Outcomes\*](#)

Among women in the UK with HER2 positive breast cancer, those with metastatic breast cancer (stage IV) were less likely to be employed and more likely to be unable to work compared to those with breast cancer in earlier stages (I-III). Women in treatment for early stage breast cancer had higher absenteeism and overall work impairment compared to early stage breast cancer survivors in remission. Metastatic breast cancer patients had increased activity impairment compared to women with early stage breast cancer. Increased work and activity impairment were related to decreased health-related quality of life, including worse physical well-being.



### **HEALTH AND PRODUCTIVITY AT WORK**

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### **Upcoming Events**

**December 16: Webinar - [The Cost of Poor Health in the Workplace](#)**

**July 29, 2021: Save the Date**  
- [IBI/GPBCH Data and Analytics Symposium](#)

**October 5-6, 2021: Save the Date**  
- [IBI/Conference Board Health and Productivity Forum](#)