

The Health and Productivity Impact of Back Pain and Osteoarthritis



About IBI's Health and Productivity Impact of Chronic Conditions (HPICC) Series

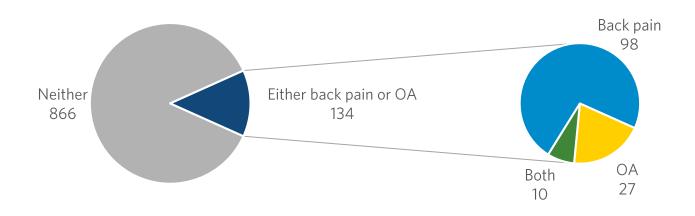
Helping employees manage chronic illnesses remains one of the most viable strategies for reducing employers' healthcare and disability costs. IBI's *Health and Productivity Impact of Chronic Conditions* series uses high-quality data to model healthcare, illness absence (i.e., sick days) and disability costs for populations of employees across different industries. The results provide a scalable cost benchmark that employers and their supplier partners can use to assess the potential savings from reductions in the prevalence of a condition, costs of treatments, and illness-related absences and disability leaves.

Data for the series come primarily from the Agency for Healthcare Research and Quality's (AHRQ's) Medical Expenditure Panel Survey (MEPS) and IBI's Health and Productivity Benchmarking System, and the U.S. Bureau of Labor Statistics (BLS).

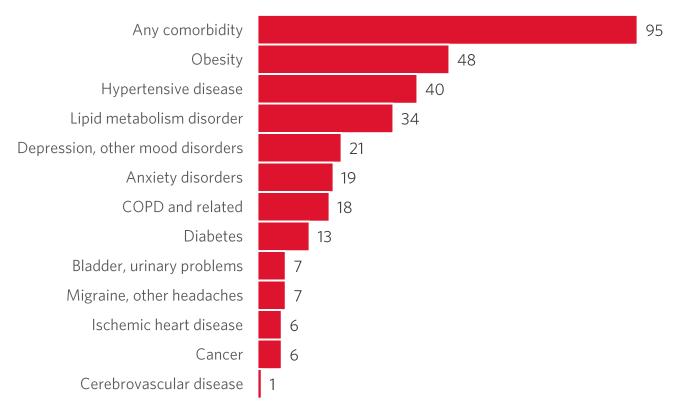
See the original <u>Back Pain and Osteoarthritis</u>* reports for more information on the data and modeling approaches.



For Every 1,000 U.S. Employees, 134 Have Treatments for Either Back Pain, OA or both



Most Employees with Back Pain or OA Have at Least One Serious Comorbidity[†]



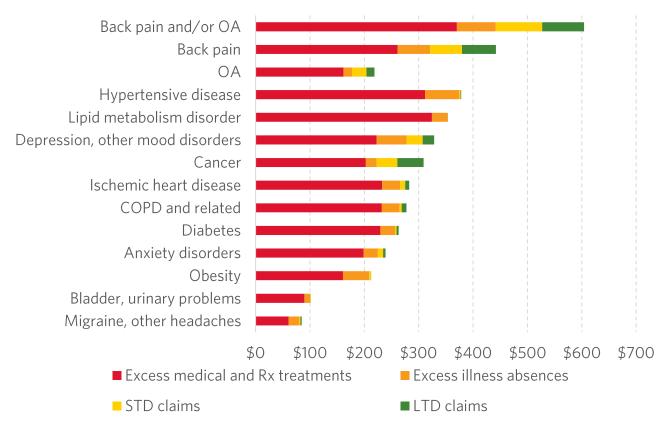
Work absences from back pain and/or OA diminish a company's productive capacity and incur ongoing, long-term disability liabilities[‡]





Back pain and OA cost employers \$600 PEPY in lost productivity and healthcare utilization[§]

Estimates of PEPY costs, compared to select conditions



Notes

^{*} https://www.ibiweb.org/tag/chronic-conditions-impact-report/

[†] Except for obesity, comorbidities reflect treatments for a specific condition. Obesity is defined as body mass index (BMI) of 30 or greater. COPD = chronic obstructive pulmonary disorder. COPD includes conditions such as asthma, emphysema, and chronic bronchitis.

^{*} STD = short-term disability; LTD = long-term disability. FTEs refers to the working capacity of full-time equivalent employees. Excess illness absences are adjusted to reflect employees with both back pain and OA. For this reason, the total does not sum to illness absence days for back pain and OA estimated separately.

^{\$}Excess treatments and illness absences for back pain and OA combined are adjusted to reflect employees with both conditions. For this reason, the total does not sum to costs for back pain and OA estimated separately. Costs for all conditions estimated using the approach described in the HPICC series.



Acknowledgements

This report was supported by funding from Pfizer, Inc.

IBI's Board of Directors includes the following leaders in health and productivity:

- AbbVie
- **Amgen**
- Anthem
- Aon Hewitt
- Bank of America
- Boeing
- Buck
- Cigna
- Comcast
- Costco
- **Exact Sciences**
- The Hartford

- Health Care Service Corporation
- Lincoln Financial Group
- Mercer
- MMA-Trion
- Novo Nordisk
- Pfizer
- Prudential Financial
- Sanofi
- Sedgwick
- Standard Insurance
- Sun Life Financial
- Teladoc Health

- United Healthcare
- USAA
- U.S. Steel
- Walgreens
- Walmart
- The Walt Disney Company
- Willis Towers Watson
- WorkPartners
- The World Bank
- Zurich Insurance Group



BENEFITS INSTITUTE

Founded in 1995, the Integrated Benefits Institute (IBI) is a national, nonprofit research and educational organization focused on

workforce health and productivity. IBI provides data, research, tools and engagement opportunities to help business leaders make sound investments in their employees' health. IBI is supported by more than 1,100 member companies representing over 20 million workers.