

# RESEARCH REVIEW

Keeping you up to date with the latest peer-reviewed research on workforce health and productivity

NEWSLETTER ARCHIVE >



**June 9, 2020**

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## **Are Social Distancing Measures Working?**

### [Health Affairs](#)

A recent study investigated the impacts of four social distancing measures imposed by state and local governments between March 1-April 25: large event bans, school closures, closures of entertainment-related businesses (including movies and restaurants), and shelter-in-place orders. Researchers found that shelter-in-place orders and the closure of entertainment-related businesses were associated with significantly greater reductions in the growth rate of COVID-19 cases, while bans on large gatherings and school closures did not show significant reductions. The combination of all measures reduced the growth rate of COVID-19 cases over time, reaching 9 percentage points after 16 days. Results imply that the number of cases would have been 35 times higher (35 million instead of the current 1 million cases) if no social-distancing interventions were taken. As restrictions are loosened across the

country, employers may wish to consider how restrictions are being loosened in their communities to determine risk burden on their employees.

**+ Social Distancing and Mental Health:** An opinion [article](#) published in JAMA discussed the need for early mental health intervention and prevention measures as social distancing continues. Read [IBI's blog](#) for considerations specific to employers.

**+ Adapting the Workplace:** As local and state governments begin to move forward with reopening offices again, gather insights from employers on how they are implementing social distancing measures in the workplace through [IBIBridge](#).

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## **Global Examination of Paid Sick Leave Policies Finds Gaps That Undermine Employee Health**

[\*Global Public Health\*](#)

A review of all 193 UN member states' paid leave policies highlights gaps that undermine the ability of all employees to follow safety protocols and stay home when ill. At the start of the pandemic, 181 countries guaranteed paid sick leave while only 11 countries – one of them being the [U.S.](#)— did not. More than a quarter of the countries (27%) did not offer paid sick leave from the first day of illness, and substantial gaps in coverage for workers who had recently started a new job (36% of countries), self-employed workers (58%), and part-time workers (65%) were found. Workers who lack paid sick leave are 1.5 times more likely to go to work when contagious and are less likely to see a health care provider when sick. COVID-19 has called attention to how comprehensive paid sick leave policies protect workforce health and safety during the current pandemic as well as for the future.

**+ Stayed Tuned:** Paid leave and its implications for business performance is on IBI's [2020 research agenda](#). The final research publication will be released later this year.

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## **Opioid Use Disorder Costs \$25,000 in Productivity & Health Care Costs; Lower with Treatment**

[\*JOEM\*](#)

An analysis found that health and productivity costs for an employee with opioid use disorder (OUD) who does not receive pharmacotherapy is \$25,000.

If employees experiencing OUD receive pharmacotherapy, that lost productivity and healthcare cost is reduced by \$15,276 to only \$6,594. Employers can reduce cost and decrease risk for employees by reducing stigma about accessing care and partnering with providers to ensure treatment for this patient population are accessible and follow best practices.

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## **Insurance Data Analysis Finds High Prevalence of Patients Seeking Care for Pain**

[JAMA](#)

An analysis of data from over 18 million patients with private insurance and 11 million Medicaid patients found that more than one in three patients (35%) with private insurance sought care for pain, and 36% of these patients (13% overall) received an opioid prescription. Nearly 8% more patients in private insurance were seen for pain compared with Medicare patients. Number of patients seeking treatment and opioid prescribing rates varied dramatically with type of visit (chronic vs. acute pain, surgical vs. non-surgical visit), insurance (private vs Medicare) and diagnosis. The highest rates of prescriptions were for those with surgical procedures (55 – 66%), with sickle cell disease (43-45%), cancer (32 – 57%) and chronic pain (30 – 50%). In addition, opioid prescribing often did not align with evidence-based recommendations which increases the risk for adverse events – including overdoses.

**+ Pain Medication Management in the Workforce:** Past [IBI study](#) finds large prevalence of pain medication prescription in the workforce with at least one in three employees reporting usage. While most employees used them as directed, the risk of developing more serious issues, impact on productivity outcomes, and health costs were still evident.

**+ Variability in Receipt of Opioid Prescription:** A [study in JAMA](#) found that U.S. born residents were twice as likely to receive an opioid prescription than their non-U.S. counterparts (14.2% vs. 7% respectively).

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## **Mammography Screenings Found to Reduce Rates of Advanced and Fatal Breast Cancers**

[Cancer](#)

An analysis of more than half a million women in Sweden found that participating in mammogram screenings led to a 41% reduction in their risk of dying from breast cancer within 10 years from diagnosis, and a 25% reduction

in the rate of having advanced breast cancer. This highlights the significance of screenings in early detection and its impact on reducing cancer mortality.

+ **Screenings Impact in the Workforce:** IBI will be releasing a research publication on the [business value of preventative screening](#) in mid-July. Stay tuned.

## Wide Range of Prices Paid for Medical Services with No Correlation to Quality

[Health Affairs](#)

Researchers analyzed the cost and quality of care 30,000 physicians provided to over 700,000 commercially insured adults to find that there was not a correlation between prices paid by commercial health insurers and the quality of the care received by patients. Total costs for patients that saw the highest priced physicians were \$996 per year – 20% higher than costs for patients who saw lower priced physicians. Despite the differences cost, researchers did not find a significant difference in the likelihood of experiencing an ambulatory hospitalization, being readmitted within thirty days of hospital discharge, or in quality outcomes for high-need patients.



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

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### **Upcoming Events**

**July:** [Upcoming Research-The Business Value of Screenings](#)

**August:** [Upcoming Research-Health and Productivity Challenges for Employees who are Caregivers](#)

**September 14-15:** [Conference \(Virtual\)- Health and Productivity Forum](#)