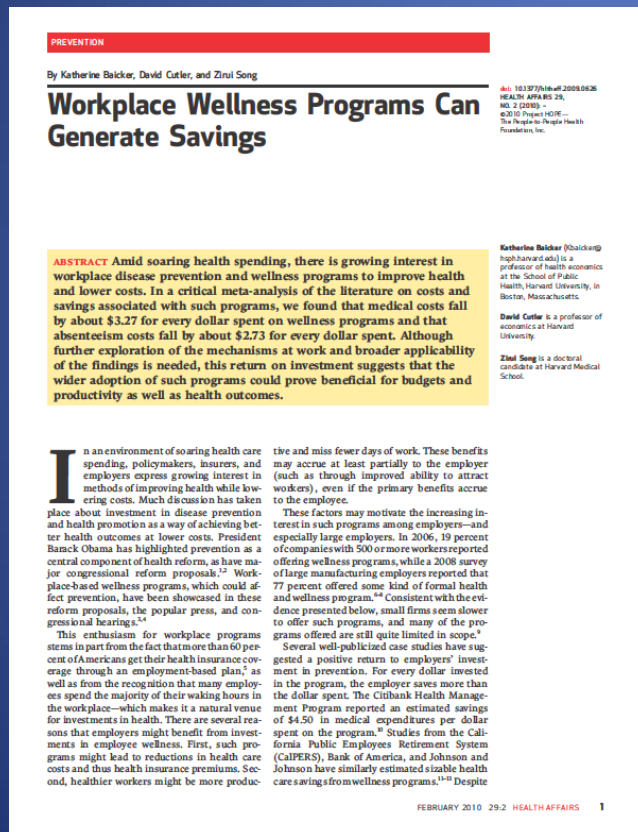


Occupational Wellness & Workers Compensation University of California WorkStrong Program

T. Warner Hudson, MD FACOEM FAAFP
Medical Director Occupational & Employee Health
UCLA Health System and Campus
March 2015

Workplace Wellness Programs are Effective When Well Done

Lots of Literature

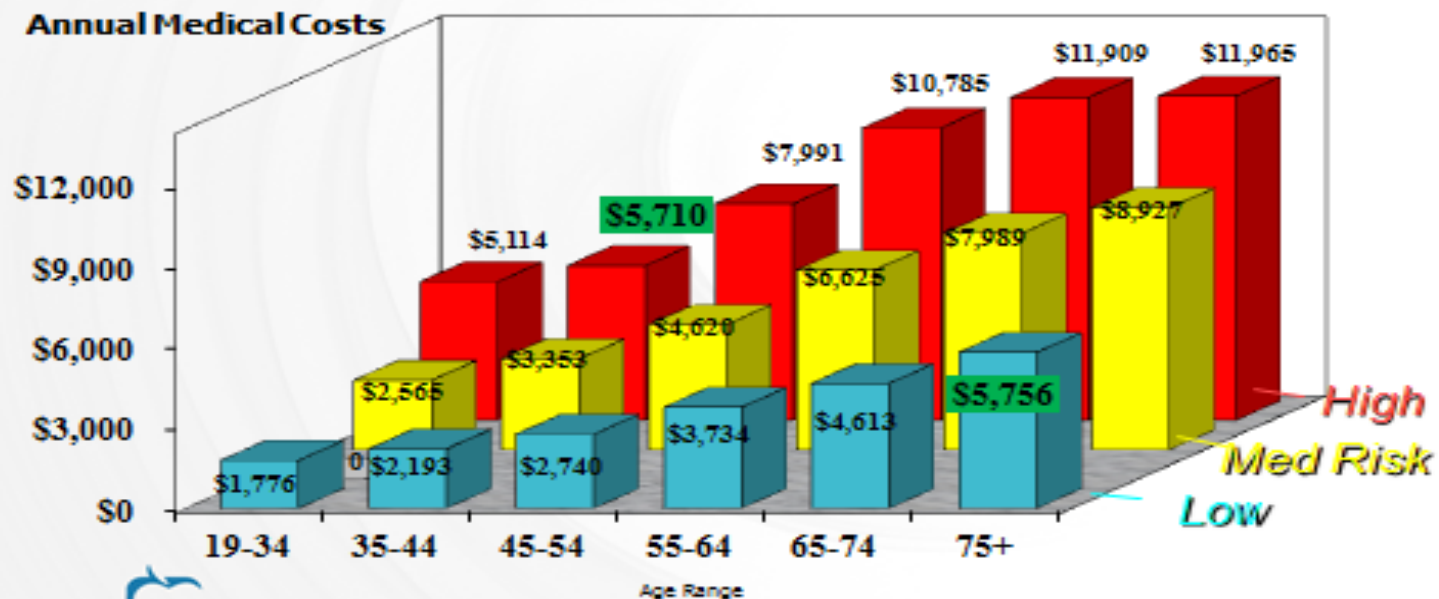


Average Savings

- Medical cost ROI = \$3.27:1
- Absenteeism cost ROI = \$2.73
- Overall average ROI = \$6:1
- Must focus on studies of effective wellness

The Magnitude of Health Risk Costs

Healthcare Costs: Which Matters More Age or Health Risk?



HRA Risk Tiers and Cost: 2001 \$s

Association of Risk Levels with Cost Measures

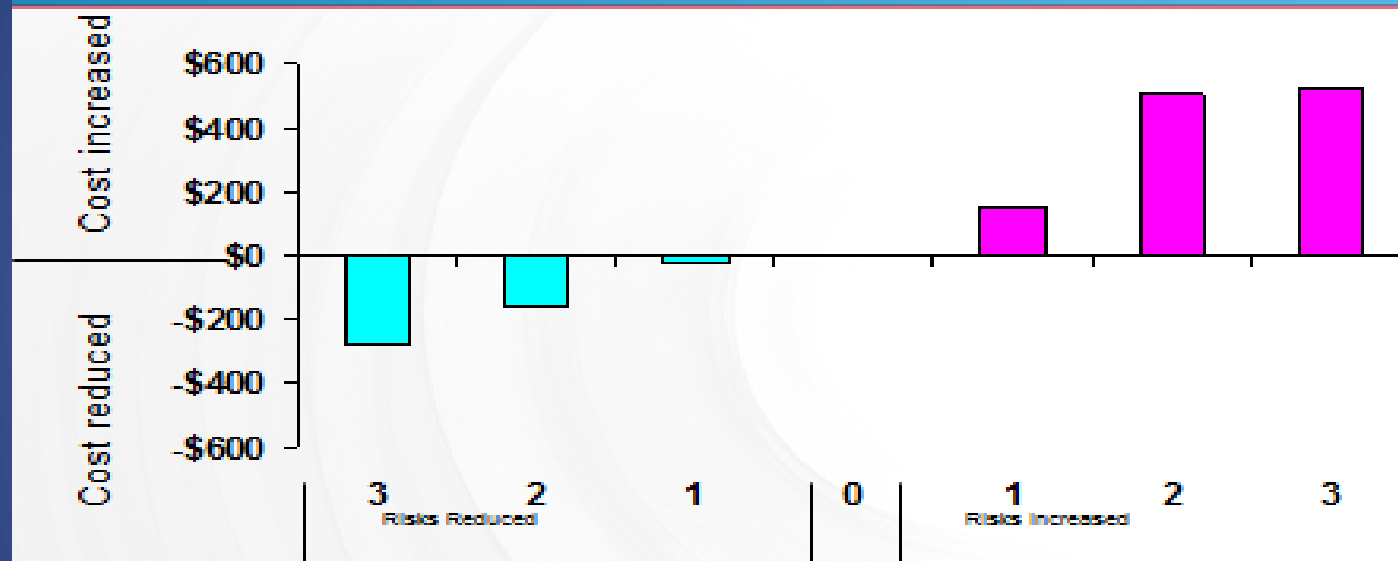
| Outcome Measures | Low Risk | Medium Risk | High Risk |
|-------------------------------|-----------------|--------------------|------------------|
| Short-term Disability | \$ 120 | \$ 216 | \$ 333 |
| Worker's Compensation | \$ 228 | \$ 244 | \$ 496 |
| Absence | \$ 245 | \$ 341 | \$ 527 |
| Medical & Pharmacy | \$1,158 | \$1,487 | \$3,696 |
| Total | \$1,751 | \$2,288 | \$5,052 |



Wright, Beard, Edington. JOEM. 44(12):1126-1134, 2002

Reducing Personal Health Risks Reduces Costs and Vice Versa

Change in Costs follow Change in Risks



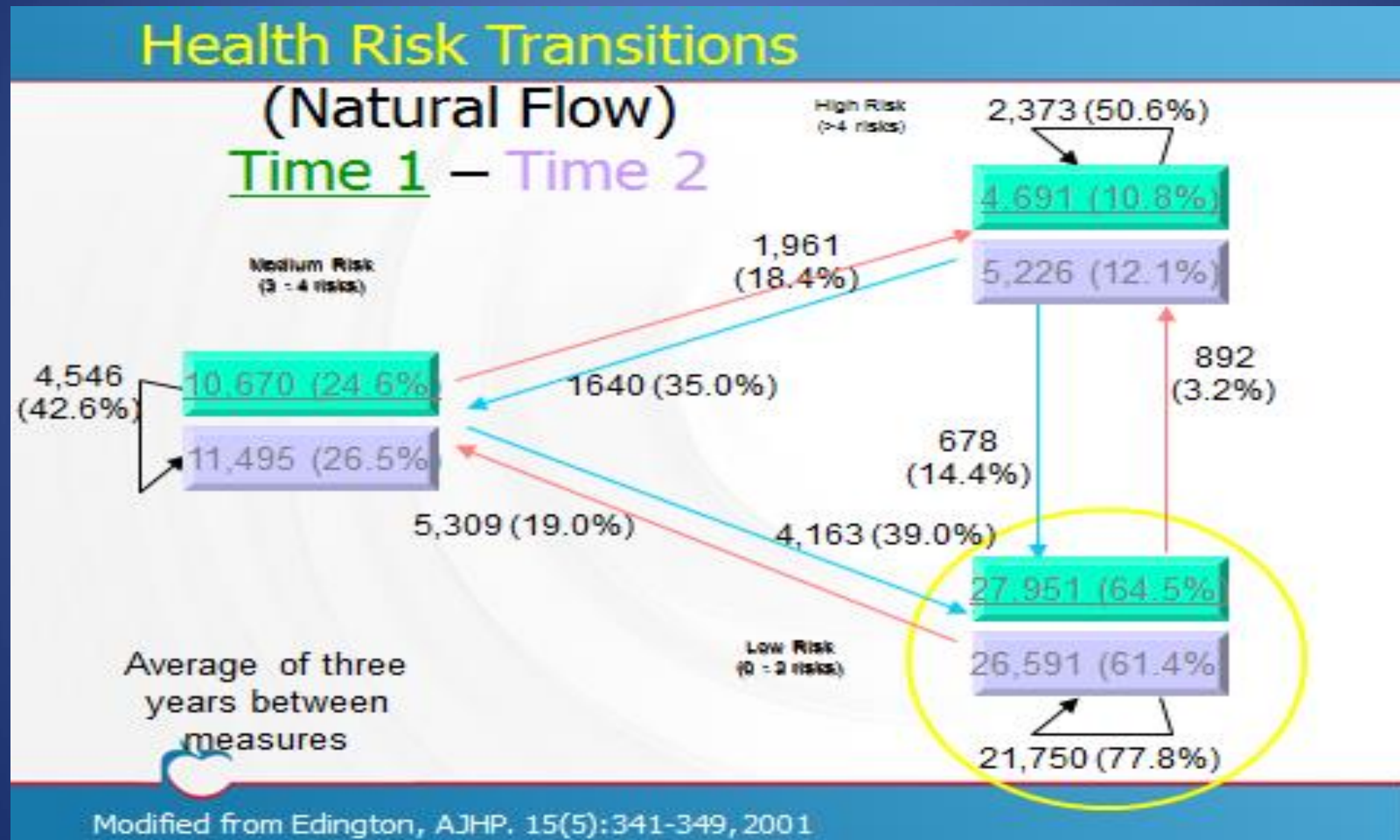
Overall: Cost per risk reduced: \$215; Cost per risk avoided: \$304

Actives: Cost per risk reduced: \$231; Cost per risk avoided: \$320

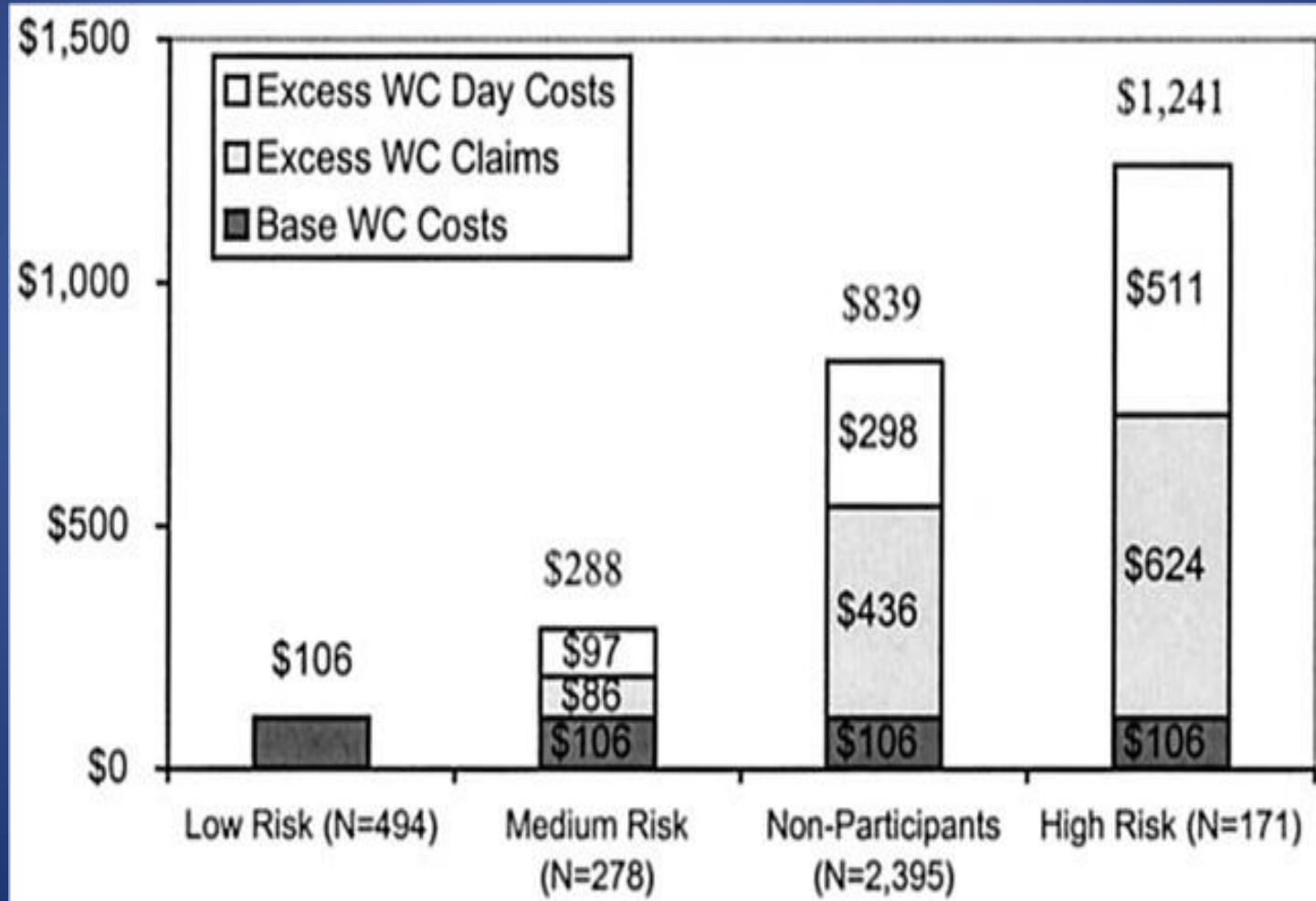
Retirees<65: Cost per risk reduced: \$192; Cost per risk avoided: \$621

Retirees>65: Cost per risk reduced: \$214; Cost per risk avoided: \$264

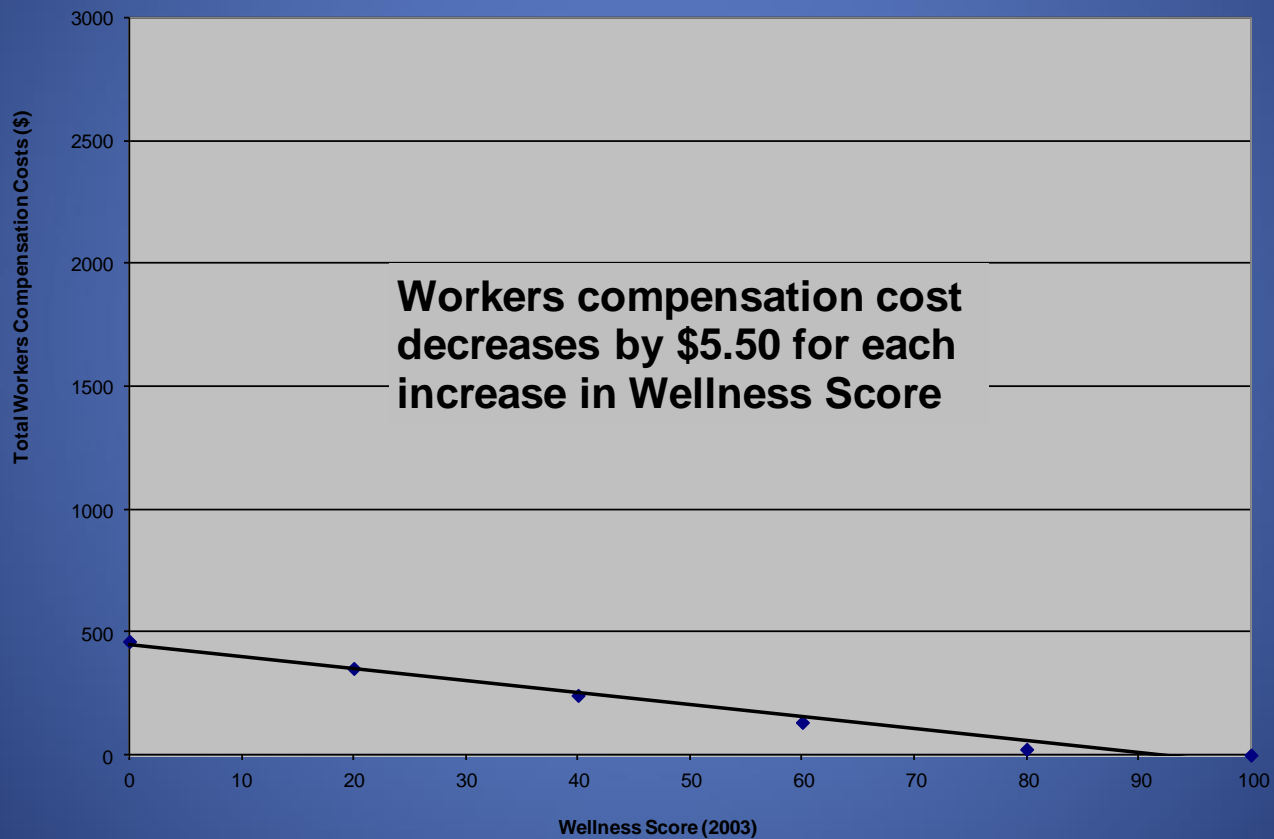
Reduce the “Natural Flow” to Higher Risk = Savings



Personal Health Risks Also Predict WC Costs



We See This for WC As Well



NIOSH CDC Total Worker Health

CDC - NIOSH Total Worker Health

www.cdc.gov/niosh/twh/

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About the TWH™ Research Portfolio

What is Total Worker Health?

Total Worker Health™ is a strategy integrating occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being.

Today, emerging evidence recognizes that both work-related factors and health factors beyond the workplace jointly contribute to many health and safety problems that confront today's workers and their families. Traditionally, workplace health and safety programs have been compartmentalized. Health protection programs have focused squarely on safety, reducing worker exposures to risk factors arising in the work environment itself. And most workplace health promotion programs have focused exclusively on lifestyle factors off-the-job that place workers at risk. A growing body of science supports the effectiveness of combining these efforts through workplace interventions that integrate health protection and health promotion programs.

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October 6-8 2014

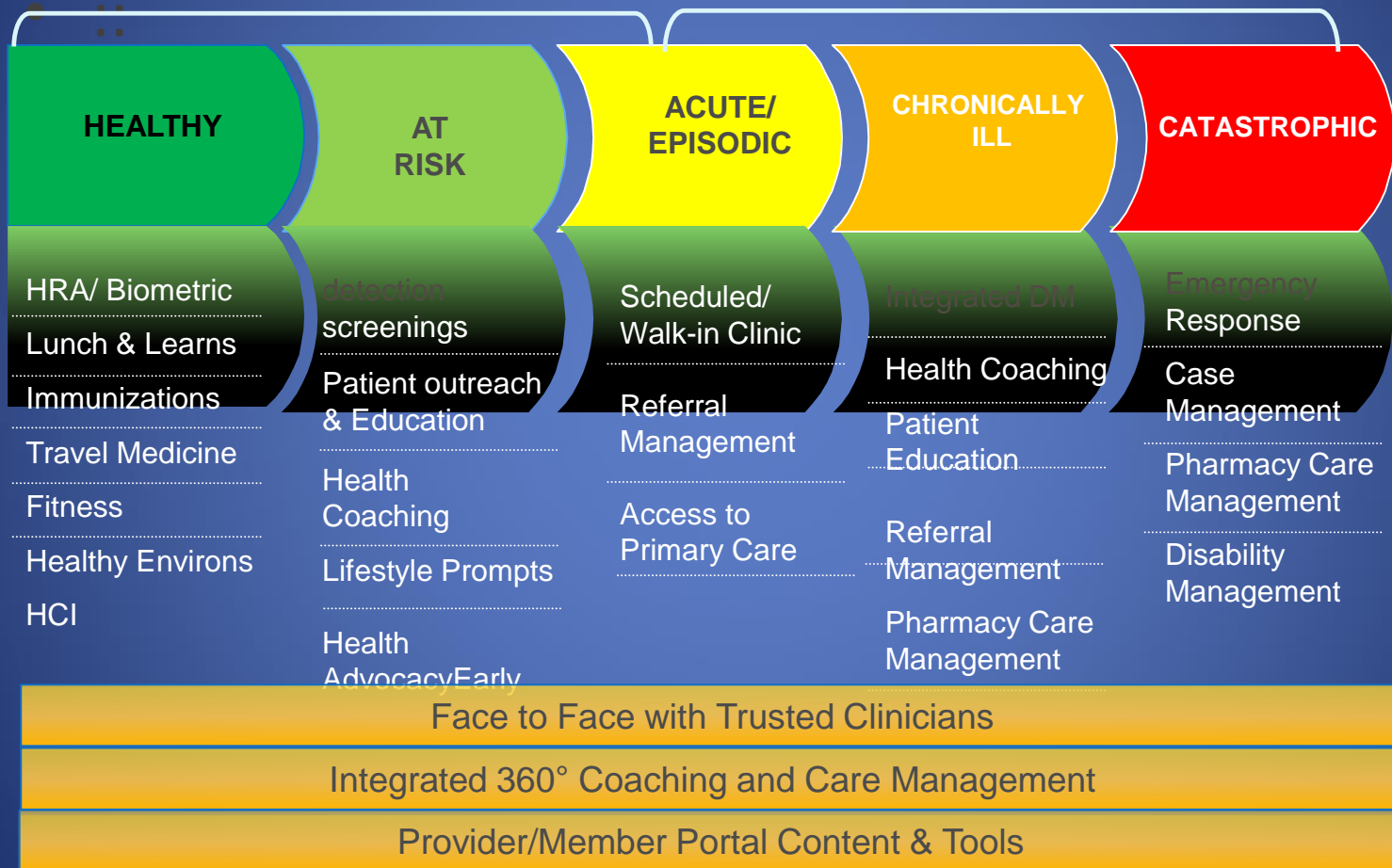
1st International Symposium to Advance Total Worker Health 2014

Contact Us:
[National Institute for Occupational Safety and Health](#)

9:04 AM 5/1/2014

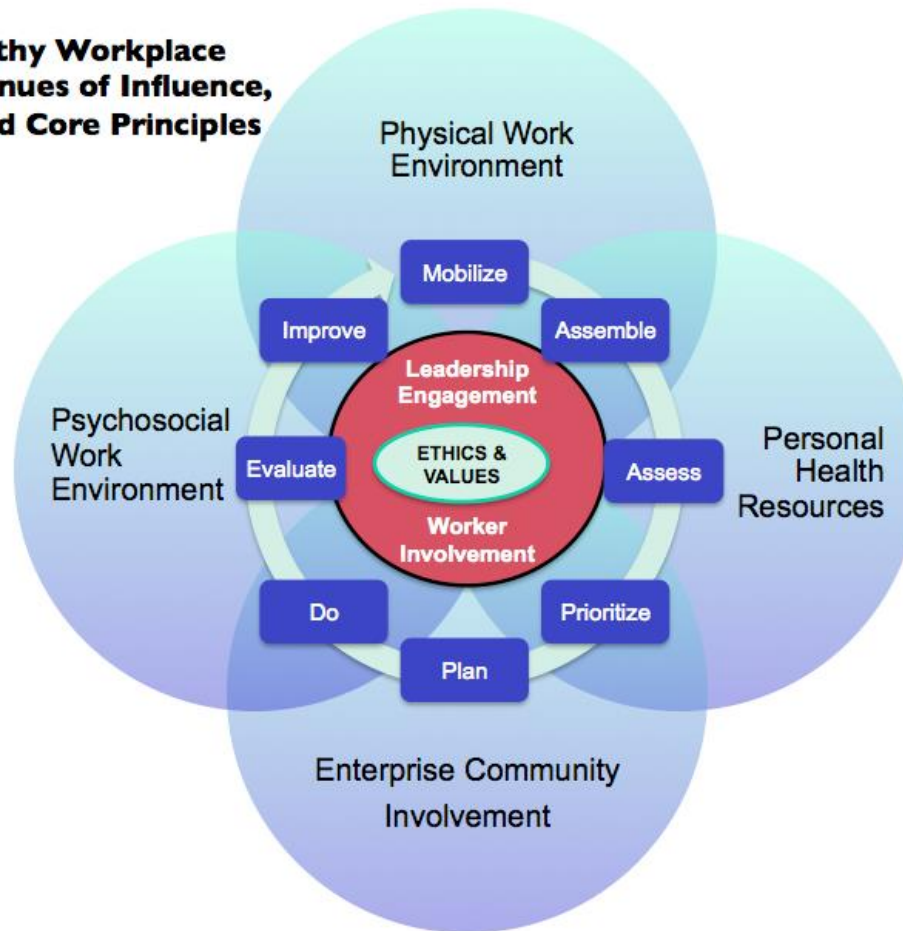
85% members = 15% cost

15% members = 85% cost



WHO Model

Figure I
WHO Healthy Workplace
Model: Avenues of Influence,
Process, and Core Principles



UCSF Pilot: Pre-WorkStrong

- 3 year program to improve personal fitness
- Selected 73 claimants as 'most likely to succeed'
- Provided personal fitness programs to each
- Saw no subsequent WC claims over the 3 years of follow up
- Would have expected many claims
- Served as an early pilot rationale to expand approach across UC campuses

UC WorkStrong Program Rationale

- UCSF Pilot
- UC has a stable long term work force
- Eligible were employees with 2 or more WC claims in last 2 years
- 1/3 of UC WC claims occur in individuals who have filed a prior WC claim
- First claims are 60 – 65% of all claims but only 45-60 % of ultimate WC costs
- Each subsequent claim is more expensive than the prior claim

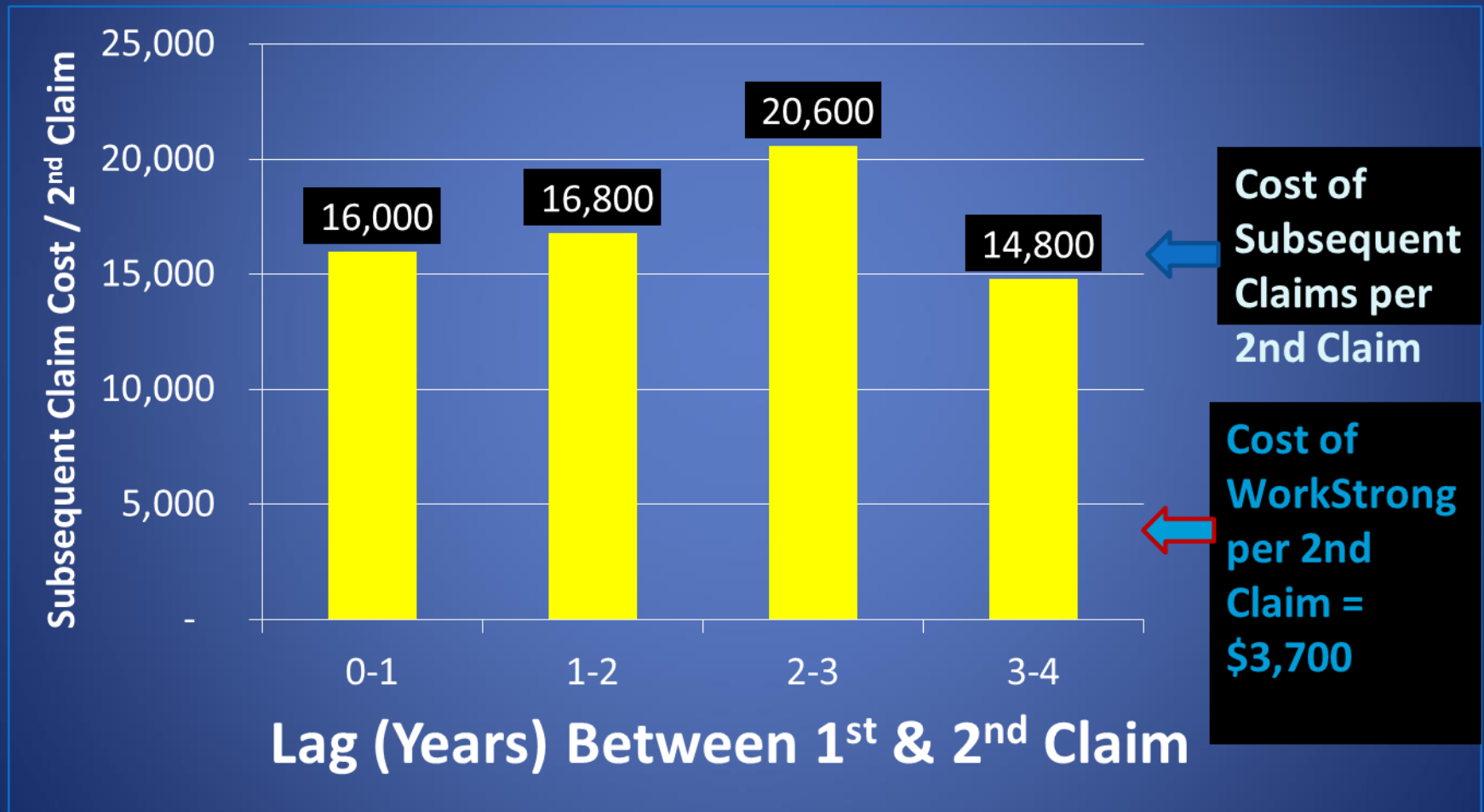
UC WS Program design

- OH is the owner and partners with others
- Potential eligibles for WS chart is screened by Occupational Health Medical providers
- Screened by HR
- Contacted by WS coordinator to invite in
- Medically cleared by OH provider
- Sent to Recreation, RDs, life coaching, smoking cessation, other wellness programs on campus
- 12+ personal fitness coaching visits, plus other wellness services

Cost of Subsequent Claims



Estimate of Savings Needed



UC Target Population for Starting WorkStrong year 1 from 6/2012

- **System Wide**
- 32,593 employees with multiple claims (120,184 injuries)
- 7,149 employees with 5 or more claims (22%)
- 1,401 employees with 10 or more claims (4%)
- 2,206 employees with multiple claims 7/1/09 – 6/30/11
- 926 of the 2,206 employees have open claims
- Highest number for one employee – 48

UC -Wide WorkStrong Data

6/1/2012 - 3/31/14

- Referrals to WS - 3885
- Enrolled in WS- 631
- Graduates – 331*
- New injuries(claims) – 89
- Individual claimants - 65
- Ave weeks to graduate- 17.5
- Ave cost per participant \$2220
- * Most of balance are mid - program

UCLA WS Program

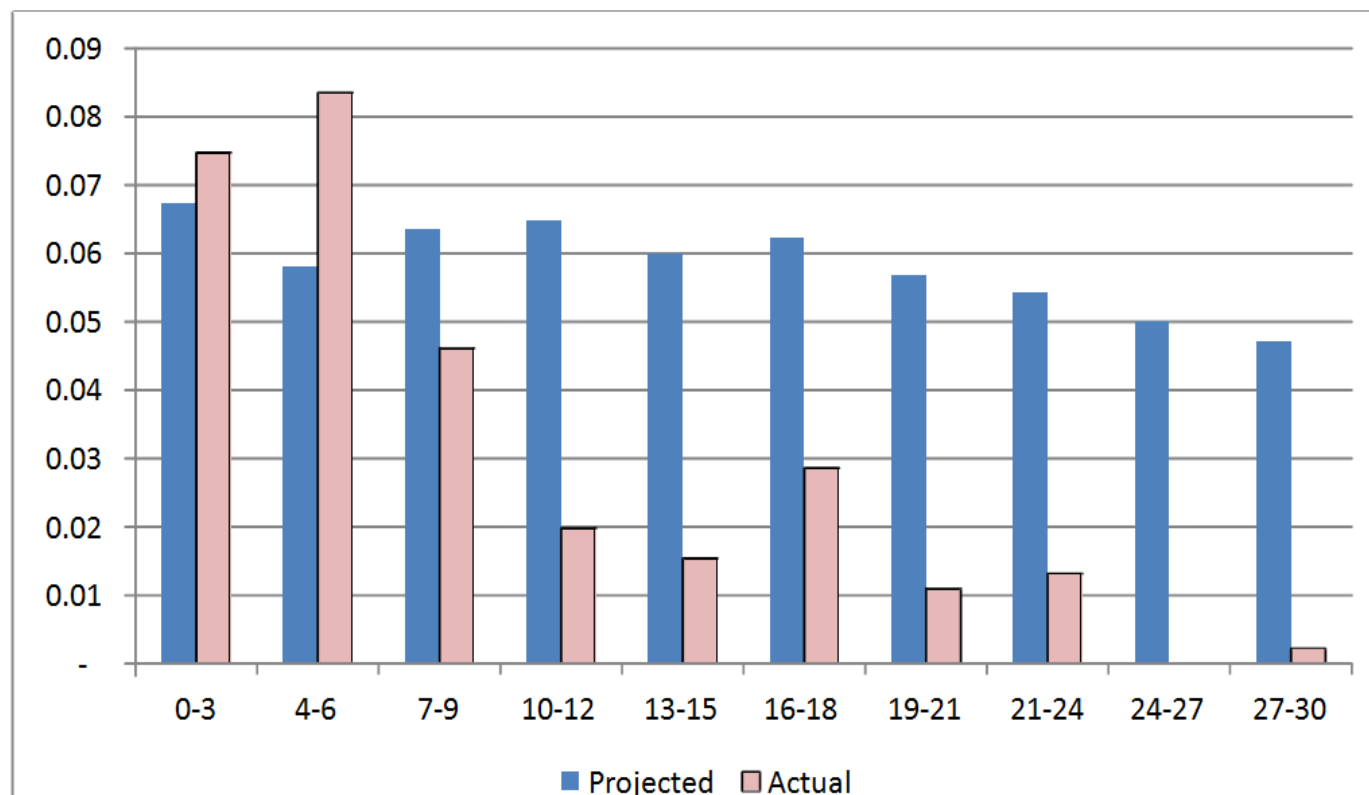
- Wellness options for participants:
 - 1 on 1 Personal Fitness Training- 12-18 sessions
 - 1 on 1 sessions with a RD – 6-10 sessions
 - Smoking Cessation Program
 - Life Coaching/Biofeedback (37 % select)
 - Other UCLA sponsored wellness offerings (exercise classes, meditation, boot camps farm fresh produce delivered weekly, etc.)

UC WorkStrong Program Participation Through Sept 30, 2014

Total number of unique referrals - 4,615

| Location | | # enrolled | | #graduates |
|----------------------------------|--|------------|-----------------------------------|------------|
| UC Berkeley | | 85 | | 61 |
| UC Davis | | 106 | | 77 |
| UC Davis Med. Ctr. | | 54 | | 30 |
| UC Irvine | | 51 | | 28 |
| UC Irvine Med. Ctr. | | 44 | | 18 |
| UCLA Campus/Med. Ctr | | 224 | | 107 |
| UC Riverside | | 36 | | 18 |
| UC Santa Barbara | | 51 | | 31 |
| UC Santa Cruz | | 27 | | 18 |
| UC San Diego | | 86 | | 61 |
| UC San Francisco | | 47 | | 32 |
| Total for all UC Campuses | | 811 | (Sedgwick grads = 456) | 481 |

Actual versus Expected Number of Subsequent WC Claims by Months



WS Actual vs. Expected WC Claims at 25 Months

Subsequent Claims

| Months after Referral | Actual | Expected | Actual minus Expected |
|-------------------------|------------|------------|---|
| 0 to 3 Months | 34 | 31 | 3 |
| 3 to 6 Months | 38 | 26 | 12 |
| 6 to 9 Months | 21 | 28 | (7) |
| 9 to 12 Months | 9 | 27 | (18) |
| 12 to 15 Months | 7 | 24 | (17) |
| 15 to 18 Months | 13 | 21 | (8) |
| 18 to 21 Months | 5 | 17 | (12) |
| 21 to 24 Months | 6 | 13 | (7) |
| 24 to 27 Months | 0 | 9 | (9) |
| 27 to 30 Months | 1 | 6 | (5) |
| 30 to 33 Months | 0 | 4 | (4) |
| 33 to 36 Months | 0 | 3 | (3) |
| Total All Months | 134 | 209 | (75) 36 % reduction below expected |

Incurring Loss Cost of Subsequent Claims: Actual vs. Expected

- Overall, claims subsequent to WorkStrong were approximately \$1.15 million, **which is 56% below expected costs of \$2.65 million.**
- **WC costs are \$1.5 M less than expected**
- The actual ultimate losses are based on incurred losses valued as of September 30, 2014, projected to ultimate with case reserve development factors.

Typical Program & Cost at UCLA

- Typical program includes:
 - 12 -18 Personal Training Sessions*
 - 6 - 10 Sessions with a Dietitian*
 - 6 month gym membership
 - Ave. cost per participant: **\$1737**

**Programs are customized based on patient needs*

What patients are saying about WorkStrong...

“I feel like you guys really care, and I am so grateful for all the help and support from the Workstrong program.”

“I was able to avoid shoulder surgery and feel stronger now and more able to do my job.”

“Workstrong literally saved my life. I was so unhealthy, and now my injuries are better, I have tons of energy and I love eating healthier.”

“After a year off of work due to a stubborn injury, I’m now back at work and feeling great thanks to this program!”

“If you are interested in changing to a healthier lifestyle, WorkStrong will give you the tools to do it! I've made improvements in my diet and exercise habits that I expect to last a lifetime. Because of WorkStrong I discovered that I do have the ability to make those changes.”

“My pain has gone away (after a year of pain). I am healthier in every sense of the word – physically, mentally, and spiritually. I feel very fortunate to have been a part of this WorkStrong program – thank you!”

Next Steps

- Continue to monitor and report results
- Increase participation capture rate
 - Currently is 18 % of eligibles; aim to double that
- Keep WS graduates on track
 - Survey
 - WorkStronger pilot at UCLA
- Translate to group health
 - Explore GH savings in WS population if possible
 - Communicating with HEE, Kaiser, Stanford, others

Q & A Discussion

- Thank You

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Resources

- NIOSH Total Worker Health
<http://www.cdc.gov/niosh/twh/>
- Dee Edington Zero Trends
<http://www.edingtonassociates.com/index>
- “Workplace Wellness Programs Can Generate Savings” in Health Affairs Feb. 2010
<http://content.healthaffairs.org/content/29/2/304.abstract>

