Live healthy... Work well

A Diabetes Project for a Healthy Workforce

Demonstration to Maintain Independence and Employment
University of Hawai`i - Center on Disability Studies
Pacific Rim Conference – April 14, 2008
Introductions

Presenters: Kathy Richins, Life Coach
LeeAnna Kobayashi, Evaluation

Project Coordinator: Rebecca Rude Ozaki

Life Coach Team Leader: Jean Isip

Participant Relations Coordinator: Patrick Yrizarry
Presentation Overview

- Introductions & Project Overview
- Goal of the grant
- Partners
- Why this project is necessary
- Issues surrounding employment and healthcare in the workplace
- Project Components
- Evaluation
- Implications for the future
- Questions
HI DMIE Overview

Live Healthy…Work Well

Demonstration to Maintain Independence & Employment (DMIE) Project

- Funded by U.S. Centers for Medicare & Medicaid Services (CMS)
- Through September 2009 (with possible extension)
- $9.1 million funded
- $6.7 million contributed
- Total $15.8 million
Goal of Grant

▪ To help people with diabetes and chronic illnesses stay healthy and employed.

▪ Will interventions lead to:
  -- improved health
  -- increased work hours
  -- independence from SSI and SSDI
Partners

• Centers for Medicare & Medicaid Services (CMS)
• Hawai`i State Dept. of Human Services
• Hawai`i State Dept. of Health
• Hawai`i Business Health Council
• Employers
• Times Supermarkets
• Longs Drugs Stores
• O`ahu WorkLinks
• State Division of Vocational Rehab.
Why Diabetes?

US. Diabetes Prevalence: 20.8 million
Diagnosed: 14.6 million;
Undiagnosed: 6.2 million

Hawai`i Prevalence: 107,000
Diagnosed: 86,000
Undiagnosed: 21,000 est.

Estimated annual cost

Why employers care about diabetes
National cost of diabetes in the U.S. in 2007 exceeds $174 billion

Estimate includes:

- $116 billion in excess medical expenditures attributed to diabetes
- $58 billion in reduced national productivity

Hawai`i Costs of Diabetes

Hawai`i

Direct Costs:  $ 764,400,000

Hawai`i

Indirect Costs:  $ 273,600,000
(loss of productivity)

Total Cost:  $1,038,000,000
Did you know?
Diabetes is the 7th leading cause of death

Other complications:

Heart disease
Strokes
End-stage renal disease
Nervous system damage
Periodontal or gum disease
Amputations
Pregnancy complications
Related Health Issues
EVERY DAY, as a result of diabetes, nationally there are:

- 810 deaths
- 120 kidney failures
- 55 blindness
- 230 amputations

Diabetes is Preventable and Treatable!
Why is better health important to employers?

- Reduce employee turnover
  - 3.1% unemployment in Hawaii

- Reduce absenteeism

- Improve productivity

- Reduce lost productive capacity due to early mortality

- Improve job satisfaction and employee morale
Why is better health important to employees?

- Potential for a longer lifespan
- Improved quality of life
- Enhanced mental health
- Enhanced general life experience
- More productivity and reduced absenteeism on the job
- Improved job satisfaction

Project Components

What’s involved in the study?

Participants → Treatment/Intervention or None → Measure Effects → Outcomes → Participants
How Many Participants?

534

Computerized, Random Assignment to ensure rigor of the study

Control Group
267

Treatment Group
267

200

400

200
Control/Comparison Group
“Business as Usual”

• No intervention
• Data will be compared with Treatment Group
• Will be compensated for participating
Treatment Group

- See a Pharmacist & Life Coach

- Medical co-pays:
  - Diabetes checkups
  - Endocrinologist

- Prescription co-pays:
  - Diabetes drugs
  - Supplies paid

- Compensated for participating
Treatment Group’s Menu of Services

Pharmacist
(Medication Management)

Life Coach

Diabetes Education

Dietitian

Group Fitness Membership

Certified Diabetes Educator

Support Groups
Pharmacist

Patient Self-Management: educate and motivate people with diabetes to maintain better control over their disease

- Meet once per month for the first 3 months, then at least once per quarter
- Personal Medication Record
- Foot checks
- Biometrics review
Life Coaching

Coaching focuses on helping people move forward on their most important goals.

- Non-directive guide to help participant discover:
  - Where they are now
  - Where they’d like to be
  - How they will get there (Goal setting)

- Meet weekly/bi-monthly one hour in person for first few months; Later meetings by phone
- Loan of laptop computer & wireless internet card
- Participant choice – menu of services available

Focus on future possibilities
Unique Features

- Innovative implementation in Hawai`i
- Combination: Life & Health Coaching
- Work through Employer Groups
- Open Enrollment …now!
- Focus on behavioral change for individuals
Required Independent Evaluation

Overarching CMS Research Question: Can a program of medical assistance and other supports forestall or prevent the loss of employment and independence due to a potentially disabling and medically determinable physical or mental impairment?

• Focus on Diabetes
Areas of Evaluation

1. Participation in program
   - Recruitment, participation, and retention

2. Outcomes
   - Work hours, health status, quality of life, enrollment in govt. services

3. Treatment fidelity
   - Adherence to process
Evaluation Questions

• (To what extent) Will employees participate in an employer-sponsored health project?
  ➢ Apprehension

• What influence does the intervention have on job performance and other work-related variables?
  ➢ Increase in work hours

• (To what extent) Were intervention methods adhered to?
  ➢ Life coaches and pharmacists
Outcome Hypotheses

A significantly greater proportion of the treatment group will:

(1) work more hours per week and at least 20 hours per week

(2) increase their health status in terms of (diabetes) self-care and self-monitoring, leading to improvements in physical and mental health

(3) Maintain their independence from SSDI or SSI
Participation Data Collection

• **Recruitment**
  – Identification of participants, types of outreach activities, adaptation to reach diverse groups, recruitment goals, reasons for not enrolling

• **Service Utilization**
  – Barriers, most frequently used services, remedies to issues, process of matching coaches and clients

• **Focus groups**
  – Program satisfaction, unmet needs

• **Retention**
  – Reasons for staying or leaving
Outcome Data Collection

• Treatment vs. Control
  • Hours worked (hypothesis 1)

• Health data (hypothesis 2)
  – HbA1C, blood pressure, cholesterol, service utilization

• Quality of life (hypothesis 2)
• Functioning (hypothesis 2)

• SSDI/SSI enrollment (hypothesis 3)
Treatment Fidelity
Data Collection

• Fidelity of process
  – Sessions recorded
  – Session logs
  – Participant surveys
  – Focus Groups
Implications for the future

- Results may be used for future treatment and management of diabetes
- Results may impact health care policy & standard of care
  - Convenient
  - Person-centered – self determined
  - One-on-one coaching, telephonic, use of technology
- Results may impact national public policy on medical assistance programs
- Employers may experience lower health care costs
Possibilities

- Reduce prevalence of chronic illness, decrease long-term benefit needs of SSI, SSDI

- Creates a replicable infrastructure for other chronic illnesses
Want More Information?

Contact Information:
Program: Patrick Yrizarry, 956-5096
Email: workwell@hawaii.edu

Evaluation: LeeAnna Kobayashi, 956-4930, leeannak@hawaii.edu

On line:
www.livehealthyworkwell.org
Questions/Comments

Sign up now with Open Enrollment or give our brochure to a friend!

Mahalo!