

Absence Benefit Use and Payment Trends Among Short- and Long-Term Disability, and Workers' Compensation for Employees with Agency for Healthcare Research and Quality High Medical Claims Utilization Conditions in the United States

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Background

- Workers' Compensation (WC) is a benefit for United States (US) employees who suffer work-related injuries/illnesses.
- Absences due to WC can have a significant impact on business performance.
- Employers are intensifying efforts to manage WC and make connections with employee health.
- The 2020 Kaiser Family Foundation survey on employer health benefits¹ provides an excellent overview of typical employer coverage for direct medical and prescription costs, however it did not include any information on Workers' Compensation.
- Published research on absence costs and lost time often inappropriately uses:
 - Proxies and subjective data (from surveys) to estimate absences, which:
 - Are subject to recall issues.
 - May report absences or impairments that didn't occur during their work hours.
 - Constant dollars to estimate absence costs across diseases.
- This study focuses on all-cause WC utilization and explores changes from baseline for employees with claims for the following US Agency for Healthcare Research and Quality (AHRQ) categories:
 - Bone diseases (BONE).
 - Headaches/migraines (HM).
 - Diabetes (DIAB).
 - Multiple sclerosis (MS).
 - Osteoarthritis (OA).
 - Rheumatoid arthritis (RA).
 - Back pain (BACK).

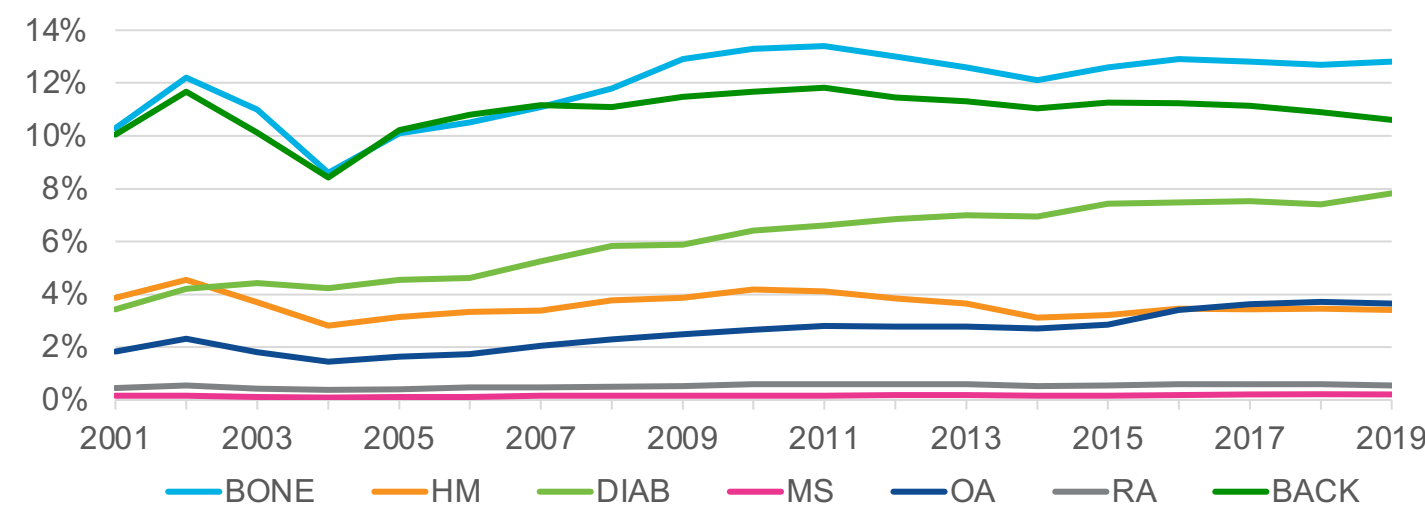
Study Population

- US employees within the Workpartners (formerly HCMS) Research Reference Database (RRDb) from 2001–2019. The Workpartners RRDb contains:
 - Medical and pharmaceutical claims for over 3 million employees and dependents.
 - Enhanced employee demographics (including self-reported race).
 - Job-related employee information (salary, job type, full/part-time status, exempt/non-exempt status).
 - Employees in all states.
 - Claims for 1.1m employees eligible for WC with absence durations and payments.
- The Workpartners RRDb has been used for research in:
 - Painful conditions including fibromyalgia^{2,3}, osteoarthritis³, gout⁴, and Rheumatoid Arthritis⁵.
 - Specialty pharmacy-managed conditions such as Hepatitis-C^{6,7}, multiple sclerosis⁸ and acromegaly⁹.
 - Mental health conditions (including bipolar^{10,11} and major depressive disorders¹²), diabetes¹³, ophthalmic¹³ and numerous other conditions.

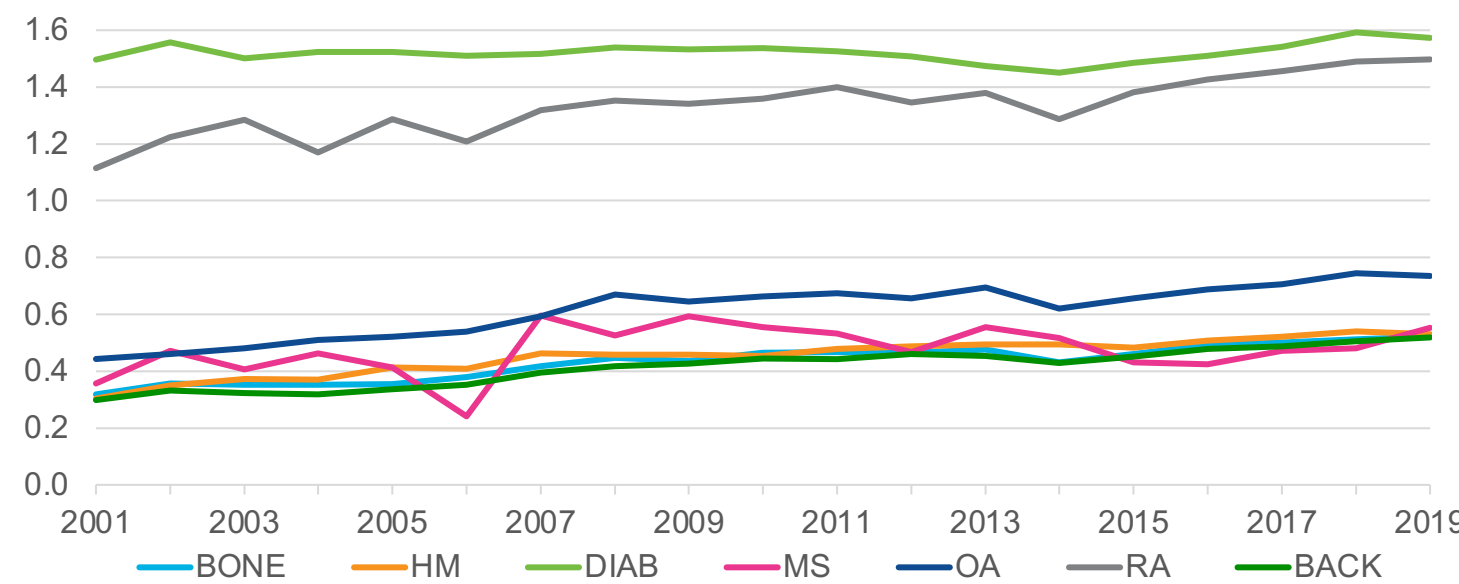
Methods

- Retrospective analysis of US employees with medical claims in the RRDb from the study AHRQ categories.
- For each condition, each year the analysis focused on:
 - The prevalence and Charlson Comorbidity Index score¹⁴ for each year's population.
 - The percent of eligible employees utilizing the workers' compensation benefit.
 - Mean days of leave.
 - Median payments as a percent of salary.
- Workplace accidents were paid under the Workers' Compensation benefit.
- Workers' Compensation payments included lump-sum distributions and potentially extended beyond the year initially incurred.
- Workers' Compensation claims without absence from work (medical only) were excluded.

Annual Disease Prevalence



Annual Charlson Comorbidity Index Scores

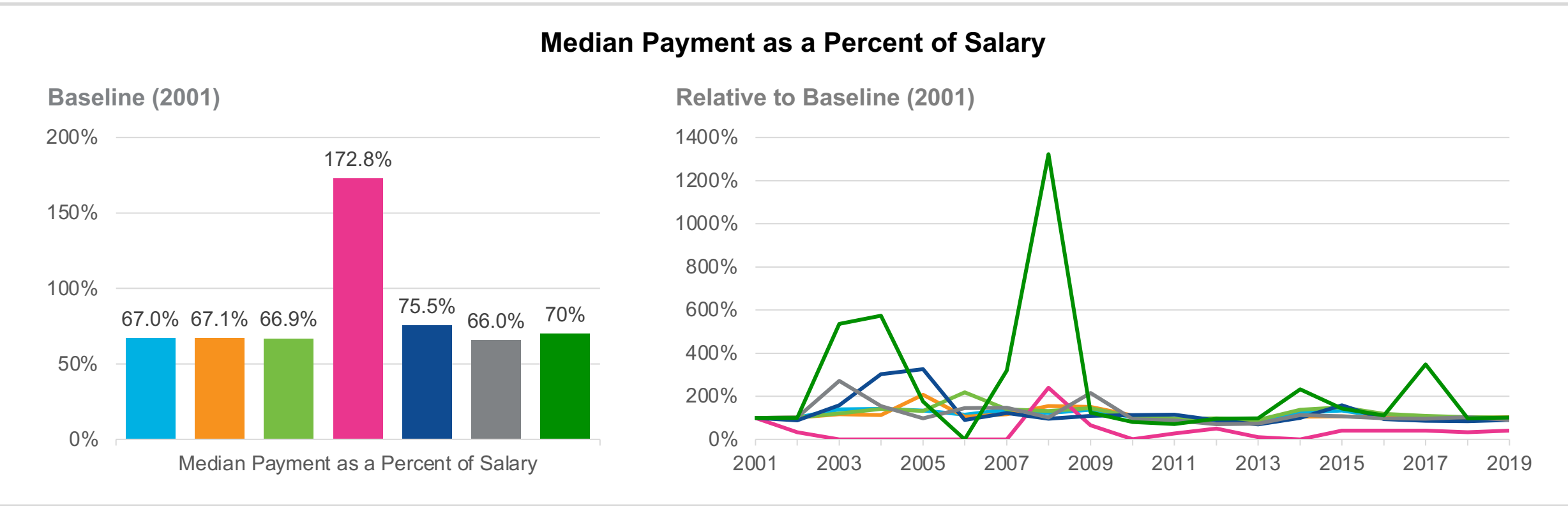
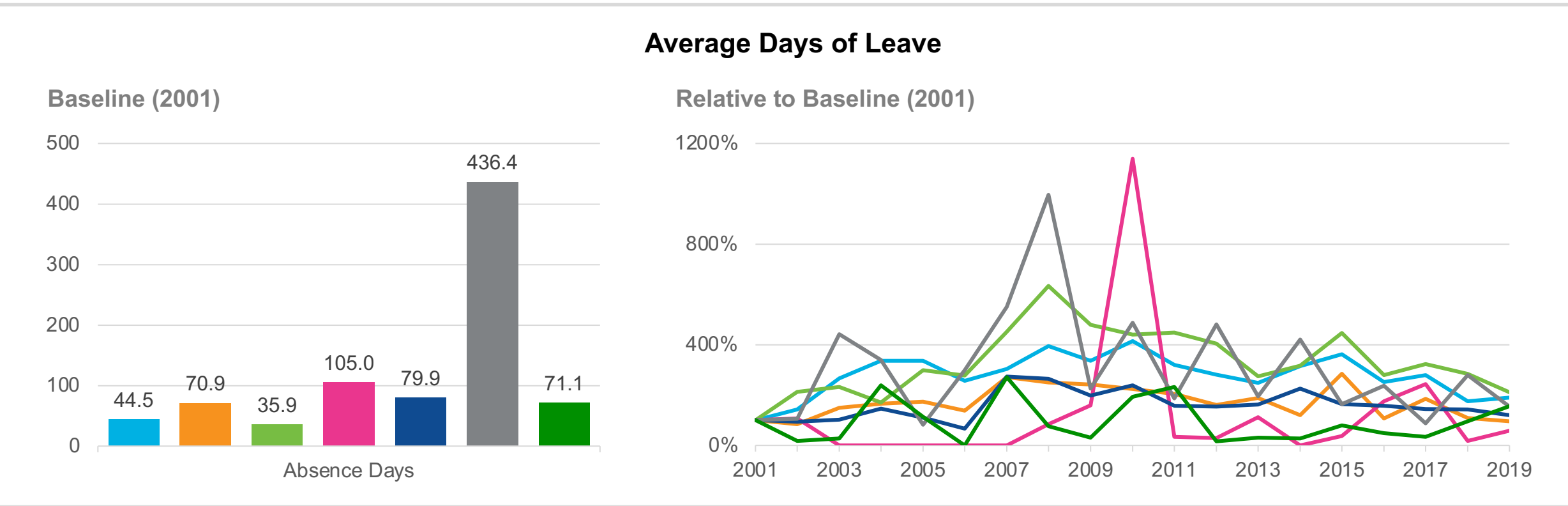
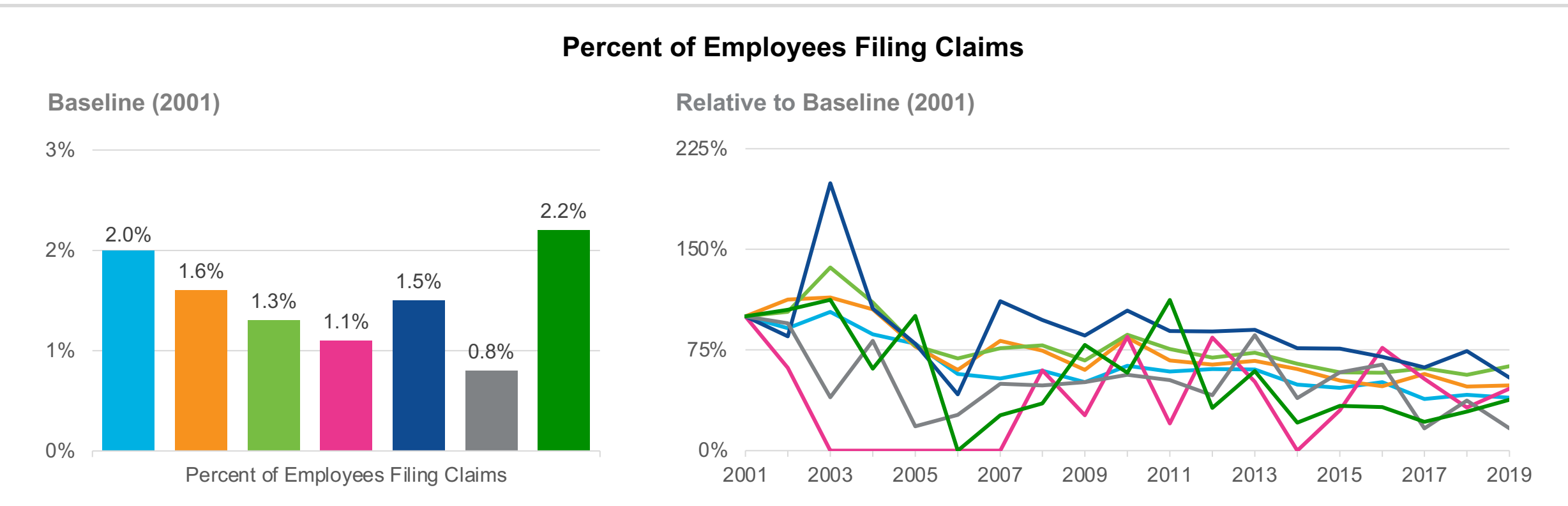


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Results

Legend: BONE (Blue), HM (Orange), DIAB (Green), MS (Pink), OA (Dark Blue), RA (Grey), BACK (Light Green)



Most Impacted Years

| Condition | Highest % Using WC | Highest Days of Leave | Highest Median Payments |
|-----------|--------------------|-----------------------|-------------------------|
| BONE | 2003 | 2010 | 2004 |
| HM | 2003 | 2015 | 2005 |
| DIAB | 2003 | 2008 | 2006 |
| MS | 2001 | 2010 | 2008 |
| OA | 2003 | 2007 | 2005 |
| RA | 2001 | 2008 | 2003 |
| BACK | 2003 | 2007 | 2008 |

Conclusions

- The prevalence (and associated Charlson Comorbidity scores) of most of these conditions has increased since 2004.
- The percent of employees filing WC claims varies by condition.
- For each condition, the leave lengths and payments as a percent of salary vary over time.
- Using a constant cost or salary replacement factor over time is not accurate or appropriate.

Implications for Policy or Practice

- Analysis of absence benefits is important.
- Estimation of the impact of workplace accident leaves and payments by use of a constant salary-replacement factor is inappropriate.
- Person-level data by year should be used.

