

Trends in Absence Time and Payments Due to Sick Leave, Long- and Short-Term Disability and Workers' Compensation for Employees with Respiratory Conditions

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Background

- United States (US) employee benefits include:
 - Sick Leave (SL) for paid time off, generally without a specific reason.
 - Short- and Long-term Disability (STD and LTD, respectively) for non-work-related injuries/illnesses.
 - Workers' Compensation (WC) for work-related injuries/illnesses.
- Absences due to SL, STD, LTD, and WC can have significant impact on business performance.
- Employers are intensifying efforts to manage these benefits 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.
 - It did not include any information on Sick Leave, Short- and Long-term Disability or 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 and fixed salary-replacement percentages to estimate absence costs across benefits and diseases.
- This study compares all-cause SL, STD, LTD, and WC utilization and explores changes from baseline for employees with respiratory conditions.

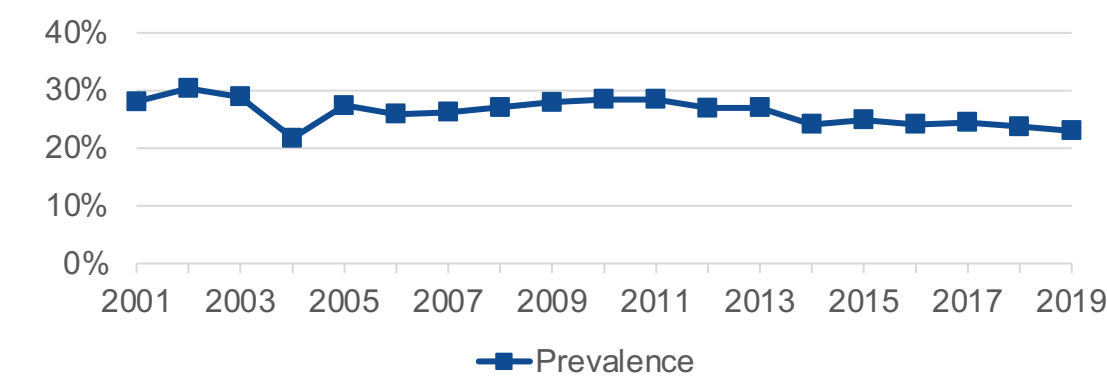
Study Population

- US employees within the Workpartners (formerly HCMS) Research Reference Database (RRDb) from 2001–2019.
- 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 with absence durations and payments for employee populations eligible for STD=1.2 million, LTD=1.1 million, WC=1.4 million, SL=710,000.
- The Workpartners RRDb has been used for research on:
 - The impact of patients with conditions such as diabetes^{2,3} and bipolar disorder.⁴
 - The caregiver impact of epilepsy,⁵ major depressive disorder (with and without suicidal ideation),⁶ and pediatric asthma.⁷
 - Specialty pharmacy-managed conditions such as hepatitis-C,⁸ rheumatoid arthritis,⁹ and acromegaly.¹⁰
 - Various other conditions.

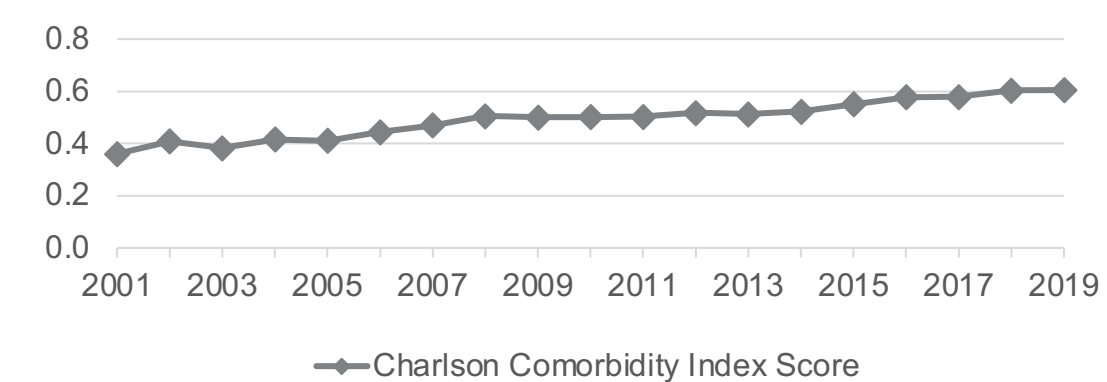
Methods

- Retrospective analysis of US employees in each year with medical claims in the Workpartners RRDb from the US Agency for Healthcare Research and Quality (AHRQ) respiratory conditions and related disease category:
 - Asthma; acute bronchitis; COPD [chronic obstructive pulmonary disease] and bronchiectasis; pneumonia (except by TB/STD); respiratory failure; insufficiency; arrest (adult); other upper and lower respiratory diseases; other upper respiratory infections.
- For respiratory conditions, each year the analysis focused on:
 - The prevalence and Charlson Comorbidity Index score¹¹ for each year's population.
 - The percent of eligible employees utilizing each benefit.
 - Mean leave length (in days).
 - Median payments as a percent of salary.
- Short- and Long-term Disability and Workers' Compensation payments included lump-sum distributions and potentially extended beyond the year initially incurred.
- Workplace accidents were paid under the Workers' Compensation benefit.
- Excluded claims:
 - Workers' Compensation claims without absence from work (medical only).
 - Sick Leave claims may be taken for any reason and were excluded.
- All employees' absences were aggregated based on the initiation year.
- For each benefit, average leave-length and median payment were calculated and compared with baseline (2001).

Annual Disease Prevalence

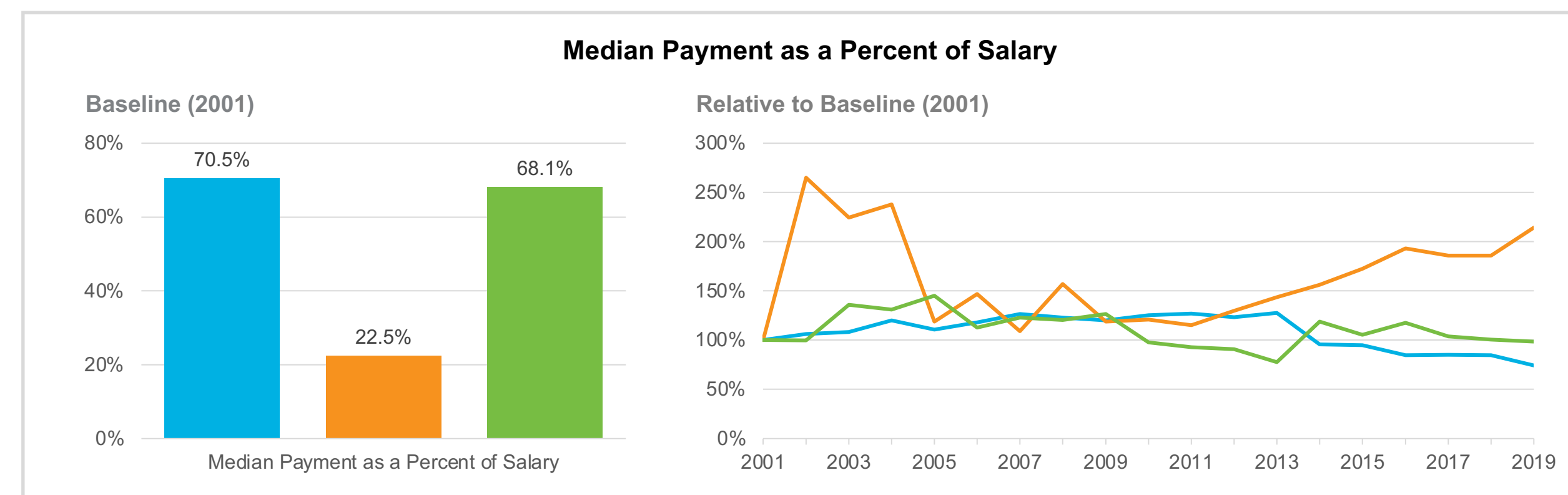
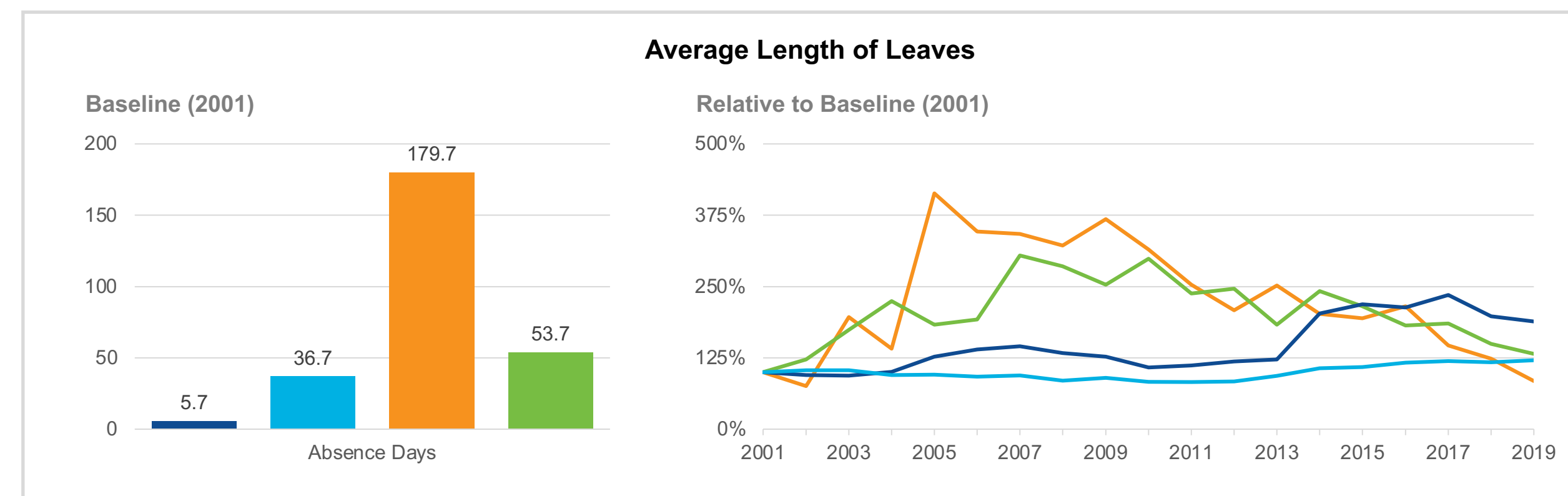
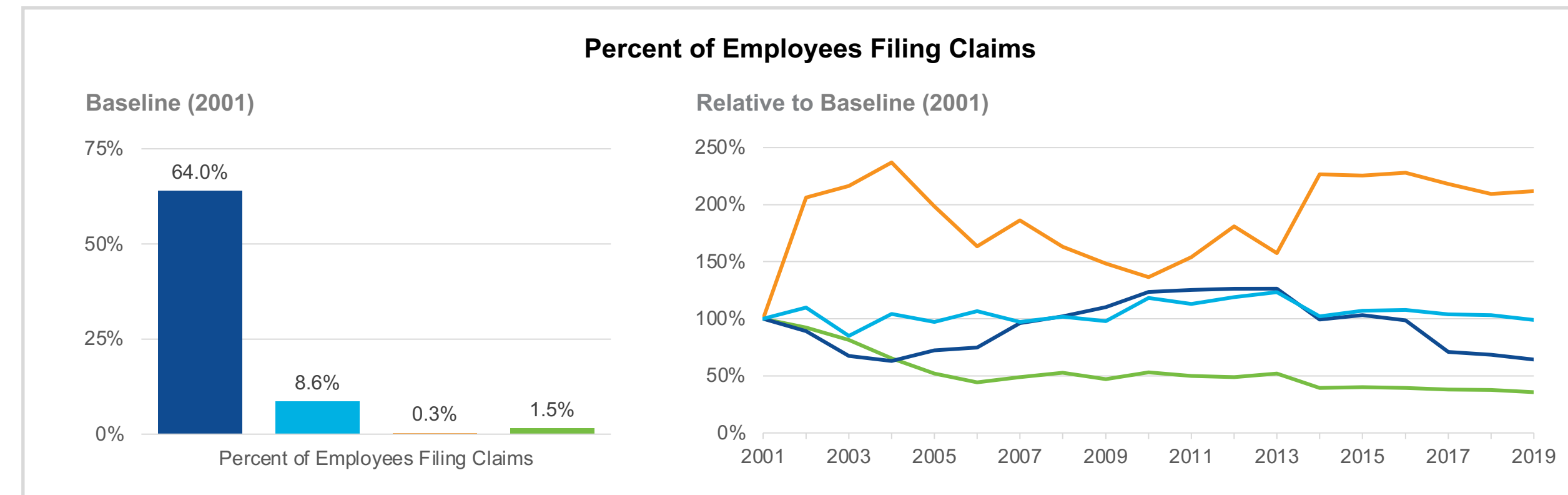


Annual Charlson Comorbidity Index Scores



Results

Legend: Short-term Disability (Blue), Long-term Disability (Orange), Workers' Compensation (Green), Sick Leave (Dark Blue)



Most Impacted Years

	STD	LTD	WC
Highest median payments	2013	2002	2005
Longest claim lengths	2019	2005	2007

- Sick leave payments are equal to salary. The most sick days were taken in 2017.

Conclusions

- The percent of employees with respiratory conditions and related disease categories has been increasing since 2004 and the percent of employees filing claims varies by benefit.
- For each benefit, the leave lengths and payments as a percent of salary vary over time.
- Using a constant cost or salary replacement factor over time for all benefits is not accurate or appropriate.

Implications for Policy or Practice

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

References

- The 2020 Kaiser Family Foundation Survey of Employer Health Benefits. Available at: http://files.kff.org/attachment/Report_Employer-Health-Benefits-2020-Annual-Survey.pdf.
- Brook RA, et al. *Postgrad Med*. 2015;127(5):455-62.
- Schaneman J, et al. *Popul Health Manag*. 2010;13(4):195-9.
- Brook RA, et al. *Am J Manag Care*. 2007;13(4):179-86.
- Brook RA, et al. *Am Health Drug Benefits*. 2018;11(8):396-403.
- Kuvadia H, et al. *PCC for CNS Disorders*. 2021;23(4):20m02893.
- Kleinman NL, et al. *Ann Allergy Asthma Immunol*. 2009;103(2):114-20.
- Brook RA, et al. *Am J Manag Care*. 2011;17(10):657-64.
- Kleinman NL, et al. *J Occup Environ Med*. 2013;55(3):240-4.
- Yuen KCJ, et al. *Endocr Pract*. 2021;S1530-891X(21)00571-1
- Charlson ME, et al. *J Chronic Dis*. 1967;40:373-83.

