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Mining Workers' Compensation Data

Nets Valuable Cost-Control Gems

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May 2014

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INTRODUCTION

Workers' compensation claims data mining is generating mounds of valuable evidence strongly suggesting that employers can significantly cut the medical expense portion of their claim costs. With medical costs accounting for more than 60 percent of total claim costs, these are notable finds.

First: While claim frequency distinctions have basically disappeared between younger and older workers, a different distinction is evident: tenure. Employers who understand the workers' comp claim implications could likely reduce claim frequency and severity, while also retaining their more highly skilled and productive workers.

Second: Mounting evidence demonstrates that treating chronic pain with prescription opioid painkillers for months and years not only fails to help injured workers regain function but also exposes those patients to additional medical problems that necessitate more medication to treat. Less dangerous and far less expensive methodologies are available to manage these claimants' pain, restore function and help them return to work sooner.

Third: While employee weight-management efforts have been the domain of health benefit managers, workers' compensation and safety officials have a stake in those programs, too. New studies link overweight and obese workers to higher claim frequency and disability duration.

AGE VS. TENURE

Some longstanding tenets about how age factors into the frequency and severity of workers' compensation claims are falling by the wayside.

However, some new evidence is emerging that suggests tenure, more so than age, is an important variable in workers' compensation claims.

The National Council on Compensation Insurance (NCCI), citing its own and government data, reported in late 2011 that the difference in injury frequency for younger and older workers is negligible. The NCCI noted that the major difference in claim costs is between the 25 to 34 and the 35 to 44 age groups. Claim costs per worker are relatively similar for workers aged 35 to 64, according to the NCCI.

The organization concluded that greater severity is the primary driver of older workers' higher claim costs.[1] The median numbers of days lost due to injury is six for all workers, but the number jumps to 10 for workers aged 55 to 64 and to 14 for workers older than 65.[2]

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[1] Workers' compensation and the Aging Workforce. T. Restrepo and H. Shuford. December 2011. National Council on Compensation Insurance. https://www.ncci. com/documents/2011_Aging_Workforce_Research_Brief.pdf

[2] Nonfatal Occupational Injuries and Illnesses Among Older Workers—United States, 2009. April 29, 2011. Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6016a3.htm

In many cases, the higher severity can be blamed on co-morbidities, according to Robert E. Bonner, MD, MPH, vice president-medical practices and medical director at The Hartford.

"As people age, their ability to heal changes, since they have more co-morbidity issues," such as diabetes, excessive weight, hypertension and coronary disease, Bonner explained.

Older workers recover more slowly "because there are more barriers to recovery," he said. "When our body has to respond to more than one medical condition at a time, the response is diluted," even if all the other conditions, such as diabetes and hypertension, are under control, he said.

The benefits of tenure

But in some industries, such as construction and manufacturing, another factor emerges as a more significant driver of claim cost than age: tenure--either at a specific organization or within an industry.

"The longer a person works in an industry and for a particular employer, the more knowledge they gain regarding the risks of the occupation and workplace," said Glen Pitruzzello, vice president, workers' compensation claim practices at The Hartford. In addition, he noted, with longer tenure, the worker has likely received more and better training. "Taken together, the more tenured employee is likely to work more safely and therefore is less likely to have a workplace accident," he said.

Of course, older workers tend to have longer tenure, although that is not always true, Pitruzzello observed.

A proprietary, multi-variate analysis of The Hartford's claim data and employee census information in industries with greater probability of injury, such as the construction and manufacturing industries is instructive.

That analysis examined four predictors of high frequency and loss cost: tenure, age, salary and gender. Tenure of less than one year was the single most significant predictor.

Younger construction workers had higher claim frequencies, but that was offset by their low-severity losses. Older workers had higher-severity losses, but those were more than offset by very low claim frequencies.

Inexperienced workers had, for example, between two and four times the loss cost relativity. Significantly, workers with tenure of less than a year had a much higher claim frequency regardless of their age. By comparison, workers tenured for two or more years had relatively low claim frequency and loss costs. While claim frequency decreased with age, additional years of experience did not appear to drive down claim frequency.

However, severity was worse for older workers regardless of their experience, and severity increased with age—which largely offset this group's low claim frequency. "In the construction and manufacturing industries, age is clearly associated with higher severity," observed Matt Nimchek, an actuary for The Hartford.

"These findings clearly speak to the importance of training and safety, particularly for newer employees," Pitruzzello said. "Although risk and safety managers know this intuitively, this research provides the data and rationale for investment or continued funding for safety training, education and enforcement of safety best practices."

And, Pitruzzello noted, while instilling a safety culture will be important for first-year employees, a safety-conscious workplace will benefit all workers for years.

"In fact, safety training can be considered an added cost of replacing an experienced worker," he observed. By retaining experienced workers, employers can minimize their training costs as well as curb workers' comp costs over the long term, he said.

Accommodating older workers

As NCCI's 2011 report analyzing government data noted, workers aged 55 to 64 historically have had a lower injury frequency than younger workers.[3]

[3] Ibid

Even so, older workers may experience deterioration in several functional abilities, including eyesight acuity; peripheral vision; depth and color perception; hearing; strength; flexibility; reaction time; balance; and mental processes such as recall rates and short-term memory.[4] Those limitations may raise concerns about safety, as well as productivity and quality of work. Employers, however, often can make some reasonable accommodations designed to minimize or offset those functional limitations as well as maximize productivity and quality and even retain and attract older workers.

Those accommodations include:

- Providing ergonomic workspaces to reduce physical stressors and fatigue and promote productivity. Indeed, ergonomic controls benefit the organization and workers in a couple ways. First, they can improve productivity and quality across the board. Second, implemented early in a worker's career, they can help reduce the impact of the functional changes that occur with age.
- Providing adequate lighting with higher lighting levels to accommodate changes in vision, especially when the worker is performing precise fine-motor job tasks.
- Moving to equipment with audio or tactile cues, such as sound notification or speech recognition software, to accommodate changes in vision.
- Reducing background and high frequency noise, relocating or enclosing excessively noisy equipment and installing sound-absorbing materials to accommodate changes in hearing.
- Minimizing the complexity of tasks, providing time for training and practice and adjusting expectations to counter cognitive changes.
- Modifying tasks, providing additional rest breaks and implementing ergonomic improvements to promote optimal performance in light of changes in strength, range of motion and dexterity.
- Reducing elevated work and travel over unimproved grounds to prevent falls.
- Cutting back on night driving and driving on unfamiliar routes, planning routes with GPS devices, reducing loading and unloading requirements.
- Implementing a return-to-work program with accurate functional job descriptions and well-defined transitional duty opportunities that capitalize on the diverse work experience and array of capabilities of older workers. Transitional duty and an early return-to-work program can be effective in controlling indemnity costs.

Those accommodations needn't be costly. German automaker BMW found that making a small investment in production line changes designed to reduce the stress of performing tasks yields both significant reductions in absenteeism due to rehabilitation and sick leave, among other reasons, and a material increase in productivity.[5]

BMW's efforts to revamp production at several of its plants around the globe to better accommodate an aging workforce began in 2007 at a single facility in Dingolfing, Lower Bavaria, Germany. A group of production managers at the 2,500-employee site was growing concerned about the negative impact that an aging workforce would have on productivity over the next decade, during which the average age of workers would jump from 39 to 47. Wanting to both retain its skilled workers and boost production as the workforce aged, the production managers selected a single 42-person production line at the plant to operate as a production line of the future.

The managers staffed the line with a mix of workers reflecting the anticipated demographics, including age, of the plant's workforce in 2017. Then the managers encouraged the crew of 42 to help the plant redesign the assembly line to reduce physical stress on labor. Among the changes were replacing a concrete floor with a wood one to reduce knee strain, installing ergonomic chairs, rotating workers' jobs so they did not perform the same tasks their entire shift, adding exercise rooms and conducting stretching sessions.

The total investment was about €40,000 ($56,260 at year-end 2008 exchange rates [6]). Half of the amount was in capital investments; the other half was in wages paid to workers to attend workshops.

[4] The Aging Workforce: Older Worker Safety. LOSS CONTROL , Technical Information Paper Series. 2011. The Hartford.
[5] The Globe: How BMW is Defusing the Demographic Time Bomb. C.H. Loch, F.J. Sting, N. Bauer and Helmut Mauermann. March 2010. Harvard Business Review. http://hbr.org/2010/03/the-globe-how-bmw-is-defusing-the-demographic-time-bomb/ar/1

The results were so strong that BMW is now implementing similar measures in its plants around the world. Absenteeism, which was measured at a facility-high 7 percent rate in 2008, dropped by more than two-thirds to a below-average 2 percent rate by June 2009. At the same time, the line boosted its productivity 7 percent to bring it in line with other production lines with younger crews.

THE PRESCRIPTION OPIOID PROBLEM

Prescription opioid drugs have their place for controlling significant pain at the onset of injury and illness and immediately after surgery, experts agree. But data shows that relying on those narcotics over months and years to control chronic pain is a costly measure that often does not help a patient regain the necessary function to return to work. Indeed, using prescription opioids for more than a few weeks is fraught with peril for patients, including additional medical complications—including suppressed respiration, poor pain control, extended disability, addiction and even death, experts stress.

Just how widespread is the prescription opioid drug problem?

According to figures from the U.S. Centers for Disease Control and Prevention (CDC), the sale of prescription opioids—or painkillers—increased about fourfold nationwide from 1999 through 2008. [7]

During the same period, the drug overdose death rate from prescription and over-the-counter medications nearly quadrupled to about 12 individuals per 100,000 of population, according to the CDC. In 2008, that meant 36,450 individuals died from drug overdoses. In more than 20,000 of those cases, one or more prescription drugs were involved, according to the CDC. Among those cases, about 75 percent—or 14,800—were linked to opioid medications. That total exceeds the combined number of deaths stemming from cocaine and heroin overdoses in 2008, the CDC notes.

Exactly how many of those deaths were workers' comp claimants or were linked to painkillers prescribed to claimants is uncertain, because there is no central repository for that data; however, evidence strongly suggests that doctors are relying far too heavily on painkillers to manage injured workers' pain, despite the serious side effects of those drugs and their poor results. In addition, in a September 2013 report, the National Council on Compensation Insurance reports that prescription costs per workers' compensation claim continue to grow, and increased utilization is a major driver of those higher costs. [8] The NCCI also reported that narcotics account for 25 percent of drug costs.

Perhaps the most striking evidence of the dangers associated with painkillers prescribed to workers' comp patients has come out of Washington state. For several years, neurologist Gary Franklin, MD, the medical director of Washington's Department of Labor & Industries, has studied the problem in the state. His alarming findings on deaths among workers' comp claimants who were prescribed opioids to manage chronic pain prompted him to push for many regulatory and legislative changes designed to limit the use of prescription painkillers in workers' comp cases.

A key move was the state's 2007 adoption of an opioid dosing guideline. The centerpiece of the guideline is a recommendation that treating physicians consult with a pain medicine expert before prescribing more than 120 milligrams of morphine-equivalent doses (MED) of opioid medications daily to non-cancer patients whose pain and function levels have not materially improved with this treatment. Medical and other workers' compensation professionals consider the 120 mg. MED a very high dosage unsuitable for all but the most severe cases.

In a published peer-reviewed study, Franklin explained, he and a team of researchers reported significantly reduced levels of prescribed opioid medications and a sharp reduction in deaths among workers' comp claimants taking those opioid medications from 2007 through 2010. Compared to 2007 and earlier years, there was a 35 percent drop in the proportion of injured workers taking those high doses.

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6 Yearly Average Currency Exchange Rates Translating foreign currency into U.S. dollars. (n.d.) Internal Revenue Service. http://www.irs.gov/Individuals/International-Taxpayers/Yearly-Average-Currency- Exchange-Rates

7 Vital Signs: Overdoses of Prescription Opioid Pan Relievers—United States, 1999-2008. Nov. 4, 2011. The Centers for Disease Control and Prevention. http://www.cdc.gov/mmwr/preview/mmwrhtml/ mm6043a4.htm?s_cid=mm6043a4_w

8 Workers' compensation Prescription Drug Study: 2013 Update. B. Lipton, D. Colo'n and J. Robertson. National Council on Compensation Insurance. September 2013. https://www.ncci.com/documents/Prescription_Drugs-2013.pdf

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And, importantly, there was a 50 percent reduction in deaths in 2010, compared to 2009.

Side effects

The number of overdose deaths of workers' comp claimants taking painkillers to manage chronic pain obviously is a critical issue for workers' compensation stakeholders, but it is not the sole one.

Another significant problem with opioid medications is their side effects. Among the most common are suppressed respiration, constipation, sexual dysfunction, depression, anxiety, sleep apnea and nausea, The Hartford's Bonner noted.

"Often, doctors then have to prescribe additional drugs to deal with those side effects," Bonner said.

In addition, Bonner noted, almost all opioids and many medications used to help manage pain can cause drowsiness, so doctors also often prescribe stimulants to patients.

"What happens is that people on opioids are taking two or three other medications just to deal with the side effects of the opioids," said managed care expert Joseph Paduda, a principal with Health Strategy Associates.

"It becomes a chase-your-tail kind of situation" that just further drives up the cost of treating injured workers in chronic pain with opioid medications," Bonner said.

Questionable efficacy

Besides the dangers that opioid medications pose when prescribed for chronic pain, evidence strongly suggests that these drugs do not help workers' comp claimants recover from their injuries and return to work. Indeed, these drugs may delay recovery.

"The evidence of whether these drugs are helping people is pretty flimsy," said Washington's Franklin.

Studies in recent years have suggested a strong correlation between the long-term use of painkillers and extended workers' comp disability claims. For example, Franklin reached that conclusion in a study, "The Disability Risk Identification Study Cohort," published in SPINE magazine in 2008.[9] In addition, some patients develop a resistance to opioid medications, necessitating ever increasing dosages for the drugs to be effective, medical experts noted.

"As more opioids are taken, the more sensitive to pain the body becomes, which leads to more opioid usage," Paduda explained. "It's fairly counter-productive, but most doctors don't know what else to do."

So why aren't opioid medications effective in helping injured workers recover, and why do doctors continue to rely on these drugs so heavily in treating workers' comp claimants?

Medical experts explain that opioids mask pain but do nothing to promote improved function. That essentially was the intent of the pharmaceutical companies, which developed the drugs to aid in treating cancer patients and burn victims, medical experts noted.

For example, the U.S. Food and Drug Administration approved the opioid Fentanyl for use in breakthrough pain management for cancer patients.

But many physicians then "just move those protocols over" to the workers' comp claimants they treat for back pain, explained Kathryn Mueller, MD. Mueller, the medical director of the Colorado Division of Workers' Compensation, is working to reduce the use of prescription opioid medications in treating injured workers in that state.

While pharmaceuticals cannot market their drugs for non-FDA-approved purposes, doctors are not precluded from using medications for other than their approved uses.

The problem is that those doctors "haven't been sufficiently taught what the options are" for restoring function and treating pain in workers' compensation cases, Mueller said.

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[9] The Disability Risk Identification Study Cohort. G.M. Franklin, B.D. Stover, J.A. Turner, et. al. 2008: Spine.
http://journals.lww.com/spinejournal/Abstract/2008/01150/_Early_Opioid_Prescription_and_Subsequent.14.aspx

In addition, "It takes more time and effort in the doctor/patient communication and counseling than to write a prescription," said The Hartford's Pitruzzello.

Alternatives

Bonner noted that national medical treatment guidelines for back pain state that some level of rehabilitation, through physical therapy or exercise, is necessary to restore function.

Cognitive behavioral therapy also might be necessary to help a claimant understand what he or she needs to do to regain function, set goals and strategize about how to manage pain by means other than just taking painkillers, he said.

As for pain management, that is more complicated in a workers' comp case than it is with cancer patients and burn victims, medical experts explained.

"The patient has to learn about how to manage the pain himself, because we can't get rid of all the pain," Mueller said. "On average, we can get rid of 30 percent of the pain," she noted.

Mueller added: "We can get rid of all your pain—but you won't be awake."

Summing up the situation, The Hartford's Bonner observed: "So, we're seeing a substantial over-prescription of medications and underutilization of other methodologies" to control the pain of and restore function in workers' comp claimants.

The problem with prescribing opioid medications to treat workers' comp claimants with chronic pain is significant and widespread, and resolving it will be a challenge, because "organized medicine created the problem," Franklin said.

But efforts are underway to do so, and some already are showing some results.

In Washington, while the number of prescriptions of high-dose opioid medications and deaths of workers' compensation claimants taking painkillers have fallen dramatically, Franklin has worked with other health care stakeholders in the state outside of the workers' compensation system to further promote the use of other methodologies. For example, he noted, the state Legislature has repealed laws that protected doctors who over-prescribed opioids. And in July 2013, the state issued specific guidelines on when physicians should and should not prescribe painkillers, he said.

Texas in September 2011 implemented a drug formulary system that requires doctors to obtain preauthorization from insurers to prescribe drugs that are not recommended for the medical reasons they are being prescribed.

"It changed the behavior (of physicians) even beyond our expectations," said Texas Workers' Compensation Commissioner Rod Bordelon. During the first two years of the program, the rate of prescribed "N drug" opioid medications dropped 63 percent, and the cost of those drugs to the workers' comp system tumbled 82 percent, according to Bordelon.

The system applied only to prescriptions for claimants who were not already taking those medications. Physicians writing prescriptions for legacy claimants did not have to comply until September 2013.

Yet, Bordelon noted, the new formulary drove significant reductions in prescribed painkillers for that group, too. Two years ago, about 15,000 legacy workers' comp claimants were prescribed the medications for their chronic pain. In September 2013, that number had shrunk to about 3,500.

Colorado took yet another approach. In February 2012, it began giving physicians a financial incentive to report the functional capabilities and limitations of patients taking prescribed painkillers—even though that assessment was part of the medical practice guidelines the state adopted in 2005, Mueller said. The guidelines also were updated to warn of the dangers prescribing more than a 120 milligram MED.

But the results "were not a positive as we'd like," Mueller said. "There's still an underutilization of that requirement."

To promote greater compliance, the Colorado School of Public Health at the University of Colorado—where Mueller is a professor of environmental and occupational medicine—had developed a two-hour online program that accredited physicians must complete.

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Altogether, about 20 to 25 states have either addressed the issue or are working on it, and all are taking unique approaches, according to Jennifer Wolf Horejsh, executive director of the International Assn. of Industrial Accident Boards and Commissions. However, she noted, representatives of "an overwhelming number of states" downloaded an IAIABC policy guide on the issue.

Employer/insurer partnership

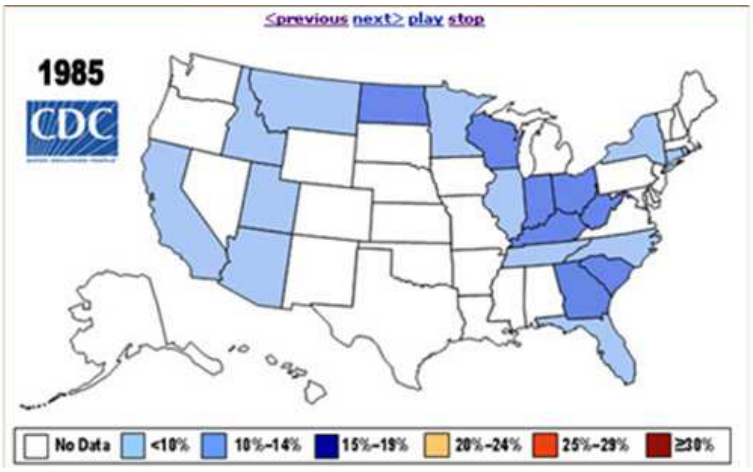
Employers, however, do not have to wait for their states to take action. Instead, employers can partner with a workers' compensation insurer that understands the issues involved in successfully treating injured workers with chronic pain—an insurer committed to implementing measures that can both reduce pharmacy costs and improve injured workers' lives. Employers should look for workers' compensation insurers with the resources to:

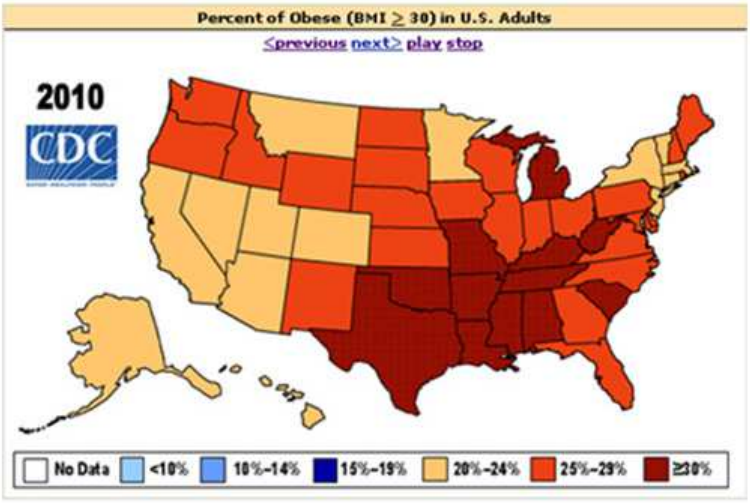
- Identify which preferred and network medical providers understand the limitations of painkillers and are committed to helping claimants regain function in states where employers can choose the physicians from whom injured workers can seek treatment or where claimants must choose from a network of providers.
- Work with pharmacy benefit managers on producing a predictive model for identifying workers' compensation claimants who likely will develop problems with prescription drugs and then can plan ahead of time to deal with the issue. For example, the insurer would have a program to wean addicted claimants off prescribed opioids.
- Establish a non-confrontational physician peer-to-peer program in which an outside doctor consults with a treating physician about the appropriateness of a claimant's pain management treatment. The review should look at the patient on a holistic basis. It would include reviewing whether the treating physician pre-screened the patient for opioid drug use, discussed with the patient the various issues involved in taking narcotics, outlined what would be expected of the patient if a prescription were lost and discussed with the patient how treatment would be altered if pain did not subside and function did not improve within a specified period.

OBESITY'S DRAG ON INJURY COSTS, RECOVERY

Americans, as a whole, look quite different than they did just one generation ago, and that does not portend well for their health, including their ability to recover from workplace injuries, a growing body of evidence shows.

The heaviest states 25 years ago had a lower level of obesity than the slimmest states today, according to 2010 figures from the CDC.[10]





[10] Overweight and Obesity. (n.d.) The Centers for Disease Control and Prevention. (n.d.) http://www.cdc.gov/obesity/data/adult.html

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According to the CDC, the obesity rate is 35.7 percent, which is more than twice as high as it was in the 1970s.[11] Researchers estimate the obesity rate will be 42 percent by 2030. [12]

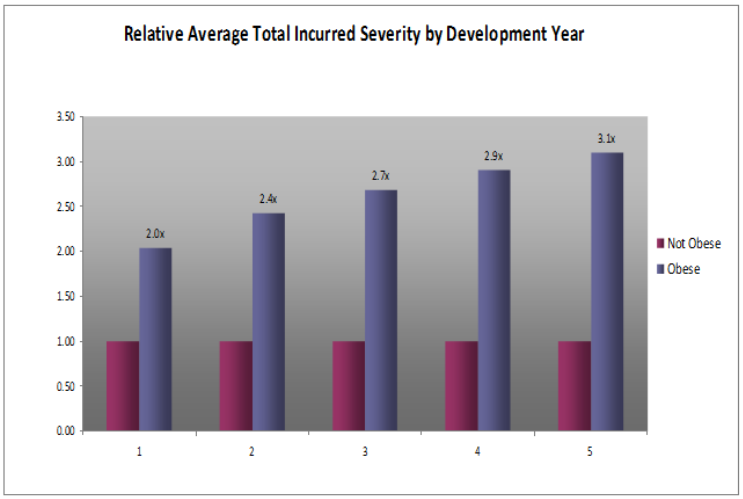
The health risks associated with being overweight or obese include coronary heart disease, hypertension, stroke, type 2 diabetes, cancer, liver and gall bladder disease, gynecological problems and sleep apnea.[13] The cost of treating those serious health conditions has hit employers' health care plans and has been a key factor in driving up plan costs for years.

But there is mounting evidence that poor employee weight management can also impact workers' compensation costs.

One of the most recent studies linking obesity to longer disability duration is a 2013 NCCI study of more than 4.8 million workers' comp claims in 40 states from 1998 through 2008.[14] The study analyzed workers who were at least 16 years old when injured, and it considered only claims for which there was at least a year of indemnity and medical costs. Each claimant who was identified through a physician's diagnosis as having an obesity co-morbidity was matched with a claimant of the same gender who was not obese but suffered the same injury at a similar age and who worked in the same industry and state.

The duration of temporary total and permanent total indemnity benefit payments for obese claimants was five times longer than for claimants who were not obese, according to the study, Indemnity Benefit Duration and Obesity. When permanent partial benefits are included, the duration of benefits for obese claimants was six times greater than for non-obese claimants, the study found.

The Hartford's text mining analysis of more than 1 million loss time claims provides further evidence that claim costs for obese claimants increase more as claims mature than costs for non-obese claimants. A comparison of claim severity for injured workers at a healthy weight and obese claimants demonstrates that claim severity was 310 percent greater in the fifth year of development, as illustrated in the chart below.



Obesity as a complicating factor

Given obesity's potential to impact claim severity, insurers such as The Hartford are increasingly using predictive analytics to screen for indications of obesity early in the claim process.

"Our models look at a host of characteristics that can complicate an injured workers' recovery, so we can assign appropriate resources when intervention is most effective," said Pitruzzello.

For example, the models use text-mining to identify references to obesity as well as diabetes and high blood pressure. The factors often appear together and are precursors to metabolic syndrome, which increases the risk of heart disease, stroke and other medical conditions.

Since the presence of any of these conditions can complicate an employee's recovery from an otherwise benign injury, the treatment plan needs to take these additional factors into consideration.

"We may have a scenario in which an injured worker needs surgery, but his excess weight puts him at risk of surgical complications and needs to be addressed before the surgery can be performed," said Pitruzzello.

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11 Prevalence of Obesity in the United States, 2009-2010; Ogden CL, Caroll MD, Kit BK, Flegal, K; NCHS data brief, no.82, Hyattsville, MD, National Center for Health Statistics, 2012

12 CDC Health, U.S., 2004: With Chartbook on trends in the health of Americans. National Center for Health Statistics. DHHS, September 2004. DHHS Publication No. 2004-1232. www.cdc.gov/nchs/data/hus/hus04trend.pdf#069

13 The Health Effects of Overweight and Obesity. (n.d.) The Centers for Disease Control and Prevention. http://www.cdc.gov/healthyweight/effects/

14 Indemnity Benefit Duration and Obesity. F. Schmid, C. Laws and M. Montero. 2013. National Council on Compensation Insurance. https://www.ncci.com/documents/Obesity-2012.pdf

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In those cases, a weight management program may be incorporated into the treatment plan. "We have seen these types of programs help an injured worker achieve a healthier weight, have the necessary surgery and recover from it," said Pitruzzello.

Addressing weight in the workplace

Employee wellness has long been an area of focus for corporate HR and benefits departments as employers look to control their healthcare insurance costs, which is expected to reach nearly $11,200 per employee in 2014.[15]

The Hartford has explored various approaches to wellness for its own employees, offering different opportunities over several decades. In recent years, the company has seen positive early results in a behavior modification program that it began offering in early 2011.

The program involves enrolling in a 10-week course that is free to employees who commit to completing it. To date, more than 3,500 employees of The Hartford have completed the program, which focuses on reducing metabolic risk factors, including obesity.

The impact of this initiative on employee health is both measurable and dramatic. Average weight loss by program participants has been 10.5 pounds, with many losing much more.

"More importantly, 42 percent of participants with metabolic syndrome have reversed their risk, and 62 percent of those with Stage 2 hypertension have been able to reverse their condition," said Harriet Aaronson, assistant vice president of corporate health and wellness at The Hartford. "Given that metabolic syndrome can account for an additional $3,200 in medical costs per employee, we estimate the program has delivered an annual medical cost savings of approximately $1.6 million through the reduction of metabolic risk in those employees."

According to a 2013 report by the Northeast Business Group on Health, overweight employees file twice the number of workers' compensation claims, costing employers $73.1 billion a year.[16] Given these figures, workplace wellness programs that address obesity and related risk factors can be a worthwhile investment from both an employee health and workers' compensation cost management perspective.

To have a greater impact on their employees' health and workers' compensation costs, risk managers might consider partnering with their counterparts in employee benefits, who are likely already promoting one or more weight management efforts.

Award-winning benefits manager Delia Vetter at EMC Corp. said she has never heard of such a partnership. "That's new; I think it's great," said Vetter, senior director of benefits and programs.

"It makes a lot of sense."

Vetter, the 2011 winner of the Business Insurance Benefit Manager of the Year Award, has implemented various types of weight-management programs, including education and awareness, flex time for fitness and incentives. "We use data to drive our programs, based on our population's health risks" as identified in their health risk assessments, she explained. "It's not arbitrary."

For employers that offer such a program, "It could be a safety or a healthcare program or even a productivity measure," said Aaronson. "It would certainly help the organization in all three areas, and that's great synergy."

CONCLUSION

In safeguarding employees at their workplaces—whether that is an office or an office building under construction—employers today have a clear sense from their own and industry experience and from federal and state regulations what safety measures they must implement.

15 Aon Hewitt Health Care Survey, 2013
16 Northeast Business Group on Health, "Weight Control and the Workplace" 2013

But workers' compensation claims data can expose other areas where many employers might not have understood additional risk exists. That's dangerous for workers and potentially costly for employers.

Three of those risks are employee tenure, treating chronic pain with prescription painkillers, and excessive body weight. New and mounting evidence suggests that all three can drive up workers' compensation costs significantly.

But they do not have to.

The employee tenure risk can be mitigated with appropriate training and simple engineering changes in the workplace.

Employers can sharply cut the prescription opioid problem by partnering with a workers' compensation carrier that can help ensure that treating workers' compensation physicians understand best practices for managing chronic pain.

And workers' compensation and safety officials should support organizational programs that encourage overweight and obese workers to shed excess weight, which mounting evidence suggests can reduce workers' comp claim costs and disability durations.