

Implementing a Successful Support Program for Chronically Ill Employees

Multiple sclerosis (MS) is an auto-immune disease that may affect up to 1 million people in the U.S.¹ The disease produces neurological symptoms that vary in type and severity. People who receive a diagnosis for a chronic disease such as MS may be hesitant to disclose it to their employers due to concerns that it might derail their career growth, creating negative perceptions among colleagues or hurting their ability to earn a living. However, people with MS who continue to work tend to have a better quality of life as well as improved disease management.² Given this, it's critically important for companies to foster an environment of partnership and support for chronically ill employees. The following case study profiles one company's success in implementing a program to support chronically ill employees and their family members.

Disclosure: This case study is based on an interview with an HR executive at a U.S.-based retail furniture chain and summarizes the company's real-life experience developing and implementing support programming for its chronically ill employees, as told to MS Work Space. For privacy purposes, his name and that of his employer have been omitted. The views, thoughts, and opinions expressed below belong solely to our HR Executive and not necessarily to Bristol Myers Squibb, the sponsors of the MS Work Space.



What are your main responsibilities?

I have the responsibility for talent acquisition and training of the employees who work in our 250+ stores, as well as for the benefit package for them and their dependents. We analyze the plan every year to see how we might improve the quality of the benefits and find ways to reduce plan-related costs. It's a practice I followed at my previous employer, and it paid off in some meaningful ways.



In what "meaningful ways" did developing a structured chronic disease employee support program pay off?

My previous employer was a health plan – they were a bit ahead of the curve in their focus on employee health and well-being. We looked at the top 10% of our claims data from a medical-spend perspective and noticed the bulk of costs weren't due to episodic care, but due to chronic care for employee and dependents. The line item costs didn't stand out, but when we looked at overall costs, including prescriptions, facilities, providers, and ancillary services they added up quickly. Tallying those costs over a 10- or 15-year employment period show us how significant they were.

That "a-ha" moment inspired us to develop a structured program to improve employee quality of life and reduce plan-related costs.



Can you share some of the program details?

It was open to all employees and their dependents living with a chronic disease. We launched an online survey during open enrollment to make people aware of the program and gauge their interest in participating. Only after enrolling and sharing their identities were employees assigned a case manager. They provided value in a number of ways, such as helping to minimize out-of-pocket costs, locating specialists with nearby offices, facilitating the submissions of medical paperwork, responding to coverage-related questions, providing moral support, and ensuring continuity whenever employees interacted with the healthcare system.



What was your strategy for building this program?

When we quantified the company's financial burden and the emotional and physical tolls chronic diseases take on employees, we took action and outlined a **3-pronged strategy**:



1 Identify a "Champion"

MS was among the costliest conditions. We identified, by coincidence, an executive with a child who had MS was already known to us through his involvement with the local MS advocacy community.



2 Develop cost/benefit analysis

We created a cost/benefit analysis to demonstrate the financial and non-financial benefits of our program and engaged our Champion to help us gain broader buy-in within the "C-suite."



3 Craft a detailed implementation plan

The personal experience of our Champion and his family with navigating our health plan heavily influenced our decision to take a case manager-focused approach with our program. We outlined our short- and long-term goals, as well as plans for a controlled pilot approach where we could gain feedback and make improvements before proceeding to the company-wide deployment.

? How did you measure success?

We knew we'd have to demonstrate performance in a number of ways to keep it going. We collected information through:

Positive anecdotal feedback

A number of employees were vocal about the quality-of-life impacts the case managers had made.

Health claims data

In the first two years, we noticed reductions in costs associated with the "top 10%" of conditions across all aspects of care, including pharmaceuticals and ancillary care associated with diseases such as MS.

Lower absenteeism and recruitment costs

The cost savings offset the "startup" costs for our program and contributed to lower rates of employee absenteeism. Our expectation is that the program will reduce "future costs" as well, such as those associated with the recruitment of new hires.

? What were the quantifiable results of your program efforts?

Well, the health plan budget was \$95 million and we set a goal of reducing our plan-related costs by 10%. We spent the first year educating our employees about the program, conducting anonymous surveys and assessments to determine how many employees and family members were living with chronic diseases and whether they would see value in a support program like the one we were planning. We implemented the program in Year 2 and we saw a 3% savings of \$2.85 million in the first 12 months. In the following year, we saw our savings rise to 12.3%, or \$11,685,000, which exceeded our original objective so we were obviously very pleased to see that.

? What were your most important "lessons learned?"

That's easy: Don't give up. At first, some people felt the case managers were an intrusion, but we kept reinforcing the benefits, and folks agreed to give it a try. We did see cost reductions, but in hindsight, we could have done more to partner with other companies in our sector to have more bargaining power and drive down costs even further.

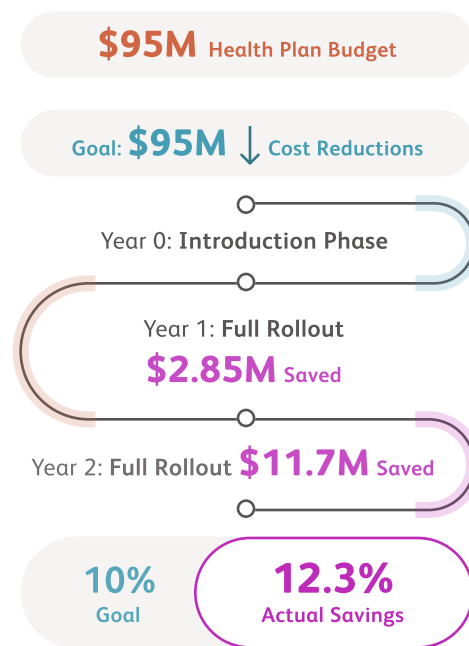
? Was there a singular "secret to success?"

Getting a Champion on board was key. Usually, proposals like ours are looked at solely on the basis of ROI or cost/benefit. However, our Champion played a pivotal role in convincing the leadership team to consider non-financial benefits as well – the "human factor."

? What are your plans to replicate the program today?

I'm networking with senior managers to identify a Champion to help with a launch plan. We've started the claims review process and are in the planning stage to implement the case manager approach. My last company was an insurer, so we had a lot of in-house case manager expertise. Today, I'm planning to work with our health plan to develop a cooperative approach to achieve the same positive outcomes. Since we know the program will be a win/win for all parties, we're not going to give up!

Business Impact



References: 1. Wallin MT, Culpepper WJ, Campbell JD, et al. The prevalence of MS in the United States: a population-based estimate using health claims data. *Neurology*. 2019;92(10):e1029-e1040. doi: 10.1212/WNL.0000000000007035 2. Vijayasingham L, Mairami FF. Employment of patients with multiple sclerosis: the influence of psychosocial-structural coping and context. *Degener Neurol Neuromuscul Dis*. 2018;8:15-24. doi:10.2147/DNND.S131729