LETTERS

Employee Health: A Prime Opportunity for Pharmacists

Much time has been spent debating health care reform. The solutions for fixing our health care system and the ever-increasing prevalence of chronic diseases are no doubt great in number and complex in nature. Chronic diseases affect 45% of Americans and account for 75% of our total health care costs (www.cdc.gov/chronicdisease). For employers, nearly 60% of after tax profits are spent on employee health care benefits – which are expected to rise. Reform, regardless of the design, is inevitable. However, with every great challenge comes great opportunity. Pharmacists working in an employee health setting can be part of the solution. It can also be a prime opportunity for pharmacists to practice “at the top of their license.”

In 2008, Creighton University, a self-insured organization, agreed to work with their own Pharmacy Practice Department on a program to lower employee health care costs. The program was instituted, not as a research project, but as a sustainable employee health program run by pharmacists working collaboratively with the employee and their health care providers. The program provides services to employees who have an existing diagnosis of hypertension, dyslipidemia, and/or diabetes. After participating in the program for 1 year, employees (n=63) demonstrated improvements in all 5 program objectives compared with baseline measurements. Health-related quality of life improved 20.6% ($P<0.001$) and the number of self-reported unhealthy days (physical + mental) decreased by 42.5% ($P<0.01$). Participants' cardiovascular risk (general 10-year) decreased by 2.02% ($P=0.017$) and a correlated heart/vascular age estimation decreased by 2.7 years ($P=0.004$).¹ Participation in the Lifestyle Medicine activities of exercise, fruit and vegetable intake, and stress reduction significantly improved ($P<0.01$). Furthermore, at 1 year, 34.5% of employees were consistently achieving the recommended amounts of exercise + fruit/vegetable intake + tobacco abstinence simultaneously compared with 5.5% at baseline and 5.1% of the CDC's reported general US population. Medication adherence improved 15% ($P<0.001$) among participants. Work productivity significantly improved ($P=0.021$) and a cost analysis showed that work productivity improvements alone saved the university over \$7000/employee/year. The overall financial impact of the program was calculated by an outside

consulting firm and concluded that the program's return on investment (health care + productivity savings) was 4.02:1. This means that for every \$1.00 that Creighton spends on the program, they are saving \$4.02. These outcomes are helping Creighton keep its health care expenditures and premiums in check.

Another employee health opportunity for pharmacists is in the area of self-care. The American Institute of Preventive Medicine reports that 30% of physician visits and 55% of emergency department visits made by employees and their families are unnecessary.² Unfortunately, only 10% of companies have an active and ongoing self-care program in place. Pharmacists receive a great deal of training in self-care and may be an ideal health care provider to deliver this type of care for employers. Based on actual 2011 medical claims data from Creighton employees, we estimated that if the university were to have a medical self-care program, it could save \$157,661.80 each year and demonstrate a return on investment of 21:1. These numbers were estimated based on a formula developed by a nationally renowned expert in medical self-care by setting the program goals at: (1) 25% of covered households avoiding 1 primary care physician visit per year, and (2) 5% of covered households avoiding 1 emergency department visit per year.³

Pharmacists also can work directly with the employer's Human Resources Department on the prescription benefit design component of the health care budget. Having a clinical drug expert employed by the company to interact with the company's pharmacy benefit manager could potentially save the university a great deal of money through an effective and cost-efficient plan design.

The pharmacy profession and the American workforce as a whole could greatly benefit from pharmacists' involvement in employee health, and more innovative programs in this area are needed. Pharmacy colleges and schools should consider offering additional training to their students in topics such as lifestyle medicine, care coordination, and managed care pharmacy. Additionally, experiential opportunities, residencies, and fellowships in pharmacy within the employee health setting are greatly needed to advance such an initiative. The challenge is great, but the opportunity is greater. The pharmacy profession is in the right place at the right time to seize this opportunity.

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REFERENCES

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