COPD: *A Major Driver of Avoidable Health Care Costs*

Chronic obstructive pulmonary disease (COPD) is an important issue affecting employee health and productivity at work. It's also costing employers three times more than what they spend on employees without COPD. About 70% of the 12 million people with diagnosed COPD and 12 million people with impaired lung function are under age 65. It's also a major driver of AVOIDABLE health care costs. In 2010 the U.S. spent $29.5 billion in direct health care expenditures,[1] with additional costs not captured in claims due to under-diagnosis and misdiagnosis. This Action Brief outlines the scope and costs of COPD; how health plans are addressing the issue based on data from eValue8™ – a resource used by purchasers to track health plan performance – and actions employers can take to improve health and lower costs of their COPD population.

WHAT'S THE ISSUE?

EMPLOYERS SPEND ABOUT $17,000 PER YEAR ON EMPLOYEES WITH COPD, MORE THAN THREE TIMES THE COST OF EMPLOYEES WITHOUT COPD.[3] MOST OF THIS ADDITIONAL COST IS AVOIDABLE.

WHY SHOULD EMPLOYERS CARE?

In addition to increased health care expenditures, COPD can also add to costs due to lost employee productivity and absenteeism.

▶ COPD affects working age populations. Almost half of COPD patients were less than 65 years old. Those who were employed had missed an average of 4.6 days of work in the previous six months.[4]

▶ COPD causes almost as much disability as stroke, and more disability than diseases such as cancer and heart disease. As a result, COPD patients are less likely to work and more likely to receive federal disability benefits.[5]

What Is COPD?

COPD is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, and other lung conditions. Some of the signs and symptoms are increased breathlessness, frequent coughing, wheezing, tightness in the chest, and constant clearing of the throat. Smoking is the primary risk factor for COPD, and is by far the most common cause of COPD in the U.S. Exposure to second-hand smoke or industrial pollutants can also play a role. In rare cases, COPD is caused by genetic factors.[2]

MEASURING UP

2012 EVALUE8™ RESULTS SHOW THAT WHILE MANY PLANS ADDRESS COPD, THERE'S ROOM FOR IMPROVEMENT IN DIAGNOSIS, PHYSICIAN SUPPORT, AVAILABILITY OF DISEASE MANAGEMENT, AND NUMBER OF HOSPITALIZATIONS.

▶ Spirometry is important for avoiding a misdiagnosis and understanding the severity of disease, yet only 43% of members 40 and older with a new diagnosis of COPD had their diagnosis confirmed using spirometry testing.

▶ Medication adherence is vital for controlling COPD and avoiding exacerbations and plans are doing well in monitoring almost all members' adherence to bronchodilators and steroids. Members were notified of a missed refill via mail, e-reminders, and calls 96% of the time. However, more needs to be done to notify physicians, who do not receive an alert one in four times. Telephonic coaches also do not receive an alert three out of four times.

▶ Disease management (DM) programs are important for helping patients manage their disease, however 20% of plans don't offer any DM program focused on COPD and only another 7% of plans have DM programs that include COPD as a comorbidity. Further, only 12% of plans offer a COPD DM program in all of their markets, so employers will have to confirm availability in their area.

▶ Employers (especially self-insured employers) should also be aware that that plans may not offer COPD DM to their members as part of the standard premium. About three-fourths of fully insured employer plans offer COPD DM to

▶ Over 55% of the costs to treat COPD result from complications (such as ER visits and hospitalizations) that could be avoided through better management of the condition.[6]

GOOD NEWS — OPPORTUNITIES FOR IMPROVEMENT

Although COPD patients often don't receive the evidence-based care that improves health and prevents related complications,[7,8] employers can help by implementing programs to support prevention, diagnosis, and proper treatment of COPD.

▶ **SCREENING AND MONITORING**-Increasing use of simple screening questionnaires can identify patients at risk for COPD. Doctors should use a test called spirometry to confirm the COPD diagnosis and to monitor the progression of the disease over time. Monitoring the disease can help manage treatment and avoid complications.

▶ **MAINTENANCE MEDICATION**-Improving patient adherence to medications can control COPD symptoms and avoid exacerbations and complications that add to avoidable costs.

▶ **SMOKING CESSATION**-Many COPD patients continue to smoke. Helping them quit is crucial to slowing the progression of the disease.

▶ **VACCINATIONS**-COPD patients should always be up-to-date on their influenza and pneumococcal vaccinations. Since COPD patients have reduced lung function, any illness that further compromises breathing can lead to serious complications.

members as part of the standard premium and 3% of plans offer an employer option to access it for an additional fee. On the other hand, less than 2 in 10 self-insured employer plans offer COPD DM as part of the standard premium. Three-fourths of plans offer employers an option to buy it for an additional fee.

▶ Hospitalizations and exacerbations account for a good amount of an employer's COPD-related costs, yet one quarter of plans do NOT track readmission rates for COPD. Of those plans that do track these rates, almost 10% of their admitted COPD patients are readmitted within 30 days of hospital discharge.

> In addition to increased health care costs, COPD can have a major impact on employee productivity.

TAKE ACTION

ACTION ITEM #1: Get educated and understand the impact

Access tools to better understand the scope and consequences of COPD. Examples include:

▶ The National Heart Lung and Blood Institute's (NHLBI) COPD Learn More Breathe Better® campaign materials enhance understanding of impact, diagnosis, and proper treatment of COPD.

▶ The Centers for Disease Control and Prevention have created a framework for addressing COPD and an interactive database of COPD prevalence by state.

▶ The COPD Foundation has created an employer toolkit with a calculator that employers can use to estimate how much COPD costs and the potential savings that could result from better management.

ACTION ITEM #2: Invest in your workers

Establish a benefit plan with employee incentives – a lower cost premium share and lower out-of-pocket costs for tests, treatments, and prescriptions – in exchange for following COPD guidelines (preventive care and taking medication as indicated, smoking cessation, pulmonary rehabilitation, etc.). Talk to your plan to ensure that your employees' benefits include coverage for COPD-related care, e.g., coverage for pulmonary rehabilitation services and maintenance programs.

ACTION ITEM #3: Hold your plans accountable

Work with your plan to better manage COPD by leveraging their knowledge about gaps in care (e.g., missed vaccinations). Ensure that they alert beneficiaries and the doctors that treat them about the gaps. Set expectations and goals for continued improvement of the plan's existing support services, including their ability to locate and interact with beneficiaries who can benefit from coaching or self-management tools. Plans should adopt and test strategies that improve uptake and effectiveness such as communications through social media. Set expectations and contractual terms that motivate the plan to 1) connect or embed their support services within physician practices (where they are far more effective), 2) assess performance on COPD quality measures, and 3) reward providers financially for delivering better outcomes.

ACTION ITEM #4: Support and engage your workforce

▶ Make available to your employees information about COPD and its management. For example, post a "What is COPD" poster in the employee break-room; provide a COPD Information Line postcard to connect them to support and education resources; and observe COPD Awareness Month every November, using resources such as those developed by NHLBI and the COPD Foundation.

▶ Implement healthy workplace policies for COPD, such as enforcing a smoking ban around building entrances and gathering points or implementing a smoke-free worksite campus. Offer peak flow and spirometry screening as part of onsite wellness activities and fairs. Several resources are available to support such screening activities.

▶ Make employees aware of the COPD-related benefits available through their plan, such as incentives for adhering to guidelines and covered services. Encourage employees to seek care from high-performing providers such as those identified by the Health Care Incentive Improvement Institute's Bridges to Excellence COPD Care Recognition Program.

ACTION ITEM #5: Join your local business health care coalition

The coalition movement is a proven vehicle for driving meaningful change at the local level. Coalitions leverage the voice and power of their employer purchaser members by serving as community leaders working to advance change. Coalitions can help employers to execute several of the Action Items outlined above, particularly raising awareness and organizing screening activities for COPD. Coalitions can also further your efforts to educate and support your employee population with COPD as well as provide you with the necessary tools to challenge your health plans and providers to improve the quality of COPD care in your community.

Endnotes

1   U.S. Department of Health and Human Services. National Institutes of Health. National Heart Lung and Blood Institute. Morbidity and Mortality: 2009 Chartbook on Cardiovascular, Lung and Blood Diseases.

2   http://www.nhlbi.nih.gov/health/health-topics/topics/copd/causes.html

3   Bunn W, Pikelny D, Vogenberg FR, et al. "Validation of employer focused actuarial model for measuring the economic burden of chronic obstructive pulmonary disease," J Health Productiv. 2008;3:3-8.

4   Tinkelman and Corsello. "Chronic Obstructive Pulmonary Disease: The Impact Occurs Earlier Than We," Am J Manag Care. 2003;9:767-771

5   Snider et al. "The Disability Burden of COPD," COPD. 2012; 9: 1-9.

6   Health Care Incentives Improvement Institute, Inc.

7   McGlynn et al. "The Quality of Health Care Delivered to Adults in the United States," N Engl J Med. 2003; 348:2635-45.

8   Mularski et al. "The Quality of Obstructive Lung Disease Care for Adults in the United States as Measured by Adherence to Recommended Processes," CHEST. 2006; 130(6):1844-1850.