



Building the business case: indicators for corporate health management

Holger Pfaff

Director of the Institute for Medical Sociology, Health Services Research and Rehabilitation Science (IMVR), University of Cologne

Director of the Center for Health Services Research Cologne, University of Cologne

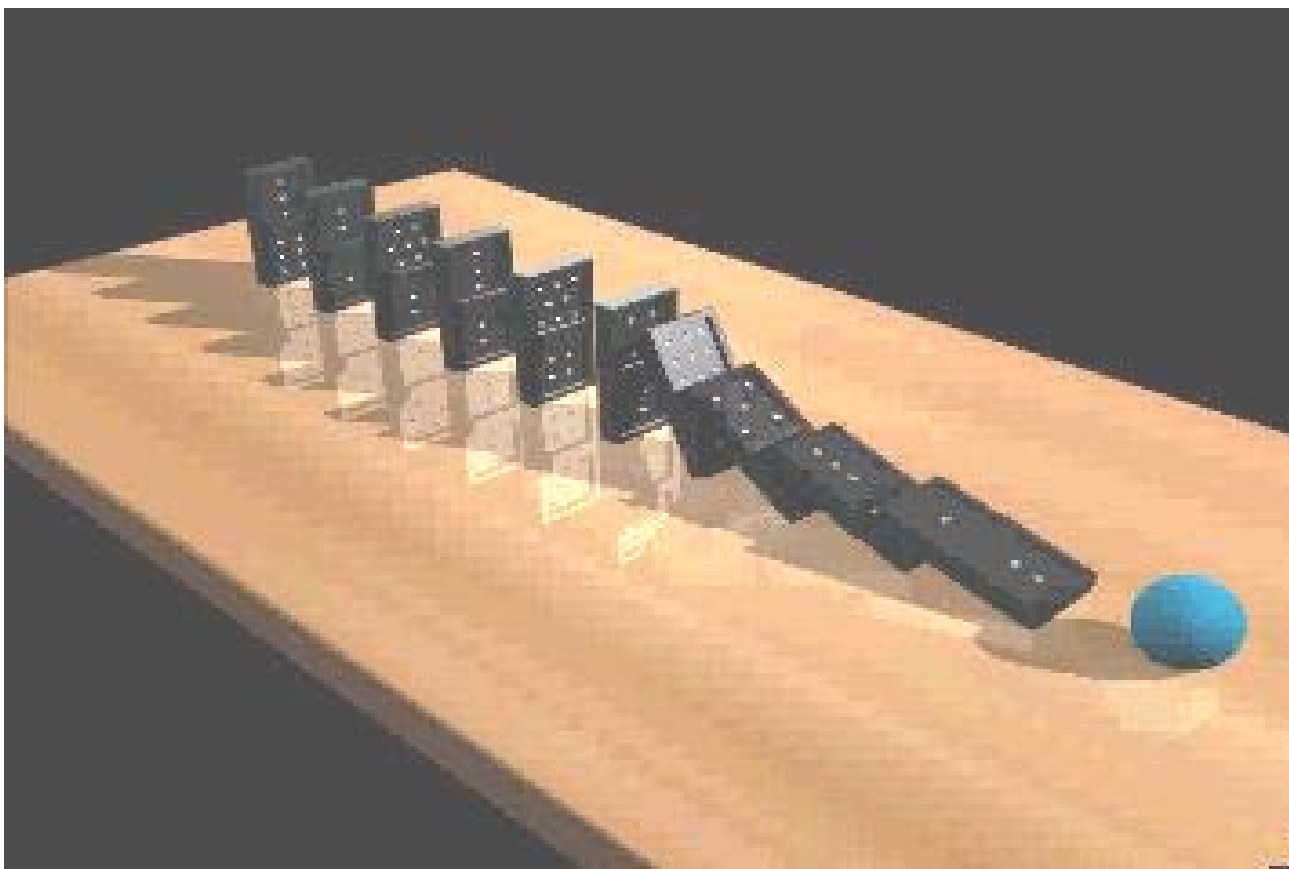


Outline

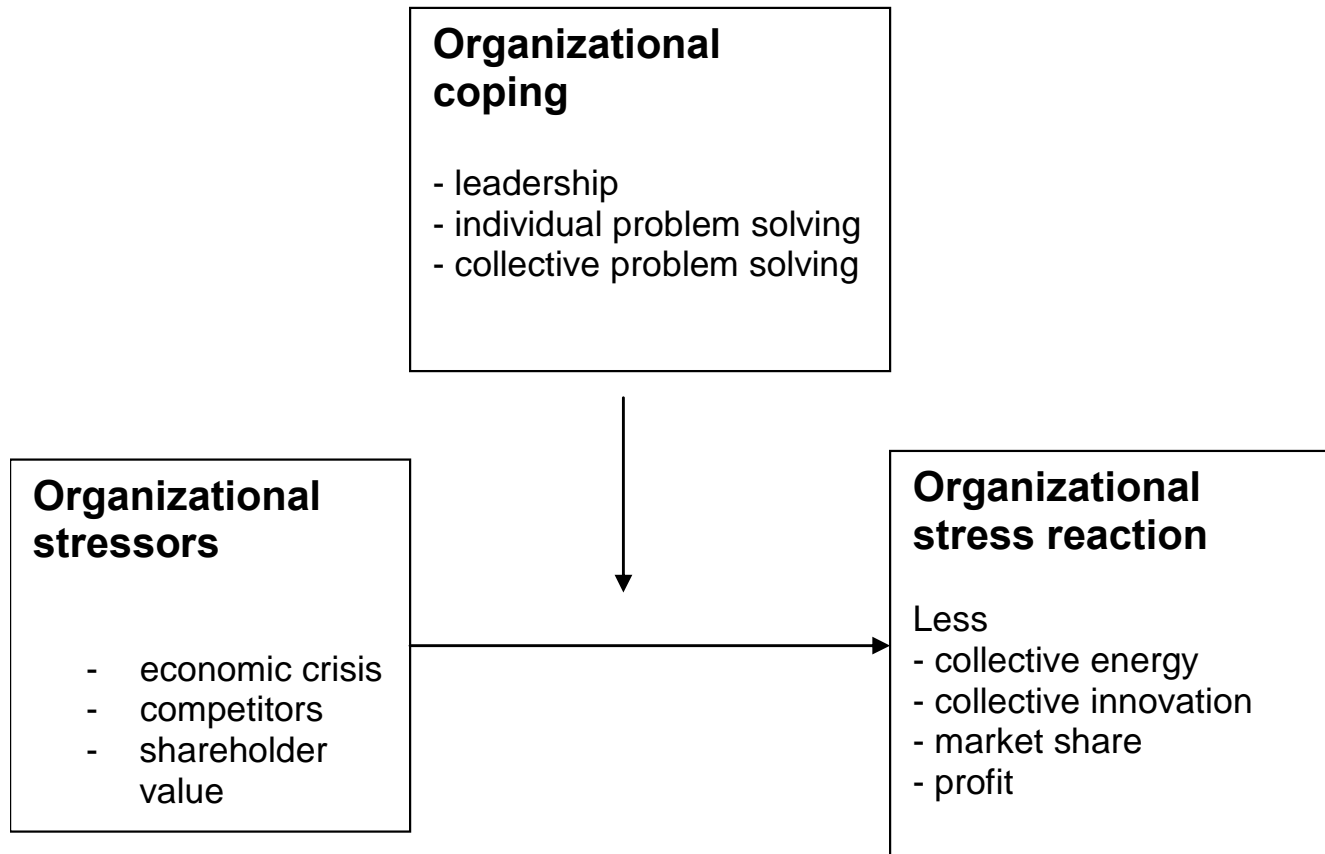
- **Introduction: the economic crisis**
- The answer: strategic and lean corporate health management
- The three step approach for measuring
- Summary

Economic crisis: domino effect?

Falling row of dominoes: the first domino topples the one next to it, and so on.
How can we stop this chain reaction?



Organizational Coping



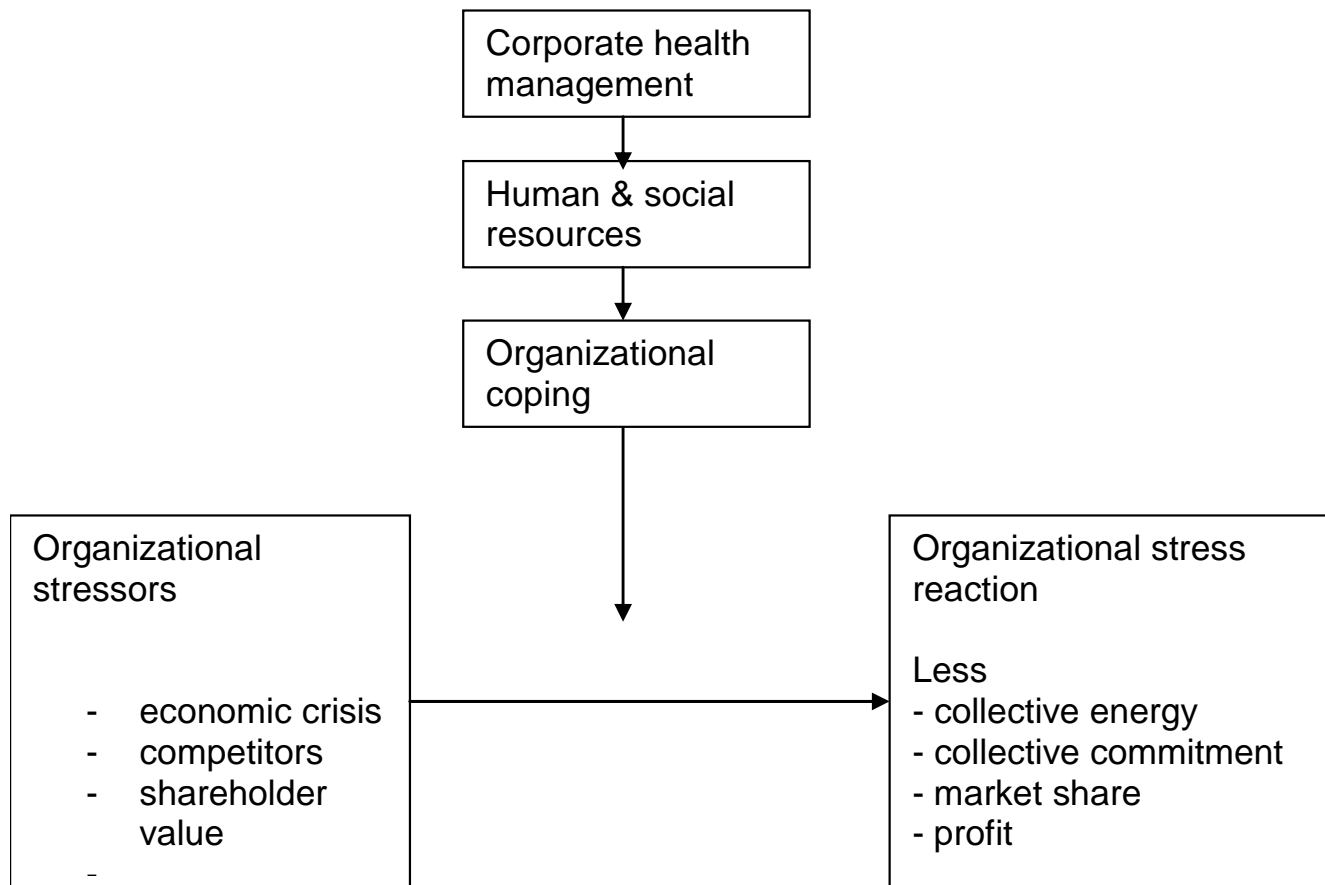


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Corporate health management as an answer to the crisis: the goal is capacity building





Challenges for corporate health management

- **Challenge 1: Be part of the solution**

- **Challenge 2: Be a smart & lean solution**



Be part of the solution

- The business case „smart & lean corporate health management“
- a tool to solve problems
- a tool to develop capacities
- a tool to build up a sustainable company (goal of investors)

Purpose of a business case

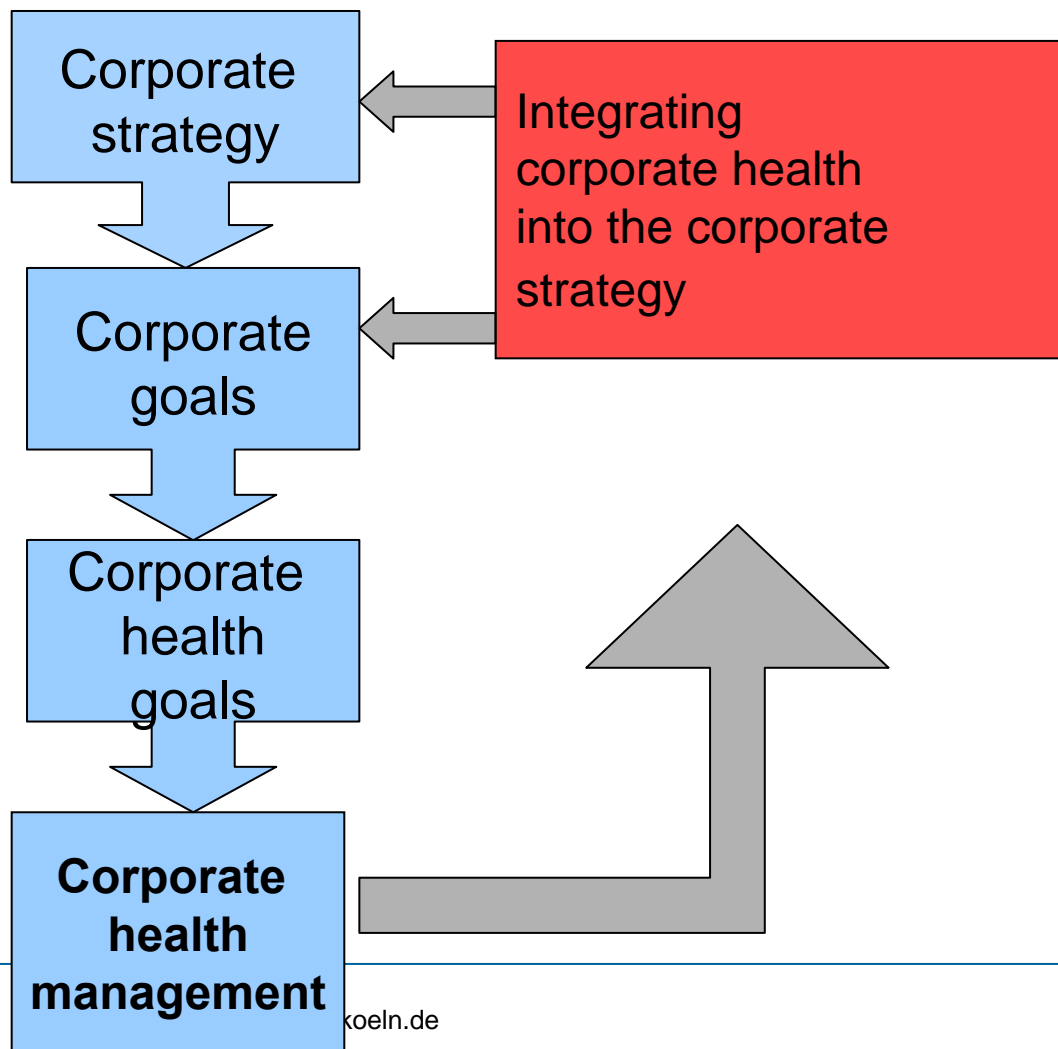
- The business case is used to obtain management commitment and approval for investment in business change through rationale for the investment.
- The business case provides a framework for the planning and management of the business change.
- The ongoing viability of the project will be monitored against the business case.

Business case example: corporate health

- Background
- Costs of unhealthy lifestyle and working conditions
- Benefits of health promotion to employers/employees
- Significance of CHM for the company
- Principles to guide the development of a program
- Recommended scope and objectives of the program
- Costs of the recommended program
- Cost-benefit analysis
- Measurement, outcomes, and evaluation
- Anticipated overall results

Source: http://www.phac-aspc.gc.ca/pau-uap/fitness/work/case_template_e.html#menu

Strategic-oriented corporate health management (SCHM)





Challenges for corporate health management

- Challenge 1: Be part of the solution

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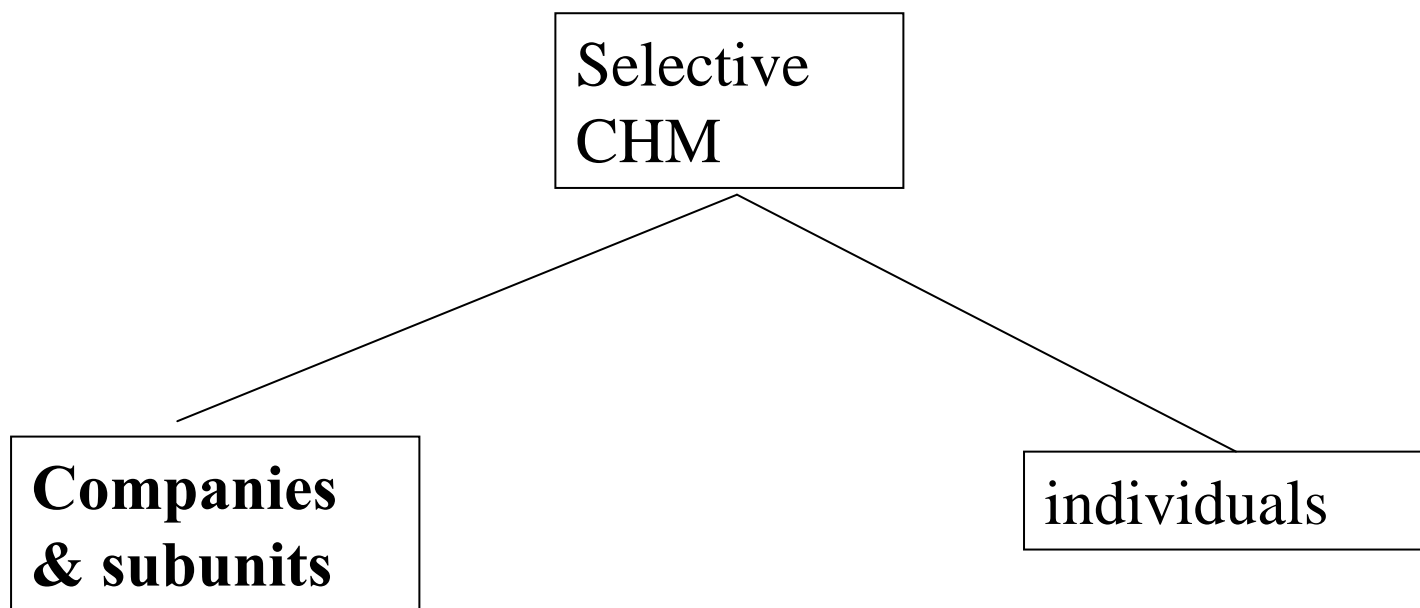


Be a smart & lean solution

Smart & lean corporate health management means:

1. **Be selective**
2. Be preventive
3. Be evidence-based
4. Be a goal-oriented and learning system

Be selective on the level of subunits



Indicator of prevention maturity of companies and subunits

prevention & health promotion		Prevention infrastructure	
		<i>existing</i>	<i>not existing</i>
Prevention will	<i>existing</i>	prevention maturity level A	prevention maturity level B+
	<i>not existing</i>	prevention maturity level B-	prevention maturity level C

GEFÖRDERT VOM



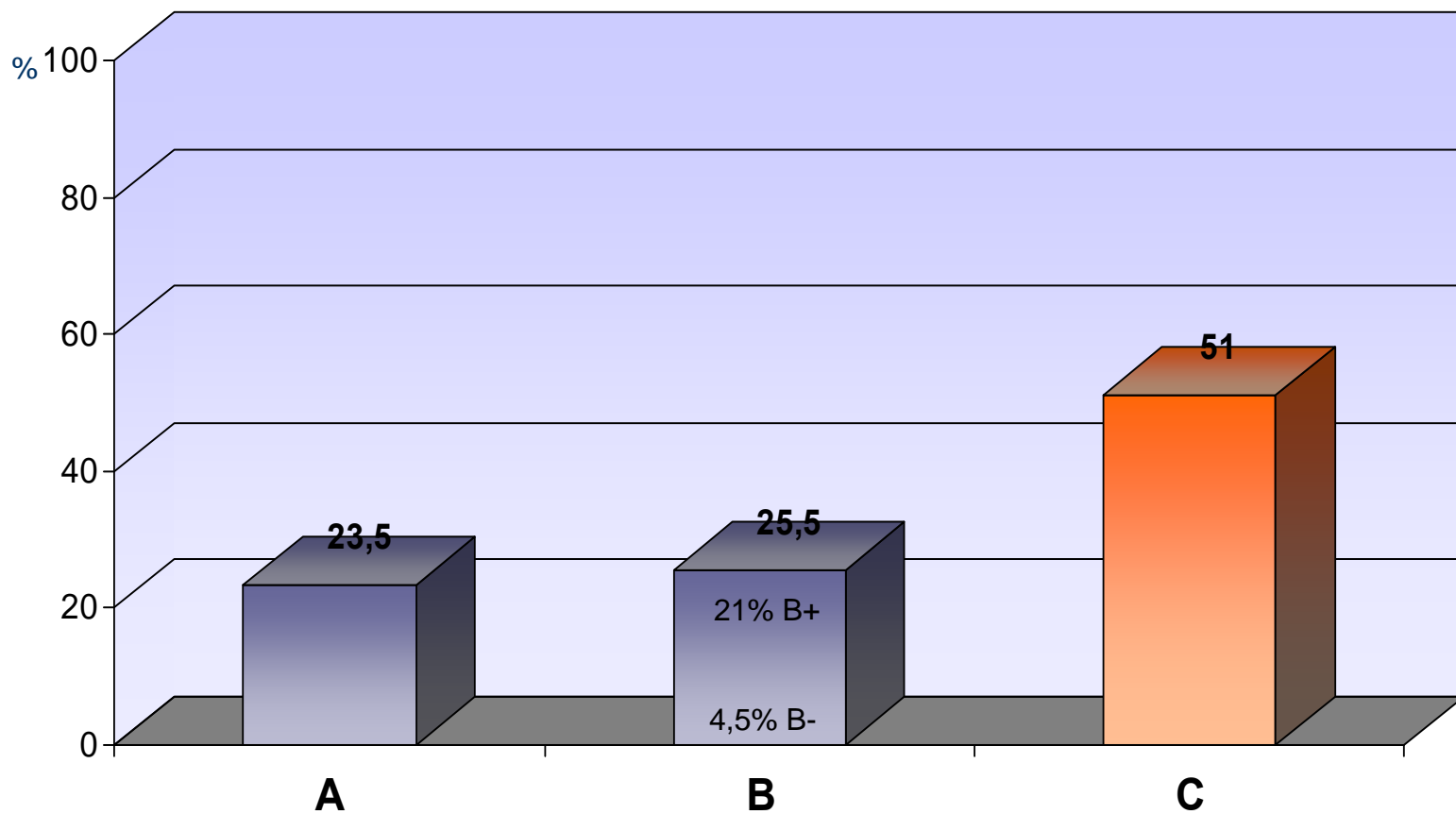
Bundesministerium
für Bildung
und Forschung

- <http://www.praekonet.de/>

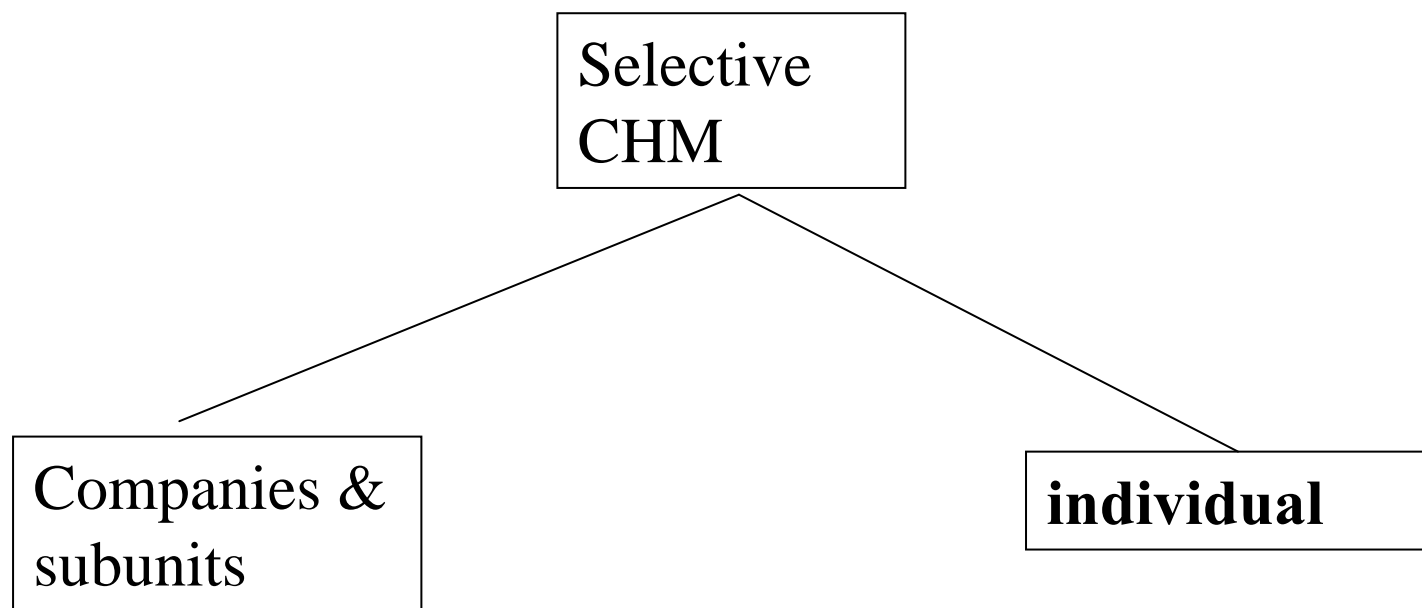


Förderschwerpunkt
Präventiver Arbeits-
und Gesundheitsschutz

Prevention maturity in the IT industry



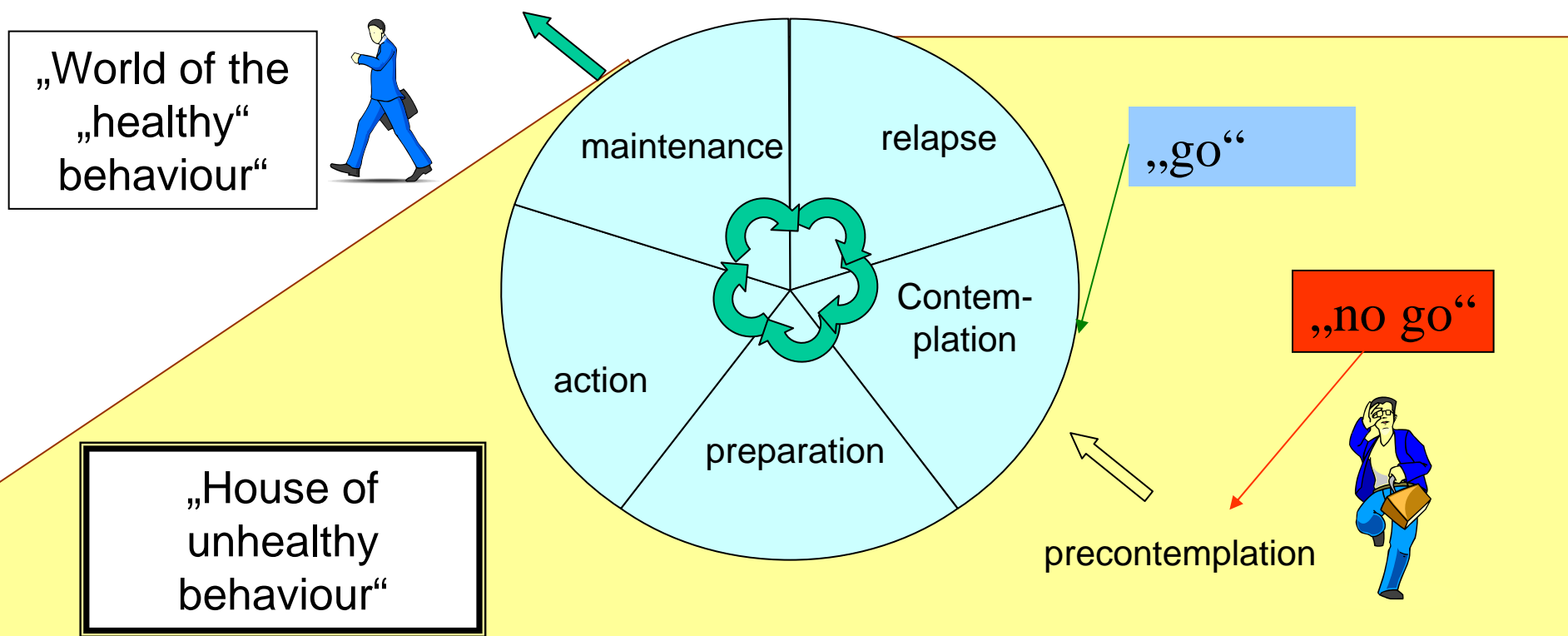
Be selective on the level of individuals



The house of unhealthy behaviour



We need stage indicators: Who of my employees is in which stage?



Quelle: Prochaska, J. O. & DiClemente, C. C. 1992, "Stages of Change in the Modification of Problem Behaviors", *Prog Behav Modif*, vol. 28, pp. 183-213.

Smart & lean corporate health management: elements

Smart & lean CHM means:

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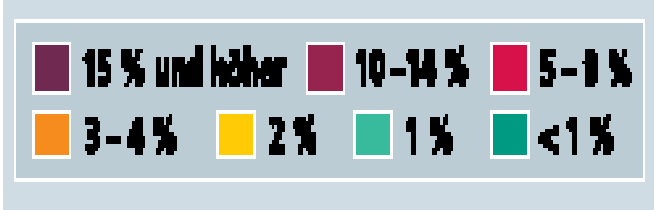
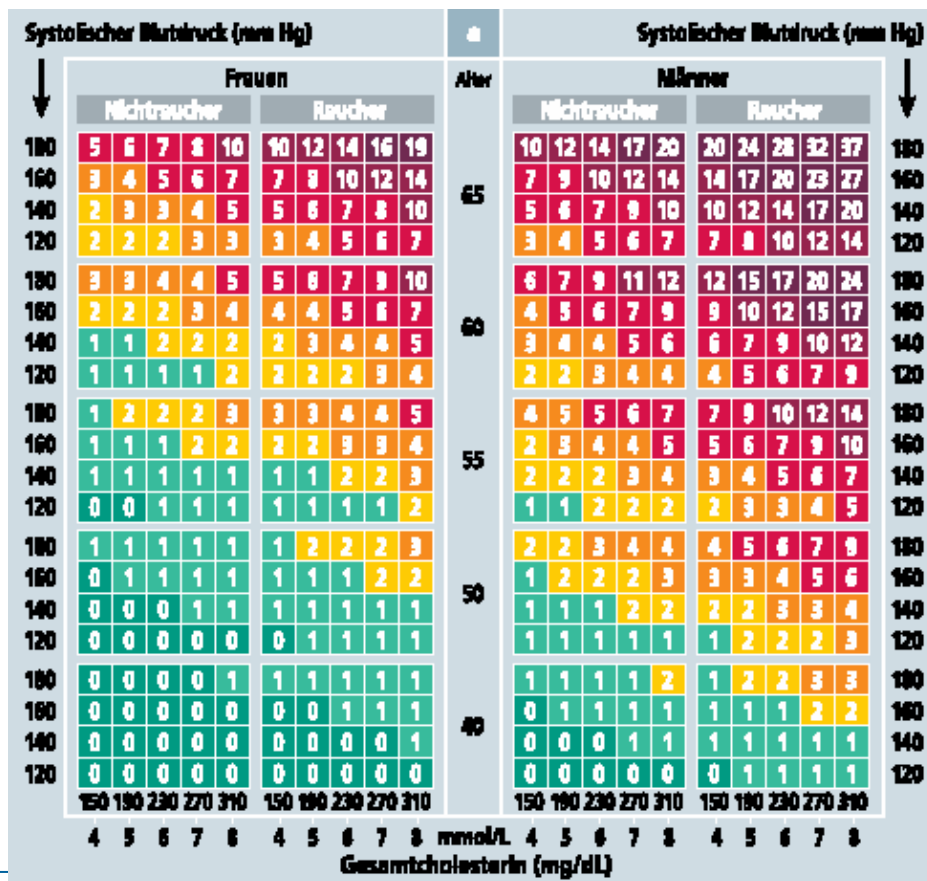


Bertelsmann foundation project: Prevention pathways

- Prevention and treatment pathways for
 - Musculoskeletal disorders
 - Coronary heart diseases
 - Mental disorders



Who is at risk?



Quelle: Keil, U., Fitzgerald, A. P., Gohlke, H., Wellmann, J., & Hense, H.-W. (2005): "Risikoabschätzung tödlicher Herz-Kreislauf-Erkrankungen. Die neuen SCORE-Deutschland-Tabellen für die Primärprävention", *Deutsches Ärzteblatt* 102 (25): A1808-A1812.



Workplace health promotion

Including the company's management, occupational and general practitioners

Periodic meetings for the people involved; Further training for mental health, cardiovascular disease, low back pain, salutogenesis etc.

Periodic general health monitoring including MBI, WHO 5 etc. (organized by the health management)

Check-Up executed by the company medical officer; coronary risk assessment (PROCAM / ARRIBA-score)

Consultation hours / appointment with the general practitioner; coronary risk assessment (PROCAM / ARRIBA-score)

No risk

Medium risk without necessity to treat

Increased risk and / or necessity to treat

Increased risk and / or necessity to treat

Medium risk without necessity to treat

No risk

Consultation company medical officer / general practitioner

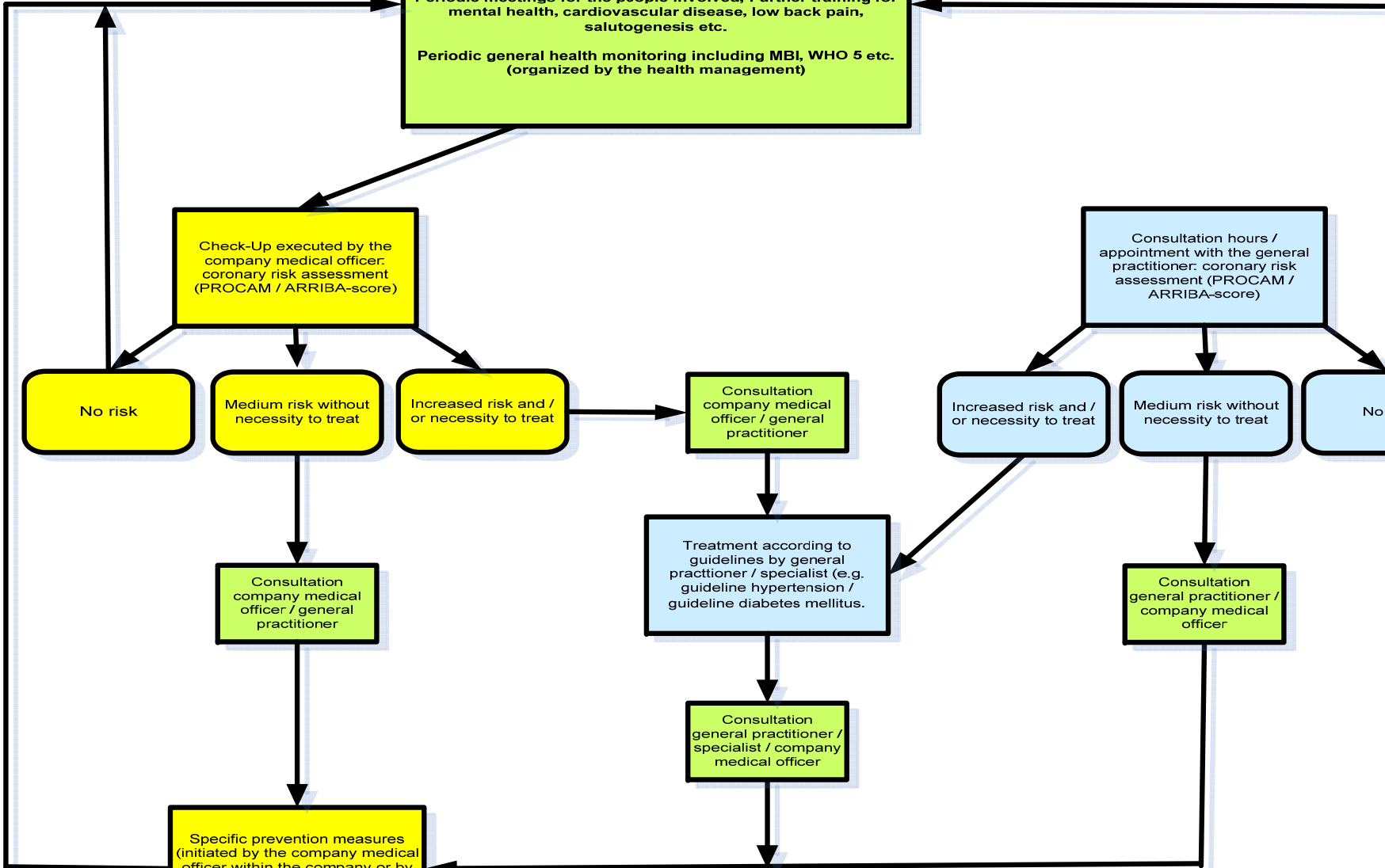
Treatment according to guidelines by general practitioner / specialist (e.g. guideline hypertension / guideline diabetes mellitus).

Consultation general practitioner / company medical officer

Consultation company medical officer / general practitioner

Consultation general practitioner / specialist / company medical officer

Specific prevention measures (initiated by the company medical officer within the company or by external provider): e.g. smoking cessation, sports, diets

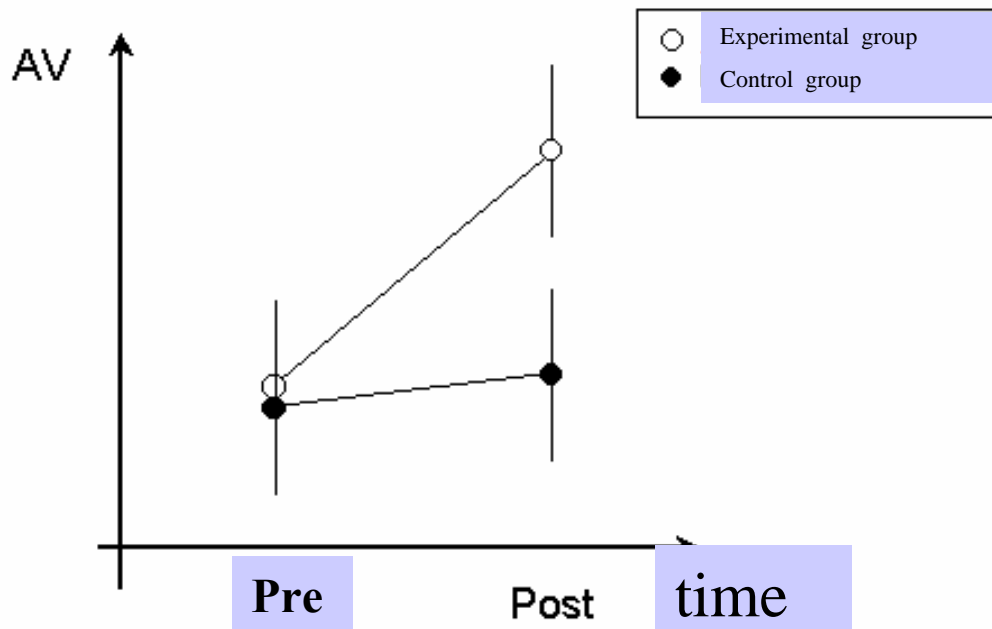


Smart & lean corporate health management: elements

Smart & lean CHM means:

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4. Be a goal-oriented and learning system

Evidence-based health promotion

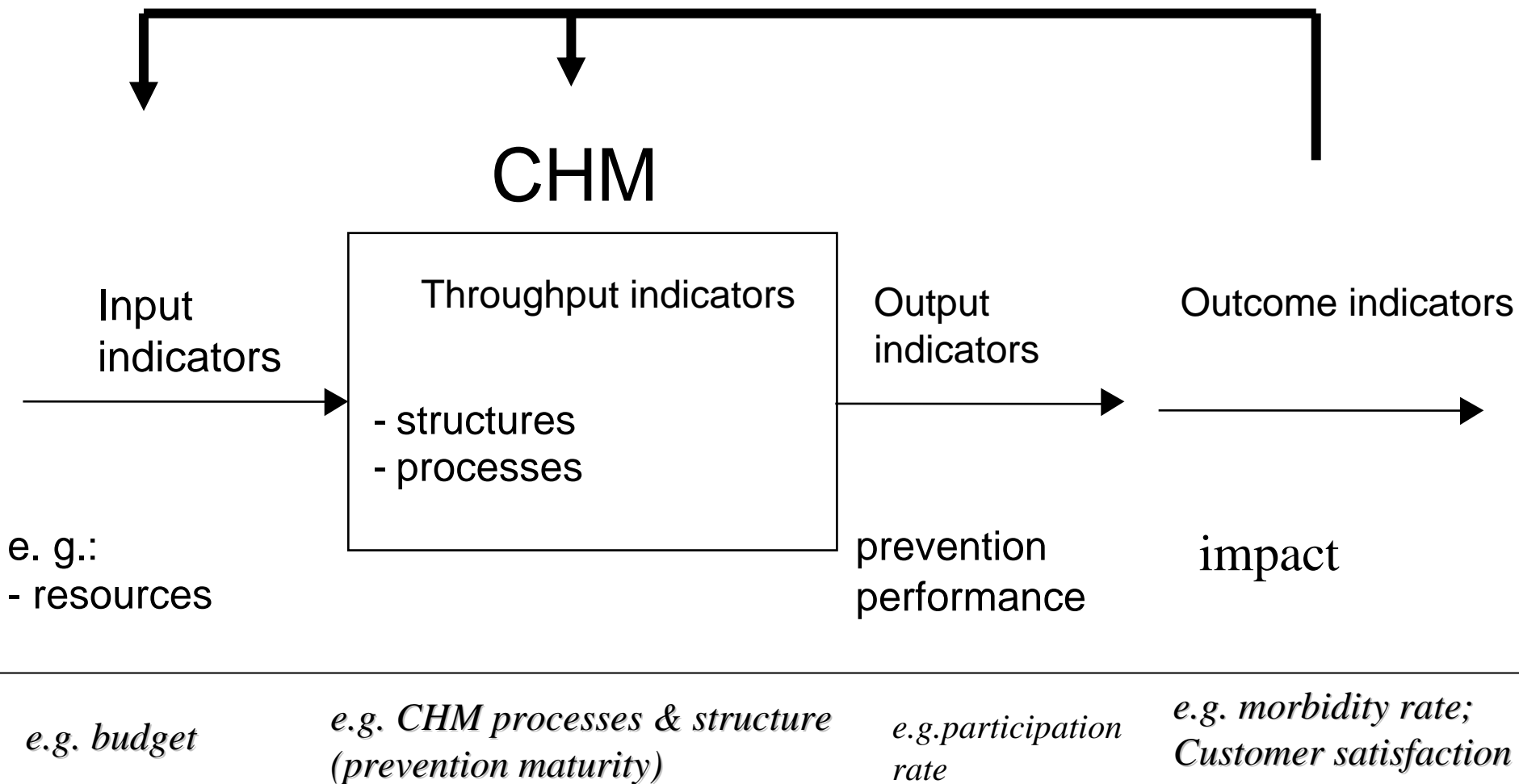


Smart & lean corporate health management: elements

Smart & lean CHM means:

1. Be selective
2. Be preventive
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4. **Be a goal-oriented and learning system**

CHM as a learning system





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Three-step approach for a lean CHM

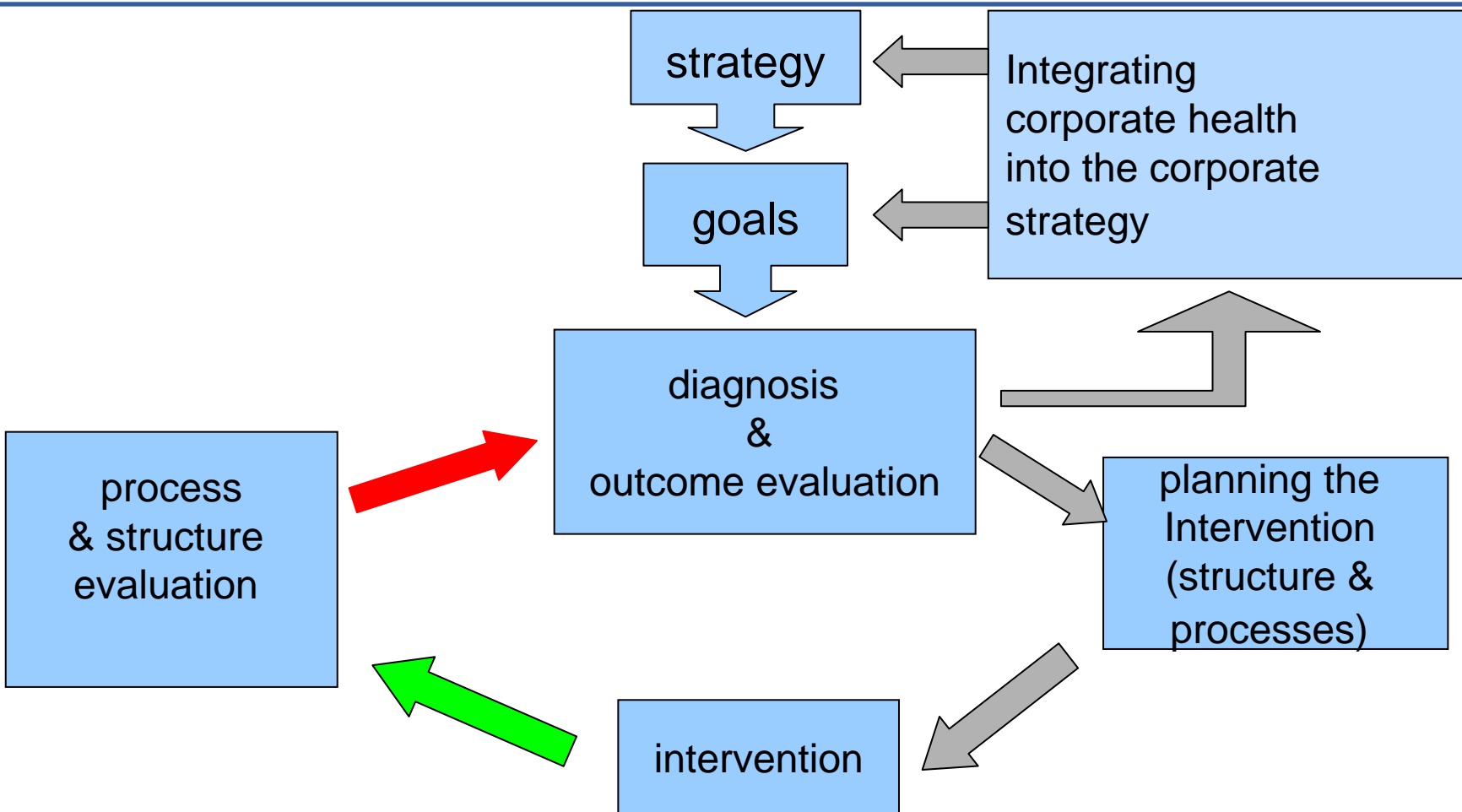
1. Step: Find and fixe the goal

2. Step: Find indicators for measuring goal-attainment

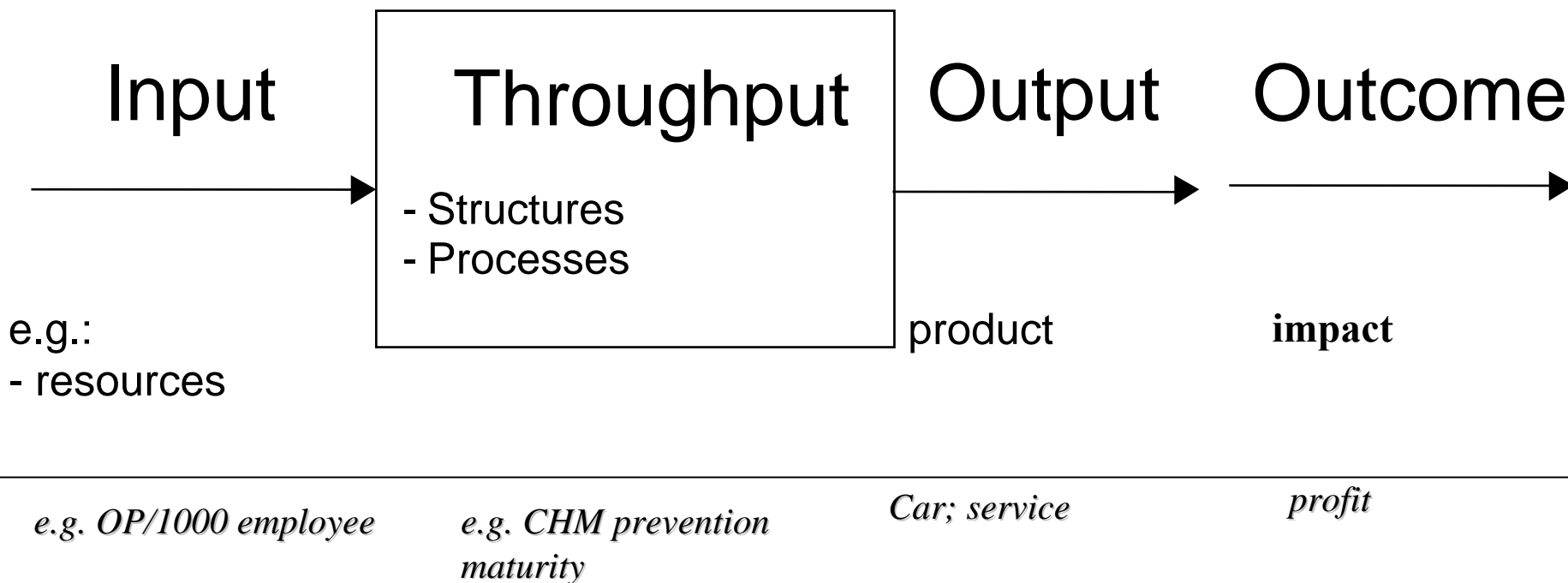
3. Step: Test your mean-end-hypothesis



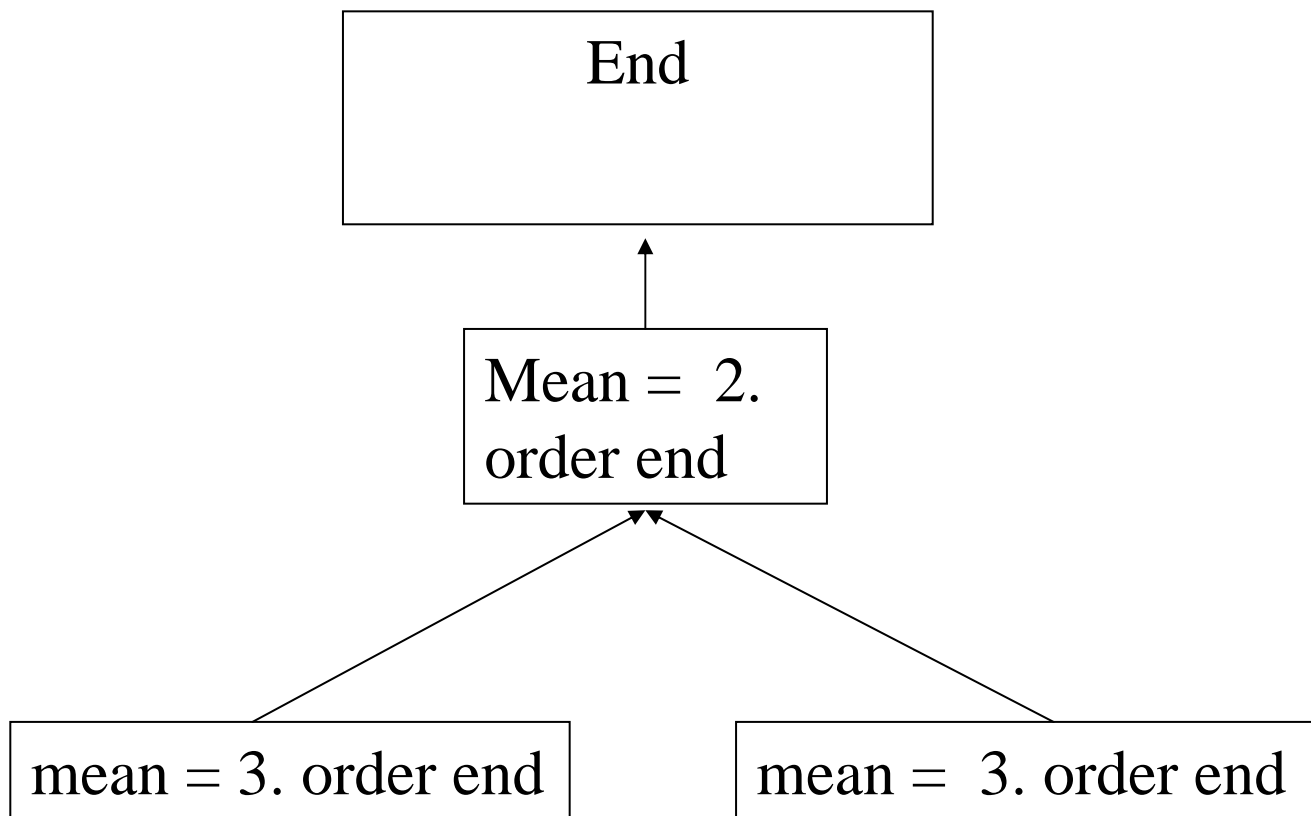
Corporate Health Management (CHM)



Company X



„mean-end hierarchy“



Return on investment: determinants

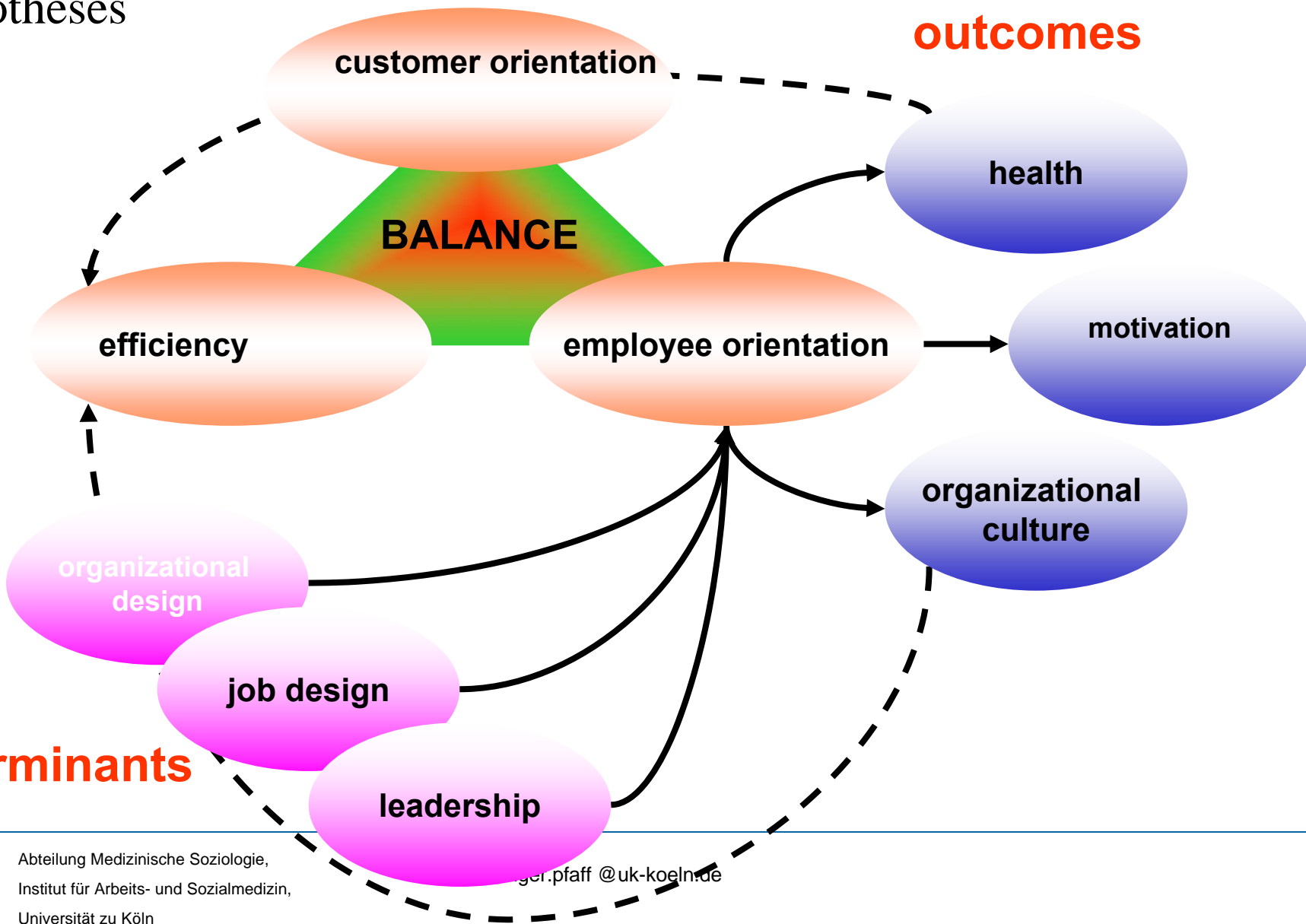
- It is estimated that, over five years, you should see a return on investment of 3 € for every 1 € invested;
- To achieve this, you will need to measure the progress of participants to those of non-participants

Things that contribute to your return on investment:

- Reduced turnover
- Increased employee satisfaction/morale;
- Reduced rates of absenteeism, particularly incidental rates of absenteeism;
- Reduced risk of cardiovascular disease;
- Reduced number of musculoskeletal injuries;
- Increased organizational effectiveness;
- Less stress-related illness;
- Employee activity levels before the program is started;
- Current costs of illness;
- Stress levels;
- Productivity and performance (objective and subjective).

http://www.phac-aspc.gc.ca/pau-uap/fitness/work/case_template_e.html#menu

Hypotheses





3 step approach for a lean CHM

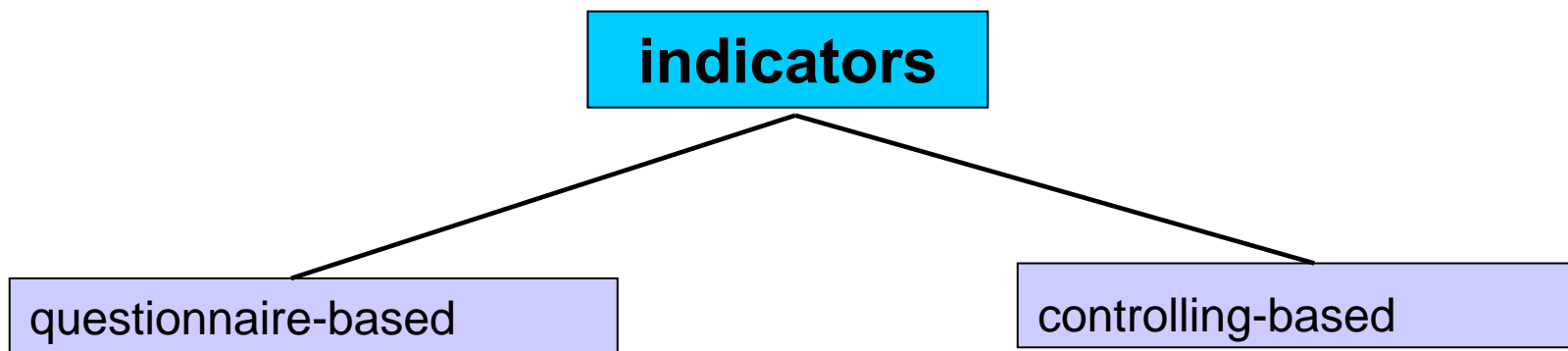
1. Step: finding and fixing the goal

2. Step: Finding scores for measuring goal-attainment

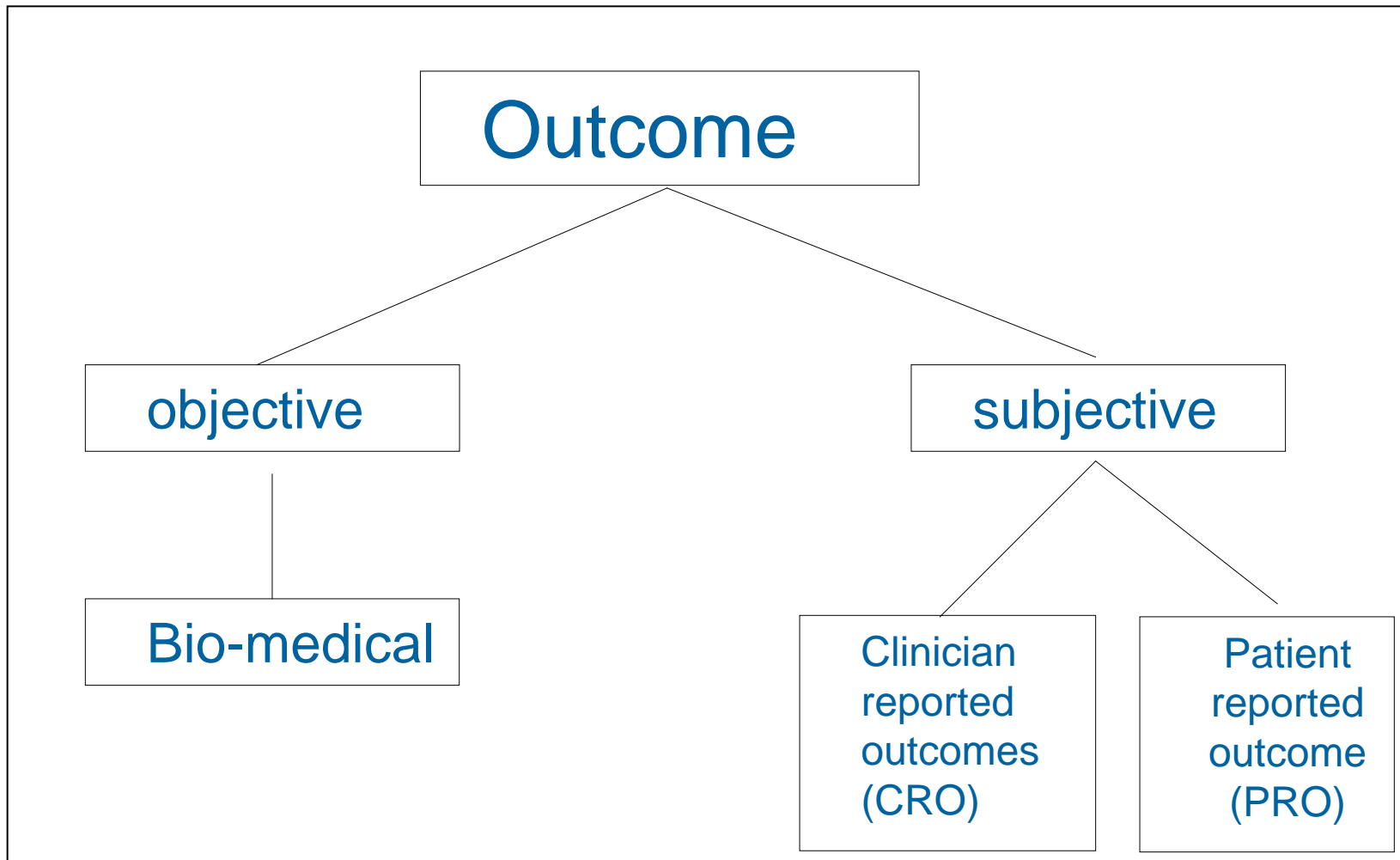
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Types of performance indicators



Type of indicators: objective vs. subjective





Performance measurement

Typically, performance measurement enables an organization to:

- determine if a program has been implemented as planned (*process measurement*);
- determine if a program has met its quality assurance criteria (*process measurement*);
- assess if a program is attracting the volume of participants that it intended (*process measurement*);
- document the individual employee health impacts of a program (*impact measurement*);
- identify the health outcomes of a program as it relates to disability management and absenteeism rates (*outcome measurement*);
- determine the cost/benefit of a program (*outcome measurement*); and
- establish whether an ongoing commitment to the program is justified.

http://www.phac-aspc.gc.ca/pau-uap/fitness/work/case_template_e.html#menu





MIKE indicator system

organization

processes

organizational chaos

interfaces

Cost decision

quality awareness

work

resources

job decision latitude

tools

transparency

gratification

relationships

support

superior

colleagues

leadership

group cohesion

demands

job demands

customer demands

health risks

relationship stress

mobbing

tensions

health

somatic complaints

burnout

culture

organizational climate

open communication

climate of innovation

motivation

commitment

inner withdrawal



Basic set of questionnaire-based indicators: the German enterprise for health consensus

1. COPSQ „subjective health item“
2. 2 WAI-items (work-ability items 4 and 6)
3. 1 motivation item
4. Job-well-being-index (4 Items)
5. MIKE-complaints-index (5 Item)

MIKE-complaints-index (short form)

- How often does your stomach show sensitive reactions? (diarrhoea; indigestion)
- How often do you suffer from back pain?
- How often do you suffer from weak concentration?
- How often do you suffer from sleeping disorder?
(trouble getting off to sleep / sleeping through)
- How often do you feel tired and exhausted all day long?

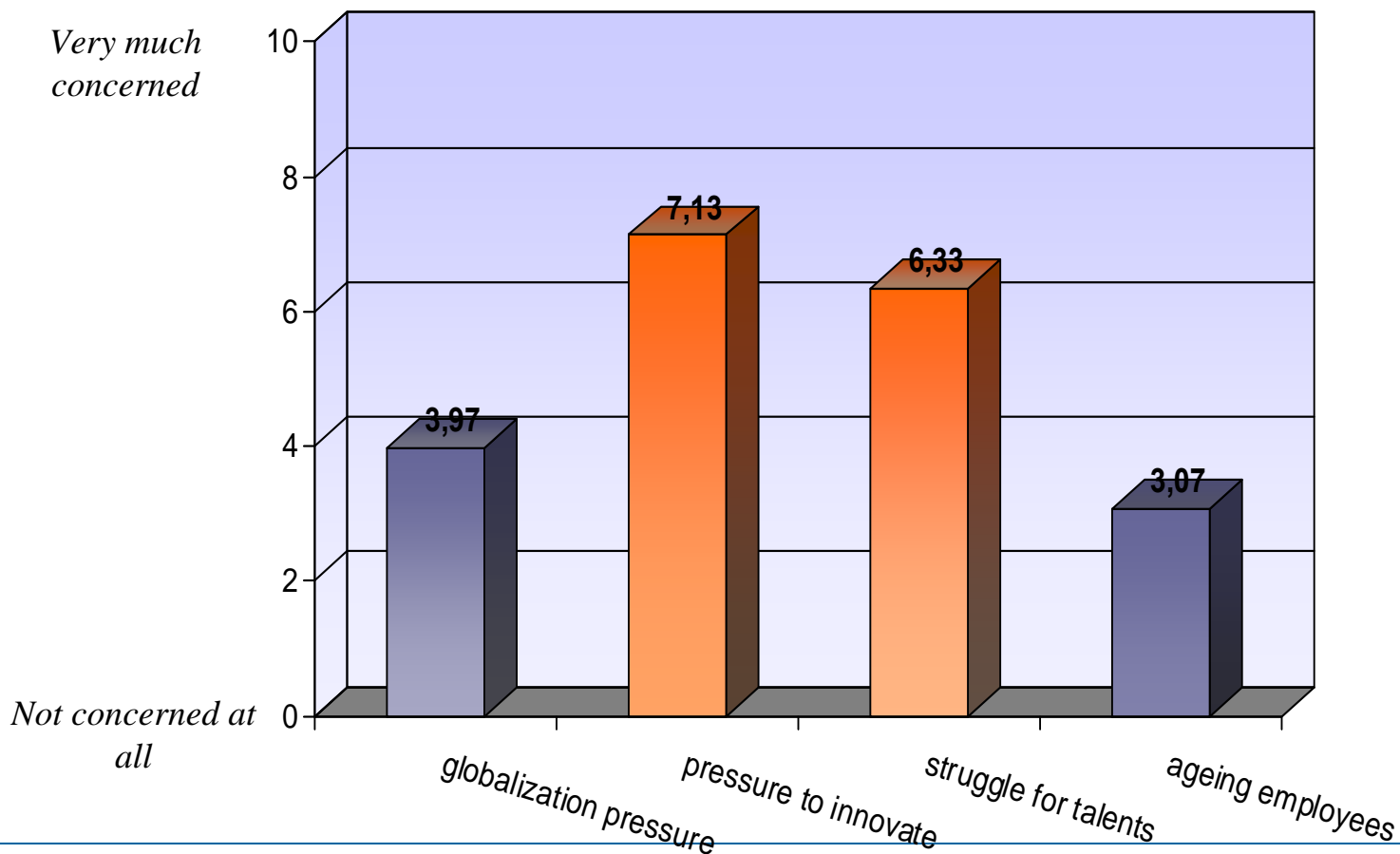
(Pfaff, H. et al. 2004)

Positive affect on the job (derived from the Affect-Balance-Scale: Bradburn)

During the past few weeks, how often have you felt:	very often	often	some-times	never
...pleased about having accomplished something on the job?				
... that things were going your way on the job?				
...proud because someone complimented you on something you had done on the job?				
... on top of the world on the job				

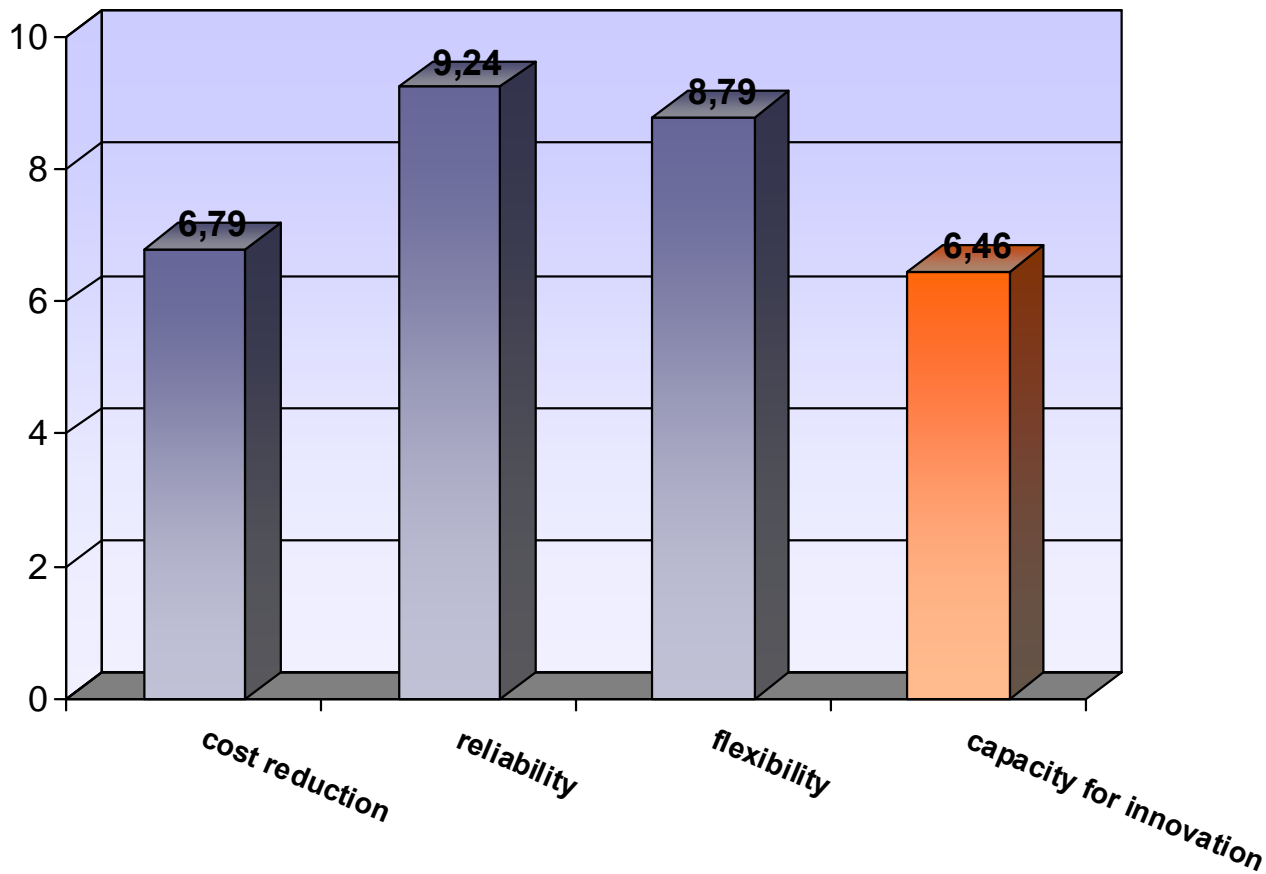
Measure the economic situation: an example

► How much is your company concerned by ...



► Subjective performance level: the example of the IT industry

high



low

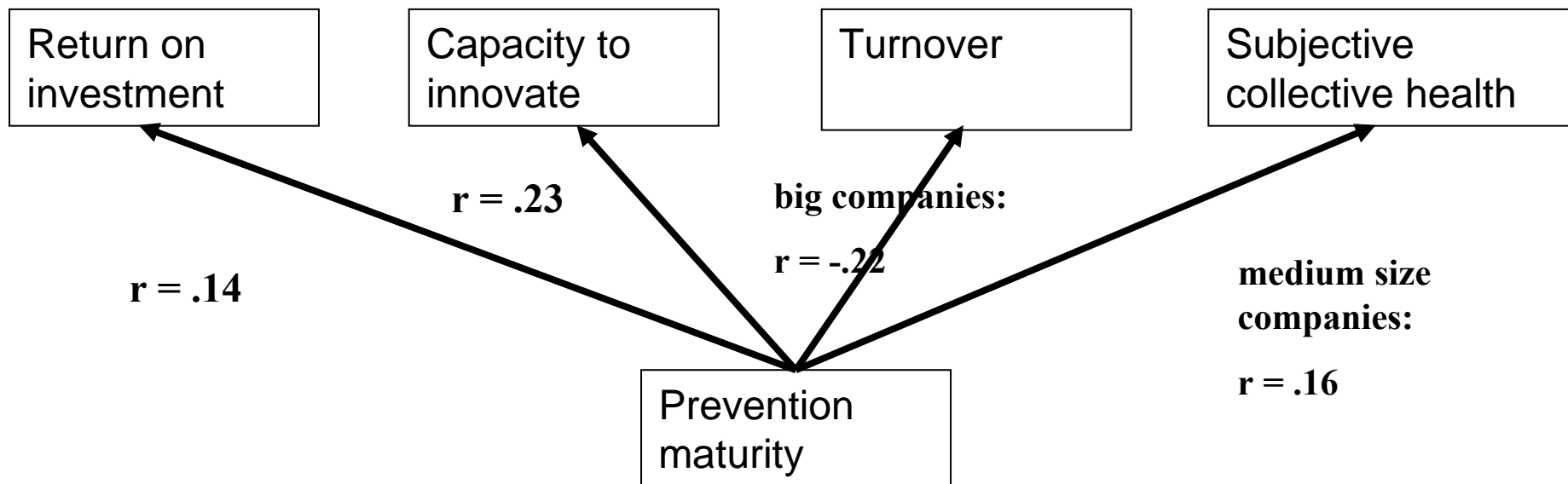


3 step approach for a lean CHM

1. Step: finding and fixing the goal
2. Step: Finding scores for measuring goal-attainment
- 3. Step: Test your mean-end-hypothesis**

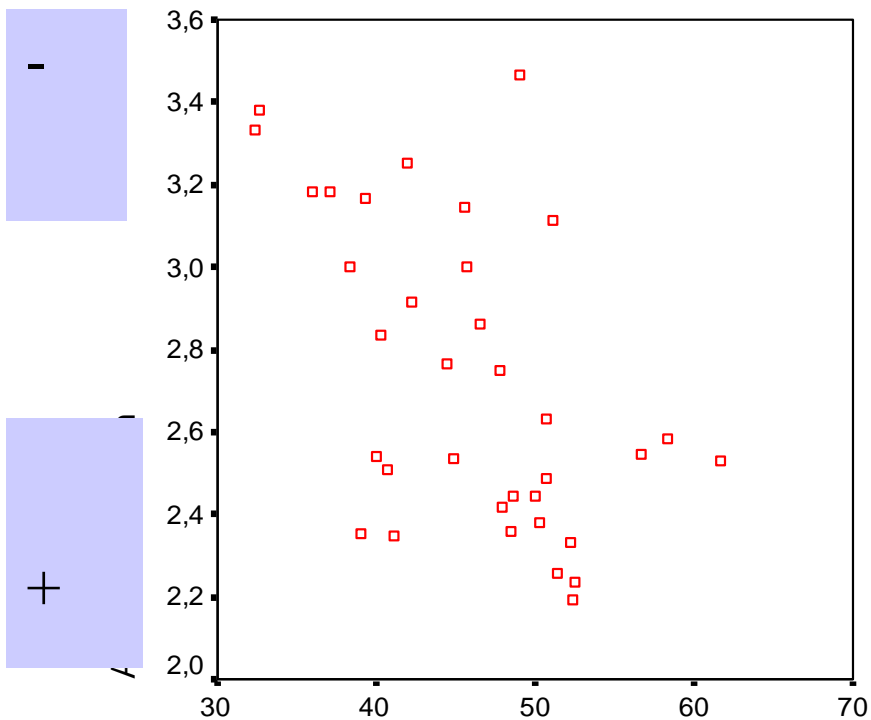


Prevention maturity: effects



Trust & social capital => better organization

Quality
of
organization



Trust & social capital



Mean-end-
hypothesis-
test:
Health
Possible
cause
&
critical
condition
(red)

Microsoft Excel - 04-03.xls [Schreibgeschützt]

Datei Bearbeiten Ansicht Einfügen Format Extras Daten Fenster ?

H38 =

	A	B	C	D	E	F	G	H
2			Mitarbeiter		Patient	Einweiser		
4		Motivation	Gesundheit	Unternehmenskultur	Zufriedenheit	Image	Kommunikation	
6		Informationstransparenz			Basisinfrastruktur			
8	Organisation			Innovationsklima				
10				Ablauforganisation				
12				Zusammenarbeit				
14				Qualitätsbewußtsein				
16		Tätigkeitsspielraum			Patientenaktivierung durch Arzt			
18	Tätigkeit / Behandlungsprozess		Belohnung		Aufnahmeabwicklung			
20			Arbeitsintensität		Aufklärung für Zuhause			
22				Arbeitsmittel	Schnittstelle Weiterbehandlung			
24				Belastung durch Patienten				
28	Beziehung	Führung			Unterstützung durch Arzt			
28		Spannungen		Spannungen	Vernachlässigung durch Arzt			
30				Gruppenkohäsion	Vertrauen zu Pflege			
32				Mobbing	Umgang mit Reklamationen			
34	Ergebnis	Arbeitszufriedenheit			Behandlungserfolg			
36					medizinische Behandlungsqualität			
38	Person	Zynismus			Partizipationsbedürfnis			
40		professionelle Effizienz						
42			Overcommitment					
44			Selbstwirksamkeit					
46			Verantwortungsübernahme					
50			detaillierte Analyse		Information			
54	Bitte wählen Sie die zu untersuchende Stichprobe !							
55	Krankenhaus	Klinik			Berufsgruppe			
56	3	Chirurgie			Pflege			
57								
60								



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Summary

- Be part of the solution
- Be a smart & lean solution
- The indicator system should be strategic- and goal-oriented





Thank you very much for your kind attention!

holger.pfaff@uk-koeln.de

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www.zvfk.de

