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**THE ATLANTA-CHICAGO HEALTH AND WORK PERFORMANCE
(ACHP) INITIATIVE: COMMONLY ASKED QUESTIONS ABOUT THE
MARKET SURVEYS**

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Q. Who are the study sponsors?

The overall ACHP Initiative is supported by the Centers for Disease Control and Prevention (CDC). The Principal Investigators are Ronald Kessler, Professor of Health Care Policy at Harvard Medical School; Sean Sullivan, President and CEO of the Institute for Health and Productivity Management; Dennis Scanlon, Assistant Professor of Health Policy and Administration at Pennsylvania State University; and Dennis Richling, President of the Midwest Business Group on Health. Subsidiary projects within the larger initiative are funded by the Robert Wood Johnson Foundation and other government and industry sponsors. The initial development and subsequent validation of the HPQ were supported by the John D. and Catherine T. MacArthur Foundation, the World Health Organization, and a number of pharmaceutical industry sponsors (Glaxo, Pfizer, Pharmacia-Upjohn, and Schering-Plough). The fielding of initial general population HPQ surveys was supported by the MacArthur Foundation, the World Health Organization, ministries of health of a number of governments (Brazil, Canada, Israel, Japan, Lebanon, Mexico, New Zealand, South Africa, the Ukraine, and the U.S.), regional government organizations (the Pan American Health Organization and the European Health Commission of the European Union), private foundations (in China, Colombia, and Japan), and industry sponsors (SmithKline Beecham for surveys in several European countries and the Pfizer Foundation for the China survey). The initial development and subsequent implementation of the treatment effectiveness trials linked to HPQ screening and tracking surveys were supported by the MacArthur Foundation, the U.S. National Institute of Mental Health, and United Behavioral Health (UBH) Care. The local market HPQ surveys are being supported by the CDC and a number of pharmaceutical company sponsors.

Q. How will the surveys work?

There are three stages:

1. **Creation of lists.** Participating employers will supply machine-readable lists of their employees – names, email addresses, telephone numbers, birth dates, and health plans by December 2004.
2. **Carry out the survey.** HMS and their survey supplier will send mail HPQ questionnaires to a random sample of workers on the lists via email. The HPQ takes about 10-15 minutes to complete. Non-respondents will receive reminder emails and follow-up phone calls. The survey will be carried out throughout the year on the birth date of each worker.
3. **Report results.** HMS will create a summary hard copy report that will be given to each participating company. Each participating company will also be given access to the interactive report-generator for purposes of making custom reports. Follow-up meetings will be held with employers to discuss the implications and potential uses of the results.

Q. What is the ACHP "data warehouse"?

The data warehouse is a consolidated data file that will track individual workers over time. The data file will include all the information we will be collecting about health, health care, and work performance in the ACHP project. The individual-level self-reported survey data in the warehouse will include information on employee health problems, whether or not each health problem is being treated, sickness absence data, and performance on the job. The data on benefit design will include abstracted information linked to each employee's record about the MCO they use for their health care and the main features of their coverage (e.g., co-payments, tiers, caps, etc.). In some cases, we will also have medical and pharmacy claims data from the employees merged with the self-report survey data and the benefits design data. Finally, we will be able to obtain payroll records of sickness absence and other types of objective administrative data on productivity for some subset of workers. This information will be used to provide objective calibration for the survey self-reports.

Q. What are the potential uses of such results?

There are several uses:

1. Most employers have very little idea of the return-on-investment (ROI) of their health care investments. The survey results will provide data of this sort.
2. It will be possible to use survey results to determine if some MCOs have better outcomes than others for treating different chronic illnesses. Employers will have better data for making more rational decisions when choosing health care providers.

3. Local health care organizations will be able to compare chronic conditions across industries and different regions of the country to discover programs that improve worker health and productivity.
4. The results can be used by managed care organizations to create programs that target the most costly illnesses for their employer clients.
5. Repeat surveys will provide concrete evidence for the degree of success of intervention programs.

Q. So, how is this going to save us money?

Inefficiency is one of the major factors driving increased health care costs. It is apparent to many observers that simply spending more money is not the solution to improving the health of workers or their families. One of the first steps to change this situation is to develop reliable estimates of the actual ROI of health care.

The indirect workplace costs of illness are staggering. By one estimate, for example, chronic illnesses lead to an annual \$73 billion in work loss days in the US. This does not count the costs of acute illnesses on work loss or other workplace costs of illness (e.g., low performance on days at work, workplace accidents). The goals of the HMS Initiative are to create reliable and valid estimates of the extent to which individual health problems contribute to these costs and to create a mechanism for evaluating the ROI of interventions aimed at reducing these costs. These data can be used to modify health care spending, either by reducing expenditures, increasing expenditures, or reallocating expenditures.

All parties – Employers, Workers, Health Care Providers – will benefit from more rational health care decisions based on objective data about outcomes.

Q. What's in this for small employers?

Small employers suffer disproportionately from the problems of employees with chronic illnesses, but have fewer resources to obtain information that can be used to rationalize management of these problems. The market-wide HPQ survey provides a vehicle for small employers to gain this kind of information at little cost.

In the case of markets where many small employers have health plans that allow the employer to customize the selection of disease management programs, participation in the HPQ survey will provide data that can help rationalize this customization.

Q. How about confidentiality?

Both the administration of the survey and reporting of results are designed to protect employee confidentiality. Participation in the survey is completely voluntary. Harvard Medical School and their data processing supplier will be the sole recipients of the questionnaires. To allay employee concerns about productivity measurement, results will only be presented in the aggregate. It will be impossible to tie results to individual employers or workers

The HPQ survey has been extensively tested in a number of leading corporations with full participation of unions and employees (e.g., American Airlines, General Motors, Quest Telecommunications, Raytheon, Union Pacific Railroad). There have been no complaints of any kind about the survey, including complaints about confidentiality.

Q. Will employees really be truthful about absenteeism and reduced productivity?

We have good evidence from our reliability and validity surveys that HPQ responses are closely related to objective work performance measures.

Q. How will I explain the survey results to my CEO and CFO?

Standardized productivity measurement tied to data on illness is best understood as an attempt to rationalize economic decisions about health care spending. To help in this effort, our report will assign dollar costs to each health problem assessed in the survey using transparent rules for valuing the cost to employers of sickness absence, low productivity at work, and workplace accidents. In addition, the participation employer coalitions will run workshops to help interpret results.

Q. How can we get the unions to buy into this?

Unions generally dislike productivity measurement for a variety of reasons, and their first instinct is to think that chronic illness and productivity data will be used to weed out workers with illnesses. However, the opposite is more likely to be true. Older workers are more likely than young workers to have chronic illnesses. It costs more to replace older workers than to treat their illnesses. Among younger workers, treating illnesses results in lower absenteeism, few accidents and lower rates of disability. Having the numbers to prove this is has been a compelling argument for most unions.

Q. How much will it cost to participate?

Participation is essentially free. There is only one requirement: that participating companies must supply a machine-readable list of all employees with names, email addresses, telephone numbers, birth dates, and health plans. This will require some time to be spent by a company management information specialist. Participating companies are expected to cover the cost of this work.

Q. I still have questions. Who should I ask?

Contact Charlyn Buzzard at buzzard@hcp.med.harvard.edu.