

Stanford program helps corporations explore work-based health initiatives

BY CYNTHIA M. MARSHALL

The old adage that an ounce of prevention is worth a pound of cure has renewed relevance in modern healthcare. With government proposals for reform mostly lost by the wayside, another player in the healthcare game has begun taking a more active role in curbing expenses: the corporation.

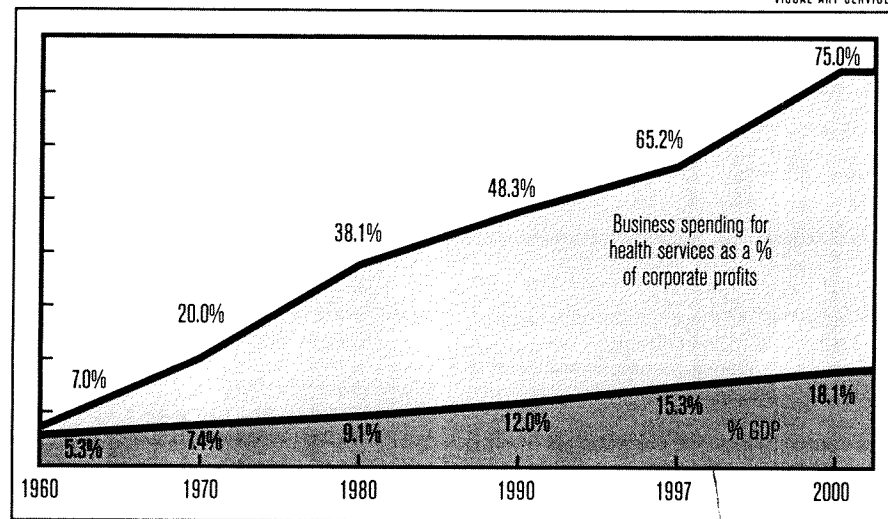
According to Kenneth R. Pelletier, PhD, clinical associate professor of medicine, as much as 37 percent of the nation's annual medical budget of 1.2 trillion dollars is funded by corporations.

"If you think about it, a private corporation, a large, self-insured, self-administered corporation – which is all of the Fortune 500 corporations – has a vested interest in health. If someone is absent from work, if someone is disabled due to headaches or carpal tunnel, they lose money. Therefore, the emphasis for a company is on enhancing health and preventing disease, as opposed to treating disease after the fact," said Pelletier.

What these companies want to know is where to put their money to gain the greatest advantage. That's where Pelletier comes in. As director of the Stanford Corporate Health Program (SCHP), he helps roughly 20 corporate members evaluate new workplace-based health programs and participate in demonstration projects and research studies.

The idea for the program was conceived in 1979, when then-vice president of personnel at IBM, Robert N. Beck, brought together several experts, including Pelletier, who was at UCSF at the time. IBM personnel worked with these advisers and developed what Pelletier says was the first health promotion program in a major corporation.

"[IBM] was really the first company that undertook or developed a program



U.S. CORPORATIONS DEVOTE A SIZEABLE PERCENTAGE of their annual profits to health services, paying for up to 37 percent of the nation's total medical expenses. By the year 2030, when Baby Boomers reach their 70s and 80s, U.S. medical costs are expected to top \$16 trillion – more than 33 percent of the Gross Domestic Product, according to figures released by the Health Care Financing Administration.

whereby their employees could be tested through a health risk assessment, have their risks known to them, and then be offered various programs that basically reduced their risk and increased their health," Pelletier recounted.

When Beck left IBM in 1984 to take a similar position at Bank of America, he and Pelletier stayed in touch. "He helped me get a grant from the Bank of America Foundation, which was the start of the corporate program," said Pelletier.

Although the program's home base moved with Pelletier in 1990 from UCSF to Stanford, the program's goals have otherwise remained unchanged since its inception. "Our objective is to develop and evaluate the clinical and cost effectiveness of innovative health and medical programs at the worksite," Pelletier said.

The specifics, however, have changed as the body of knowledge in the field has

grown and evolved. In particular, while the group initially focused on general health promotion and disease prevention – smoking cessation, increasing exercise, screening for hypertension and breast cancer – the emphasis now is on halting the progression of disease, also known as secondary prevention.

"We're now much more focused on disease management, which is where people have either major risk factors or they actually have a condition like heart disease, arthritis, hypertension or obesity," Pelletier explained.

One such project, under the direction of William L. Haskell, PhD, professor of medicine, involves some 2,700 employees of SCHP member San Mateo County. The County, as well as the San Jose division of General Electric and the County of Santa Clara's Independent Practice Association, are participating in a study

called Health Education and Risk Reduction Training, or HEAR²T. The project's purpose is to determine the effectiveness of reducing multiple risk factors for cardiovascular disease in worksite and other settings.

HEAR²T administrators use a questionnaire and subsequent clinical evaluation to identify people who are at risk of having a heart attack or stroke. Those deemed high risk are enrolled in an individual counseling program with a nurse who follows them for at least a year and with whom they have face-to-face meetings approximately every three months.

According to HEAR²T project coordinator Annette Rodenburg, one of the advantages of HEAR²T is the regular stream of feedback given to both individual participants as well as their physicians. "[The tools] allow us to provide them with immediate feedback so every time they come in to see us, they get an update; they know all along how they're doing," Rodenburg explained.

This free flow of information – sometimes between companies that compete in their main line of business – is a key feature of the Corporate Health Program. The meetings are confidential so members can disclose to each other valuable information, such as whether or not a particular vendor delivered on its promises. A single recommendation or warning has the potential to save a substantial amount of time and money.

While the information shared at the SCHP's bi-annual meetings stand to impact the policies of member companies, the group does not have a direct interest in formulating policy, according to Pelletier.

"What we do is try to provide the data, in terms of clinical outcomes and cost outcomes, whereby agencies that do make these decisions are better informed," he explained. **SR**