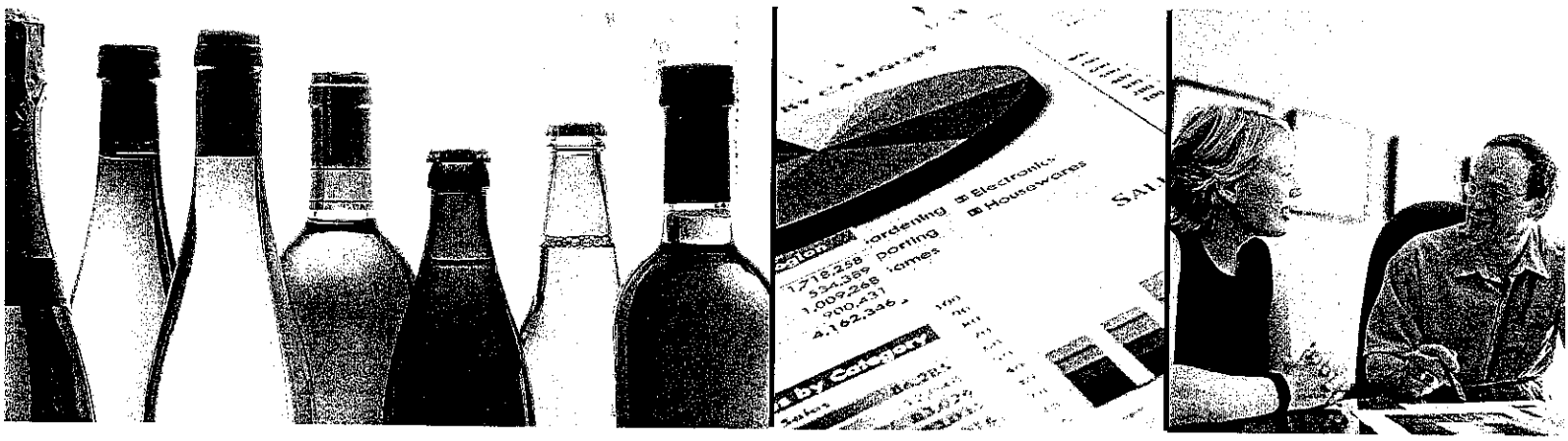
4th Quarter 2010 | VOL. 40 NO. 4 The magazine of the Employee Assistance Professionals Association

The Journal of Employee Assistance



"BIG" Initiative to Increase Detection of Alcohol Issues

| Page 16

Employee Assistance Professionals Association

PLUS:

SBIRT at Work
The "BIG" Initiative

"It offers a standardized and empirically tested format for assessing alcohol abuse that our field now lacks."

By Eric Goplerud, Ph.D. and Tracy L. McPherson, Ph.D.

John Pompe, manager of disability and behavioral health programs at Caterpillar, Inc. states, *"Alcohol and substance-related problems present a clear threat to employers in terms of productivity loss, safety, employee engagement, use of supervisory time, and health care costs. The problem is that most employees with substance abuse problems go unrecognized and even more go untreated,"*

As a result, employers need to drive down their costs by encouraging their Employee Assistance Programs (EAP) to seek treatment for employees who drink in unhealthy ways. Nationwide, EAPs engage only about one worker in 20 with a serious alcohol problem. All told, the lost productivity, absenteeism, and emergency and hospital use by the remaining 19 out of 20 employees who are *not* treated, adds $61 billion — or approximately $200 for every person in the U.S. — to the nation's health care bill. American business absorbs much of this cost in the higher premiums it pays for employer-based health insurance as a result of unidentified and untreated alcohol and drug problems.

Drinking Affects Everyone

Who are the people with alcohol problems? They are often young and male, but alcohol-related problems also affect men and women of *all* ages. While some of the costs associated with employee alcohol and drug problems are easy to quantify, others are much harder to measure. However, all of them are real:

❒ ***Risk increases.*** People who abuse drugs or alcohol are three and a half times more likely to be involved in a workplace accident, resulting in increased workers' compensation and disability claims.

❒ ***Other workers suffer.*** One in five workers reports being injured or put in danger on the job because of a co-worker's drinking, or having to work harder, redo work, or cover for a co-worker as a result of a fellow employee's drinking.

❒ ***High-risk behaviors increase.*** Workers who are alcohol dependent are 11 times more likely to report driving under the influence of alcohol than are other employees.

❒ ***Absenteeism increases.*** Adult workers with a substance use disorder miss an average of 45% more days per year than employees without a substance use disorder.

❒ ***Use of health care goes up.*** Individuals who are alcoholics seek emergency room attention 25% more often than the rest of the population, and have health

Prevalence of Alcohol Problems by Industry Sector (Percentage)

Industry Sector	Male	Female	Overall Prevalence
Leisure, Hospitality, Arts	17.4	12.6	15.00
Construction and Mining	15.2	10.0	14.7
Wholesale Trade	14.6	5.3	11.9
Professional	13.3	7.1	10.6
Retail Trade	13.4	6.2	9.7
Finance & Real Estate	11.2	7.6	9.2
Manufacturing	9.5	6.5	8.6
Transportation & Utilities	9.1	4.8	8.2
Information & Communication	12.7	4.8	8.1
Agriculture, Forestry, Fishing and Hunting	8.7	1.9	7.2
Other Services	8.9	3.8	6.4
Education, Health & Social Services	9.4	4.3	5.4
Public Administration	6.4	4.1	5.3

Source: Ensuring Solutions to Alcohol Problems

care costs more than twice their peers. Over time, excess drinking and drug use can contribute to many serious medical problems including cardiovascular problems, neurological impairments, liver disease, stroke, and cancer.

❒ ***Employed relatives also pay.*** More than half of working family members of alcoholics report that their own ability to function at work and at home was negatively impacted by their family member's drinking.

❒ ***Employment is less stable.*** Individuals who have substance use disorders are more than twice as likely (9.3%) as those who are not (4.3%) to have changed employers three or more times in the past year.

Improved Work Performance	Sample Size	EAP Model	Source
61% of all cases had improved work performance	1,190 cases	Internal programs at many universities with mostly in-person model	Phillips (2004)
50% of all cases had improved absence and productivity at work	882 cases	Internal program with in-person model	Kirk (2006)
64% of cases with work issues as primary problem has improvement after EAP use; Average of 46% improved productivity rating on 1-10 scale for EAP cases.	Not specified - 10,000+	National data ware-house with dozens of EAPs; mostly internal programs with in-person counseling model	Amaral (2008a)
Reduction from 15% to 5% of all clients who "could not" do their daily work or who experienced "quite a bit" of difficulty doing their daily work in past 4 weeks	59,685 cases	Blended program with mostly in-person model	Selvik et al (2004)
57% of cases had improvement in ability to work productivity, with average gain in productivity of 34% on 1-10 scale	11,909 cases	National EAP provider - External program with mostly telephonic model	Attridge (2003a)
Number of work cut-back in past 30 days was reduced from 8.0 days to 3.4 days (58% gain in productivity)	3,353 cases	National EAP provider - External program with mostly telephonic model	Baker (2007)

EAPs Help Improve Productivity

Research studies indicate that EAPs are remarkably successful in reducing distress and improving productivity. For example, The Hartford Group (2007) compared short-term disability claims of businesses where employees extensively used EAPs compared with businesses with no EAP services. Disability claims for behavioral-health problems were 17 days shorter at the high-use EAP companies than at the non-EAP companies (55.7 days vs. 72.6).

Similar findings were found for differences in shorter duration periods for musculoskeletal claims (54.6 days vs. 67.5) and cancer claims (45.3 days vs. 64.4). Employees who had used the EAP were about twice as likely to return to the workforce compared to employees who did not use the EAP (33% returned vs. 16%). The accompanying table above, created by Mark Attridge (2009), summarizes recent studies of EAP effectiveness.

Annually, about 5% of workers who have access to EAPs use them for brief counseling for mental health, substance use, work-related stress, and family issues. This translates into between 5 million and 7 million working people accessing EAP services. Unfortunately, despite the wide availability of EAPs and the high prevalence of alcohol use disorders among working people, only about 160,000 of EAP cases explicitly identify alcohol use as a primary problem (Amaral, personal communication, 2009).

How Does SBIRT Help?

The good news is that EAPs are a crucial resource that employers can use to help them reduce costs associated with undetected and untreated alcohol problems in their workforce. Dozens of well-controlled research studies have demonstrated the substantial impact of simply asking a brief set of questions about drinking practices and providing immediate brief counseling (Babor et al., 2007; Saitz and Galanter, 2007) on health and economic outcomes.

Empirical support exists for alcohol-related SBIRT (screening, brief intervention, referral to treatment and follow-up) in medical settings — however in workplace settings, SBIRT remains largely underutilized (McPherson et al., 2009; McPherson & Goplerud, unpublished literature review). Basically, SBIRT uses a brief, valid, scientific screening (five minutes or less) to identify if and to what degree drinking places an employee at risk for negative consequences.

Depending on the results, a practitioner provides health edu-

cation, simple advice, motivational counseling, helps with an action plan, and a referral for treatment if needed. While not intended as a treatment for alcohol dependence, SBIRT can modify the incidence of risky drinking and help overcome the ambivalence that keeps many people from making desired changes in four sessions or less. This is an approach that is well-suited for an EAP setting with employees with low to moderate alcohol use issues who may lack awareness that their alcohol use poses any significant risks.

In 2007, the American Medical Association determined that SBIRT is a unique, effective health care procedure and approved new billing codes for SBIRT services. Analysis of 2009 eValue8 survey data collected by the National Business Coalition on Health found that more than 85% of health plans pay physicians and other health care providers for SBIRT services (George Washington University, unpublished findings). EAPs are beginning to find that alcohol SBIRT is helpful for workers seeking help for workplace stress, emotional and family problems and other EAP counseling services. Employers could gain more value if they demand, expect and monitor their EAPs' provision of SBIRT for their employees.

Chet Taranowski of Aon Services Corporation, states: "SBI[RT] reminds us of the life and death importance of addressing problem drinking as well as full blown alcoholism. It offers a standardized and empirically tested format for assessing alcohol abuse that our field now lacks."

The BIG Initiative

How can this procedure be greater utilized in the workforce? The Brief Intervention Group (BIG) Initiative is a campaign to make SBIRT the routine practice industry-wide of Employee Assistance Programs across the U.S. and Canada. As mentioned earlier, EAPs have been detecting only about 1 out of 20 workers with substance use disorders. However, in large pilots associated with the BIG Initiative, EAPs implementing SBIRT increased rates of detecting alcohol problems from less than 7% of EAP cases to 18% to 24% of cases. Were this implemented across the EAP industry, each year between 900,000 and 1,200,000 workers with alcohol or drug problems would be identified, treated, and sustained in recovery.

"The BIG Initiative is an exciting opportunity to bring the evidence-based practice of alcohol screening, brief intervention and referral to treatment...into workplace settings..."

The BIG Initiative is similar to the Institute for Healthcare Improvement's 100,000 Lives Campaign and NIATx's Action Campaign. Facilitated by Drs. Eric Goplerud and Tracy McPherson of George Washington University, the BIG Initiative involves senior leadership, operational managers, and clinicians from almost every EAP in the country who are working together in a learning collaborative to implement SBIRT. The BIG Initiative is supported by a cooperative agreement from the National Highway Traffic Safety Administration (NHTSA) and Center for Substance Abuse Treatment (CSAT). Since the kick-off meeting at EAPA's World EAP Conference in October 2009, the BIG Initiative has engaged nearly every major EAP, leading regional EAPs, internal corporate EAPs, the leading clinician professionals associations, benefits consultants and EAP researchers.

Much of the work of BIG is done through four committees that convene by conference call monthly and meet in person at the annual EAPA and EASNA conferences. The committees are: the *Steering Committee*, composed of leaders of the EAP industry who guide the campaign and provide their authority to the effort; the *Implementation Committee*, which is focused on changing practice in telephonic EAP call centers and internal EAPs; the *Marketing/Outreach Committee*, which centers on training and supporting change among EAP office-based clinicians in affiliate networks; and the *Performance Measurement and Accountability Committee*, which identifies common EAP metrics to assess SBIRT impacts on health and business.

Active EAP partners in the BIG Initiative include Aetna, OptumHealth, ValueOptions, Chestnut Health Systems, Federal Occupational Health, CIGNA, MHN, Ceridian, First Advantage, Association of Flight Attendants, First Sun and other EAPs. Through BIG, there is the potential of reaching over 100 million covered lives in the U.S.

Evidence Supports Initiative

Pilot studies conducted in 2007 and 2008 by GW, in partnership with Aetna and OptumHealth, demonstrated that medical SBIRT could be adapted to workplace settings. The pilot with Aetna integrated SBIRT into their telephonic EAP service for employees of a large financial services company. By the end of the 5-month pilot project, 274 (93%) of 295 members who contacted the EAP for services completed the three-question AUDIT-C; 40% screened positive. At 3½ months and 5 months, overall estimates of identification using the AUDIT approached those in the general population, 23.5% and 18.25% respectively. Brief intervention was offered to everyone who screened positive. Most (78%) members offered SBIRT at intake agreed to telephonic clinical follow-up, and 72% set an appointment with a face-to-face counselor to further address issues discussed during their telephonic consultation.

The EAP pilot conducted by OptumHealth with a large health plan produced similar results. Between August 2008 and February 2009, EAP clinicians completed 361 full AUDITs on 383 clients who contacted the EAP. More than three-fourths were at no or low risk (79.9%); 12.5% had hazardous or harmful drinking patterns, and 7.6% were at high risk of dependence. Overall, the rates of identifying at-risk drinking jumped from 7.5% of EAP clients prior to the pilot to 20.1% during the 6 months after the project started. Approximately 1 in 10 EAP clients who screened positive were referred to substance use and mental health services, and 64% to follow-up EAP.

A third pilot of SBIRT in a combined EAP and outpatient MHSA telephonic referral setting completed 3,091 screenings over a 10-month period. This pilot was implemented for a large employer in the transportation industry. Adoption of the formal AUDIT-based screening process was rapid. Nearly 7% of initial screenings resulted in a full AUDIT being conducted. Half of callers (1,551) reported any alcohol use, and of these 12% were identified as having elevated AUDIT results (score of 8 or higher).

Additional Studies Occurring

George Washington researchers are currently conducting replication pilot studies through the NHTSA/CSAT cooperative agreement with Aetna EAP, OptumHealth EAP, and ValueOptions EAP.

"For us, it was a no brainer, ask a few standardized questions about drinking for every EAP call? We know alcohol is a problem. We just told our EAP to do it, and we now expect them to," said Dan Conti, SVP HR and SVP EAP & Work-Life, JP Morgan Chase.

The BIG Initiative is an exciting opportunity to bring the evidence-based practice of alcohol screening, brief intervention and referral to treatment developed in the medical setting into workplace settings across the country, and to reduce the negative impact of undetected and untreated alcohol problems that reduce productivity, drive up health care costs, increase vehicle crashes and lead to job loss. ❖

Eric Goplerud is Director of the Center for Integrated Behavioral Health Policy and Ensuring Solutions to Alcohol Problems, and Tracy McPherson is Assistant Research Professor at the George Washington University in Washington, D.C. They may be reached at goplerud@gwu.edu and esap1234@gmail.com, respectively.

References

Attridge, M. (2009). Employee assistance programs: A research-based primer. In J. C. Quick, C. Cooper, & M. Schbracq (Eds.), *The Handbook of Work and Health Psychology*, 3rd Edition (pp. 383-407). New York: Wiley.

Babor, T.F., McRee, B.G., Kassebaum, P.A., Grimaldi, P.L., Ahmed, K., Bray, J. (2007). Screening, brief intervention, and referral to treatment (SBIRT): Toward a public health approach to the management of substance abuse. Substance Abuse, 28(3):7-30.

Masi, D., Altman, L., Benayon, C., Healy, H., Jorgenson, D. G., Kennish, R., et al. (2004). EAPs in the year 2002. In R.W. Manderscheid & M. J. Henderson (Eds.), Mental Health, United States, 2002 (pp. 209-223). Rockville, MD: Substance Abuse Mental Health Services Administration, Center for Mental Health Services (DHHS Pub. No. SMA-3938).

McPherson, T.L., Goplerud, E., Olufokunbi-Sam, D., Jacobus-Kantor, L., Lusby-Treber, K., Walsh, T. (2009). Workplace alcohol screening, brief intervention, and referral to treatment (SBIRT): A survey of employer and vendor practices. *Journal of Workplace Behavioral Health*, 24(3).

Saitz, R. & Galanter, M. (2007). Alcohol/Drug Screening and Brief Intervention: Advances in Evidence-Based Practice. The Haworth Medical Press: New York.

The Hartford (2007). Healthier, More Productive Employees: A report on the real potential of Employee Assistance Programs (EAP). Hartford, CT.