

EMPLOYEE ASSISTANCE REPORT



supporting EAP professionals

Impact of Health Care Reform on EAPs

By David Worster

While jobs and the economy has been the major issue in this year's election race, interest in the effects of health care reform has been close on its heels.

Earlier this year, the Supreme



Court upheld most of the major provisions of the Patient Protection and Affordable Care Act (PPACA). While the implications of this landmark legislation are still evolving, it *IS* clear that the PPACA *WILL* affect EAPs.

Health care reform focuses on revising the private health insurance market, providing better coverage for individuals with pre-existing conditions, improving prescription drug coverage under Medicare, and extending the life of the Medicare Trust fund.

While Republicans have vowed to continue their efforts to repeal this law, it is abundantly clear that the health care system needs to, and will, change

in the future. The establishment of Accountable Care Organizations (ACOs) under this act promises to be the next major development in health care delivery systems.

ACOs and the Medical Home Model

Proponents tout ACOs as enabling the health care system to improve health care outcomes, while concurrently slowing the growth of health care spending. ACOs will be composed of groups of providers — physicians, hospitals and/or others — that, together, provide care and share capitated accountability for the cost and quality of care for a population of patients. At this point, it appears the most common model for ACO implementation is developing a “medical home”. Also known as the patient-centered medical home (PCMH), a medical home is a team-based health care delivery model led by a physician that provides comprehensive and continuous medical care to patients with the goal of maximizing health outcomes.

Care coordination is an essential component of this model. While a medical home is similar to the managed care “gatekeeper” models historically employed by HMOs, there are several important differences:

❖ In the medical home, each patient has open access to see whatever physician they choose without

referral or permission being required. Personal physicians of choice with comprehensive knowledge of the patient's medical conditions and treatments — through access to system-wide electronic medical records — facilitate and track the care of the patient.

❖ The medical home model also emphasizes medical management, financially rewarding *quality* patient-centered care, as opposed to the gatekeeping model that rewards *less* care.

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**Implications for EA Practice:
Difficult Choices**

Just as managed care had a profound impact on EA service delivery systems in the early 1990s, this round of health care reform promises additional change is on its way. The advent of managed care created a gulf in the EA field between workplace-based and health-benefit model EAPs, stimulating the commoditization of the EA field as a health benefit, and creating a business environment where EAPs were judged on cost rather than on outcomes. *It remains essential for EA practitioners to understand and plan for the potential impacts on their programs.*

“Just as managed care had a profound impact on EA service delivery systems in the early 1990s, this round of health care reform promises additional change is on its way.”

❖ If EA records are, in fact, *medical* records, then new regulations included in the Meaningful Use sections of PPACA would come into play, further complicating existing privacy issues and requirements.

❖ If EAPs are seen as an *insurance product* or a *health care* benefit, this opens the doors to issues of ERISA and COBRA, among others. In 2005, the Employee Assistance Professionals Association (EAPA) was successful in influencing the Treasury Department/IRS guidelines related to EAPs in that an EAP is

not a “health plan under section 223(c)(1) because it does not provide significant benefits in the nature of medical care or treatment.” Viewing the EAP as part of an insurance benefit program obviously clouds this understanding and contributes to long-standing confusion about what EAPs are – and aren’t.

❖ Benefits-model EAPs typically adopt a “clinical” point of view. Unfortunately, this may lead to employees being viewed as having “pathology”, creating potential for greater stigma and resulting in clients being more reluctant to use their EAP.

Potentially More Positive Impacts of Health Care Reform

❖ *Paradigm shift from Return on Investment (ROI) to Return on Relationship (ROR)* – Recent literature has demonstrated something EAPs have long known, that things get done through people and that success depends on being able to influence individuals and groups over whom one has no direct control. Workplace-based EAPs, in addition to an inherent relationship building approach, add value by being proactive – preventing rather than cleaning up messes. This knowledge may strongly affect employer’s choices when they consider how to structure their EAP.

EAPs will almost surely be asked to provide standardized outcome data in order to justify their expense. This includes:

- Establishing agreed-upon and consistent definitions all EAPs would adhere to when providing data;
- Identifying standardized organizational outcome measures to be benchmarked; and
- Researching and applying measurable best practices that should be part of all EA services.

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Since improved coordination of care is a central feature of health care reform, EAPs should benefit from employees experiencing greater access to necessary services and enhanced communication among treating providers that should improve services and outcomes for the increasingly complex cases being seen by EAPs.

EAPs will be positioned to actively

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consult and support a wide range of wellness programs and worker/family friendly policy changes.

Summary

The evolving transitions in front of us demand that organizations and practitioners fully understand and accommodate new ways of doing business. These developments may either be viewed as a threat to our traditional approaches – or they could be a vehicle for innovation and change in our field.

British historian Arnold Toynbee is quoted as saying: “Those who cannot learn from history are condemned to repeat it.” Given our experience in the 1990s with managed care, it would seem that this new set of health care reforms presents an excellent opportunity for EAPs not to repeat the same mistakes we made over 20 years ago when paradigm shifts were imposed upon us. ■

David Worster, LICSW, LISW-CP, CEAP, is the EAP Director with Concord Hospital in Concord, NH. He is also a long-time contributor to EAR and the immediate past president of EAPA.



Editor’s Notebook

Jobs and the economy. We’ve all heard President Obama and Gov. Romney talk a LOT about this issue in the presidential campaign. While this is certainly a very important topic, I, for one, would love to hear more about other issues, including the impact of health care reform on Americans: on taxpaying citizens, seniors, businesses and *employee assistance professionals*.

While the effect of the Patient Protection and Affordable Care Act (i.e. Obamacare) remains sketchy at present, Dave Worster sheds some light on the matter in this month’s cover article. Another point seems clear: proactive health care measures reduce costs. See this month’s *Brown Bagger* for more on this aspect of health care.

While readers will receive this newsletter much sooner, in

terms of our production schedule we’ve completed our 15th year of publishing *Employee Assistance Report*.

As a result, in addition to Dave, I want to thank other key contributors to *EAR* this year: David Fisher, Shelley Plemons, Daniel Hughes, RaeAnn Thomas, Marina London, Catherine Mattice, Eric Zimmerman, Carolyn Ruck, DeeAnna Merz Nagel and Kate Anthony.

Everyone is busy in today’s fast-paced society, but the individuals, many of whom are CEAPs, who go “above and beyond” to write insightful articles for this publication are absolutely essential. You are truly appreciated! Until next time – oops, next year, I should say.

Mike Jacquart

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Quick Ideas

Consider Health Care Options Carefully

❖ What is my household’s current and anticipated health care usage? What are the kinds of things we will need?

❖ What are my out-of-pocket expenses and monthly premium costs? Does it make sense to pay a higher premium for lower out-of-pocket fees, or vice versa?

❖ Are my current prescriptions

covered and at what level? Does this meet current needs?

❖ Are there less costly but equally effective medication alternatives that a doctor could suggest?

❖ How much will it cost if an emergency occurs?

Employers should always ask questions, access resources (such as

an EAP), and equip themselves with the information needed to navigate a complicated health care system. ■

Source: WellPoint’s Institute of Health Care Knowledge and Anthem Blue Cross and Blue Shield of Wisconsin. Editor’s note: This advice is for educational purposes only and should not be construed as an endorsement of a specific organization or health care benefit.

Good Management CREATES Good Employees – Part I

By Charlyne Meinhard

You can hire the right employees for your business, but if managers don't manage them well, those good employees may wind up messing up, rather than stepping up.

Many managers are quick to blame their employees for mistakes, but they seem blind to their own failure to provide needed direction and encouragement. They don't see how much their poor management skills are contributing to their employees' low performance.

Bad managers are everywhere. Many are new to managing others or they may have been promoted reluctantly into management. Good technical managers can be bad at managing others when they have not received management training or mentoring by a good manager.

What to Do About It

Three decades of research with

100 mid-large size U.S. organizations across a broad industry cross-section provide seven key behaviors of managers that encourage good employees and help them become top performers. We'll take a look at three of them this month – with the remainder appearing in part II of this article. (Hint: Together, the suggestions will spell C-R-E-A-T-E-S).

Managers become better at their jobs when they learn to:

C = Challenge employees with new opportunities.

"Jen" pigeon-holed her employees into routine tasks and offered little chance for them to learn new skills. Jen needs to identify which employees are ready for cross-training, are excited to take on additional tasks or show interest in growth opportunities.

R = Recognize results in real time.

"Tim" was so immersed in his own work that he ignored the daily

accomplishments of his staff members. With management training, Tim knows to observe employees' on-the-job performance and praise an employee's achievements. Employees feel appreciated for their efforts and want to achieve even more.

E = Ensure a healthy rate of change.

Prior to coaching by her experienced manager, Jen regularly changed directions to her employees several times a day. Her manager taught her how to avoid passing down knee-jerk reactions that confused employees and drained their confidence. She now holds short "huddles" every morning with staff to clarify goals and direction for the day. ■

Charlyne Meinhard is a speaker, trainer, and chief results officer of Next Level Consulting. She is also the author of "Change Agents to the Rescue!" and "Ahead of Change." For more information visit www.NextLevelForYou.com

Resources

🔑 Stopping Difficult

People from Sucking the Life Out of Your Organization,

\$99, PDF download, PBP Executive Reports, (800) 220-5000, www.pbpxecutive.com. Some managers are able to mold difficult people into valuable employees. How do they do it? Read this report to find out. ■

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Dealing with Anger in a High-Pressure Job – Part I

By Jude Bijou

Do you know employees who have an impossible number of tasks complicated by unreasonable deadlines? Or perhaps they have a perfectionist, controlling boss who micromanages everything they do. These are examples of high-pressure jobs. Whether it's fast-paced work, difficult work, too much work, or a stressful office populated by difficult personalities, many employees have jobs that leave them feeling frustrated, resentful, and angry.

At its extreme, job-related anger can lead to workplace violence, which ranks among the top four causes of death in workplaces during the past 15 years, according to the Bureau of Labor Statistics. More than 3,000 people die from homicide annually, and more than 15,000 workers suffer nonfatal injuries as a result of workplace violence.

What is an employee supposed to do when he/she is so angry that there's an urge to break something or yell at someone? The following strategies should help EA professionals who are assisting highly stressed workers. Additional ideas will be presented in part II of this two-part article.

❖ **Recognize that anger is a physical state.** Realize that frustration means anger, and anger is just a pure physical sensation. Employees can literally work anger out of their body like a massage works kinks out of muscles. But they have to unload that energy physically and constructively in a safe place. They need to do so where nothing of value is harmed, and no one is around to inhibit him or her.

❖ **Realize how anger affects one's body.** The employee needs to be on the lookout for anger's physical cues: ears getting hot, face flushing,

chest pounding, range moving up and down one's spine, sudden sweating, and muscles tensing. This is actually good! That's because once the individual can identify anger as something physical, it's not as difficult to get rid of it. ■

NEXT MONTH: More strategies are presented.

Jude Bijou, MA, MFT is a respected psychotherapist, professional educator, and workshop leader. Learn more at www.attitudereconstruction.com.



Quick Ideas

You Know an Employee is Being Bullied When ...

❖ He/she is asked to perform the impossible without adequate training or time to learn the skills necessary to do the job.

❖ He/she confronts the bully to stop the abusive conduct, but is accused of harassment instead.

❖ He/she is accused of incompetence despite a history of excellence at work.

❖ Human Resources suggest that the harassment isn't illegal, that he/she has to "work it out between yourselves."

❖ A request to transfer to another position under another boss is mysteriously denied. ■

Source: Workplace Bullying Institute.

U.S. Must Rally Support for Vets with PTSD

By Michelle Bellon

It's clear that we, as a nation, must do more to support our veterans suffering from post-traumatic stress disorder (PTSD).

Successfully integrating a soldier back into civilian life requires providing him or her with trauma evaluation services such as thorough psychiatric assessments and examination of post-traumatic stress symptoms, which include anxiety, nightmares, changes in eating or sleeping patterns, or inability to carry out job responsibilities, to name just a few.

However, statistics show that less than 10% of service members who receive mental health treatment were referred through the screening process, according to the *Journal of the American Medical Association*.

Many troops say that when they do seek help offered by the military, they are often rejected five, six, and even up to 10 times due to lack of funding. The Massachusetts Commission (on veterans) found that they "were not receiving adequate treatment and readjustment assistance."

Here are a few startling statistics:

- ❖ In the past year alone, the number of diagnosed cases in the military increased by 50% over the previous year.
- ❖ Studies show that one in every five troops returning from Iraq and Afghanistan has PTSD.
- ❖ Troops that served two, three and even four tours of duty were dramatically more at risk due to increased stress levels.



❖ *The Psychiatric Times* estimates that 70% of soldiers will not seek help from federal agencies because of the stigma associated with PTSD. Moreover, the public sector is not prepared for the upcoming demand of troops who will seek mental health services.

Summary

As a nation, it is our duty to provide the necessary support and

resources that our troops need and deserve as they reintegrate into society. The first thing we must do is acknowledge the issue and its widespread effects in our culture. Second, we must educate ourselves and the troops in order to lessen the associated stigma. There are many resources available. Here are just a few:

❖ **The Understanding PTSD booklet-**

http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf

❖ **National Center for PTSD-**
<http://www.ptsd.va.gov/public/index.asp>

❖ **VA's PTSD program locator-** http://www2.va.gov/directory/guide/ptsd_flesh.asp

Michelle Bellon earned her associate degree in nursing, and lives with her husband and four children in Olympia, Wash. She is the author of four novels, including "The Complexity of a Soldier" (www.MichelleBellon.com).

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practical solutions for professionals

EAPA Supports Amending FMLA to Cover Death of a Child

The Employee Assistance Professionals Association (EAPA) is among the organizations that support the Farley-Kluger Initiative, which would extend coverage and existing benefits allowed by Family and Medical Leave Act (FMLA) to include employees that have experienced the death of a child.

The FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees. These employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

- For the birth and care of a newborn child;
- For placement of a child for adoption or foster care;
- To care for an immediate family member with a serious health condition;
- To take medical leave because of a serious health condition; or
- To care for an injured service member in the family.

Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles.

The Farley-Kluger Initiative began in 2011 as a grass-roots advocacy effort to petition change. It was inspired by the efforts of Kelly Farley, founder of the Grieving Dads Project (www.GrievingDads.com) and Barry Kluger, an author and grieving father.

The petition states: *“It is my opinion that the death of a child is one of the worst experiences that anyone can endure. I find it unacceptable that the death of a child is not included as a protected reason to qualify for the benefits that are set forth in the Family Medical Leave Act of 1993.”*

To view and/or sign the petition, visit: www.petition2congress.com/3937/go. ■

Workplace Survey

Video Interviews Becoming More Popular

Video interviews are becoming a popular hiring tool, according to a new OfficeTeam survey. More than six in 10 (63%) of HR managers said their company often conducts employment interviews via video. This is up from just 14% one year ago.

“Many companies are embracing video interviews, which are often conducted online via webcam, as a way to quickly and cost-effectively evaluate applicants,” said Robert Hosking, executive

director of OfficeTeam. However, Hosking stressed that applicants need to “not only be prepared to say the right things but also make sure you and your surroundings appear professional on camera.”

Office Team offers some tips for job seekers when participating in video interviews:

❖ Test the technology.

Familiarize yourself with the video tools and functionality in advance to troubleshoot issues. Also, if your

computer is prone to problems, consider having a backup on hand.

❖ Choose the right location.

Conduct the meeting in an area with good lighting that’s free of distractions or anything within view that could be perceived as unprofessional. Beware of things like windows in the background, which can cast shadows, or barking dogs that may make it difficult to hear.

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Was Psychological Exam Unreasonable?

A Michigan appeals court thinks so, ruling that an employer violated the Americans with Disabilities Act (ADA) by directing an erratic employee to undergo a psychological evaluation. To keep the company on safe legal ground, experts suggest that HR focus on showing how such conduct affects an employee's performance rather than trying to determine the behavior's root cause.

The employee, Emily Kroll, was an emergency medical technician with Whitehall, Mich.-based White Lake Ambulance Authority, where she had generally been regarded as a "good EMT" and "good employee" by direct supervisor Brian Binns, according to court documents.

Kroll's behavior and standing as an employee in good stead reportedly changed, though, when she became romantically involved with a married co-worker. In 2008, Binns and office manager Jean Dresen began to receive reports

from Kroll's colleagues expressing their concern for her mental well-being. On the heels of those reports, Dresen suggested that Kroll see a mental health professional – a request that she ultimately declined.

Within days of that discussion, however, Kroll got involved in a cell phone screaming match with a male acquaintance – while she was driving an ambulance with a patient in the back, during an emergency situation. In a meeting after that incident, Binns told Kroll that she "must attend counseling in order to continue working at WLAA," court records indicate.

Kroll allegedly told Binns that she would not attend counseling, left the meeting and did not return to work with the company. She subsequently filed a lawsuit on charges that included a violation of the ADA. A lower court dismissed the charges, but an appellate court ruled that Kroll had presented enough evidence that a jury could conclude the counseling Kroll was

directed to attend constituted a medical exam under the ADA.

The ruling should remind employers and HR leaders that they are largely prohibited from making requests of employees that may – even inadvertently – reveal an employee's pre-existing mental condition or impairment. The exception, however, is if the organization can prove that the exam is job-related and consistent with business necessity.

The focus should remain on how the employee's behavior affects his or her ability to perform the job, rather than the potential reasons why the behavior is occurring, according to Stephen Sheinfeld, partner and head of Winston & Strawn's labor and employment relations group in New York. ■

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Video Interviews... cont'd from Page 3

❖ **Take a trial run.** Ask a friend to videoconference with you and provide feedback on how close you should sit to the camera. He or she can also recommend adjustments for your surroundings.

❖ **Suit up.** Dress and groom the way you would for a face-to-face interview, and don't assume you'll only be visible from the waist up. Avoid bold patterns and colors that don't show up well on video.

❖ **Exude confidence.** Look at the camera when answering questions so it appears you're talking directly to the employer. Also, don't forget to smile and sit up straight.

❖ **Be heard.** Make sure your responses are audible to the interviewer. Speak loudly and clearly into the microphone.

❖ **Treat it like a real interview.** Approach the meeting with

all the seriousness and preparation you would give to an in-person interview. This includes having questions ready and following up with a thank-you note. ■

Source: OfficeTeam (www.officeteam.com).

