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BACKGROUND

Productivity losses from absenteeism, presenteeism, and disability represent a significant cost to employers, yet these impacts are rarely integrated into health value assessments and benefit decisionmaking. 1-6 Literature reveals a consistent gap: productivity outcomes are seldom used in employer and commercial insurer decisionmaking. Given limited use, it is unclear how employers and commercial insurers view productivity in their healthcare decisionmaking.

OBJECTIVE

To understand how both employers and commerical insurers are using productivitymeasures in their decision-making.

KEY TAKEAWAYS

Stakeholder discussions highlight key barriers—wide variation in terminology, lack of standard measures, and difficulty translating productivity data into actionable insights. As a result, productivity is often treated as an ancillary factor rather than a core component of value.

Productivity measures must be fit-for-purpose, relevant to specific therapy areas, and clearly linked to business outcomes, both for commercial insurers and employers. Improving awareness and communication can help elevate its role in value frameworks and benefit decision-making.

METHODS

LITERATURE REVIEW

Targeted and gray literature search to identify relevant literature related to incorporating productivity measures within commercial employer and payor healthcare decision-making. (Published before November 2024)



8 PAYOR INTERVIEWS

In-depth discussion guide developed 60-minute doubleblinded interviews with (Conducted in December 2024)

Z PAYOR INTERVIEW RESULTS (N=8)

Medical Director, National

Medical Director, National

Medical Director, National

Commercial Chief Medical Officer, National Insurer

Commercial Senior Pharmacy Director, National

8 Commercial Executive VP of Pharmacy, National Insurer

STANDARDS

Lack of standardized definitions

Perceived lack of validated and accepted

RELEVANCE

Productivity assessments are broad and not

often tailored to customer needs; they seem like

an afterthought

COMMERCIAL INSURERS

attendance

CONCLUSIONS

MAKING

AND PAYORS, AND CHALLENGES IN

MEASURES LIMIT USE IN DECISION

PRODUCTIVITY IMPACT

IS CONSIDERED

≤25%

OF THE TIME IN VALUE

ASSESSMENTS

APPLICATION OF PRODUCTIVITY

6 Commercial Chief Medical Officer, IDN

Chief Medical Officer, National Employer Coalition

TRANSLATION TO EVERYDAY USAGE HAS BEEN A BARRIER TO EVOLUTION AND ADOPTION

"...we should have learned with measures of presenteeism- to ask employers what could provide the most meaning..."

PRODUCTIVITY TERMINOLOGY VARIED WIDELY ACROSS BOTH EMPLOYERS AND

Terms used by interviewees when asked "What is your preferred definition of productivity?"

CHALLENGES FOR USE IN

to overall wellbeing)

the business

HEALTHCARE DECISION-MAKING

that lend to decision-making

• Employers feel that there is a lack of a

standard definition and validated measures

• Difficulty in capturing productivity impact to

Commercial insurers are reluctant to provide

employers with productivity data that is not

linked to cost savings (eg, productivity linked

Different employer sectors have varying

measures for business performance





EFFECTIVE COMMUNICATION

Payors need more awareness of these data and

how they make sense in their world

VALUE IMPACT

Quantifying productivity (eg, presenteeism and

absenteeism) as a top-line (potential revenue

generating) impact to business is lacking

Benefits focus is on cost management rather

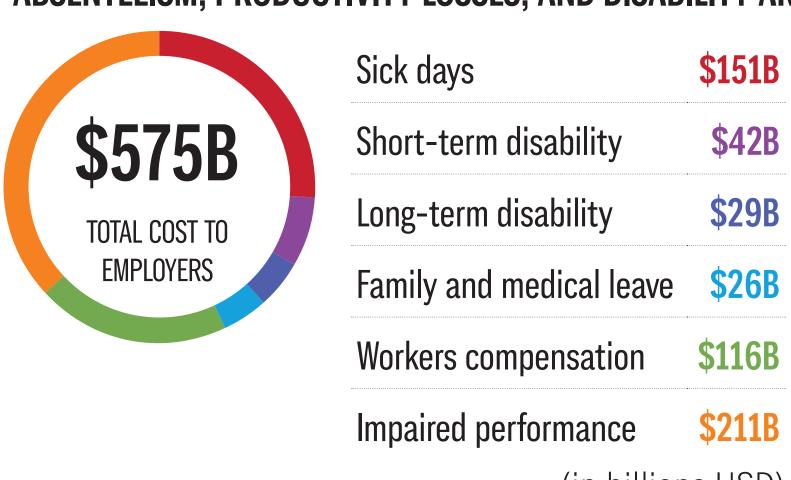
than long-term productivity gains

Lives Covered

LITERATURE REVIEW RESULTS

8/216 titles met eligibility criteria, and through an iterative, snowball approach with grey and published literature, we supplemented with 8 additional sources.

ABSENTEEISM, PRODUCTIVITY LOSSES, AND DISABILITY ARE A COST PROBLEM FOR EMPLOYERS¹⁻³



个12%

个33% FAMILY AND

MEDICAL LEAVE

For every \$1.00 spent on healthcare benefits, an additional \$0.61 is spent on illness-related absence, disability and reduced work output

个50%

SHORT-TERM

DISABILITY

10%

LONG-TERM

DISABILITY

THE LITERATURE SEARCH DID NOT YIELD EVIDENCE OF:

- Use of productivity in health-care decision-making from an employer and payor perspective, despite inclusion in value assessment frameworks such as
- the ISPOR Value Flower⁷ Application of productivity impact or employee workforce wellbeing into decision-making
 - frameworks for employer or payor decision-makers • General commentary on frequency of use of productivity in decision-making
- Productivity impact of an intervention generalized across multiple studies
- Regular use of validated productivity measures in employer settings

"Storytelling is going to be really important,

because it has fallen flat so far"

"We were bringing productivity into

discussion; it wasn't pushed by the

benefit broker or PBM"

COMMERCIAL

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KEY FINDINGS FROM PAYOR INTERVIEWS

CURRENTLY, NO STANDARDIZATION EXISTS FOR PRODUCTIVITY MEASUREMENT

- Definitions vary amongst interviewees
- Useful measurement endpoints vary across
- Intrinsic measures (eg, well-being, healthy days, etc.) • Business performance measures (eg, short- or long-
- term disability, presenteeism, etc.) • Mix of intrinsic and business performance
- Measures must be validated and accepted by employers

"Presenteeism hasn't quite resonated with us"

"Productivity is a hard measure"

for productivity, but if there is a strong reasonable-ness, then I'll lose some skepticism"

"We haven't seen strong validated data

"Every disease is so very nuanced, in terms of what does value look like?"

EFFECTIVE COMMUNICATION OF PRODUCTIVITY VALUE MESSAGES ARE NOT REACHING DECISION MAKERS

- It is important to utilize the most effective dissemination channels
- For employers: Employer coalitions and trade shows; regional and national meetings with benefits leaders
- For commercial insurers: Published in peerreviewed journals; research collaborations with trusted third-parties

story and the 'so what' have fallen short of

Storytelling – communicating the value

stakeholder needs

"It is really the coalition presentations that have the biggest impact together with printed case studies

'Keep the data very real-world evidence type, and in plain language, but keep it quantifiable as it'll be about money more than anything else"

---- PRODUCTIVITY DATA IS AN ANCILLARY DECISION-MAKING FACTOR

- Employers perceive productivity data utility as higher than commercial payor decision-makers
- Use is still low in decision making
- · Focus for all payors is on cost containment and pricing
- Most useful for employers:
- · Health intervention (ie, medication) clearly linked to short-/ long-term disability or absenteeism

"It could tip the scales, it you can show a meaningful difference in days of missed work, or going to disability"

4.6

2.3

COMMERCIAL

How useful is productivity measures for reimbursement and price negotiations? (n=7) (for their roles)

(Scale of 0 to 10: 0 is not useful at all, 10 is extremely useful)

PRODUCTIVITY MEASURES ARE VALUABLE WHEN LINKED TO PRACTICAL **BUSINESS IMPACT**

- National Insurers and IDNs, per the payor interviews section classification want productivity tied to economic value (ie, cost-savings) while employers want a
- more holistic approach with business impact Employer organizational silos have limited the application of productivity as a value
- component • Human Resources is traditionally a cost-center, and thus prioritized cost-savings
- If productivity is tailored to impact on business its utility as a value component increases for employers

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"Tying business relevance to those [productivity] is a must-have"

"If employers don't see the value, then it pushes health back into the cost silo vs. the value silo"

"Put money where your mouth is, tell me you're going improve productivity, and then guarantee some ROI back to me"

> "It's been a cost-based discussion, employers are concerned with expenditure, not optimizing their workforce"

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PRODUCTIVITY MEASURES SHOULD BE FIT-FOR-PURPOSE

Appropriate measures assessed in appropriate therapeutic areas

- Commonly used to showcase cost offsets of a treatment, but is not consistently a discussion point
- Productivity is often an afterthought and not strategically considered for measurement in appropriate situations
- RA, MS, migraine, mental health, and obesity were highlighted as productivityrelevant by both employers and commerical insurers
- Chronic impact on absenteeism and disability assessed through WPAI⁸⁻⁹
- Potential for targeted interventions to improve workforce outcomes
- Productivity work for 2nd generation anti-histamines (non-drowsy) was mentioned several times as a good example

THERE ARE OPPORTUNITIES TO ENSURE RELEVANCY AND TO DEVELOP A FRAMEWORK FOR APPLYING PRODUCTIVITY

- MEASURES INTO HEALTHCARE DECISION-MAKING • Ensure productivity measures are standardized and fit-for-purpose for employer perspectives
- Tailor productivity value narratives and
- communication strategy to employers
- Communicate productivity data directly to patients
- Explore use of digital wearables in collecting productivity data
- Develop case studies showing real-world utilization of productivity in employer health-care decision-making settings
- Collaborative research with benefit providers (eg, Automatic Data Processing, TriNet)
- Explore innovative value-based agreements linked to productivity outcomes

- Literature review was targeted rather than systematic
- Small sample size of survey respondents

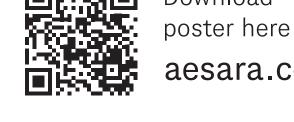
LIMITATIONS

- Limited detail on employer payor types,
- thus broader future research is needed across payor archetypes

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ABBREVIATIONS IDN, integrated delivery network; MS, multiple sclerosis; PBM, pharmacy benefit manager; RA, rheumatoid arthritis: ROI. return on investment: WPAI, work productivity and activity impairment May 13-16, 2025, Montreal, Quebec, CANADA

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