

Collaborative Negotiation for Health – A Win/Win Equation

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Out of a perfect storm: A unique opportunity

Employers today find themselves in a perfect storm of escalating cost of healthcare, poor health outcomes from the investment, and employees disengaged in their health and their work. The salt in the wound: low productivity stemming from disengagement.

The data compiled by national survey research are shocking and speak for themselves. Gallup¹

states 71% of the US workforce is disengaged in their work and 84% of senior leaders say this is in their top 3 threats they must address.² Disengaged workers have been shown to be up to 20% less productive.³ And while wellness programs have demonstrated up to a 6:1 ROI⁴, employers are having trouble getting employees involved because they are disengaged in their health.

This perfect storm represents an unprecedented opportunity to develop a new, collaborative systems approach to create a win/win platform for health benefits negotiation between employers and employees. A 360° analysis of worksite systems is where this rich opportunity exists.

Systems force behavior

Worksite systems (e.g. janitorial services) force behavior, intentionally, in order to achieve consistent, reliable outcomes. However, they also have unintended consequences, failures of system design, simply because no one is omniscient and able to predict every complex interaction that will take place. A reality is that they often,

inadvertently, force unhealthy behavior and low productivity, which then causes disengagement. Technologies like Lean, Six Sigma and Ergonomics have all grown out of this reality but the connection to health is often missed. From a systems analysis perspective, disengagement is an adaptation strategy, a coping mechanism.

Humans, like all of life, are infinitely adaptable and creative. In a sub-optimally functioning system, people adapt and do what it takes to get the job done. That adaptability, however, has consequences. In the same way people adapt to stress so well that they no longer feel it, they also adapt to difficult work circumstances as a new normal. You could say they “numb-down”. Gallup’s “Q 12” assessment⁵ identifies the symptoms of this baseline checked-out state. In a tight jobs market, people often numb-down rather than walk out.

The solution to systems that force unhealthy behaviors and numbed-down disengagement is to analyze and re-tool them to perform more optimally. Systems designed to support optimal outcomes give employees the opportunity to deliver

their best in ways that are both productive and fulfilling, giving a healthy sense of well-being. The Best Places to Work awards identify organizations that champion such design.

The implications for the negotiating table

Employee benefits negotiations have historically often been contentious. The current storm points to new collaborative negotiation around systems intentionally designed to support optimal outcomes. When all stakeholders agree the real goal is healthy people producing successful business outcomes, then the table is set on a new focus.

Benefits that cover treatment of sickness are essential, but they will never achieve health or productivity. That is not their design. Similarly, wellness programs will not achieve health because their reach is too shallow; exercise regimens or a good diet will not compensate for a broader system that is inadvertently forcing unhealthy behavior all day long at work.

Consider the situation when an employer is offering a wellness program around exercise and fitness while hiring many employees to sit all day at desk jobs. Add hours of computer use on top of a sedentary work life and you get high risk for repetition strain injury, chronic neck and/or shoulder pain and eye strain. Add in high stress, almost ubiquitous today, and the system is unquestionably creating poor health. While the exercise program may help mitigate the damage, it would be better for everyone if the system within which the desk worker functions were re-designed

to promote health.⁶

Negotiating for health

Employers and employees can approach the bargaining table with a shared commitment to co-create optimal systems that benefit all. Below is a 3-step approach which illustrates one of many possible platforms.

1. Shared commitment to examine and collaboratively re-tool unhealthy systems. This can be clearly and explicitly defined with time commitments to complete.
2. Shared commitment to ensure all systems are relationship-centered and embody the people skills necessary for optimal outcomes. This has been well-defined and can be codified into standard practice, outcome-based strategies for team norms, management practice, peer-to-peer relations, etc.⁷
3. Once systems are re-tooled, ensure processes are in place to maintain on-going health. Continuous process improvement overcomes the unintended consequences of systems. A personalized health strategy for each individual and one for the system as a whole helps ensure that improved individual health is indeed supportive of whole system health and vice versa.

Why negotiate collaboratively for health?

We have a complex, costly infrastructure to diagnose and treat sickness i.e. “sick care” and a weak, under-developed infrastructure to

generate health and vitality. The result is sick care that intervenes too late and hence costs too much.

The more promising prospect is to develop a robust infrastructure to build vitality and optimal function. Employers and employees have an unprecedented, evidence-based opportunity to begin building that infrastructure. The benefits platform postulated above represents a conceptual brick in the foundation of a new structure and embodies the chance to gain not only healthy employees, reduced cost of sick care and fulfilling productivity, but also reduced absenteeism, presenteeism⁸ and turnover. Compare that gain with contentious negotiations where everyone is trying not to lose, and the opportunity is obvious.

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References

1. *The High Cost of Disengaged Employees*, <http://businessjournal.gallup.com/content/247/the-high-cost-of-disengaged-employees.aspx>

2. *Re-engaging with Engagement*, The Economist Intelligence Unit, 2010, <http://www.managementthinking.eiu.com/re-engaging-engagement.html>
3. *Calculating the Cost of Employee Disengagement*, <http://www.peoplemetrics.com/blog/calculating-the-cost-of-employee-disengagement/>
4. *Workplace Wellness Programs Can Generate Savings*, <http://content.healthaffairs.org/content/29/2/304.full?sid=8d33a1cd-8f6b-45cf-a479-260a8debed21>
5. *The Relationship Between Engagement at Work and Organizational Outcomes*, <http://www.gallup.com/strategicconsulting/126806/Q12-Meta-Analysis.aspx>
6. For case studies on healthy work system design, see the blog <http://infrastructureforvitality.com/case-studies-designing-systems-for-health/>
7. Suchman, Anthony; Sluyter, David; Williamson, Penelope, editors, *Leading Change in Healthcare*, Radcliffe Publishing Ltd, 2011.
8. *The Big Deal About Not Being Fully Present*, National Business Group on Health, <http://www.businessgrouphealth.org/pub/f314163d-2354-d714-517c-be2b0aa26ad4>

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