

Identifying and Engaging Employees with Chronic Conditions

*Making your Wellness Program a
Catalyst for Health Improvement*

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- Rise in U.S. deaths from heart disease for first time since 1999¹
- At the same time, the rates for 8 of the leading causes of death rose in 2015 including¹:
 - 2.7% chronic lower respiratory diseases
 - 3.0% for stroke
 - 1.9% for diabetes
 - 1.5% for kidney disease
 - 2.3% for suicide
- Life expectancy in the U.S. declines for the first time in decades¹

These numbers aren't just abstract statistics

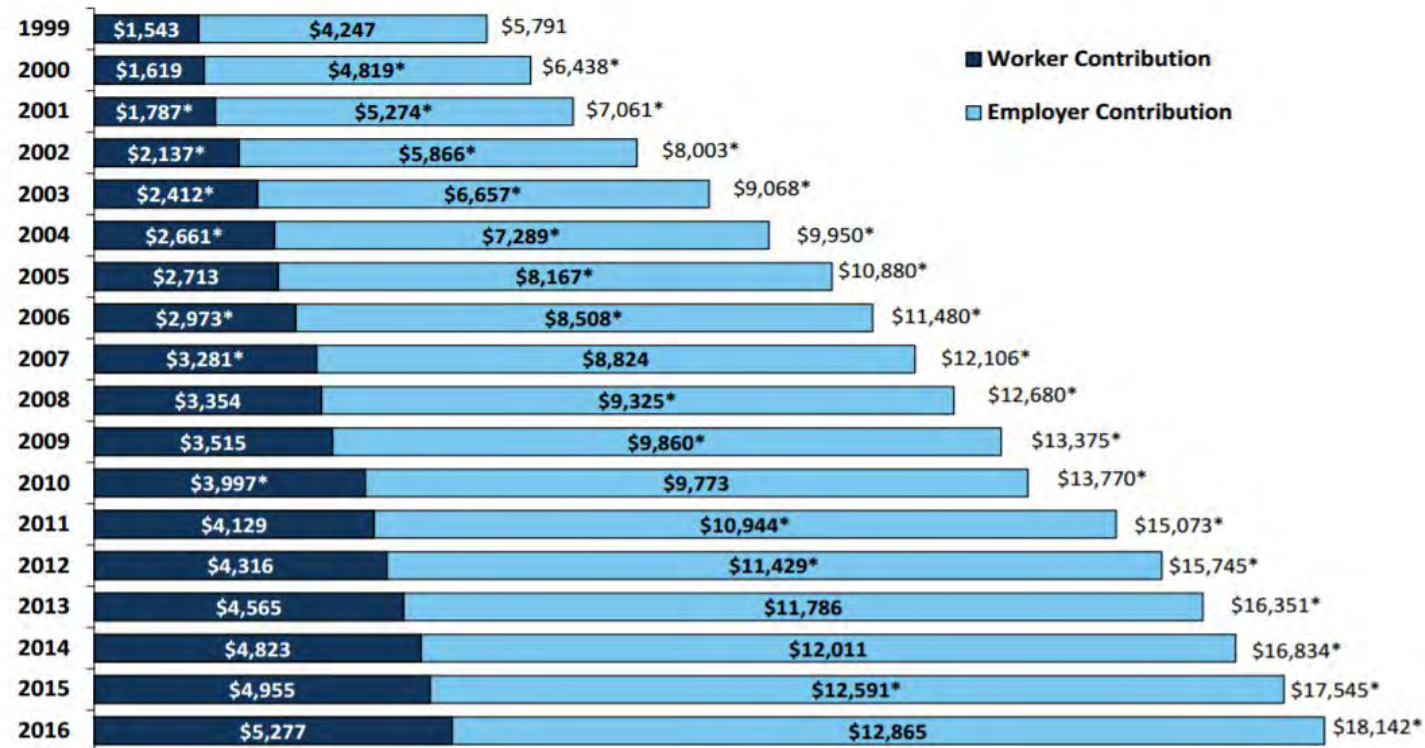
- 1 in 5 adults experience some type of emotional health issue in a given year ²
- Mental health issues arising at younger ages ²
- 1 in 3 Americans have pre-diabetes (9 in 10 don't know it)³
- Risk of death for those with diabetes is 50% higher, and their medical costs are double that of people with prediabetes³

1. CDC, 2015 <https://www.cdc.gov/nchs/data/databriefs/db267.pdf>

2. NAMI

3. CDC, 2014

Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2016



Source: Kaiser Family Foundation, Employer Health Benefits Survey, 2016

- Obesity: **Cost overwt \$266, obese \$1723**
- Metabolic Syndrome: **\$3559 annual costs**
- Diabetes: **\$16,682 per person per year**
- Pre-diabetes: **\$635 extra per year**
- Tobacco Use: **\$9349 in direct health care cost and productivity**
- Depression: **\$15,613 per person per year**
- Cardiovascular Disease: **heart attack is \$38,501**

Source:

<http://www.diabetesincontrol.com/the-true-cost-of-diabetes-and-preventing-it/>

<https://www.ncbi.nlm.nih.gov/pubmed/25414388>

<https://www.ncbi.nlm.nih.gov/pubmed/19558267>

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

<https://www.ncbi.nlm.nih.gov/pubmed/19175438>

<http://www.nber.org/digest/oct98/w6514.html>



Americans living with chronic diseases

About half of all adults have one or more chronic health conditions.

One of four adults had two or more chronic health conditions.



Source:

CDC: <https://www.cdc.gov/chronicdisease/overview/>

Medical Expenditure Panel Survey, 2006 in Anderson, G. (2010). *Chronic Care: Making the Case for Ongoing Care*. Robert Wood Johnson Foundation.

<http://www.rwjf.org/pr/product.jsp?id=56888>

What are the top medical cost drivers among your employee population?

- A. Diabetes
- B. Coronary Vascular Disease
- C. Obesity related conditions
- D. Emotional Distress

- **Preventable** illness: 70% of the total burden of disease and their associated costs
- Chronic diseases
 - Leading cause of death
 - Cost billions of dollars annually
 - Nearly 17% of the US GNP
- **THREE risk factors** (tobacco use, physical inactivity, overweight) are linked to **multiple** chronic diseases (cancer, CVD/stroke, diabetes) and to **injury**
- Individuals at risk for one chronic disease are often **at risk for other diseases**

One effective intervention strategy can reduce risk for multiple risk factors and chronic diseases

Source: Centers for Disease Control and Prevention. (2009). *Chronic Diseases: The Power to Prevent, the Call to Control*.
<http://www.cdc.gov/chronicdisease/resources/publications/AAG/pdf/chronic.pdf>

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What do we do now?

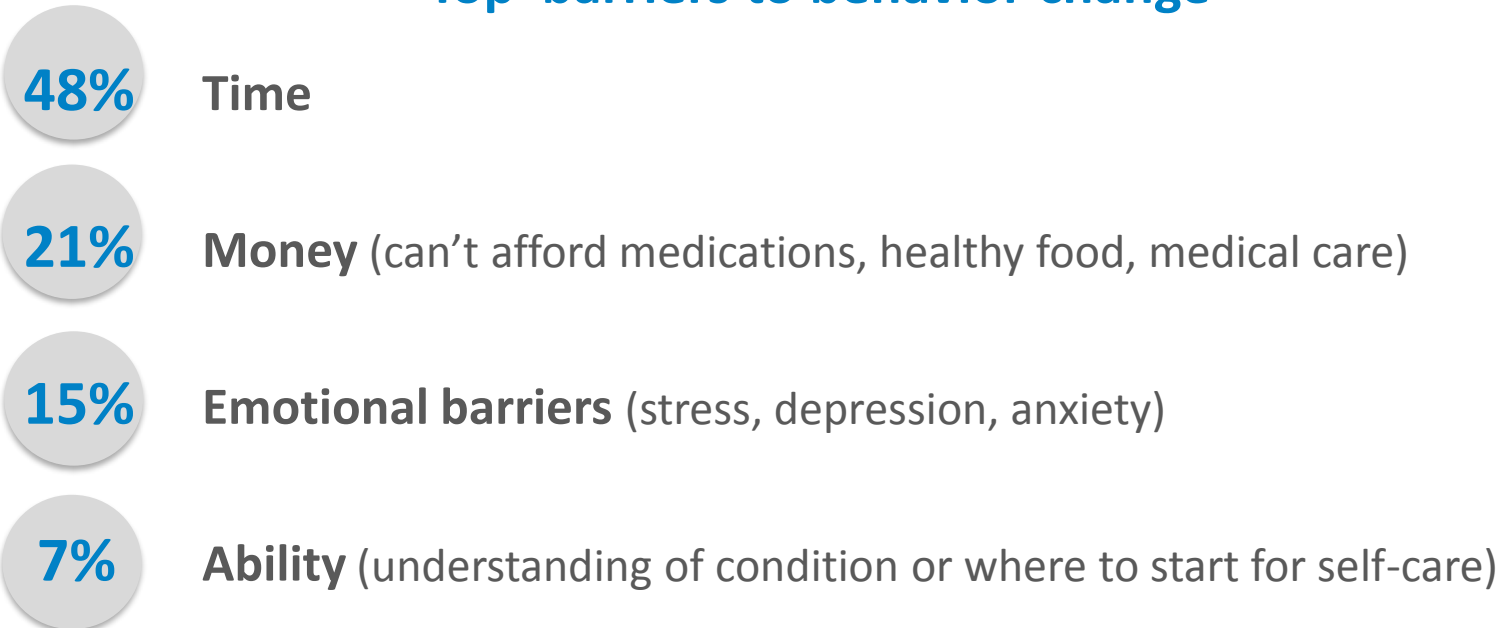
If we could give every individual the right amount of nourishment and exercise, not too little and too much we would have found the safest way to health
– Hippocrates

Engaging members: central to controlling and preventing chronic conditions

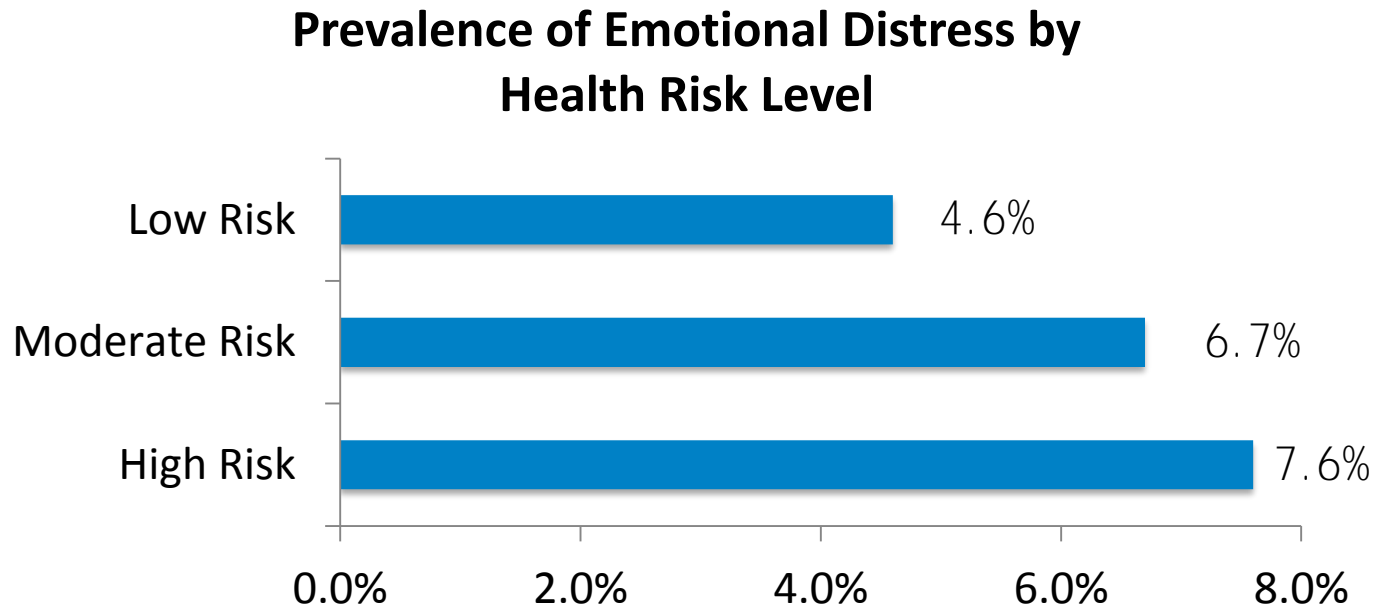
- Nutrition
- Exercise
- Weight management
- Tobacco Cessation
- Stress management
- Preventative screenings
- Engaging healthcare professionals

Emotional distress common

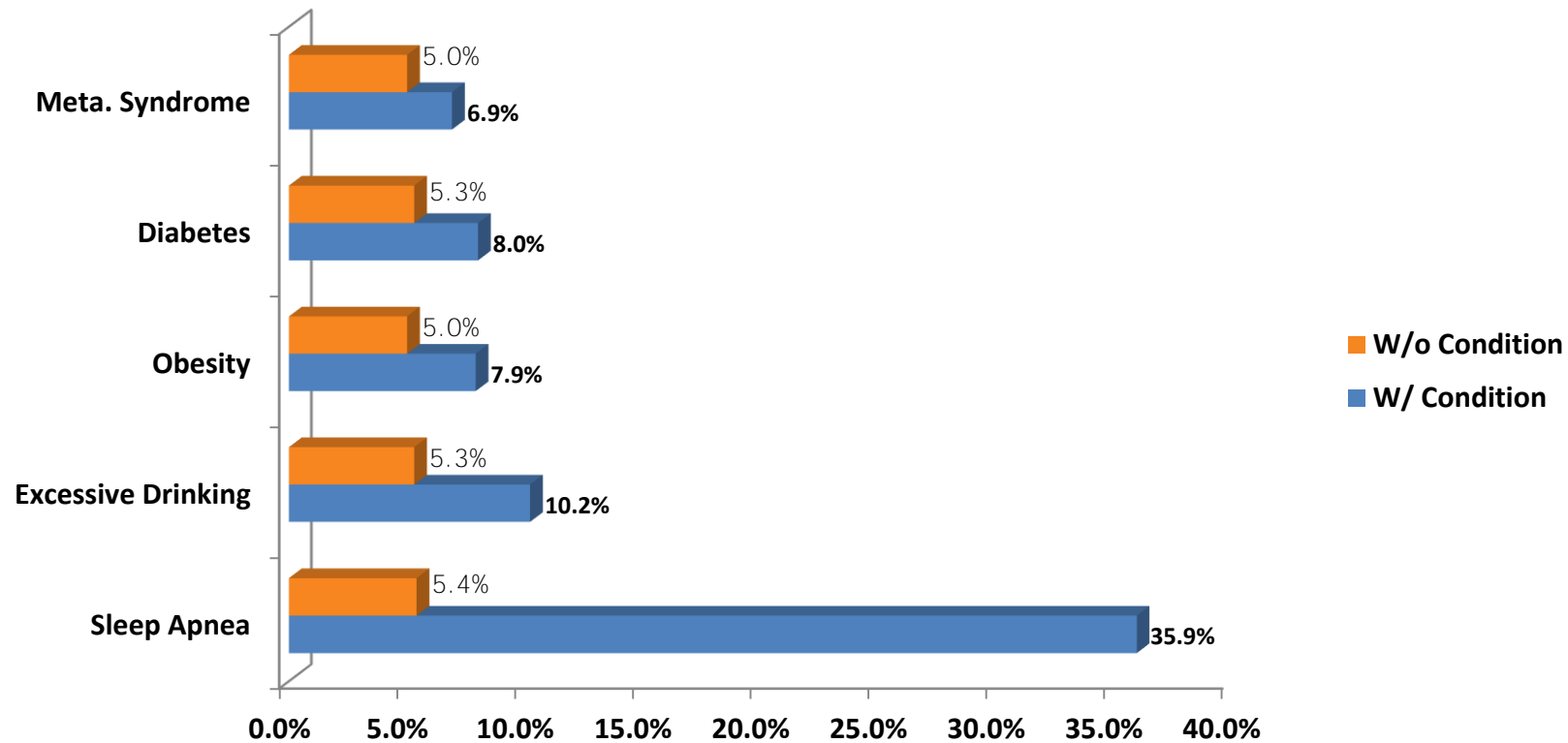
Top barriers to behavior change



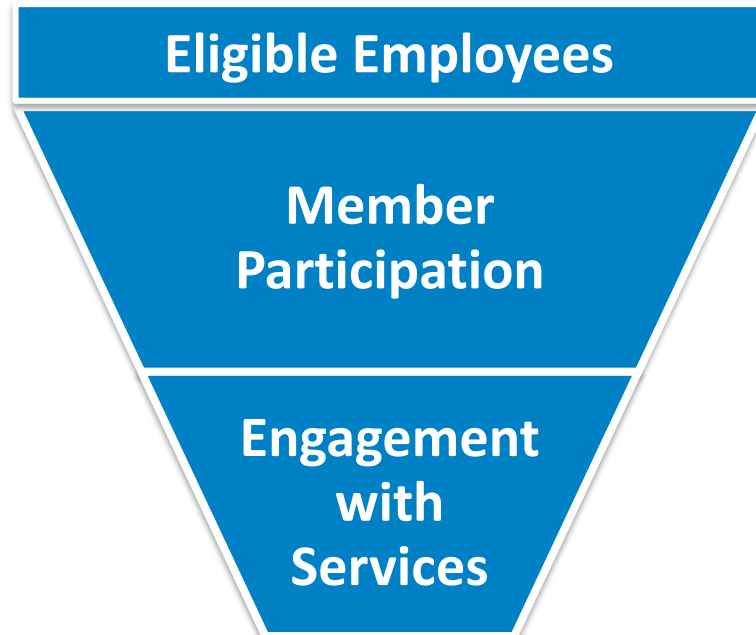
There is a direct connection between physical & emotional health...
and we have a decade of data to both learn and work from



Prevalence of Emotional Distress by Health Condition



<p>Core Conditions</p> <p>Diabetes • Metabolic Syndrome • High Blood Pressure • High Cholesterol</p>		
<p>Overcoming Barriers to Self Care</p>		
<p>Physical Health</p>	<p>Nutrition Education Exercise</p>	<p>Connection to Care Medication</p>
<p>Emotional Health</p>	<p>Anger Denial Depression</p>	<p>Distress Time</p>
<p>Financial Health</p>	<p>"I can't afford my medication" Financial Stress</p>	
<p>Whole Health</p> <p>Self Care • Professional Care • Community</p>		



Positive Health Outcomes

Step 1: Communication

Get people into the wellness program

Step 2: Identification and Stratification

Step 3: Employee Engagement

Step 4: Measure Outcomes

Assess how programming impacts health outcomes

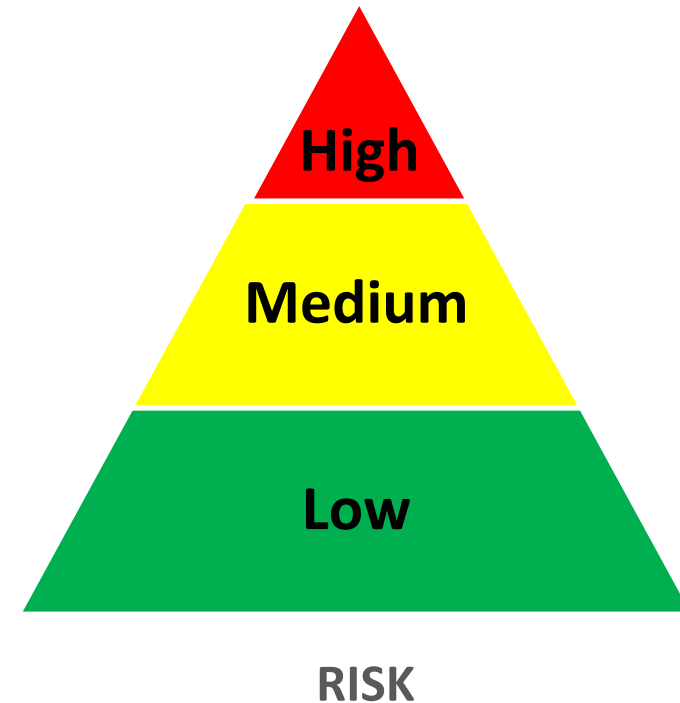
- Understanding the “**hard behaviors**” that members need to make that will lead to better health outcomes
- Understanding the **barriers** members encounter
- Realizing the **smallest simplest actions** that drive the greatest health outcomes
- Creating an environment to be a **catalyst for sustainable behavior change** to drive health outcomes

Creating a culture of health

- Start with leadership communications at all levels
- Align your wellness program with the your mission
- Reinforce confidentiality
- Build trust
- Positive messaging
- Utilize wellness champions and testimonials

Use a variety of data sources to identify those at risk

- Health assessment
- Demographic information
- Biometric screening data
- Claims data (medical and pharmacy)
- Existing health management programs
- Health awareness campaigns to identify self-referrals



Key to engagement and creating a personal health pathway

- Newly discovered conditions
- Highest risk
- Trending at risk
- Existing conditions
- Currently on medications
- Preventative screening utilization



Step 3: Employee Engagement Strategies








- Personalized health assessments
- Targeted communications based on identified risk
- Incentive strategies and programs that foster intrinsic motivation
- Personalized health coaching
- Leverage disease management and care management programs
- Integrate all resources – EAP, Rx benefits, benefit providers, hospital programs
- Integrate technology – web-based health portals, that encourage behavior change
- Onsite activities and social supports
- Engage healthcare providers – leverage connection between wellness program



POINTS DETAILS

ACTIVITY POINTS

ACTIVITY NAME	YOU'VE EARNED	MAXIMUM
 Complete Online Workshop › Earn 50 points, daily	100	150
 Start a Team › Earn 50 points	0	50
 Read a Health Article › Earn 1 point each	3	11
 Start a Challenge › Earn 50 points, daily	0	50
 Track Sleep › Earn 1 point per tracker point	16	—

Close

Incentive strategy can focus on a variety of areas:

- Complete a preventive exam
- Utilize onsite program or activity
- Participate in wellness challenge
- Be tobacco free

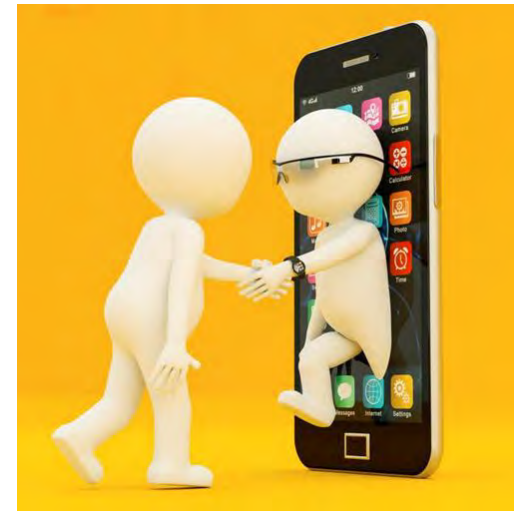
- Enabler/amplifier for healthy outcomes
- BC=MAT (BJ Fogg)
- Behavior design: ever present reminder for healthy lifestyle
- mHealth – text messaging
- Means to an end, not an end itself

65%

have smartphone

25%

use fitness trackers



Reporting and data analytics central to assessing and measuring results

Possible reports

- Participation and compliance
- Program outcomes and year to year trends
- Cohort risk migration
- Location specific results
- Website utilization
- Custom condition data



Possible uses to drive improved outcomes

- Enhance health plan design
- Adjust communications
- Adjust incentive strategy
- Modify wellness plan design/strategy
- Identify additional resources available at your facility

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Applied Case Studies



GOALS OF THE PROGRAM

Understand health risks, provide onsite support, lower healthcare costs and improve quality of Partners' lives



PREMIUM INCENTIVES

\$780 premium incentive tied to participation & health actions in lieu of the raffle strategy
Strengthened with leadership collaboration



INCREASING ENGAGEMENT

Utilizing incentives such as raffle prizes to further encourage completion of health evaluations



COMMUNICATION

Comprehensive communications strategy implemented

Client Example A: Results



30,000

Eligible partners

430

Locations

80%

of enrolled Partners in the medical plan participate in their 2015 Live Well program

55%

of identified members have had **at least one** session with a health coach (4,160)

71%

of Partners met their personal health goal

82%

improvement in BP

71%

improved their glucose levels

64%

improved their triglycerides and LDL cholesterol



41%

Increase Participation

12,050

total member growth
2013- 2014



3.1%

Annual claims trends
2013-2015



7,400

total employees

3,300

benefits eligible

1,777

participated

Objective: Establish a strategy and trusted partnership to administer program that would control health care costs and increase productivity through employee wellness

Barriers:

Dispersed throughout
the USA
Small locations
Majority part-time
employees

Key drivers:

Strong culture of health
Top-down leadership
support
Offering wellness to all
employees
Become employer of
choice
Reduce medical spend



Interactive Health outcomes-based program

Outreach to high and moderate risk

Incentive **\$600 premium** differential

Promote engagement with physician

Participated with Interactive Health vs Non-participants 2013-2014

<i>PARTICIPANT</i>	<i>NON- PARTICIPANT</i>
Hospital admission / 1000	
64	80
Total days spent in hospital/ 1000	
208	380
Average length of hospital stay	
3.25	4.75
Total emergency room visits/ 1000	
196	227
Physician office visits/1000	
6.2	4.8

Goal: Increase participation and drive health risk migration

Manufacturing Client starting new program and plan design:

- Employees and spouses are eligible for the program
- At launch, incentive design was structured that said employee + spouse must both participate to receive incentive
(20% premium differential)

Employee feedback

“I won’t be able to get my husband in here to participate, therefore, I’m not going to participate”

Employer feedback

















They listened and immediately changed their incentive design to a tiered approach.

75%

PARTICIPATION

RISK MIGRATION & FLAT CLAIMS

Year over year cohort data: nearly **half** of those that were pre-diabetic moved to a **Healthy State** or normal glucose levels

		Starting Diabetes Risk Level			
Ending Diabetes Risk Level		Healthy	Pre Diabetes	Diabetes	Out of Control
Healthy	 95%	 49%	 22%	 11%	
Pre Diabetes	 4%	 30%	 21%	 8%	
Diabetes	 1%	 14%	 29%	 15%	
Out of Control	 1%	 8%	 28%	 66%	
		<i>Member Totals by Risk Level</i>			
		14,747	1,017	498	636



**Thank
You!**



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