

An-Update-on Wellness Programs

Where Are We Today and What's on the Horizon

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- 80 Introduction
- ∞ What's the buzz?
- ∞ A side bar on Impact & ROI
- So What are employer challenges
- ∞ What ensures success
- ∞ What's next?
- ∞ Questions and answers



"I can't believe I was doing it wrong all of these years!"



Introduction

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What's the Buzz



Just Three Years Ago

- 2008 Pricewaterhouse Coopers' Health and Wellness Touchstone Survey results
 - 69% of 561 companies have a wellness program
 - Less than 30% of members participate: the use of incentives increases participation
 - 52% of respondents don't believe wellness programs are effective at mitigating healthcare costs, improving performance/productivity, or enhancing employee engagement/loyalty
 - They do believe they are effective at reinforcing corporate responsibility and image

Fidelity/NBGH 2010 Hays

survey

- So Of 147 employers surveyed, all offered some sort of health management programming
- Respondents spent 2% of their overall health care budget on programs to impact health (same as 2009)
- 62% offered financial incentives to participate; 50% offered incentives to participate to spouses
- so Average dollar value of the incentives: \$430 per employee
- 64% of employers adjust contributions to rewards are costneutral
- Employers with 5,000 15,000 employees were more likely than employers with less than 5,000 employees to offer incentives (78% vs. 38%)

Fidelity/NBGH 2010 Hays



- So Only 46% of respondents measure clinical outcomes as a gauge of program success
- Most popular success metrics: participation (77%) employee feedback (64%), and utilization of preventive services (60&)
 - 60% use claim costs
 - 50% use annual health care trend rates
- so Conclusion:
 - Employers are investing in wellness but they continue to struggle with measuring impact

http://www.businessinsurance.com/article/20110206/ISSUE01/302069994

Towers Watson: Managing Hays Health Lowers Trend

Figure 10. Median trends for high, average and low performers Two-year average trend 16% 15.0 14% 11.5 12% 11.0 10.5 10.5 10.0 10.0 10.0 10% 8.0 8.0 8% 6.5 6.2 5.8 6.0 6% 5.0 4% 3.0 2.5 2% 1.0 1.0 .5 .3 0% 2004/05 2005/06 2006/07 2007/08 2003/04 2008/09 2009/10 Calendar Years High performers Average performers Low performers

Note: Two-year average trends for medical and drug claims for active employees, net of employee

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premium contributions



Figure 11. Consistent performers vs. median annual cost trends, 2007-2010

Note: Median trends for medical and drug claims for active employees, net of employee premium contributions

Towers Watson: Bendinglays Trend

Figure 12. Annual costs and increases by performance group

	Performance Groups			Difference	
	Consistent Performers	High Performers	Low Performers	Consistent vs. Low	High vs. Low
Total PEPY costs, 2010	\$9,016	\$9,302	\$11,047	-\$2,031	-\$1,745
PEPY costs, net contributions, 2010	\$7,042	\$7,392	\$8,576	-\$1,534	-\$1,184
Employee contributions, 2010	\$1,974	\$1,910	\$2,471	-\$497	-\$561
Employee share of contributions, 2010	21.9	20.5	22.4	-0.5	-1.8
Two-year average cost trend	2.6	1.0	10.0	-7.4	-9.0
2010 cost trend, net contributions	2.1	0.0	10.0	-7.9	-10.0
2010 cost trend, before changes	4.8	4.5	10.0	-5.2	-5.5

In terms of cost management, both consistent and high performers are noticeably ahead. In 2010, the cost difference between consistent performers and low performers was more than \$2,000 per employee. The cost difference between high performers and low performers was \$1,745 per employee (*Figure 12*). For a consistent performer with 10,000 employees, this adds up to a \$20 million cost advantage over a low-performing competitor. Consistent performers' affordability proposition for employees is also superior to low performers'. Notably, employees at consistentperforming companies pay 20% less than their counterparts at low-performing companies. Apart from the obvious advantages of paying lower costs, affordable health care is key to providing a competitive reward package, and to attracting and retaining top talent.*

Towers Watson: Top Health Hays Care Strategies

0%	10%	20%	30%	40%	50%	60
Stay up t	o date and co	mply with the P	PACA			
					54	
Develop/	expand health	y lifestyle activ	ities	20		
Adopt/ex	mand the use	of financial inc	entives to enco	39 urage healthy b	ehaviors	
Adopty of		or infantional info		6		
Revise h	ealth care stra	tegy for active	employees			
			35			
Review h	ealth care ben	-	f total rewards	strategy		
Increase	emphasis on	23 effective condit	tion manageme	nt		
Increase	chiphasis on	20	tion manageme			
Revise h	ealth care stra	tegy for retiree	s (including pot	tential exit)		
Make lon	ng-term change	es to avoid exci 19	se tax ceiling			
Expand e	enrollment in a	ccount-based h	ealth plans			
	-	17				
Review c	ompetitors' ac 10	tions				
Prepare f	for opening of 9	insurance exch	anges			
Maintain	grandfathered 8	l status				
	nployees to us 7	se higher-quality	y providers of c	are		

Note: Companies were asked to identify their top three focus areas.

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Optum: Time Investment^{Hays} in Wellness



Optum: Offered Wellness^{Hays} Components





Optum: Trends & Planning

Wellness trends

Insights	Recommendations	
Almost half of all organizations do not have any strategic plan to guide their wellness initiatives	Large organizations in particular should consider working with vendors who can provide strategic guidance and offer strategic planning consulting services that integrate with their health and wellness offerings	"Almost half of
While penetration of wellness programs appears much higher among large companies, smaller companies appear to lag behind	Smaller companies should consider how they can begin to incorporate wellness into their organization	all organizations do not have any strategic plan to guide their
Organizations with a dedicated employee to promote wellness initiatives generate 26% more participation (48 points vs. 38 points) compared to those organizations without a dedicated employee	 Consider investing in resources (full-time or part-time) to help promote your wellness program within the organization Look to vendors with consulting services to help determine resource needs 	wellness initiatives"
Onsite programs, including flu shots and biometric screening events, have shown very rapid year over year penetration across the board	 Onsite programs are critical in identifying risk factors and inspiring employees to take action Look for vendors who have well-integrated wellness and disease management services with biometric screenings to ensure maximum opportunity for employee and member participation 	
Most companies consider wellness a vital part of their benefits mix, serving as an opportunity to maximize health and productivity as well as employee morale	 For companies not yet offering wellness programs: start by understanding the risks in your population and assess employee needs/interests With wellness programs: evaluate the program mix to ensure programs continue to address population needs; be sure you have a robust communications plan 	
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Optum: Using Incentives

Why do we even need incentives?

Are the incentives appropriate for the activity?



Hays

Optum: Participation

Participation in Wellness Programs

- According to employers, on average, 43% of eligible employees participate in company Wellness Programs, which is consistent with 42% participating in 2009
 - More organizations with participation rates over 50% in 2010 (29%) than did in 2009 (22%)





OPTUM: How Programslays are Evaluated

Evaluating the success of Wellness Programs

Organizations place the most importance on Claims/Healthcare Cost Reduction, Participant Rates and ROI when determining the success of their Wellness Programs

 Less importance was placed on Employee Feedback/Testimonials (93% vs. 96% in 2009), Employee Surveys (80% vs. 88% in 2009), and Vendor Reporting (71% vs. 77% in 2009) in 2010 than in 2009



By importance: Claims/cost reduction, Participation rates, ROI

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Participation is needed to determine impact



A Sidebar on Impact & ROI

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Just the Facts, Just the Math



Impact of Wellness on Health Care Utilization

INCREASES IN UTILIZATION

ULTIMATE DECREASES IN UTILIZATION

- Physician visits for preventive care/ screenings
- Prescriptions (high blood pressure, high cholesterol, etc)
- n Lab work
- no Mental health visits

- so Inpatient hospitalization
- so Emergency room visits
- Prescriptions (high blood pressure, high cholesterol, etc.)



In Search of a ROI

- Statistically valid ROIs are extremely costly to calculate and require 10,000 unique members in the program
- ⁵⁰ Alternative savings/impact metrics come from
 - Utilization patterns
 - Employer driven metrics such as productivity, absenteeism, work comp, disability data, etc
- so One year of results does not constitute trend
- Requires population-based evaluation
 - Is measured on the full population and not just on participants
 - Eliminates self-selection bias
- ∞ Will not be fully realized for 3-5 years

So If It's Not an ROI, Hays What Is It?

- ⁵⁰ What are the behaviors your program is trying to influence?
- ⁵⁰ What is meaningful to your organization?
 - Utilization units
 - Satisfaction
 - Lifestyle risk change (HRA data)
 - RX measures
 - % of preventive visits
 - Participation
 - Unplanned absenteeism
 - Retention/turnover
 - Productivity
 - Volunteer hours

One Employer's Hays Alternative Metrics

- ⁵⁰ Work comp modification factor reduced by 70%
- So Employee productivity
 - $_{\odot}$ Increase of 22%
- ⁵⁰ Employee retention:
 - Increase from 69% to 93% over 6 years
- ⁵⁰ Employee satisfaction:
 - Increase from 75% to 95% over 6 years

When You Shouldn't Hays Invest in Wellness

- If incentives and plan design do not drive in excess of 65-85% participation in sustainable behavior changing programs
- If the program is not focused on behavior change and only has awareness/information raising components
- If there is no outbound follow-up on either lifestyle or biometric identified risk factors
- If the social norms and messaging are not in sync with individual expectations for well-being



Employer Challenges



- So Just because you build it/offer it, doesn't mean your employees will participate
- 50 Keep it simple
- ⁵⁰ Readiness to change affects participation
- so You need meaningful, well-communicated incentives



No Money for Incentives

50 There's no ROI if you don't invest

- What is the cost of doing nothing?
- so Adjust premiums to cover the cost of incentives
- ⁵⁰ Promote the program as a 20% savings for participants

This Year's Premium Contribution Bi-weekly	Next Year's Projected Premium Contribution	Next Year's Premium Contribution for Non- Participants	Next Year's Premium Contribution for Participants
\$50	\$65	\$78	\$65





- So Adults don't change lifestyle behaviors because you tell them to do something differently
 - If they did, this would be EASY!
- ∞ Health does not equal wellness
- ∞ Wellness is something that you may not <u>see</u>



What Ensures Success

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- ∞ It defines the organization
- ⁵⁰ It sets the social norm and communicates expectations
- If you don't have this, you will have a difficult time having success with your wellness initiatives





Communications

- So Choose words carefully- what are they saying to your reader?
 - Are you depressed? Marital problems? Facing foreclosure? Call the EAP today.
 - We've all had hard times when life was overwhelming. Times where it was tough to communicate with our spouse or kids or pay our bills on time. Our EAP has many resources to help out in these times. Call them for confidential resources, extra support or guidance today.
- ⁵⁰ Multiple sources, multiple media, multiple repetitions



What's Next

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Trends in Wellnes

Future Wellness Program^{ays} Impacts

- 50 Social media
- 50 Charitable focus
- so Inclusion of spouses and children
- no Consumerism
 - It's more than just your lifestyle choices; it's how you use healthcare resources and benefits
- so Outcomes versus participation based rewards
- ∞ Healthcare reform
 - If employers don't offer healthcare benefits, will they support wellness programs?



Questions & Discussion

Thank you for your time & attention today

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For more information, please contact: