



Health Care Consumerism Campaign

FY2017 DelaWELL Health Management Program

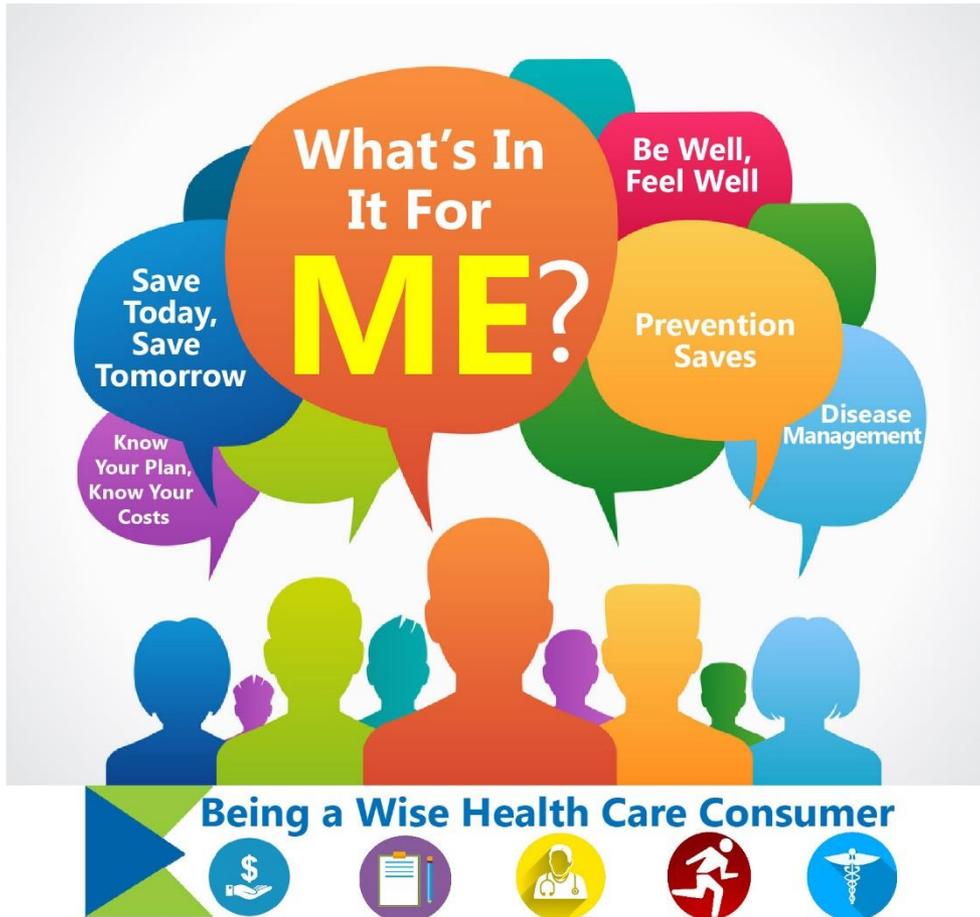
February 19, 2016

Health Care Consumerism Campaign

Improve Health Care Consumerism

- Starting in March 2016, the Statewide Benefits Office (SBO) will begin to promote a comprehensive health care consumerism campaign called *“Being a Wise Health Care Consumer: What’s In It For Me?”*
- The campaign will focus on three main areas:
 1. **Transparency** – Publishing and providing data using visually appealing infographics, on topics like plan costs (i.e., ER vs. urgent care, lab and radiology services, generic vs. name brand drugs) and disease and risk prevalence, that members can understand and use
 2. **Consumerism** – Streamlining benefits information, tools and available resources for members on areas such as prevention, wellness, disease management, informed decision making and cost control
 3. **Education** – Implementing multiple modes of communication to include print, web, video, social media, in-person and online training

Health Care Consumerism Campaign Resource Link Demo



Five key messages –

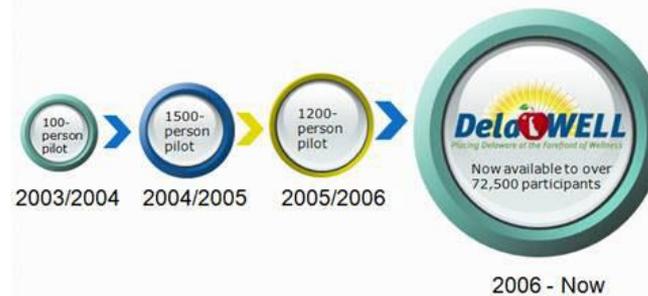
1. Save Today, Save Tomorrow
2. Know Your Plan, Know Your Costs
3. Prevention Saves
4. Be Well, Feel Well
5. Disease Management – What You Need To Know

www.ben.omb.delaware.gov/consumerism

FY2017 DelaWELL Health Management Program Planning

Evolution of DelaWELL

A Look at Past Participation



DelaWELL	FY2008 Incentive (\$75)	FY2009 Incentive (\$100)	FY2010 No Incentive	FY2011 Incentive (\$100/\$200)	FY2012 Incentive (\$100/\$200)	FY2013 Incentive (\$100/\$200)	FY2014 Incentive (\$100/\$200)	FY2015 Incentive (\$100/\$200)
Online Wellness Assessment (participants)	8,826	10,271	2,003	5,721	4,940	6,470	5,736	4,563
Participation Rate	21%	14%	3%	8%	7%	9%	8%	6%
Onsite Health Screenings (participants)	N/A	9,342	N/A	4,510	4,437	4,930	4,625	3,779
Participation Rate	N/A	13%	N/A	6%	6%	7%	6%	5%
Health Coaching (Participants)	2,652	5,304	1,299	2,386	1,719	2,322	2,270	2,675
Participation Rate	6%	7%	2%	3%	2%	3%	3%	4%
Disease Management (Participants)*	N/A	N/A	N/A	1,365	776	846	816	961**
Participation Rate	N/A	N/A	N/A	4%	2%	2%	2%	3%**

*Total engaged active - The total number of members who were eligible, identified and targeted who completed their Initial Assessment OR established connectivity for their Alere at-home device between the program year dates.

**FY2015 final DM Stats not available yet

FY2008 (Wellness Assessment, Screenings and Health Coaching) = Eligible count was approx. 42,000
 FY2009 – FY2015 (Wellness Assessment, Screenings and Health Coaching) = Eligible count was approx. 72,000 (added spouses, dependents, etc.)
 FY2011 – FY2015 Disease Management = Eligible count was approx. 35,000



Past Successes FY2011 – FY2015

- Improvements in participant lifestyle and medical risk factors
- Participants actively engaged with a nurse care manager in the disease management program experienced an 18% higher clinical adherence (i.e., medication usage and recommended screenings) rate
- Interactions with participants with chronic conditions have succeeded in improving inpatient utilization for members engaged in the chronic condition care program, with 13.2% improvement in hospital utilization
- Over 50% of health coaching participants reported increased fruit/vegetable intake, physical activity or ability to deal with stress
- Savings of roughly \$16 million through the disease management program as measured by reduction in hospital admissions

Lessons Learned

- Issue we have continued to face: **Low participation and engagement**
- State has offered various program designs, incentive structures and requirements, cash incentives (\$100 and \$200), health resources and tools, based on the feedback received from vendors and members
- Cash incentive amounts (\$100 and \$200) offered have not been successful in producing high participation and engagement
 - Current budget situation does not permit the offering of cash incentives
- Successes seen are good, but not enough as they are only for a small subset of the population

Additional Lessons Learned

State Employee Health and Wellness Benefits Survey (March 2014)

- 9,480 employees completed (27% response rate)
- Recognition and awareness of DelaWELL among employees has attained a 91% reach:
 - 51% had used or are engaged in a DelaWELL program
 - 40% aware of DelaWELL, but have not participated in the program
 - Top reasons:
 - Time concerns
 - Preferring to work with another health care professional
 - Confidentiality concerns
 - Program is “too confusing”
- Incentives for participation:
 - Desired cash incentive annual payout amount of approximately \$432.00
 - 61% indicated they would participate or continue to participate to avoid increased out-of-pocket expenses such as co-pays or plan deductibles
 - 57% indicated they would participate or continue to participate to avoid increased premiums
 - 62% indicated that a plan with a lower monthly premium that required participation in the DelaWELL program would be appealing
 - Top health choices for lower premiums or incentives –
 - Complete preventive screening annually (45.6%)
 - Complete an online Wellness Assessment annually (31.2%)



FY2016 DelaWELL Strategy and Current Participation

Reward requirements:

1. Online Wellness Assessment
2. Annual Physical Examination

No Financial Incentive

DelaWELL	FY2016* No Incentive
Online Wellness Assessment (participants)	90
Participation Rate	<1%
Annual Physical Exams (participants)	1,350
Participation Rate	1.9%
Health Coaching/ Disease Management (Participants)	2,023
Participation Rate	2.9%

*Represents combined stats for both Highmark Delaware and Aetna. Eligible population: 70,221 (Highmark – 66,531; Aetna – 3,690)

FY17 Planning: Food for Thought

- No funds for incentive
- Reward components: Wellness assessment, annual physical and online health care consumerism training course
- Reward strategy:
 - Plan design (i.e., deductible)
 - Tiered premiums (requires Legislation)
 - Surcharges
 - Chronic condition management and outcomes
- Other ideas/ feedback?

- Continue discussions on FY2017 DelaWELL Program Planning