



State Employee Benefits Committee
April 22, 2016
DelaWELL Health Management Planning

Health Management Educational Series

- *April 22, 2016 SEBC Meeting*
 - SBO – Recap DelaWELL past participation and lessons learned
 - Segal – Review what other states are doing in the area of wellness promotion, including incentives
- *May 13, 2016 SEBC Meeting*
 - Highmark – Recap wellness and disease management services currently offered and importance of wellness assessment and annual physical
 - Truven – Look at disease prevalence and how health management can play a role in slowing down progression and improving population health
- *June 10, 2016 SEBC Meeting*
 - Review State initiatives with actionable items



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

	Aetna	Highmark DE	Total
Online Wellness Assessments Completed	50	118	168
Participation Rate	<1%	<1%	<1%
Annual Physical Exams Completed	1,709	10,615 (40 self-attested online)	12,324
Participation Rate	28%	16% (<1% self attested online)	17%
Health Coaching/ Disease or Case Management Participants	55	2,028	2,083
Participation Rate	<1%	3%	3%

*Represents combined stats for both Highmark Delaware and Aetna. Eligible population: 73,995 (Highmark – 67,949; Aetna – 6,046) employees, spouses, dependents over age 18 and non-Medicare eligible pensioners





WELLNESS STRATEGIES IN A STATE ENVIRONMENT

April 22, 2016

Presented by:

**Anne Marie Ludovici-Connolly, M.S.
Stuart Wohl**

Delaware SEBC

 **Segal Group**

Health Management: A Serious Economic Strategy

“Health Management is a health strategy but equally important, health management is a business and economic strategy.”

“Controlling risks leads to Zero Trend.”

“Investing in good health is less expensive than paying for poor health.”

“Excess costs are related to excess risks. Costs follow *engagement* and risks.”

—Dee Edington, *Shared Values, Shared Results*, 2016,
Zero Trends: Health as a Serious Economic Strategy, 2009

Why Promoting Health at the Worksite Makes Sense

- Employers are beginning to explore wellness and prevention as a viable approach to not only control costs but to improve productivity, engagement, retention and morale.
- Traditional approaches such as cost shifting, plan redesign, changing of providers/vendors are not getting all of the needed results.
- Captive audience—work week increasing—opportunity social support (behavior change elements present).



In a recent study published by Health Affairs, Harvard Economists reported:

- Medical costs fall by about \$3.27 for every dollar spent on wellness programs.
- Absenteeism costs fall by about \$2.73 for every dollar spent.

Baicker, K., Cutler, D., Song, Z. Workplace Wellness Programs Can Generate Savings. *Health Affairs*, February, 2010 29:2

National Health Facts and Statistics

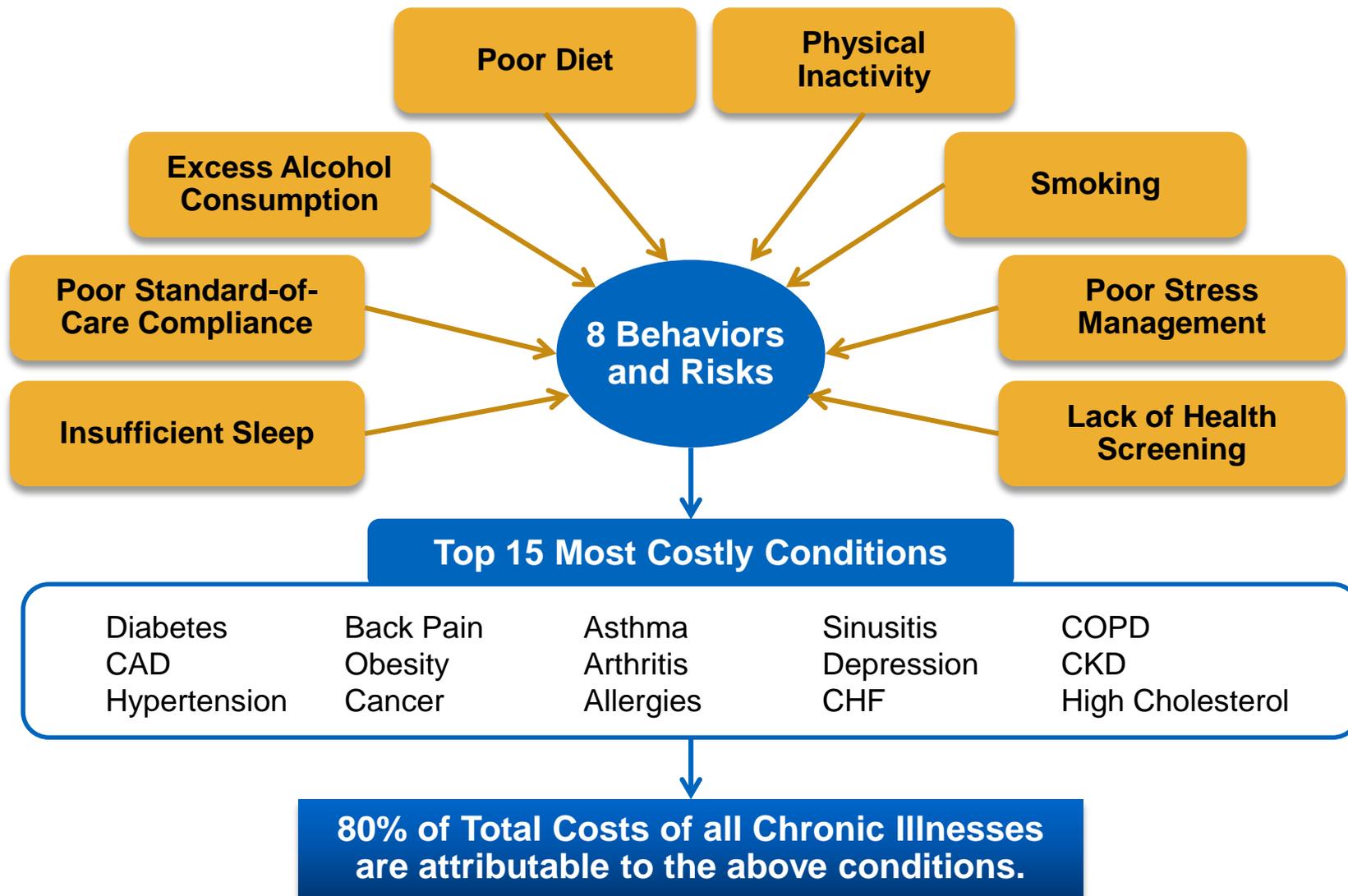
- **30.7%** Delaware population is obese.
 - **36.8%** Overweight, State Rank 17 (Red).*
- **24.9%** Delaware population engage in no leisure time physical activity.
 - **Over 80%** don't meet physical activity guidelines.
- **37.7%** Americans report consuming fruits one or less times daily. (Delaware **40.4%**)
- **22.6%** Americans report consuming vegetables one or less times daily. (Delaware **28.9%**)
- **17.8%** of U.S. adults smoke (Delaware **19.9%**)
- 29.1M people or 9.3% (Delaware **9.7%**) population have been diagnosed with diabetes. Undiagnosed 8.1M (estimated 27.8% undiagnosed).
- 70M Americans have high blood pressure (29%). That is one in every three adults. Delaware **31.1% – 32.9%** diagnosed.
 - Only about half (52%) have their condition under control.
- **Prevalence of Chronic Conditions continue to rise (diagnosed, undiagnosed and unmanaged)**



*CDC, Behavioral Risk Factor Surveillance System (BRFF) 2015

Moving Toward Lifestyle Behavioral Changes

Key Health Behaviors That Can Be Modified



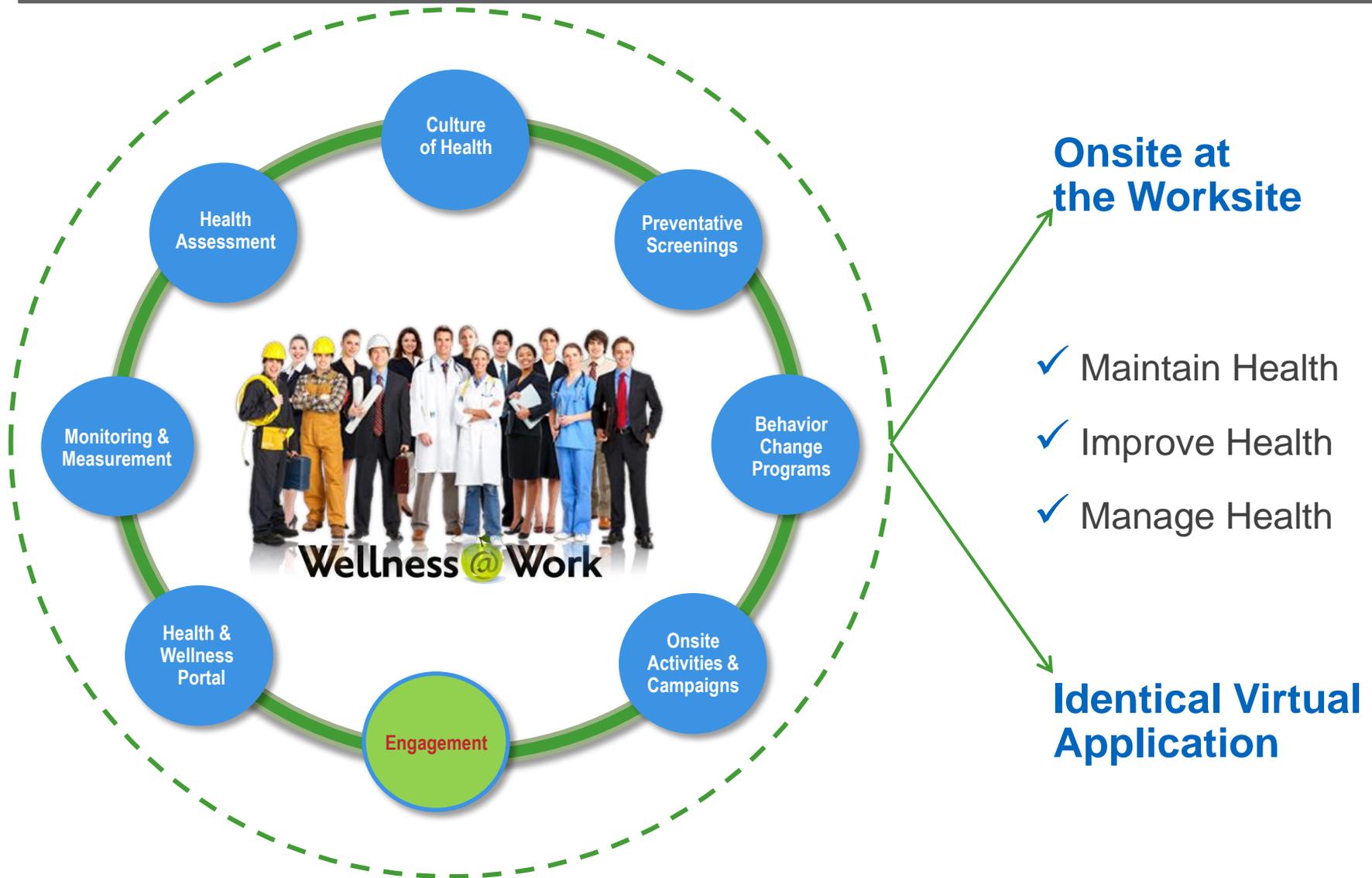
Healthier People Healthier Bottom Line

Wellness is a Viable Solution

- Global health economy growing at faster rate than gross domestic product
- Employers, Schools, States & Communities continue to deploy strategies reduce costs.
- Research has demonstrated that healthier people cost less.



Best Practices Framework



Designing a Winning Health Promotion Strategy*

I

Infrastructure

D

Data Collection

E

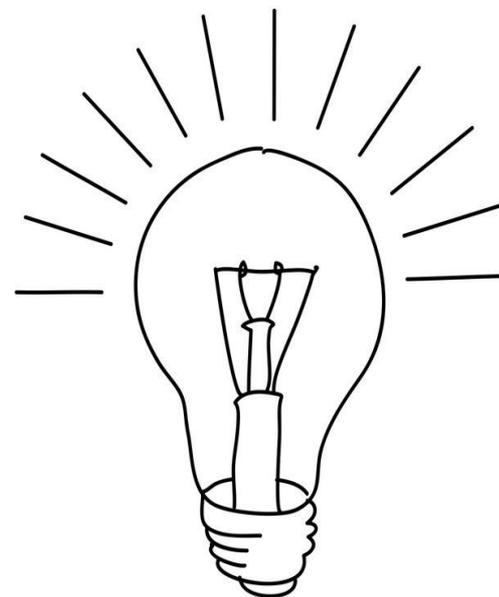
Evaluation- Strategy

A

Awareness, Education, Intervention (A.E.I.) Programming

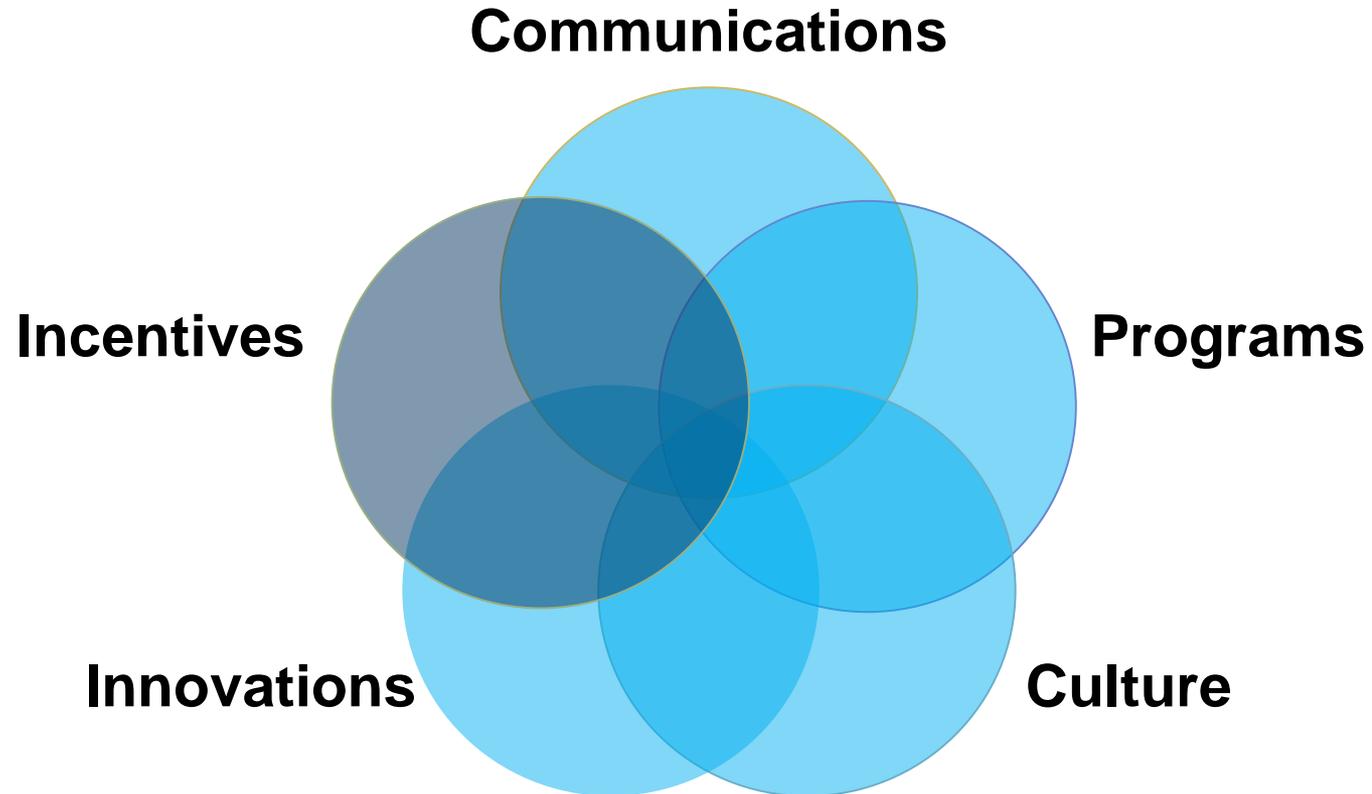
S

Success Evaluation, Continuously Building Momentum

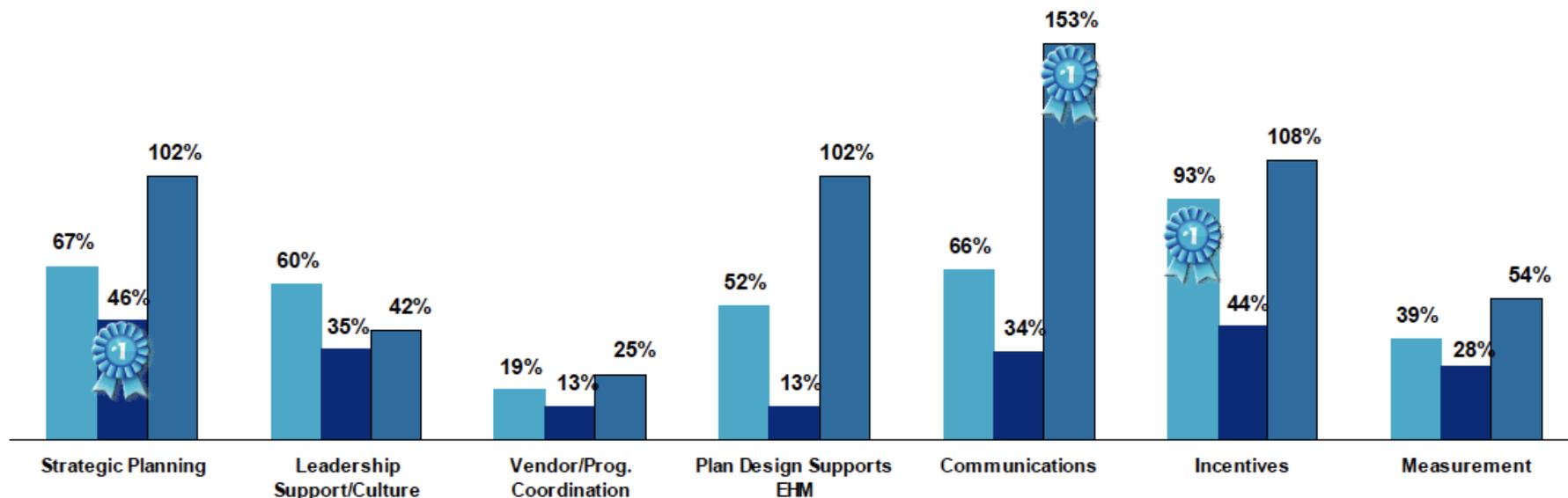


* Winning Health Promotion Strategies, Ludovici-Connolly, Human Kinetics, 2010

5 Tenets of Engagement



Which Best Practices Predict Better Outcomes? Variance between Higher and Lower Adoption Rates*



■ Engagement** ■ Health Improvement ■ Savings

	Engagement			Health Improvement			Savings		
	V/E	NV/NAA	Variance	V/E	NV/NAA	Variance	V/E	NV/NAA	Variance
Strategic Planning	58.6	35.1	67%	86%	59%	46%	70%	34%	102%
Leadership Support/Culture	54.1	33.9	60%	83%	62%	35%	63%	44%	42%
Vendor/Prog. Coordination	54.1	45.3	19%	83%	74%	13%	65%	52%	25%
Plan Design Supports EHM	54.6	36.0	52%	81%	72%	13%	66%	33%	102%
Communications	57.4	34.6	66%	86%	64%	34%	72%	28%	153%
Incentives	63.4	32.9	93%	90%	63%	44%	73%	35%	108%
Measurement	57.9	41.7	39%	87%	68%	28%	70%	45%	54%

*Adoption rates based on self assessment: *Taken altogether, how effective is ___ [Very Effective (V), Effective (E), Not Very (NV), Not At All (NAA)].

**Engagement based on Health Assessment participation rates. Health Improvement and Savings based on % who indicate positive outcomes.

Design Features That Support a Strategy and Drive Results

- Meaningful and recurring incentives, disincentives:
 - Monthly Premiums
 - Plan Design (generally deductibles and copayments)
- Going past the assessments and the questionnaires
- Interaction with Primary Care Physician
- Vendor (administrators) capabilities to support the program



State Wellness Programs

	Incentives				Disincentives			
	Premium	Plan Design	Cash/ Gift Cards	Other	Tobacco Surcharge	Premium	Plan Design	Participation
<i>Alabama Teachers</i>						X		95%
<i>Connecticut</i>		X				X	X	97%
<i>Delaware</i>			X					15%
<i>Illinois</i>				X				10% – 20%
<i>Kansas</i>	X							75%
<i>Maryland</i>		X		X	X			40%
Massachusetts			X	X				<10%
<i>Montana Teachers</i>			X					5%
<i>North Carolina</i>	X	X			X			50% – 60%
Pennsylvania	X							Unknown
<i>Rhode Island</i>			X					Unknown
Virginia	X			X				Unknown
<i>Wisconsin</i>			X					10% – 20%

Current Segal Clients in ***bold, italics***

Worth Noting

- Alabama achieved a **95% participation** in the 1st year with significant premium discounts for completing wellness screenings and health questionnaires as well as enrolling in disease management and complex care management programs if appropriate.
- Using a combination of plan design incentives (such as waiving certain copays and lowering other co-payments), plan design disincentives (increase in deductible) and premium surcharges, Connecticut has achieved a **97% participation**.
- Kansas reports a **75% participation** in their program that allows employees to earn a \$240 credit on annual premiums by earning 30 credits (out of 171 credits possible) for completing various activities including virtual coaching, biometric screening, Tobacco Cessation Program completion among other activities (Details are shown later). Credits are also earned by
 - Having Blood Pressure less than 120/80
 - Total Cholesterol less than 200
 - Glucose less than 100
- With wellness premium credits of up to \$90 per month, North Carolina has seen a **50% to 60% participation**. Criteria include a series of activities including completing a health assessment, choosing a PCP and learning about Patient-Centered-Medical Homes, being tobacco free or enrolling in a tobacco program along with other activities.
- Co-share credits are earned in Rhode Island by completing various offers/activities throughout the year (details are shown later). The time of the offer varies based on the activity. For example:
 - Obtain Blood Pressure Screening (equal to or less than 140/90), at a Health Fair or Doctors' Office between 9/1/2015 – 1/31/2016 (earn \$50)
 - Complete Online Health Assessment between 3/1/2015 – 12/31/2015 (earn \$50)
 - Complete 5-week Online Nutrition Tracker between 2/2/2016 – 3/6/2016 (earn \$50)

Worth Noting

- Low participation (under 25%)
 - In Massachusetts, a \$30 gift card is earned by completing a health risk assessment. Lotteries for \$100 gift cards and I-Pads are held three times per year if you complete the health risk assessment and a certain number of wellness activities.
 - Employees and Spouses each can earn \$150 for completing:
 1. Wellness assessments, and
 2. On-line health survey in the state of Wisconsin.Both parts must be completed to receive the \$150.
 - Rebates towards the cost of weight-loss program (maximum of \$200 once per three years) and smoking cessation (maximum of \$200 once per year) in Illinois.
 - A \$100 gift card will be received by completing the Health Futures Wellness Program for the employee and/or the spouse in Montana. To complete this program you must:
 1. Meet with your physician
 2. Complete an on-line health risk assessment
- In Pennsylvania, employee contributions are reduced from 5% of gross base pay to 2% of gross base pay by completing the Get Healthy Program which includes wellness screenings, cholesterol, glucose, and blood pressure screenings and measuring BMI.
- Virginia offers a pregnancy incentive of either a \$300 co-payment waiver or a \$300 HRA contribution for enrolling in the Health Beginnings program within 16 weeks of getting pregnant, actively participating in the program and completing a 28-week health assessment. Virginia also offers a premium reward program for employees and spouses who are enrolled in certain plans. Employees and/or spouses must complete a health risk assessment and biometric screening to receive a \$17 per month reduction in cost share (employee or spouse only) or \$34 per month reduction in cost share if both member and spouse meet requirements.

Kansas Healthquest Rewards Program

Goal for Plan Year 2017 Premium Incentive Discount:

1. Complete the required Health Assessment Questionnaire worth 5 credits, and
 2. Earn an additional 25 credits by November 15, for a total of 30 credits
- Receive a discount of \$240 on your health plan premium for Plan Year 2017

Earning Period: November 16, 2015 – November 15, 2016	Credit Value	Credit Maximum
Health Assessment Questionnaire – Required (online/paper)	5	5
Biometric Screening Participation (Onsite Screening or Home Kit)	5	5
Blood Pressures less than 120/80 (auto-award from Health Assessment Questionnaire)	3	3
Total Cholesterol less than 200 (auto-award from Health Assessment Questionnaire)	3	3
Glucose less than 100 (auto-award from Health Assessment Questionnaire)	3	3
Non-Tobacco User (auto-award from Health Assessment Questionnaire)	3	3
Lifestyle Coaching – 6 interactions (telephonic, email) + Survey	15	15
Condition Management – Enrollment + 3 Calls (telephonic)	15	15
Tobacco Cessation Program Completion (telephonic)	15	15
Health Advisor Call (telephonic)	3	3
Preventive Exams – Well Woman/Well Man, Dental (2), & Vision (in person, self-reported)	5	20
Wellness Challenges (online)	5	30
Agency Wellness Programs (in person, self-reported)	5	10
Agency Training Classes (in person, self-reported)	3	6
Virtual Coaching (online)	2	10
Monthly Seminars (online)	1	3
Conversations (online)	1	3
Health & Fitness Activities (in person, online, telephonic/self-reported)	1	3
Kansas Financial Learning Center Modules	1	5
EAP Webinars (telephonic)	1	3
Register for Castlight Health	3	3
Castlight Health – Complete Quiz and Video	2	2
Register for Rx Savings	3	3
	Total Credits Possible	171
	Total Credits Required	30

Rhode Island Rewards for Wellness 2015 – 2016 Program Calendar

Activity Description	Incentive Amount	Time of Offer	Incentive Delivery
1. View the my Healthcare Cost Estimator (myHCE) video and complete an estimated cost of a treatment or procedure.	\$50	October 1, 2015 – October 31, 2015	December 18, 2015
2. Obtain Blood Pressure screening, at a Health fair or in your physician's office, that is equal to or less than 140/90 OR consult with your physician with a treatment plan in place.*	\$50	September 1, 2015 – January 31, 2016	March 11, 2016
3. Obtain Total Cholesterol/HDL Ratio screening, at a Health fair OR in your physician's office, that is equal to or less than 5.0 OR consult with your physician for follow up.*	\$50	September 1, 2015 – January 31, 2016	March 25, 2016
4. Obtain Body Mass Index (BMI) screening, at a Health fair OR in your physician's office, with a BMI of less than 30 OR take action to lower BMI* (3 sessions with a nutrition counselor, 3 months proof of gym membership, successful completion of certified weight loss program).*	\$50	September 1, 2015 – March 31, 2016	May 6, 2016
5. Complete the Online Health Assessment.	\$50	March 1, 2015 – December 31, 2015	January 29, 2016
6. Obtain Annual Preventive Exam.	\$100	January 1, 2015 – January 31, 2016	May 20, 2016 June 3, 2016
7. Complete the "New Year's Resolution" Online tutorial.	\$50	January 1, 2016 – January 31, 2016	February 26, 2016
8. Complete the 5-week Online Nutrition Tracker. Keep a log of your healthy eating for 5 weeks.	\$50	February 1, 2016 – March 6, 2016	April 8, 2016
9. Complete the 5-week Online Physical Activity Tracker. Track your number of steps every day OR the minutes you exercise at least four days a week for 5 weeks.	\$50	April 3, 2016 – May 7, 2016	June 17, 2016

Feedback or Questions?

- *Next Steps:*
 - *May 13, 2016 SEBC Meeting*
 - Highmark – Recap wellness and disease management services currently offered and importance of wellness assessment and annual physical
 - Truven – Look at disease prevalence and how health management can play a role in slowing down progression and improving population health
 - *June 10, 2016 SEBC Meeting*
 - Review State initiatives with actionable items