

WORKSITE WELLNESS Healthy Benefits

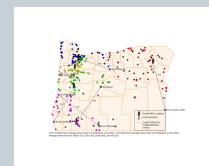
CITY COUNTY INSURANCE SERVICES



JAN NOLAND, PT
BENEFITS REPRESENTATIVE/WELLNESS

Who is CIS

- Insurance & risk pool for local Oregon governments
- “Pool” – purchase & share risk / premiums together
- 240+ Employee Benefits members
- 225 Workers’ Compensation members
- 300+ Liability members



CIS Benefits Member

- Range in employee size from 3 – 600
- All over the state
- Pool together to purchase benefits
- 100+ lives may be experienced rated
- Other members are pool rated
- In a sense, we control our “destiny” for premium increases
- Highly unionized – 60% represented
- CIS cannot direct their Human Resource, Benefits, and/or day-to-day operations

Health Risk Management “Healthy Benefits” Beginnings

- CIS medical plans are fully insured (Regence (Kaiser)
- Had dabbled in past with nurse advice line and a tobacco cessation program – years past
- Sought consultant advice for program design for a “meaningful wellness program” that would be coupled with Benefits (2000-2001)
- Request for Proposal process identified possible providers

Healthy Benefits Business Goals

- Establish a Benefits administrative database
- Part of our goal of affordable medical plans
- Part of plan to phase out expensive plans
- Improve overall health of our insured population
- Aging workforce strategies
- Minimize rate increases
- Provide ways for “everyone to do something” for health cost containment & encourage “take charge of your health” practices
- Establish permanent program funding through demonstrated savings

Worksite Wellness Begins

- 2002 implemented personal wellness programming to employees insured through a CIS employer sponsored medical plan
- At same time switched to electronic Benefits enrollment system
- Health Status Questionnaire (HSQ), same as HRA, was linked as Part I of Benefits open enrollment
- HSQ completion year I perceived as “mandatory”
- Also offered paper HSQ
- As much as possible, partnered with Employee Benefits providers (insurance carriers, EAP, LTD)

Worksite Wellness Program Early Years

- Mortality based HSQ
- Personal Report mailed to employees' homes
- HSQ provided program invites to those eligible
- Year I offered typical lifestyle programs – weight management, physical activity, stress
- Also offered disease management – cholesterol, high BP, diabetes, GERD, Asthma
- All were combination telephonic + written materials (+ clinical devices for DM)

Healthy Benefits HSQ & programs offered to primary insured employee only.

Early Years Continued

- Nurse advice line offered – all insured on plan
- Medical self-care book provided to all subscriber homes
- Topical medical self-care post cards mailed to employee homes – quarterly basis
- Health newsletter mailed to homes
- State-wide screenings – fasting cardiac/glucose panel, BP, BMI, & program promotion
- Employer communications
- Employee payroll stuffers
- Health fairs & employee/employer meetings
- Employer worksite wellness grants

Year One Participation

- 82% HSQ completion
- 22% screening participation
- 2-3% nurse advice line participation
- 3-4% lifestyle & disease management program enrollment; fewer actually completed programs
- Approximately 40 worksite wellness grants
- Return on investment studies showed a positive return

No program incentives Year I
Lots of employee "skepticism"

Year 2 -3 Changes

- Added HSQ completion incentive – choice of gift
- Added cash financial incentive for completion of disease management program (pre HIPAA)
- Added option for web-based lifestyle programs
- State-wide screenings continued
- Discontinued nurse advice line – low utilization
- Post cards discontinued – no impact
- Program funding through reserves (money collected but not spent on claims)

Years 2 – 3 Participation

- Maintained a 72-75% HSQ completion rate
- Lifestyle/DM program participation did not improve with incentives
- Screening participation varied 15-20%
- Employer grants continued with 40-44 participating
- Employer group qualifies for grant funds with an 80% or greater HSQ completion rate

✓Started partnering wellness with Risk Management & Safety

Year 4 Changes/Enhancements

- Switched to a "predictive modeling" HSQ – targets those expected to incur claims
- Continued HSQ as Part I Benefits enrollment – single sign-on through a CIS controlled web portal
- Switched HSQ completion incentive to 100 VISA \$100 gift cards – random awards based on CIS regional population groups
- Discontinued formal "lifestyle or disease management" program offerings
- Customized health newsletter sent to all HSQ participant home addressed
- Internal CIS "Safety Shorts" contains a wellness related safety/health article

Year 4 Continued

- “Health Coaching” offered to those at risk – not disease/condition specific – predictive modeling
- Telephonic coaching with some written materials
- Personal Report mailed to homes
- Medical self-care available online through carriers & HSQ provider
- Introduced a Weight Watchers (WW) participation program (employee paid up front/CIS reimbursed)
- Introduced Free & Clear smoking cessation (CIS paid)

Year 4 Continued

- Progressive linking of Healthy Benefits to the employer’s and employee’s medical benefits plan (had been viewed as a stand-alone program)
- Internal CIS linking of “health, safety, & wellness” via risk management newsletters, employee communications, training programs, etc.
- A few targeted work group “work fitness” projects with focus on wellness
- Started doing outside consultant ROI studies – compare cohort groups for program effectiveness & ROI. Small ROI.

Year 5 Enhancements

- Added program referral “pop-up” questions to the HSQ
- Allowed for immediate referral to EAP, Weight Watchers, and Smoking Cessation programs
- Contained a HIPAA release statement within the pop-up text
- Switched incentive program for Weight Watchers – paid whole 10-week amount up front & additional series based on weekly attendance
- Added smoking cessation option for tobacco using spouse members

Year 5 Continued

- Added “turn-key worksite wellness monthly programming options for Worksite Coordinator (topical wellness newsletter and worksite based program)
- Increased promotion of Carrier wellness websites
- Worksite grant funds enhanced – continue 80% HSQ completion rate
- Sponsored state-wide screenings with option for spouse screening. (Also offered optional screening/ bone density but employee expense.)

Years 4 – 5 Participation Rates & Ongoing Program Challenges

- Pop-up HSQ questions helped promote programs
- Enhanced WW payment incentive greatly increased program enrollment; however, high drop-out rate so lack of program effectiveness
- Employer worksite grant participation increased – about 50 grants
- Less than 40 spouses state-wide participate in screening
- Overall screening participation remains around 15-18%

Years 4 – 5 Challenges

- Health Coaching enrollment low
- Independent analysis of claims data to HSQ & health coaching shows positive changes in less overall claims costs for those involved with coaching.
- Comparing like members who participated in coaching to those who did not reveals a similar trend of claims costs
- Continued challenges for HSQ completion although completion rate remains 71-72%

Year 6 Changes/Enhancements

- Continue same predictive HSQ
- Electronic reports only
- Health Coaching continues
- Changes to Weight Watchers incentive program: cost sharing up front; longer in the program the more CIS pays
- Limit WW and smoking cessation participation to two successive years. Spouse still able to participate in FC.

Year 6 Enhancements

- Continued promotion of Carrier wellness websites
- Promotion of EAP with letter to all homes
- Enhanced employee grant program to pro-rate grant amount to member groups with a 70 – 79% HSQ completion rate vs. 80%
- 70 worksite wellness grants
- Offered matching funding for worksite screenings
- CIS members in WC and General Liability have access to risk management grants that deal with aging work force, job site modifications, fitness for duty, etc.

Ongoing Observations & Challenges

- Important to “marry” the wellness portion with the “insurance” benefits side
- Convincing employees that “yes” it is important to do the HSQ every year
- Meaningful employee participation
- Engaging the “at-risk”
- Wellness Leaders most often are also doing a full-time job
- Management does not always agree that “meaningful” wellness is vital to the bottom line
- ROI cannot always be measured in dollars & cents

Ongoing Challenges

- CIS started with a high-level comprehensive wellness program
- We find there is not much “new” being offered – for our programs
- Must demonstrate some kind of return on investment
- Employees report desire for onsite or “in-person” coaching assistance
- Finding the right incentives
- How to fund
- Program return on investment / justification

What Hasn't Worked So Well

- Still missing the hard to reach or “at risk”
- Engaging the generations and both genders
- Hard to sell work groups – how to engage
- Still a concern of web-based information
- Screening is expensive and does not seem to engage those most at risk
- Hard to measure exact return on investment

Future Years Program Design Continued

- Health Coaching – “how can we help in the areas you want to work on”
- Will consider employee participation incentive
- Will offer additional onsite Health Promotion Specialist services for onsite programming as well as employee education
- Will be utilizing data mining as a means to target worksite offerings and possibly special program invites based on claims data

CIS's Future Wellness Path Program Design

- Have stepped back to assess the whole Healthy Benefits program
- New HSQ – target risks, conditions, likely to incur claims
- HSQ is not as “intrusive” as previously used
- HSQ interaction is a learning process in itself
- Stays as Part I of enrollment with online report & option to print. Part of a single sign-on CIS website (customized vendor health portal).
- Data mining for wellness referrals/planning

Future Years Program Design Continued

- Will continue to work on wellness “branding”
- Strengthen the link between wellness and Benefits plan design
- Upgrade wellness communications for home delivery
- Likely design an Employer Best Practices that promotes employer buy-in & reward for worksite wellness
- Offer screenings on alternating years
- We will likely develop a “wellness” plan design option – if you are low risk or take steps to improve your situation, then you can get a lower cost plan, waive your co-pay, contribute to health savings account, etc.)

Future Years Program Design Continued

- Single sign-on HSQ, Benefits, and Wellness web page
- Strengthen partnership with our Benefits & EAP providers for maximum program benefit (e.g. disease management from the carrier)
- Gradually involve spouses & dependents
- Continual program assessment
- Continual link with Risk Management & Safety

What Has Worked with Our CIS Employee Group for Worksite Wellness

- 60 staff spread through three office sites & two remote home office locations
- Healthy role models – especially those who have visibly made substantial changes
- Gradual shift in worksite culture – less junk food, healthy alternatives, trust & story sharing between staff
- Internal wellness team chaired by HR Manager & Management support
- Onsite stretching, office ergonomics, some flexibility for physical activity options

What is Working with Other CIS Groups

- Lunch/Learn or Breakfast/Learn sessions – couple healthy meal with topic of interest. Utilize checkout toolkits from Kaiser Permanente or from website kits.
- Public Works/Road Crews – healthy breakfast and health topic – could be a men's health topic & safety stretches.
- Health potlucks – coupled with a health month or employee celebration day. Share recipes. Door prize chance for all who contribute a recipe or bring a food item.

What Works Continued

- Quarterly worksite programs
- Using Employee Assistance Program for wellness topics: stress, financial stress/budgets, boundaries, communication, etc.
- Use your EAP newsletter as payroll stuffer
- Substitute healthy snacks at meetings for the “traditional”
- Employee health/wellness lending library
- Pedometer programs

What Works Continued

- Onsite screenings
- Worksite based Weight Watchers – host the meeting site
- Employee interest surveys
- Wellness Bucks – based on meeting 8 or 10 wellness goals – already healthy practices or some type of program participation aimed at improving a health practice
- Walking routes that are close to the work area

What Works Continued

- Ergo Days – preventive office ergo assessments coupled with “how to work comfortably” with emphasis on employee taking charge. Couple with your workers’ comp insurer.
- Worksite Stretching Programs – keep it simple. Kick off with special event, food, etc.
- Model from the Top with Management & Supervisors
- Employer policy allows employee to stretch or walk or do something during break time

What Seems to Work with Our Employer Groups from a CIS Administrative Standpoint

- CIS can be the “bad guy” – this is the way we do Benefits
- HSQ completion – management has to support worksite wellness as a health risk management strategy
- Turn-key programs – making worksite wellness activities easier to implement
- Wellness grant funding
- Onsite screening
- Linking wellness with Benefits/benefit design
- Onsite worksite wellness interventions
- Must consider/work with union groups
- Education

Helping Hints

- Clearly defined wellness vendor contracts
- Performance guarantee with vendor contracts
- Continual program evaluation
- Employee surveys
- Some sort of return on investment or outcome measures
- “Brand” your program
- Start small
- Utilize data for planning
- Employee incentives are important

Helpful Resources

- Your Carriers
- Your EAP partner
- Wellness Councils of America (www.welcoa.org)
- National Wellness Institute (www.nationalwellness.org)
- Healthy People 2010 (www.healthypeople.gov)
- Oregon Coalition of Health Care Purchasers (www.ochcp.org)
- American Heart Association (www.americanheart.org; www.americanheart.org/start - walking programs)
- County Health Departments
- Healthy Worksite Summit – 10/7-9/2009, Bellevue, \$135
- Employee Health Academy – 4/14-16.2009, Association of Washington Cities wellness/safety training academy, \$175