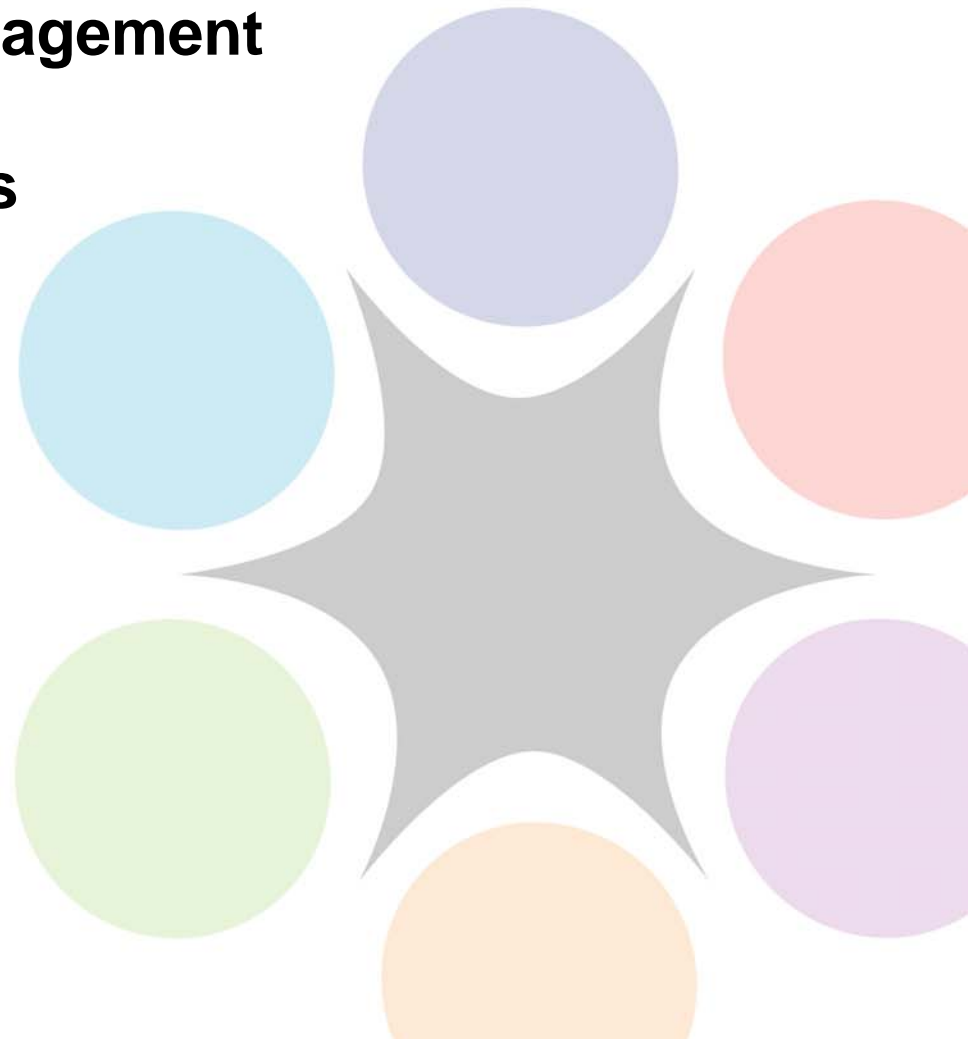


# **The Impact of Disease Management And Wellness Programs On Lost time**



# A Journey for Creating a Culture of Health

## Overview

- Review the history of development, implementation and ongoing provision of care in disease management
- Discuss the financial analysis of the disease management programs
- Share the elements of the recently launched corporate wellness initiative
- Highlight early findings related to corporate wellness participants, their healthcare utilization and their STD/LTD utilization

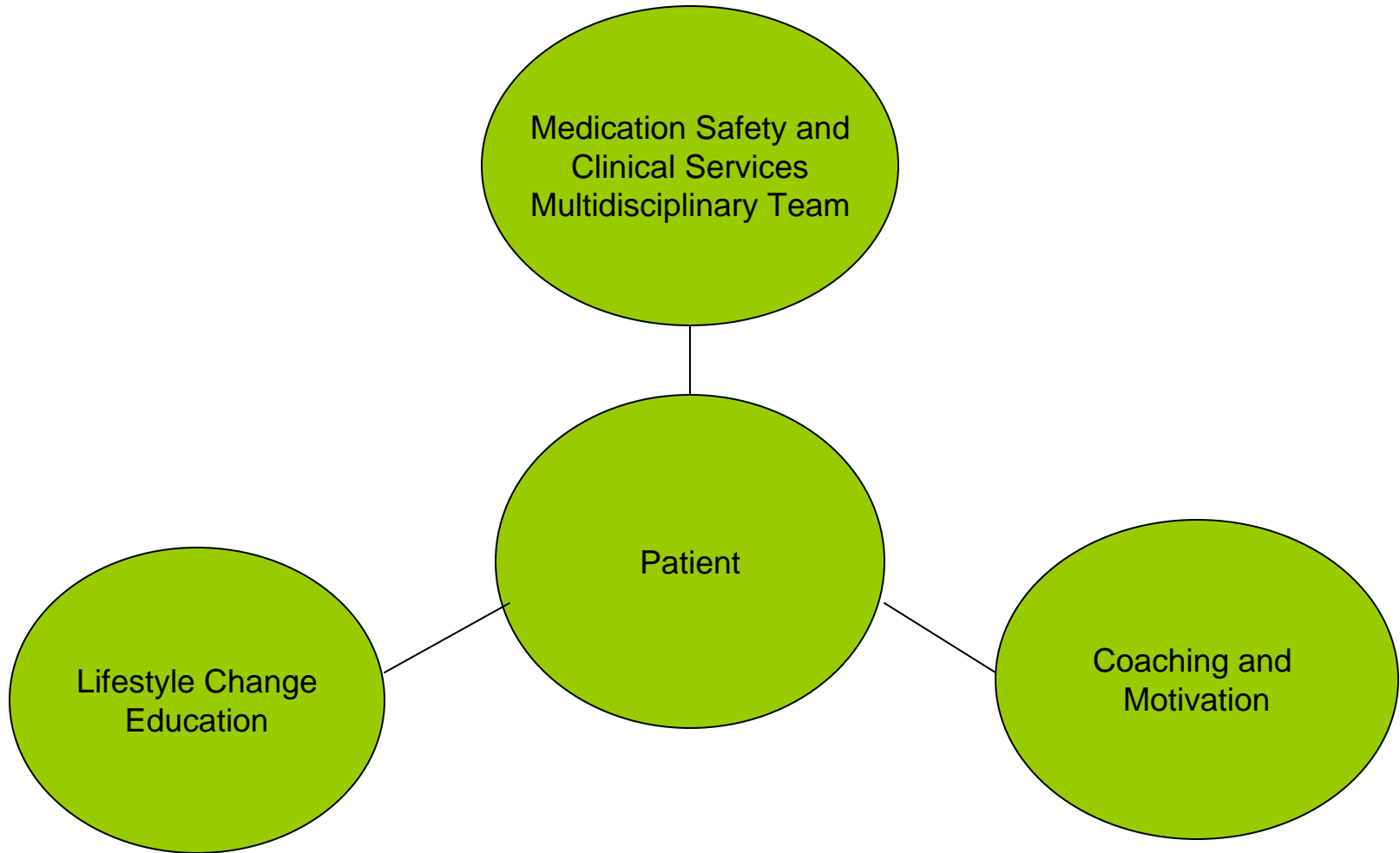
# Current State

## Disease Management

- 2011 – there are almost 1000 covered lives participating in the program
- Client continues to offer these same services to the employer groups in the area
- Disease states covered - Asthma, Diabetes, Hyperlipidemia, Hypertension, COPD, Anticoagulation and Depression
- Pharmacists, Nurses, and Clinical Nutritionists are the “Care Managers”
- Additional members of the team include an Exercise Specialist and Behaviorist
- The Care Manager serves as a key “coach” and “navigator” for patients to assure consistent follow up with the Primary Care MD physician

# Integrated Delivery of Care

## Patient at the Center



# Key Points of Success

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## Disease Management

- Patients have frequent and consistent interaction with their Care Managers
- The patients' information is communicated between Care Manager and physician to insure safe medication use and that goals for self-management are in line with MD treatment plan
- Incentives
  - Waived co-pays on prescriptions related to the disease state
  - Free visits with the Care Manager once a quarter
  - Corporate wellness points for compliance with Care Manager visits
- Engaged patients = Improved Health Outcomes and Cost Savings

# Where Are We Today?

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- Programs continue to grow and improve
- Maintain multi-disciplinary approach with the patients firmly placed in the **center**
- Consistent monitoring of health plan costs to verify continued savings and improvement in quality care
- Intentional integration of corporate wellness into the overall patient management
- Evaluate other high cost disease states or conditions in which a disease management model may be effective. *Examples may include migraines, pain management, and insomnia*
- Client added a corporate wellness program to drive participation outside of those with specific disease states and to incentivize those who have not traditionally participated

# Disease Management Participation

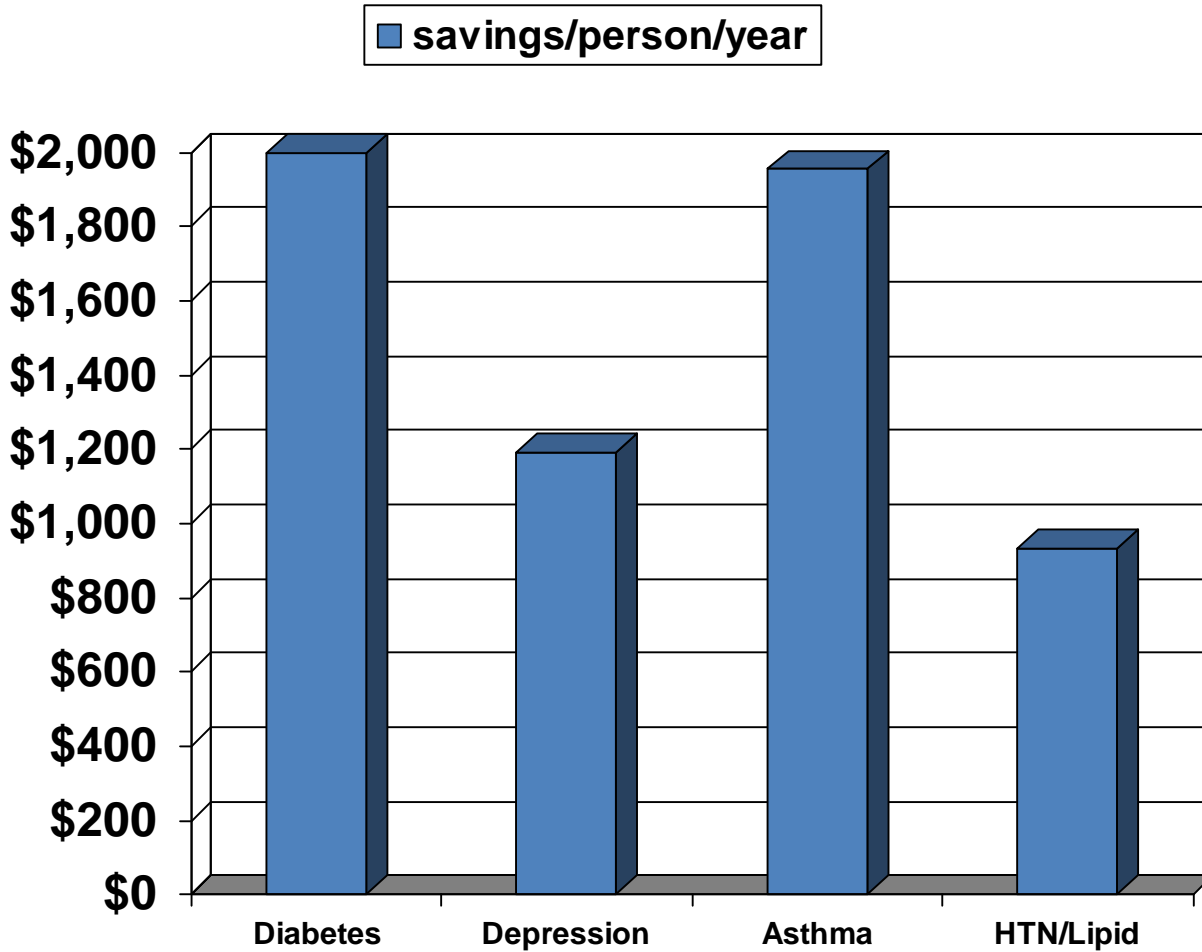
<i>DM Program</i>	<i># Members</i>	<i>Members In DM Program</i>	<i>Participant Rate</i>	<i>Avg Cost / Member (Annualized)</i>
Hypertension	1,322	442	33.4%	\$10,283
Hyperlipidemia	976	330	33.8%	\$9,846
Diabetes	517	375	72.5%	\$11,949
Lower Back Pain	637	1	0.2%	\$3,967
Depression / Mental Health Disorders	559	115	20.6%	\$10,771
Asthma	315	217	68.9%	\$9,183
Chronic Obstructive Pulmonary Disease (COPD)	46	7	15.2%	\$61,134

<i>DM Program</i>	<i>Members Not in DM Program</i>	<i>Avg Cost / Member (Annualized)</i>
Hypertension	880	\$7,421
Hyperlipidemia	646	\$6,401
Diabetes	142	\$11,535
Lower Back Pain	636	\$8,316
Depression / Mental Health Disorders	444	\$7,102
Asthma	98	\$10,067
Chronic Obstructive Pulmonary Disease (COPD)	39	\$14,782

\* Data represents 9 mos of utilization

# Cost Savings of Wellness/Disease

## Management Programs





# The Next Step In Our Journey

- The cost of **Health** is less than the cost of **Disease**
- Instead of focusing on pulling people out of the river, we have to go upstream and see why individuals are falling into the river in the place
- “As a society, we have spent years punishing people for bad health behavior, but we have never really rewarded people for good health choices.” *Mike Huckabee*
- The solution, at its core, is relatively simple: Companies and individuals have to change their perceptions and definitions of health from the absence of disease to the presence of energy and vitality

- **Through HRA analysis and two targeted outreach events to employees, we found the following:**
  - 60% are overweight or obese
    - 12% are morbidly obese
  - 24% have hypertension and 43% have pre-hypertension
  - 43% have high total cholesterol
  - 10% use tobacco
- **Employees self-reported:\***
  - Lifestyle as “high-stress” = 43%
  - Depression risk number >15 = 9%
  - Routine heartburn or reflux = 20%
  - Migraine headaches = 23%
    - 9% severe migraines



- Educating the leaders on the “business side” of healthy employees
- Examples shared:
  - The Health and Wellness Institute estimates \$1,543 more per year in medical costs for an inactive employee population versus employees that incorporate an appropriate amount of physical activity in their day.  
The Financial Virtue of Wellness. Treasury & Risk. May 2010: pgs. 37-39
- Why should leaders (you) care?

# Corporate Wellness Program

## Our Mission



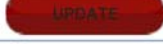
- Our mission is to develop and support a culture of health and wellness that engages our workforce and strengthens our organization
- Key Elements:
  - Work Environment
  - Employee Education and Awareness
  - Multiple Opportunities
  - Policy Change
  - Create the Culture from the inside
- Develop a corporate wellness program that will incentivize and motivate employees to make healthier choices
  - Program designed on a point system that yields a financial incentive to employees on a quarterly basis.

# Incentive Values

Participate in a Disease Mgmt Program	\$30
Participate in Health Coaching	\$100
Participate in Maternity Mgmt Program	\$100
Biometric Screening	\$50
Mammogram	\$50
Healthy Meal Punch Card	\$20
Colonoscopy	\$50
Purchase of Tracking Technology	\$25
Fitness Activity	\$50 per quarter
Fitness Center Attendance/Fitness Classes-12 Times/Month	
Moderate to High Intensity Physical Activity-480 Mins/Month	
Low to Moderate Intensity Physical Activity-720 Mins/Month	\$20 per quarter
Fitness Personal Training	

# Member Self Reporting

EST 2011

My Incentive Summary			
My Goal	Click to Update	My Status	My Points This Quarter
Fitness		0 of 12 entries completed for this month	0
Education		1 taken this quarter	25
BALANCE Meal Card		2 weeks completed this quarter	20
Walking and Running physical activity combined - October	You engaged in combined walking and running physical activity for 1977 minutes this month. You have met your goal!		50
Walking and Running physical activity combined - November	You engaged in combined walking and running physical activity for 1812 minutes this month. You have met your goal!		50
Health Assessment		Trade in for 50 points? Yes <input type="radio"/> No <input checked="" type="radio"/>	0
Mammogram		Trade in for 10 points? Yes <input type="radio"/> No <input checked="" type="radio"/>	0
Pap Smear		Trade in for 10 points? Yes <input type="radio"/> No <input checked="" type="radio"/>	0
Wellness Exam		Trade in for 10 points? Yes <input type="radio"/> No <input checked="" type="radio"/>	0
<b>Total:</b>			145


**Fitness Incentive**

To be awarded points for Fitness you must submit 12 entries per month. Please provide proof of completion of fitness activity to Mission Employee Wellness.

**Date:**   
MM/dd/yyyy

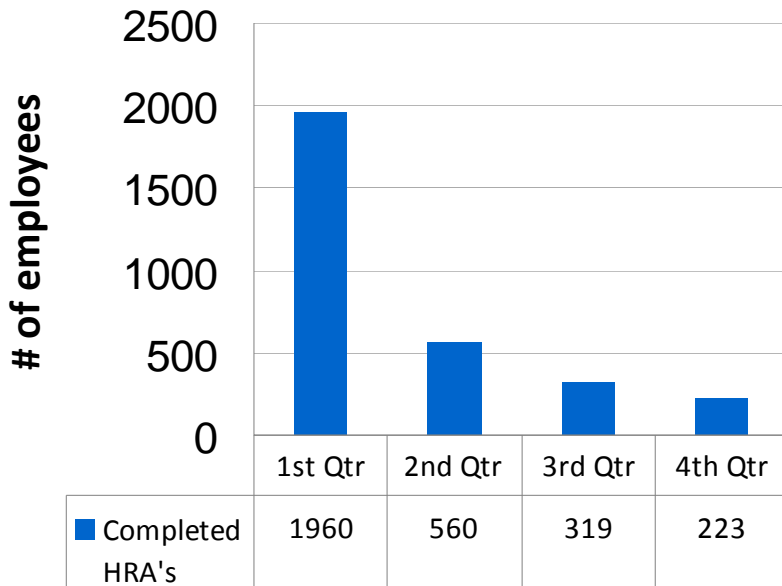
**Activity:**

**Details:**

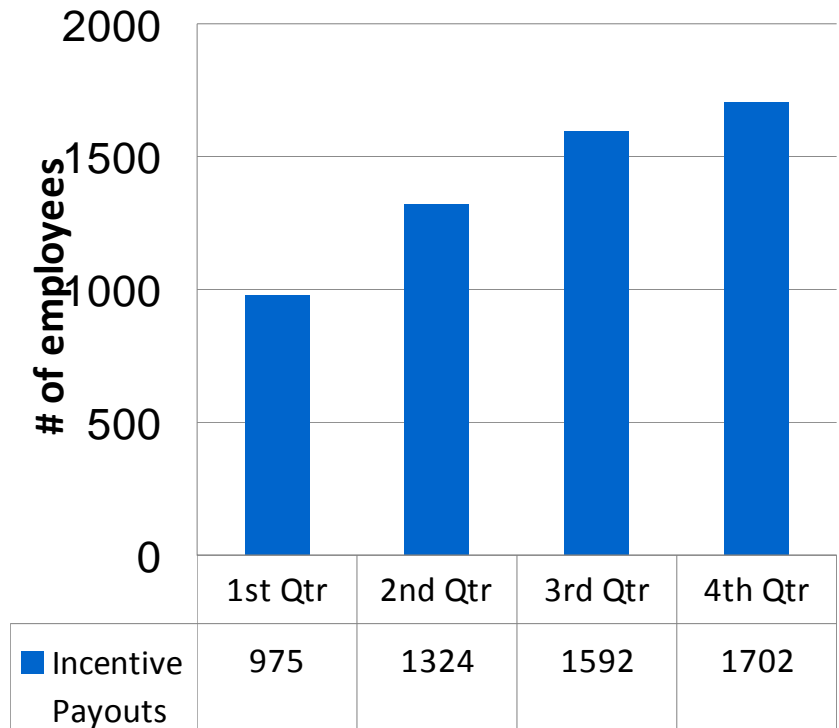


# First Year-Snapshot

## HRA's Completed

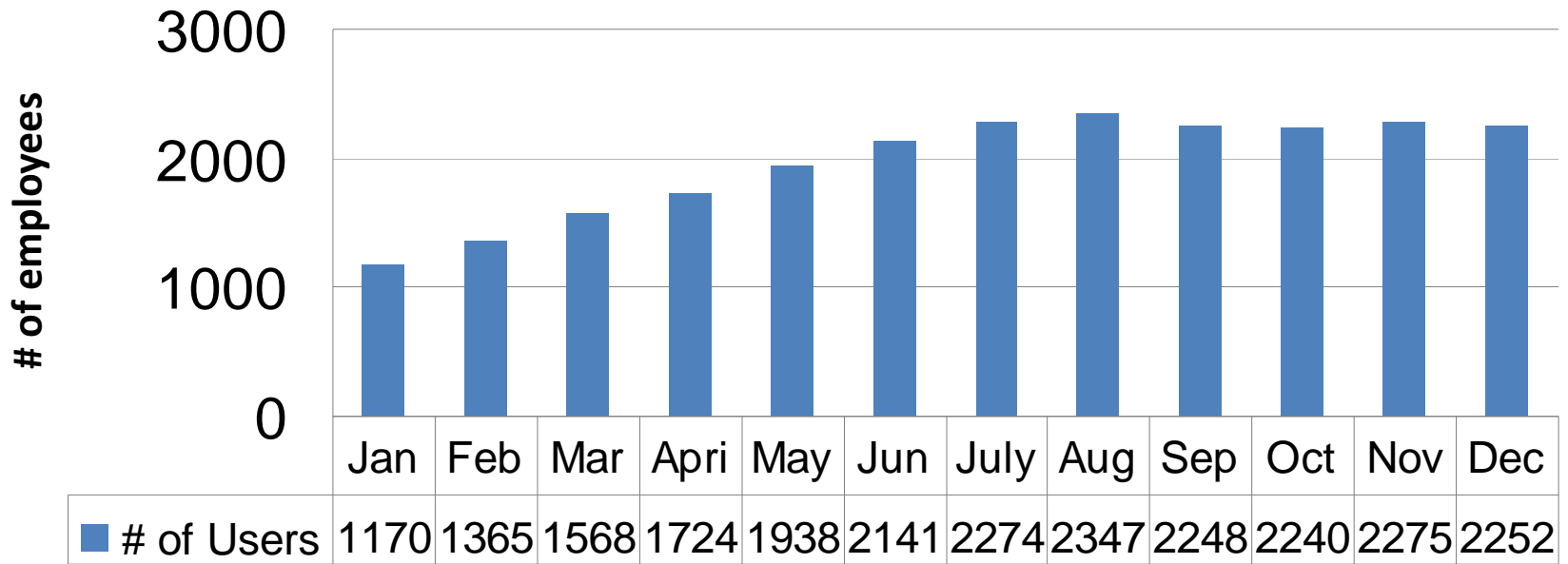


## Incentive Payouts



# Activity Technology

## Users





# Corporate Wellness

## Participation Grid

<b>Inpatient:</b>	<b>Participants</b>	<b>Non-Participants</b>	<b>Dependents</b>	<b>Total</b>
# of Admits	157	248	356	761
# of Patient Days	485	988	1,657	3,129
Paid per Admit	\$12,373	\$16,875	\$13,650	\$14,444
Paid per Day	\$4,005	\$4,236	\$2,933	\$3,511
Admits / 1,000	52	74	65	64
Days / 1,000	161	295	302	264
Average LOS	3.1	4.0	4.7	4.1

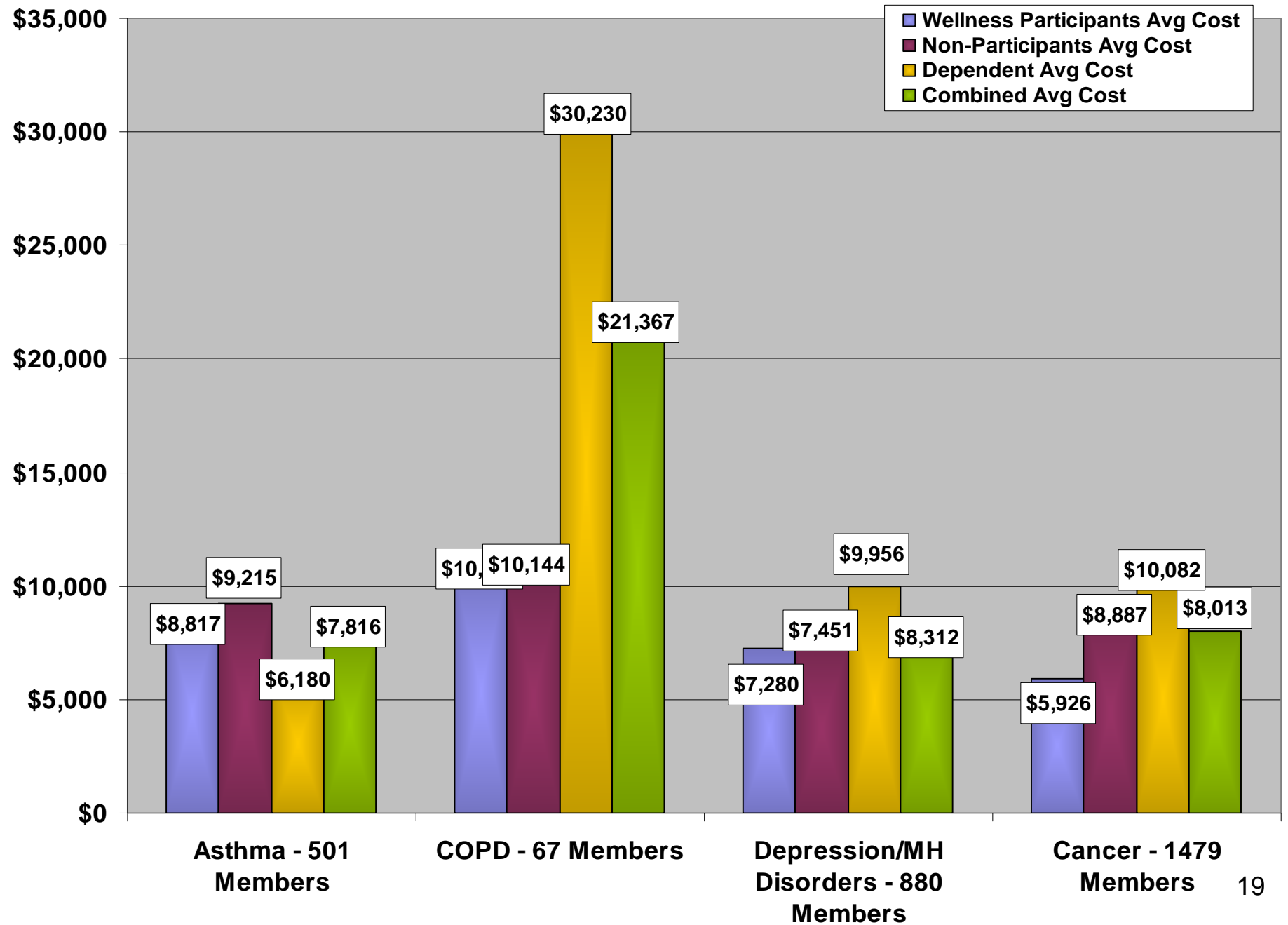
<b>Physician Office:</b>	<b>Participants</b>	<b>Non-Participants</b>	<b>Dependents</b>	<b>Total</b>
Physician OV Utilization	3.4	3.4	3.0	3.2
Physician OV Paid	\$69	\$70	\$64	\$67
OV Avg. Paid per Member	\$233	\$235	\$189	\$213
Physician DX&L Utilization	10.9	10.3	6.4	8.6
Physician DX&L Paid	\$75	\$93	\$95	\$88
DX&L Avg. Paid per Member	\$817	\$955	\$606	\$759

# Corporate Wellness

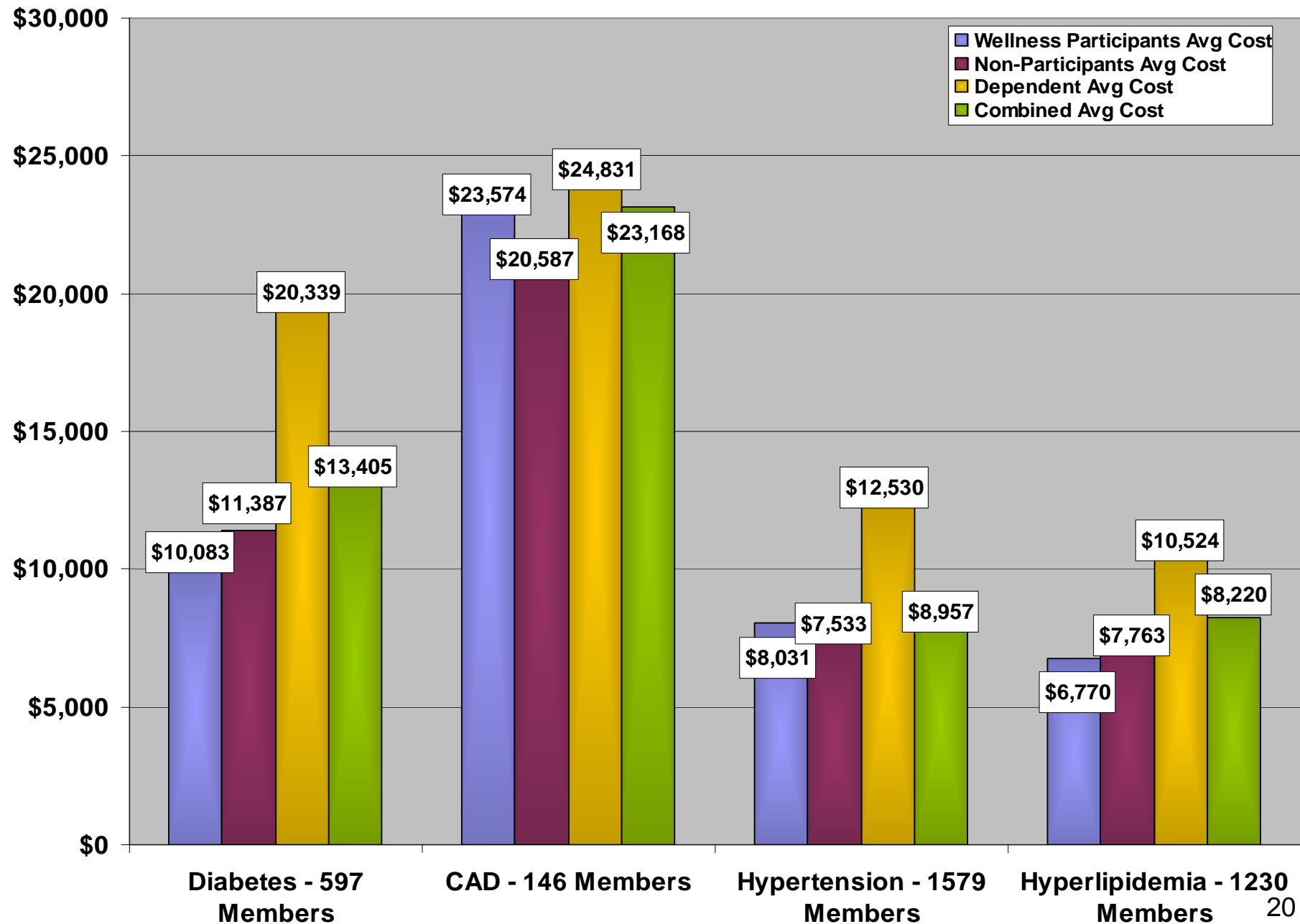
## Participation Grid

<b>ER/Urgent Care:</b>	<b>Participants</b>	<b>Non-Participants</b>	<b>Dependents</b>	<b>Total</b>
<b>Number of Visits</b>	491	707	960	2,158
<b>Number of Admits</b>	46	78	132	256
<b>Visits/Member</b>	0.16	0.21	0.17	0.18
<b>Avg Paid per Visit</b>	\$1,504	\$1,502	\$1,267	\$1,398
<b>Admits per Visit</b>	0.09	0.11	0.14	0.12
<b>Paid per Member</b>	\$245	\$317	\$222	\$255

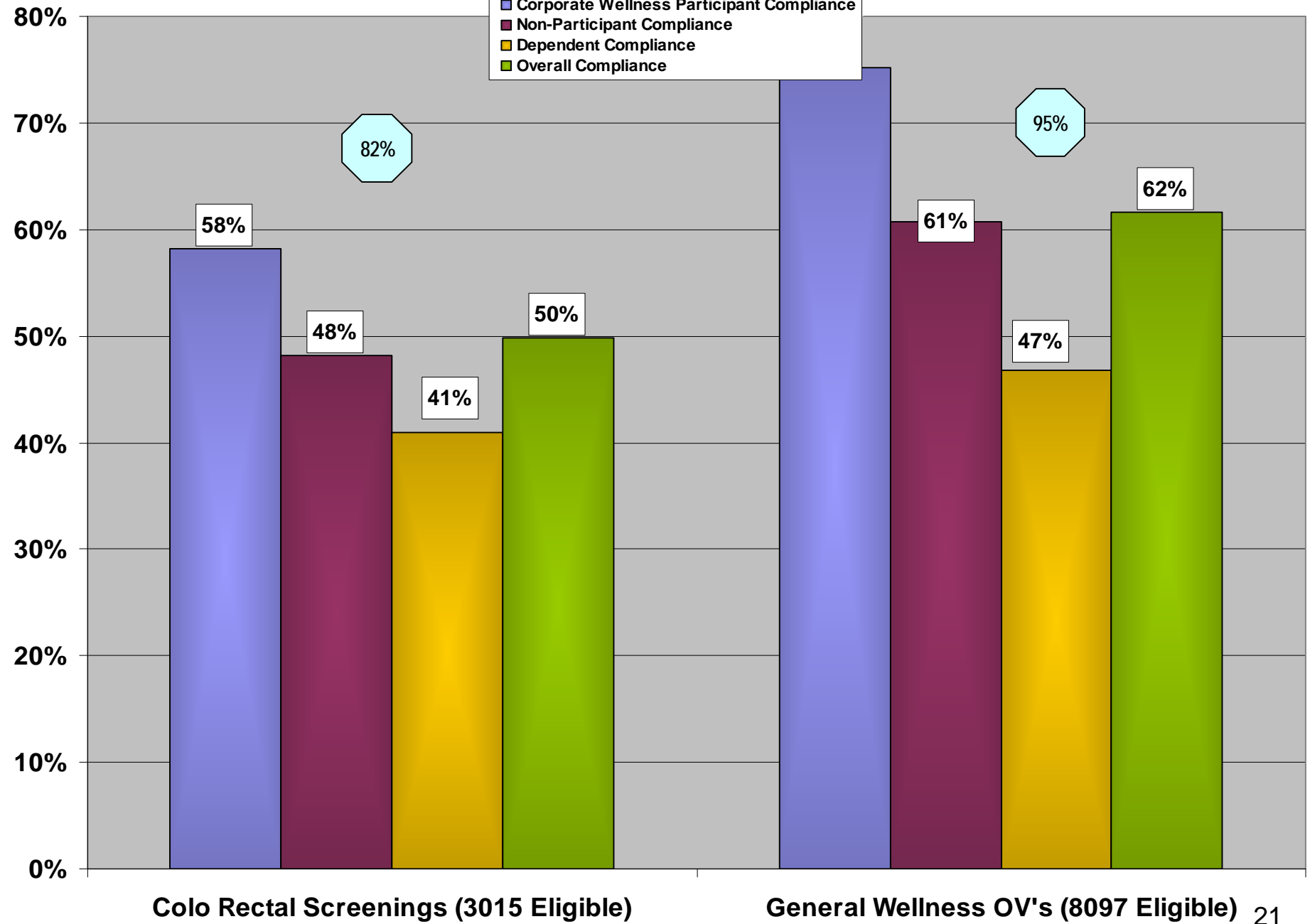
# Chronic Conditions Overview



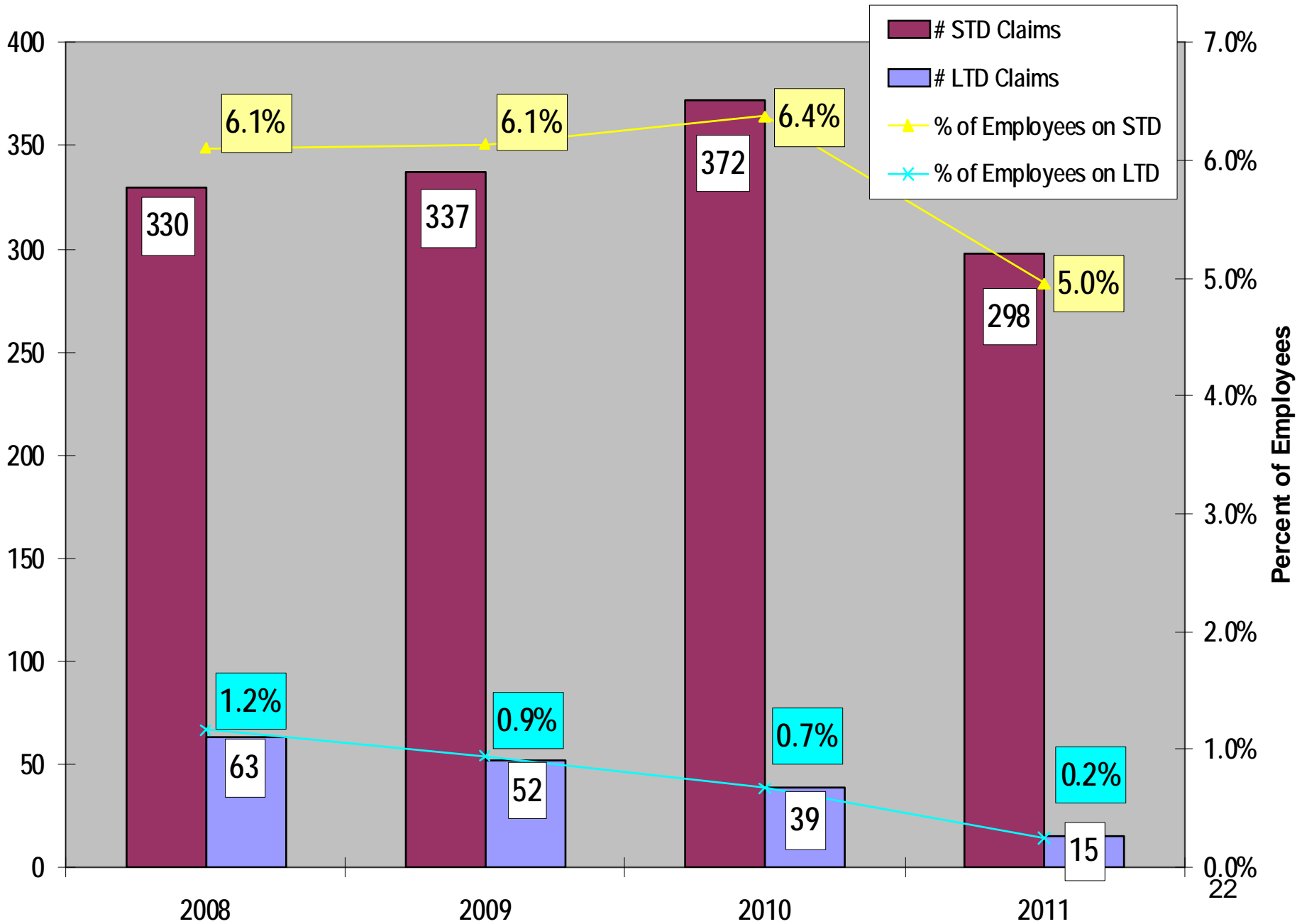
# Chronic Conditions Overview



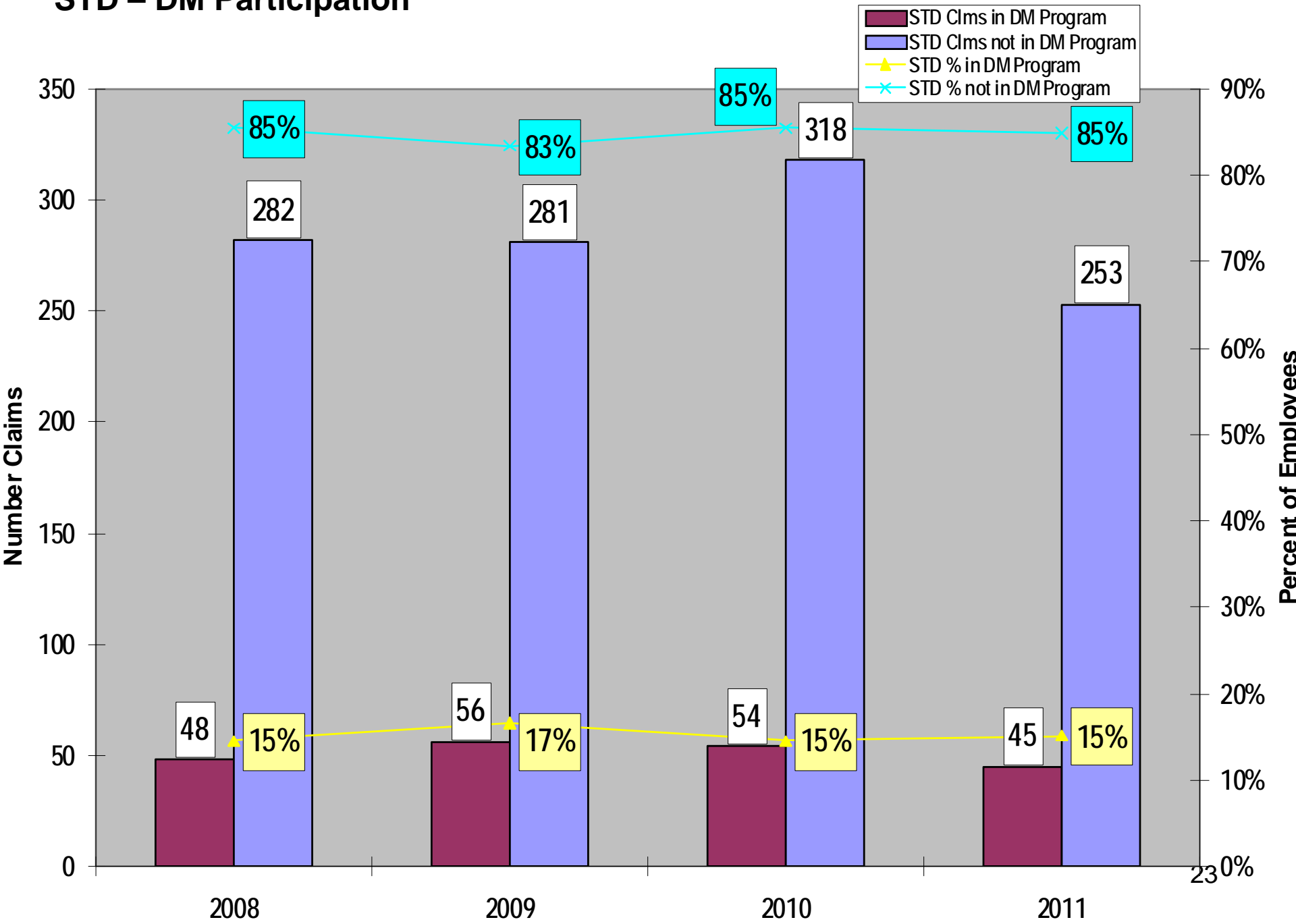
# Preventive Services



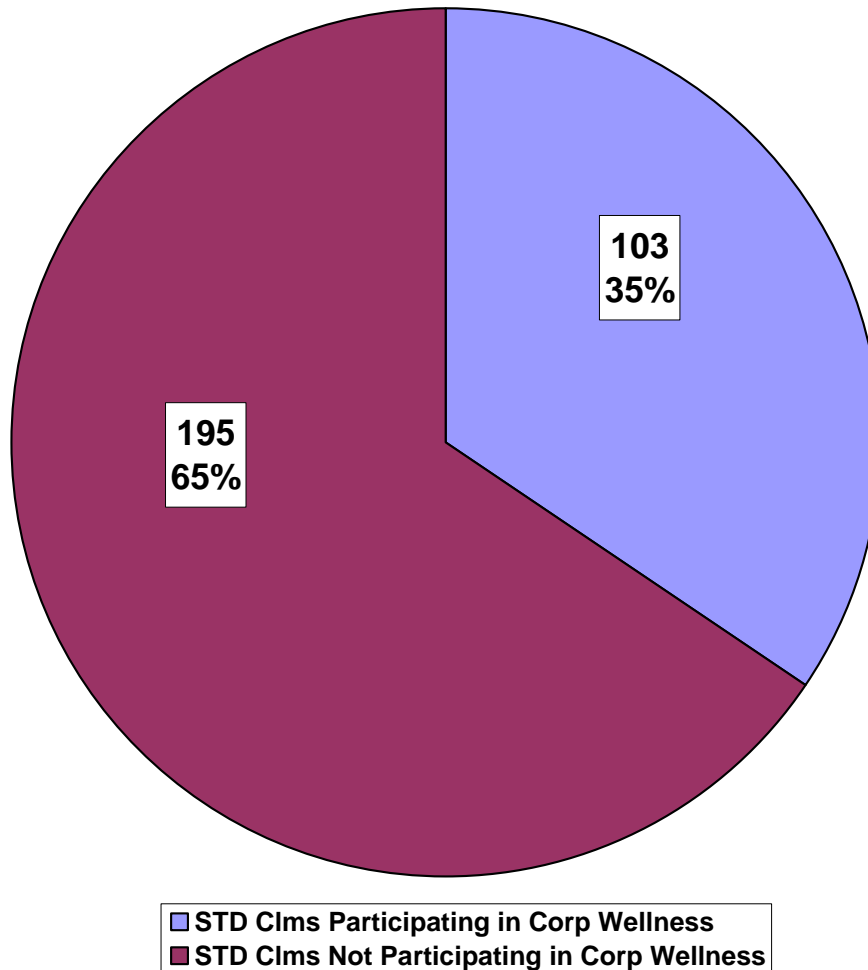
# Disability Utilization



# STD – DM Participation



## Corp Wellness Participation





- Culture of health is alive and well
- Value Based Benefit Design is fully integrated and well used
- Use of internal resources has increased participation in the program
- Leadership understands business case for wellness
- Continuing to work to drive engagement and improve compliance
- Continuing to strengthen link between disability and medical plans