



June 23, 2017

# WHY WELLNESS DOESN'T WORK

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# OUTLINE

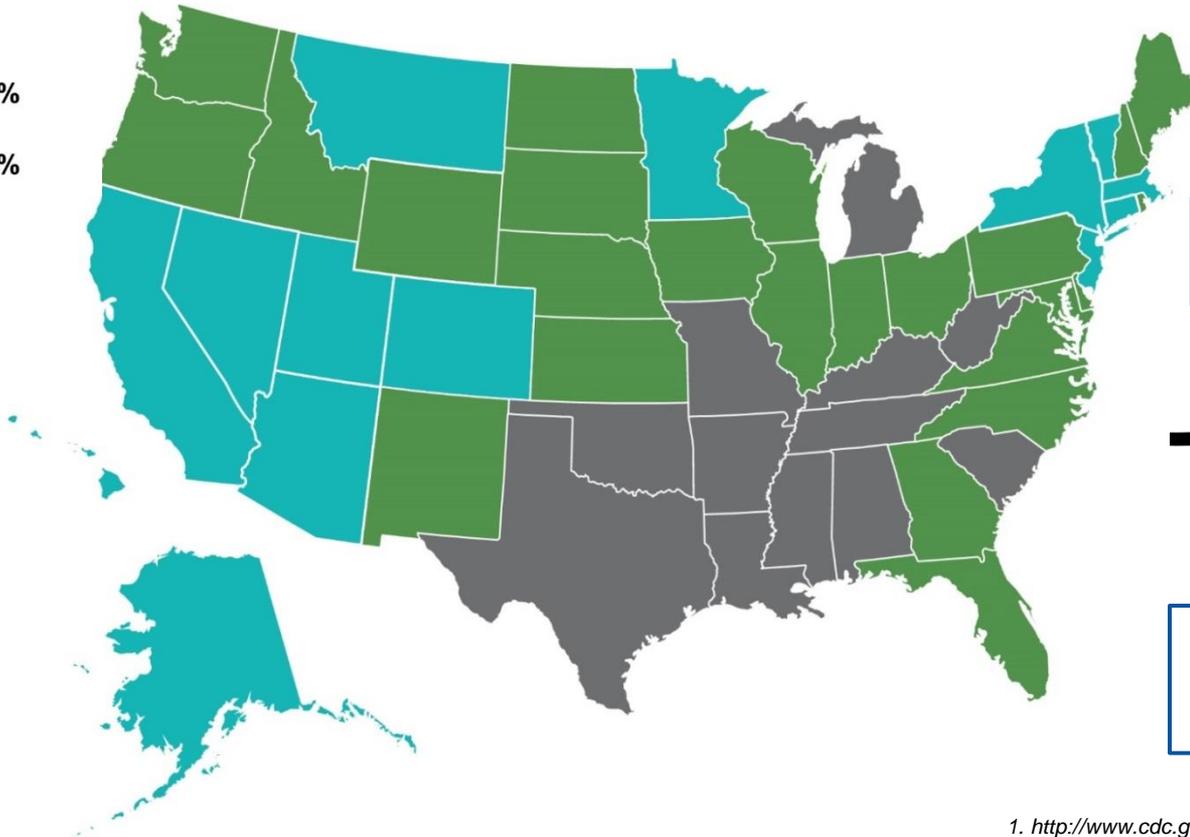
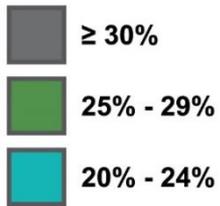
- Introduction
- Health and wellness in America and in the individual
- A more effective approach to wellness and how to measure it
- Case study of program impact
- Where to start



# Health in America



# 2010 Obesity Trends in U.S. Adults



Share of average lifetime spent:



**Sitting**  
**29.7%**

**Exercise**  
**0.69%**

1. <http://www.cdc.gov/obesity/data/databases.html>  
 2. CensusWide/Reebok #HonorYourDay poll of 18,000 people in nine countries



## Why does obesity matter?

- Five of the chronic conditions impacted by obesity<sup>1</sup>:
  - Cancer<sup>2</sup>
  - Diabetes
  - High blood pressure
  - High cholesterol
  - Low back pain<sup>3</sup>

These are typically diseases of lifestyle and are also very likely to be among your top 5 claims.

<sup>1</sup><http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3033553/>

<sup>2</sup>Gastroenterology & Hepatology Volume 6, Issue 12 December 2010

<sup>3</sup>Freburger, J. *Archives of Internal Medicine*, Feb. 9, 2009; vol 169: pp 251-258



## Disease Prevalence Trends Since 1988<sup>1</sup>

	1988-1994	2001-2002	2009-2012
Diseases	Percent of adults aged 20 and over		
High Blood Pressure	24.1	28.9	<b>32.5</b>
High Cholesterol	21.5	24.2	<b>30.4</b>
Overweight (Includes obesity)	54.9	65.6	<b>69.0</b>
Diabetes	8.4	10.1	<b>12.0</b>

## Prescription Utilization Trends Since 1988<sup>2</sup>

	1988-1994	2007-2010
Class of meds	Percent of 18–64 y/o	
Cardiovascular	10.0	<b>17.0</b>
Cholesterol	1.6	<b>10.7</b>
Diabetes	3.9	<b>10.6</b>

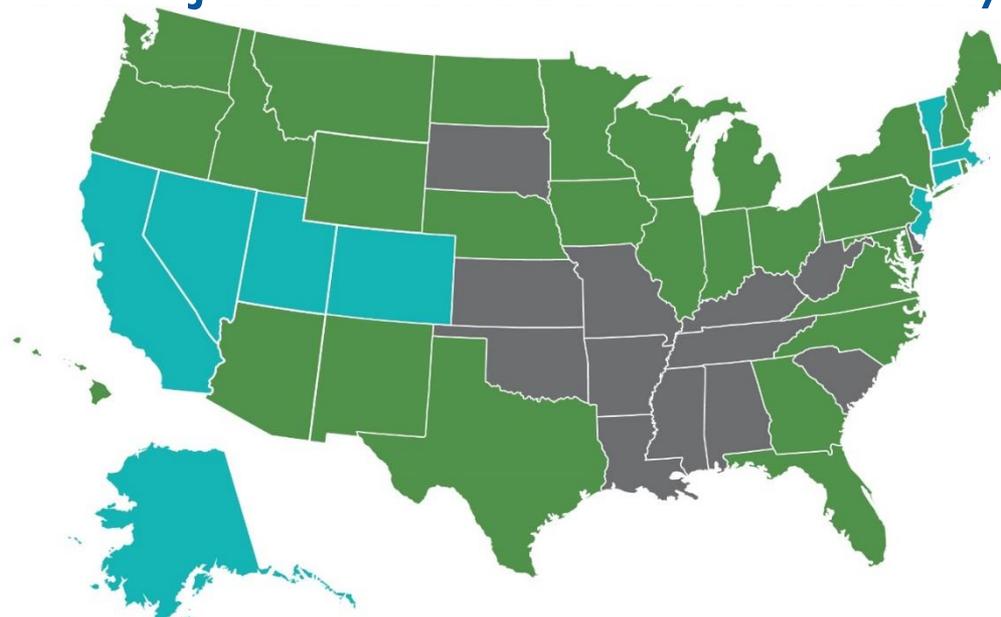
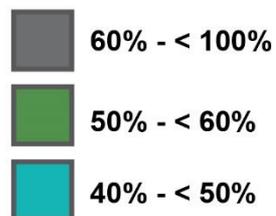
	1988-1994	1999-2002	2007-2010
# of drugs	Percent (All ages)		
No drugs	69.2	55.0	51.5
1-4 drugs	34.2	37.6	37.9
5+ drugs	3.9	7.4	<b>10.6</b>

1. <http://www.cdc.gov/nchs/data/abus/2013/064.pdf>

2. <http://www.cdc.gov/nchs/data/abus/abus13.pdf#listfigures>



# Projected 2030 Obesity Rates



New Cases Annually		
	2014	2030
Diabetes	1.9 M	7.9 M
Chronic heart disease and stroke	1.3 M	6.8 M

<http://healthyamericans.org/report/100/>



The top portion of the slide features a photograph of a person's legs and feet running on a dirt path. The person is wearing yellow and black running shoes. A white line graph with blue circular markers is overlaid on the image, showing an upward trend. The background is a lush green field with tall grasses under a bright sky.

## Health Information is EVERYWHERE

Public Service Announcements  
Educational campaigns  
Health classes in school  
Dr. Oz  
Newspapers  
Magazines  
Apps  
Blogs  
Gyms  
Trainers  
Wellness Coaches  
Health food stores  
Community programs  
Etc, etc, etc.



## **Cognitive Dissonance-**

the state of having inconsistent thoughts, beliefs, or attitudes, especially as relating to behavioral decisions and attitude change.

What does this have to do with Wellness?





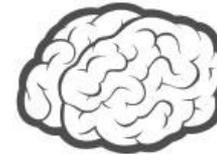
## Standard Wellness Strategy

### Standard Programs:

- Biometric screenings
- Health risk appraisals
- Pedometer programs
- Challenges
- Biggest Loser
- Health fairs
- Newsletters
- Lunch and learns
- Walking clubs
- Fitness classes
- Gym reimbursement
- Coaching



Identify  
Risk



Know Your  
Numbers



Healthy



Move To  
Healthy

**“Employees will adopt healthier lifestyle habits, reduce risk, improve productivity, and save you lots of money.”**



# Traditional Targets for PHM Programs

## Year 1: Lifestyle

**Monitor test results for any changes**

- Compliance with medications for medical management

- Focus on lifestyle behavior: diet, exercise, tobacco

- Recommendations for age and gender specific screenings

## Year 2: Management

- Glucose between 100 mg/dL and 125 mg/dL

- Cholesterol between 200 mg/dL and 240 mg/dL

- SBP between 120 and 150 mmHg  
DBP between 80 and 90 mmHg

- Recommendations for age- and gender-specific screenings

## Year 3: Undiagnosed

- Undiagnosed cancers
- Undiagnosed diabetes (glucose)
- Undiagnosed high blood pressure
- Undiagnosed high cholesterol



# New Approach to PHM Programs

## Year 1: Undiagnosed

- Undiagnosed cancers
- Undiagnosed diabetes (glucose)
- Undiagnosed high blood pressure
- Undiagnosed high cholesterol

## Year 2: Management

- Glucose between 100 mg/dL and 125 mg/dL
- Cholesterol between 200 mg/dL and 240 mg/dL
- SBP between 120 and 150 mmHg  
DBP between 80 and 90 mmHg
- Recommendations for age- and gender-specific screenings

## Year 3: Lifestyle

- Monitor test results for any changes
- Compliance with medications for medical management
- Focus on lifestyle behavior: diet, exercise, tobacco
- Recommendations for age and gender specific screenings

The background of the slide features a photograph of a person's legs and feet in mid-stride on a dirt path, overlaid with a white line graph that has several data points connected by lines. The scene is set outdoors with green grass and trees in the background.

## How do we target the undiagnosed?

Increase preventive care utilization by encouraging  
**Physician Engagement**

Only  
20–30%  
of adults  
have an  
annual PCP  
visit

A photograph of a person's legs and feet running on a dirt path through tall grass. A white line graph with blue data points is overlaid on the image, showing an upward trend. The background is a bright, sunny outdoor setting.

# Why Physician Engagement?

- ▶ **Immediate care management** for individuals who are outliers for cholesterol, diabetes, and high blood pressure.
- ▶ Preventive care to **identify early stages of cancer** (85-95%)
- ▶ **Address other lifestyle issues** in a confidential and non-threatening manner. Connected to resources for:
  - Weight loss (nutrition and physical activity)
  - Tobacco cessation
  - Stress
  - Substance abuse
- ▶ **Creates the most cost-efficient entry point into the health care system** since a relationship with a PCP can **reduce the use of the ER** for non-emergent issues.



# Measuring Results

## Which data points should you use to track program effectiveness?

- Preventive Care utilization
- ER utilization
- Inpatient utilization
- Gaps in care
- PEPM cost
- Aggregate biometrics

**Remember:**  
**The norm is not good!**

This data should be used to not only track effectiveness, but also to provide insight on overall plan design and other benefit offerings.



# Does This Work?



# USI Case Study

## Client Overview

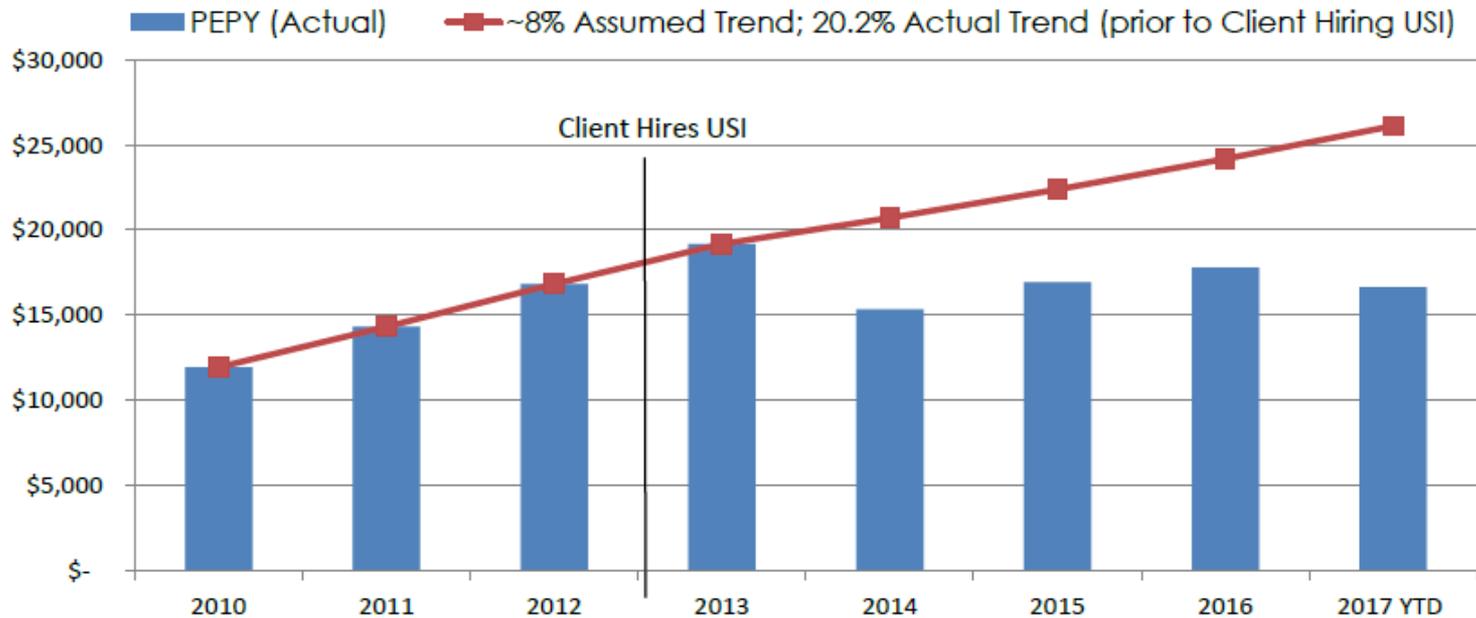
- 1,100 life group in Central Missouri
- Prior to working with USI, client experienced **13% to 14% annual increases** in Paid Claims.
- Above average prevalence of **chronic conditions** such as high blood pressure, high cholesterol, and diabetes
- **Above average ER** and Inpatient utilization
- **Results-based screening** program with no discernable impact on claims or health status



## Impact

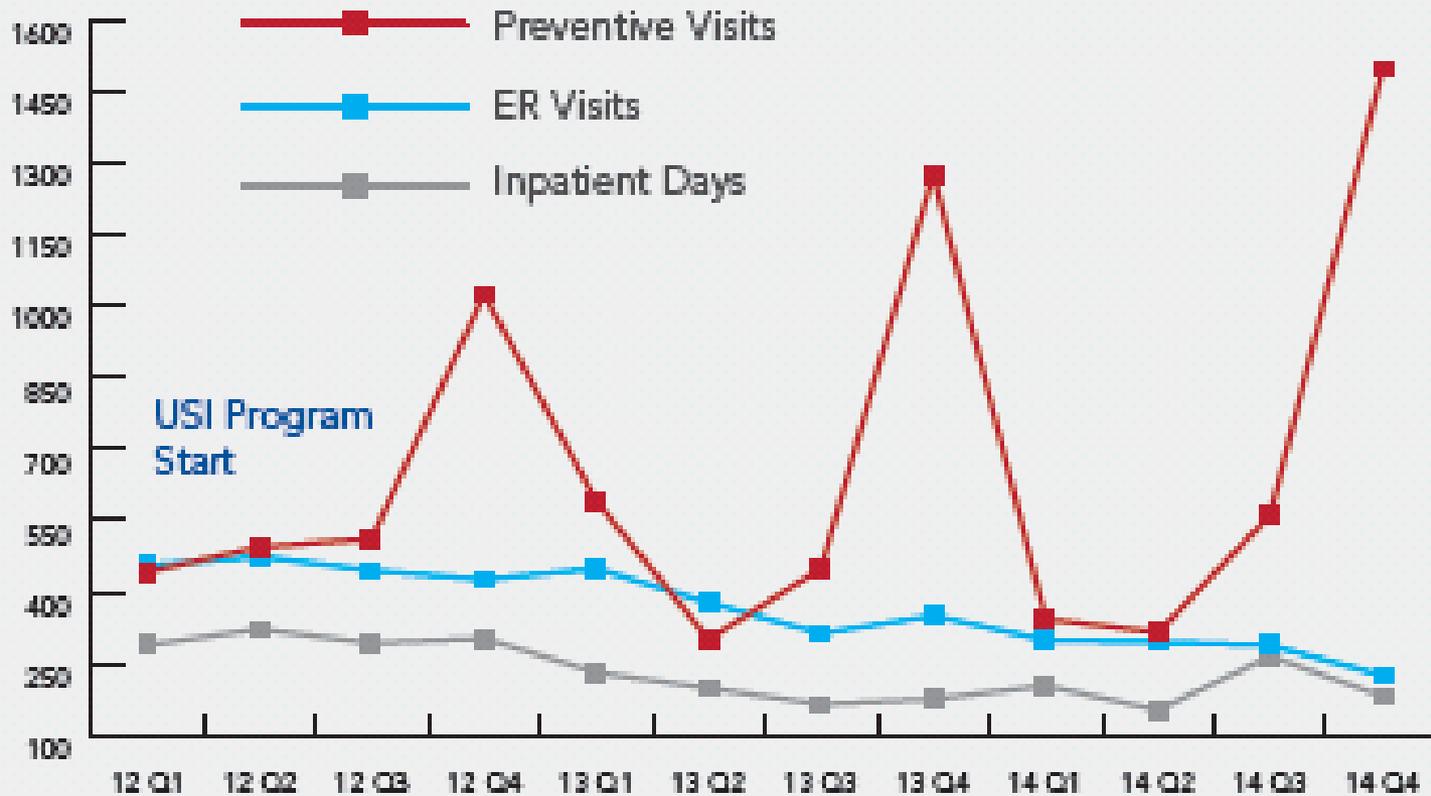
- With plan design changes there was a value of \$1,000,000 in claims savings
- Population Health strategy provided cost avoidance of \$12,661 per employee in three years
- 20-50% increase in preventive care visits
- 20-30% reduction in ER/Inpatient Utilization

Per Employee Cost Avoidance 2013 – 2016 (Against Trend)	<b>\$12,661</b>
2013 – 2016 Cumulative Cost Avoidance (Against Trend)	<b>\$15,187,061</b>





## Preventive Visits vs. ER Utilization vs. Inpatient Days/1000





## Where to Start

- **Determine your goals.** Is your focus on saving money, on providing a “perk” for employees, or a mix of both?
- **Get leadership support.** This is very important to the success of your program. It helps employees “buy in” to the program and let’s them know this is an important organizational initiative.
- **Develop a communication strategy.** How does your population handle change? Develop a plan for how you will communicate the new program/change in program with your company's current culture in mind.
- **Designate a point person.** Do you have the internal capacity to handle the management of a program, big or small? It doesn't take a great deal of time, but it does take time. There should be someone at the helm making sure that the program is running smoothly.

The background of the slide features a photograph of a person's legs and feet in mid-stride on a dirt path, overlaid with a white line graph that has blue data points. The scene is set in a lush, green, outdoor environment.

# Considerations

- **Program Components:**

- Cultural activities, education, preventive care, disease management.

- **Timeline:**

- **Preventive care & disease management FIRST-** incentivize individuals to get their annual preventive visits and screenings and participate in chronic care/DM.
- **Education and cultural activities LATER-** add these components as a supplement

- **Eligibility:**

- **1. Enrolled Employees → 2. Enrolled Spouses → 3. All Employees → 4. Community**



- **Incentives: Premium Differential is most effective**

- HSA / FSA deposits
- Cash
- Raffles
- Other items

**Incentives need to be meaningful to your population**

- **Compliance:**

- Work with your internal counsel, wellness vendor, and broker to determine compliant incentive amounts, communications, and program design.

- **Community:**

- It's important that local medical centers are a good role model for their community. Some of our hospital groups are using the wellness program to communicate to the community how important preventive care is. Consider offering biometrics screenings, chronic care management, smoking cessation, and health education seminars to the community as part of a larger wellness initiative.

A photograph of a person's legs and feet running on a dirt path through tall grass. A white line graph with blue data points is overlaid on the image, showing an upward trend. The background is a bright, sunny outdoor setting.

# Why 'standard wellness' doesn't work

## Recap

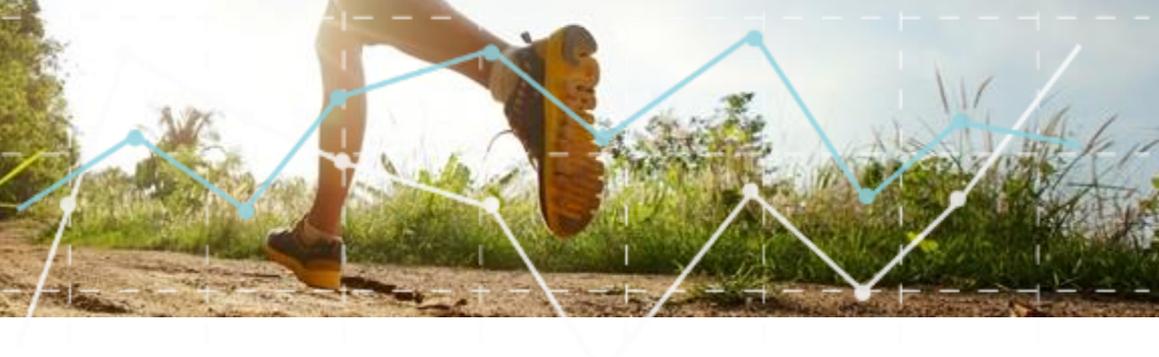
- Impact of obesity on healthcare: **Epidemic**
- Traditional corporate wellness programs: **Education and Awareness**
- Impact of undiagnosed illnesses: **Catastrophic claims that are lurking**
- Understanding healthcare data: **The norm is not good**
- Practical, low-cost strategies: **Physician Engagement**

A photograph of a runner's legs in mid-stride on a dirt path, overlaid with a white dashed grid and two fluctuating line graphs (one blue, one white).

# Questions?



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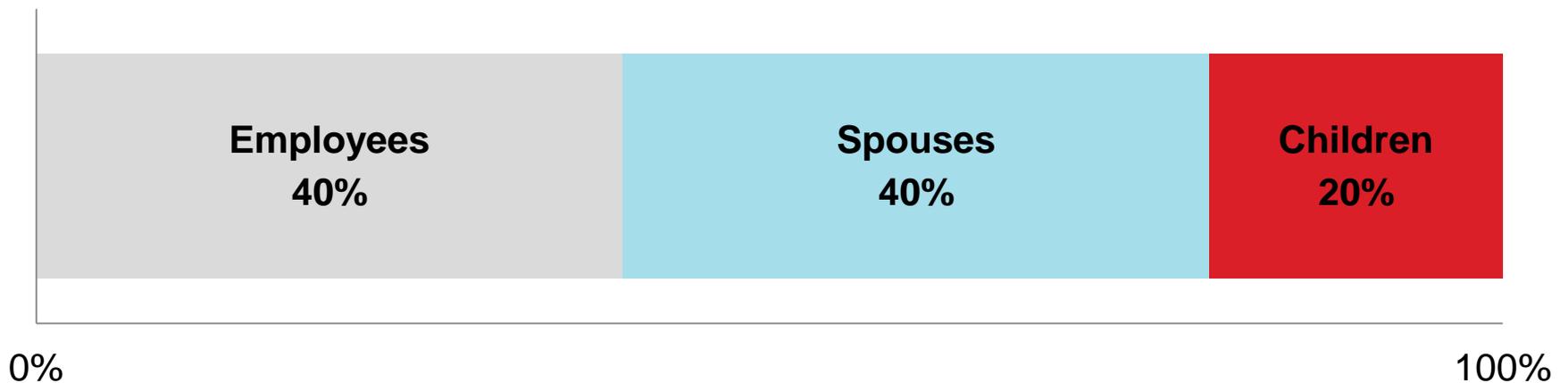


## Why Target All Members?

Based upon USI database:

- Spouses make up approximately 30% of the members
- Spouses cost over 53% more than employees<sup>1</sup>
- Spouses and dependents account for nearly 60% of the total healthcare costs.

### Healthcare Costs



<sup>1</sup>USI Client Data