A Move from Passive to Proactive Wellness
Quick Overview

Company
- 1,947+ Employees; 1,206+ on New Orleans Campus
- Global Revenue $450+mm; US Revenue $230+mm

Medical Plan
- 1272+ Employees on Health Plan; 2700+ with Dependents
- Self-Insured with $250k Stop Loss
- 2016 Budget (inclusive of Health Center costs) – $11mm
- One plan design change since 2005
  - Increased employee deductible by $200
Health Plan Budget

- On Site Clinic Fees
- Medical Administration Fees
- Reinsurance
- Pharmacy Claims
- Medical Claims

Total
A Move From Passive to Proactive Wellness

Why??
Employee Monthly Premium
40% Increase over 6 years
A Move to Proactive Wellness

“Waiting for people to get sick, and then working to make them better is a failed healthcare strategy.”

Dee W. Edington
Demographics

- **Ages:**
  - 18-20: 2 (1%)
  - 21-30: 193 (17%)
  - 31-40: 269 (24%)
  - 41-50: 324 (29%)
  - 51-60: 256 (23%)
  - 60+: 67 (6%)
  - 58% over 40
New Orleans is Food & Leisure!
Steps to Move the Needle

- Define Goals
- Create Accountability
- Incentivize Engagement
- Provide Resources
- Measure Results and Adjust as Needed
Define Goals

- Wellness Program CSFs
  - Proactively Engage Participants to Reduce Short and Long Term Costs:
    - Redirect Care from More Expensive Providers
    - Consistent and Sustained Engagement of All Participants
      - Primary and Acute Care
      - Health Maintenance and Prevention
      - Disease Management
      - Nutrition and Fitness
      - Behavior Change...also, keep the healthy people healthy
  - Increase Productivity and Reduces Absenteeism
  - Provide the Tools/Resources for EEs to get Engaged
  - Create Personal Accountability
  - Enhance the Benefit Offering, Not Reduce It
Behavior = Wellness

Wellness (noun)
1. the quality or state of being healthy in body and mind, especially as the result of deliberate effort.
2. an approach to healthcare that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases

Behavior (noun)
1. the way in which one acts or conducts oneself
2. the way in which a natural phenomenon or machine works or functions

Improved Behavior = Improved Wellness

Video Clip
Greater Focus on Personal Accountability
Incentivize Engagement

- **2012 - Phase 1**
  - Employees
    - Complete HHRA & Biometric Screening to receive preferred premium for 2013.
  - Spouses
    - Complete HHRA to receive $100 HRA bonus (Biometric screening voluntary)

- **2013 – Phase 2**
  - Employees
    - Complete HHRA, Biometric Screening and Health Coach Session to receive preferred premium for 2014
  - Spouses
    - Complete HHRA to receive $100 HRA bonus and preferred premium for 2014 (Biometric screening voluntary)

- **2014 – Phase 3**
  - Employees
    - Complete HHRA, Biometric Screening and Health Coach Session to receive preferred premium for 2015
  - Spouses
    - Complete HHRA and Biometric Screening to receive $100 HRA and preferred premium for 2015

- **2016 – Phase 4**
  - Employees/Spouses
    - Complete HHRA, Biometric Screening and Health Coach Session to receive preferred premium for 2017
Resources

□ **Health Center**
- Opened March 2012
- **Staffing**
  ▪ **2 Nurse Practitioners**
  ▪ **Medical Assistant (Phlebotomist, Scheduler)**
- Unlimited access to services; no additional charge ($20 if not on medical plan)
- On-site Generic Medicine Distribution (No Narcotics On-Site)
- Appointments set on 30 minute intervals; no walk-ins allowed; **no waiting**
- Scheduling on-line or by phone
- Spouses and Dependents (6 and over) if on medical plan
- EEs remain on the clock for visits
- Referrals to Registered Dietician/Trainer located in Fitness & Nutrition Center
- Outreach to Moderate/High Risk EEs

□ **Fitness & Nutrition Center**
- Opened October 2013
- **Staffing**
  ▪ **Registered Dietician/Health Coach**
  ▪ **Personal Trainers**
- Nutrition and Personal Training Services
- Nutrition consultations are free for EEs and dependents; $7 per paycheck for fitness center
- Coordination on Referrals with Health Center
- EEs remain on clock for nutrition visits
- State of the Art Cardio and Strength Equipment
- Group Exercise Room and Classes
- Cross Functional Training Area
- Locker Rooms (Towels, Showers, etc.)
You Need Great Clinicians

Emily Davis – FNP

Kristin King – RD

Patrick Holmes - PT

Anna Bruno – FNP
Resources – Health & Fitness Centers
Resources – Cooking Classes
Tips

- What has worked for us...
  - Communicate the why and what often
  - Incremental steps
  - Remove barriers
    - But don’t be afraid to charge for some stuff
  - Health/Fitness/Nutrition Integration
    - Shared EMR
    - Cross-Referrals
    - Program creation/delivery
  - Share successes
  - Create a community with some competition...use tech
  - Don’t get complacent
Results

- Biometric Screenings – EEs 88%; Spouses 84%
- Health Clinic Utilization – EEs 75%; Dependents 26%
  - On average 250 visits per month, over 300 including lab work
- Fitness Center Utilization – 48%
- Specialty Care Visits – Reduced from 7.3 to 3.5 PMPY
- ER Visits – Reduced from 229 to 168
- Claim spend $7.12m below 3 year projection assuming pre-go-live trend of 13%...5.5:1 ROI
- 97.5% satisfaction rate
Engage Risks

Employee utilization in Jan. 2013

- 41% Harahan
- 26% Savage

Avg. monthly health coaching visits increased 41% from 2012-2016


- 75%

Health coaching for high risk and chronic condition population increased by 58% from 2012-2016

Dependent participation grew from 11% in 2012 to 26% in 2016

Dependents engaged in coaching nearly doubled from 2015-2016

Results
Results

Employees with fewer than 2 coaching visits since opening

- 15% net increase in prevalence of high systolic blood pressure
- 52% net increase in prevalence of high diastolic blood pressure
- 20% net increase in prevalence of high LDL Cholesterol
- 5% net increase in prevalence of low HDL Cholesterol

Employees with 4 or more coaching visits since opening

- 28% net decrease in prevalence of high systolic blood pressure
- 11% net decrease in prevalence of high diastolic blood pressure
- 4% net decrease in prevalence of high LDL Cholesterol
- 13% net increase in prevalence of low HDL Cholesterol
Results

Risk factors over U.S. prevalence rates

2013 (Year 1)
Inadequate sleep, high blood pressure, obesity, high cholesterol, tobacco use, high stress

2014 (Year 2)
Inadequate sleep, high blood pressure, obesity, high cholesterol

2015 (Year 3)
Inadequate sleep, high blood pressure, high cholesterol

2016 (Year 4)
Inadequate sleep, high blood pressure, high cholesterol

Every risk factor has decreased (even if still above U.S. prevalence), and stress levels are currently well-below the U.S. prevalence rate.
Results

Marathon Participants vs Non Participants
In incurred claims 2016 (PEPM through August)
Originally active January 1, 2014

- Outpatient: $139.61 (2016 Par), $262.30 (2016 Non Par)
- Inpatient: $139.61 (2016 Par), $262.30 (2016 Non Par)
- Office/ Marathon: $79.22 (2016 Par), $158.35 (2016 Non Par)
- Surgical Center: $7.10 (2016 Par), $27.36 (2016 Non Par)
- ER: $2.31 (2016 Par), $3.56 (2016 Non Par)
- Total: $280.98 (2016 Par), $614.37 (2016 Non Par)
Results

40% Monthly Premium Increase from 2005-11
10% Monthly Premium Increase from 2011-16

Blue: Preferred Premium
Red: Non-Preferred Premium (2016: If EE and spouse both not compliant)
Engage Great Partners

HUB International

Marathon Health

Your Nutrition Delivered

The Goldring Center for Culinary Medicine

MYZONE

LifeStart Wellness Network

Ochsner
It’s a Marathon!!