Target Audience

- Complex and diverse employee population and dependents
- Indianapolis Metropolitan High School students and alumni
- Excel Center students
- Clients

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2

Our Five Basic Principles

- Respect for people
- Customer satisfaction
- Informed decision making
- Continuous improvement
- Good stewardship

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Our Early Destination

Health has an impact on individuals and the organization.

We can help people live healthier lives by providing tools and incentives to reduce preventable risks and to manage chronic conditions.

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The Journey Begins

Good Signs is launched, Fall 2004.

"This is a long-range initiative designed to bring gradual and sustained cultural change to Goodwill."
– Jim McClelland, CEO

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5

Itinerary, 2004-2008

Following the steps suggested by the Wellness Council of Indiana, the Council planned the next four years:

- Conduct needs assessment and analysis
- Set program goals linked to business goals
- Create formal operating plan ("Journey")
- Create promotion/communication plan
- Build an incentive program
- Evaluate planning and activities

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"Journey to Wellness"

Three levels of programming to:

- Build awareness and demand
- Respond to the demand with programs for lifestyle changes
- Create a supportive environment

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Carry Your Own Bag

- Programs are voluntary
- Each individual is ultimately responsible for his or her own commitment and progress

How do you feel?
How do you want to feel?
How can we help?

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8

Success Story

Wellness accomplishments:

- Weight and body fat loss: 45lbs; went from a size 24 pant to current 12/14
- Breast cancer survivor, in remission since 2003
- Brought her diabetes measure, A1C, to a non-diabetic, safe level of 6.7

Strategies:

- Nutritional changes
  - Chooses mostly fruits **and** vegetables for carbohydrates
  - Lowered sugar intake by choosing sugar-free options when available
  - Exercises portion control
- *Activity:* Uses a Good Signs grant to swim and weight-train three days a week
- *Influences others:* Her husband has followed her lead by working out and eating smaller portions. She and three co-workers encourage each other daily in their new lifestyle behaviors.

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Itinerary, 2008-2012

"Sharing the Gift of Wellness"

- 2008 update of Journey to Wellness
- A second four-year action plan
  - Data!

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Success Story

GoodSigns

Good Signs Today

Wellness includes physical and emotional health, education attainment and financial health.

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- Experienced
  - Formed by Anthem as its managed care strategy
  - Became independent during Anthem's transition to a public company, 1999
  - Two-state network with 75 locations, 1,500 employees, providing care for 800,000+
- Recognized as innovator for technology-based solutions
- Established offices that are convenient to employees and families
- No financial link to one hospital system
- Primary care-driven company – no threat to other team members
- Proven successful population management – asthma, diabetes, heart disease
- Willing to "think outside the box" of traditional health services

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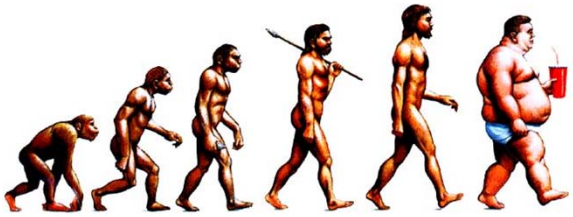
13

The Evolution of Care and Health

Wait for disease, and then treat

In quality terms this strategy translates to, "Wait for defects, and then fix the defects."



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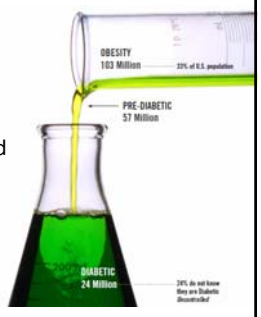
14

Diabetes Epidemic

- Diabetes is one of the leading causes of death in the United States
- However, the serious health consequences can be prevented or delayed with early detection and treatment



Source: 2007 National Center for Chronic Disease Prevention and Health Promotion

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15

Motivation & Empowerment of the Individual

The World Health Organization defines health literacy as:

> *The cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health.*

Health literacy is as much about providing the motivation as it is about empowering the individual.

Research shows a person is three times more likely to work on a behavioral change if their doctor suggests it.

16

Effective Use of the System

"We spend between one-fifth and one-third of our healthcare dollars – $500-700 billion – on care that does nothing to improve our health."

Overtreated: Why Too Much Medicine is Making Us Sicker and Poorer, Shannon Brownlee, 2006

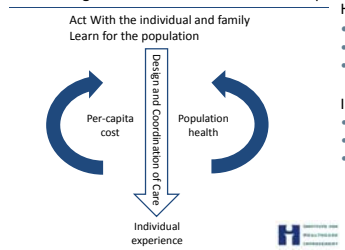
PCP as entry into the system	33%	*Health Affairs Vol.27 No.1, 2008*
Chronic disease management	15%	*Journal of Occupational and Environmental Medicine*
Medication management	30%	*BL Carter, The Iowa Continuity of Care Study*
Prevent risk factor change	40%	*Dee Edington, Zero Trends*

17

Intensive Personal Healthcare

Triple Aim Model

Can We Begin With the Individual and Scale Up?



Health of the population
- Poor disease management
- Poor health management
- Poor personal health choices

Inefficient use of system
- Patient-directed care
- Fragmentation of care
- No incentive for quality

18

Proven Key Features for Success

- Individual and physician clearly identify the primary care doctor
  - Patient knows who to turn to
  - MD practice knows who they are responsible for
- Team care and teamwork support physician and patient to enhance outcomes
- Right care / Right time / Right place every time
  - System to plan care and create a program
- Best quality care = Most cost-effective care
- Patient is knowledgeable, engaged in care plan, self-care
  - How, where and when to access care
- Quick access to care
- Use risk stratification to identify patients at risk prior to catastrophic need

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19

Changes in the Care System

Acute Care System

Planned Care System

Use medical savings to fund wellness
- Prevention of ER visits
- Decreased hospitalization
- Early disease detection
- Chronic disease control

Plan design
- Engagement with primary care
- Participation with onsite Health coach
- Improve access

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20

Success Story

Good Signs
Family Care Partnership

A team approach to help employees:

- Reach their health goals
- Access the highest quality of care while managing costs

A coordinated approach with the benefit plan.

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What is the Good Signs Family Care Partnership?

- A team approach to help employees reach their health goals and have the highest quality of care.
- The "team" is made up of:
  - Health coach/health educator
  - Primary care physician
  - Nurses/dietician
  - Employee!
- An RN nurse coach meets with participants at each location to assist with their specific wellness needs

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What is the Good Signs Family Care Partnership?

- Coordination of health plan with wellness vendor allows access to review claims data to increase compliance
- Integration with Primary Care Physicians
- Regular review of medication adherence
- Employees are educated on forming strong relationship with primary care physician, and educated about improper ER utilization
- Positive reinforcement utilized for employees who are actively working with health coach to comply with chronic condition (i.e., diabetes) or make positive life changes (i.e., quit smoking)

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Plan Design

- An employee may take time while at work to meet with health coach if that individual is willing to work on improving their health
- AHN primary care chosen as a top-tier network
  - No co-pay or deductible for primary care services from AHN primary care
  - Goodwill Industries chose top-tier network for cost and quality
- Free biometric screen for individuals willing to follow up with a doctor
  - Random timing of screens
  - Great one-on-one interaction
- 50+ locations with # eligible lives; 1-200 employees per location
- One health coach to all locations every three weeks

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Goals for this Program: Year 1

- Only for individuals on commercial insurance plan
- Increase relationships with primary care doctors
  - Defined as: general practitioners, internists, family practice physicians
- Decrease ER utilization
- Reduce smoking
- Gain compliance with diabetes care
- Collect risk factors on groups through biometric screens
  - Random and voluntary

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25

Program Preparation: Expectations Change with Reality

- Scheduling health coaches
- Matching capabilities of insurance company
  - ER utilization reports
  - Ability to create top-tier network
- Educating physician groups
  - Fear of patient needs
  - Abuse of primary care
  - How do we identify the person?
  - Motivational interviewing to establish goals
- How do we make sure the employees understand the program?

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26

Kickoff Meetings

Named and promoted as the **Good Signs Family Care Partnership**

- Printed communication included a kickoff flyer, brochure, annual checkup reminder, coaches' profiles
- Tools included a participation agreement, onsite sign-up sheet
- PowerPoint presentation at multiple face-to-face meetings involving employees from all locations, held off-site
  - Good Signs staff covered new Goodwill-AHN partnership and health coaching
  - Included a comprehensive review of all benefits and Good Signs programming opportunities

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Preparing for Services: Barriers to Quality Care

Create participation agreement / plan for practices and physicians

- Protocol for care
- Protocol for documentation
- How were they going to identify these people

Develop EMR strategies

- EH- designation
- Requirements with visit
- Plan created with goals- tasked to coaches

Creating standing orders

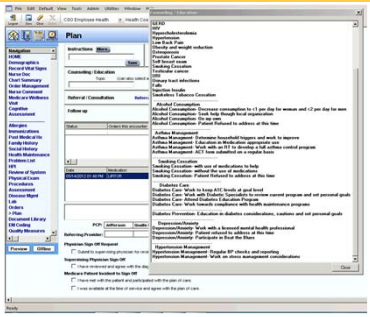
- Needed policy on BP readings, etc.
- Doctors wanted a nurse onsite
- 75% of population had no relationship with a doctor

Health Coach Dashboard

Don't let people fall off the tracks.

Pt. Name	Health Coach	Last Coached	Asthma	Diabetes	High Cholesterol	Hyperten-sion	Obesity	Pre-Diabetes	Depression	Annual Physical Due	Last BMI	Last BMI Date	Last A1c	Last LDL	Smoking
L. Smith	A. Daily	03/12/2012	Y	Y						06/12/2012	24.9	06/12/2011	7.8	99	Y
B. Jones	A. Daily	03/13/2012		Y			Y			08/11/2012	41.4	02/24/2012	7.4	87	N
C. Roberts	A. Daily	03/13/2012			Y				Y	12/11/2012	27.8	03/13/2012	5.9	200	N

MD EMR Development- Personal Goals in Plan section



Health Coaching

Monitor and act on gaps in care

- Hypertension
- Hypercholesterolemia
- Diabetes
- Asthma

Face-to-face meetings on site

- Weight management
- Smoking cessation
- Behavior modification
- **Recognize barriers**
- **Remove barriers**

Match people with services

- Group education programs
- Weight Watchers
- Walk with a Doc

Physicians will have the ability to task follow-up, data collection, etc. to the Health Coach through NextGen.

The Perfect Health Coach

Qualifications: RN, LPN, MA, health coach, psychologist, dietician, etc.

Recruitment: the Holy Grail

- Personality inventories
- Qualifications
  - Detail orientated
  - Strong interpersonal skills
  - Able to document / sound decision making
  - Technology capable

Goal

- Nurse health coach
- Behavioral health coach
- Care coordinator
- Dietician
- Exercise specialist

Coach Training

- Motivational Interviewing
- Behavior Change
- Procedure Management
- Standing Orders
- Chart/ Activity Audits
- Case Studies
- HIPPA
- EMR Training

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34

Meeting Individuals Where they Are

- Learning experience from everyone involved
- Huge medical issues but have to absorb the individual needs
- What issue comes first – direction
  - Establish medical stability – HTN, diabetes control
  - Mental health
  - Behavioral health goals

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35

Cooperation is Key

- Top-level administrative support
- Health coaches
- Store managers
- Safety, Loss Prevention–Wellness (SLPSW) Ambassadors
  - One identified per location
  - Trained during an orientation
  - Help promote health and wellness activities
  - Help with new employee and open enrollment communication
  - Encourage their co-workers to complete their Health Assessments
  - Communication link to Good Signs team

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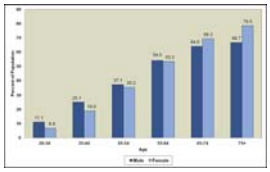
Control Blood Pressure

- 1 in 3 adults has HTN
  - 20.2% don't know they have it
- Control of HTN
  - 52.2% are not controlled
  - 70.9% are being treated (not all effectively)
- Those with BP > 140/90 are
  - 69% of first heart attacks
  - 77% of first strokes
  - 74% with congestive heart failure
- Cost of moderate heart attack- $760,000.00*
- The average lifetime cost of less severe CAD reached $767,288 per case.**

* National Business Group on Health , How much would a heart attack cost you, CBS news, April 23, 2010
** National Center on Health Statistics; National Heart, Lung and Blood Institute

Prevalence of High Blood Pressure in Adults Age 20 and Older by Age and Sex.
NHANES: 2005–08



Source: NCHS and NHLBI.
Hypertension is defined as SBP 140 mm Hg or DBP 90 mmHg

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37

Diabetes Control

- 13.6% population is diabetic
- 64.6% of diabetics are diagnosed
- 24% of diabetics are not controlled
  - Controlled diabetes $13,243
  - Uncontrolled- $26,486
  - Normal Individual- $2,560
- 26% of population is pre-diabetic (convert to diabetes at 9%/year)
- **Example**- Detected-**21** fasting blood glucose that were not currently treated or not following MD orders (90 tested)
  - 3 people fasting glucose >200
  - Only 1/3 of diabetics were controlled (A1c <7)
  - Highest A1c case- 13.8%, no indication of disease
- **Big draw was to give glucose meters and strips to pre-diabetics**

http://www.diabetes.org/diabetes-basics/diabetes-statistics
American Diabetes Association- Company Diabetes Profile and Statistics Worksheet

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38

Family Care Partnership Results

- Increased number of employees with Primary Care Relationship.
- Increased medication adherence.
- Decrease in non emergency ER utilization.
- Decreasing medical trend.
- Increased culture of health and wellness.

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Goodwill Medical Spend: Correlation with Participation

- 26.4% reduction in ER utilization
- Total participation with Nurse Health Coaches – 64% (no incentives)
  - * ROI – multiple factors
  - * Spend includes large claimants

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HEDIS Risk Migration Outcomes/ Analysis

HEDIS Risk Migration

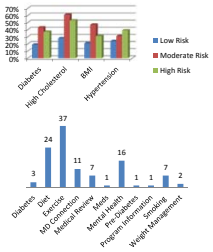
Cholesterol Control	2010 Screen	LDL < 100 2012 Screen	LDL 100-130 2012 Screen	LDL > 130 Yr2 2012 Screen	No Data
LDL < 100	23	13	5	0	5
LDL 100-130	20	4	13	5	4
LDL > 130	21	1	5	11	4

Blood Pressure Control	2010 Screen	BP < 120/80 2012 Screen	BP 120/80 to 140/90 2012 Screen	BP > 140/90 Yr2 2012 Screen	No Data
BP < 120/80	19	12	7	0	0
BP 120/80 to 140/90	40	13	13	8	6
BP > 140/90	18	2	6	9	1

Weight Control	2010 Screen	BMI 18.5-24.9 2012 Screen	BMI 25.0-30.0 Yr2 2012 Screen	BMI > 30.0 Yr2 2012 Screen	No Data
BMI 18.5-24.9	27	22	5	0	0
BMI 25.0-30.0	29	2	22	2	3
BMI > 30.0	19	0	3	14	2

Fasting Glucose	2010 Screen	Glucose <100 2012 Screen	Glucose 100-125 2012 Screen	Glucose >125 2012 Screen	No Data
<100	50	38	9	3	0
100-125	20	9	10	0	1
>125	5	0	1	2	2

Engagement By Condition



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Client Satisfaction

- 100% of respondents strongly agreed or agreed with the statement, "My health coach helped me better understand my health"
- 95% of respondents strongly agreed or agreed with the statement, "My health and well-being improved as a result of health coaching"
- Of the respondents with a chronic medical condition, 100% strongly agreed or agreed with the statement, "My health coach helped me to better manage my condition"
- 80% of the respondents feel that they are more productive at work as a result of coaching and lifestyle changes
- 95% of respondents strongly agreed or agreed with the statement "Health coaching has improved my satisfaction with my employer because they provided the health coaching program"
- 75% of respondents rated the health coaching program excellent, 20% rated the program as above average

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Creating a Better Product

1. Re assess goals quarterly- constant improvement
   - Coaches
   - Quality of Data
   - Reporting
   - Plan design
   - Processes
2. Consider communication and engagement
   - Do individuals realize the win-win in this program
   - Use of data to find who needs help- health coaches
   - Private meetings onsite or at offices
   - Group competition
3. Create an environment that empowers healthy decisions
4. Co Assess Carrots and Sticks/ Plan Design
5. Implementation of grand ideas
   - Nicotine testing
   - Biometric testing the entire group

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43

Improved Access to Data: New Insight

1. January 2012, UMR
2. Reporting package – full access to claims data
3. Priorities
   a. ER Utilization
   b. Pharmacy spend
      i. Adherence
      ii. Advice on change requirements
   c. High claimant information – we can help as a resource
4. UMR planning
5. Tracking the softer elements
   - Goal achieved
   - Success Story
   - Significant lifestyle change

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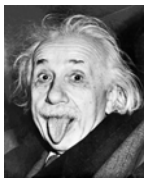
44

How Do **WE** Afford This Service



"We cannot solve our problems with the same thinking we used when we created them."

- Albert Einstein

- May require more staffing health coaching side
- The administrative time was budgeted too low
- Coordination with multiple players

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45

Thank you.
Questions?

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