Engagement & Health Risk Improvement among Coaching Participants with Chronic Conditions

National Wellness Conference
July 15, 2013

Engagement & Health Risk Improvement among Coaching Participants with Chronic Conditions

Introduction and background
Recent research on program engagement and outcomes among individuals with chronic conditions
Engagement strategy discussion
Practical case studies
Q&A

Agenda

Introduction

Engagement & Health Risk Improvement among Coaching Participants with Chronic Conditions

Introduction
Chronic diseases are the leading causes of death and disability in the U.S.

- 70% of deaths each year are from chronic diseases
- Heart disease, cancer and stroke account for more than 50% of all deaths each year
- Almost 50% of adults have at least one chronic illness
- 26% percent of adults have multiple chronic conditions and the prevalence of multiple chronic conditions has increased over from 22% in 2001 to 26.0% in 2010
- Health care costs of people with chronic conditions accounted for more than 75% of the overall $2.2 trillion medical care costs (2009)

Source: Centers for Disease Control and Prevention

Chronic conditions are associated with lifestyle health behaviors

- Physical inactivity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for much of the chronic disease morbidity and mortality
- New study found a protective association between lifestyle factors and early signs of vascular disease, CHD and all-cause mortality
- Strong association between stress and chronic conditions


Changes in health risks are associated with health care costs

Prevention savings lag but with greater potential

Avoiding added risks has more impact on future benefit costs than reducing existing risks.

Savings driven by individuals with chronic conditions

For individuals with a chronic condition in Year 1 (n=11,254)

Savings driven by individuals with chronic conditions

For individuals without a chronic condition in Year 1 (n=10,124)

Summary of findings

- Risk reduction linked to lower health care costs right away
- Increased risks linked to higher health care costs in the future
- Greater immediate savings driven by improving the health of those with chronic conditions

Chronic conditions and program engagement and health risk change

Accuracy in predicting and targeting costs

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<th>Measure</th>
<th>Accurate Bottom 80%</th>
<th>Accurate Top 20%</th>
<th>False Positives</th>
<th>False Negatives</th>
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<td>61.2%</td>
<td>38.8%</td>
<td>9.7%</td>
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<tr>
<td>HA-based 2-step model</td>
<td>86.3%</td>
<td>45.3%</td>
<td>54.7%</td>
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- Developed three separate two-step regression models predicting medical and fixed claims: (1) health assessment (HA) alone; (2) claims alone; (3) claims and HA combined. Separate models for males <40 and 40+, females <40 and 40+.
- HA-based model about three-fourths as accurate as a claims-based model in identifying cases in top 20% of next year’s claims.
- HA model can be implemented easily but requires high participation.
- HA provides major engagement advantages.
- Combined model adds accuracy but at significant cost.

Health coaching program effectiveness among individuals with chronic conditions

- Study included 52 employers and 48,667 employees
- Focused on telephone-based lifestyle management health coaching programs in eight topic areas: back risk, blood pressure, cholesterol, nutrition, physical activity, stress, tobacco use, weight, and well-being
- Compared coaching participation rates, completion rates and health behavior change for individuals with and without chronic conditions
  - Program participation defined as completion of 1+ coaching calls
  - Program completion defined completion of 3+ coaching calls
  - Health behavior change defined as change in average number of lifestyle related health risks

Program engagement by chronic condition status

- Health coaching participation rates were slightly higher and completion rates were similar for employees with chronic conditions compared to employees without chronic conditions

Health risk improvement by chronic condition status

- Risk improvement occurred for all individuals who completed a health coaching program, regardless of whether they reported previous diagnosis of one or more chronic conditions
Health coaching program effectiveness among individuals with chronic conditions

- Findings suggest that individuals with chronic conditions are more likely to participate in or complete health coaching programs compared to those who did not report having any chronic conditions.
- The health coaching program is effective at reducing risks for program participants, regardless of the presence of one or multiple chronic conditions.
- Study demonstrated effectiveness of following a “whole person” approach to health coaching.

Best practice engagement strategies

Pillars of engagement

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Case study 1

- Company overview
  - Energy company with over 25,000 U.S. employees
  - Nationally dispersed work locations, including remote field locations with need to accommodate unique work schedules
  - 70% of employees have covered dependents on health plan

- Program design
  - Long-term strategy in place with leadership engagement and commitment to culture of health
  - Strong engagement strategy, leveraging incentives tied to healthcare plan design and comprehensive population- and individual-level communications
  - Onsite integrated health and wellness services clinic including x-ray, lab, pharmacy, physical therapy, occupational therapy, dental, vision, and onsite wellness and clinical coaching
  - Program components include health assessment questionnaire with Health Advisor call, lifestyle and disease management, population-based health campaigns programs, wellness classes and online programs
Case study 1

- Incentive strategy
  - Benefits integrated design with gateway model
  - Points-based system with totals that change over time depending on the focus for the program year, allowing the organization to keep program fresh
- Communication strategy
  - Dedicated team manages all wellness program communications
  - Emphasize multi-media touch points including mail to home, email, text message, posters, table tents, web (intranet), and printed wellness calendar
  - Targeted and specialized communications
  - Strategic timing and delivery of communications to optimize promotion of population and time relevant activities/events

Case study 1

- Results
  - Outstanding participation and engagement in lifestyle (LM) and condition management (CM) programs of nearly 90%
  - Best in class lifestyle risk reduction at the population-level and for CM coaching participants
  - CM participants reduced or maintained nearly all health risks, including weight
  - CM participants were more compliant with specific best-practice clinical measures vs. non-participants who had a chronic condition (e.g., HbA1c testing, LDL-C screening, retinal eye exam, nephropathy screening)

Case study 2

- Company overview
  - Financial services company with over 26,000 U.S. employees
  - Geographically dispersed workforce, including call centers and virtual environments
  - Over 47,000 employees and dependents are covered under the company's health care benefits
Case study 2

- **Program design**
  - Long-term strategy in place with leadership engagement and commitment to culture of health
  - Strong onsite presence with six integrated onsite wellness centers offering clinic including access to medical professionals and specialists including MDs, nurses, nurse practitioners, dermatologist, OB/GYN, dentists, denticians, and pharmacists
  - Program components include Health assessment with Health Advisor, lifestyle management, disease education, biometric screenings, population-based health campaigns programs, onsite programs

- **Communications Strategy**
  - Program brand embedded throughout the organization and is utilized in print media, online portals and graphics within all facilities
  - Engage individuals through the use of employee testimonials, involving families (use of photos)
  - Dedicated team manages all communications

- **Incentives Strategy**
  - Benefits integrated design with a deposit made to health savings account upon completion of the health assessment and Health Advisor call
  - Employees and their spouses are eligible for programs and incentives
Case study 2

- **Diabetes education program**
  - Designed to help address issues of poor compliance, engagement and outcomes
  - Partnered with external groups (e.g. pharmaceutical companies, community groups) to help communicate and provide disease education, tools and support
  - Program integrated onsite specialists including nurse practitioner, wellness coach, registered dietitian, pharmacist, and other health professionals with the social benefits of workshops and community support groups
  - Available to employees who do not have access to onsite resources through monthly webinars, phone access to the onsite health specialists and remote biometric monitoring

Case study 2

- **Results**
  - Of those enrolled in the diabetes program, 90% completed the initial biometric screening
  - Achieved over 80% retention in program
  - Percent of participants with A1c measures that indicated good control increased by 6%

Thank you!

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