

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The central area is white, providing a clean space for the text.

Changing At Risk Health Behavior

One Physician's Search for the Holy Grail

In the Beginning.....

- ▶ Avoided all prevention classes in Med School (boring)
- ▶ Solo Family Practice, ER , Occ Med
- ▶ Developing a successful approach to delayed recovery in Workers Compensation injuries
- ▶ Injury/disease oriented

In the Beginning (mid 90's).....

- ▶ Cianbro Companies
- ▶ President/CEO- Focus NOT on illness per se but on high cost of disease and Sick care- Change the paradigm to claims prevention from claims management
- ▶ Director HR- “The doctor of the future will give no medicine, but will interest his patients in diet, care of the human frame and the cause and prevention of disease.” Thomas Edison (snopes.com)

My Response!

YIKES!

- ▶ But I'm a doctor. I take care of sick people- not my job to change the health care delivery system.
- ▶ My daughters confirmation; “My Daddy is a Dockter. He duss take care of heart attaches!”

Where to start?

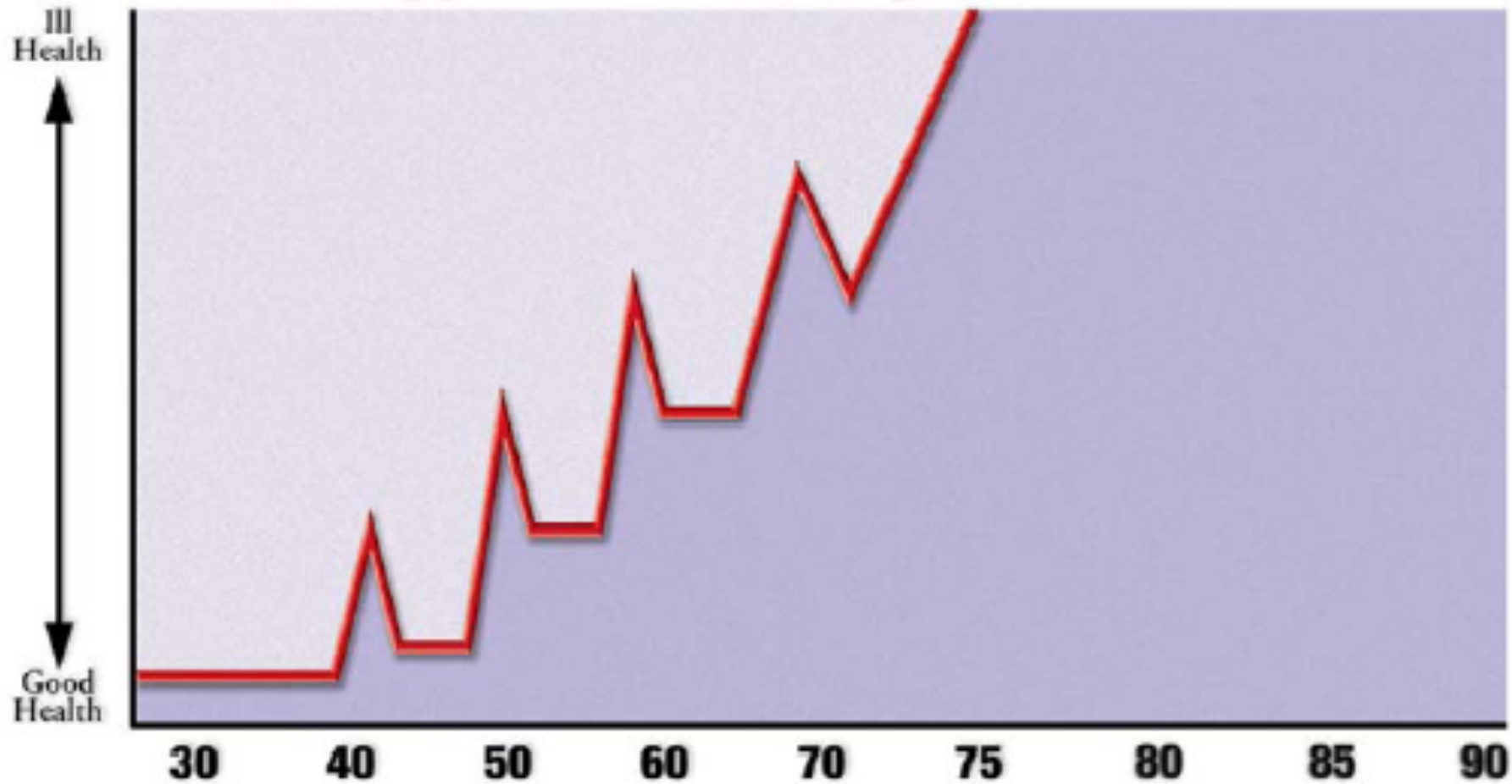
- ▶ Needed good data -health behaviors and medical costs
- ▶ Dee Edington at the University of Michigan.

Edington's Data

- ▶ Clear demonstration that higher costs are associated with higher levels of health risk behaviors
- ▶ Spend is driven by population risk level- the higher the risk level the more is spent on health care
- ▶ Without intervention population health risk level rises over time
- ▶ Achieving and maintaining 80% population participation, with 70 % at low risk offers best chance of controlling health care spend (and reducing morbidity)

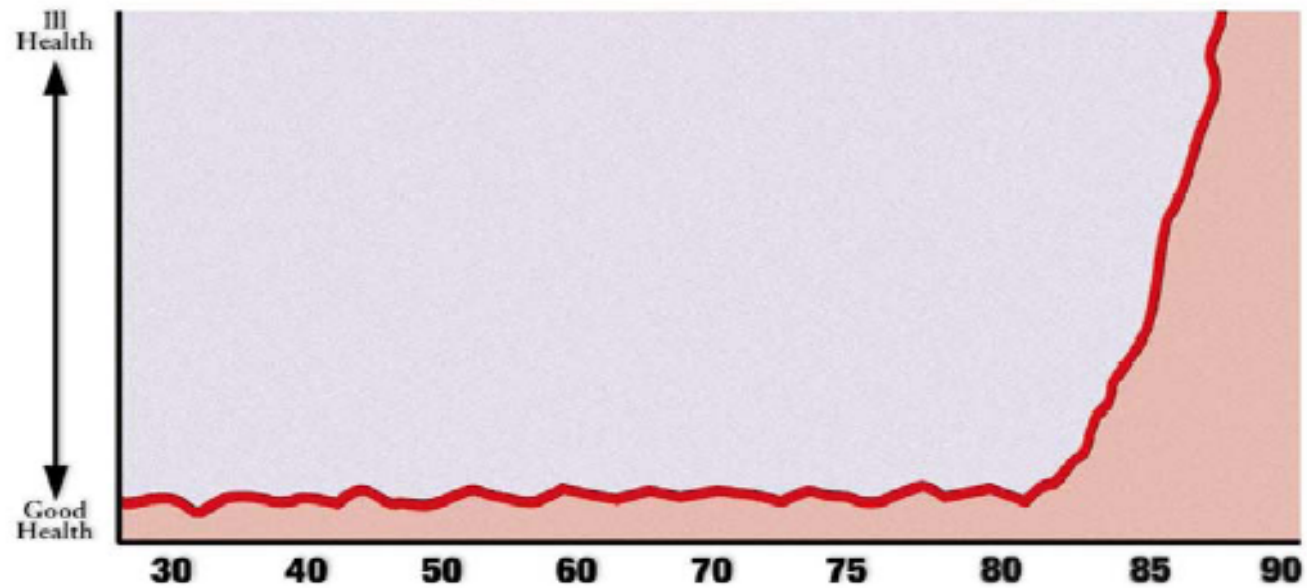
Unhealthy Lifestyles

Typical Morbidity Time Line



Healthy Lifestyle

Compression of Morbidity



Where to Start?

- ▶ Where do we go from here?
- ▶ Remember goals of intervention- high participation/engagement, that resulted in a sustained change in at risk health behavior and produced some impact on spend.
- ▶ Early efforts all centered around education (after all, if you know what you should do you will do it, right?)
- ▶ Eye opener! 6 month pilot, 1 on 1 counselling with nurse educator

Motivational Interviewing

- ▶ Client, not provider centered conversation toward behavior change
- ▶ Collaboration, not confrontation
- ▶ Autonomy, not authority
- ▶ Evoke existing individual reasons for change, not educate

Motivational Interviewing

- ▶ Active listening
- ▶ Guiding (directing) within client set parameters
- ▶ Brief example

Program Support

- ▶ Software- to drive consistent intervention, allow QA of coach/client interaction, tracking outcomes, robust reporting function
- ▶ Company readiness evaluations -value?
- ▶ Implementation- early intro to management-health and productivity questionnaire- align with existing safety programs whenever possible (Edington's data on work comp)
- ▶ Risk Scores

Issues

- ▶ Expense- Labor intensive
- ▶ Inconsistent Service Delivery by external providers
- ▶ Extensive on going training and QA efforts
- ▶ Coach Burnout
- ▶ Delivering program to multiple small locations within larger company
- ▶ Spouses

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Has it Worked?

Average Long Term Participation

- ▶ 88% On Med
- ▶ 68% Not on Med
- ▶ 82% Total

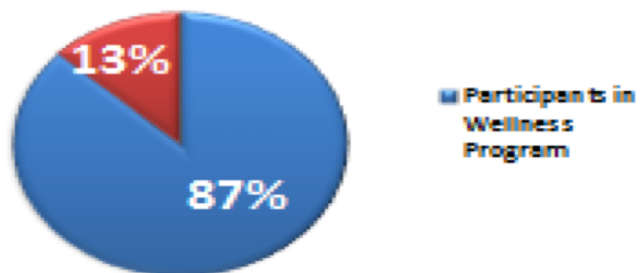
- ▶ 8 current clients with 6+ years in program

Participation, Engagement

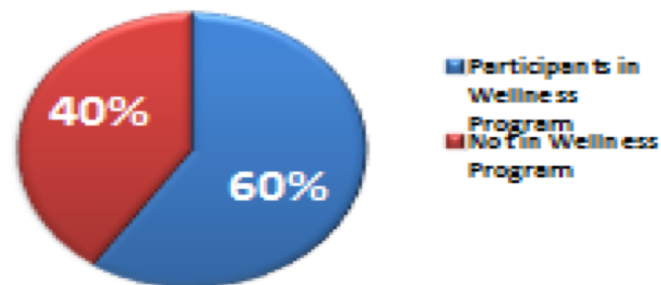


Final Participation June 30, 2016

Participation by Employees in
Medical Plan



Participation by Spouse in
Medical Plan



	Participating	Not Participating	Total
Employees on Medical	1062	167	1219
Spouses on Medical	350	238	588

Primary Cost Drivers

“Cost Risks” Score

- **Low- 0-2 risks** “baseline spending”
- **Medium- 3-4 risks** up to 50% more than baseline spending
- **High- 5 or more risks** 150 to 300% additional spending per year per person

Absenteeism

Alcohol Abuse

Existing Medical Condition

High Blood Pressure

High total cholesterol/Low HDL cholesterol

Inactivity

Smoking

Low Back Pain

Life Dissatisfaction

Negative health perception

No seat belt/helmet use

Overweight/Seriously Overweight

Stress



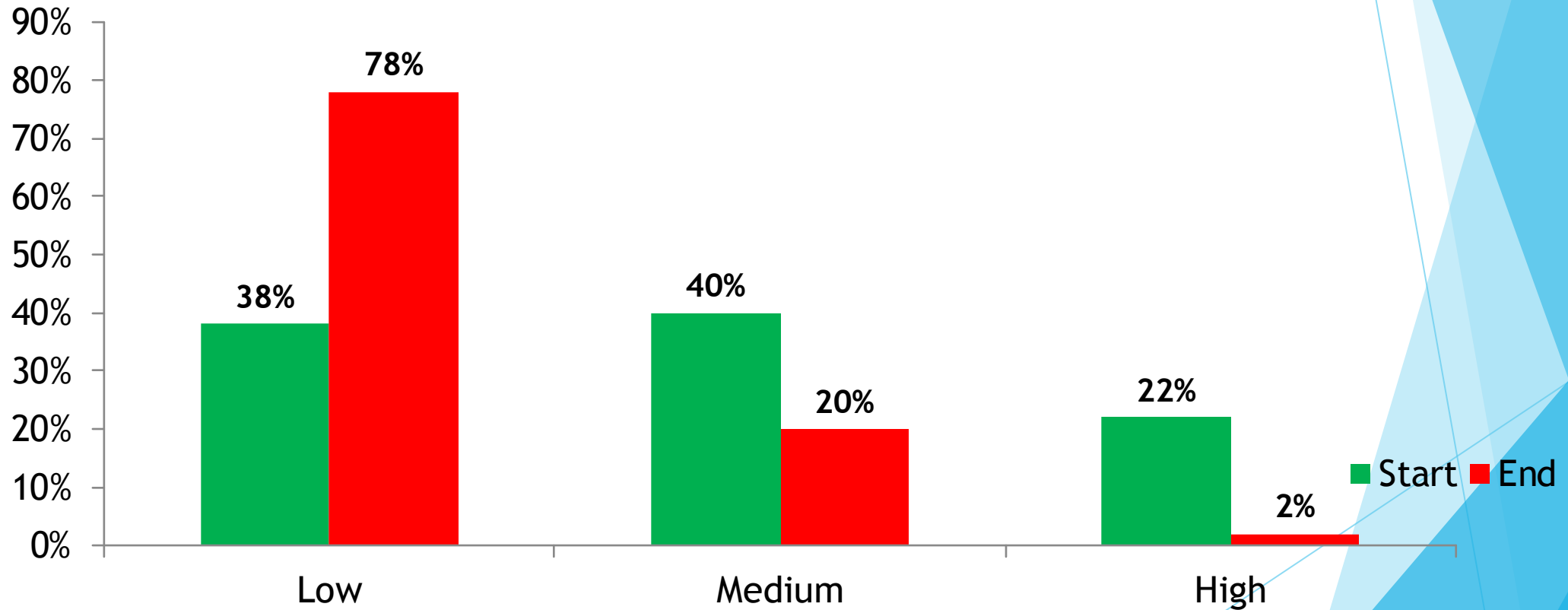
Risk Reduction Average Year One

30% INCREASE IN LOW RISK GROUP

2% REDUCTION IN MEDIUM RISK GROUP

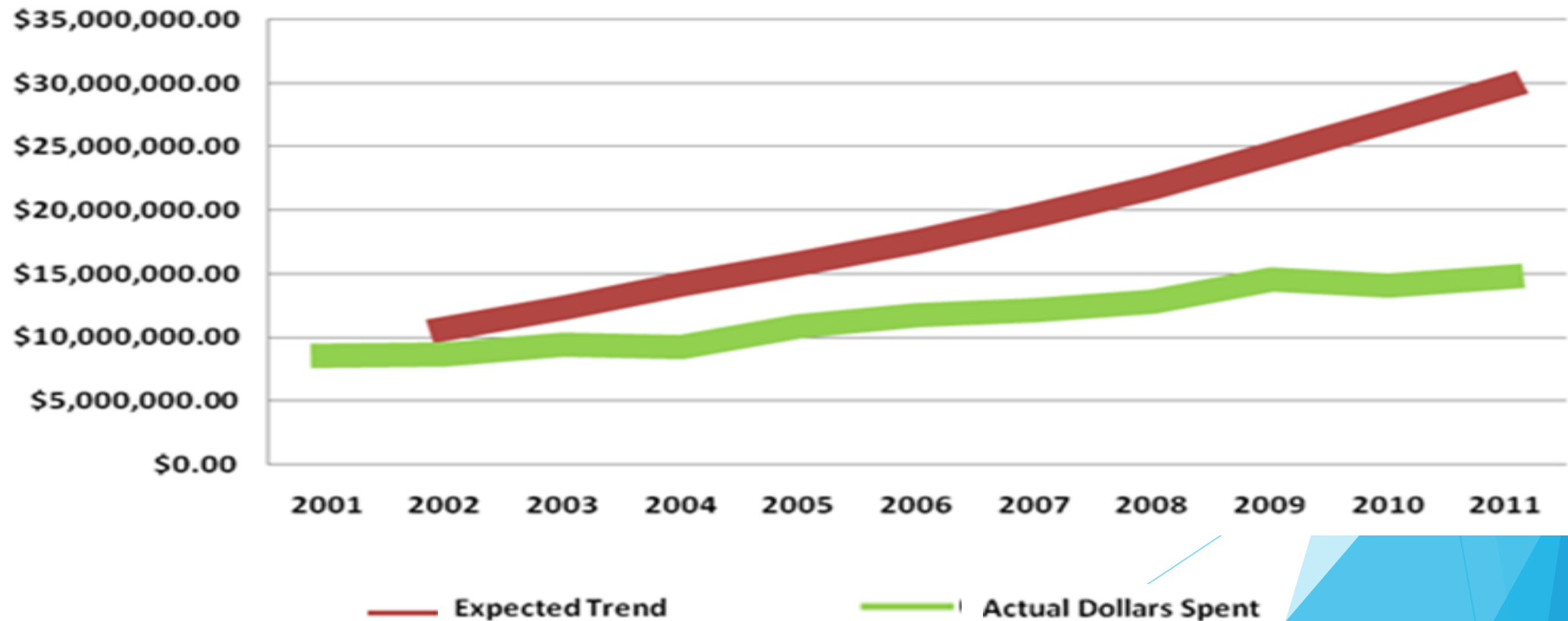
24% REDUCTION IN HIGH RISK GROUP

Comparing Cost Risk Breakdown Employees on Medical for the years 2001 and 2016



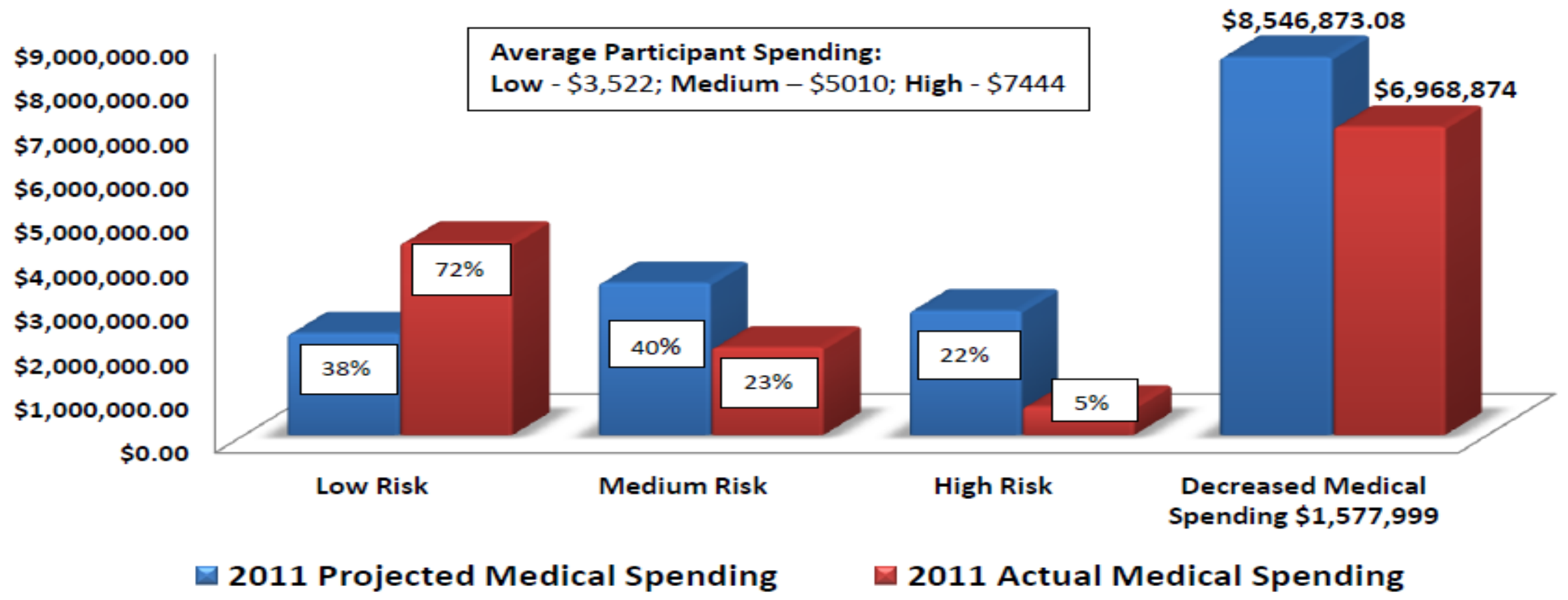
What Wellness Can Achieve

Wellness Program slows rise in Health Costs





Medical Spend Reduction 2011



Have We Found the Grail?