

Successful Wellness Programs: What Separates Best-in-class From All the Rest

Applying insights from behavioral theory can improve employee health and reduce employer costs

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Wellness programs have come a long way since their introduction in the 1970s as worksite-based curricula centered on fitness centers and related activities. With growing evidence supporting wellness initiatives and the introduction of advanced technologies to drive wellness interventions, employer interest in wellness has surged the last few years, along with the number of vendors offering wellness solutions.

Any employer considering implementing a wellness solution should critically evaluate a vendor's ability to provide customized solutions that appropriately recognize the challenges inherent in changing individual behavior and driving improved health. This is easily accomplished by considering the situations of two fictitious participants of a health management program – John Smith and Jane Doe (see box on page 72).

Discovering Health and Wellness

There is now general agreement on the need to improve health and wellness. Against this backdrop, the importance of health is not lost on employers and plan sponsors, as preventive health services become the cornerstone of efforts to improve employee performance and enhance bottom-line results. After all, chronic diseases are a major cause of lost productivity and also the leading cause of direct health care costs for employers. In fact, researchers estimate that 75 percent of all health care costs stem from preventable chronic health conditions such as type 2 diabetes, hypertension and obesity. (See Centers for Medicare & Medicaid Services: *National Health Expenditures and Selected Economic Indicators, Levels and Average Annual Percent Change: Selected Calendar Years 1990-2013*. Washington, D.C.; Centers for Medicare & Medicaid Services, Office of the Actuary, 2004; and Institute of Medicine *The Future of the Public's Health in the 21st Century*, Washington, D.C., National Academy Press, 2002.)

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According to the National Business Group on Health, wellness programs include any prevention initiative aimed at changing lifestyle behaviors associated with greater risk of disease. Today, wellness programs cover myriad activities designed to promote positive lifestyle decisions, and may include health promotion or disease prevention programs. These initiatives actively encourage healthy activities such as substance abuse control, weight management, smoking cessation, stress management, physical activity or the like. (See National Business Group on Health, *NBGH Preventive Services Glossary*, 2008.)

The goals of wellness and prevention are to:

- 1) identify individuals who could benefit from treatment for a condition or complication about which they are unaware;
- 2) encourage individuals to avoid or delay disease by practicing healthy lifestyles; and
- 3) prevent further disability among individuals with established disease. (See National Business Group on Health, *Preventive Services*, 2008; <http://www.businessgrouphealth.org/benefitsttopics/topics/0070.cfm?topic=0070&desc=Preventive%20Services>.)

Employer, health plan or government-sponsored wellness solutions usually provide health promotion services in the context of a broader integrated care management strategy. This approach manages participants based on individual risk profiles, regardless of whether he or she has defined clinical and lifestyle issues. These wellness programs typically include Web and paper-based interventions, personal health assessments, telephonic health coaching and biometric screening or evaluations. To optimize the impact upon individual employees, they often integrate with disease and case management solutions and potential work-site solutions such as fitness facilities, on-site clinics and other health-related service offerings.

While many employers have been quick to adopt wellness programs, it is critical that they implement integrated individually appropriate programs that embody strategically sound core practices and, therefore, can deliver on their promise – an improvement in employee health and a positive return on investment (ROI). A majority of U.S. employers now embrace this viewpoint (see box on page 71).

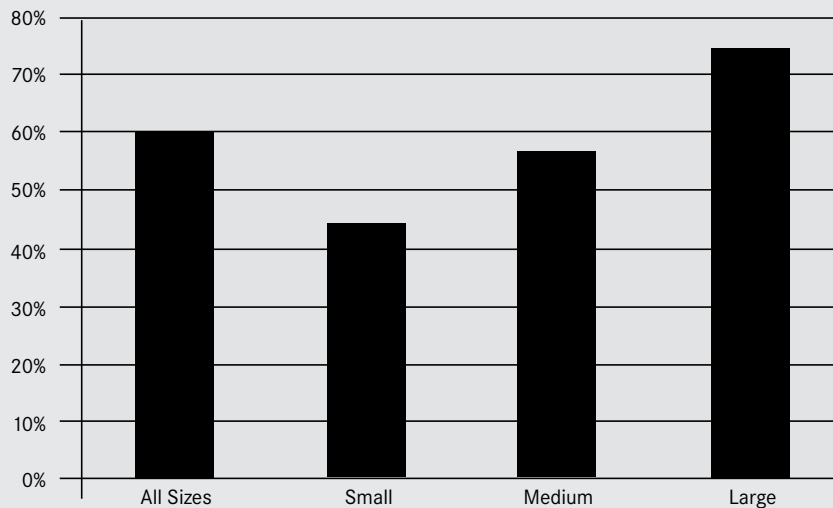
The Pitfalls of First-generation Wellness Programs

While the corporate road to wellness is usually paved with good intentions, many earnest endeavors have met with failure. First-generation wellness programs now appear to have suffered from a lack of market experience or understanding of the need to quantify and qualify program goals.

Too many wellness programs were derailed because companies failed to link them with other benefits and business strategies. (See Lewis, Deborah; *Why Wellness Programs Fail*; *Financial Executive*, March 1, 1995.) Originally, many employers implemented wellness programs with the single goal of creating a more attractive and productive work environment. While this is certainly a laudable objective, the national decline in health and the increase in health care costs has forced employers to implement programs with clinical rigor, something that was absent in first-generation wellness programs. Those programs were far too simplistic and focused mainly on offering Web-based health portals, many of which function largely as a “ready-reference” electronic library for disseminating health information.

Percentage of Employers Offering Wellness Programs

Companies of all sizes implement wellness programs, though larger companies have slightly higher adoption rates. On average, 62 percent of all companies offer a wellness program.



“Taken with permission from the Health and Economic Implications of Worksite Wellness Programs.”
By the American Institute of Preventive Medicine (<http://www.HealthyLife.com>).

Unfortunately, these programs still remain active, encompassing a wide variation in content, design and quality. They lack consistency and simply distribute generalized health information to employees with limited follow-up or attention to clinical outcomes – they are far too impersonal and generic to improve health and reduce costs. Only recently have we witnessed the introduction of programs that take a far more sophisticated and analytical approach to personalizing information based upon an employee’s needs and involvement in other health management programs.

Additionally, companies historically relied too heavily on unsophisticated health risk assessments (HRAs). A common tool for collecting self-reported health information, many HRAs did not assess critical behavioral factors such as an employee’s motivation and self-confidence in making key lifestyle changes, nor did they determine the barriers preventing an individual’s path to a healthier lifestyle. At best, the HRA drove the annual wellness outreach campaign, but never reached beyond that to follow up with interventions occurring later.

The new breed of wellness programs upends this model, incorporating individual biometric screening and evaluations to uncover more than 70 percent of the biometrics not identified through routine self-assessments and reporting, assess an employee’s attitude and ability to embrace a healthier lifestyle and appropriately match an individual’s risk factors to their specific care plan.

Early wellness solutions were also flawed in their implementation of telephonic lifestyle coaching programs. The programs ran the gamut from “high touch” to “high tech,” and many carried the aura of a Q&A session. In other words, they felt like a standard recipe, with each participant receiving the same instructions regardless of personal circumstances. The programs did not assess an individual’s motivation and barriers to change in order to craft a care plan that was personal, relevant and actionable. Furthermore,

because they did not reach beyond a specific wellness program and look at the aggregate risk of an employee, the programs lacked any focus on improved clinical outcomes and did not engender lasting behavior and lifestyle changes that lead to measurable savings. Instead, what were needed in those situations was multiple, frequent interventions, durational monitoring and ongoing check-ups to ensure that employees followed their care plan.

Finally, some program sponsors had false expectations that the mere introduction of programs would drive positive health behaviors and thus cut overall health care costs. In actuality, findings from the *2007 SHPS Health Practices Study* indicate that when employers use wellness promotion and education as their primary health management strategy, health care expenditures are 16.9 percent higher. (See *2007 SHPS Health Practices Study*, www.carewisehealth.com/2007healthstudy.) Without addressing the entire population and the full spectrum of risk, a plan sponsor's health care costs are unlikely to drop significantly.

The true pitfalls of first-generation wellness programs are best understood by examining the experiences of John Smith and Jane Doe (see box).

The Participant Perspective: John Smith and Jane Doe

John Smith

John Smith is a diabetic, a smoker and 40 pounds overweight. The father of two young boys, John's main aspiration is to be able to play with his children for 30 minutes a day, instead of the present 10 minutes that his health allows. A wellness coach would approach John to enroll him in an exercise program, while concurrently a disease management nurse would attempt to engage him in a diabetes management program. Well intentioned, no doubt, but also lacking in any consistency. If John enrolls in both programs, there would be no collaboration between the wellness coach and the nurse and they would not share data. Consequently, John would likely receive confusing – sometimes conflicting – information about the steps for improving his health. For example, John's prescribed exercise program would not take his diabetes into account – a condition that can cause numbness in the feet after 15 minutes of physical activity. Despite his earnest attempts and deep desire to change, John is unable to successfully continue the exercise program because of the physical limitations his diabetes causes.

Jane Doe

Jane Doe is pre-hypertensive and has a family history of heart disease. She also has two children, but she is a single mom with a high-pressure, stress-filled job. After a day consumed with work and family obligations, she often craves that one cigarette – her sole source of stress relief.

Jane would automatically be identified as a smoker and targeted for enrollment in a smoking cessation program, without any knowledge of whether Jane considers smoking to be a health priority. Even though Jane enrolls in the smoking cessation program, she never followed through with the coach's plan because she wasn't committed to making that change in the first place.

Collectively, the challenges of early wellness programs have created uncertainty and mistrust among plan sponsors regarding the true value of such initiatives. However, with the maturation of wellness programs and the introduction of new, more sophisticated options, employers now have viable choices. A strategic approach is needed that applies the tenets of clinical practice to the guidelines of wellness – not simply the lifestyle issues – with a goal to offset the financial and social burdens of disease progression.

Adopting Best-in-class Wellness Programs

The ultimate value of wellness programs and care management solutions is to prevent a person’s migration to the higher, more expensive spectrum of the care continuum. Statistics from the Centers for Disease Control (CDC) and Prevention and the National Center for Health Statistics illustrate the hurdles that must be overcome, and where properly designed wellness programs can deliver a substantial impact:

- 39 percent of adults do not engage in any leisure-time physical activity;
- only 11.8 percent of adults engage in vigorous leisure-time physical activity at least five times a week;
- nearly 6 in 10 adults are overweight, with 23 percent considered obese; and
- current adult smokers comprise 21.5 percent of the population, and an additional 22 percent are former smokers.

To meaningfully improve health and manage health care spending, it is vital to control the most manageable factor – individual behavior. According to the CDC, individual behavior affects more than 50 percent of health care costs. Another Indiana University-Purdue University study places the number even higher, indicating that 87.5 percent of health care claims costs are due to an individual’s lifestyle. (See *Indiana University-Purdue University, Fort Wayne (IPFW) Study*, 2006.)

With the proper intervention strategies in place, a wellness program can change an employee’s behaviors in ways that will lower health risk while producing positive ROI. As such, the ideal wellness program should meet six benchmarks (see box).

The Ideal Wellness Program Six Benchmarks
<ol style="list-style-type: none"> 1) maintain an individual focus; 2) use clear, consistent communications materials; 3) use biometrics to develop a baseline assessment of population and individual risk; 4) incorporate all aspects of population risk classification to drive effective interventions; 5) integrate with comprehensive population health management programs; and 6) focus on outcomes.

Six Wellness Program Benchmarks

Here are additional details on the half dozen benchmarks most likely to produce an effective wellness program.

1. Maintain a focus on the individual

A wellness program must center on the individual. Practically, this means defining the communications strategy, the engagement process and the care plan based around an individual’s health status, needs, motivation and barriers to change. A wellness vendor must be fluid in its ability to develop individualized care plans that work within the realities of everyday life. That means recognizing that life happens outside of work, and that everyone doesn’t always have the time, or the ability, to follow the “ideal” care plan.

Further, if the individual would benefit from working with both a wellness coach and a disease management nurse, the outreach must be coordinated and consistent with the individual's own health goals that were established at the program's outset.

A "one-size-fits-all" approach to wellness in which the intervenors don't communicate with one another simply will not work. An integrated strategy reduces the likelihood of competing phone calls and conflicting information that often borders on information overload. It prioritizes the care plan based not just on an individual's clinical risks, but also based on his or her motivation and ability to affect and sustain change. Personal relevance and priorities are key ingredients in helping employees embrace recommended care plans, adopt and sustain healthier lifestyles, and ultimately improve their health.

2. Use clear, consistent communications materials

To be effective, communications materials must be consistent, frequent and personalized to the holistic needs and risks of the individual. The materials must aim not just to inform, but to educate, engage and motivate – and they must do so in an easily understood manner. A wellness program must reinforce messages repeatedly, through written and verbal communications, to accomplish individual behavior change. It is a fact that communications that target a single point-in-time are ineffective, especially when compared to strategies that rely upon repeated communications. Furthermore, success often hinges upon properly branding the program across an employer's entire health management strategy, giving it a consistent look and feel. If the message and brand are consistent, outcomes will be too.

3. Use biometrics to develop a baseline assessment of population and individual risk

Wellness programs that rely solely upon HRAs for measuring clinical risk are less accurate at identifying qualified candidates for clinical interventions. Biometric testing is quickly becoming the preferred method for collecting primary clinical data, given its increased accuracy over an HRA, which can leave more than 70 percent of clinical questions unanswered or incomplete. Ideally, individuals should be offered some flexibility in scheduling these screenings – either onsite at their workplace, at home or at a local laboratory – helping to ensure timely compliance with the screening activity.

Biometric tests can accurately detect pre-disease candidates, allowing program sponsors to mitigate future health risks before they occur. There is a fine line between managing a chronic condition and managing a pre-disease condition. A wellness program with a strong focus on managing pre-disease conditions bridges the gap between traditional lifestyle wellness programs and chronic condition management. Biometric testing is the optimal approach for ascertaining pre-disease states in identifying individuals as candidates for pre-diabetes, hypertension and hyperlipidemia counseling, and thus preventing or controlling their future effects.

It is important to note that HRAs still play an important role in wellness programs. They are a good way to determine individual attitudes toward health, motivation and barriers to change.

4. Incorporate all aspects of population risk classification to drive effective interventions

The ability to classify individuals based upon a comprehensive health risk profile that includes lifestyle, clinical and financial risks – as well as behavior change principles

that measure readiness to change, an individual's priorities, confidence and motivation – enables sponsors to create a comprehensive population and individual risk score. With the full spectrum of risk incorporated into the classification process, it is possible to identify the best candidates for interventions, as well as to tailor the interventions to meet an individual's specific needs and mindset.

5. Integrate with comprehensive population health management programs

To ensure success, wellness initiatives should be delivered as an integrated set of interventions directed at meeting the individual's highest-priority needs. This may include services provided within the traditional domains of case management or disease management. Individualized data should provide clinical staff members with a panoramic view of the individual, to support personalized attention while seamlessly allowing participants to naturally transition to and from multiple health management resources or programs.

Consistent communications working hand-in-hand with an individualized intervention strategy will build, rather than erode, employee confidence in the program and more effectively support employees to make the behavior changes required to reduce their health risks and adhere to prescribed treatment. Regardless of the level of care an employee needs, he or she will know where to turn to gain understanding and achieve results.

An integrated program offers the additional benefit of providing integrated health metrics that span the entire health strategy. This provides employers accurate insight into the financial contributions of each program and allows them to tie savings back to an actual reduction in health costs.

6. Focus on outcomes

Wellness programs should be designed to drive specific health outcomes, not merely provide participants with health-related content. After all, it isn't lack of information that prevents most individuals from embracing healthy lifestyles. An individual will embrace a healthy lifestyle in spite of other personal, social and professional obligations when he or she has personally relevant and practical tools. More successful programs also adopt an incentive structure centered on critical, outcome-oriented actions. Individuals should be enticed and motivated to change their behavior based upon the most effective activities. Each intervention must engage the individual toward reaching specific, mutually determined health-related goals, with accompanying reports for the employer that illustrate the actual reduction in health risk, not simply recounting participation rates or the number of interactions between the health coach and the employee.

Best-in-class solutions should be able to measure participation, risk avoidance, productivity metrics, clinical outcomes and net savings across all intervention levels including Web-based, telephonic and onsite solutions. Armed with data and measurable results, sponsors will enjoy increased confidence in the value of their investment in wellness programs.

The Participant Experience: Revisiting John Smith and Jane Doe

With next-generation wellness programs, the experiences of John Smith and Jane Doe are dramatically different. In a person-centric, integrated health management program John and Jane are treated as individuals (see box).

How Wellness Programs Should Work

Each of our fictitious participants would fare much better under a thought-out, integrated wellness program.

John Smith

John would continue to work with both a wellness coach and a disease management nurse, but the clinicians would share data and collaborate on his plan for reducing his weight, increasing his level of physical activity and self-managing his diabetes. Because John stated his main health priority was exercise, the care plan would take this into account, along with the physical constraints of his diabetes, and establish small steps he could take to reach his ideal health status. John's coach would function as his primary resource throughout the program and coordinate the consultative sessions with a diabetes specialist to develop a nutrition strategy that would give him the energy necessary to achieve more vigorous exercise and prevent him from experiencing harmful blood sugar levels after his workouts. The collaborative interaction between John's coach and nurse would ensure that gaps and redundancies in care were avoided. John's plan for better health is built to complement his life rather than complicate it. He perceives the program as a benefit rather than an inconvenience.

Jane Doe

Jane would work closely with a health coach to establish her priorities for improving her health – whether that means addressing her smoking, stress or pre-hypertension first – and do a careful assessment of her lifestyle and barriers to good health. In collaboration with her health coach, Jane would establish a care plan that specifically reflects her values and priorities. She is able to make a series of small changes that increase her confidence – resulting in a successful effort to quit smoking. After identifying her preference for a physician with a more direct communication style, her coach helps her to identify an alternative provider with whom she is working to lower her blood pressure.

Conclusion

Experiences like those described for John Smith and Jane Doe can be a reality for employees today. Wellness has evolved from a loose collection of “feel-good” programs to become an integral component overall health management strategy. Today's solutions have moved beyond health awareness – they are now grounded in behavioral theory and are fully capable of demonstrating quantifiable results.

Human resources leaders must introduce strategic initiatives that improve individual lifestyles and reduce risk factors. Aim for the best, lead by example and take meaningful programs to your workforce. When employees are engaged at the right level of care at the right time, employers will see a reduction in clinical and lifestyle risks, and increased productivity and savings. The investment in a best-in-class wellness program can pay significant dividends.