



Center for Health

Wellness Update

HealthFlex Summit

November 5, 2015



General Board

Pension and Health Benefits

Caring For Those Who Serve

Agenda

Wellness Programs—Results and Impact

- **Step 1 and Step 2:**
Blueprint for Wellness and HealthQuotient
- **Step 3: Taking Action**
- **What's New for 2016**

Why Wellness?



Roots within the Church



Fuels vitality for those serving the UMC



Creates a culture of caring, engagement



Appreciated by participants



Favorable association with costs and risk factors



What Happened in 2015

Engagement and Impact

Water is the wholesomest of all drinks; quickens the appetite,
and strengthens the digestion most.

John Wesley

Continue 3-Step Approach

1

Step 1
Blueprint
for Wellness
(BFW)

2

Step 2
HealthQuotient
(HQ)

3

- Step 3**
- WebMD Health Coaching
 - Virgin Pulse
 - EAP and Work/ Life Services
 - Evive Health targeted reminders
 - WeightWatchers

Wellness Incentives Review—2015



Step 1—Blueprint for Wellness

\$100 for completion April 1-July 31



HQ

Step 2—HQ

Avoid \$250-\$500 higher deductible in 2016



Step 3—Take Action

Virgin Pulse - \$150



Step 3—Take Action and Achieve Results

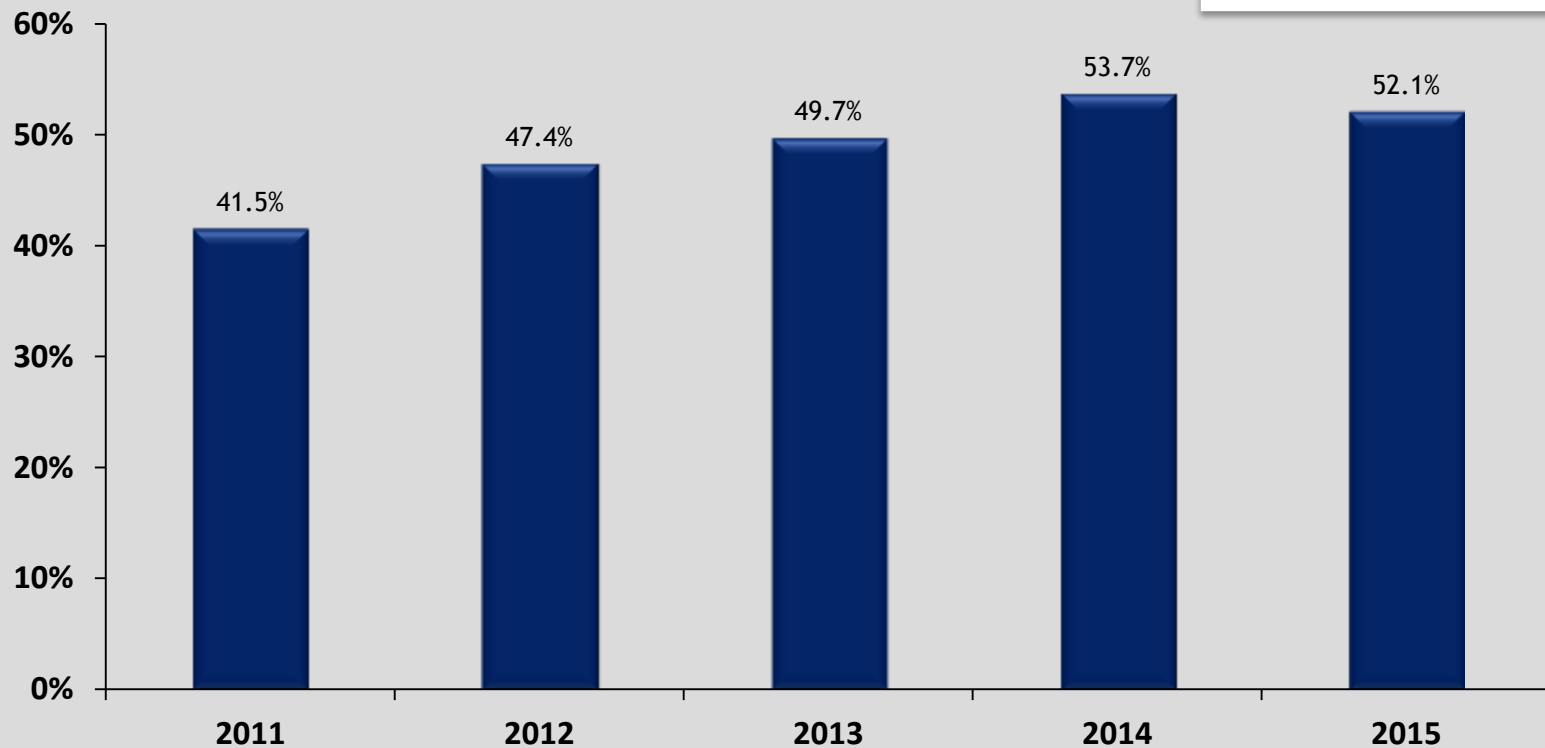
\$150 HealthCash for earning 150 Wellness Points (WebMD)

- Coaching, EAP or Work/Life, My Health Assistant, Success Stories
- Up to 120 Points for meeting healthy measures or improving health metrics

Blueprint for Wellness Participation

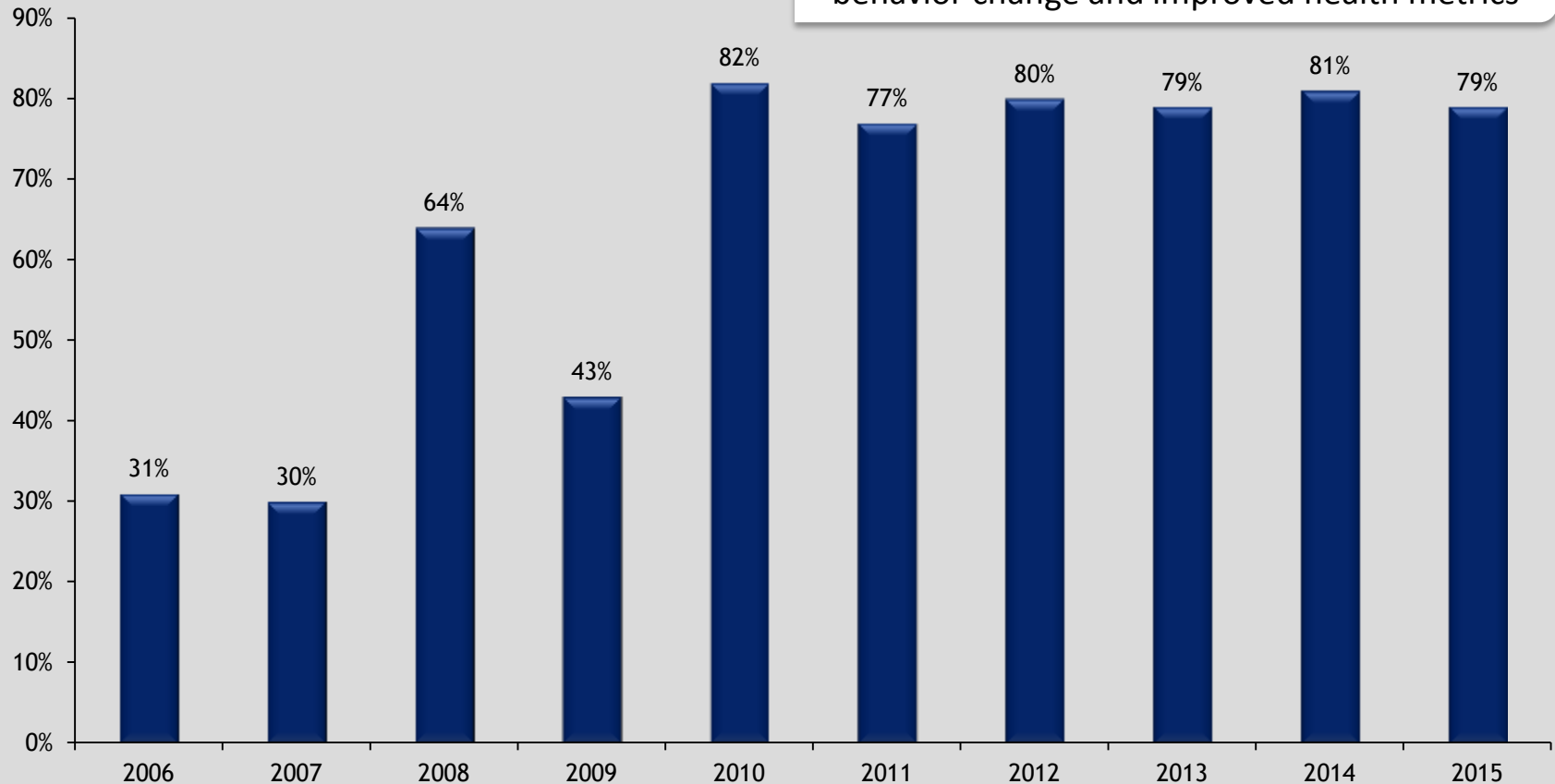
BFW Completions by Participants and Spouses in Active Plans

Over 1,000 new to BFW in 2015



HealthQuotient Completion

Consistently high HQ completions help to drive behavior change and improved health metrics



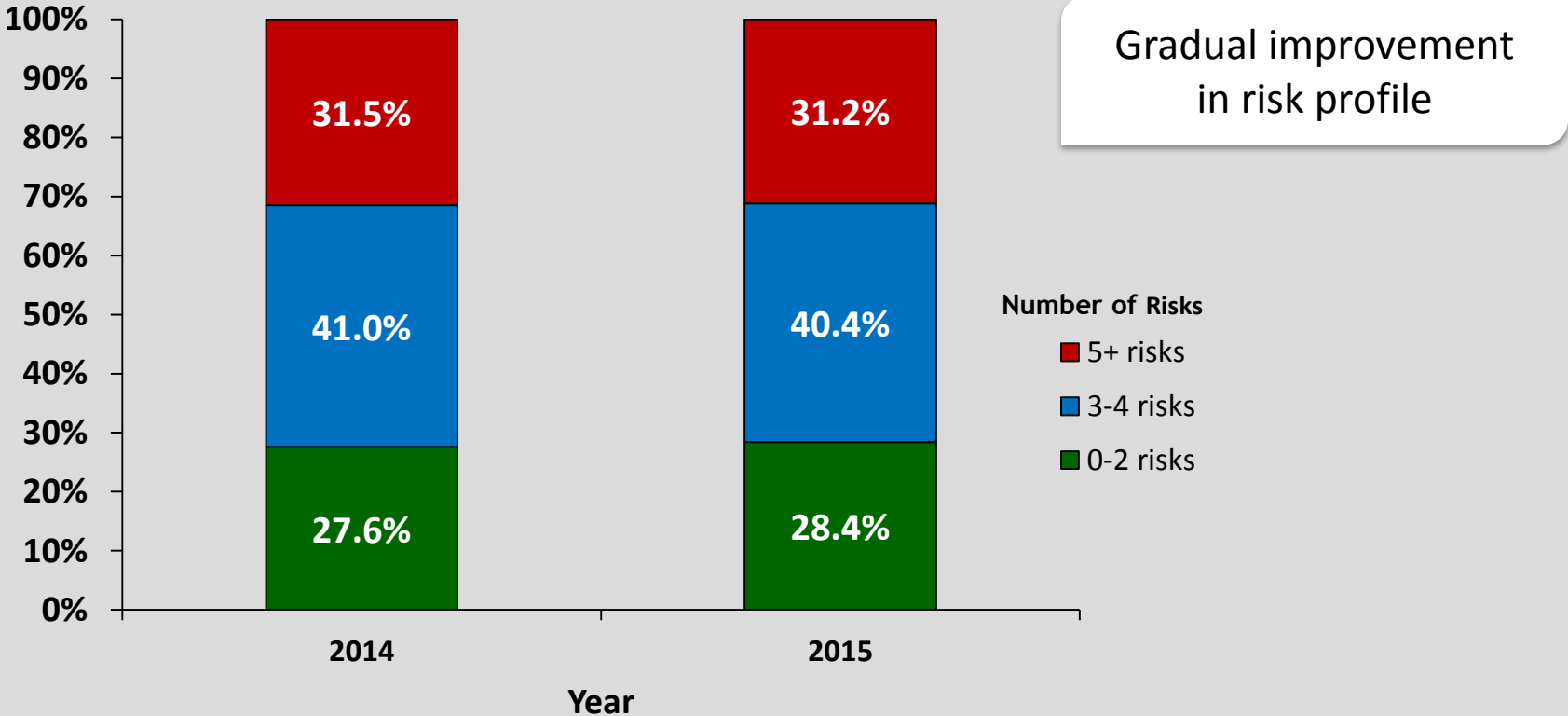


What Do the Numbers Tell Us?

All pickled, or smoked, or salted food, and all high-seasoned, is unwholesome.

John Wesley

Risk Migration in HQ Completers



Risk determination method changed in 2014, therefore not comparable to prior years.

Metabolic Syndrome

Combination of risk factors—often occurring together—
which greatly increase risk of heart disease, stroke, diabetes

Any three of the following (or taking medications to control)
= **metabolic syndrome***

Blood pressure	$\geq 130/85$	
Fasting blood glucose	≥ 100	
Triglyceride level	≥ 150	
Low HDL (good cholesterol)	Men < 40	Women < 50
Waist circumference	Men > 40 inches	Women > 35 inches

* American Heart Association definition

Metabolic Syndrome

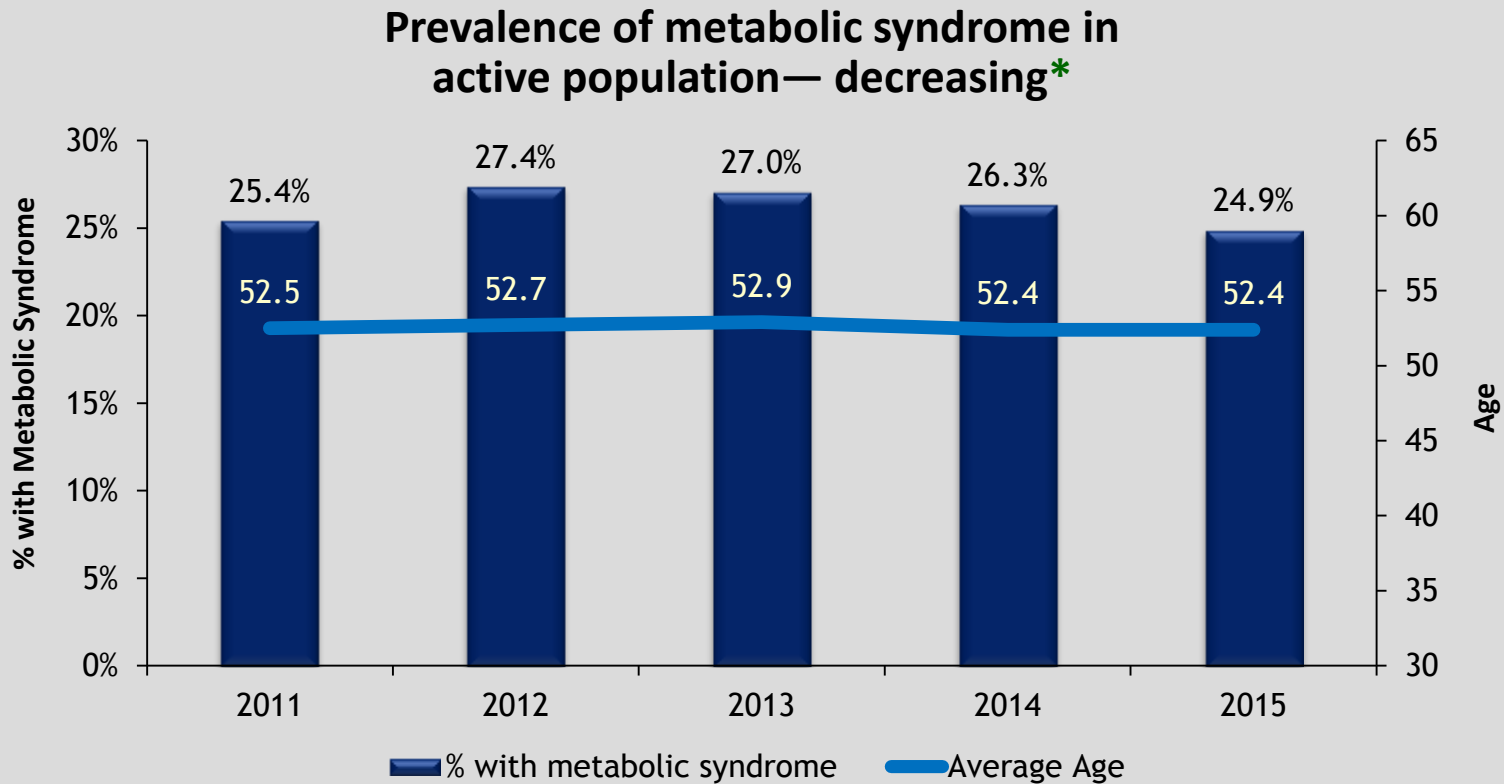
Associated with increased medical costs

- Both present and future costs
- Even if diabetes, heart attack or stroke do not occur



Nichols, Gregory A. (2011) Metabolic syndrome components are associated with future medical costs independent of cardiovascular hospitalization and incident diabetes. *Metabolic Syndrome and Related Disorders* 9(2).

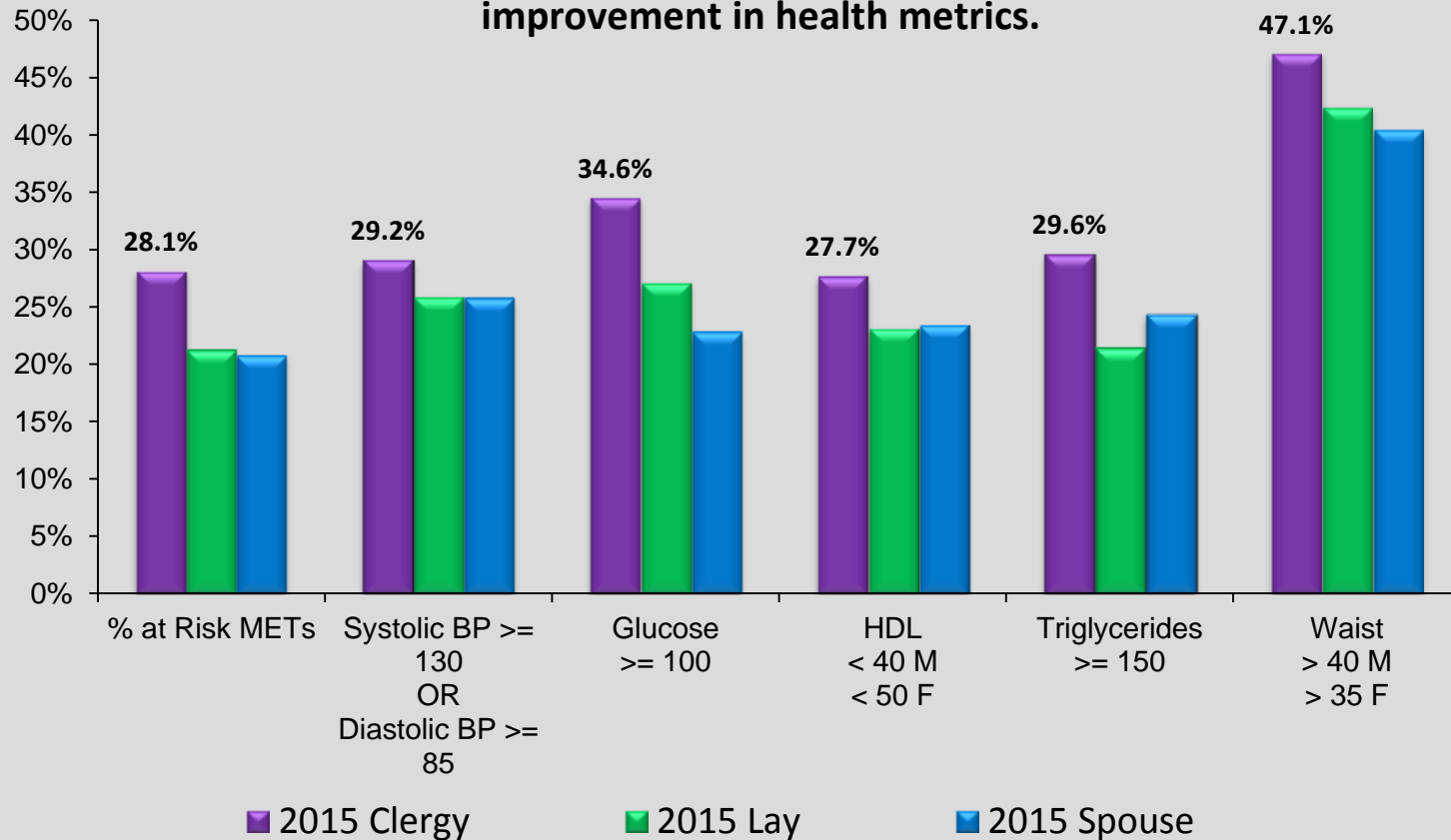
Prevalence of Metabolic Syndrome



* Each year's data based on total HealthFlex active plan participants completing BFW that year. No significant difference in average age, therefore favorable trend is not simply due to a younger population completing BFW in recent years.

2015 Blueprint for Wellness— Metabolic Syndrome Risk

Clergy still have the highest prevalence, but are showing the highest rate of improvement in health metrics.



Cohort size = 6,157

Metabolic Syndrome—Another View

Of those who completed BFW every year from 2012 to 2015*



33% who had metabolic syndrome in 2012 **improved** to not having it in 2015

But...

12% who did not have metabolic syndrome in 2012 **developed** it by 2015

*Cohort of 4,103 over the four-year period

Metabolic Syndrome— Continued Effort Needed



Higher Prevalence Groups

Clergy—7%

Higher than lay/spouse

Males—9%

Higher than females

Those with 1-2 risk factors are
at tipping point



Improve or



Develop metabolic syndrome

Concern—HgbA1c levels increasing
in population overall ...
increases risk of diabetes

Center for Health Response

- Continue multi-year program/incentive approach focused on **metabolic syndrome**
- Increase communications on **diabetes prevention**
 - Dietitian visits covered by HealthFlex
- Continue focus on **outcomes vs. participation**
 - Wellness Points for health measures based on metabolic syndrome
- Explore additional programs that focus on **behavior change**

How You Can Help



- Encourage Blueprint for Wellness—early intervention
- Offer Blueprint for Wellness on-site screening event
- Encourage HQ completion and health coaching
- Encourage Virgin Pulse participation

More Ways You Can Help

- Encourage healthy eating
 - Offer healthy choices at all events
- Promote health and well-being as part of conference mission/ministry strategy
- Support health ministry in local congregations
- Engage CFH team for consultation
- Visit www.gbophb.org/cfh





Taking Action: Changing Behaviors, Improving Health

Those who read or write much should learn to do it standing;
otherwise it will impair their health.

John Wesley

WebMD Health Coaching



**Free, confidential
services**

**Identified through
HealthQuotient**

**“Whole person”
coaching**

Bachelor’s Degree

- Food and Nutrition: Dietetics

Master’s Degree

- Human Development

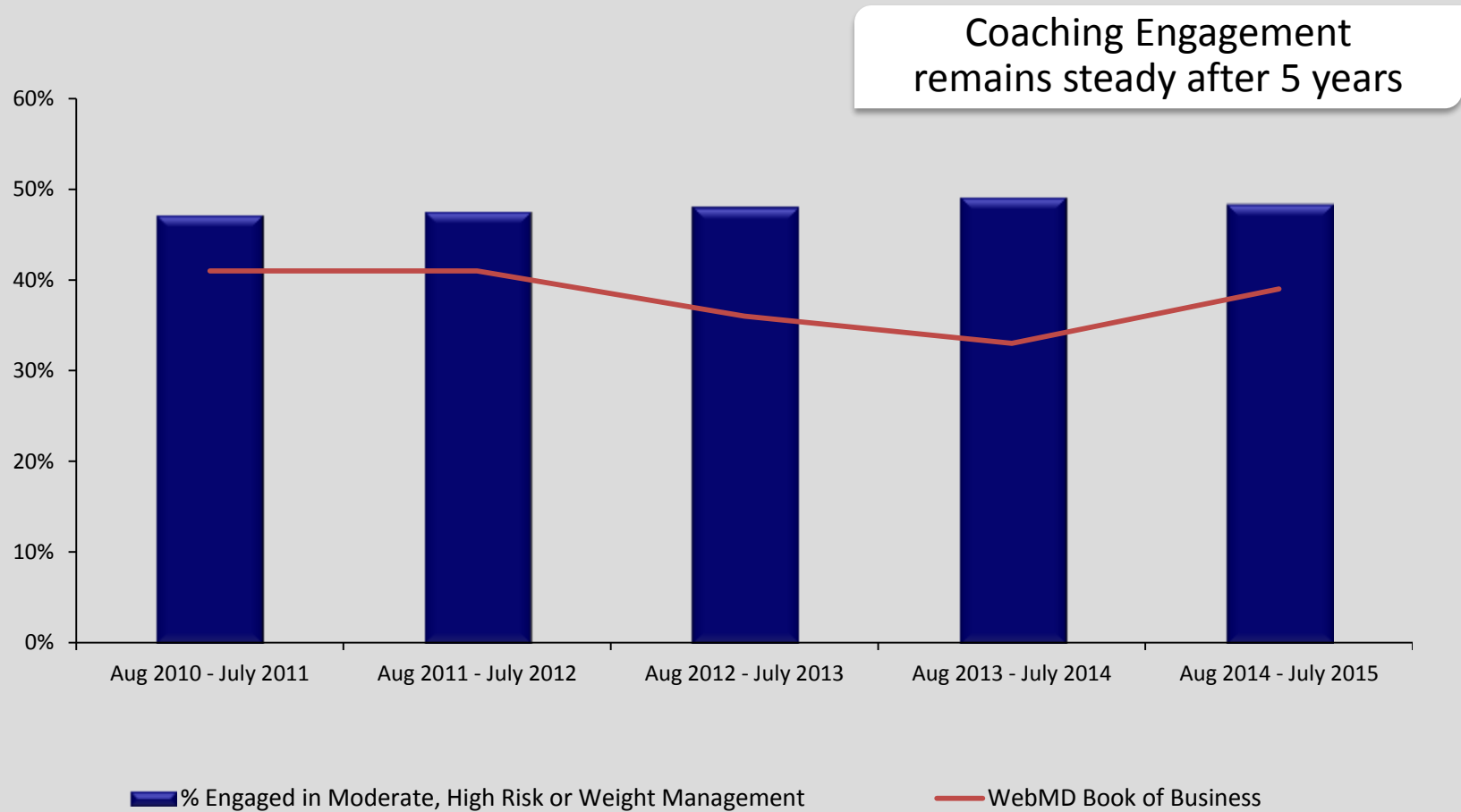
Certifications

- Registered Dietitian
- ACE Certified Health Coach

During my career as a Registered Dietitian for the past 30 years, I have worked clinically in hospitals, skilled nursing, and rehabilitation centers. I have always been focused on outcomes and improvements that touch the patient and improve quality of care and health.

In addition, I taught nutrition to health care professionals as adjunct faculty at the University of Evansville for 10 of those years. The combination of clinical, education, and improved health have come together for me as a health coach. Talking with individuals about their health as a restorative or preventive intervention is very rewarding. It continues to be all about the participant and their quality of health and life.

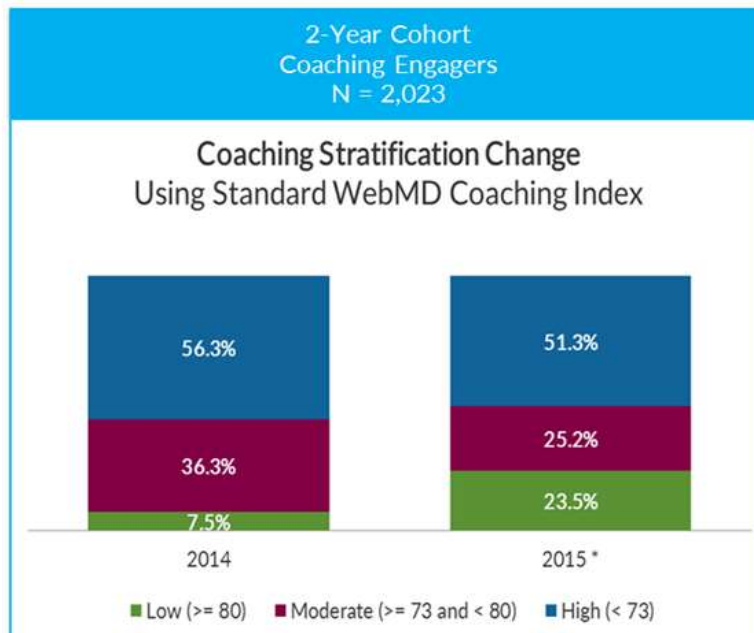
WebMD Health Coaching Engagement



WebMD Health Coaching— Associated with Risk Reduction

2-Year Cohort Analysis

Change in Coaching Stratification (Coaching)



Those participants engaging in health coaching had fewer individuals at high risk, and a significant shift of individuals from moderate to low risk coaching categories.

The trend is moving in a positive direction. Participants are making the necessary changes to improve their health and well-being.

Weight-Focused WebMD Coaching

- Specifically targets those with high weight
 - Individuals with body mass index (BMI) > 30
 - More intense than standard health coaching
 - **Ready to change**—agree to participation
- Weekly weigh-ins using uploadable scale, or self-report by text or phone
- 15% of those in this program have lost 5% or more of initial body weight
- Coaching program runs August – July



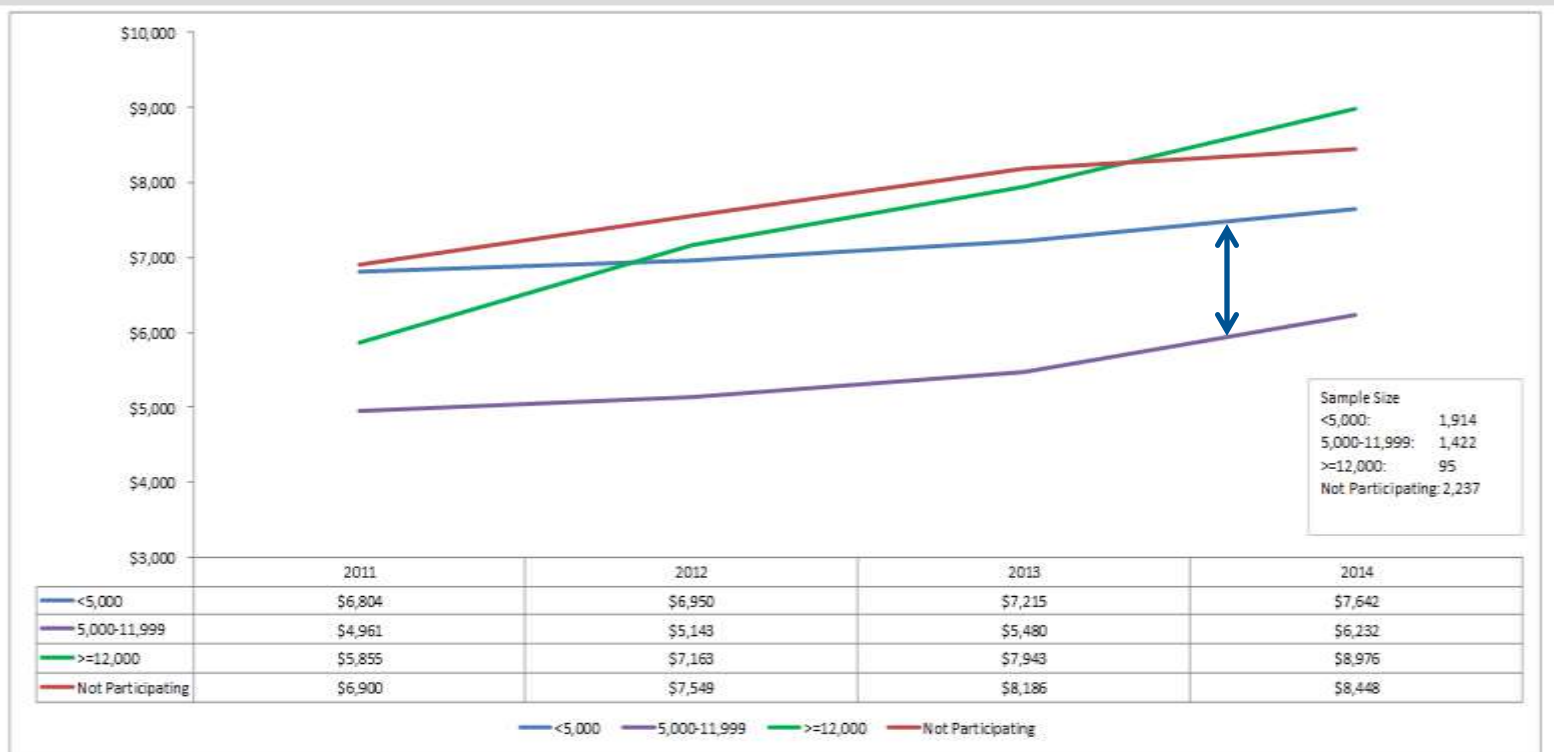
Virgin Pulse Participation 2015*



HealthFlex conference members enrolled	57%
Members have activated step tracker	88%
Average steps HealthFlex members take a day	9,677
Total steps HealthFlex members took in 2014 — up 1.6 million from 2013!	9,891,328,725

* Data: January – September 2015

Medical Costs by VP Activity Level



Participants who took 5,000 – 11,999 steps most days show a leveling of health claims expenses. The high-active group shows a continual increase in costs; however, this is due to several high-cost medical diagnoses and the small number of participants in this group.

Employee Assistance Program— Live and Work Well Services

Counseling

- Telephonic
- In person
- Online
- Referral

Live and Work Well—Work/Life Services

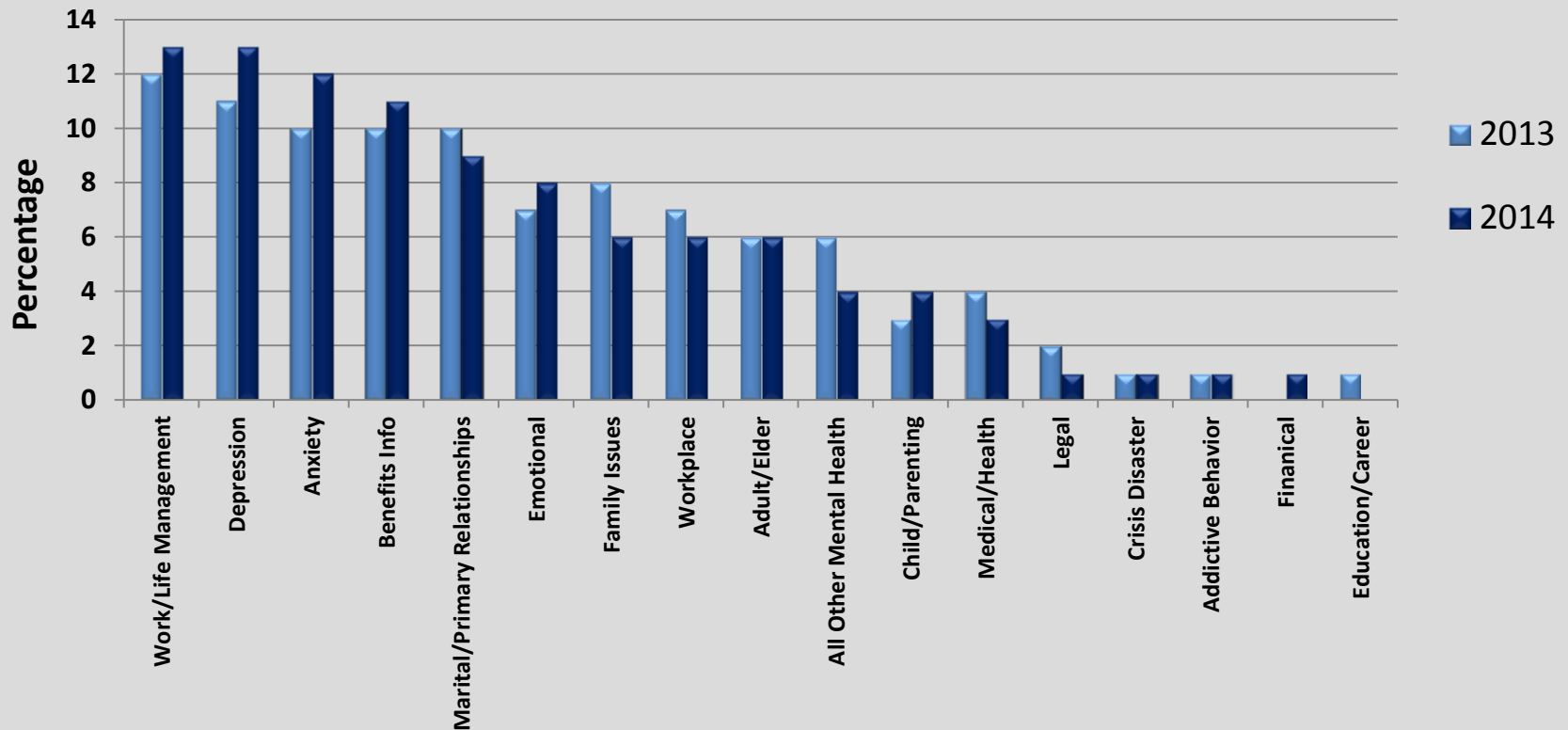
- Child care
- Elder care
- Legal and mediation
- Financial
- Assistance finding community resources

Other Resources

- Podcasts and articles on large-ranging topics
- Tools on managing a positive environment



EAP and Work/Life Services— Presenting Issues



2014: 7.5% of our population used the EAP—24% higher rate than book of business.

Depression: #1 reason for utilization. Anxiety increased by 2% over 2013.

Results demonstrate definite need for such services.

EAP Satisfaction—Feedback*

100% “Would use services again”

97.9% “EAP staff was helpful”

100% “First appointment with clinician—
within acceptable amount of time”

96.7% “More effective at work”

* Approximately 22% of respondents give feedback

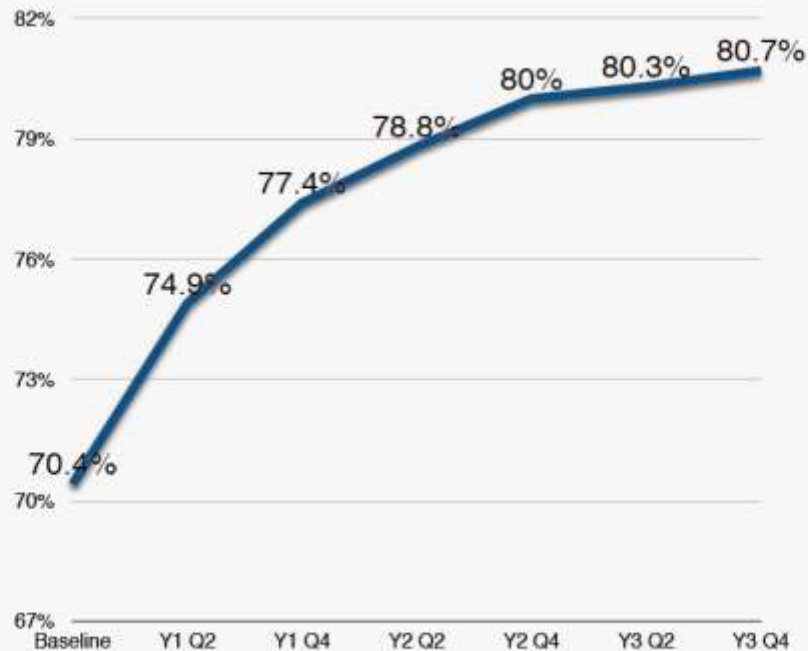
Evive Health— Personalized Communications

- Biometric screening reminders
- Preventive/chronic care calendar stickers
- Preventive/chronic care reminders delivered throughout year
- Researching smartphone apps for stickers and reminders



Evive Health— Preventive Screening Compliance

OVERALL PREVENTIVE ADHERENCE
ORIGINAL COHORT

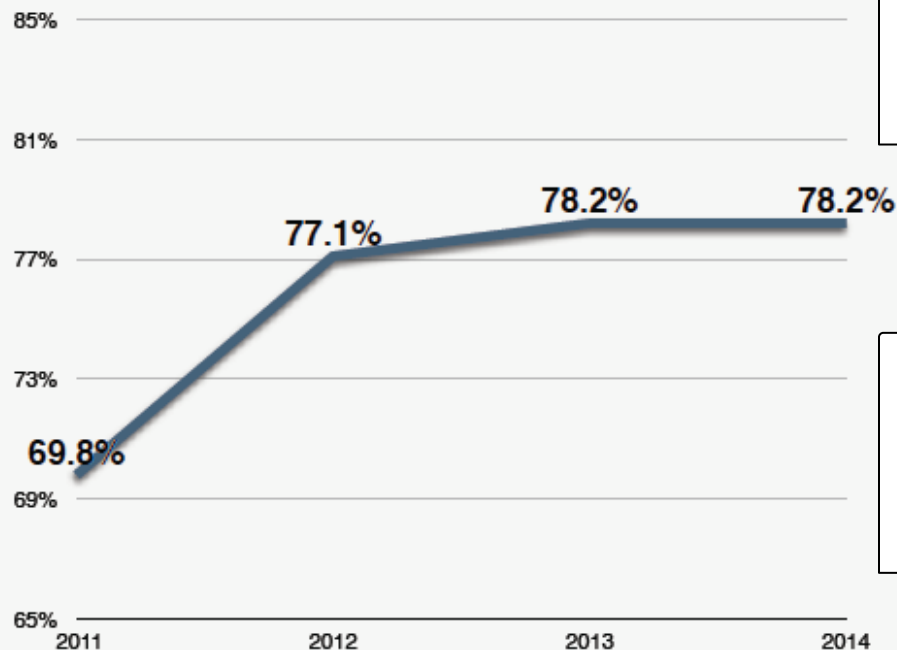


Screening rate
for 2012 closed cohort
grew from 2012 to 2014

- Adherence has increased **10.3 percentage points** since January 2012. This is a relative increase of **14.6%**.
- Flu shots are not included in the overall adherence results.

Evive Health— Chronic Condition Compliance

OVERALL CHRONIC EXAM ADHERENCE
2011-2014



Adherence rate for 2012 closed cohort grew from 2012 to 2014

Evive reports a plateau near 80% adherence across their book of business without additional incentives

- Chronic adherence has increased **8.4 percentage points** since January 2011. This is a relative increase of **12.0%**.
- Annual tests include: microalbumin, HbA1c, diabetic eye exam, chronic cholesterol, serum potassium, and two HbA1c exams.



Where Are We Going 2016 Wellness Programs and Incentives

A due degree of exercise is indispensably necessary to health and long life.

John Wesley

Continuing in 2016



Virgin Pulse Transition— Back to ‘Levels’

- Virgin Pulse is moving all clients to **quarterly levels**
 - Center for Health—only client on current “segmentation” program
- Virgin Pulse book of business—**levels** engagement better than segmentation
 - Increase in number of steps
 - Increase in HealthMiles
 - Increase in participation
- Ease of participant understanding and communication
 - Before segmentation: “annual levels”
- Program refresh
- Re-energize population

January 1, 2016—Start new program

Segmentation Review



- Goals set by previous quarter's accomplishments
- **\$25/quarter** for reaching goal
 - **\$50 bonus** if goal was reached each quarter
 - Total possible incentive: **\$150**

Quarterly Levels Details

- All participants start on **Level 1** every quarter
- Ability to earn incentives at each level
- **\$40/quarter**—earn **up to \$160/year**; no year-end bonus

Tentative Quarterly Levels*			
Level	HealthMiles	HealthCash	HealthCash Earned
1	0 – 1,999	\$0	\$0
2	2,000 – 3,999	\$20	\$20
3	4,000 – 5,999	\$10	\$30
4	6,000 – 7,999	\$10	\$40
5	8,000+	Stretch goal	\$2 to UMCOR

* HealthCash amounts are tentative

Levels Considerations

Pros	Cons
Opportunity to earn more incentive	Change
Best practice—high engagement	Effort to communicate program
Everyone starts at same place	
Participants are rewarded for personal amount of activity	
Less room for error (calculating segments)	
Easier to explain	
Additional rewards support all 5 dimensions of well-being	

What Is Expected

- **Center for Health**

- Communications (from CFH and VP)

- Plan sponsor toolkit—mid-November

- Participants—start mid-November through end of year

- **Plan Sponsors**

- Complement CFH and VP communications

- **Participants**

- Keep doing what they are doing

Champions and Challenges

- **Champions**

- Participants passionate about fitness, helping others
- Create challenges, promote VP, encourage, motivate
- Serve as an advisor for the wellness team
- Maximum time commitment—2 hours/month

- **Challenges**

- Step-by-step directions on how to implement a VP challenge to participants

Continue Rewarding Results and Actions—Multi-Year Approach

Participation Only	2011	<ul style="list-style-type: none"> • Introduced BFW • Cash for participation in screening
	2012	<ul style="list-style-type: none"> • Introduced Wellness Points • Cash for participation in actions
	2013	<ul style="list-style-type: none"> • Wellness Points for comparing BFW to prior year (self-report)
2014		<ul style="list-style-type: none"> • Wellness Points for healthy results, improved results and program participation
2015		<ul style="list-style-type: none"> • Increasing Points for healthy/improved results • Reducing Points for program participation
2016		<ul style="list-style-type: none"> • Continue to build on 2015 • Refresh programs to maintain engagement • Concern about change fatigue

What Incentives Look Like in 2016



Step 1—Blueprint for Wellness

\$100 for completion April 1-July 31



Step 2—HQ

Avoid \$250-\$500 higher deductible in 2017



Step 3—Take Action

Virgin Pulse HealthMiles: Move to quarterly levels
Incentive - \$160



Step 3—Take Action and Achieve Results

\$150 HealthCash for earning 150 Wellness Points (WebMD)

- Coaching, EAP or Work/Life, My Health Assistant, success stories
- Up to 120 Points for meeting healthy measures or improving health metrics

2016 Wellness Points Opportunities

Health Measures

Blood Pressure

Fasting Glucose

HDL Cholesterol

Triglycerides

Waist Circumference

Body Mass Index

Up to 120 points

Participation Activities

WebMD Coaching

Success Stories

My Health Assistant

EAP or Work/Life Services

Up to 300 points

150 Points = \$150

Rewardable Health Measures



Blood Pressure



Fasting Glucose



HDL Cholesterol



Triglycerides



Waist Circumference



Body Mass Index

20 points for each measure
in **healthy range** in 2016

If out of range:

20 points for each measure
improved in 2016 over 2015 BFW

Changes in Participation Activities for 2016

My Health Assistant

- **Select any goal—up to 3/year**
 - Up to 15 Wellness Points
- **Achieve any goal**
 - Replaces “progress” toward any goal
 - 15 points each, up to 45 Wellness Points total



Center for Health