Improving Community Health and Working to Contain Costs

Foote Health System
Health & Productivity Management
It’s Your Life Services

Healthy Lifestyle Out Of Reach?

Amy Schultz, MD, MPH

March 12, 2008
OUR MISSION

We lead our community to better health and well-being at every stage of life
Overview

• One hospital’s experience with health and productivity management
• It’s Your Life program specifics
• Our evolution
• On the horizon
Jackson, Michigan

- Service area population 270,000
- Declining economy
- Poor health status
- Majority of employers under 100 lives
- Non-integrated care
- Financial crisis for employers
- Rising Health Care Cost
Community Crisis

1999 HMO 40% Rate Increase

Result:

Employers
- Decrease benefits
- Go out of business
- Shift cost to employees

Community
- Increase number of uninsured
- Continued poor health status

Fragile economy

Healthy Lifestyle Out Of Reach?
Short Term Fix
or
Long Term Solution

“Health Improvement Organization”
Health Improvement Organization

System Transformation
- Provide more than health care
- Control rising health care costs
- Improve health status
- Use employers as vehicle for health improvement
- Commit clinical excellence

Become Partners
- Residents, physicians, employers, hospital, government, and the health plan

Create Personal Accountability
- Change community-wide culture
GOALS

• Design a **community** health management program

• Inspire employers to become **partners** in proactively managing health of their employees

• Drive **personal accountability** of employees for their own health - provide tools and education to empower individuals

• Provide risk assessments of employer populations to drive customized interventions and evaluate impact

• Improve **future health and cost** outcomes
Health and Productivity Management

“the integrated management of data and services related to all aspects of employee health that affect work performance, including measuring the impact of targeted interventions on both health and productivity”

Program Elements

- Benchmarking
- Health Screening
- Health Education/Programming
- Supportive Environments
- Integration
- Linkage
- Evaluation

It’s Your Life Health Management Program
Benchmarking/Screening
It’s Your Life
HRA/Screening

Paper or Online HRA
Annual or Bi-Annual Screen
On-Site Biometrics

• Components:
  • Body Mass Index
  • Blood Pressure Reading
  • Fasting Lipid Profile

• Feedback and Referral
  • Immediate
  • Written profile report

Healthy Lifestyle Out Of Reach?
## Risk Factors in First 1,032 Employees at Foote Hospital

<table>
<thead>
<tr>
<th>Number of persons</th>
<th>With this Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>135 (13.1%)</td>
<td>Smoke</td>
</tr>
<tr>
<td>318 (30.8%)</td>
<td>Physically Inactive</td>
</tr>
<tr>
<td>330 (23.9%)</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>103 (10.0%)</td>
<td>High Cholesterol</td>
</tr>
<tr>
<td>562 (54.5%)</td>
<td>Over 27 BMI</td>
</tr>
</tbody>
</table>
# Self-Reported Disease in First 1,032 Employees at Foote Hospital

<table>
<thead>
<tr>
<th>Number of persons</th>
<th>With this Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 (5.8%)</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>41 (4.0%)</td>
<td>Diabetes</td>
</tr>
<tr>
<td>17 (1.6%)</td>
<td>Bronchitis/Emphysema</td>
</tr>
<tr>
<td>20 (1.9%)</td>
<td>Cancer</td>
</tr>
<tr>
<td>5 (0.5%)</td>
<td>Previous Stroke</td>
</tr>
<tr>
<td>118</td>
<td>Any Condition Above</td>
</tr>
</tbody>
</table>
## Self-Reported Risk Status in First 1,032 Employees at Foote Hospital

<table>
<thead>
<tr>
<th>Number of Persons</th>
<th>At this Risk Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>498 (48.3%)</td>
<td>Low (0-2 risks)</td>
</tr>
<tr>
<td>322 (31.2%)</td>
<td>Medium (3-4 risks)</td>
</tr>
<tr>
<td>212 (20.5%)</td>
<td>High (5+ risks)</td>
</tr>
<tr>
<td>2.90</td>
<td>Average number of risk factors</td>
</tr>
<tr>
<td>82.6</td>
<td>Average wellness score</td>
</tr>
</tbody>
</table>
Foote Hospital
Cost Transitions
2000 - 2001

N=1,116 employees in Foote self insured plan for 2000 and 2001
*Medical and Drug, adjusted 4.6% for inflation
Health
Education/Programming
It’s Your Life
Coaching Philosophy

• Population based (all participants)
• Keeping healthy people healthy
• At least 3 sessions per year
• Proactive, onsite or telephonic
• Individualized, personal approach
• Coaching assignments
• Motivational interviewing style
It’s Your Life Coaching Sessions

- Review risks compared with targets
- Assess readiness to change
- Set health goals and develop plans
- Identify barriers and resources
- Refer to other health care professionals/programs
- Evaluate progress, support and redirect
Other Health Education Components

- “Wellness Education Units (WEU)” and quizzes in hard copy and presentation format
- Weight Watchers and “A New You” available onsite
- Tobacco Treatment Services
  - Behavioral interventions unlimited at no cost
Supportive Environment

- Smoke Free Campus
- Healthy Cafeteria Options
- Stairway Prompts
- Onsite Fitness Facilities
- Healthy Lunch Meetings
- Wellness Breaks at Management Team Meetings
Integration

• Incentive Design
  • $200 Flex Credit toward purchasing coverage
  • Switched in 2005 to Mastercard gift card
    • $190
    • Distributed throughout the year as program components completed
Linkage

• Extensive Inter-referrals
  ● Primary Care
  ● Employee Assistance Programs
  ● Diabetes Center
  ● Smoking Cessation
  ● Other community resources
Evaluation
Yearly, Cumulative, Multiple HRA Participation: Foote Hospital Employees*

*Employed 2002-2005  N=1,992
# Change in High-Risk Status

<table>
<thead>
<tr>
<th>Health Measure</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>Change %points (02-05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>30.6%</td>
<td>21.9%</td>
<td>20.6%</td>
<td>20.9%</td>
<td>-9.7%**</td>
</tr>
<tr>
<td>Safety belt usage</td>
<td>14.6%</td>
<td>11.9%</td>
<td>11.8%</td>
<td>7.9%</td>
<td>-6.7%**</td>
</tr>
<tr>
<td>Self-perceived health</td>
<td>18.3%</td>
<td>14.2%</td>
<td>16.6%</td>
<td>11.8%</td>
<td>-6.5%**</td>
</tr>
<tr>
<td>Illness days</td>
<td>12.4%</td>
<td>11.4%</td>
<td>10.6%</td>
<td>6.5%</td>
<td>-5.9%**</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>23.9%</td>
<td>21.9%</td>
<td>22.3%</td>
<td>19.5%</td>
<td>-4.4%**</td>
</tr>
<tr>
<td>Stress</td>
<td>33.4%</td>
<td>33.5%</td>
<td>33.5%</td>
<td>30.8%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>Drugs to relax</td>
<td>20.1%</td>
<td>20.1%</td>
<td>20.1%</td>
<td>18.8%</td>
<td>-1.3%</td>
</tr>
<tr>
<td>Body mass index</td>
<td>54.1%</td>
<td>51.3%</td>
<td>50.6%</td>
<td>53.1%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>9.9%</td>
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<td>Job satisfaction</td>
<td>10.5%</td>
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<td>Blood pressure</td>
<td>32.3%</td>
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<td>29.3%</td>
<td>33.2%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Smoking</td>
<td>13.2%</td>
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<td>15.9%</td>
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## Overall Risks

- **Low risk (0-2 risks)**
  - 2002: 48.4%
  - 2003: 54.7%
  - 2004: 53.0%
  - 2005: 56.2%
  - Change: +7.8%**

- **Medium risk (3-4 risks)**
  - 2002: 30.9%
  - 2003: 26.9%
  - 2004: 28.5%
  - 2005: 27.5%
  - Change: -3.4%*

- **High risk (5+ risks)**
  - 2002: 20.6%
  - 2003: 18.4%
  - 2004: 18.4%
  - 2005: 16.3%
  - Change: -4.3%**

## Average Number of risks

- 2002: 2.9
- 2003: 2.7
- 2004: 2.7
- 2005: 2.5
- Change: -0.4%**

## Wellness Score

- 2002: 82.6
- 2003: 84.8
- 2004: 84.4
- 2005: 85.4
- Change: +2.8%**

**P<0.01, *P<0.05, +P<0.10
@N=1086 in 2002, N=1506 in 2003, N=1805 in 2004, N=2253 in 2005

University of Michigan
Health Management Research Center
It’s Your Life Evolution
Health Track Focus

• Risk specific targeted health plans
  • Health coaching/case management
  • Targeted health education
• Age/gender specific preventive services
  • USPSTF Recommendations
    • Physician office visit for blood pressure measurement
    • Mammography, colon cancer screening, etc.
Smoking Health Track

• 3 Coaching interactions
• Completion of Heart Health WEU and One Tobacco Specific Education Module
  • MI Quit Kit
  • Nicotine Treatment Options
• 3 Interactions with Tobacco Treatment Specialist (telephonic or in person), or one interaction and completion of online quit program
• Completion of appropriate age/gender specific preventive services/screenings
Healthy Weight Track

- 3 coaching sessions
- Completion of Heart Health Module
- Completion of One of the Following:
  - Exercise Focus
    - Individual Exercise Consultations (3 visits) OR
    - Group Exercise Program (7 classes) OR
    - Prior Completion of above AND self log of physical activity 2x/week for 6 weeks OR
    - Exercise Program (2x/week for 6 weeks) at fitness facility
  - Nutrition Focus
    - Individual Dietetic Consultations (3 visits) OR
    - Weight Management Program (7 classes) OR
    - Individual Dietetic Consultation (1 visit) AND Online Nutrition Program (6 weeks)
- Completion of appropriate age/gender specific preventive services/screenings
It’s Your Life
Health Tracks

1. Asthma Control
2. Diabetes Control
3. Healthy Weight
4. Smoking Cessation
5. Healthy Heart
6. Stress Management
7. Healthy Pregnancy
8. Other Conditions/Risks
9. Health Maintenance
New Incentive Structure

• $200 on flexible spending account debit card upon enrollment

• Premium differential tied to compliance with deadlines throughout plan year
  • 20% of employee only premium
    • $1100 annual difference in paycheck

• Includes spousal participation if on plan
Yearly, Cumulative, Multiple HRA Participation Foote Hospital Employees*

*N=1,629

Yearly Participation
Cumulative Participation
Two or more HRAs
Three or more HRAs
Four or more HRAs
Five or more HRAs
Six or more HRAs

*Employed 2002-2007
Successful Health Change by Motivation to Join

- Incentive
- Surcharge
- Healthier
- Set Example
- Other

Categories:
- Very Consistent
- Yes
- Somewhat
- Trying
- No
## Foote Health System Employee and Spouse Population

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<td>0.2%</td>
</tr>
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<td>Alcohol</td>
<td>0.6%</td>
<td>0.2%</td>
<td>1.1%</td>
<td>0.8%</td>
<td>0.3%</td>
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<td>11.0%</td>
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<th>2006</th>
<th>2007</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>48.4%</td>
<td>53.0%</td>
<td>56.0%</td>
<td>61.3%</td>
<td>+12.9**</td>
</tr>
<tr>
<td>Medium risk (3-4 risks)</td>
<td>30.9%</td>
<td>28.6%</td>
<td>28.9%</td>
<td>27.0%</td>
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<td>-8.8**</td>
</tr>
<tr>
<td>Average Number of risks</td>
<td>2.9</td>
<td>2.7</td>
<td>2.5</td>
<td>2.3</td>
<td>-0.6**</td>
</tr>
<tr>
<td>Wellness Score</td>
<td>82.6</td>
<td>84.4</td>
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<td>+3.0**</td>
</tr>
</tbody>
</table>


**P<0.01, *P<0.05, +P<0.10**
Health Track Specific Outcomes

Healthy Weight Track

- 2006-2007
- 667 pounds lost for a net decrease in BMI
- Compared with maintenance/slight increase in overall population
<table>
<thead>
<tr>
<th>Screening Test</th>
<th>2002</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>11.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Women</td>
<td>6.0</td>
<td>1.8</td>
</tr>
<tr>
<td>Colon Cancer</td>
<td>42.2</td>
<td>31.2</td>
</tr>
<tr>
<td>Mammography (criteria changed from 3 years to 2 years)</td>
<td>6.7</td>
<td>7.1</td>
</tr>
<tr>
<td>Pap Test</td>
<td>8.3</td>
<td>2.4</td>
</tr>
</tbody>
</table>
*Medical and Drug Cost (Paid)*

Slopes differ
P=0.0132

Impr slope=$117/yr
Nimpr slope=$614/yr

Year
2001 2002 2003 2004

Paid

Slopes differ
P=0.0132

*per employee, Improved=374, Non-Improv=103
HRA in 2002 and 2004
Improved=Same or lowered risks
*Medical and Drug, not adjusted for inflation
Ongoing Improvement

• Surveying our participants
• Better Support and Linkage
  • Value based Insurance Design
  • Linkage with Behavioral Health
• Expanded Health Track Options
Outside our 4 Walls

- Health Management Programming with Local Employers
- CEO Roundtable Initiative
- Employer Health Management Consortium
- Partnering with Health Plans
- Networking/Communication/Expertise
CEO Roundtable

- Local Business Leaders
  - CEOs and employers who recognize that workforce health is “inextricably linked to the success of their organization”

- Forum for discussion and sharing of best practices

- Call to Action
  - impact of poor health on health care cost and loss of productivity
  - role of employers in managing the health of our workforce
Key Points

• Success defined up front, but programming may need to evolve to achieve
• Population measurement and individualized approach
• Partnership between employers, employers and health care professionals
• Incentives get employees to the table, but in the end their health benefits from the effort and investment
• Long term solution that requires changing the culture of an organization
Questions?

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