Communication and Other Strategies to Build a Culture of Health within an Organization

The Importance of Marketing, Branding and Data Analysis
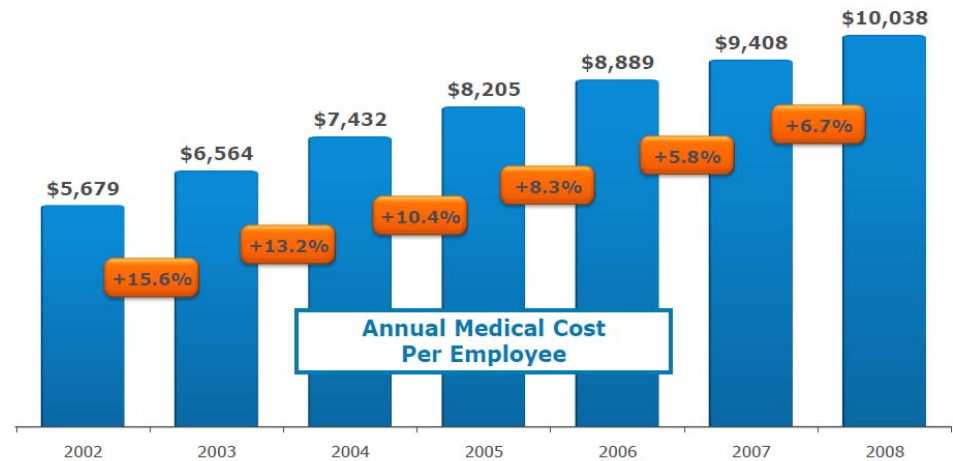
Ray Fabius MD
Chief Medical Officer
Thomson Reuters Healthcare & Science

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Corporate Health Data Management Needs

- Health care misuse, overuse, and underuse

- Need for transparency

- Application of TQM, Six Sigma, TPS, Lean to Health care

- Consumerism

- Purchase Care in Silo's – seeking integration solutions

- The work environment offers great opportunity to drive health

- Many are investing in dedicated clinicians & workplace health

- Some are building a culture of health (on successful cultures of safety)

Year	Annual Medical Cost Per Employee	Increase
2002	$5,679	+15.6%
2003	$6,564	+13.2%
2004	$7,432	+10.4%
2005	$8,205	+8.3%
2006	$8,889	+5.8%
2007	$9,408	+6.7%
2008	$10,038	

Annual Medical Cost Per Employee

Source: Hewitt, Health Value Initiative, September 2008
Assumptions: Data based on large employers, based on medical, prescription and administrative costs

- Runaway health care costs without controls

- Threatens company viability

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Is the trend of disease progression possible to slow down?

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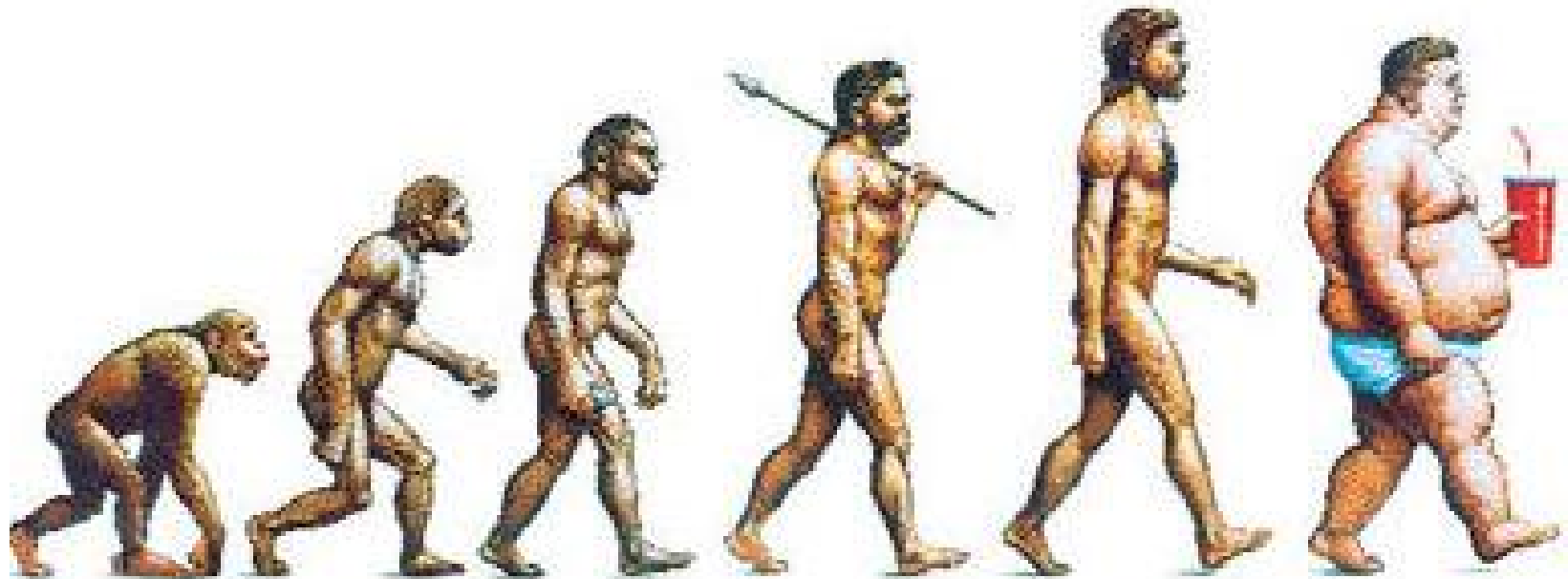
Companies that Have Achieved Benchmark *"Cultures of Health"* are *"Bending the Curve"*

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Confidential
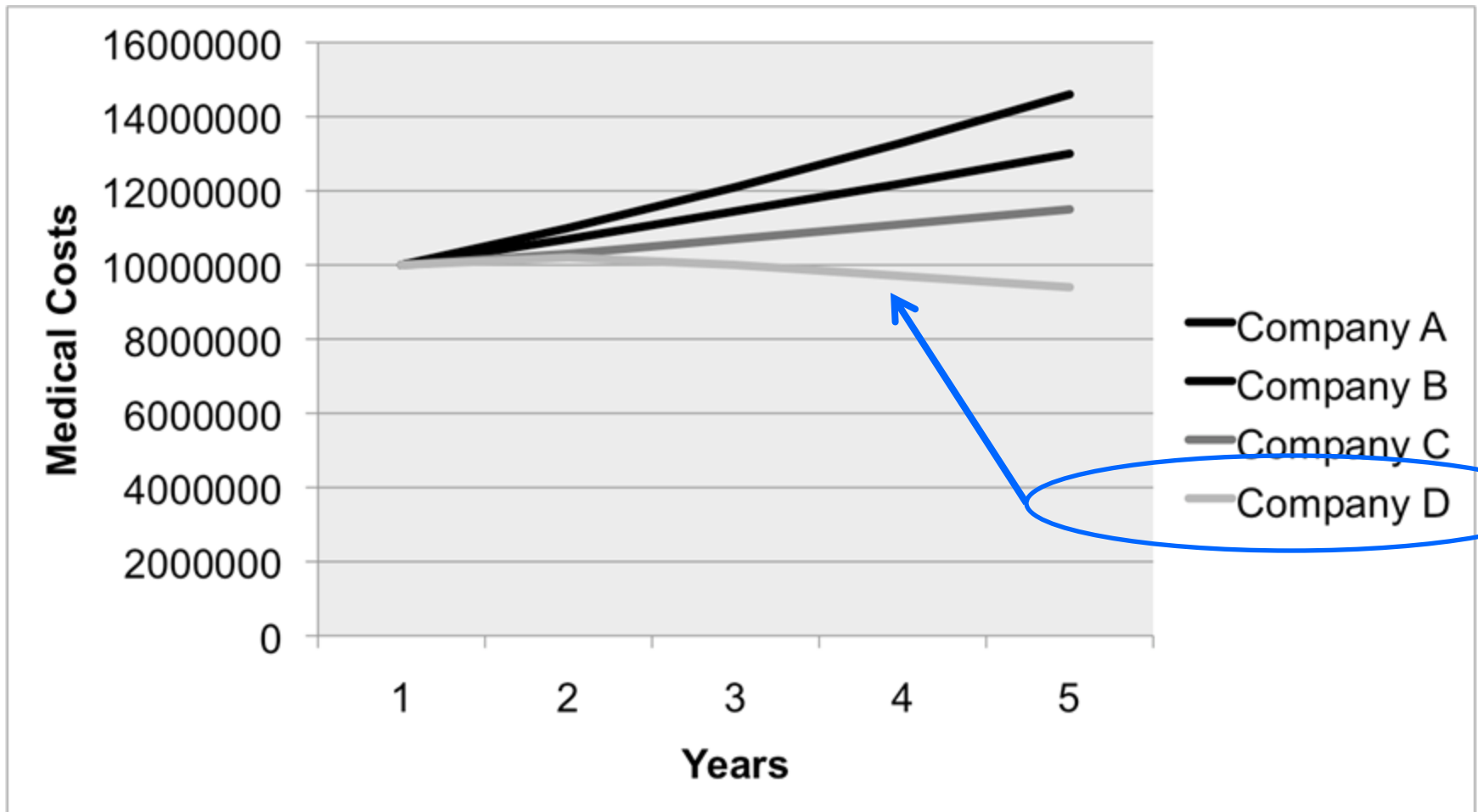
Employer Health Asset Management
A Roadmap for Improving the Health of Your Employees and Your Organization

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5

WHI Instruments Reviewed

- HERO Employee Health Management Best Practice Scorecard
- NBGH Wellness Impact Scorecard
- Checklist of Health Promotion Environments at Worksites (CHEW)
- Designing Healthy Environments at Work (DHEW), MDCH
- Employers' Health and Productivity Management Inventory, Emory IHPS
- Environmental Assessment Tool (EAT), UGA/Emory IHPS
- Healthy Employees in Healthy Organizations, ENWHP
- Heart Check: Assessing Worksite Support for a Healthy Lifestyle, NYSDH
- Heart Check Lite, Fisher & Golaszewski
- Organizational Health Audit, Tri Fit/Canada's Healthy Workplace Week
- Texas Worksite Wellness Index, Texas Dept. of State Health Services
- Well Workplace Checklist, WELCOA

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CDC Worksite Health Index Project
Domain 1: Leadership and Corporate Culture

CATEGORY/CONCEPT	DESCRIPTION/EXAMPLES
1. Leadership and Management Support	**Demonstrate organizational commitment and leadership support by engaging mid-level management, sharing program ownership with all staff levels, and leading by example.**
2. Organizational Culture and Policies	A healthy company norm/culture that includes a supportive physical environment and supportive policies (e.g., healthy food, no tobacco, flex time).
3. Alignment of Business and Health Goals	Explicit connection of health goals and programs to organization's core business objectives and principles.
4. Wellness Champion	**Identified wellness coordinator/champion, council, or employee-driven advisory board.**
5. Sustainability	Scalable and accessible programs.

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CDC Worksite Health Index Project
Domain 2: Program Design &Implementation

CATEGORY/CONCEPT	DESCRIPTION/EXAMPLES
6. Planning and Program Goals	**Establish clear, consistent, theory and evidence-based principles and a clearly defined plan of operations with specific program goals and objectives (and with realistic expectations).**
7. Diagnostics and Assessment	**Use/analysis of claims data, health risk data, biometrics, and measures of productivity.**
8. Integration, Data Systems and Informatics	**Efficient and effective data practices and informatics, integration of relevant data systems across multiple organizational functions and departments (e.g., with employee health risk data).**
9. Incentives	Consider meaningful incentives/rewards and incentives linked to participation (not to changes in biometrics).
10. Adequate Resources	Dedicated, adequate resources spent to achieve desired ROI.
11. Multi-Component Interventions and Effective Implementation	**Multi-component programs (e.g., health education, counseling, behavior change/chronic disease risk reduction, emergency preparedness, safety and the elimination of recognized occupational hazards), integration of program components at the point of implementation. Integrated staff (multi-disciplinary; cross departmental); Integrate/ensure vendor, partners engagement.**
12. Tailored Interventions	Tailor programs to the specific workplace and provide individualized interventions.

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CDC Worksite Health Index Project
Domain 2: Program Design & Implementation

CATEGORY/CONCEPT	DESCRIPTION/EXAMPLES
13. Screening and Triage	Scalable and effective assessment and screening to identify the highest risk individuals, triaging of individuals into programs that produce the biggest payoff/impact, providing public health interventions to keep people at low risk.
14. Piloting	Start small/simple and scale up using success of pilot results.
15. Engagement of Local Community	Coordinating with insurance and health care providers (especially primary care providers), public health partners, and community based organizations, using community resources and linkages.
16. Accessibility/ Reducing Barriers	Accessible/attractive programs and initiatives at the worksite and in the community with services that balance personal, face-to-face interactions with the latest advancements in computers/technology, the promotion of employee participation.
17. Confidentiality	Relentless focus on safeguarding personal health information, privacy and protecting confidentiality.
18. Ecological Interventions	Environmental/ecological interventions, the social environment, the built environment in the workplace and community, (e.g., LEED buildings).
19. Communications	**Regular, strategic, multi-channel, effective marketing and communication of results (to management, employees and their dependents).**
20. Health Benefits	Insurance plan design (coverage; payment structure, degree of innovation in plan), vacation and sick leave.

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CDC Worksite Health Index Project
Domain 3: Program Evaluation

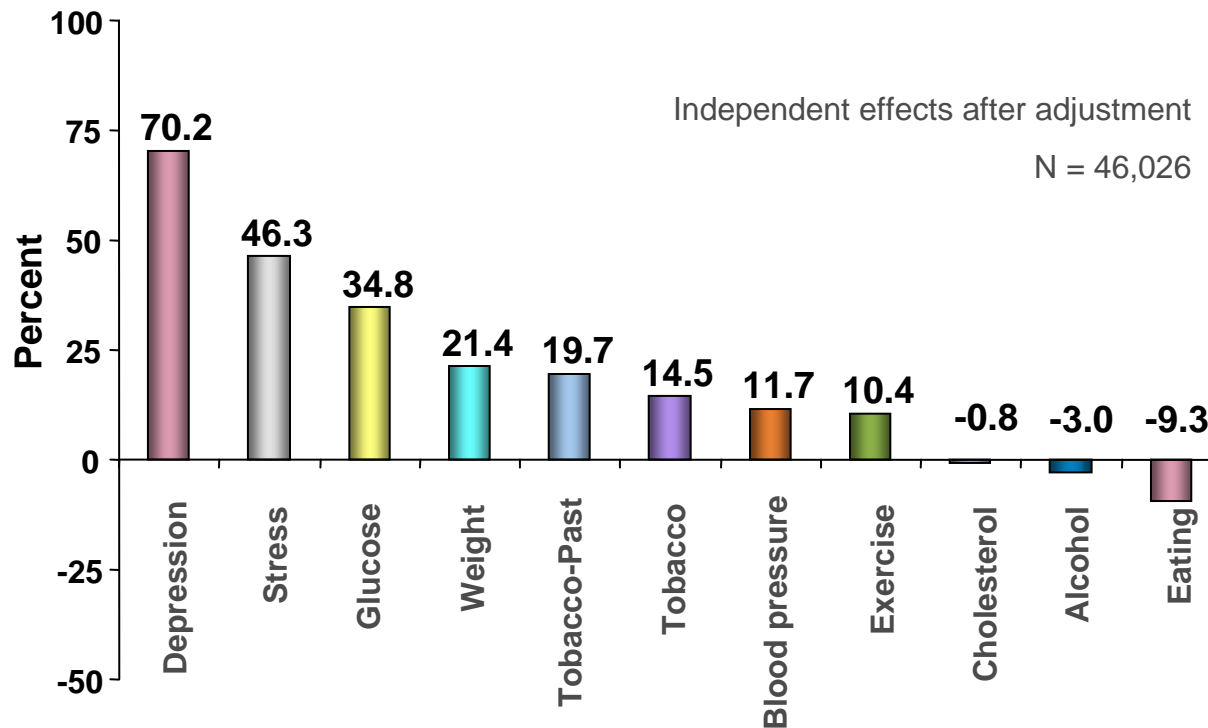| CATEGORY/CONCEPT	DESCRIPTION/EXAMPLES
21. Measurement and Evaluation	**Program measurement, analysis and evaluation (e.g. claims data, evaluation data, audit tools) using rigorous methods that stand up to peer review.**
22. Effective Tools	Find and use effective, valid, and reliable tools.
23. Accountability	Build accountability at all levels that is linked to rewards.
24. Learn from Results	Learn from experience; adjust the program as needed, explicit connection of results to core values.
25. Economics	Return-on-investment (ROI), health care costs, workers' compensation, disability.

3/1/2010 **THOMSON REUTERS**

What does it mean to build a culture of health?

- Champions
- Leadership
- Wellness Staff
- Marketing & Communication
- Environmental Changes

- Integration of health benefit and services
- Data integration
- Greater Clinical Intensity
- Build on Culture of Safety

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INCREMENTAL IMPACT OF TEN MODIFIABLE RISK FACTORS ON MEDICAL EXPENDITURES

Percent Difference in Medical Expenditures: High-Risk versus Lower-Risk Employees

Independent effects after adjustment

N = 46,026

Risk Factor	Percent
Depression	70.2
Stress	46.3
Glucose	34.8
Weight	21.4
Tobacco-Past	19.7
Tobacco	14.5
Blood pressure	11.7
Exercise	10.4
Cholesterol	-0.8
Alcohol	-3.0
Eating	-9.3

Goetzel RZ, Anderson DR, Whitmer RW, Ozminkowski RJ, et al., *Journal of Occupational and Environmental Medicine* 40 (10) (1998): 843–854.

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Simple Messages – GE's Health by Numbers

Health by Numbers
Smoking — 0 — Message: ***Don't Smoke*** **Tobacco (None)**
Diabetes / Heart Disease — 5 — Message: ***Eat healthy*** **Diet (5 Fruits/Vegetables A Day)**
Lack of Exercise — 10 — Message: ***Be active*** **Exercise (10,000 Steps A Day)**
Overweight / Obesity — 25 — Message: ***Maintain a healthy weight*** **Weight (Body Mass Index,)**

Wellness at CHDM – A Multimedia Approach

MONTHLY TOPICS

PowerPoint Presentation

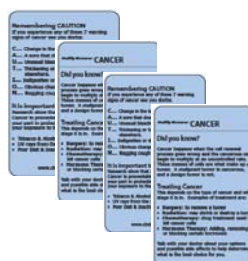**Wallet Cards**

Healthy Tracks Program
Disease Management Track
Arthritis – August
Website Content

Managing Arthritis
There is no single treatment that applies to everyone with arthritis.

• Medication
• Non-drug therapies
• Physical and occupational therapy
• Patient Education and Support
• Weight Loss
• Surgery

Newsletters

Arthritis

Posters

Website Content

Building on a "Culture of Safety"

Culture of Safety
- Everyone is accountable
- Trending injuries
- Tracking near misses
- Implement prevention
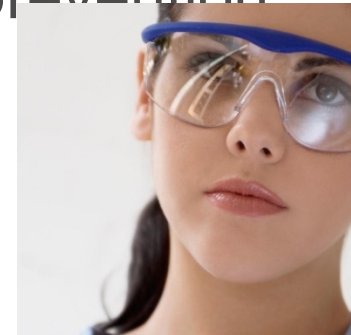- Eliminating occupational injury
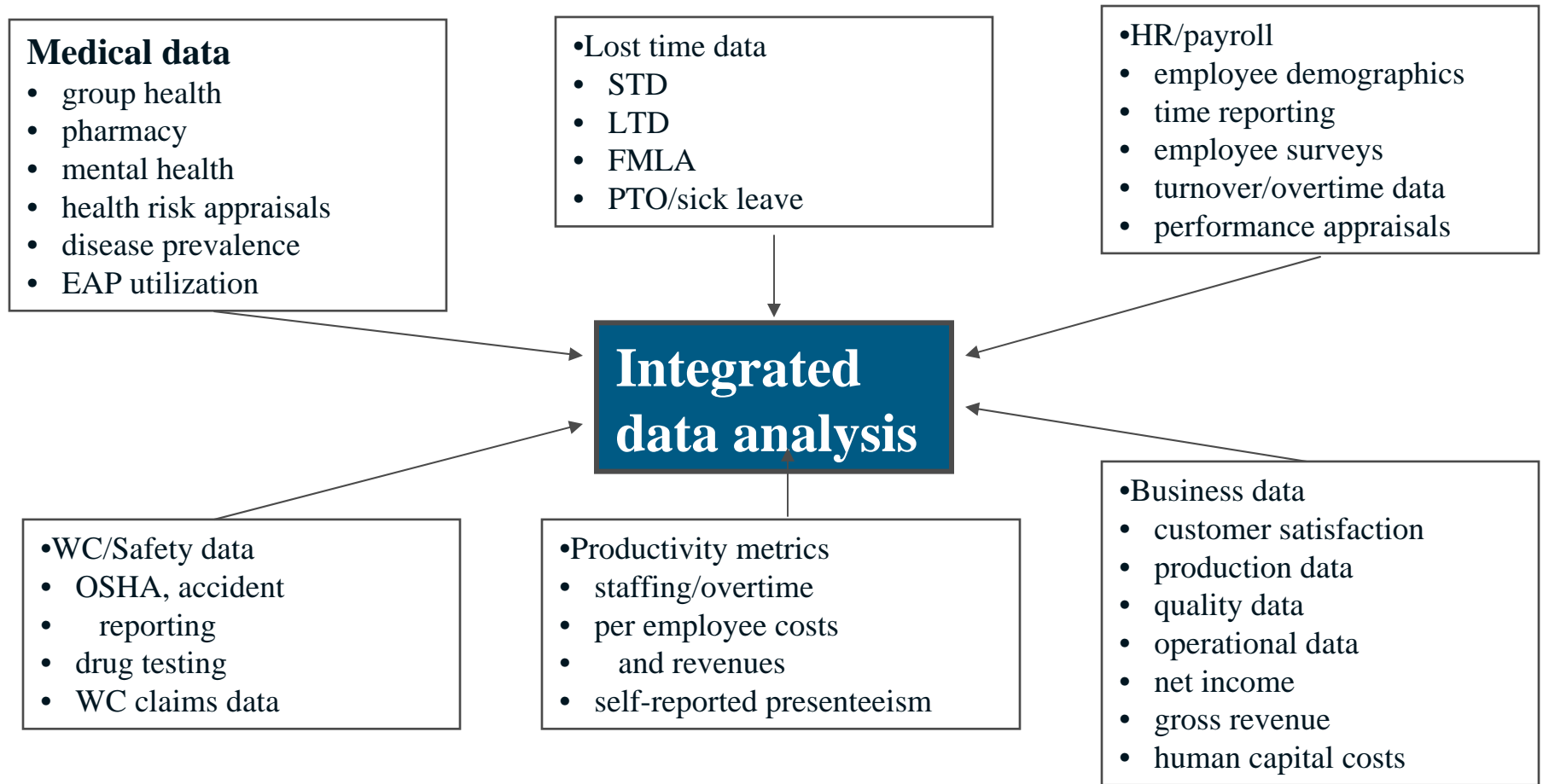
Culture of Health
- Everyone is accountable
- Trending ill health
- Tracking health risks
- Implementing prevention
- Eliminating all disability

What gets Measured Gets Done:
Converting Data to Actionable Information

Medical data
- group health
- pharmacy
- mental health
- health risk appraisals
- disease prevalence
- EAP utilization

- Lost time data
  - STD
  - LTD
  - FMLA
  - PTO/sick leave

- HR/payroll
  - employee demographics
  - time reporting
  - employee surveys
  - turnover/overtime data
  - performance appraisals

Integrated data analysis

- WC/Safety data
  - OSHA, accident
  -    reporting
  - drug testing
  - WC claims data

- Productivity metrics
  - staffing/overtime
  - per employee costs
  -    and revenues
  - self-reported presenteeism

- Business data
  - customer satisfaction
  - production data
  - quality data
  - operational data
  - net income
  - gross revenue
  - human capital costs

IHPM Journal, 2003

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THE BIG PICTURE:
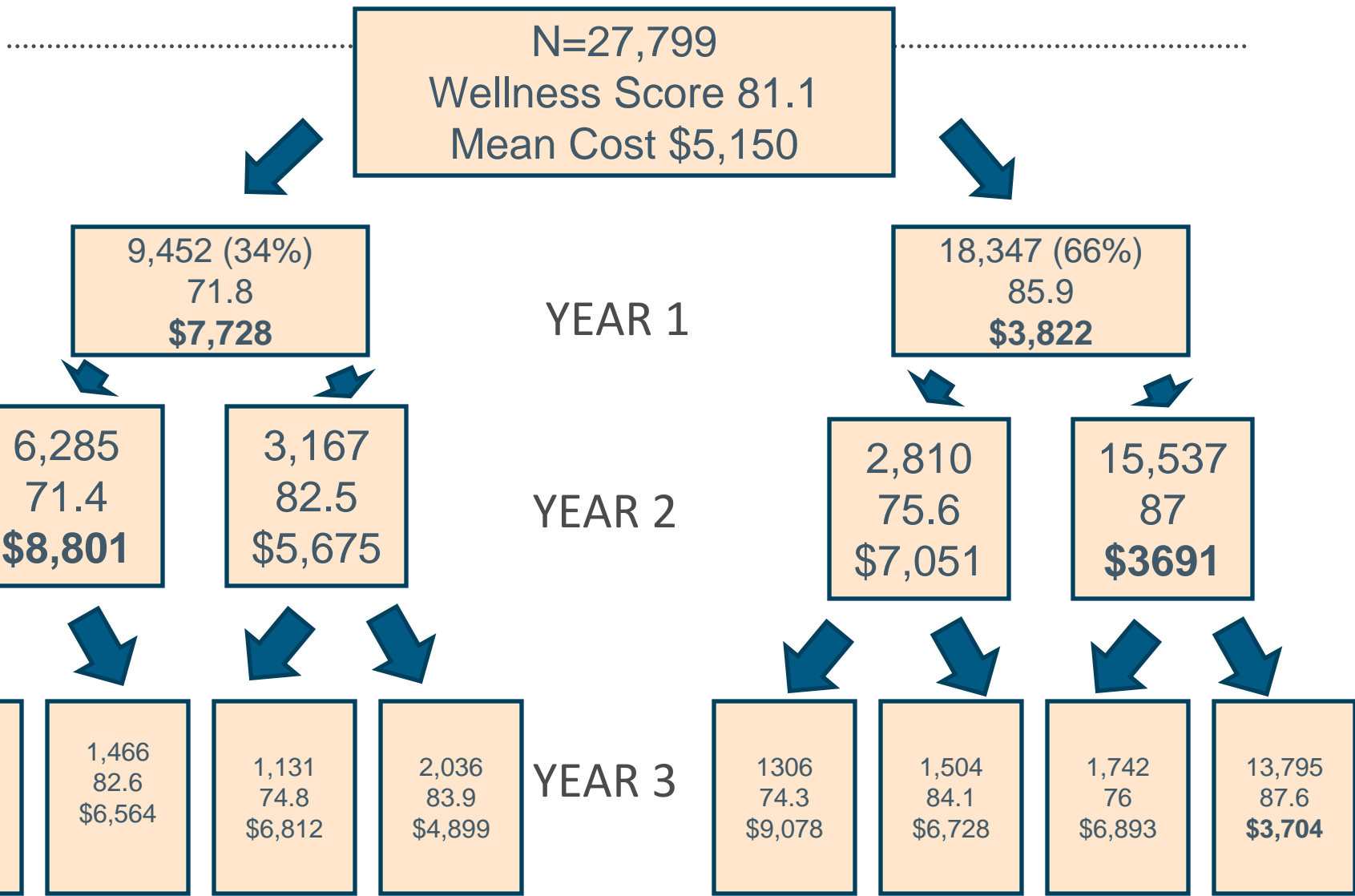# OVERALL BURDEN OF ILLNESS BY CONDITION

**Using Average Impairment and Prevalence Rates for Presenteeism
($23.15/hour wage estimate)**
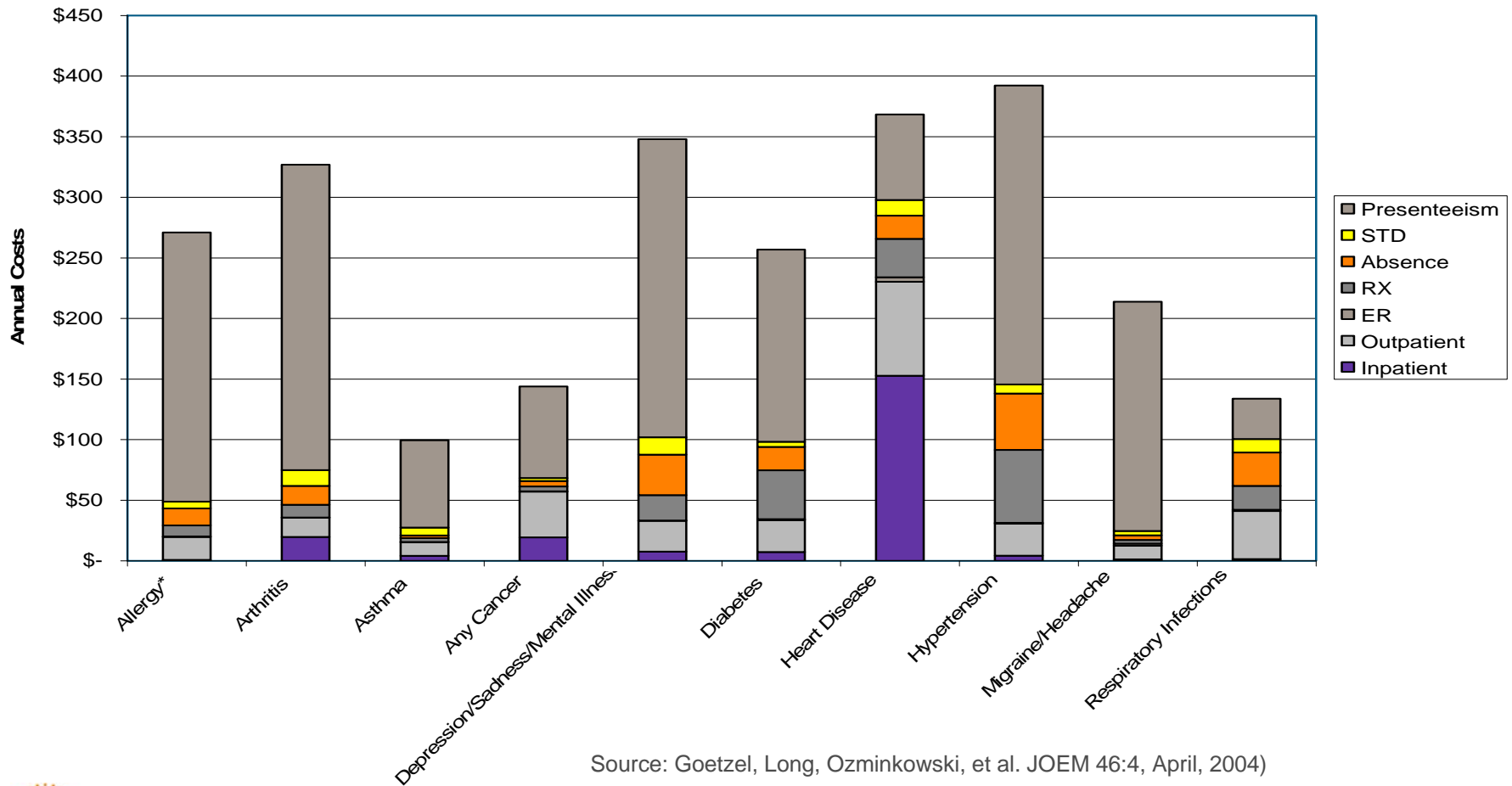
Source: Goetzel, Long, Ozminkowski, et al. JOEM 46:4, April, 2004)

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Wellness Score & Costs over 3 Years
Greater Return to Keep Well 1.775 : 1

N=27,799
Wellness Score 81.1
Mean Cost $5,150

YEAR 1

9,452 (34%)
71.8
$7,728

18,347 (66%)
85.9
$3,822

YEAR 2

6,285
71.4
$8,801

3,167
82.5
$5,675

2,810
75.6
$7,051

15,537
87
$3691

YEAR 3

4,819
70.9
$9,555

1,466
82.6
$6,564

1,131
74.8
$6,812

2,036
83.9
$4,899

1306
74.3
$9,078

1,504
84.1
$6,728

1,742
76
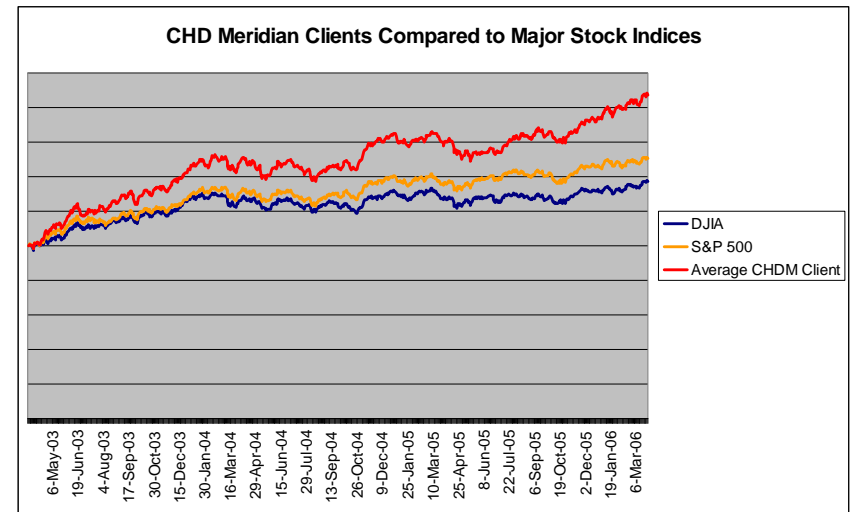$6,893

13,795
87.6
$3,704

THOMSON REUTERS

Zero Trends; Dee Edington 2009

Has it been a good business decision to follow through with an extensive organizational commitment to improved health?

HEALTH COST INDEX (1998=100%)   GROWTH '98–'08

National Average 122%
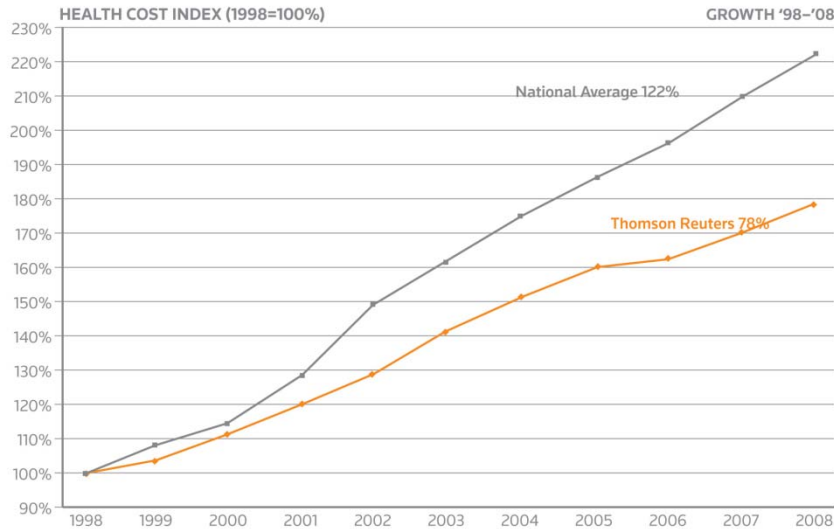
Thomson Reuters 78%

Thomson Reuters employer data partners have experienced less medical inflation

Former workplace health partners perform better on the stock market

CHD Meridian Clients Compared to Major Stock Indices

- DJIA
- S&P 500
- Average CHDM Client

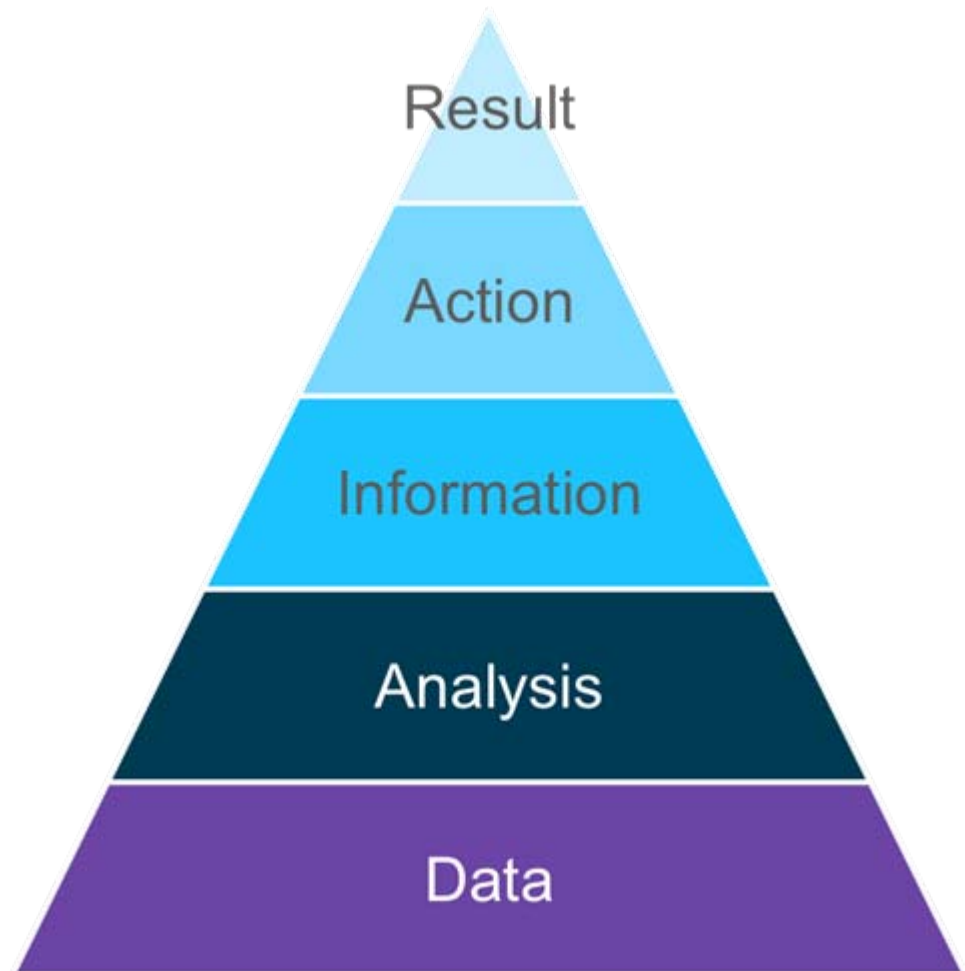**THOMSON REUTERS**

Beliefs & Principles

- **Champions are Essential to a Communications Strategy**
    - Corporate
    - Regional
    - Local

- **Wellness must be Marketed**
    - Anti-detailing the world around us

- **Establish a Brand**
    - Demonstrates a coordinated commitment

    - **Multimedia Approach**
  - Print, Electronic, Video

- **Integrate into Corporate Culture**
    - **Mission, Vision, Credo**

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Beliefs & Principles

- **People are an enterprises "*most valuable assets*"**
  - ➢ Like other assets they need constant maintenance & repair
  - ➢ (skill, will & *not ill*)
- **A healthy workforce can be a competitive advantage (via productivity)**
  - ➢ Globally
- **What gets measured gets done / improved**
  - ➢ Wrong measures drive wrong behaviors / results ("*benefits cost myopia*")
- **Success is reproducible**
  - ➢ Duplicating best-practice efforts is reproducible and scalable (systematic benchmarking)

Result

Action

Information

Analysis

Data

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The Importance of Marketing, Branding and Data Analysis

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