

PHA Forum 2019: Creating Value Through Engagement & Social Determinant Levers

10:50 a.m. – 11:40 a.m.

Employer Responsibility, Employee Accountability and Provider and Community Capability



Ray Fabius, MD

Co-Founder and President
HealthNEXT

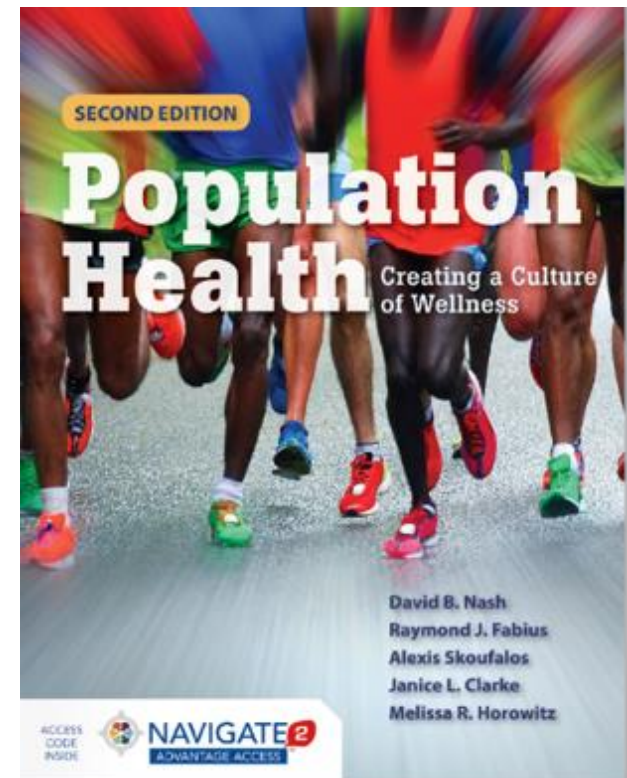


Tami Graham

Former Global Benefits Strategy Leader,
Intel Corporation

Agenda

- **Beyond Population Health:
Building Cultures of Health**
 - 8 Years of Research and counting
- ***LEVERAGING THE 3 BEAMS
Employer Responsibility,
Employee Accountability &
Clinical Capability***
- **Comprehensive Wellbeing &
the Employer Opportunity**



Building Cultures of Health
*to achieve lower health care costs &
higher workforce performance*



***SHARING OUR EIGHT YEARS OF
RESEARCH***

Curing The Most Chronic Condition in Healthcare!

The REAL CORPORATE TAX

- 50+ years of cost increases 2-3X the CPI, despite millions spent on consultants, brokers, etc.
- Compromising American Business Competitiveness
- Employers are looking for a tangible evidence-based solutions beyond just shifting the burden to others

The New York Times

Forget Taxes, Warren Buffett Says.
The Real Problem Is Health Care.

MAY 8, 2017

OMAHA — “The tax system is not crippling our business around the world.”

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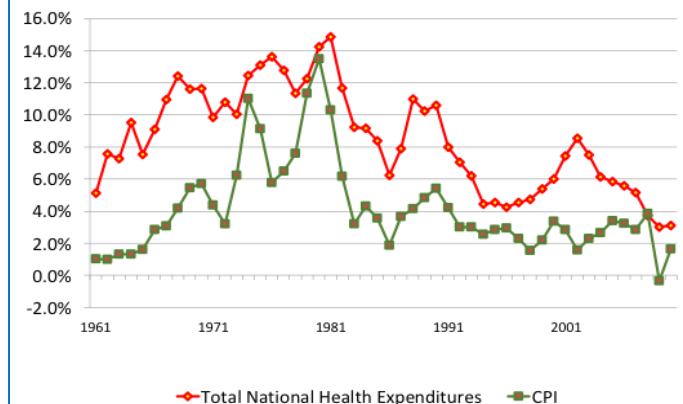
“Our bloated health care system, is the true barrier to America’s world competitiveness as well as the single biggest variable where we keep getting more and more out of whack with the rest of the world.”

“If you go back to 1960 or thereabouts, corporate taxes were about 4 percent of G.D.P and now, they’re about 2 percent of G.D.P.”

“About 50 years ago, health care was 5 percent of G.D.P., and now it’s about 17 percent.”

Proprietary & Confidential

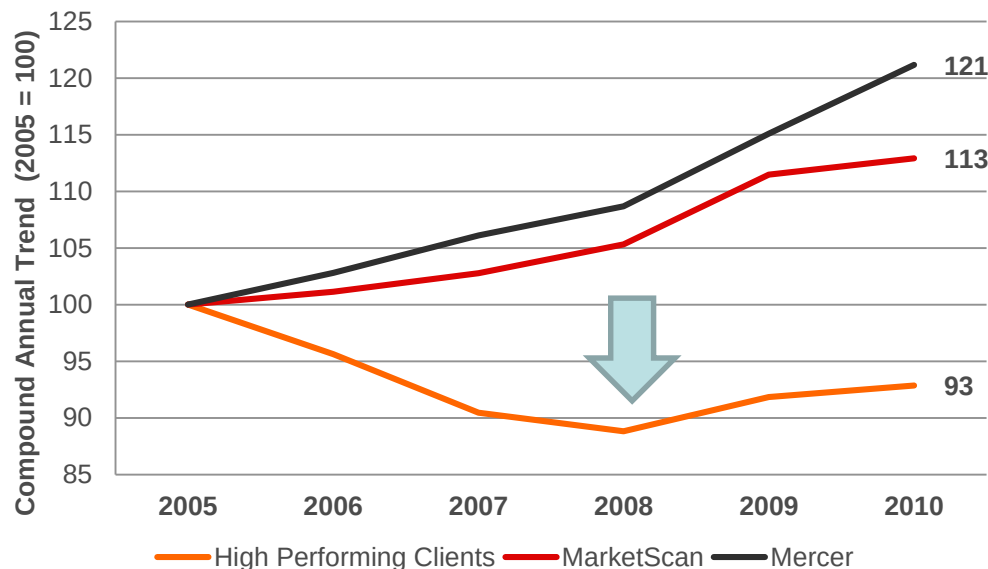
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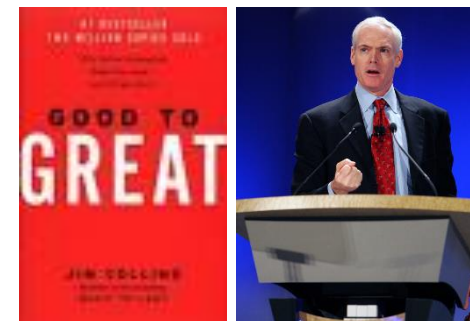
Market and Best Practice Research

A Few Benchmark Employers' Healthcare Costs Are Declining

High Performer Net Cost Trends 2005 - 2010
Adjusted For Consumer Price Index (CPI-U)
Inflation



*Taking a page from
Jim Collins*



OUR METHODOLOGY

ASSESSMENT – GAP ANALYSIS

Single Metric – 700 out of 1000 is Benchmark

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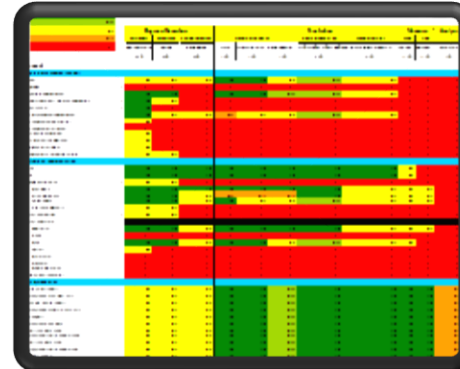
10 Weighted Categories

- People & management
- Marketing & communications
- Data warehousing
- Health & wellness plan design
- Environment
- On-site health activities
- Health & wellness activities
- Incentives & benefits design
- Engagement & navigation
- Vendor integration

Two Gaps-From-Benchmark Planning Tools

EHOA™

For Large Employers



- 218 “Elements”
- 10 “Categories”
- 11 “Thresholds”
- 5 “Degrees” of completion

EA50™

For Mid-Mkt Employers



- 50 “Elements”
- 10 “Categories”
- 5 “Degrees” of completion

***Health Risk Appraisals (HRA) For An Organization
Generates a 3 year strategic plan to reach benchmark***

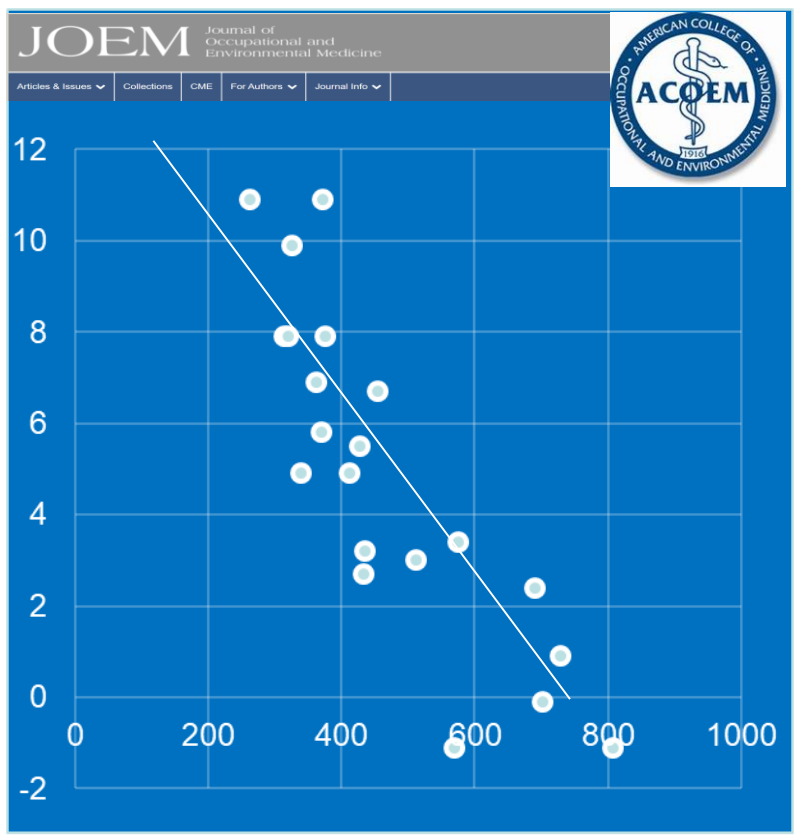
Health*NEXT*

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PROOF OF CONCEPT

High Correlation Between
HealthNEXT “Culture of Health”
Score & Medical Cost Trend –
Every 50 points reduces medical
trend by 1%

Medical Trend



HealthNEXT COH Score

FAST TRACK ARTICLE

OPEN

The Correlation of a Corporate Culture of Health Assessment Score and Health Care Cost Trend

Raymond Fabius, MD, Sharon Glave Frazee, PhD, MPH, Dixon Thayer, BS, David Kirshenbaum, MBA, and Jim Reynolds, MD

Objective: Employers that strive to create a corporate environment that fosters a culture of health often face challenges when trying to determine the impact of improvements on health care cost trends. This study aims to test the stability of the correlation between health care cost trend and corporate health assessment scores (CHAS) using a culture of health measurement tool. **Methods:** Correlation analysis of annual health care cost trend and CHAS on a small group of employers using a proprietary CHAS tool. **Results:** Higher CHAS scores are generally correlated with lower health care cost trend. For employers with several years of CHAS measurements, this correlation remains, although imperfectly. **Conclusion:** As culture of health scores improve, health care costs trends moderate. These findings provide further evidence of the inverse relationship between organizational CHAS performance and health care cost trend.

Keywords: corporate health assessment, culture of health, health scores, health care trend, risk reduction

Many occupational health professionals' roles have evolved or expanded to address the strong connection between workforce health, wellbeing, and safety, and their impact on occupational health.¹ In addition, these professionals must establish ways to measure progress over time and to justify investments in workforce health in an environment where up to 84% of the full-time workforce has at least one chronic disease or is overweight.² This paper aims to contribute to these efforts, and in particular, to assist corporate physicians and wellness leaders in meeting these demands.

Over the last few decades, corporate health has become much more comprehensive. Traditional occupational health and safety efforts have incorporated workers' compensation and occupational-related disability management. More recently, occupational health professionals have also been asked to establish efforts to apply primary, secondary, and tertiary preventive services to the workforce and their dependents. Health executives are expected to keep workforces healthy and productive with sustainable and cost-effective programs. Yet, to be successful, companies must build health and safety into the mission, vision, and values of the organization. Adding programs is not enough. The famous quote attributed to Peter Drucker – "culture eats strategy for breakfast" – emphasizes the need to create a work environment where employees and their family members are more likely to make the healthy choice on both a conscious and unconscious basis. Companies have achieved cultures of safety. Now it is time to achieve cultures of health.

How does one define an organizational culture of health? Healthy corporate cultures have a workforce with less illness and fewer unhealthy behaviors. So, employers with "cultures of health" should spend less on health care, without the need to reduce benefit services or shift more costs to their employees. It is feasible to measure a population's culture of health using medical and pharmacy claims information, health appraisals, biometric screenings, and other sources to calculate and track their collective illness burden and risk factors. This may be expressed as reductions in the collective illness burden of employees and their family members, as well as reduced health care cost trend.

Yet, cultural transformation often requires a systematic approach that addresses drivers of culture change, as well as an organizations' comprehensive efforts to put in place and measure a broad array of coordinated changes to improve health. Measuring corporate cultures of health is a recent and evolving development with significant challenges. As there are a long list of determinants of health, this measurement must be comprehensive, recognizing the influence that work itself has on health as well as health benefit design, workplace environment, and company policies. Measurements must also be meaningful and practical if organizations are going to be willing to apply the resources required.

Employers can measure the health of their culture using one or more of the tools developed to provide a corporate health assessment score (CHAS). Examples of these tools include the Centers for Disease Control and Prevention healthy workplace assessment tool and the on-line self-assessment developed by the Health Enhancement Research Organization in coordination with Mercer (the HERO Scorecard). Two other such tools are the Employer Health Opportunity Assessment™ (EHOA™) and Employer Assessment 50™ (EA50™). The EHOA and EA50 are proprietary culture of health and wellness assessment tools that measure elements that can contribute to a culture of health utilizing data collected via document review, workplace observational site visits, and interviews with senior leadership, management, and employees.

This article tests the stability of the correlation between health care cost trend and scores that measure the culture of health by extending the work by Goetzel et al.³ The seminal work by Goetzel et al.³ demonstrated that another CHAS tool, the HERO Scorecard, was predictive of future health care cost trend. Our hypothesis is that the health care cost trend of companies achieving higher CHAS scores will be lower than companies with lower CHAS scores using data from employer companies that implemented the EHOA/EA50. Moreover, by implementing against a multiyear strategic plan and using simulation, companies can predict the impact of CHAS on future health care cost trend. This has significant implications for financial planning and establishing reserves for covering health care costs.

CORPORATE HEALTH ASSESSMENT USING THE EHOA/EA50

Corporate health assessments vary in design, but all have the ultimate intention of scoring how an organization is doing in terms of their populations' health, their corporate health policies, and

From the HealthNEXT, Philadelphia, PA (Dr Fabius, Thayer, Kirshenbaum, Dr Reynolds); Frazee Research & Consulting, LLC; Beaufort, NC (Dr Glave Frazee).
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The authors have no conflicts of interest.
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Building Cultures of Health *to achieve lower health care costs & higher workforce performance*

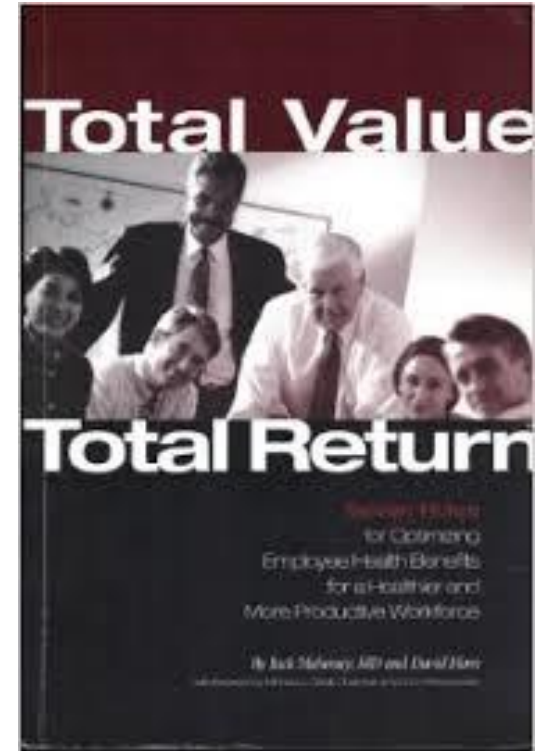
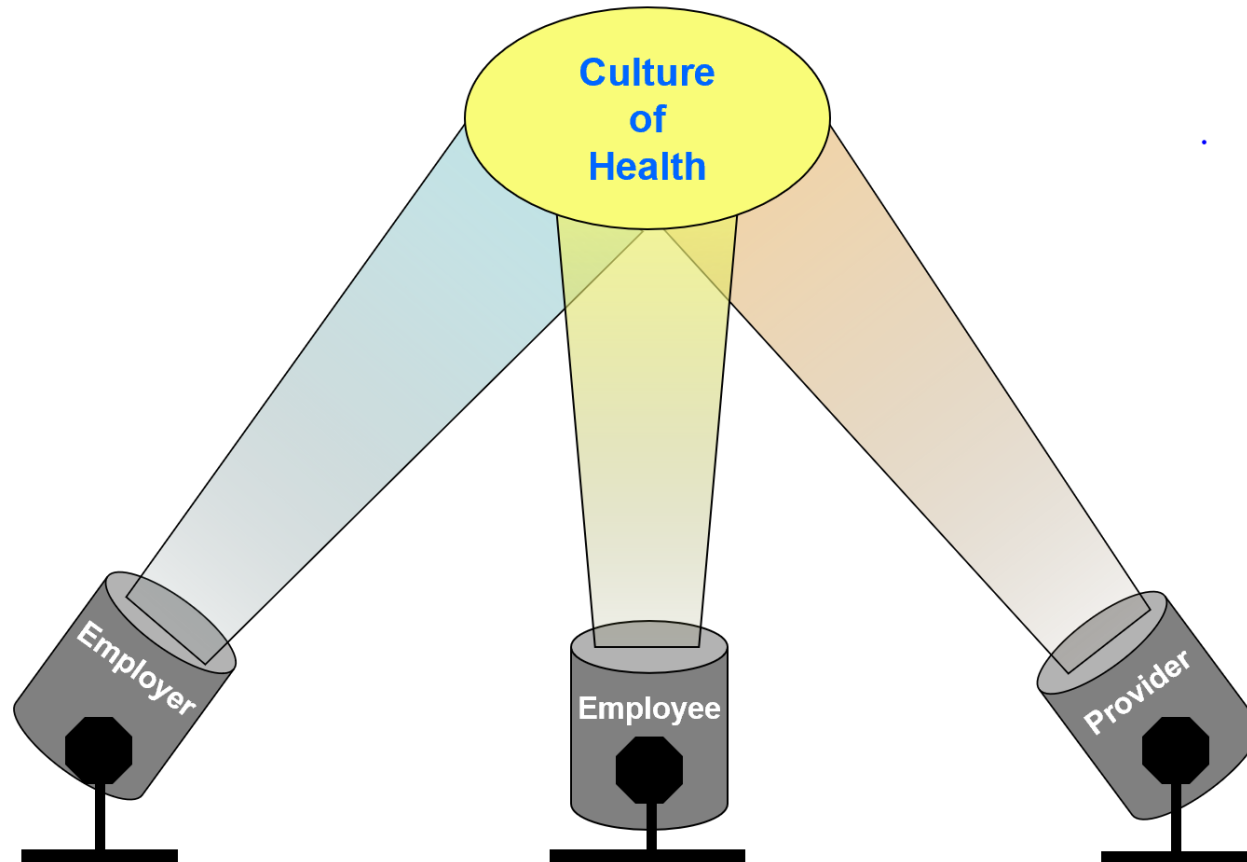


THE 3 BEAMS **EMPLOYER RESPONSIBILITY,** **EMPLOYEE ACCOUNTABILITY &** **CLINICAL CAPABILITY**

Cultures of Health – 3 BEAMS

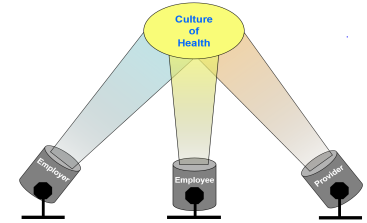
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Employer Responsibility, Employee Accountability & Clinical Capability



3/15/2019

10



Cultures of Health – 3 BEAMS

Employer Responsibility, Employee Accountability & Provider Capability

GOAL	Employer Responsibility	Employee Accountability	Provider / Plan Capability
Increased Access	Plan design	Plan selection	Plan execution
Personal Accountability	Communications	Informed decision making	Physician-Patient trusted relationship
Quality of Care	Incentives	Compliance & Adherence	Effectiveness, Efficiency & Positive Experience
Population Health	Data Mining	Knowing Your Numbers	Data Management
Healthy Behaviors	Environmental Support	Self-Management	Access & promotion of appropriate lifestyles and care

Employer Responsibility Evidence Based Plan Design

PATIENTS & CONSUMERS

By J. Frank Wharam, Fang Zhang, Jamie Wallace, Christine Lu, Craig Earle, Stephen B. Soumerai, Larissa Nekhlyudov, and Dennis Ross-Degnan

Vulnerable And Less Vulnerable Women In High-Deductible Health Plans Experienced Delayed Breast Cancer Care

ABSTRACT The effects of high-deductible health plans (HDHPs) on breast cancer diagnosis and treatment among vulnerable populations are unknown. We examined time to first breast cancer diagnostic testing, diagnosis, and chemotherapy among a group of women whose employers switched their insurance coverage from health plans with low deductibles (\$500 or less) to plans with high deductibles (\$1,000 or more) between 2004 and 2014. Primary subgroups of interest comprised 54,403 low-income and 76,776 high-income women continuously enrolled in low-deductible plans for a year and then up to four years in HDHPs. Matched controls had contemporaneous low-deductible enrollment. Low-income women in HDHPs experienced relative delays of 1.6 months to first breast imaging, 2.7 months to first biopsy, 6.6 months to incident early-stage breast cancer diagnosis, and 8.7 months to first chemotherapy. High-income HDHP members had shorter delays that did not differ significantly from those of their low-income counterparts. HDHP members living in metropolitan, nonmetropolitan, predominantly white, and predominantly nonwhite areas also experienced delayed breast cancer care. Policies may be needed to reduce out-of-pocket spending obligations for breast cancer care.

- Mammogram delay
 - 1.6 months
- Biopsy delay
 - 2.7 months
- Cancer diagnosis
 - 6.6 months
- First treatment
 - 8.7 months
- **TOTAL DELAY**
 - **19.6 months**

Employer Responsibility Evidence Based Plan Design

Choosing Wisely – An Excellent Resource from ACP *Unnecessary / over-utilized diagnostics or therapeutics*

- 73 percent of physicians say the frequency of unnecessary tests and procedures is a very or somewhat serious problem.
- 66 percent of physicians feel they have a great deal of responsibility to make sure their patients avoid unnecessary tests and procedures.
- 53 percent of physicians say that even if they know a medical test is unnecessary, they order it if a patient insists.
- 58 percent of physicians say they are in the best position to address the problem, with the government as a distant second (15%).
- 72 percent of physicians say the average medical doctor prescribes an unnecessary test or procedure at least once a week.
- 47 percent of physicians say their patients ask for an unnecessary test or procedure at least once a week.
- 70 percent of physicians say that after they speak with a patient about why a test or procedure is unnecessary, the patient often avoids it.



Choosing Wisely
An initiative of the ABIM Foundation

American College of Physicians
Five Things Physicians and Patients Should Question
ACP AMERICAN COLLEGE OF PHYSICIANS®
INTERNAL MEDICINE | Doctors for Adults

1

Don't obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.

In asymptomatic individuals at low risk for coronary heart disease (10-year risk <10%) screening for coronary heart disease with exercise electrocardiography does not improve patient outcomes.

2

Don't obtain imaging studies in patients with non-specific low back pain.

In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.

3

In the evaluation of simple syncope and a normal neurological examination, don't obtain brain imaging studies (CT or MRI).

In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system (CNS) cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.

4

In patients with low pretest probability of venous thromboembolism (VTE), obtain a high-sensitive D-dimer measurement as the initial diagnostic test; don't obtain imaging studies as the initial diagnostic test.

In patients with low pretest probability of VTE as defined by the Wells prediction rules, a negative high-sensitivity D-dimer measurement effectively excludes VTE and the need for further imaging studies.

5

Don't obtain preoperative chest radiography in the absence of a clinical suspicion for intrathoracic pathology.

In the absence of cardiopulmonary symptoms, preoperative chest radiography rarely provides any meaningful changes in management or improved patient outcomes.

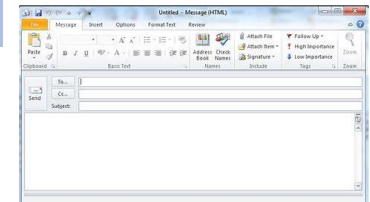
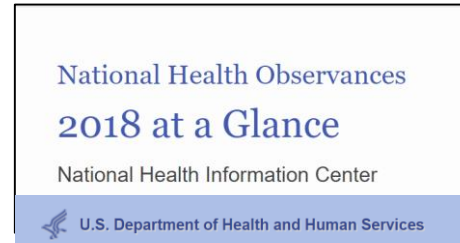
Employer Responsibility Marketing & Communications

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Calendar of Health Messaging

Customize to Your Illness Burden
Include Value of Wellness

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December
- Women's Health
- Heart Health
- Healthy Eating
- Minority Health
- Mental Health
- Cancer Prevention & Treatment
- Healthy Pregnancy
- Healthy Babies & Children
- Men's Health
- Dental Health
- Managing Chronic Condition
- Immunization & Prevention



Employee Accountability

Know Your Numbers

Health*NEXT*



The GE trademarked prevention program

Its purpose is to help the global employee community stay well. The key numbers remind us to avoid tobacco products, eat a healthy diet, exercise regularly and maintain a normal weight.



95

Employee Accountability Establish a Medical Home

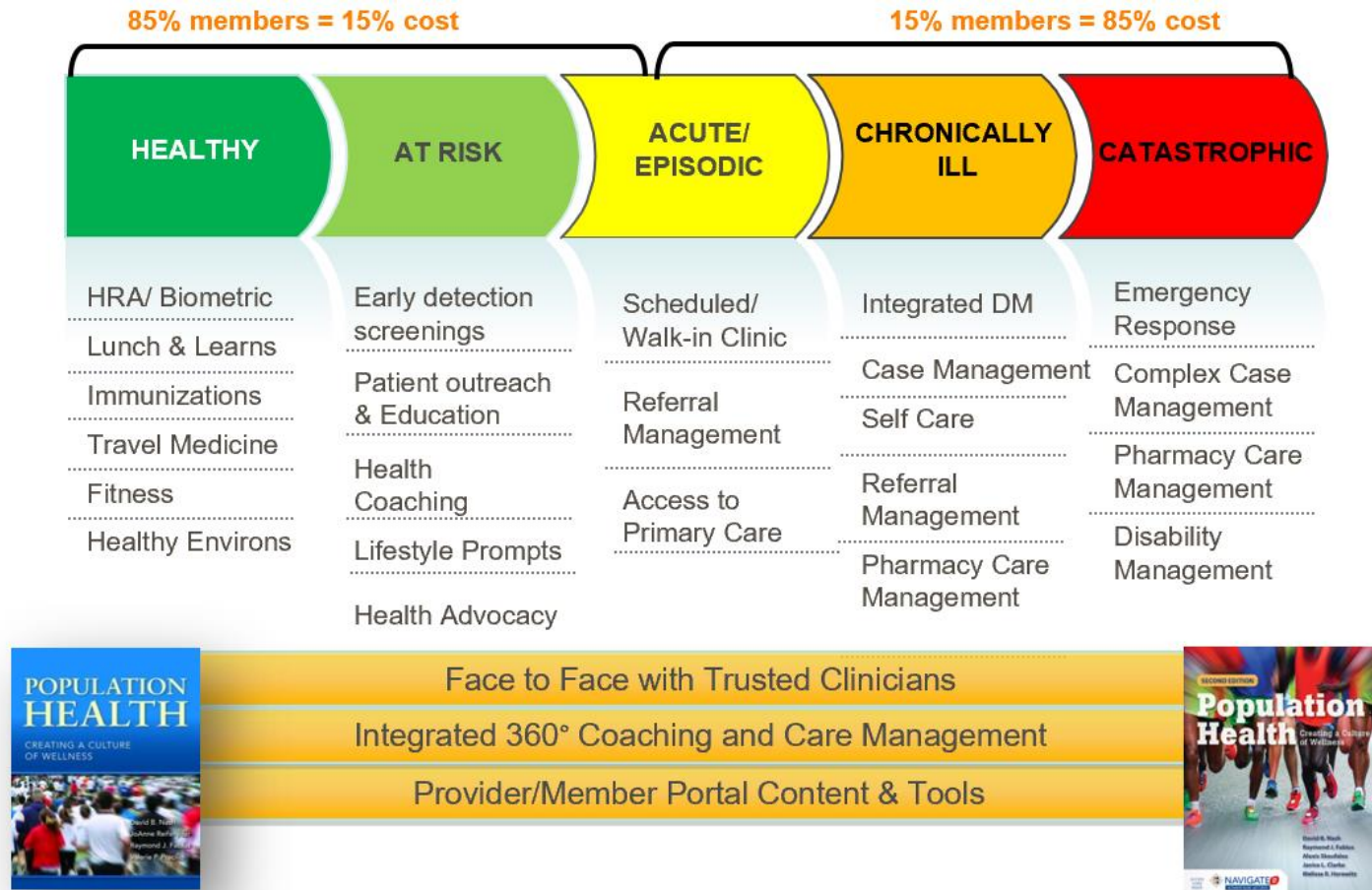
MANAGING A POPULATION

*Moving The Population & Physicians To Benchmark
Trusted Clinician-Patient Relationships*



Clinical Capability Leveraging Community & Vendor Resources

“Population Health Management” *A Foundation for a Culture of Health*

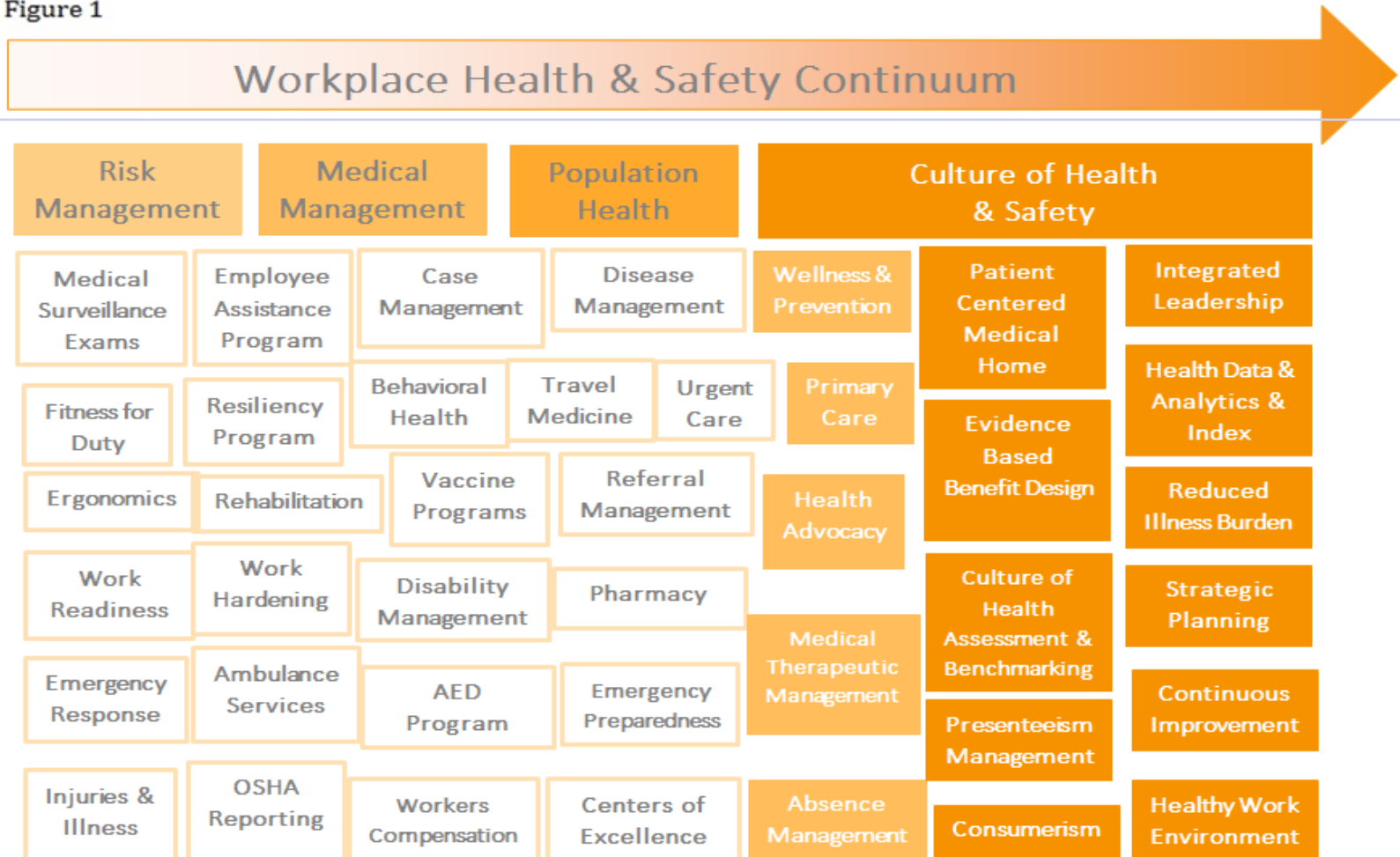


Clinical Capability Workplace Health

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NEW ACCESS POINTS FOR CARE – WORKPLACE HEALTH “Evolution” from Occupational Health to Cultures of Health

Figure 1



Building Cultures of Health *to achieve lower health care costs & higher workforce performance*

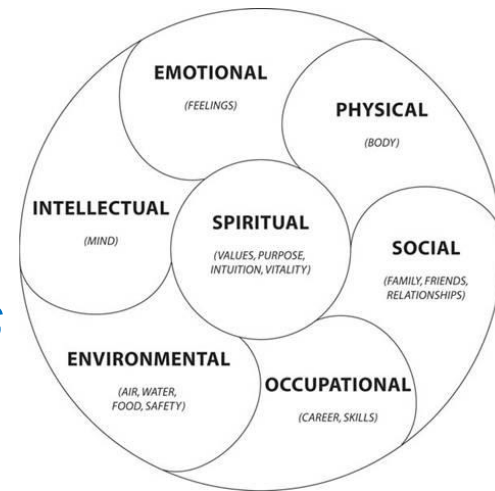


WELLBEING & THE EMPLOYER OPPORTUNITY

Employer Opportunity

Building a Culture of Health

*Taking a Comprehensive Viewing Point –
Supporting Wellbeing – Social Determinants*



- Social
- Physical
- Emotional
- Career
- Intellectual
- Environment
- Spiritual
- Fostering Teamwork / Affinity
- Promote Movement / Activities
- Attend to Stress / Promote Resiliency
- Feature Advancement
- Foster Higher Education
- Healthy Eating / No Smoking Policies
- Foster a Sense of Higher Purpose

EMPLOYER OPPORTUNITY

Marketplace rewards companies who achieve cultures of health

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Health Enhancement Resource Organization High Scoring Companies

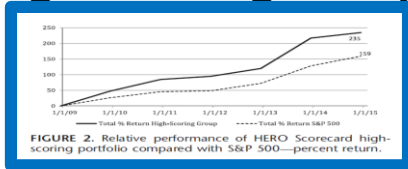


FIGURE 2. Relative performance of HERO Scorecard high-scoring portfolio compared with S&P 500—percent return.

Health Project Award Winning Companies

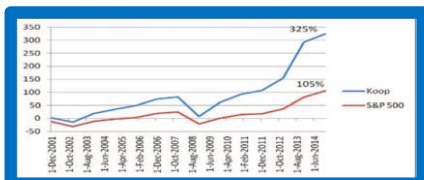
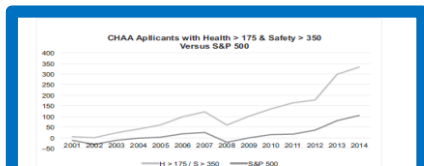


FIGURE 4. Performance of companies with a CHAA health score >175 and safety score >350 versus S&P 500.

CHAA Award winning companies



Linking Workplace Health Promotion Best Practices and Organizational Financial Performance

Tracking Market Performance of Companies With Highest Scores on the HERO Scorecard

Jessica Grossemeier, PhD, MPH, Ray Fabius, MD, Jennifer P. Flynn, MS, Steven P. Noedner, PhD, Dan Fabius, MD, Ron Z. Goetzel, PhD, and David R. Anderson, PhD, LP

Objective: The aim of the study was to evaluate the stock performance of publicly traded companies that received high scores on the HERO Employee Health Management Best Practices Scorecard. **Methods:** A portfolio of scores in a corporate health and wellness program was created based on past market performance and company scores represented as the Standard & Poor's (S&P) 500 Index. **Results:** Stock values for a portfolio of companies that received high scores on the HERO Scorecard compared with the S&P 500 Index over a 5-year period (2009–2014) showed that the HERO portfolio outperformed the S&P 500 Index by 25%.

Numerous studies link employee health to higher health care costs and lower on-the-job productivity.^{1,2} Associates lower employee well-being and lower levels of engagement with work. Number of business leaders view investing well-being as a strategic investment in the business, companies with the most promotion (WHP) programs report higher shareholder returns, and revenue per share is one contributor to the dividend. Endorsement Fund (P&G), a diversified investment in large-capitalization companies as good employers to work for such as IBM.³ This fund was created to outperform the general stock market.

From the Health Enhancement Research Organization (HERO) Scorecard, the C. Everett Koop National Health Awards (C. Everett Koop National Health Awards) is conferred annually by the Health Foundation in 1994 to promote improving population health cost. An opportunity presented to winning companies, recognized by giving workers' health and saving money. Other publicly traded firms based on an opportunity, a public measure of worth, for companies that win a "average" companies comprising 500 Index. The hypothesis tested and winning the Koop Award, having outstanding workplace programs, would realize financial simply offer traditional employee.

BACKGROUND
The genesis for this analysis adoption of, workplace health

From the Institute for Health and Product and Mr. Thomas, John Hopkins Washington, DC; Tere Health and Bethesda, Maryland; HealthNEXT, Pennsylvania; Cooper Medical School, California; New Jersey, TX; Tusculum, Alabama; and University of California, Irvine; and the author reports no conflict of interest. Address correspondence to Ron Z. Goetzel, PhD, Director for Health and Productivity School of Public Health, Washington Applied Research, Tere Health & Suite 600, Bethesda, MD 20814 (e-mail: goetzel@terehelp.com). Copyright © 2015 American College of Occupational and Environmental Medicine. DOI: 10.1093/ajop/kp0000000000000000

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evidence that traders find information about company investments in human capital meaningful, suggesting that they may also have an appetite for sources of information about company investments in

The Stock Performance of C. Everett Koop Award Winners Compared With the Standard & Poor's 500 Index

Ron Z. Goetzel, PhD, Raymond Fabius, MD, Daniel Fabius, DO, Enid C. Roemer, PhD, Nicole Thomson, BA, Rebecca K. Kelly, PhD, RD, and Kenneth R. Pelletier, PhD, MD (hc)

Objective: The aim of the study was to explore the link between companies investing in the health and well-being programs of their employees and stock market performance. **Methods:** Stock performance of C. Everett Koop National Health Award winners (n = 26) was measured over time and compared with the average performance of the Standard & Poor's (S&P) 500 Index. **Results:** Koop Award winners' stock value over the 5-year period (2009–2014) outperformed the S&P 500 Index by 25%.

businesses, partly funded by a specific provision of the 2010 Affordable Care Act (Section 2705) that encourages employers to implement comprehensive worksite health promotion programs. Currently, approximately half of all employers with more than 50 employees offer wellness programs of varying comprehensiveness.

Workplace health promotion is the health and well-being of the employees. Companies that excel in the apply for and win recognition through the C. Everett Koop Award is conferred annually by the Health Foundation in 1994 to promote improving population health cost.

An opportunity presented to winning companies, recognized by giving workers' health and saving money. Other publicly traded firms based on an opportunity, a public measure of worth, for companies that win a "average" companies comprising 500 Index. The hypothesis tested and winning the Koop Award, having outstanding workplace programs, would realize financial simply offer traditional employee.

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Tracking the Market Performance of Companies That Integrate a Culture of Health and Safety

An Assessment of Corporate Health Achievement Award Applicants

Raymond Fabius, MD, Ronald R. Loepke, MD, MPH, Todd Hohn, CSP, Dan Fabius, DO, Barry Eitner, CAE, Doris L. Konicki, MHS, and Paul Larson, MS

Objective: The aim of the study was to assess the hypothesis that stock market performance of companies achieving high scores on either health or safety during the Corporate Health Achievement Award (CHAA) process will be superior to average index performance. **Methods:** The stock market performance of CHAA winners was examined using an efficient frontier model to determine the best market performance in terms of correlation. **Results:** CHAA winners' stock value over the 5-year period (2009–2014) outperformed the S&P 500 Index by 25%.

The article tests the hypothesis that the stock market performance of companies that achieve high scores on either health or safety during the Corporate Health Achievement Award (CHAA) process will be superior to average index performance. The CHAA was established in 1993 by the American College of Occupational and Environmental Medicine (ACOE) to recognize the healthiest, safest companies and organizations in North America and to encourage them to practice workplace health and safety programs.¹ Since the introduction of the first awards in 1996, 31 companies have achieved distinction as CHAA recipients. These companies have demonstrated outstanding achievement and excellence in employee health, safety and environmental management, outcomes, and results. Companies that participate in the CHAA process and at scores high in just one component may receive the CHAA Model Program Award, signifying their excellence in one area but not overall excellence in both health and safety.

Applicants for the CHAA are judged on 17 standards in four general categories: Leadership and Management, Healthy Workplaces, Healthy Environments, and Healthy Organizations. A series of points are awarded in each category, with the maximum number of points possible being 1000. The 17 standards, distributed throughout four categories, address various aspects of workplace safety, health, and wellness. The scoring for each standard is based on a five-point system.

Level 1. Program Description
Organizations provide evidence that appropriate programs exist for each CHAA standard. CHAA applicants must clearly define mission programs they have implemented, while demonstrating how these programs meet the CHAA standards.

Level 2. Program Description
Organizations provide evidence that the programs are well deployed in all appropriate areas and departments.

Level 3. Outcome Measures
Organizations demonstrate that they have created a metrics system for their safety, wellness, and health programs and provide clear data on what is being measured.

Level 4. Trend Data
Organizations provide trend data showing a reduction of health risk, health-cost savings, or other impact on the business as a result of their safety, wellness, and health programs. Trend data demonstrate the success of these programs over time.

Points are awarded for each of the 17 standards within the four categories and each category has a maximum number of points of 250. Table 1 provides a comprehensive view of the categories, standards, and scoring for the CHAA. The transparency of the scoring system and process offers applicants organizations insights into what is required to that corporate leadership can better guide their companies to success.

BACKGROUND
In recent decades, U.S. employers have made significant progress in addressing issues of health and safety in the workplace. Since 1970, workplace fatalities have been reduced by more than 65% and injury and illness rates have declined by 67%, according to

Learning Objectives
• Discuss previous research linking worker health to the stock market performance of companies, including the previous study tracking the performance of companies receiving the Corporate Health Achievement Award (CHAA).
• Summarize the methods and findings of the new study assessing the performance of portfolio of stock in companies recognized for excellence in health and wellness outcomes.
• Discuss the implications for the use of instruments for measuring the business value of workplace health and safety programs, such as the Integrated Health and Safety Index.

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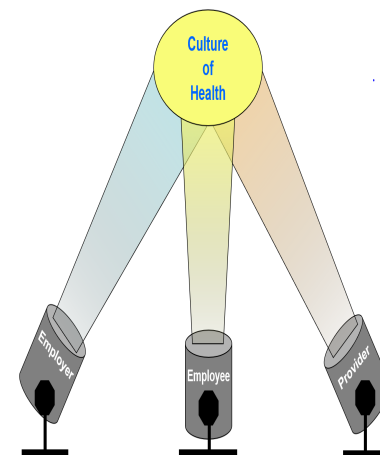
BACKGROUND
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A CALL TO ACTION

How to Build Cultures of Health at Your Company or In Your Community

RESEARCH SHOWS THAT:

- It is not merely a human resource issue
- It is not merely a benefits design issue
- It is not merely a wellness program
- It is not built merely on incentives
- It is not built merely on occupational health & safety
- It is not solved by having workplace health centers
- It is not solved by building a fitness center
- It is not solved by creating a data warehouse
- **ALL OF THESE ARE CONTRIBUTORY BUT**



To build a culture you must do enough to surround your workforce or citizenship using a critical mass of health & wellbeing related policies, programs and services so that they consciously & unconsciously make more healthy choices leveraging employers, employers and community health-related providers