Engaging Employees in Their Health to Improve Outcomes and Reduce Costs

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AGENDA

Engaging Employees in Their Health to Improve Outcomes and Reduce Costs

No small order, what’s the secret sauce?

• The Volume-To-Value Revolution (context for our discussion)

• Implications for Worksite Wellness (how to incorporate new ideas into existing workplace health management programs to improve employee engagement)

• Emerging Paradigms (understand how to use data and information proactively to influence consumer health-related behaviors)

• Decision Points (identify your specific strategies to improve health outcomes and control rising costs)
VOLUME TO VALUE REVOLUTION
RESHAPES HEALTHCARE AND CREATES THE PATH TO HC2025
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THREE TRANSFORMATIONAL WAVES WILL RESHAPE THE HEALTH MARKETPLACE...

WAVE 1
PATIENT-CENTERED CARE
2010-2016

FROM
Physician-centered ........................................ Patient-focused
Transactional, isolating .................................. Care team managed
Sick-care ................................................... Health and well-being
Inaccessible ................................................ Convenient and 24/7
Patient turnover-volume ................................ Patient health-value
Unwarranted variation ................................ Evidence-based standard

TO
THREE TRANSFORMATIONAL WAVES WILL RESHAPE THE HEALTH MARKETPLACE...

WAVE 2
CONSUMER ENGAGEMENT
2014-2020

FROM
Uninformed ............................................. Informed, shared decisions
Limited engagement ............................... Highly engaged/empowered
Isolated individual ................................... Socially connected
Limited consequence .............................. Financial rewards/incentives
Bricks, office hours ................................. Virtual, mobile, anytime
Physician opinion ..................................... Informed shared decisions

TO
THREE TRANSFORMATIONAL WAVES WILL RESHAPE THE HEALTH MARKETPLACE...

WAVE 3
SCIENCE OF PREVENTION
2018-2025

FROM
Basic health management ......................... Genome-linked life plan
Symptom treatment .............................. Monitoring and prevention
One-size-fits-all ................................ Personalized therapies
Limited biomarkers .............................. 100% accurate diagnostics
Big pharmaceuticals ......................... Tailored gene/microbiome therapies
Medical competencies ..................... Life, social, and ethics competencies

TO
WE ARE JUST OVER THE STARTING LINE. . .

THREE WAVES redefine the health care market over the next decade

Changing the frame. . .

- I only seek care when I have no other alternative
- My doctor controls my referrals, and I don’t know who provides the best care
- Doctor’s hours don’t match real life hours
- I feel rushed during doctor visits
- I am the only person coordinating my care—doctors don’t talk to each other and don’t think about me once I leave their office
- I avoid my healthcare because it’s too confusing and inconvenient
- I feel lost and overwhelmed
- I have no idea how my insurance works—it’s so confusing
It is really hard for physician-centered businesses to think and act in patient or consumer terms when the profit model is driven by diagnostic codes.

Patient-centered provider view of consumer

This creates an environment where...

- I see the patient as a symptom or problem set—I engage when they're sick/symptomatic
- If I am a primary care physician (PCP), I only engage if they are a little bit sick—otherwise I refer them on
- If I am a hospital, I engage if they are very sick
- I make my $ by providing sick care services—I book my schedule accordingly
- Nowhere in the economic equation is there wellness
- I optimize my business systems, workflow, and human capital around the provision of efficient sick care services...
IT IS REALLY HARD FOR MEMBER-CENTERED HEALTH PLANS TO THINK AND ACT IN CONSUMER TERMS WHEN THE PROFIT MODEL IS DRIVEN BY BENEFIT PLANS, PROVIDER CONTRACTS AND RISK/CLAIM EXPOSURE

Member-centered payer view of consumer

This creates an environment where.

- My profit center is the healthy members—who I largely do not serve
- My core risk arbitrage profit model is misaligned with the consumer’s interest
- I design my networks, contracts, and benefit plans to keep costs low—it is almost impossible to determine relative quality or value
- My primary customers are large employers; I am more focused on their needs than individual members’

“Let’s solve this problem by using the BIG DATA that none of us have the vaguest idea what to do with...”
FOR MOST OF HEALTHCARE, THE CONSUMER LENS IS AN ENTIRELY DIFFERENT FRAME OF REFERENCE—BEHAVIORS, VALUES AND NEEDS

Whole-consumer view

This creates an environment where...

- I am constantly trying to solve problems for consumers and make their lives better—this is how I create value and loyalty
- I understand that consumer behavior is driven by a multitude of factors; understanding this lets me target and serve consumers better
- I recognize that consumers can be fickle; I need to keep improving or else they'll lose interest
- Bad consumer feedback/crowdsourcing can kill my business overnight... I need to take every comment seriously and respond
- I have to go above and beyond expectations to surprise and delight consumers, if I want them to recommend me to others
WAVE 1: PATIENT-CENTERED CARE

I work with my care team to improve my health and live better—we have a shared plan that is personalized to me.

I believe that my healthiest days are ahead of me.

My care team truly cares about my holistic health—I am not alone.

My care team takes care of all my health needs.

The system is working for me.

My substance abuse and depression are managed.

My care team proactively motivates me to stick to my care plan.

Care extends beyond my doctor’s office to my home and to local retailers.

I monitor my health with tools to identify issues early.
WAVE 1: PATIENT-CENTERED POPULATION MANAGERS COME OF AGE

Patient-centered care
“Team-based, guided, and coordinated”
EXAMPLE: CANCER TREATMENT CENTERS OF AMERICA
INTEGRATIVE MEDICINE: NATUROPATHY, ACUPUNCTURE, REIKI, SPIRITUAL SUPPORT

Each time you have an appointment, your medical oncologist, clinic nurse, registered dietitian, naturopathic oncology provider and nurse care manager come to you. By meeting with your cancer treatment team in one room, you get answers to your questions and enjoy greater comfort, convenience and privacy.
WAVE 1: POPULATION HEALTH MANAGERS GROW AT THE EXPENSE TODAY’S FFS PROFIT CENTERS

Outlook for traditional players in a value-based population management ecosystem

<table>
<thead>
<tr>
<th>Service</th>
<th>Trend</th>
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<tbody>
<tr>
<td>Inpatient</td>
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<td>Emergency Department</td>
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<td>Retail</td>
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<td>Virtual web based health models</td>
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<td>Home health care</td>
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FROM
- Physician-centered
- Transactional, isolating
- Sick-care
- Inaccessible
- Patient turnover-volume
- Unwarranted variation

TO
- Patient-focused
- Care team managed
- Health and well-being
- Convenient and 24/7
- Patient health-value
- Evidence-based standard
**WAVE 2: CONSUMER ENGAGEMENT**

- I know what I need and how to buy it—shopping and health tools have made it easy and boosted my confidence.
- I know how to live well and be healthy—I have great resources (apps) at my disposal to inform me.
- I can surf and navigate the health system with ease and the patient-centered care models are so convenient and easy to work with.
- I have web-based/mobile tools so I can manage my healthcare.
- I use crowdsourced reviews of goods and service providers (like Yelp) to decide where I can get the best value.
- I feel engaged in my health and am empowered to make informed decisions.
- Consumer-driven competition is great—all the population health managers have extended office hours and most offer virtual web visits.
- Competing against friends in online health challenges motivates me to live healthier—I earn great rewards that I value.
- I connect through social media to other “patients like me.”
WAVE 2: REDEFINE THE CONSUMER EXPERIENCE BY SHIFTING THE LENS

Today’s transactional system

Wave 1 Patient-centered care

Wave 2 Consumer engagement

Heart patient

• Disease status
• Benefit status
• Episodic/point-in-Time view

Whole patient

• Disease status
• Benefit status
• Motivational profile
• Lifestyle factors

Whole consumer

• Socioeconomics & life stage
• Health needs & behavioral profile
• Preferences, interests, goals
• Family situation
• Longitudinal lifetime view
TELEMEDICINE

BY PHONE

Step 1: Call Toll-Free
Customer calls our toll-free hotline available 24/7/365 including holidays.

Step 2: Speak with a Health Rep
A Health Services Representative locates the next available provider and prepares patient for the consultation.

Step 3: Speak with the Doctor
Once an available provider is located, our system automatically calls and connects the doctor to the customer.

BY VIDEO CONFERENCE

Step 1: Visit Website
Customer visit our website and login using their username and password.

Step 2: Find a Doctor
Our system helps the customer search for a provider by a criteria, such as specialty, language, gender, location, or simply find the next available doctor.

Step 3: See the Doctor Online
Once an available provider is located, our system automatically connects the doctor to the customer.
WAVE 3: SCIENCE OF PREVENTION

My life advocate helps me manage my life and makes the world of health options personal and simple

I understand my health and wellness profile and what I need to do to live long and well

Genomic diagnostic tests at the pharmacy tell me if I’m sick—the tests are automated and 100% accurate

I carry my personalized life plan with me in my mobile phone—It helps me make life decisions to mitigate future health risks

I feel positive about how I will live my life and how my actions contribute to longevity

I regularly read about new cures to diseases in the news

I take medication for diseases years before they show up as symptoms

Microsensors constantly monitor my health and detect early stages of disease—feels comforting
WAVE 3: PIVOTS THE RESPOND/REPAIR CYCLE INTO A PREDICT/PREVENT FRAMEWORK

Healthcare tomorrow
Personalized, preventive, effective health management

- Accurate, early diagnostics and health monitoring
- Biomarker and pathway ID
- Clinical tech innovation
- Personalized prevention
- Low cost sequencing/sensors
- Effective precision treatment
WAVE 3: LOW-COST SEQUENCING AND ADVANCED COMPUTING REDEFINE WHAT IS POSSIBLE

- Low cost sequencing
  - Genomic sequencing cost curve
  - Tech platform change – PCR to sequencing

- Advanced computing
  - Low cost high power computing
  - Big data
  - Advanced analytics
  - Super high speed networks
  - Nano pore technology

= Real economic and clinical impact

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<td>$1,000</td>
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<tr>
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<td>High</td>
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</table>

- $100 at home sequencing
- 100% accurate diagnosis
- 100% best treatment EBM
- 100% personalized
WAVE 3: ... AND TRANSFORMS HOW WE THINK ABOUT HEALTH MANAGEMENT

Today perspective

2025 Outlook

Cohort 1—diseases with the most progress on sequencing and pathway identification

Cohort 1
- Gastrointestinal
- Respiratory
- Cancer
- Rheumatology
- Infectious disease

Cohort 2
- Alzheimers
- Gastrointestinal
- Respiratory

Cohort 3
- Pain
- Diabetes/obesity
- Psychiatric
- CNS

Ability to impact disease

Treatment focus

Sick care
Prevention

High

Low
GOOGLE’S NEW MOONSHOT PROJECT: THE HUMAN BODY

GOOGLE X—BASELINE STUDY

WSJ: The Human Body
NEW PATIENT AND CONSUMER-CENTERED BUSINESS DESIGNS REDEFINE THE HEALTH AND WELLBEING MARKET
The economic shift from “visits” to “populations” changes everything—It is market value inversion

Population health economics

- Pricing reflects total services, experience and outcomes at the population level
- Improved health management at the top of the pyramid generates near term cost savings
- Improved patient engagement and proactive care coordination in the middle of the pyramid patient improves the overall health of chronic and at-risk patients
- Broad based engagement (social/mobile/wellness) across the bottom of the pyramid keeps patients healthy
- Higher cost procedural health services compete on value and are suppliers to the population health managers
CAREMORE
WHAT’S BEST FOR THE PATIENT?
POPULATION HEALTH AND WELLBEING
BUSINESS MODELS ARE A WHOLE NEW WORLD

Value-focused
- Risked-based
- Highly collaborative
- Focus on long-term returns
- Prioritization of fast innovation cycles—always better, cheaper, faster

Scalable
- Local regional/depth
- Modular business components
- Flexible culture
- Experimentation and rapid assimilation of learnings

Technologically sophisticated
- Open architecture
- Actionable big data analytics
- Seamless cloud/mobile experience
- Non-siloed

Consumer-centric
- Transparent
- Holistic and engaging
- Personalized, high touch, quality experience
- Trust and reputation
- Vibrant, mobile and cool
IMPLICATIONS FOR WORKSITE WELLNESS
THE GREAT DIVIDE... 

I carry my personalized life plan with me in my mobile phone—it helps me make life decisions to mitigate future health risks.

Genomic diagnostic tests at the pharmacy tell me if I'm sick—the tests are automated and 100% accurate.

I take medication for diseases years before they show up as symptoms.

Microsensors constantly monitor my health and detect early stages of disease—feels comforting.

<table>
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<td>✓</td>
<td>Complete HA</td>
<td>Required</td>
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<tr>
<td></td>
<td>Biometric Screening</td>
<td>Required</td>
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<tr>
<td></td>
<td>Results Consult</td>
<td>Required</td>
</tr>
<tr>
<td></td>
<td>4 Coaching Calls</td>
<td>25 each</td>
</tr>
<tr>
<td></td>
<td>2 Behavior Change Campaigns</td>
<td>50 each</td>
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<tr>
<td></td>
<td>Dental Exam/Clean</td>
<td>25 each</td>
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<tr>
<td></td>
<td>Flu Shot</td>
<td>25 points</td>
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<tr>
<td></td>
<td>Online modules</td>
<td>10 points</td>
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</table>
THE OLD WAY DOES NOT TREAT PEOPLE LIKE PEOPLE

Health Risk Assessment
No seatbelt
Does not floss
GLUCOSE = 130
TRUE STORY. . .

100%

Health Assessment Score
- Lipids
- Glucose
- Weight
- Blood Pressure
- Nutrition
- Fitness

What’s Behind The Curtain. . .
- 18 months of extreme stress
- Major life event
- Grieving
- Began a new job
- Disrupted sleep
- Brain fog
FOR A SUCCESSFUL WORKSITE WELLNESS PROGRAM, THE CONSUMER LENS IS AN ENTIRELY DIFFERENT FRAME OF REFERENCE—BEHAVIORS, VALUES AND NEEDS

Whole-consumer view

This creates an environment where . . .

- I am constantly trying to solve problems for employees and make their lives better—this is how I create value and loyalty
- I understand that employee behavior is driven by a multitude of factors; understanding this lets me target and serve employees & their family members better
- I recognize that employees can be fickle; I need to keep improving or else they’ll lose interest
- Bad employee feedback/crowdsourcing can kill my wellness program overnight. . . I need to take every comment seriously and respond
- I have to go above and beyond expectations to surprise and delight employees, if I want them to recommend our wellness program to others
PEOPLE ARE MORE THAN A COLLECTION OF THEIR RISK FACTORS...
IN THE PAST 5 YEARS, THERE’S BEEN AN EXPLOSION OF HEALTH AND WELLBEING SOLUTIONS...
BUT IT'S ALL NOISE AND NO SIGNAL...

for Employers
EXPENSIVE AND UNMANAGEABLE
LEAVING MOST OF THE VALUE ON THE TABLE

for Employees
CONFUSING AND OVERWHELMING
LOW UTILIZATION (E.G. TELEMEDICINE WITH 3-5%)
WHAT IF? . . .
WHAT IF?

Next generation “life assessment” and real time referral

TELEMEDICINE
WEARABLES
CONDITION SPECIFIC
COST TRANSPARENCY
APPS

Teladoc
fitbit
Withings
JAWBONE
Polar
ClearCost Health
Mango Health
RunKeeper

8A-38
# THE WELLNESS MARKETPLACE
## MERCER’S RESPONSE

<table>
<thead>
<tr>
<th>#</th>
<th>Challenge</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>1</td>
<td>We aren’t hearing the voice of the consumer—Wellness is not personalized</td>
<td>Use data from disparate sources to personalize the experience to get people to the right resource for them at the right time</td>
</tr>
<tr>
<td>2</td>
<td>Wellness is too narrowly defined</td>
<td>Focus on employee performance and engagement, risk mitigation, absenteeism, “best place to work”—overall wellbeing</td>
</tr>
<tr>
<td>3</td>
<td>The marketplace is exploding with new “non-traditional” product offerings</td>
<td>Leverage app’s that are already in use by employees. Employers role is to identify highest value services and make them easily accessible to the right people at the right time.</td>
</tr>
<tr>
<td>4</td>
<td>Traditional telephonic coaching is not engaging enough to result in meaningful risk change</td>
<td>Provide multiple coaching modalities, personalized to individual needs, as one of several solutions, not the cornerstone of your wellness program</td>
</tr>
<tr>
<td>5</td>
<td>Meaningful integration is difficult to achieve</td>
<td>Disruptive technologies hold the key to integration and personalize the participant experience with a broad-based wellness strategy</td>
</tr>
<tr>
<td>6</td>
<td>Many vendor services look the same, difficult to delineate value differentiators</td>
<td>Focus on an engagement strategy, not a vendor</td>
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</table>
THE WAY WE’RE WORKING ISN’T WORKING... MANY FIND LIFE INCREASINGLY OVERWHELMING

- According to a 2013 report by Gallup, just 30% of employees in America feel engaged at work.

“I just felt that no matter what I was doing, I was always getting pulled somewhere else. It seemed like I was always cheating someone—my company, my family, myself. I couldn’t truly focus on anything.”

- Demand for our time is increasingly exceeding our capacity—draining us of the energy we need to fully utilize our skills & talents.

- Digital technology is a big influencer, exposing us to a flood of information and round the clock requests we feel compelled to read and respond to at all hours of the day and night.
THE WAY WE’RE WORKING ISN’T WORKING... EMPLOYEES ARE VASTLY MORE SATISFIED AND PRODUCTIVE WHEN 4 CORE NEEDS ARE MET

- Opportunities to renew and recharge at work
- Feel valued and appreciated for their contributions
- Focus in absorbed way on most important tasks
- Do more of what they do best and enjoy most, feel connected to higher purpose

Physical

Emotional

Mental

Spiritual
Gene activities are responsive to lifestyle choices. Improving your diet, exercise and sleep creates positive changes in genetic output.

Genes respond to meditation, and the changes involved can be incredibly fast acting.

Meditation seems to influence the biological aging process in cells.

Increasingly, the critical factor in chronic illness seems to be inflammation. Recent trends in cancer suggest that between two thirds to 95% of cancers are probably preventable.

Although the brain has traditionally been considered the seat of the mind, there is intelligence in every cell, with an equal complexity and ability to respond to the environment.

Mental activity creates our personal reality. Thoughts, feelings, sensations and images get translated into the structure and activities of your cells.
RADICAL WELL-BEING—DEEPAK CHOPRA
THE MIND IS THE KEY TO HEALTH

- Our bodies are living, dynamic, fluid and adaptive.
  - Every thought and feeling sends a message to every cell in the body
  - Cells operate through feedback loops that mesh with the feedback loops of tissues, organs and the body itself
  - Disease begins with subtle imbalances in these feedback loops
  - Behavior today has consequences for our genes, altering their expression in profound ways

- It remains important to not smoke, avoid excess weight, minimize alcohol.

- The new model supports also familiar advice: exercise moderately, eat well, and avoid environmental toxins.

- “Self-directed biological transformation”
  - The more positive the input your body receives, the more positive is its output.

- Yoga, meditation, balanced farm-to-table diet, good sleep, stress reduction
RESILIENCE
BUSINESS CASE

- The increasingly high business costs of stress, depression, and burnout are motivating employers to consider new solutions
- There is a growing body of knowledge that correlates stress with productivity as well as changes in stress with changes in productivity
- Studies conducted by Resiliency vendors are showing positive impact on stress related costs

Case study with the Energy Project

- The Energy Project combines resilience concepts as well as positive psychology, exercise and work habit changes.
- Pilot group had 13% more revenue than control group in loans and 20% more in revenues from deposits
RESILIENCE OVERVIEW

“The process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress—such as family and relationship problems, serious health conditions, or workplace and financial stressors.”

— American Psychological Association, 2001

Key components of Resilience:

- **Cognitive**—preserving attention, memory, judgment, resourcefulness and problem-solving skills
- **Physical**—maintaining well-being, potency, stamina and ability to thrive through regular exercise, a healthy diet and restful sleep
- **Emotional**—approaching life with a realistic, balanced and flexible disposition recognizing one’s own self-efficacy and locus of control and addressing rather than avoiding problems
- **Spiritual**—practicing and keeping in mind the concepts of forgiveness, acceptance, compassion, true meaning and purpose
SLEEP DISORDERS: THE PRICE OF FATIGUE
OVERVIEW

Over 30 million Americans experience insomnia, which is frequently mistreated with expensive sleep medications.

20 million Americans have Obstructive Sleep Apnea (OSA) and 85% remain undiagnosed.

Individuals with OSA are more likely to have chronic diseases such as Hypertension, Diabetes, and Coronary Artery Disease (CAD).

Individuals with sleep-related conditions are at twice the risk of having a traffic accident.

Employees with unmanaged OSA are 6 times more likely to miss a full day of work.

Prevalence of OSA in patients with:
- Hypertension: 35%
- Obesity: 40%
- Type II Diabetes: 72%
- CHF: 80%

Sources: National Sleep Foundation; Young et al., NEJM 1993; Harvard Medical School Division of Sleep Medicine, December 2010; Young et al., AJRCCM 2002; Kyger et al., Sleep 1996
CASE STUDY
SCHNEIDER TRUCKING

- 365 days before CPAP intervention
- 365 days after CPAP intervention
- 358 CPAP-treated drivers analyzed (cohort)
- Measures:
  - Accidents per driver per month
  - Median costs of accidents before and after CPAP
- Break-even Return on Investment from healthcare savings occurred between 5-8 months post-pilot launch

![Graph showing accident rate and median cost reduction with CPAP intervention.](chart.png)
Caring for ourselves as well as we care for our patients

Mercy Medical Center - North Iowa
LIVING OUR LIVES ON PURPOSE

Sleep, Presence, Activity, Creativity, Eating
ACKNOWLEDGING THE WHOLE PERSON IN CANCER TREATMENT

Columbia St. Mary’s “GLOW 60” commercial
WESTIN HOTELS—“FOR A BETTER YOU”
SIX PILLARS OF WELLNESS: FEEL, WORK, MOVE, EAT, SLEEP AND PLAY WELL

Westin "For A Better You" commercial
NORDIC NATURALS, BAY FEDERAL AND NEW LEAF HOLISTIC PROGRAMS IN SANTA CRUZ COUNTY, CA

• Fitness and Nutrition Focus
• Stock kitchens with locally grown fruit
• Baked potatoes/salsa replaced Halloween candy
• Apple slices with Thai peanut sauce alongside birthday cake
• VOOM—micro-breaks @ desk jobs
• Naturopathic physician speakers
• Nutrition coaches
• Work-life balance
• Healthy eating
• “Spark” points for activities that change every 2 months, 3 levels of prizes
• Fresh produce onsite
• Carrots/hummus instead of cookies at meetings
• Points awarded for writing in a gratitude journal, having dinner with your family
• Healthy Living Program
• Online portal
• Screenings
• Fitness Challenges
• Deep breathing
• Family time
• No cell phone during dinner

Fresh produce onsite
# Wellness Framework

## Mercer Point-of-View

<table>
<thead>
<tr>
<th>Awareness/Motivation</th>
<th>Next Generation</th>
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<tbody>
<tr>
<td><strong>What's Now</strong></td>
<td><strong>Next Generation</strong></td>
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<tr>
<td>- Online information</td>
<td>- Mobile technology, with personal calls to action</td>
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<tr>
<td>- Telephonic outreach by third party</td>
<td>- Peer influence, mentors, social recognition</td>
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<tr>
<td>- Focus is on <em>creating motivation</em>—size of the reward</td>
<td>- Focus on <em>leveraging natural motivation</em>—when there is a break in the routine—and making behavior easy to do</td>
</tr>
<tr>
<td>- <strong>Cash</strong> is the dominant reward</td>
<td>- <strong>Incentives</strong> based on <em>behavioral economics</em>—both the “what” and the “how” matter</td>
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## Skill Building

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<th><strong>What's Now</strong></th>
<th><strong>Next Generation</strong></th>
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<tbody>
<tr>
<td>- Designs focus on <em>diet and exercise</em></td>
<td>- Broader <em>Well-Being</em> framework.</td>
</tr>
<tr>
<td>- <strong>Negative messaging</strong>—focus on risks or unhealthy behaviors</td>
<td>- <em>Four pillars</em> of health: <em>diet, movement, resilience and sleep</em> (emotional and financial health)</td>
</tr>
<tr>
<td>- <strong>Goal setting focused on the reward or outcome</strong>, less on building to a habit</td>
<td>- <em>Build on current strengths</em>, simpler steps, repetition, <em>positive reinforcement</em></td>
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<td>- <em>Goal setting is an iterative process</em>. Feeling of success springboards to harder tasks</td>
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## Maintenance

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<th><strong>What's Now</strong></th>
<th><strong>Next Generation</strong></th>
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<tr>
<td>- Short term wellness modules. <strong>Repeated starts and stops</strong></td>
<td>- <strong>Build success momentum from baby steps to habits</strong>. Shifts from short-term to longer-term and personal benefits such as, accomplishment/well being</td>
</tr>
<tr>
<td>- <strong>Siloed programs</strong> with limited connection to the workplace</td>
<td>- <strong>Supportive work environment</strong> with leaders leading</td>
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DECISION POINTS
# The Volume-to-Value Revolution

**Rebuilding the DNA of Health**

**From the Patient in**

## WAVE 1
**Patient-Centered Care**
2010-2016

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician-centered</td>
<td>Patient-focused</td>
</tr>
<tr>
<td>Transactional, isolating</td>
<td>Care team managed</td>
</tr>
<tr>
<td>Sick-care</td>
<td>Health and well-being</td>
</tr>
<tr>
<td>Inaccessible</td>
<td>Convenient and 24/7</td>
</tr>
<tr>
<td>Patient turnover-volume</td>
<td>Patient health-value</td>
</tr>
<tr>
<td>Unwarranted variation</td>
<td>Evidence-based standard</td>
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## WAVE 2
**Consumer Engagement**
2014-2020

<table>
<thead>
<tr>
<th>FROM</th>
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<tbody>
<tr>
<td>Uninformed</td>
<td>Informed, shared decisions</td>
</tr>
<tr>
<td>Limited engagement</td>
<td>Highly engaged/empowered</td>
</tr>
<tr>
<td>Isolated individual</td>
<td>Socially connected</td>
</tr>
<tr>
<td>Limited consequence</td>
<td>Financial rewards/incentives</td>
</tr>
<tr>
<td>Bricks, office hours</td>
<td>Virtual, mobile, anytime</td>
</tr>
<tr>
<td>Physician opinion</td>
<td>Informed shared decisions</td>
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## WAVE 3
**Science of Prevention**
2018-2025

<table>
<thead>
<tr>
<th>FROM</th>
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</thead>
<tbody>
<tr>
<td>Basic health management</td>
<td>Genome-linked life plan</td>
</tr>
<tr>
<td>Symptom treatment</td>
<td>Monitoring and prevention</td>
</tr>
<tr>
<td>One-size-fits-all</td>
<td>Personalized therapies</td>
</tr>
<tr>
<td>Limited biomarkers</td>
<td>100% accurate diagnostics</td>
</tr>
<tr>
<td>Big pharmaceuticals</td>
<td>Tailored gene/microbiome therapies</td>
</tr>
<tr>
<td>Medical competencies</td>
<td>Life, social, and ethics competencies</td>
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</table>

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2010 | 2025
THE VOLUME-TO-VALUE REVOLUTION IN WORKSITE WELLNESS
RETHINKING, REBUILDING, REDEFINING. . .

• Standard biometric screening panels
• Incentive designs, forced participation
• Program elements and offerings
• One size fits all structure
• Leadership’s role
• Impact of culture, environment
HOW DO WE REMAKE WORKSITE WELLNESS INTO SOMETHING EXCITING THAT PEOPLE REALLY CARE ABOUT AGAIN?

“If you are working on something exciting that you really care about, you don't have to be pushed. The vision pulls you.”

PersonalExcellence.co
HOW DO WE . . . (HOW WILL YOU?)

• Customize worksite wellness programs to the individual participant, whether that be employee, spouse or dependent?
• Build trust?
• Overcome any ill-will from previous strategies that imposed a one-size fits all approach?
• Inspire people to ENGAGE, rather than force them to PARTICIPATE?
• Redirect the focus from health care savings to well-being, health and productivity?
• Stop trying to calculate “ROI” and instead develop meaningful metrics that focus on the value of the program apart from health care costs?
MAKE TOMORROW, TODAY... WHAT IF?
TREAT PEOPLE LIKE PEOPLE
IDENTIFY THE POSITIVES, BUILD ON STRENGTHS, PERSONALIZE THE OPTIONS, INVITE/INSPIRE—DON’T COERCED, BUILD A TRUE CULTURE OF HEALTH

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Family Status</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
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<td>![Family Status Icon]</td>
<td>![Gender Icon]</td>
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<table>
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<th>Social Network</th>
<th>Ambitions</th>
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<td>![Ambitions Icon]</td>
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<th>Culture</th>
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<table>
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<tr>
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<th>Pref. Channels</th>
<th>Age</th>
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<tbody>
<tr>
<td>![Geography Icon]</td>
<td>![Prefered Channels Icon]</td>
<td>![Age Icon]</td>
</tr>
</tbody>
</table>

- Sleeps 7 hours
- Drinks 64 ounces of water daily
- Meditates regularly

Start with strengths...
Life or well-being assessment
QUESTIONS?
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Thank you!